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Title

Tailored intervention at home for those with COPD & comorbidity by Pharmacists & Physicians (TICCPCP): Process Evaluation

Priority 1 (Research Category)

Pulmonary and critical care

Presenters

Karen Wood, MA, Richard Lowrie, PhD, Georgia Smith, Frances Mair, MD, FRCGP, Elaine Rankine, Donald Noble, MD, MBChB, Lynda Attwood, BSc, MSc, Gillian Cameron, BSc, MSc, GPhC RPS

Abstract

Context: Almost 400 million people globally have chronic obstructive pulmonary disease (COPD). People with COPD often have multimorbidity and experience frequent exacerbations leading to hospitalisation. A feasibility study has shown pharmacist home-visits can provide holistic care, improve medication adherence and reduce exacerbations and hospital admission. A pilot randomised controlled trial (RCT) is now investigating the implementation and potential effects of such pharmacist home-visits. Objective: To examine patient and health care professional (HCP) perceptions of the intervention, acceptability of trial procedures and identify likely barriers and facilitators to future implementation. Study Design & Analysis: Qualitative interviews as part of a process evaluation embedded in pilot RCT. Thematic Analysis is being undertaken; we are conceptualising the work of self-management, including the issue of treatment burden and implementation issues through a Normalisation Process Theory (NPT) lens while also utilising the Cumulative Complexity Model to consider factors influencing patient capacity to self-manage. Setting & Population: 15 patients and 8 HCPs over two sites in Scotland.

Intervention/Instrument: Tailored intervention in the home for patients with moderate-to-severe COPD and comorbidity by pharmacists and physicians. Results: The pharmacist intervention was well received by patients and HCPs, it identified and addressed much unmet need. While the intervention was beneficial to most patients it may particularly benefit those of lower socioeconomic status who have experienced more challenges in prior health care and self-management and seemed to more greatly value additional input provided by the pharmacist. Trial procedures were broadly acceptable to participants and HCPs. Facilitators included: relationships between HCPs involved in implementation; positive views of the pharmacist; and patients experiencing improvements as a result of the intervention. Barriers and challenges included: stretched resources; Information Technology problems; and issues implementing the intervention across different sites. Conclusions: The tailored at home pharmacist intervention was perceived positively by patients and HCPs and trial procedures were

acceptable, suggesting that a full-scale trial is feasible. Future research may consider targeting of such interventions towards more socioeconomically deprived individuals.