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## Customer Motion in Queueing Models: The Use of Tangent Vector Fields

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### Kurzfassung

**Objective:** In primary care, clinically recommended drug medication is often modified after hospitalization. The aim of the study was to examine the frequency and factors associated with GPs changing the hospital drug treatment in a sample of patients discharged from the hospital. **Methods:** In a prospective study, the prehospital, hospital and posthospital diagnoses and drug treatment of 130 patients consecutively recruited from 15 general practices were recorded over a period of 12 months. The ICD-10 classification was used to compare the data from hospitals and general practices. GPs who changed the hospital drug treatment were interviewed in a semistructured way concerning their reasons for changing. **Results:** The most frequent diagnoses during and after hospitalization were listed in the ICD-10 chapters 'Diseases of the cardiovascular system' (34.3%) and 'Endocrine, nutritional and metabolic diseases' (18%). Accordingly, the most frequently prescribed drug medication was related to these chapters (47.5% and 15.9%, respectively). Hospitalization led to a significant increase in the number of drugs per patient [prehospital 5.4; hospital 6.6; posthospital 6.7; ( $p < 0.001$ )]. GPs changed the hospital drug recommendations of the discharge letters in 60.7% of the cases. They omitted drugs in 27.6%, replaced prehospital drug medication in 26.3%, changed to other manufacturers in 9.3%, added new drugs in 13.1% and changed the dosage in 4.2% of the cases. Changes in drug medication correlated significantly with the number of drugs and number of diagnoses ( $p < 0.001$ ). The most frequently mentioned reason for drug changing by GPs was cost savings (30.3%). But more often they changed drug medication for patient-related reasons (42.4%): 'better individual drug effect' in 18.5%, 'no reasonable indication' in 17.1% and 'not related to adequate diagnosis' in 6.8% of the cases. **Conclusion:** After hospital discharge, GPs changed more than half of posthospital drug recommendations. Although they believed that economical aspects were the most important reason for their behavior, most drug changes were done for patient-related reasons.