

# Patient Perceptions of Medication Management Post-discharge: Do Home Medicines Reviews (HMR) make a difference?

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**Background** Transition of care is a complex process requiring careful coordination of patients, healthcare professionals, family, carers and medications, to ensure safe transition to the community. Early post-discharge Home Medicines Reviews (HMRs) have been speculated to reduce hospital health utilisation and improve humanistic outcomes.

**Purpose** This study aimed to determine if a post-discharge HMR within seven to ten days reduces hospital health utilisation and improves quality of life (QoL) at 30 day follow up. Secondly, it aims to explore patient perceptions of medication understanding, medication problems and HMR satisfaction at 30 day follow up post-discharge.

**Method** Participants discharged from a tertiary referral hospital, were grouped according to whether they received an early post-discharge HMR or not and analysed using a mixed-methods approach. A blinded researcher contacted participants at 30 days post-discharge to assess hospital health utilisation, QoL using the EQ-5D-3L tool and explore patients' perceptions. EQ-5D-3L health states incorporated five dimensions: Mobility, self-care, usual activities, pain/discomfort and anxiety/depression. Each dimension allowed for three different responses including no problems, some problems and extreme problems. EQ-5D-3L was converted into a single index value (EQ-Index), where -0.217 to 1 represented the 'worst' to 'best' health states respectively. EQ-VAS characterised a visual analogue scale, where zero was the 'worst imaginable health state' and one hundred was the 'best imaginable health state' and participants were verbally asked to rate their health.

**Findings** Sixty-four participants (18 HMR, 46 non-HMR) were included for data analysis. Twenty-two of these participants (34%) were readmitted over the 30 day period. Hospital health utilisation and QoL (EQ-Index and EQ-VAS) were no different between HMR and non-HMR groups ( $p=0.63$ ,  $p=0.65$  and  $p=0.59$  respectively). Perceived medication understanding on discharge was no different between groups ( $p=0.32$ ). Lack of education most frequently contributed to poor understanding. Significantly more HMR participants reported medication problems ( $p=0.002$ ). Side effects were the most frequently reported medication problem by both groups. Respondents ( $n=16$ ) were satisfied with the HMR (median 5/5 Likert scale), mainly reporting thorough information delivery ( $n=7$ ) as rationale.

**Conclusion** It remains unclear whether early post-discharge HMRs make a difference in hospital health utilisation and QoL at 30 day follow up, perhaps due to insufficient power in this study. Exploring patient perceptions revealed patients often have poor discharge medication understanding and experience medication problems. Patients are, however satisfied with HMRs.