

# Economic evaluation of the integration of a pharmacist in the primary care home-based care team (ATDOM)

Maria Rubio-Valera<sup>1,2</sup>, Marian March Pujol<sup>1</sup>, M Àngels Via<sup>1</sup>, Lola Lumbreras<sup>3</sup>, Neus Blancas<sup>4</sup>, Belen Guerra<sup>4</sup>, Anna Massana<sup>3</sup>, Pere Travé<sup>1</sup>  
 1) Pharmacist, Universitat de Barcelona; 2) Fundació Sant Joan de Déu; 3) General Practitioner, Institut Català de la Salut (ICS); 4) Nurse, ICS

## 1 RATIONALE

Home-based care in Spain:

- Provides care to complex patients: **polimedicated and highly disabled**.
- Typically composed by a **family physician and a nurse**
- Usually receiving support from an informal carer
- Generates high costs

## 2 HYPOTHESIS

Integrating a pharmacist in the home-based care team will:

- Improve the safety of treatments
- Improve patients' health related quality of life
- Represent a small increase in total costs of care

## 3 MULTIDISCIPLINARY HOME-BASED CARE

SETTING	ACTION	CARER
PCHC	Review of clinical chart	GP & NP & PH
Patient home	Review of patients' medicine cabinet and therapeutic plan and direct intervention	NP & PH
Pharmacy	Review of the case	PH
Pharmacy	Development of the intervention plan	PH
PCHC	Review of the intervention plan	GP
Patient home/phone	Intervention on the patient	GP & NP

## 4 CLINICAL OUTCOMES

**0.38**  
 Low health related quality of life (EQ5D)



Different drugs per patient  
**9.4**

**5.1** Drug related problems per patient



**3.0** Interventions per patient suggested

**75.5%** Interventions accepted by the GP and/or NP

## 5 ECONOMIC OUTCOMES

Total cost per patient (6 months) =

**3533.8€**

Primary Care;  
 975,10 €; 27%

Pharmacist care;  
 116,40 €; 3%

Tests;  
 66,90 €; 2%

Secondary Care;  
 2491,80 €; 68%

## 6 CONCLUSION

- Patients requiring home-based care are complex and generate a high burden to the system (3534€ in 6 months)
- The integration of a pharmacist in the team of home-based care led to the identification of a number of drug-related problems.
- Interventions suggested by the pharmacist were mostly accepted by the home-based care GP and Nurse
- The relative cost of including a pharmacist as part of the team of home-based care was low (3% of overall costs).