Medication discussion groups in the Netherlands: five years of experience

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Introduction Nation-wide implementation of medication discussion (MD) groups in the Netherlands was designed as a bottom-up approach and has been in progress for five years. This invites a review of what has been achieved in these structured discussions between general practitioners and pharmacists.

Context Early in 1997 the Dutch Foundation for Effective Use of Medication (DGV) initiated a fact-finding exercise among general practitioners and pharmacists representing MD groups all over the country.

Objective Description of the setting up and the operation of medical discussion groups. Comparison of the quality of the consultations between the start of the project (1992) and 1997.

Methods Two surveys of medical discussion groups in 1992 and 1997, respectively.

Results The quality of the consultations was found to have improved in comparison with an evaluation shortly after the start of the project.

Conclusion The overwhelming majority of those interviewed were satisfied with the MD process, which they consider a useful effort. But there is also a wish for increased commitment to guidelines agreed in MD group consultations.

Keywords *Drug therapy; *physicians, family; *pharmacists; interprofessional relations; Netherlands; practice guidelines; evaluation studies.

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Introduction

Faced with increasing pharmaceutical expenditure, the Dutch Ministry of Health introduced a system of reference prices for drugs in 1991. But the health authorities also realized at an early stage that the efficient use of public funds is best served by rational drug use, which cannot be attained solely by cost containment measures.

In early 1992, DGV began setting up a nation-wide network of local medication discussion (MD) groups to promote rational drug use by bringing together general practitioners (GPs) and pharmacists to exchange information about medication and develop local guidelines. The principal objective of the project was the optimization of prescription practice by setting up MD groups, providing advisers (communications consultants) and working materials for use in the groups, and developing public education programmes. This article focuses on the setting up and operation of the MD groups.

Sixteen specially trained advisers have been active in setting up regional networks and supporting the MD groups. These are peer groups of GPs and local pharmacists that agree to meet regularly.

The explicit objective of the MD groups is to integrate expertise available from these two professions in order to contribute to optimal prescribing behaviour of individual GPs. Since project initiation, the network of MD groups has grown to involve 90–95% of all GPs and pharmacists in the country.

At the outset, the DGV advisers’ main aim was to stimulate participation of GPs and pharmacists in the MD groups. Gradually, as the perception grew that the quality of MD group consultation could have a major influence on the quality and efficiency of prescribing and dispensing of medicines, the emphasis has been shifted towards improving the quality of the discussions by developing local guidelines and monitoring and evaluating compliance within the MD group.

1992 Project initiation survey

Shortly after the start of the MD group project in 1992, 409 (65%) of a total of 629 operating MD groups were
surveyed. Many of the MD groups were still focusing on how to structure the consultations and to organize internal co-operation. Most groups saw the exchange of information and the formulation of non-binding advice as their primary goals.

The survey showed diversity in how MD groups were organizing and working toward their stated goals. Often the starting point for the consultation was an introduction by a pharmacist, a medical specialist, or, on occasion, an industry representative presenting new products. Other groups used case histories taken from their members experiences as a basis for consultation. Discussions did not always achieve the same degree of success. Sometimes participants just felt a little wiser, whereas in other cases clear conclusions were reached. Some MD groups were evaluating their prescription practices and modifying them in conformity with rational policies, using formularies derived from standards developed by the Dutch Society of General Practice (NHG). In some instances, pharmacists as well as a few health insurers were able to provide insights into prescription patterns of MD groups. Generally, at that stage of the project, many groups were still in the process of trying to work out good procedures, ways to reach agreements capable of being monitored, and variation in methods.

1997 Survey of MD groups

At the start of 1997, a new survey was carried out to update information about MD group organization and operation and to note what changes have taken place since 1992. The number of MD groups in the Netherlands grew from 629 in 1992 to 827 in 1997, involving 90–95% of all general practitioners and pharmacists. This survey covered 83% of the MD groups in the country.

As regards organization of the MD groups, the involvement of both GPs and pharmacists in preparing MD group activities has increased from 78% to 88%.

Joint preparation is important because consultations may be more accurately targeted at the practical aspects of both professions. In preparing a meeting, a GP and a pharmacist define the subject to be addressed, draft a preliminary advice and draw up an agenda. Practically all GPs and pharmacists (95%, as compared with 78% in 1992) arrange assignments for the meeting and nominate a chair. A counsellor acknowledged by the Dutch Association of General Practitioners (LHV) is attached to 64% of the groups. Most groups meet six times a year.

Contacts with specialists in hospitals have become more frequent (41%) in comparison with 1992 rates (27%). In the Netherlands the GP is the gate-keeper in the health care system. When patients enter the hospital, it happens that prescriptions are going to change. At the moment DGV tries to improve the communication between MD groups and the hospitals at the interface between primary and secondary care. MD infrastructure offers good possibilities for improving intermediate pharmaceutical care, between primary and clinical care.

The objectives of MD group consultations have changed since the last survey. While information exchange and reflection on prescription behaviour are still high on the list, the wish to reach agreement (about standards, policies, and guidelines) has become much stronger. In 1992, 49% of the groups indicated that their aim was to reach agreements (‘develop guidelines’), with only 9% being prepared to monitor adherence to them. The new survey found 72% of the groups were seeking to agree on policies and guidelines, while only 27% were planning to monitor compliance with them.

In preparing MD group activities, intensive use of specially developed working materials is made. For example, 82% of the MD groups have, at one time or another, used the series of preparative booklets issued by DGV. The opinion of GPs and pharmacists on these booklets, as well as on the case studies, is very favourable. The survey shows that topics frequently discussed during 1995–96 were asthma, hypertension, use of antibiotics in infections of the respiratory system, use of antimicrobial drugs in infections of the urinary tract, and antidepressants. During that period each of these subjects was dealt with by 50–60% of the groups. After consultations, 68% of the MD groups reported that they were in complete or at least general agreement with NHG standards.

DGV generally advises not to discuss new medicines until after these have been assessed by authoritative publications such as the Dutch Pharmacotherapy Compendium (Farmacotherapeutisch Kompas), the NHG standards and the Dutch Drug Bulletin (Geneesmiddelenbulletin). Nevertheless, new medicines form a topic on the agenda of 70% of the groups. Many groups have agreed not to prescribe new medicines until after consultations within the MD group.

Improving and expanding the use of prescription data

The 1997 survey showed that 68% of the MD groups were using relevant prescription data (Fig. 1), due in part to efforts by the Dutch Pharmacological Society (KNMP), health insurance companies, and DGV to ensure the availability and proper use of relevant data. At present, the figures are used mainly to gain an insight into existing prescription patterns. For slightly
more than half of the groups using the information, the data serve as a tool in policy development, while 44% use them to check adherence to the policies and guidelines agreed within the MD group.

One of the conclusions of the first MD group survey in 1992 was that it was necessary to monitor prescription data for compliance with policies and guidelines if real change was to be accomplished. As noted above, an increasing number of MD groups are dedicated to developing common policies and guidelines by which group members agree to operate. With most groups now meeting these basic requirements of the medication consultations, using prescription data to monitor adherence is the next step in the quality process.

However, only a minority of groups are currently monitoring actual GPs' prescription practices for compliance with agreed group guidelines and policies. In the absence of monitoring and feedback of findings, old habits easily resurface. Monitoring data offers a way of comparing prescription practices among colleagues and of verifying compliance with agreements and agreed standards, policies and guidelines. A prerequisite is that agreements covering prescription practices are capable of being monitored and verified, for example, stipulation by the MD group that a specific medication is preferred.

Results and effects on GPs and pharmacists

More than 80% of GPs and pharmacists rate the MD process as useful or very useful. Two thirds of all pharmacists and GPs consider the MD process efficient. Eight percent of the groups are less satisfied and think the results are not sufficiently specific.

As far as GPs are concerned, the changes achieved are somewhat different from those experienced by pharmacists. Doctors indicate having gained better insight into the scope of their prescription practices, partly as a result of participation in an MD group. In addition they report improved relations with other GPs and with pharmacists. This all facilitates the opportunities of generic prescribing. At the moment DGV helps the MD groups with the implementation of generic prescribing.

The MD group process was instrumental in defining the pharmacist's function as an adviser to the GP. Pharmacists are now paying more attention to the overseeing of medication schemes and giving advice to GPs, partly thanks to participating in MD groups. Pharmacists further indicate that they have become more inclined to contact a GP when they have questions. Another improvement, noted by GPs as well as pharmacists, is that both parties have clearer insights into the division of tasks between them.

Role of DGV advisers

During 1995–96, half of the MD groups employed the services of a DGV adviser, who played an important role in the collective processes in the groups. The adviser stimulates a critical attitude towards the quality and the results of the discussions. He or she also sees to the development of a solid consultation structure. Advisers develop new working materials in order to guarantee maximum involvement. The intended results of all these efforts are increasing the rate of prescribing generic medicines, enhanced conformity of prescription with treatment based on national standards, and improved relations between GPs and pharmacists. Generally speaking, the support given by these advisers is considered adequate. Working materials, assistance provided in the start-up phase and during preparations, and guidance were regarded as particularly strong points. GPs and pharmacists noted the independent position and methodical expertise of the advisers as positive factors.

DGV advisers are working on new programmes (generic prescription, polypharmacy among the elderly population, pharmaceutical care, transmural medication) to ensure that auditing and cost-effective use of medication become integral parts of the expertise of GPs, pharmacists and specialists. With a view to enhancing the quality of and the return on the MD process even further, DGV continues to offer new working materials and to support the MD groups. This may involve evaluation exercises, solving co-operation problems, the starting up of compliance monitoring and revitalizing the MD process where it gets bogged down.

Figure 1 Who presents the prescription data (1996).
**Toward increased commitment and compliance**

The survey included questions regarding desirable changes to the MD process. There appears to be a clear body of opinion that the consultations need to become more efficient (31% of the groups questioned) and the agreements reached less voluntary (41%). The wish for a more binding character of agreed policies and guidelines was stronger in the case of pharmacists than of GPs.

Commitment to comply with MD group agreements can be fostered by stimulating the use of prescription data. These data can help to develop and clarify policies and, most importantly, increased monitoring of prescription data can be an effective basis for evaluating compliance with MD group policies and guidelines.

**New directions**

In the Netherlands the discussions in structured medication groups form an ongoing process.

With the medication consultations in the Netherlands now resting on a solid base, new challenges have to be faced. Fresh impulses come from a sense of urgency to achieve and from discussions of prescription data. Assessments at regular intervals remain a prerequisite to participants’ involvement, as do adjustments to goals, approaches, methods and content. Another focus in the time to come will be the development and implementation of regional formularies, in which the possibilities of the use of the prescription data in relation to the quality of care will be fully exploited.

New challenges also lie ahead in international cooperation. In Eastern Europe, DGV, at the request of the WHO, has recently been giving presentations on rational drug use strategies. Furthermore, there is ongoing exchange of experiences on medication consultations with similar organizations in Great Britain, Germany, Belgium and Spain.

**References**


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