PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	Pharmacist-Led Medication Management Services: A Qualitative Exploration of Transition-of-Care Cardiovascular Disease Patient Experiences
AUTHORS	Bennetts, Joshua; White, Jennifer; Croft, Hayley; Cooper, Joyce; McIvor, Dawn; Eadie, Nicholas; Appay, Marcelle; L Sverdlov, Aaron; Ngo, Doan

VERSION 1 – REVIEW

REVIEWER	Awad , Magdi Northeast Ohio Medical University, Department of Pharmacy Practice
REVIEW RETURNED	14-Dec-2023

GENERAL COMMENTS	I enjoyed reading the paper and learning about the patients' experiences during the transition of care. I applaud the authors for the design, effort, and flow of the paper. Here are my comments and suggestions to the authors: 1- I agree with the authors about the significance of understanding the patient's perspective on the transition of care, especially concerning understanding their medication regimen. Additionally, the patients' attitudes toward the availability of post-discharge medication reviews are valuable. However, the paper could benefit from more emphasis on the patients' experience with pharmacist-led medication management services. It would be helpful to know how many patients received this service and whether it was obtained in the community or as a standard part of the hospital discharge service. I suggest either clarifying and emphasizing this aspect of the paper or adjusting the objective and summary in the abstract and the article to match the paper's focus. 2- In the "Method" section, it would be useful to explain how the authors identified the primary list of questions of the semi-structured interview. Was the list based on a literature review or expert opinion? Was the list validated? 3- Page 7, line 143, mentioned sampling. The sampling approach could be elaborated more in the "Method" section to explain how it helped obtain a heterogeneous sample (page 3, line 60) and reduce recruitment bias. 4- In the "Result" section, it would be better to include the exact number of patients who shared a specific opinion or experience instead of unclear terms like "participants," "some," and "many." 5- In the "Result" section, similar to the subheadings under theme number two, I suggest adding subheadings under all the emergent themes to guide the reader to the main findings. 6- Many of the patient quotations are very helpful and eye-opening. However, there are some that could be eliminated or abbreviated. For example, the portion on page 15 regarding dose

	administration aids seems, in my opinion, irrelevant to the paper's primary and secondary objectives. I understand this will be a hard task. However, it will help the reader focus on the main messages. 7- The paper explained enough information about the transition of care and pharmacy practice in Australia to a foreign reader. Yet, two abbreviations should be explained: HMR in Figure 1, and HNELHD on page 21. Additionally, I suggest defining blister packs on page 14 as compliance packaging. Finally, I would like to thank you for the opportunity to review this publication.

VERSION 1 – AUTHOR RESPONSE

Reviewer: 1
Dr. Magdi Awad, Northeast Ohio Medical University

Thank you, Dr Awad, for your insightful feedback. We greatly appreciate your time in reviewing our paper. Please find below responses to your comments.

1- I agree with the authors about the significance of understanding the patient's perspective on the transition of care, especially concerning understanding their medication regimen. Additionally, the patients' attitudes toward the availability of post-discharge medication reviews are valuable. However, the paper could benefit from more emphasis on the patients' experience with pharmacist-led medication management services. It would be helpful to know how many patients received this service and whether it was obtained in the community or as a standard part of the hospital discharge service. I suggest either clarifying and emphasizing this aspect of the paper or adjusting the objective and summary in the abstract and the article to match the paper's focus.
Although the aim of this study was to explore the experiences of transition-of-care cardiovascular disease patient surrounding their engagement with pharmacist-led medication management services, we discovered through our data analysis using an inductive thematic approach that most participants had minimal engagement with pharmacist-led medication management services in our healthcare centre. A new subheading ('Engagement with Pharmacist-Led Medication Management Services' – page 15, line 329) has been included in the manuscript to reflect this finding.

2- In the "Method" section, it would be useful to explain how the authors identified the primary list of questions of the semi-structured interview. Was the list based on a literature review or expert opinion? Was the list validated?
The interview guide was designed by a sub-group of the investigators (JB, HC, JC, and DN) following a review of existing literature. The sub-group then constructed questions based on this literature review that address the central aim of the study. However, considering the semi-structured interview design, participants had freedom to express views and experiences in their own words and diverge from the interview guide. See page 7, line 149 for the amendment.

3- Page 7, line 143, mentioned sampling. The sampling approach could be elaborated more in the "Method" section to explain how it helped obtain a heterogeneous sample (page 3, line 60) and reduce recruitment bias.
A more in-depth discussion surrounding the sampling of participants has been included in the 'Methods: Study Design, Participant Selection and Recruitment' subheading (page 7, line 136-137 and lines 141-142). To reduce the risk of recruitment bias, a clear set of inclusion criteria was provided to pharmacy and nursing staff to assist with identifying potential participants. Purposive sampling was used to obtain a heterogeneous cohort of participants.

4- In the “Result” section, it would be better to include the exact number of patients who shared a specific opinion or experience instead of unclear terms like "participants," "some," and "many."
We appreciated your perspective towards providing counts. Two of the most popular approaches to qualitative analysis are content analysis and thematic analysis. The first approach employs a more systematic and mechanical process and is usually used with a purpose of classifying and quantifying data. We used the second approach which employs a more flexible and reflective process to capture the richness and in-depth nature of qualitative data. If qualitative research is conducted in its purest form, then the use of numbers engages a reductionist approach and threatens the quality of the research, being contrary to the underpinning philosophy. We have included this explanation as part of the strengths of the study (see page 3, line 74 and page 24, line 527)

5- In the “Result” section, similar to the subheadings under theme number two, I suggest adding subheadings under all the emergent themes to guide the reader to the main findings.
The authors agree with this statement, and as such, subheadings have been added to the manuscript where appropriate (see page 9, line 190; page 10, line 213; page 12, line 252; page 16, line 351; page 19, line 417).

6- Many of the patient quotations are very helpful and eye-opening. However, there are some that could be eliminated or abbreviated. For example, the portion on page 15 regarding dose administration aids seems, in my opinion, irrelevant to the paper’s primary and secondary objectives. I understand this will be a hard task. However, it will help the reader focus on the main messages.
A review of the participant quotes has been conducted to make their statements more concise for the reader.
Regarding the section on page 15 you refer to surrounding dose administration aids (medication compliance packaging), we included this to highlight the stigma relating to the use of medications and engagement with pharmacist-led medication management services. This stigma may impact an individual’s willingness to engage with such services, thus having a negative impact on their medication management. We appreciate your feedback and have revised this section to highlight this concern (see page 17, line 367)

7- The paper explained enough information about the transition of care and pharmacy practice in Australia to a foreign reader. Yet, two abbreviations should be explained: HMR in Figure 1, and HNELHD on page 21. Additionally, I suggest defining blister packs on page 14 as compliance packaging.
These have been amended in-text. ‘HMR’ in Figure 1 has been changed to ‘Australian comprehensive medication review service’ to provide additional context for the reader. HNELHD is defined as the ‘Hunter New England Local Health District’ on page 7, line 135. The patient quote mentioned above discussing blister packs has been defined as compliance packaging for an international audience (see page 16, line 342).

VERSION 2 – REVIEW

REVIEWER	Awad , Magdi Northeast Ohio Medical University, Department of Pharmacy Practice
REVIEW RETURNED	05-Apr-2024

GENERAL COMMENTS	I appreciate the detailed responses by the authors and the corresponding modifications in the manuscript. In their response and the updated manuscript, the authors have highlighted a significant finding: most participants had minimal engagement with pharmacist-led medication management services.

	This finding is particularly significant in the context of the study's population. This underscores the relevance and importance of your research. In light of this, I have some additional suggestions for your consideration. 1- Does this finding represent an additional limitation of the study? In other words, is it limited to the hospital system where the study was conducted, or is it common across other Australian health systems? 2- In addition to stating this finding in the results and discussion sections of the modified manuscript, I think it should be emphasized in the conclusion and abstract.

VERSION 2 – AUTHOR RESPONSE

Reviewer: 1

Dr. Magdi Awad, Northeast Ohio Medical University

Thank you again, Dr Awad, for your assistance in reviewing our paper. Please find below our responses to your feedback.

1- Does this finding represent an additional limitation of the study? In other words, is it limited to the hospital system where the study was conducted, or is it common across other Australian health systems?

Patient perspectives on the utilisation of pharmacist-led medication reconciliation during transition of care, specifically relating to cardiovascular patients, have not yet been extensively studied. Most of the current literature relates to health practitioners' perspective in the utilisation of such service. The specific reasons surrounding the broader Australian healthcare systems cannot be completely elucidated from our results and is beyond the scope of our study. Although, this certainly does present an opportunity for future research into whether other populations — including those outside the hospital system — have similar or different experiences with pharmacist-led medication management services engagement. We have included a statement in the 'Strengths, Limitations, and Implications on future research and practice' section stating that examining engagement with pharmacist-led medication management services from other populations would be beneficial. Please see Page 25, line 549-551 for this addition.

2- In addition to stating this finding in the results and discussion sections of the modified manuscript, I think it should be emphasized in the conclusion and abstract.

We have included statements in the abstract and conclusion to reflect this finding. Please see Page 3, Line 56, and Page 25, Line 558.