Barriers & Facilitators to Implementing Deprescribing Recommendations

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Normalisation Process Theory (NPT)

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Barriers and facilitators of implementing proactive deprescribing within primary care: a systematic review

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NPT: “why an intervention succeeds or cannot become normalized within practice”

- Coherence: sense-making of the intervention
- Cognitive participation: commitment and engagement
- Collective action: the work to enable the intervention to happen
- Reflexive monitoring: how participants reflect and appraise the intervention

NPT: Coherence (sense-making of the intervention)

Barriers:

- Negative deprescribing perceptions
  - Money-saving, threatening clinical stability
- Patient and clinician strong belief in continuation of medicines
  - No perceived side effects
- Limited understanding of healthcare professionals' roles in deprescribing
  - Who is responsible? How should it be done? Who can help?

Facilitators:

- Patients receiving deprescribing education
- Structured education and training for clinicians on proactive deprescribing
- Belief in the consequences of PIMs and ADRs
- Deprescribing accepted as scope of practice
- Prior agreement on deprescribing clinical decision rules

NPT: Cognitive participation (commitment & engagement)

Barriers:

- Clinicians apprehensive to discontinue medicines
- Patient resistance to deprescribing recommendations
- Lack of internal and external collaboration
- Lack of proactively identifying patient needs

Facilitators:

- Engagement of clinicians and patients
  - Clinicians to engage/champion colleagues
- Positive relationships between clinicians and patients
- Multidisciplinary team involvement to plan
  - Pharmacists!
- Patient-centered approach

NPT: Collective action (work to enable the intervention to happen)

Barriers:

- Sub-optimal deprescribing environment
  - Lack of time, lack of staff, lack of workflow, etc . . .
  - Bottom line: Deprescribing seen as additional work
- Strong prescribing culture
  - Guidelines recommend what meds a patient *should* be on (not what meds to stop)
- Lack of confidence to deprescribe
  - Decision to deprescribe might not be respected by colleagues

Facilitators:

- Availability of deprescribing resources and support for HCPs
- Supportive guidance for patients
- Collaborative multidisciplinary team sharing workload
  - Pharmacists!
- Presence of predefined deprescribing process
  - “systematic, consistent, convenient”
- Confidence in deprescribing
- Requiring medicines to have an associated indication for use

NPT: Reflexive monitoring (how participants reflect and appraise the intervention)

Barriers:

- Deprescribing tools not used as initially intended

Facilitators:

- Individualized feedback on prescribing for GP

Table 4 Distribution of all barriers and facilitators within NPT

Construct of NPT	Number of barriers	Number of facilitators
Coherence	29	26
Cognitive participation	35	37
Collective action	49	62
Reflexive monitoring	3	1

Conclusions

- Bottom line:
  The barriers and facilitators are all the things you would expect

- Donovan editorializing:
  - Key barriers:
    - Perceptions (from both pt and clinician) re: clinical stability and lack of side effects
    - A world where guidelines = what *should* be prescribed
      - i.e., there is cognitive dissonance with deprescribing
  - Key facilitator:
    - Embed intervention within team structure and workflow
      - → deprescribing does not feel like additional work