

Community pharmacists' role in seamless care

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COMMUNITY



Generally community-dwelling non-patient
&
Occasional contact with healthcare providers

HOSPITAL ADMISSION

A man with a beard and short brown hair, wearing a black t-shirt, is looking directly at the camera with a serious expression. He is holding a human brain in his hands, which are positioned in front of his chest. The background is dark.

Derailed chronic condition, sudden event,
need for surgery



Complexity arises

SAFE TRANSITIONS?

ADMISSION

67%

*Histories with errors
in Rx medication*

HOSPITALIZATION

4.4

*Drug changes
per patient*

DISCHARGE

72%

*Patients with
discrepancies*

AND THEN...

20%

*Patients readmitted
within 30 days*

A GLOBAL PROBLEM

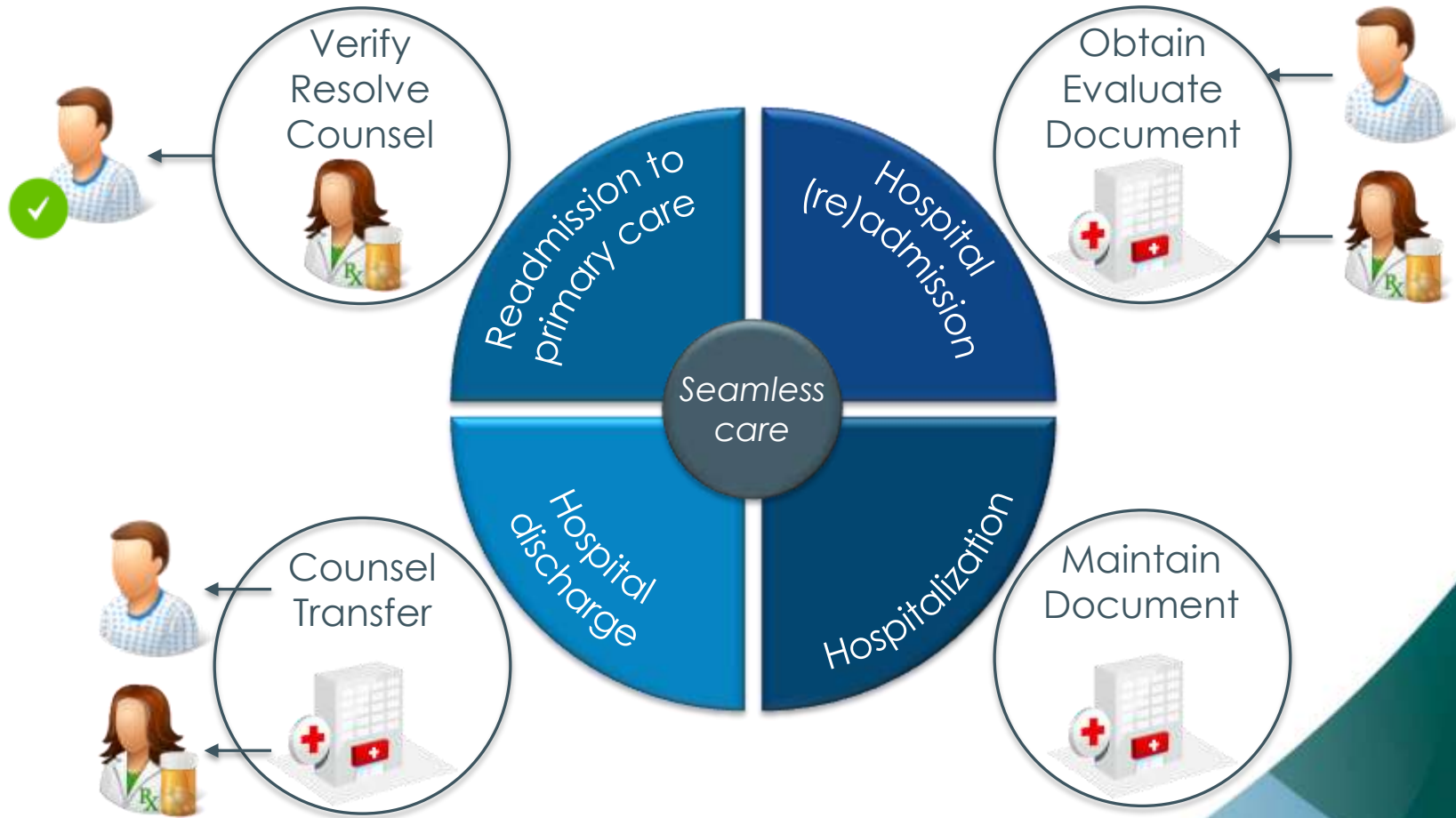
A satellite view of the Earth, showing the Americas, Europe, and parts of Africa and Asia. The image is used as a background for the text.

Every transition = risk
More transitions = more risks

Chronic condition = more transitions
Aging population = more chronic conditions

More future admissions with increased complexity

SEAMLESS PHARMACEUTICAL CARE



AIM OF TODAY

READMISSION TO PRIMARY CARE

The role of community pharmacists post-discharge

Their challenges

Conclusion

MR. SIMONS' ADMISSION



Rushed into ED with minor stroke
Secondary prophylaxis initiated
Hampered medication reconciliation



ED-staff relies on incomplete information

ADMISSION – Obtain bpmh

OBTAIN

- Complete medication regimen & recent changes
- Intolerances & relevant lab values

CP ROLE

- Dutch pharmacy records are reliable
- Make it accessible for in-hospital colleagues!

SOLUTION

- A nationwide exchange system is beneficial

ADMISSION – Involve patient



LITERATURE

- Reconciliation requires ≥ 2 sources
- Patient involvement is crucial

ELUCIDATE

- Patients' actual drug use vs. CP records
- Reasons behind discrepancies
- Possible DRPs

REQUIREMENTS

- Appropriate timing
- Adequate communication skills

ADMISSION – Communicate

COMMUNICATE - Patients' hospital admission
- Expected time of discharge

PROBLEMS! - 9/10 discharge prescriptions
- 30% administrative background

BENEFITS - Opportunity to contact the specialist
- Pharmacist can initiate logistic activities
- Less waste, fewer unscheduled care visits

MR. SIMONS' READMISSION TO PRIMARY CARE

Mrs. Simons starts to worry...

Is she still the one who can support her
husband?



Who can she turn to with her questions?

READMISSION – Resume self-management

CONFUSION

- Lack of understanding disease
- In the dark on who to contact

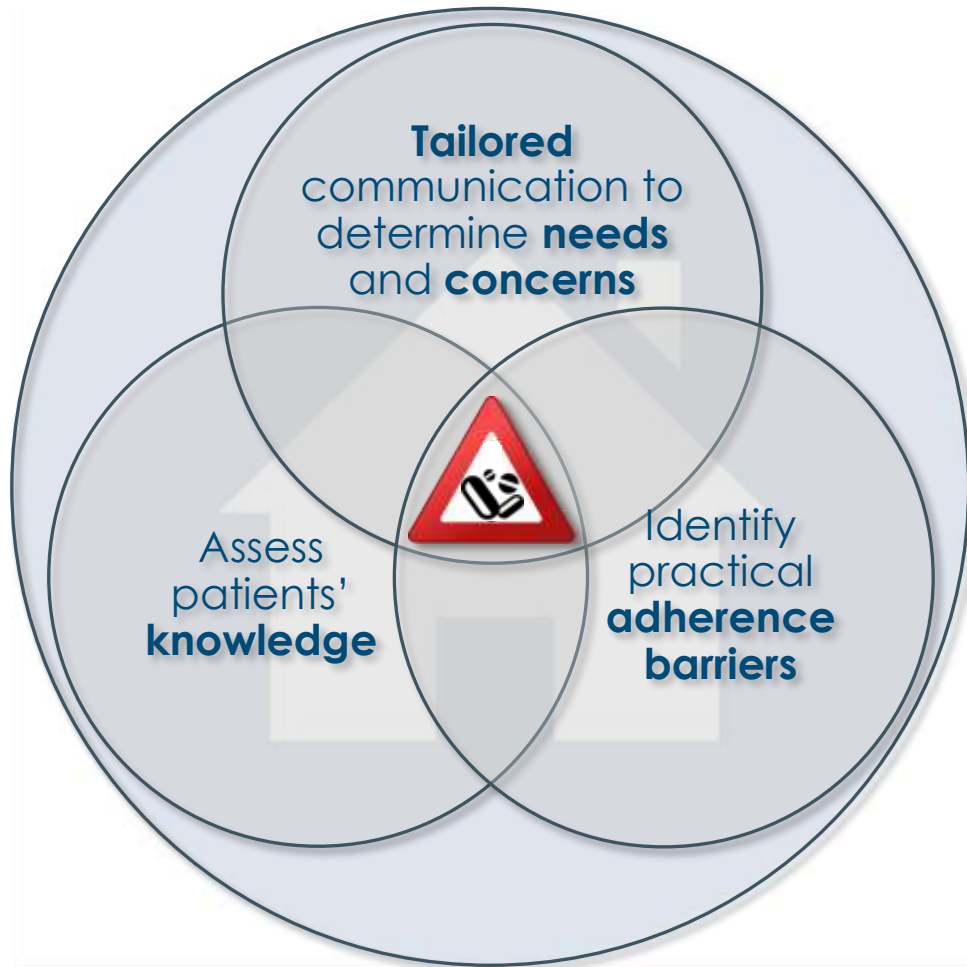
COUNSELING!

- 30% patients in need for further education

2 STAGES

- Discharge counseling is insufficient
 - Information overload vs. urge to go home
 - Discharge within 48 hours

READMISSION – Post-discharge follow-up



150 pt
Pulmonology
Neurology

>600
DRPs

40% knowledge
20% compliance

MR. SIMONS' READMISSION TO PRIMARY CARE



CP initiates post-discharge verification
Prescription results in unclarities

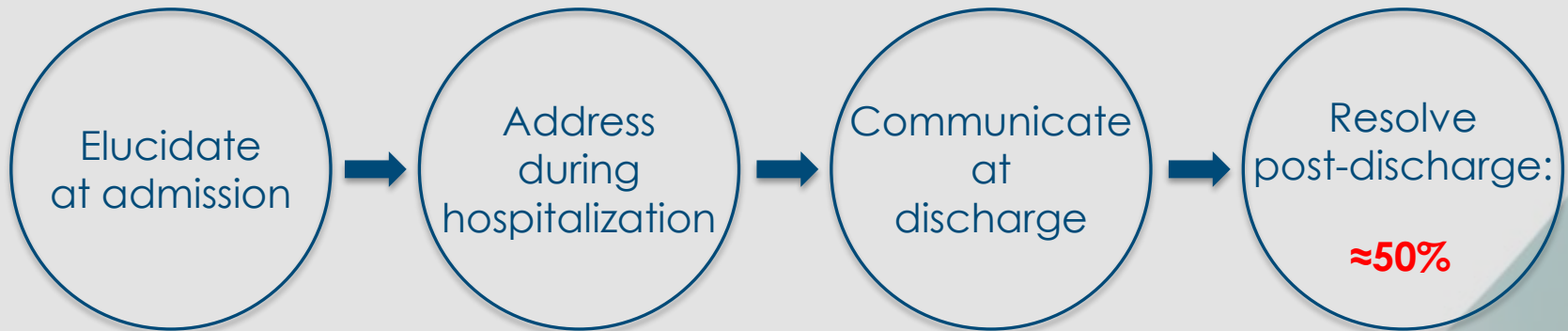


Questions completeness, contacts
physician

READMISSION – Collaborate

- UNRELIABLE BPMH
- More medication problems around discharge
 - Rely on possible incorrect discharge information

COLLABORATION ON DRPs



READMISSION – Utilize and anticipate

DISCHARGE COORDINATOR

Outpatient pharmacy:

- Address DRPs
- Direct patient counseling
- Ensure complete transfer
- Access to in-hospital information

PATIENT-SPECIFIC CONCERNS

Successful regimen management:

- Capable to visit pharmacy?
- Physically able to use devices?
- Cognitive function?
- Common DRPs prevented?

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CHALLENGE – Reprioritize daily routine

Comfort
Zone

Challenge

Providing care vs. product supply
Comfortable with traditional tasks



Active stimulation to perform CPS

CHALLENGE – Restructure tasks

DUAL MANAGEMENT

Deploy pharmacy manager:

Relieve community pharmacist
from operational management



Focus on
pharmaceutical care

TASK CLUSTERING

Dedicated pharmacist:

Healthcare increases in complexity
Guidelines evolve rapidly



Increases efficiency,
boosts quality

CHALLENGE – Finances

Health insurer

CP reimbursed for dispensing
Usual ↔ Innovative

VS

Policy maker

Importance of pharm. care
Shift to primary care

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CONCLUSION



COMMUNICATE

Between HCPs & with patient

COLLABORATE

Within & between settings

ANTICIPATE

On patients' life & tailor follow-up

UTILIZE

Define & hand-over responsibilities

TRANSFER

All information you deem necessary!

CONCLUSION

COMMUNICATE

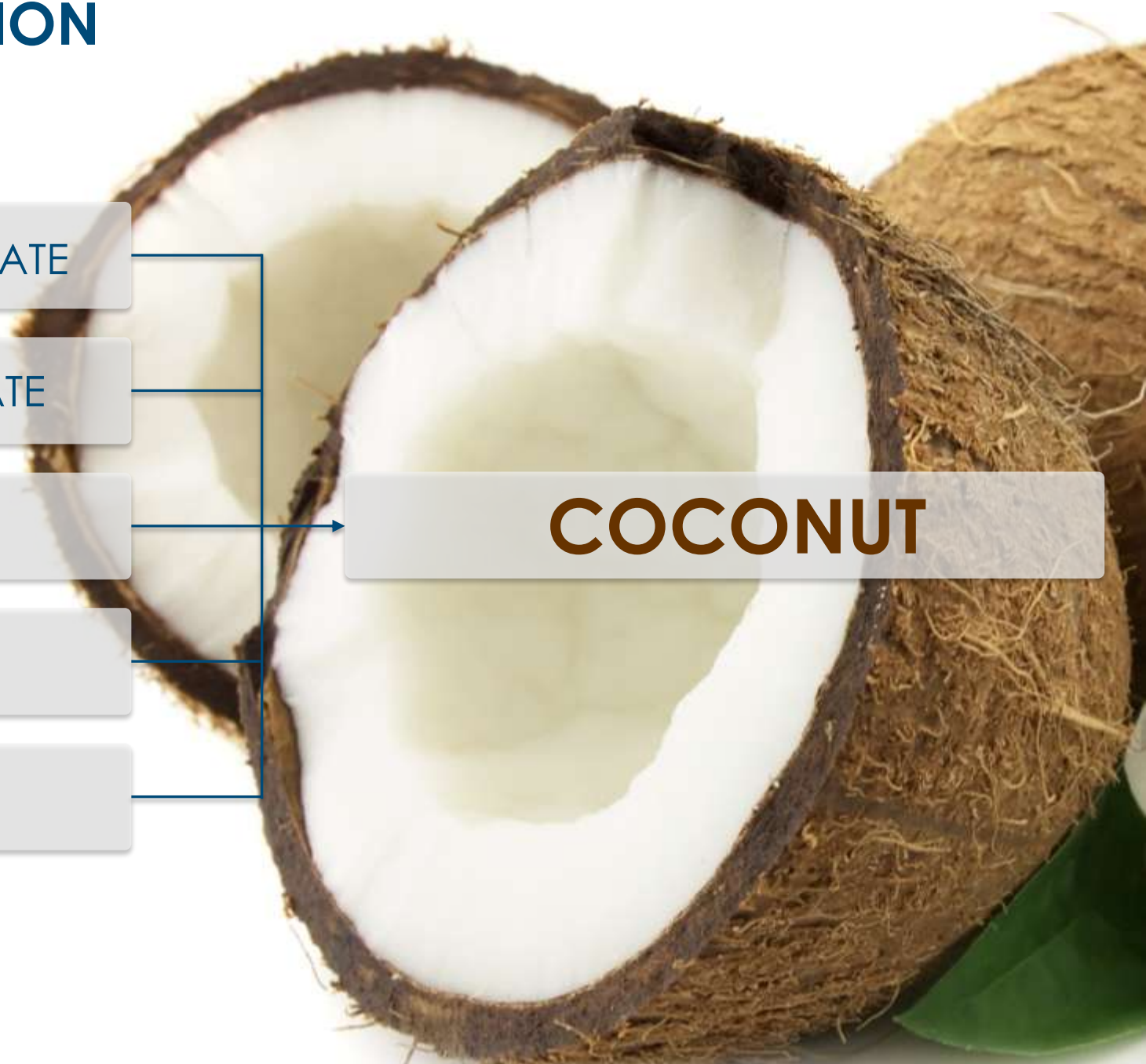
COLLABORATE

ANTICIPATE

UTILIZE

TRANSFER

COCONUT



Thank you

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