

Developing a Practice Tool(s) for Prescribing Cascades in Primary Care Teams

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INTRODUCTION

- Prescribing cascades are important contributors to medication-related harm.
- Analysis of interviews with people who may have experienced a cascade, their caregivers, physicians and pharmacists demonstrated that a practice guidance tool is needed to help clinicians prevent, identify, and address prescribing cascades.

OBJECTIVES

- To explore barriers and facilitators to addressing prescribing cascades as experienced by primary care clinicians.
- To gather the clinicians' perspective about the important features of a practice guidance tool(s).

METHODS

- 5 focus groups (Mar 2022 - May 2022)
Intra-Professional → **Inter-Professional**
- Participants: team-based, Ontario primary care clinicians
Pharmacists (RPhs)
Physicians (MDs)
Nurse practitioners (NPs)
- Theoretical Domains Framework & GUIDE-M Tool used to guide the discussion
- Planned analysis using codebook thematic analysis

RESULTS

- Analysis in progress, barriers/facilitators identified (right panel)
- Participants (n=16):
Intra-professional: RPh (n=5, 3) | MD (n=5) | NP (n=3)
Inter-professional: RPh (n=2) | MD (n=1) | NP (n=1)

CONCLUSION

- Study findings will inform content, design, and development approach for a practice guidance tool for primary care clinicians.

What is a prescribing cascade?



We gathered clinicians' input on a practice guidance tool(s) for prescribing cascades.



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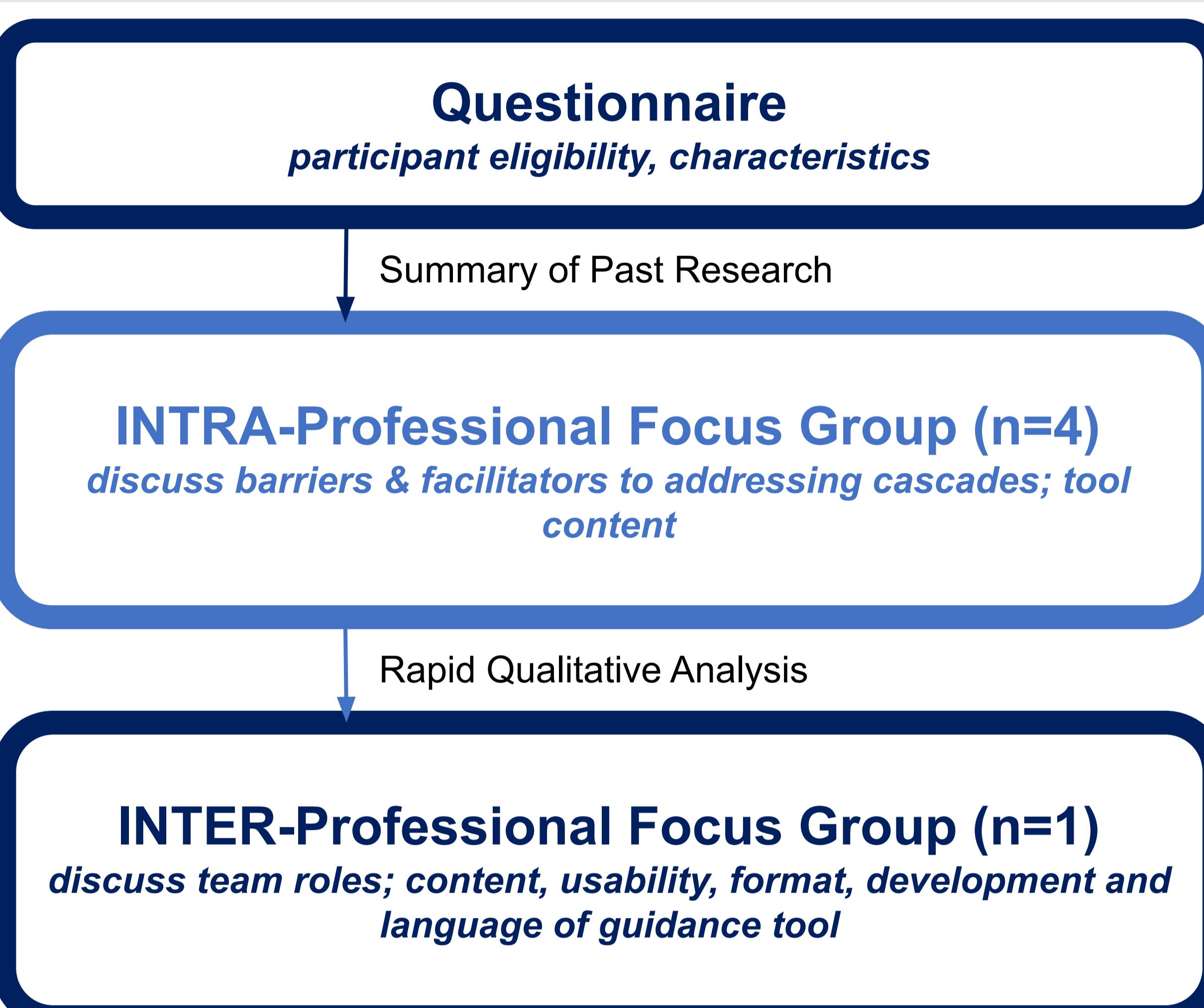
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WHAT IS A PRACTICE GUIDANCE TOOL

- A 'practice guidance tool' provides organized and systematically developed recommendations that help clinicians make decisions about how to best care for a patient.

STUDY FLOW DIAGRAM



ADDRESSING CASCADES IN PRACTICE

Results of our Rapid Analysis		
Barriers		
System	Interpersonal	Clinician
Lack of care coordination Use of acute care Unknown role of community pharmacists	Pressure to prescribe Competing priorities No shows Prioritize MD's opinion	Lack of time No training No treatment alternatives Unclear medication indications
Facilitators		
System	Interpersonal	Clinician
Rostered patients Family practice setting	Trust No acute concerns Patient aware of cascade Conversations about risks vs. benefits	RPh consult RPh education Time (for RPhs) Treatment alternatives Access to drug information resources

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