MOSAIC: Presentation of a strategy for seamless care research

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Background Efficient and safe transitions of patients between healthcare settings and professionals is the goal of seamless care research. Medication management at transitions has to be optimised to establish continuity of care. Seamless care focusing on medication management is one of the major research areas of the Pharmaceutical Care Research Group (PCRG).

Purpose The aim of this project was to update and present the seamless care research strategy based on the "Medicines management Optimisation by Structured Assessment in Integrated Care? model (MOSAIC) developed over years, including past and current work by the PCRG seamless care team and by adding future project ideas.

Method All information on past, current, and future PCRG projects in seamless care research since 2011 was collected during meetings with team members and electronically (e.g., prior publications, relevant literature from reviews). The collected information was consolidated into the MOSAIC model. Ideas for future projects were derived from the model to yield the draft of the updated PCRG seamless care research strategy. The draft was presented to all members of the seamless care team (n=7), to the head of the PCRG, and to external and international peers. Feedbacks were integrated into current version of the strategy.

Findings PCRG seamless care research focused mainly on the development of valid and reliable tools for optimising critical processes. Appropriate tools are considered a prerequisite to develop advanced and targeted services. Past and current research projects included the DART tool for identifying patients at risk for experiencing a drug related problem; the PharmDISC tool to document pharmaceutical interventions at the community pharmacy; the CLEO tool to evaluate the relevance of pharmaceutical interventions; research on medication plans, which showed to have to be adjusted to patients’ needs and preferences; and a study for validation of discharge prescriptions by a clinical pharmacist based on qualitative data about the community pharmacists’ needs in handling these prescriptions. The draft strategy was charted into a graph. Future projects could be derived from the model, focusing on processes at hospital discharge. The strategy included the focus on research that is locally relevant and implementable in daily practice.

Conclusion We hereby present the PCRG strategy in seamless care research. The strategy describes a vision for seamless care leading to continuity of care focusing on medication management. Future projects involve process related research about hospital discharge and should be implementable in a local context, however, open for national and international collaboration.