

INTERNATIONAL OVERVIEW OF INITIATIVES TO PROMOTE CONTINUITY OF CARE

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INTRODUCTION

- Medication management is an essential component of continuity of care.
- Patients' transition between hospital and community is a high-risk period for the occurrence of drug-related problems^{1,2}.

OBJECTIVES

- To make an overview of initiatives that have been implemented in 7 selected countries at regional or national levels and that aim to improve continuity of care focusing on medication
- To synthesize the factors contributing to the success and failure of these initiatives

MATERIALS AND METHODS

- The selection of countries was based on observations, from systematic literature survey, showing that seamless care initiatives had been developed (see **figure 1**).
- A structured search of relevant websites (scientific, professional and political organizations – also called grey literature) was performed for each selected country to list national and/or regional initiatives developed until 8 June 2010.
- In a first round, a list of the titles and sources of relevant information was shared with experts (health care professionals or researchers involved in seamless care projects) identified in each country to confirm relevance of the information, and to add references.
- In a second round, a structured description of the initiatives was performed and validated by experts (see **table 1**).



Literature review

Australia
 Canada
 Denmark
 France
 The Netherlands
 UK
 US

Fig.1. Countries selected

Table 1. Information extracted

Title of initiative	Evidence of intake in practice
Aim	Impact
Period of implementation	Critical success factors
Setting (home, nursing home, hospital...)	Barriers
Professionals involved	Funding
Initiators	Follow-up
Description of the initiative	Sources of information

REFERENCES

- Tam, V.C., et al., Frequency, type and clinical importance of medication history errors at admission to hospital: a systematic review. CMAJ,2005. 173(5):p.510-5.
- Coleman, E.A., et al., Posthospital medication discrepancies: prevalence and contributing factors. Arch Intern Med,2005. 165(16):p.1842-7

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RESULTS

- National and/or regional initiatives have been identified in all selected countries.
- Most initiatives have been implemented since the early 2000 and are still ongoing.
- The main initiatives and some examples are shown in **figure 2**

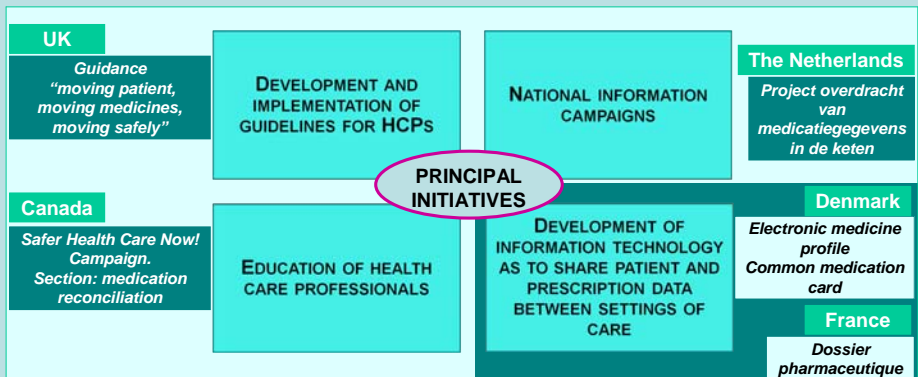


Fig.2. Principal initiatives identified (in caps) and examples (in italic)

- All approaches involved an array of healthcare professionals from different settings of care (ambulatory and hospitals).
- Positive results have been reported in terms of intake into practice, or decrease in the number of medication discrepancies (impact).
- However, additional data are needed to confirm their impact on relevant clinical, economic and humanistic outcome measures.
- Critical success factors and barriers identified are shown in **figure 3**

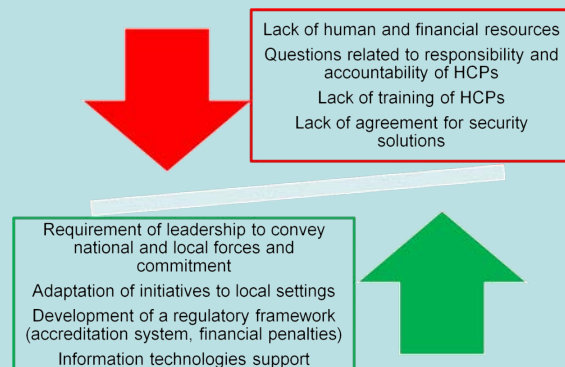


Fig.3. Critical success factors and barriers identified

DISCUSSION AND CONCLUSION

- Although not all initiatives are applicable as such to a particular healthcare setting, most of them convey very interesting data that should be used when drawing recommendations for optimizing continuity of care.
- Critical success and contributing failure factors should be taken into consideration.
- The feasibility of the initiatives should be explored with Health Care Professionals and stakeholders of different backgrounds and horizons.