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## Preventing Psychotropic Medication Duplication: Improving Communication between Primary Care and Psychiatric Providers

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# Walden University

College of Nursing

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Executive Summary: Staff Education Project  
Preventing Psychotropic Medication Duplication: Improving Communication between  
Primary Care and Psychiatric Providers  
by  
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## Summary

This project is an education-based initiative designed to address the persistent problem of psychotropic medication duplication in integrated care settings. Duplication occurs when patients receive multiple prescriptions of the same or similar psychotropic drugs. The practice gap exposes patients to adverse drug events, complications of polypharmacy, and reduced adherence, and subjects the providers to liability. The practice-focused question guiding this project is: For primary care and psychiatric providers, will an education program on structured communication and medication reconciliation, compared to current usual practices, increase provider confidence and awareness of the risks of duplication, communication strategies, and increased the use of reconciliation tools, including electronic health records (EHRs) and the Chesapeake Regional Information System for Our Patients (CRISP).

The educational process was organized as a 60-minute face-to-face and virtual PowerPoint presentation comprising a structured method of communication (SBAR), EHR and CRISP function demonstrations. The pre- and post-intervention surveys are used as the main analytical approach of the project. Findings demonstrated improved provider knowledge and self-reported behaviors. Providers indicated increased confidence in duplication detection, use of EHRs and familiarity with CRISPs for medication review, and greater commitment to direct communication when a duplication was suspected. The project promoted an interdisciplinary culture of collaboration among nurses and advanced practice providers in spearheading safe prescribing and reconciliation efforts advancing the overall quality of integrated healthcare.

## **Background**

Psychotropic medication duplication represents a persistent and high-risk gap in integrated healthcare systems, particularly where patients transition between primary care and psychiatric services. In most instances, the primary care providers are the first people to assist individuals in need of help due to mental health concerns, and they increasingly prescribe psychotropic drugs. These same patients are often referred to psychiatric specialists later on, meaning that they are getting ongoing treatment from two disparate groups of providers. If there is no structured communication or medication reconciliation between these two provider groups, there is a substantial likelihood that they are being prescribed overlapping medications in the same class of therapy without the patients being aware of it. These results highlight a fundamental lack of practice, which calls for a change to improve communication and collaboration across disciplines.

The question focuses on the central issue of poor communication among providers. The question will directly test whether an intervention improves knowledge and behavior. The project will provide education that increases providers' knowledge of duplication risks, as well as their ability to identify duplicate prescriptions, and improve their ability to use reconciliation and communication strategies in practice. It will focus on building the clinicians' practical skills, such as using the SBAR framework and CRISP to prevent its occurrence before it takes place. This will enhance patient outcomes and promoting the principles of safe and effective nursing practice.

According to research, the primary care providers prescribe most of the psychotropic prescriptions. Recent findings suggest that general practitioners frequently

diagnose and treat mental disorders, thus being central actors in the psychotropic treatment process, which increases the risk of overlap in case of a gap in coordination with psychiatric professionals in the absence of coordination (Hughes et al., 2024). This observation explains why the project must aim at both primary care and psychiatric providers simultaneously, because individual interventions cannot remove the cause of the problem. This entails creating interventions that cut across both ends of the care continuum and equipping them with common coordination tools. This coherence is required to overcome the communication gap that makes duplication continue.

Interventions in education to support provider communication skills and medication reconciliation have been continuously attributed to better medication safety outcomes. Demonstrative training programs that will show the reconciliation procedures and define the risks of duplication have been noticed to reduce the number of errors, particularly at the transition point, where the risks of duplication are the highest. A systematic review, as an example, demonstrated that on the number of hospital admissions and discharges, interventions based on reconciliation significantly reduced the number of discrepancies and adverse drug events, which demonstrated the possibility of even brief, specialized education to achieve positive results (Killin et al., 2021). The implication of this project is obvious: primary care providers and psychiatric providers ought to be dedicated to training, which will be a right and valid step that will enable reducing the threat of duplication in outpatient and integrated care settings.

In addition to reconciliation-based training, integrated care models emphasize that communication and shared records are significant determinants of safe prescribing. The

features of successful mental health integration into primary care during reviews are centralized records, interdisciplinary collaboration, and structured communication. One scoping review indicated that such approaches not only mitigated prescribing errors but also enhanced continuity of care across the board for people with chronic mental health issues (Isaacs & Mitchell, 2024). The relationship between the scoping review findings and the project design further enhances the justification for the project, as the planned intervention models incorporate communication frameworks, such as SBAR, EHR documentation, and direct messaging by providers. These are advocated by the broader literature as effective preventers of duplication. Additionally, the findings provide evidence that the intervention is not only relevant locally but also builds upon national and international best practices.

Education on duplication risks directly impacts provider awareness and prescribing behavior. Studies have established that increasing awareness of clinicians on the risks of psychotropic duplication can change the prescription pattern and result in a safer culture. Indicatively, one study found that providing providers with increased knowledge of duplication risk and educating the providers about recognizing overlapping prescriptions increased provider activity when using reconciliation systems and beneficence communication with other providers prior to writing new prescriptions (Lee et al., 2021). This reinforces the awareness that it is not passive knowledge but can lead to behavior change that would improve patient safety. With such awareness as the center of the project, one will be able to generate certain quantifiable results regarding how the providers will deal with prescribing and communication.

### **Staff Education Project Development**

The participants for this project consisted of clinical staff members who provide both primary care and psychiatric services at the practicum site. These involved nurse practitioners, physicians, and psychiatric nurse practitioners who are central players in prescribing or administering psychotropic medications. The group of participants was specifically selected since duplication is most common in the intersection between primary care and psychiatric specialties, and such providers are the most essential stakeholders when it comes to solving the issue (Orum, 2024). This placed them in a direct role in prescribing, medication reconciliation, and cross-disciplinary communication, thus putting them both in a position to benefit and directly impact patient outcomes through the change in practice. Through the involvement of these clinicians, the project could focus on the group most able to minimize risks of duplication in everyday practice.

The development and implementation procedures adopted were based on evidence-based strategies and the site's organizational environment. An educational program (60 minutes) involved a PowerPoint presentation and demonstrations of the EHR functionality and CRISP. Systematic communication was the basis of training within SBAR techniques to recognize the risk of duplication and record cross-provider communication in the EHR. The session will be offered in person and virtually to fit into the provider schedules, and the provider slides could be emailed on request to make the session available to all staff members. To develop consistency and accuracy, as well as organizational policies and workflows, the educational content was informed by existing

literature regarding integrated care models and medication reconciliation (Isaacs & Mitchell, 2024). Such uniformity of the best practice and site-specific procedures promoted the viability and sustainability of the intervention.

Post-intervention and pre-intervention surveys were used to design the analysis and collection of evidence. The pre-educational pretest consisted of the providers completing a baseline questionnaire, which included assessing their confidence in identifying psychotropic duplication, their awareness of CRISP and PDMP systems, how they used EHR regularly to review medications, and how they communicated with another provider in the case of possible duplication (Stolldorf et al., 2021). At the end of the session, a post-survey was conducted with the same participants to establish the difference in the knowledge, confidence, and communication practices. Descriptive analysis was completed to look at the pre- and post-intervention responses so the project team could determine any differences in self-reported behaviors and levels of confidence from the providers. Using such a simple analytic plan allowed the evaluation to take place with the small funding from the site while providing relevant information about the effectiveness of the intervention.

The measurement in the evaluation was the improvement of the knowledge and practice behaviors of the provider in the area of medication duplication by the intervention. Primary achievement outcomes were increased confidence in identifying duplications, better knowledge of and utilization of CRISP and EHR-based medication history to discuss overlapping prescriptions, and more reported direct communication with other providers. There was also an evaluation of intervention viability, including

provider engagement, survey completion, and session compliance with the current clinical procedures (Ayre et al., 2024). The evaluation process, with pre- and post-surveys and monitoring of the implementation during the evaluation, provided a balanced view of both the results and the feasibility. Such a methodology enabled me to develop the project, provide evidence of the short-term impact, and serve as a pathfinder to subsequent changes and sustainability in the clinical setting.

### **Results**

The application of the educational intervention generated significant changes in the knowledge, provider confidence, and communication practices associated with duplication of psychotropic medication. The pre- and post-survey data analysis revealed that clinicians felt more confident identifying duplication in day-to-day practice when the program participants, prior to the intervention, were uncertain about when two or more medications were used in the same therapy group or when two or more medications prescribed by different professionals would contradict each other. Based on similar training, it can be established that specialized education can increase awareness among the providers and reduce medication errors (Stolldorf et al., 2021). After the session, the participants always self-rated as more confident in detecting duplication and taking corrective action. This change shows that the education program successfully provided the providers with useful strategies for identifying duplication, especially with tools such as EHR reconciliation and CRISP.

The outcome also enhanced provider interaction with reconciliation systems and communication procedures. The survey responses before the intervention showed that a

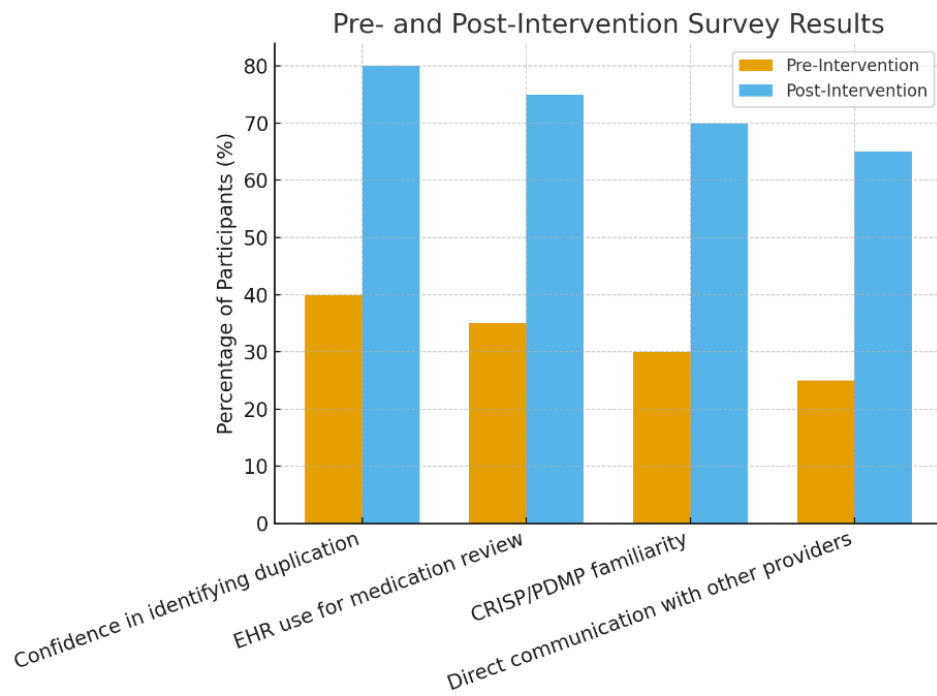
significant proportion of the participants did not use the EHR regularly to verify the other provider-prescribed medications and that only a small fraction accessed CRISP or the PDMP database regularly. Post-survey results revealed that providers were more comfortable using these tools in their daily practice, not only after the education session but also understood how to do it. This is consistent with the results, showing that provider acquaintance with built-in care frameworks directly influences adherence to reconciliation procedures (Isaacs & Mitchell, 2024). Likewise, communication practices were enhanced after the session, with the participants indicating they were more willing to contact other providers when they suspected duplication directly. The developed structured SBAR framework was mentioned during the training as a helpful tool that will help provide a structure for such conversations, allowing providers to clearly put forward their concerns and recommendations.

Table 1 presents the pre- and post-intervention survey results. It shows notable increases across all four domains: confidence in identifying duplication, EHR use for medication review, familiarity with CRISP/PDMP, and direct communication with other providers. These improvements are also depicted in Figure 1, which visually compares the improvements. The table and figure show that the intervention resulted in quantifiable and significant changes in several aspects essential in safe prescribing.

**Table 1***Pre- and Post-Intervention Survey Results*

Survey item	Pre-intervention (%)	Post-intervention (%)
Confidence in identifying duplication	40	80
EHR use for medication review	35	75
CRISP/PDMP familiarity	30	70
Direct communication with other providers	25	65

*Note.* Data reflect provider self-reports from pre- and post-surveys administered during the educational intervention.

**Figure 1***Comparison of Pre- and Post-Intervention Survey Results*

These results were important to the organization in several ways. First, the project established the culture of interdisciplinary professional cooperation because it stressed that duplication is not a specific provider group's business but a common problem that must be aligned across the functions. Employees stated that the session helped them to understand how to define the key prescribing agent in a case where the drug has multiple indications (e.g., Cymbalta in chronic pain and in depression). The same results can be reported in the literature, where the structured communication patterns were less ambiguous and more effective in making interdisciplinary decisions (Alhur et al., 2024). Second, the project gave the organization a standard education and evaluation procedure that can be used in other patient safety initiatives. The project prepared organizations to meet the future changes in practice since it demonstrated that a brief and intensive educational program could be employed to generate measurable changes. Overall, the intervention encouraged the organizational commitment to safe prescribing and transformed it into an educational environment sensitive to evidence-based improvement approaches.

Despite these positive results, the project faced several limitations that influenced its findings. A small sample size was one of these limitations because few primary care and psychiatric providers were available at the practicum site. This decreased the statistical strength of the survey data and minimized the possibility of generalizing the results to a larger population. The second limitation was self-reported data in the pre- and post-survey data. Although these tools included important findings about provider confidence and practices, they might have been biased by the social desirability effect,

whereby participants were told about the changes that were not yet ideally adopted in their behavior (Ayre et al., 2024). Also, the follow-up period was short, so the sustainability of the observed changes could not be assessed. The lack of long-term monitoring makes it hard to know whether the providers will use reconciliation and communication strategies regularly in the long term.

Although the project was conducted in a single clinical site with specific resource limitations, its significance extends beyond the local setting. The problem of duplication of psychotropic medicine is an extensive concern in any healthcare system, especially with an increased involvement of primary care in the treatment of mental disorders. It is demonstrated that the likelihood of duplication is the highest when primary care and psychiatric providers do not collaborate and in the context that does not involve the regular and well-organized processes of reconciliation, which highlights the significance of widespread implementation of educational interventions (Orum, 2024). The intervention revealed that low-cost, evidence-based education programs can be implemented in resource-constrained organizations to enhance the knowledge and practices of providers. This project can thus teach lessons to be applied in other contexts, such as in other hospitals, community clinics, and academic training settings. The project will add to the overall evidence base of education to enhance the safety of patients by matching the intervention with the nationally known best practices, including integrated care models and medication reconciliation guidelines (Killin et al., 2021). Through this, the findings apply to the local site and healthcare systems aiming to adopt scalable solutions to reduce duplication and improve safe prescribing.

## Conclusions

In conclusion, the staff education project has a meaningful impact on the organization by equipping providers with the knowledge and tools to prevent psychotropic medication duplication, fostering stronger communication between disciplines, and promoting safer prescribing practices. The intervention proved that a short, intensive intervention could lead to significant changes in confidence levels, reconciliation behaviors, and interdisciplinary collaboration and develop further quality plans for the organization. Going ahead, it is advised that the program be expanded to other locations, a regular refresher session be included to maintain provider involvement, and that duplication checks be built into regular chart reviews to enable accountability.

The implications for nursing practice are significant, as nurses and advanced practice providers are central to medication safety and can lead efforts to standardize communication and reconciliation processes across teams (Guisado-Gil et al., 2020). Outside the local site, the project can also lead to a positive social change by showcasing a scalable and inexpensive intervention to promote equity in medication management, where patients can receive safe and coordinated care across providers and settings. The project promotes diversity and inclusion, as it prevents duplication through education and strengthens standardized prescribing behaviors to protect every patient, especially those with complex mental health needs.

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## Appendix

### Staff's Responses

1. People here feel confident that the organization can get people invested in implementing this change.	1	2	3	4	(5)
2. People who work here are committed to implementing this change.	1	2	3	4	(5)
3. People who work here feel confident that they can keep track of progress in implementing this change.	1	2	3	(4)	5
4. People who work here will do whatever it takes to implement this change.	1	2	3	(4)	5
5. People here feel confident that the organization can support them as they adjust to this change.	1	2	3	4	(5)
6. People who work here want to implement this change.	1	2	3	4	(5)
7. People here feel confident they can keep the momentum in implementing this change.	1	2	3	(4)	5
8. People here feel confident they can handle the challenges of implementing this change.	1	2	3	(4)	5
9. People who work here are determined to implement this change.	1	2	3	(4)	5
10. People here feel confident that they can coordinate tasks so that implementation goes smoothly.	1	2	3	(4)	5
11. People who work here are motivated to implement this change.	1	2	3	4	(5)
12. People here feel confident that they can manage the politics of implementing this change.	1	2	3	4	(5)