Barriers and facilitators of implementing a post-discharge community pharmacist home visit.

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Background Hospital discharge involves an increased risk on drug-related problems (DRPs). Community pharmacists' interventions post-discharge can reduce DRPs effectively, but failure rates for implementing interventions in healthcare is high.

Purpose A Home-based Community pharmacist-led Medication management (HomeCoMe) intervention was designed to identify and solve DRPs. Twenty-seven pharmacists performing 151 post-discharge home visits tested the HomeCoMe-protocol. Extensive mapping of implementation factors is crucial to prevent implementation failure and ensure successful embedding of the intervention. Therefore, the objective of this study was to explore barriers and facilitators affecting community pharmacists' adoption of the HomeCoMe-intervention.

Method Four focus groups were organized including all pharmacists who had performed the HomeCoMe-intervention and were still working in the Almere area, the Netherlands. The model of Greenhalgh et al. was used as a theoretical basis for the study to explore hindering and facilitating factors in the six main components: (1) intervention, (2) adopter, (3) communication and influence, (4) outer context, (5) implementation process and (6) system readiness. Audio logs were transcribed ad verbatim and thematic analysis of the transcripts was performed.

Findings Pharmacists suggested that the HomeCoMe-intervention has a positive effect on patients' drug therapy and improves the patient-pharmacist relationship. Furthermore, visiting patients' home provided additional information on patients' lifestyle and living conditions. The HomeCoMe-protocol was an important supportive tool, but could also hinder the conversation. The pharmacists (adopters) were having fun performing the home visits. They pointed out that they are the right professionals for this intervention, but could improve on communication skills. Regarding communication and influence, pharmacists stressed the importance of support from a project leader, who acts as a change agent. Pharmacists experienced difficulties in judging the outer context. Only a few comments were made concerning the socio-political climate, for instance the important role of healthcare insurers and the public opinion about pharmacists' role. Important subjects concerning the implementation process were the necessity of collaborating with other healthcare providers and the need for a reimbursement fee. Finally, the system readiness was questioned due to the current workload of community pharmacists.

Conclusion Pharmacists reported that introducing the HomeCoMe-intervention could improve post-discharge pharmaceutical care. Adequate pharmacist training, central support and a practical protocol facilitate its implementation. However, major barriers were identified regarding the outer context and system readiness. In order to permanently implement pharmaceutical care interventions like this one, pharmacists need to shift their daily activities from logistics and management to direct patient care and reimbursement should be secured accordingly.