Community pharmacists’ role in seamless care

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

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

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

Verify Resolve Counsel

Obtain Evaluate Document

Counsel Transfer

Hospital (re)admission

Maintain Document

Readmission to primary care

Hospital discharge

Hospitalization

Seamless care
AIM OF TODAY

READMISSION TO PRIMARY CARE

The role of community pharmacists post-discharge

Their challenges

Conclusion
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
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

- Tailored communication to determine **needs** and **concerns**
- Assess patients’ **knowledge**
- Identify practical **adherence barriers**

- 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
- Elucidate at admission
- Address during hospitalization
- Communicate at discharge
- Resolve post-discharge: ≈50%
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

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

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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