Implementation of a post-discharge home visit: perceptions of pharmacists

Rik Ensing pharmD
|UPPER, Utrecht University| PIPC, Utrecht Univ. of Appl. Sc.|
TRANSITIONAL CARE

ED-visit
Readmission

12-17%

TRANSITIONAL CARE

ED-visit
Readmission

12-17%

Community pharmacists

HOMECOME: PHARMACIST HOME VISIT

**Transfer**
- Medication status
- Pending DRPs

**Analyze**
- Tailored communication to assess needs and concerns
- Identify practical adherence barriers
- Verify patients’ knowledge

**Recommend**
- Solve identified DRPs with patient
- Drug-related recommendations to physician
To explore pharmacists’ **BARRIERS** and **FACILITATORS** of implementing a post-discharge home visit.
THEORETICAL FRAMEWORK: GREENHALGH

Operational
Broadly applied
6 categories used

Interview protocol

4 focus groups
22 pharmacists

Thematic analysis
KEY FINDINGS
GENERAL OVERVIEW

Innovation

Adopter

Implementation process

System readiness

Outer context

Comm. & Infl.
GENERAL OVERVIEW

Innovation

Adopter

Implementation process

System readiness

Outer context

Comm. & Infl.

≈80%
GENERAL OVERVIEW

- Innovation
- Adopter
- Implementation process
- System readiness
- Comm. & Infl.
- Outer context

≈80%
GENERAL OVERVIEW

Innovation

Adopter

Implementation process

System readiness

Comm. & Infl.

Outer context

≈80%
“For one patient I could eliminate 8 pills per day, she was really thankful!”

“A protocol gives you something to fall back on if you lose track”
"I really enjoyed it, it was a positive experience for me!"

"...you lose a lot of extra time, possibly due to communication skills."
"...well, obviously you’ll need a good relationship with the GP."

"I’d rather spend my time on something that’s reimbursed."
Current work load / range of duties

“It took me a while to adapt, performing home visits broke my daily pattern.”

Role of health insurance companies

“If health insurers are not willing to reimburse, than I think it will fade out.”

Deployment of project leader / coordinator

“Organization-wise it went flawless!”
PRACTICE IMPLICATIONS & CONCLUSIONS

HomeCoMe can improve post-discharge pharmaceutical care with adequate training, patient selection, central support and a practical protocol.

Pharmacists need to shift from product supply to patient-centered service delivery and reimbursement should be arranged.
When will the future arrive?

800 technology executives and experts from the information and communications technology sector were surveyed as part of our Technology Tipping Points and Societal Impact report.

<table>
<thead>
<tr>
<th>Technology tipping points expected to occur by 2025</th>
<th>Percentage of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>10% of people wearing clothes connected to the internet</td>
<td>91.2</td>
</tr>
<tr>
<td>The first robotic pharmacist in the US</td>
<td>86.5</td>
</tr>
<tr>
<td>The first 3D-printed car in production</td>
<td>84.1</td>
</tr>
<tr>
<td>5% of consumer products printed in 3D</td>
<td>81.1</td>
</tr>
<tr>
<td>90% of the population with regular access to the internet</td>
<td>78.8</td>
</tr>
<tr>
<td>Driverless cars equalling 10% of all cars on US roads</td>
<td>78.2</td>
</tr>
<tr>
<td>The first transplant of a 3D-printed liver</td>
<td>76.4</td>
</tr>
<tr>
<td>Over 50% of internet traffic to homes for appliances and devices</td>
<td>69.9</td>
</tr>
<tr>
<td>The first city with more than 50,000 people and no traffic lights</td>
<td>63.7</td>
</tr>
<tr>
<td>The first AI machine on a corporate board of directors</td>
<td>45.2</td>
</tr>
</tbody>
</table>

When will the future arrive?

800 technology executives and experts from the information and communications technology sector were surveyed as part of our Technology Tipping Points and Societal Impact report.

Technology tipping points expected to occur by 2025

<table>
<thead>
<tr>
<th>Event</th>
<th>Percentage of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>10% of people wearing clothes connected to the internet</td>
<td>91.2</td>
</tr>
<tr>
<td>The first robotic pharmacist in the US</td>
<td>86.5</td>
</tr>
<tr>
<td>The first 3D-printed car in production</td>
<td>84.1</td>
</tr>
<tr>
<td>5% of consumer products printed in 3D</td>
<td>81.1</td>
</tr>
<tr>
<td>90% of the population with regular access to the internet</td>
<td>78.8</td>
</tr>
<tr>
<td>Driverless cars equaling 10% of all cars on US roads</td>
<td>78.2</td>
</tr>
<tr>
<td>The first transplant of a 3D-printed liver</td>
<td>76.4</td>
</tr>
<tr>
<td>Over 50% of internet traffic to homes for appliances and devices</td>
<td>69.9</td>
</tr>
<tr>
<td>The first city with more than 50,000 people and no traffic lights</td>
<td>63.7</td>
</tr>
<tr>
<td>The first AI machine on a corporate board of directors</td>
<td>45.2</td>
</tr>
</tbody>
</table>

THANK YOU!

Poster #89

| Rik Ensing, pharmD |
| h.t.ensing@uu.nl |
WHY GREENHALGH

- **Fit with study aim**
  - Focus on exploring all factors within target audience

- **Used in pharmacy settings**
  - Makowsky (pharmacist prescribing)
  - Cresswell (medicine management intervention)

- **Detailed step-by-step actions**
  - Components and subcomponents well-described

- **Experience with the model**