



Universiteit Utrecht

**HOGESCHOOL  
UTRECHT**

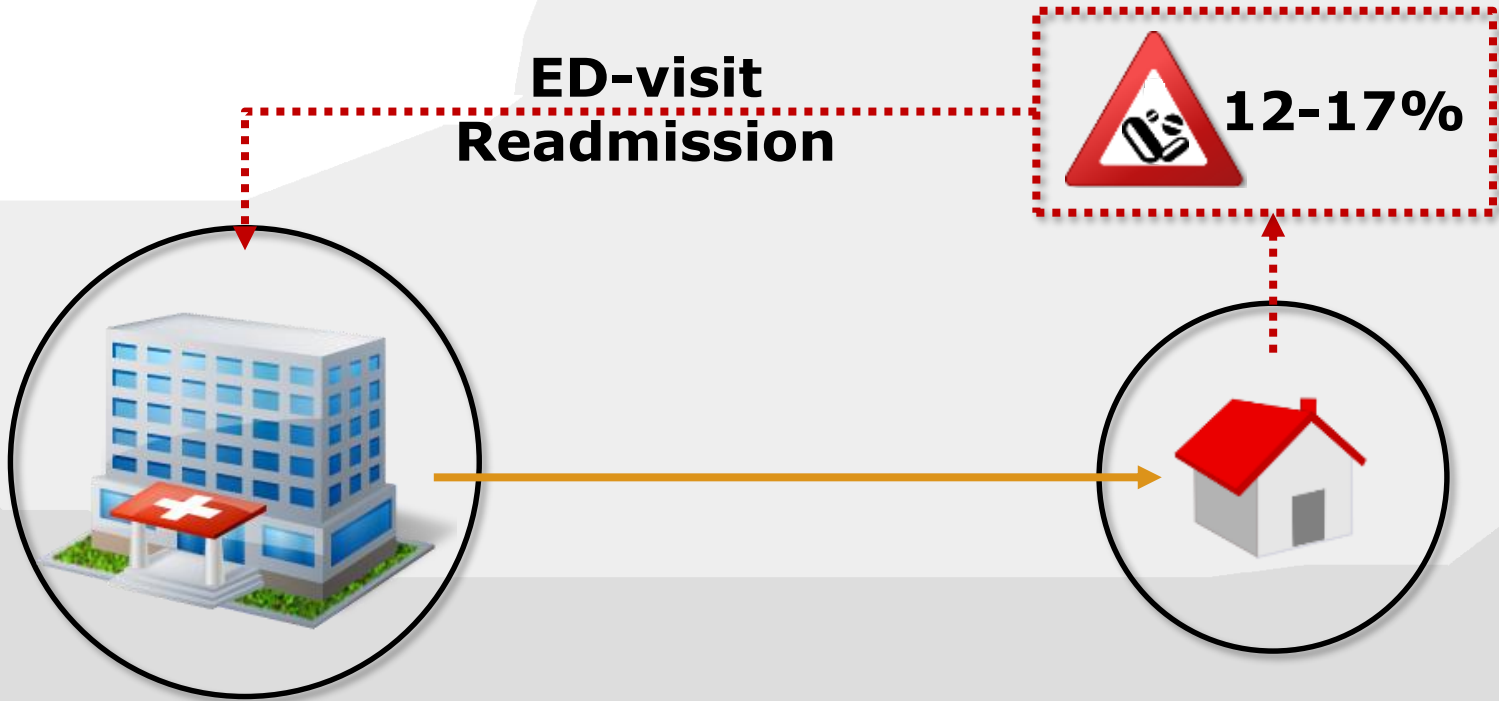


## Implementation of a post-discharge home visit: perceptions of pharmacists

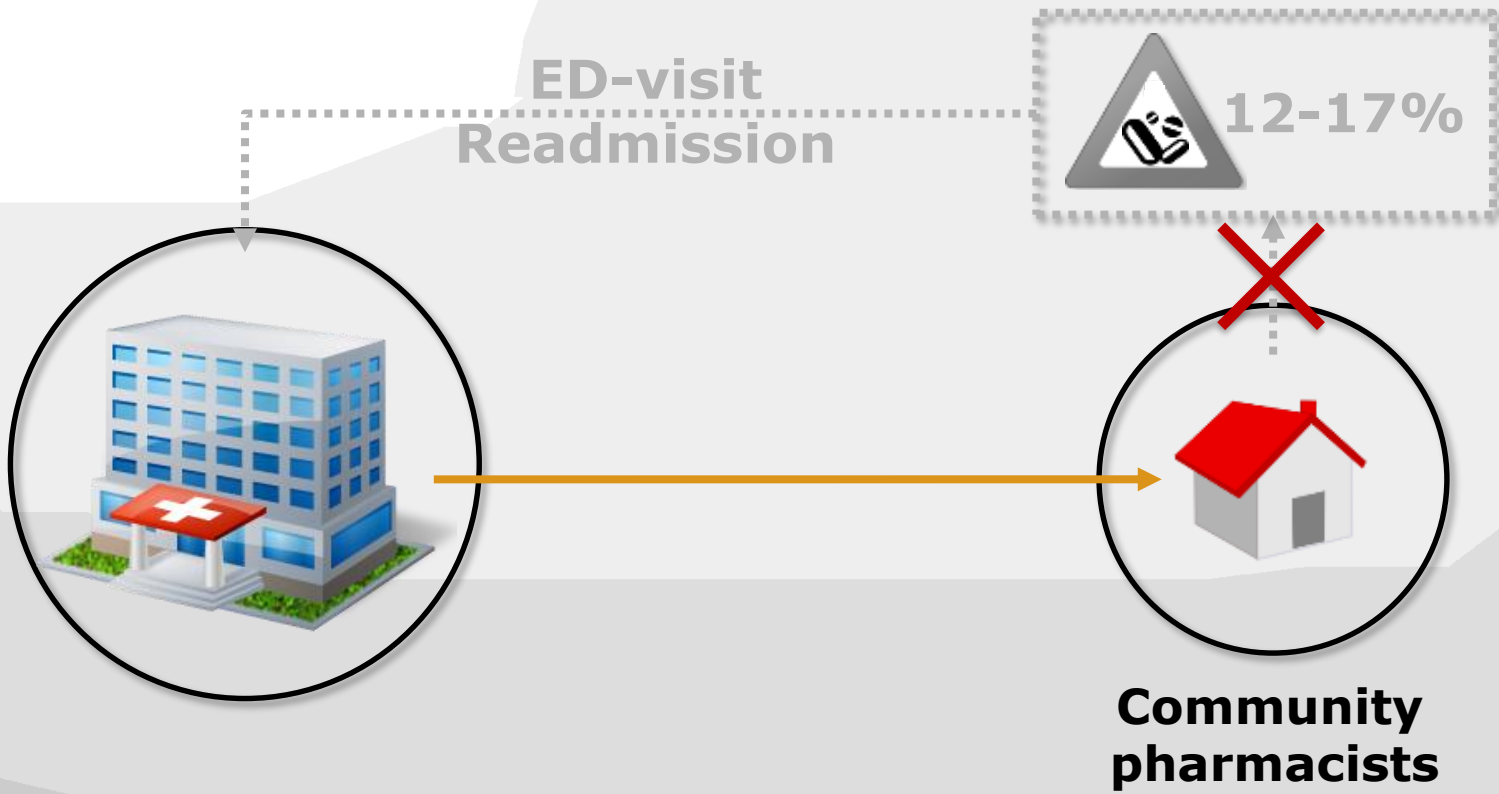
**Rik Ensing** pharmD

| UPPER, Utrecht University | PIPC, Utrecht Univ. of Appl. Sc. |

# TRANSITIONAL CARE



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## HELCOME: PHARMACIST HOME VISIT

### Transfer

- Medication **status**
- Pending **DRPs**

### Analyze

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

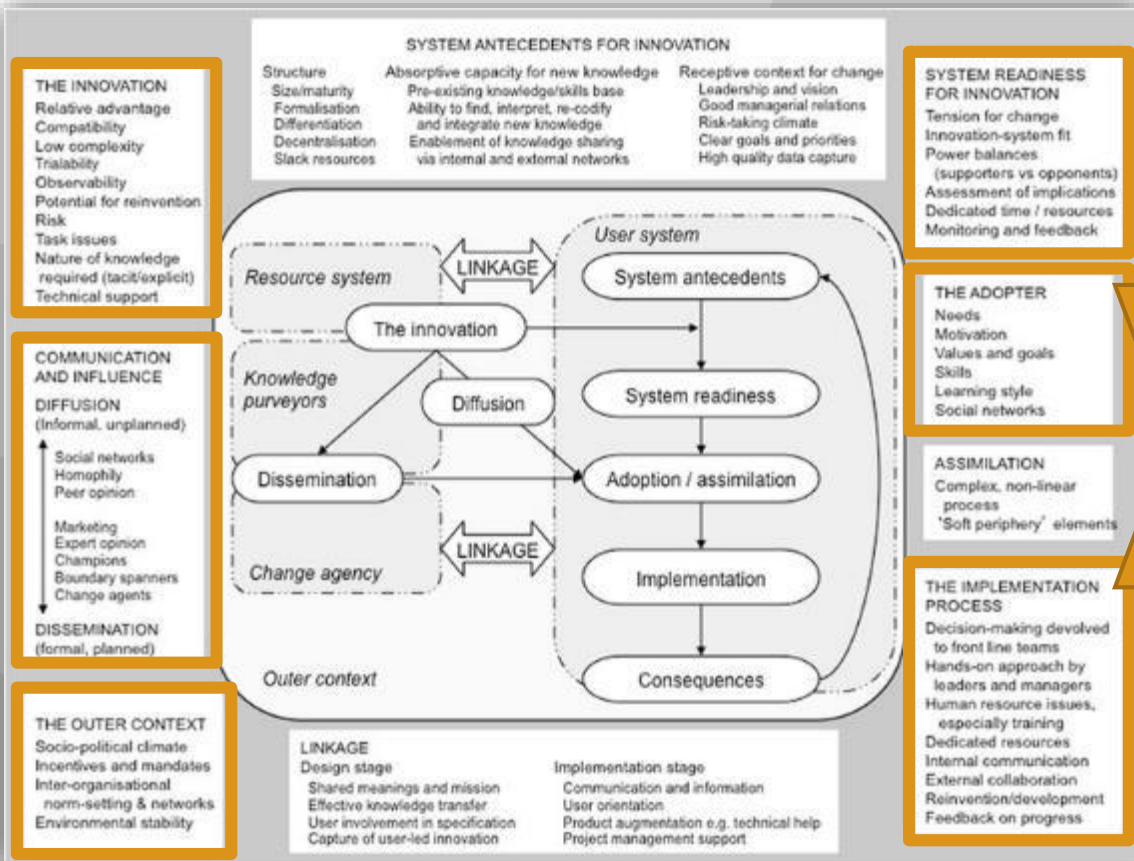
### Recommend

- Solve identified DRPs with **patient**
- Drug-related recommendations to **physician**

## AIM

To explore pharmacists' **BARRIERS** and **FACILITATORS** of implementing a post-discharge home visit.

# THEORETICAL FRAMEWORK: GREENHALGH



Operational  
Broadly applied  
6 categories used

Greenhalgh T et al. Diffusion of innovations in service organizations: systematic review and recommendations. Milbank Q. 2004;82(4):581-629.

## METHOD





# KEY FINDINGS



## GENERAL OVERVIEW

**Innovation**

**Adopter**

**Implement-  
ation process**

**System  
readiness**

**Outer  
context**

**Comm.  
&  
Infl.**

## GENERAL OVERVIEW

**Innovation**

**Adopter**

**Implement-  
ation process**

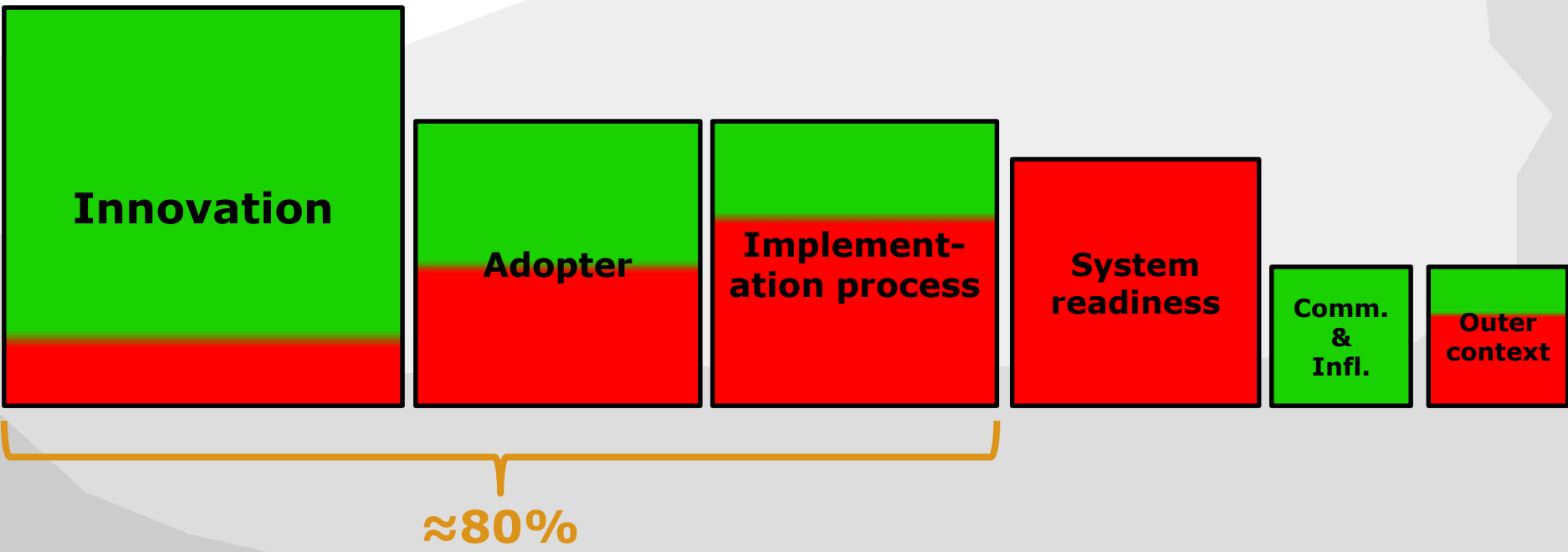
**System  
readiness**

**Outer  
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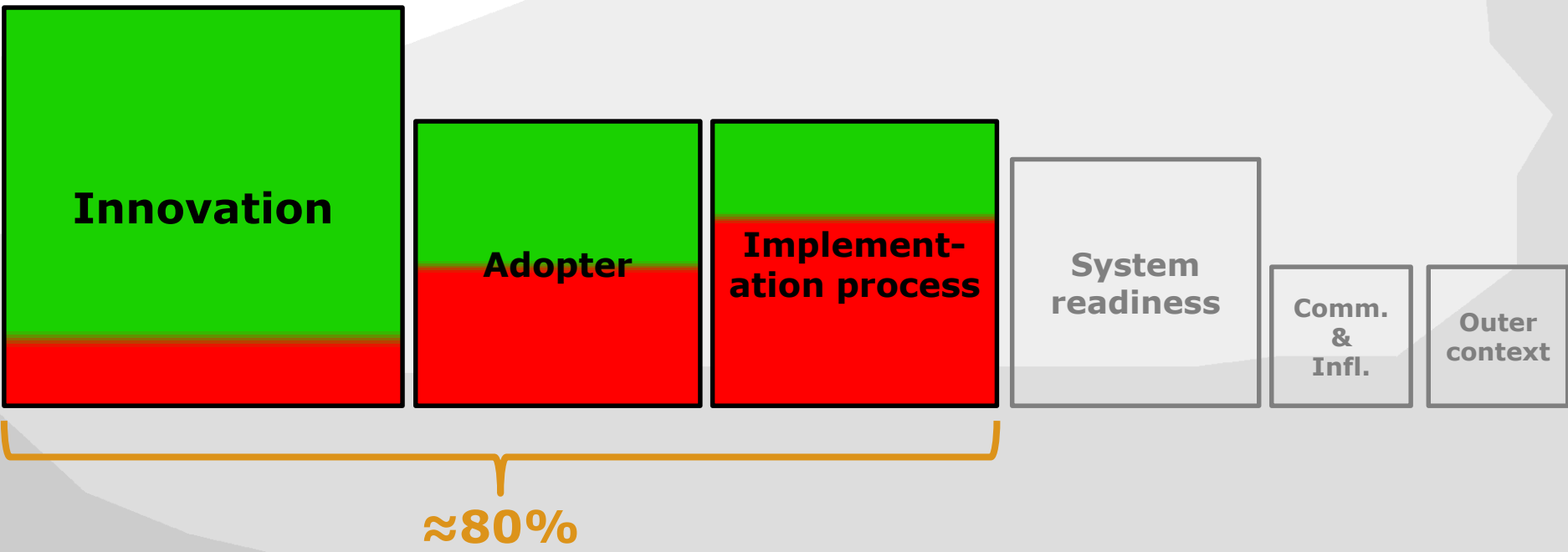
**Comm.  
&  
Infl.**

**≈80%**

# GENERAL OVERVIEW



# GENERAL OVERVIEW





# INNOVATION

*"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"*

# ADOPTER

*"I really enjoyed it, it was a positive experience for me!"*

*"...you lose a lot of extra time, possibly due to communication skills."*



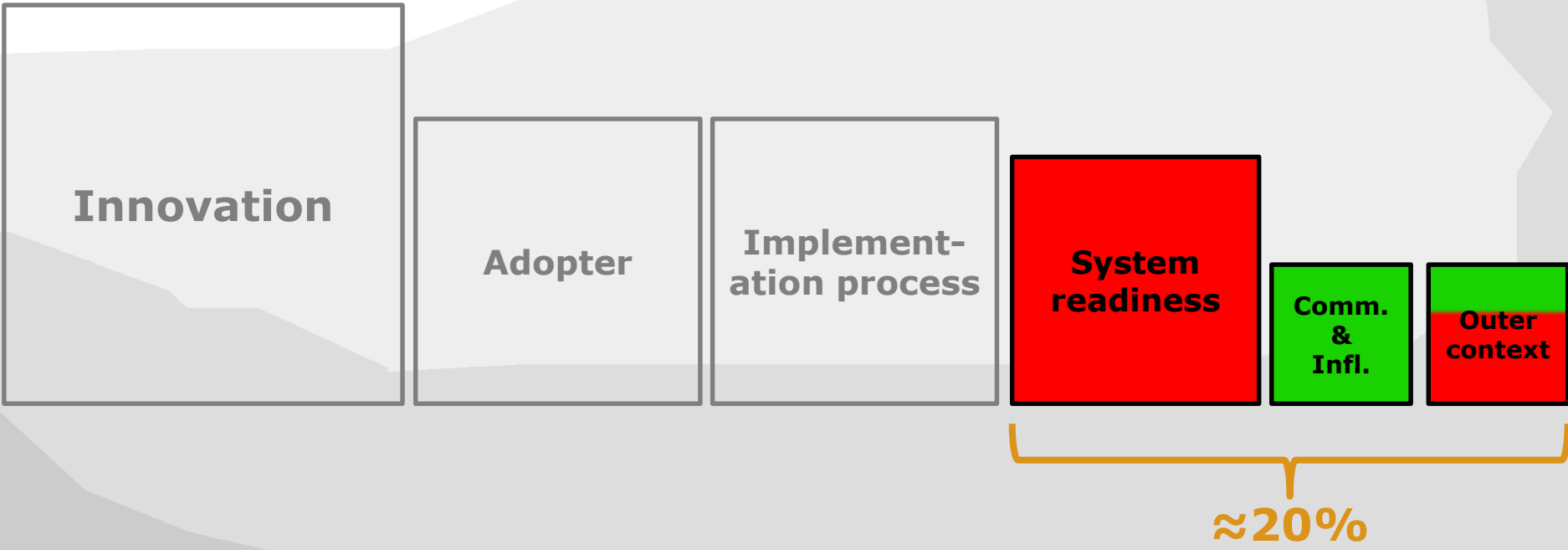
# IMPLEMENTATION PROCESS



*"...well, obviously you'll need a good relationship with the GP."*

*"I'd rather spend my time on something that's reimbursed."*

# GENERAL OVERVIEW





## SYSTEM READINESS

### **Current work load / range of duties**

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

## OUTER CONTEXT

### **Role of health insurance companies**


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

## COMMUNICATION & INFLUENCE


### **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.

# World Economic Forum Annual Meeting 2016

20-23 January 2016 Davos-Klosters, Switzerland



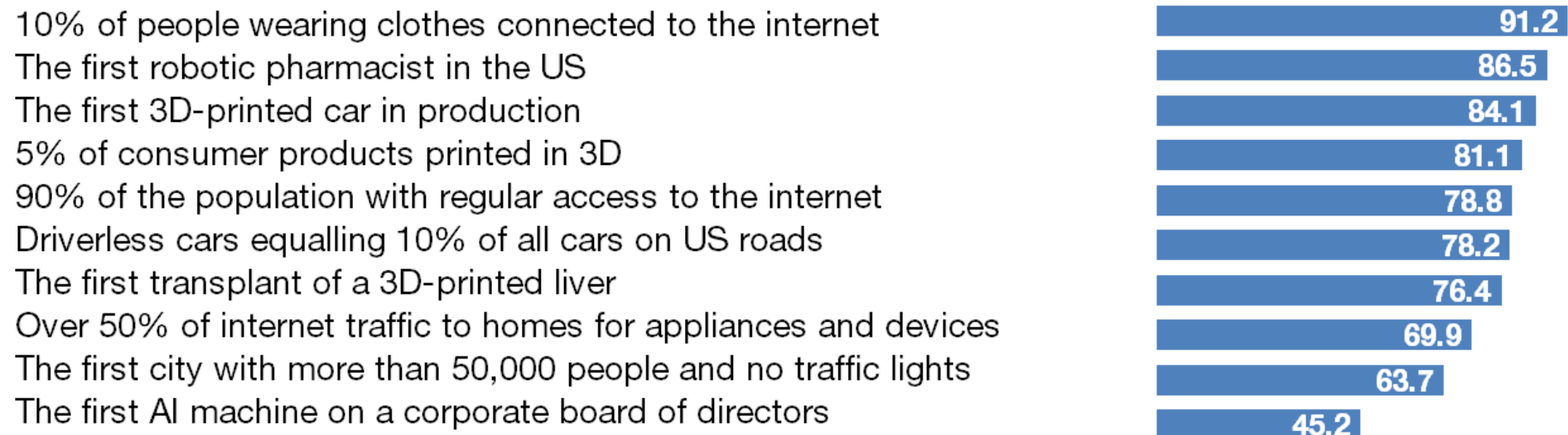
COMMITTED TO  
IMPROVING THE STATE  
OF THE WORLD

## 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

### Percentage of respondents



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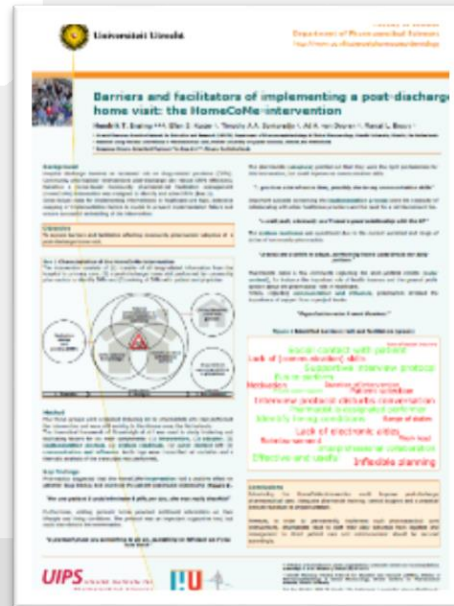
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**THANK YOU!**

**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**