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A feasibility study on collaborative medication review for multimorbidity in primary care

Submission date
02/10/2015

Recruitment status
No longer recruiting

Registration date
06/10/2015

Overall study status
Completed

Last Edited
12/05/2017

Condition category
Signs and Symptoms

[_] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol

Background and study aims
In the last century advances in medicine have led to people living much longer, as previously fatal diseases are now treatable. Many people, particularly those over the age of 65, are living with two or more long-term medical conditions (multimorbidity). These patients often need to take a range of different medications to control their conditions (polypharmacy). Regularly reviewing the medications that multimorbid patients are taking is a vital part of their continuing care. In many cases, time constraints can mean that medications are not reviewed as frequently as they should be. In addition, GPs are often concerned about the consequences of taking a patient off a medication as it could have a negative impact on the patient's health or themselves, as they are fully accountable. MY COMRADE is a new technique which has been developed to help with medication reviews. It involves two GPs reviewing the medications that multimorbid patients are taking and making joint decisions about continuing treatment. The aim of this study is to find out whether the MY COMRADE technique could improve the way that medications are reviewed in multimorbid patients.

Who can participate?
GPs who work in a practice which employs at least two GPs.

What does the study involve?
Participating GPs select patients who are taking at least 10 different medications or those taking at least four medications who have a complication making them difficult to treat. For these patients, GPs use the MY COMRADE technique to make decisions on the patient's medications either weekly or fortnightly. After one month, the GPs are interviewed about their experience of using the MY COMRADE technique, and whether it has made a different to the way that medications are reviewed.

What are the possible benefits and risks of participating?
Benefits of participating is the possibility of an improved ways of regulating medication reviews for multimorbid patients. There are no risks of participating, although there is a time commitment involved.

Where is the study run from?
University College Cork (Ireland)

When is the study starting and how long is it expected to run for?
September 2014 to October 2015

Who is funding the study?
Health Research Board (Ireland)

Who is the main contact?
Dr Carol Sinnott

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
N/A

Study information

Scientific Title
A feasibility study on the MultimorbiditY COllaborative Medication Review And DEcision Making (MY COMRADE) intervention in general practice

Acronym
MY COMRADE

Study objectives
The aim of this study is to evaluate the feasibility and implementation of the MY COMRADE intervention by general practitioners in the management of patients with multi-morbidity in general practice.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Clinical Research Ethics Committee of the Cork Teaching Hospitals, 19/11/2014, ref: ECM3

Study design
Non-randomised feasibility study

Primary study design
Interventional

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Multi-morbidity

Interventions
Participating GPs selected patients prescribed more than 10 medications, or more than 4 medications with a complicating factor, on which to conduct a collaborative medication review. After one month GPs are interviewed to study their experience of the intervention, referring specifically to implementation outcomes stated in the WHO Implementation of Innovations in Practice framework.

MY COMRADE intervention:
1. Prompts: A checklist was provided as a guide for the medication review. The checklist was based on the NO TEARS checklist, a pragmatic and practical set of seven questions which relate to safe prescribing and can be applied to any medication. The original NO TEARS checklist was designed for use between GP and patient – we modified it for use between two GPs in order to guide and frame the medication review. The GPs were instructed to note any potential changes to medications on the checklist page, and scan it into the patient's notes to make the next review easier and serve as a record of the medication review process. The set of prescribing questions (prescribing tool) was offered to GPs in paper or electronic format, and participating GPs chose the format most convenient for their practice.
2. Social support: The principal component of the intervention is that GPs act in a collaborative fashion, with at least 2 GPs reviewing the medications for each multi-morbid case chosen. GPs were asked to each choose 3 patients on which to do the medication review (10+ medications or 5+ medications with another complicating factor such as dementia, poor life expectancy etc.), and schedule a time to discuss these patients with another GP in their practice.
3. Change in social environment: The GPs were asked to schedule protected time for themselves in which to conduct the medication review. This would involve them moving to one consultation room to avail of medical records for the cases that were chosen.
4 .Self-incentives (CPD points) they were advised that once the activity had been completed they could claim CPD points – certificates were provided for them to record this information on.
5. Action planning (including implementation intentions). Within each practice the implementation plan was flexible: GPs were asked to conduct their collaborative medication reviews over multiple weeks rather than all in one sitting but whether they choose to do so at weekly or fortnightly intervals was left to their discretion.

Intervention Type

Behavioural

Primary outcome(s)
Success of the intervention in achieving behavioural change (i.e. medication review by GPs) measured in evaluation interviews, one month after the start of the intervention.

Key secondary outcome(s))
Implementation outcome variables, measured using the WHO implementation of innovations in practice framework, one month after the start of the intervention.

Completion date
31/10/2015

Eligibility

Key inclusion criteria
1. General Practitioners (GPs)
2. Working in practices with two or more GPs employed

Participant type(s)
Health professional

Healthy volunteers allowed
No

Age group
Adult

Sex
All

Key exclusion criteria
N/A

Date of first enrolment
26/11/2014

Date of final enrolment
01/07/2015

Locations

Countries of recruitment
Ireland

Study participating centre
University College Cork
Department of General Practice

School of Medicine
Western Gateway Building
Cork
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Sponsor information

Organisation
Department of General Practice

ROR
https://ror.org/03265fv13

Funder(s)

Funder type
Research organisation

Funder Name
Health Research Board

Alternative Name(s)
HRB

Funding Body Type
Private sector organisation

Funding Body Subtype
Other non-profit organizations

Location
Ireland

Results and Publications

Individual participant data (IPD) sharing plan
The qualitative datasets generated during and analysed during the current study are available upon request from csinnott@ucc.ie.

IPD sharing plan summary
Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	20/03/2017		Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes