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Title
*Integrating Clinical Pharmacists into Transitions of Care: A Qualitative Study of Barriers and Facilitators*

Priority 1 (Research Category)
Dissemination and implementation research

Presenters
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Abstract
Context: During a hospital visit, many patients are initiated on new medications or experience changes to previously used outpatient medication regimens, which can lead to discrepancies and possible adverse drug events. To address this, many healthcare systems have incorporated medication reconciliation into their transitions of care process. However, inappropriate and suboptimal medication use may also contribute to preventable hospital admissions, highlighting the need for broader comprehensive medication management (CMM) during care transition periods. CMM is a service provided by clinical pharmacists to ensure patients’ medications are indicated, effective, safe, and that they can take them as intended. The goal of CMM is to optimize patients’ medications to ensure they are meeting their medication and health related goals.

Objective: Use implementation science to evaluate facilitators and barriers to integrating CMM during transitions of care at Federally Qualified Health Centers.

Study design and analysis: Semi-structured qualitative interviews carried out June – August 2022

Setting or dataset: Three federally qualified health centers in Minnesota

Population studied: Twenty-two care team members impacted by the implementation of CMM into transitions of care

Intervention/instrument: Interviews were coded and analyzed deductively using a modified Consolidated Framework for Implementation Research (CFIR) adapted for transitions of care.
Outcome measures: Barriers and facilitators to implementation

Results: Thirty-nine codes were identified across all CFIR constructs, including the addition of a new construct, “Patient characteristics”. Major facilitators included the perceived advantage and feasibility of the intervention, standardization of transitions of care processes, and organizational buy-in. Major barriers included health information technology system limitations, communication barriers with discharge facilities, and technical and staffing challenges in applying criteria to identify patients for CMM.

Conclusion: Identifying early-stage barriers and facilitators are key to maximize facilitators and address barriers to support successful implementation and sustainment. The findings of this work are being used to guide project adaptations to better integrate CMM into the transitions of care processes. In addition, understanding these implementation determinants may inform other clinics looking to undertake similar initiatives.