Exploratory study to inventory opportunities to optimize continuity of pharmacotherapy after hospital discharge

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Background Continuity of care, described as "efficient, effective, ethical care delivered through interaction, in tegration, coordination and sharing of information between different healthcare actors over time? (ISO 2015) is co nsidered as a quality standard in healthcare. Unfortunately, research suggests that many patients experience medication discontinuity after hospital discharge, including drug-related problems, adverse effects and rehospitalizations.

Purpose This study approaches continuity of pharmacotherapy at hospital discharge from a healthcare professional (HCP) perspective. From an explorative angle, the study aims to identify current hurdles, barriers, facilitators and needs that Flemish general practitioners (GP) and community pharmacists (CP) experience with patients who have recently been discharged from hospital. From a feasibility standpoint, the study aims to investigate what supportive actions can be developed to optimize the care process.

Method An observational qualitative study was set up using face-to-face, semi-structured interviews with community pharmacists and general practitioners. Additionally, one focus group was organized, allowing interdisciplinary discussions. The research was conducted in three care regions in Belgium to gather experiences with patients discharged from different hospitals. Upon informed consent, the encounters were audio taped and transcribed verbatim. Data analysis was performed by an independent researcher by means of a thematic analysis using NVIVO.

Findings In total 19 HCP participated in the interviews (CP=12; GP=7), and 12 in the focus group (CP=5; 7=GP). Data was collected between October 2015 and April 2016. The following topics, related to barriers and facilitators for continuity of care were raised: need for role clarification; organisation of patient contacts with HCPs after discharge; importance of medication information; need for HCP education; and expectations regarding communication and multidisciplinary collaboration. Pharmacists and general practitioners experience similar hurdles in patient care including a lack of discharge medication information and lack of knowledge on the care that other HCPs have provided to the patient. According to the participants, future improvements should target on information transfer and multidisciplinary collaboration and coordination of care.

Conclusion These findings are in line with international research and will be incorporated in an intervention study to improve continuity of medication. The multifaceted intervention will consist of (1) information transfer to the CP, (2) training for pharmacists on how to interpret and translate this information into patient care and (3) multidisciplinary concertations to enhance collaboration and harmonize roles of HCP.