

# Which notions are applied to describe the cooperation mechanisms between hospital sector and primary care? Analysis of terminology

OHP-084

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## Background

Cooperation between the hospital sector and primary care (out-patient sector) in terms of medicines is addressed under different names. This hampers sharing and identifying existing practices and policies in this field.

## Objective

To get a better understanding about the concept of medicines management at the interface of the hospital and the primary care sectors (hereafter called interface management).

## Results

In English-speaking literature, the most commonly applied terms are seamless care, integrated care, comprehensive care, transmural care, transitional care and continuity of care for which, in most cases, generally accepted and repeatedly quoted definitions exist. A more recent terminology is “interface management”.

In many cases, specific projects such as hospital discharge programs are described without any explicit reference to overall concepts such as interface management or seamless care. Frequently, references on medication reconciliation and/or patient counseling were found in the literature search. These are tools to improve medicines management at the interface but they are not necessarily applied as specific interface management measures.

## Discussion

There is a variety of terms used for describing the activities and the level of cooperation regarding medicines management at the interface of primary and hospital care. Clarity is limited. These variances complicate literature search. Evidence regarding existing practices to improve medicines management at the interface is thus difficult to detect. In addition, the flawed terminology is a barrier to make a case for the need of interface management and to motivate health care providers, including hospital pharmacists, and policy makers to take appropriate action.

## Conclusions

In English-speaking literature, the mechanisms of cooperation between the hospital sector and primary care are referred to under different names. The authors recommend including specific interface management measures as search terms for literature reviews on interface management since overall notions such as seamless care and interface management are likely to yield only a few results. Terminology work to increase clarity in this field is needed.

## Methodology

### Narrative literature review

**Search strategy:** Medline, EMBASE, GoogleScholar, Web of Science (ISI), supplemented by hand-search (snowballing) to detect grey literature; and contacts to policy makers, researchers and hospital pharmacists to identify further references.

**Inclusion and exclusion criteria:** Search terms included interface (management), seamless care, continuous care, transitional care, transition in combination with medication, medicines, drugs, and pharmaceuticals. Interventions which did not address medicines were excluded.

**Search period:** 1990 to September 2012

## Common terms frequently identified

<p><b>Interface management</b> <i>Definition:</i> Interface management describes mechanisms of cooperation between the hospital and the out-patient sectors. <i>Source:</i> WHO Collaborating Centre for Pharmaceutical Pricing and Reimbursement Policies. Glossary of pharmaceutical terms. Latest update of print version: 2011; regularly updated online. Vienna 2011; Available from: <a href="http://whocc.goeg.at/Glossary/Search">http://whocc.goeg.at/Glossary/Search</a></p>
<p><b>Seamless care</b> <i>Definition:</i> Seamless care is defined as the desirable continuity of care delivered to a patient in the health care system across the spectrum of caregivers and their environments. Pharmacy care is carried out without interruption such as when one pharmacist ceases to be responsible for the patient's care, another pharmacist or health care professional accepts responsibility for the patient's care. <i>Source:</i> Canadian Society of Hospital Pharmacists and Canadian Pharmacists (editor). Proceedings of the seamless care workshop. 1998; Ottawa</p>
<p><b>Integrated care (comprehensive care, transmural care)</b> <i>Definition:</i> Integrated care is a concept bringing together inputs, delivery, management and organization of services related to diagnosis, treatment, care, rehabilitation and health promotion. Integration is a means to improve services in relation to access, quality, user satisfaction and efficiency. <i>Source:</i> Gröne O, Garcia-Barbero M. Trends in Integrated Care – Reflections on Conceptual Issues. Copenhagen: World Health Organization, 2002. EUR/02/5037864</p>
<p><b>Continuity of care</b> <i>Definition:</i> Continuity of care is defined as the degree to which a series of discrete healthcare events is experienced as coherent and connected and consistent with the patient's medical needs and personal context. <i>Source:</i> Haggerty JL, Reid RJ, Freeman GK, Starfield BH, Adair CE, McKendry R. Continuity of care: a multidisciplinary review. <i>BMJ</i>. 2003;327(7425):1219-21. Epub 2003/11/25</p>
<p><b>Medication reconciliation</b> <i>Definition:</i> Medication reconciliation is a process of identifying the most accurate list of all medications a patient is taking — including name, dosage, frequency, and route — and using this list to provide correct medications for patients anywhere within the health care system. Reconciliation involves comparing the patient's current list of medications against the physician's admission, transfer, and/or discharge orders. <i>Source:</i> Institute for Healthcare Improvement. Medication reconciliation review. <a href="http://www.ihl.org/knowledge/Pages/Tools/MedicationReconciliationReview.aspx">http://www.ihl.org/knowledge/Pages/Tools/MedicationReconciliationReview.aspx</a></p>

**Acknowledgements.** This research was done in the framework of the Vienna's WHO Collaborating Centre's activities funded by the Austrian Federal Ministry of Health. No conflict of interest to declare.

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