

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

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## 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 hom-based care was low (3% of overall costs).