



INTEGRATING PHARMACISTS INTO GENERAL PRACTICES REDUCES HOSPITAL READMISSIONS AND PRESENTATIONS

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INTEGRATING pharmacists into general practice teams to review medication management lowered the number of emergency department presentations and resulted in potentially significant cost savings to the health system, according to research published today in the *Medical Journal of Australia*.

Researchers from Brisbane, Melbourne, and the UK recruited patients at 14 general practices who had recently been discharged from seven public hospitals in southeast Queensland (Royal Brisbane and Women's, Caboolture, Redcliffe, The Prince Charles, Princess Alexandra, Logan, Queen Elizabeth II). There were 177 patients in the control group and 129 in the intervention group of the Reducing Medical Admissions into Hospital through Optimising Medicines (REMAIN HOME) trial.

The intervention group had a comprehensive face-to-face medicine management consultation with an integrated practice pharmacist within 7 days of their hospital discharge, followed by a consultation with their GPs and further pharmacist consultations as needed.

By 12 months, there had been 282 re-admissions among the 177 control patients and 136 among the 129 intervention patients. Emergency department (ED) presentation incidence and combined readmission and ED presentation incidence were significantly lower for the intervention patients. The estimated incremental net cost benefit of the intervention was \$5072 per patient, with a benefit–cost ratio of 31:1.

"This care model was associated with a 21% lower incidence of all-cause, unplanned hospital re-admissions within 12 months of discharge from hospital," wrote the researchers, led by Associate Professor Christopher Freeman, from the University of Queensland.

"This difference was not statistically significant, but the incidence of ED presentations (54% lower) and the combined incidence of hospital readmissions and ED presentations (31% lower) were each statistically significantly lower during the intervention.

"As the incidence of readmissions was significantly lower at 30 days, additional intervention by pharmacists and GP teams may be required after the initial intervention."

Freeman and colleagues wrote that drug-related problems identified by the pharmacists during the intervention "particularly poor adherence, are a common reason for patients returning to hospital".

"GPs having additional clinical information and tacit knowledge about their patients may also be beneficial.

“As the proportions of patients who saw their GP within a week of discharge were similar for both groups (about 60%), the consultation with the pharmacist, rather than early GP review, was probably more responsible for lower hospital use.”

Freeman and colleagues concluded that larger-scale studies of this model of care was warranted, based on their results.

“Integrating pharmacists into general practice teams to review the medicines management of patients shortly after their discharge from hospital and provide recommendations to GPs can reduce hospital use, resulting in significant cost savings to the health system.”

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