HEALTH CARE USE & POLICY STUDIES – Disease Management

**PHP6**

**ROUTINE OF PATIENTS’ REDIRECTION IN THE HUNGARIAN PRIMARY CARE**

Lipp S1, Bonca I1, Gresz M1, Varga S1, Olah A1, Marada G1, Sasváry A1
1National Health Insurance Fund Administration, Pécs, Hungary; 2University of Pécs, Pécs, Hungary

**OBJECTIVES:** The aim of this study is to analyze the GP’s routine of redirection. We reveal which diagnoses induce the most frequent redirection cases to specialists, which specialties are the most frequently targeted and how the distance from the nearest outpatient unit influences the GP’s practice. **METHODS:** The analysis is based on the monthly reports (B300 form) of the Hungarian National Health Insurance Fund Administration (OEP) of 701 general practitioners. Study covers the years 2008 and 2009. 14 million visits of 952 thousand inhabitants of South-Transdanubian Region of Hungary. GP’s redirection routine is measured by the redirection rate, which shows the number of redirections related to the number of GP visits (%). **RESULTS:** The population of the region decreased by 0.8% over the years 2008–2009, however the number of GP visits increased by 12%. The surplus is mainly due to the H1N1 vaccination campaign and the rise of cardiovascular diseases and respiratory diseases of allergic origin. The average redirection rate was 10%. 76% of the GP’s surgeries are located further than 15 km from the nearest outpatient unit, and 62% not farther than 15 km from a hospital. The distance from the nearest outpatient unit influences the redirection rate, but this impact is not determining. The most frequently needed specialties are rheumatology, cardiology, pulmonology and orthopedics. GPs direct their patients of 0–14 years to specialists more rarely than patients of 15 years or above and also the referred diagnoses vary between the two age groups. **CONCLUSIONS:** The redirection rate is lower on case of young patients and higher on case of adults, and elderly patients. While young patients get to specialists mainly due to acute and chronic respiratory diseases (many of them have allergic origin), orthopedic malformations or simply health monitoring, adult patients have cardiovascular, rheumatic, and endocrine problems.

**PHP7**

**AN EXPLORATORY STUDY EVALUATING THE PREPAREDNESS OF PRACTICING COMMUNITY PHARMACISTS IN MALAYSIA FOR MANAGEMENT ROLES**

Ali-Hubbai M1, Hassali MA2
1University Sains, Malaysia, Penang, Malaysia; 2University Sains, Universiti Sains Malaysia, Penang, Malaysia

**OBJECTIVES:** To evaluate the preparedness of the community pharmacists in the State of Penang in six main management functions: Accounting, finance, human resource management, marketing management, planning, and directing. **METHODS:** A cross-sectional study design was carried out with a total of 100 community pharmacists practising in the State of Penang, Malaysia. a pre-validated questionnaire, containing 3 sections was used as data collection tool. All data was analysed using SPSS for Windows version 13.0. Inferential statistics were used whenever appropriate at alpha value of 0.05 or less considered significant. **RESULTS:** A total of 50 pharmacists successfully responded to the survey. When respondents were asked about the percentage of time spent in actual management functions, 42% of them responded that their time is being spent on actual management functions. More than 60% of community pharmacists said that most of the time, they undertake tasks in accounting, finance, human resource management, marketing management, planning, and directing. When respondents were compared in terms of their demographiccs, the time overseas graduates showed better preparation and performance of management functions compared to local graduates. **CONCLUSIONS:** The findings of this study showed that most of the community pharmacists understand and undertake the management functions in running their community pharmacy business. Furthermore the findings suggested that local pharmacy graduates were less prepared to undertake various management functions compared to their overseas graduated counterparts.

**PHP8**

**INTERVENTIONS TO REDUCE HOSPITAL READMISSIONS IN THE ELDERLY**

Unsworth R1, García-Pérez L1, Vázquez-Díaz JR1, Lorenzo-Riera A1, Sarris-Santamá A1
1Fundación Canaria de Investigación y Salud (FUNCIS), Las Palmas de Gran Canaria, Spain; 2University Hospital of Canary Islands, Santa Cruz de Tenerife, Spain; 3Primary Care Services of Gran Canaria, Las Palmas de Gran Canaria, Spain; 4Agency for Health Technology Assessment, Carlos III Institute of Health, Madrid, Spain

**OBJECTIVES:** Unplanned hospital readmissions in elderly people present an increasing burden for health systems. This could be, theoretically, reduced by adequate preventive interventions. However, there is uncertainty about the effectiveness of different types of interventions. The objective of this systematic review was to summarise available evidence on the effectiveness of interventions to reduce the risk of unplanned readmissions in patients of 75 years and older and to determine the role of home care components. **METHODS:** We searched studies in MEDLINE, CINAHL, CENTRAL and seven other electronic databases up to October 2007 and updated the search in MEDLINE up to October 2009. Clinical trials (randomised or controlled) evaluating the effectiveness of an intervention to reduce readmissions in elderly patients compared to a control group were selected. Quality was assessed by the SIGN tool. The extracted information was presented in text and tables. **RESULTS:** Thirty-two clinical trials were included and divided into two groups: in-hospital interventions (17 studies) and interventions with home follow-up (15 studies). Three studies from the first group and seven from the second group found positive effects of the evaluated intervention on readmission outcome. **CONCLUSIONS:** Most of the evaluated interventions did not have any effect on readmissions of elderly patients. However, those interventions that combined some kind of home care seem to be more likely to reduce readmissions in the elderly.