Reviewer’s report

Title: Barriers and facilitators with medication use during the transition from hospital to home: a qualitative study among patients

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Reviewer: Afonso Miguel Cavaco

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Comments Manuscript BHSR-D-18-01967

I would like to thank the editor and the authors for the manuscript "Barriers and facilitators with medication use during the transition from hospital to home: a qualitative study among patients".

General comments

This well written and well organised manuscript describes an important issue concerning the safe and effective medication use in transitional care, from hospital to home, according to the patients' perspective.

This matter has been addressed by health authorities around the world, from the broader WHO perspective (Transitions of Care: Technical Series on Safer Primary Care. Geneva: World Health Organization; 2016. Licence: CC BY-NC-SA 3.0 IGO) to medication-related publications (e.g. Transitional Care Medication Safety: Stakeholders' Perspectives. Content last reviewed August 2017. Agency for Healthcare Research and Quality, Rockville, MD).

Transitions in care are closely linked with medication reconciliation, but here the authors were looking for patients' rather professionals' perspectives. They refer in the Introduction scarce literature on the topic (line 99). This topic seems to me relevant enough to have more than 3 published papers. After a quick search, I've found other papers that could have been cited in the present manuscript. For instance, reference Kangovi S, Grande D, Meehan P et al. (2012) "Perceptions of readmitted patients on the transition from hospital to home", is one example that mentions medication issues after discharge (leading to rehospitalization), while Knight DA, Thompson D, Mathie E, & Dickinson A et al. (2013) "'Seamless care? Just a list would have helped!' Older people and their carer's experiences of support with medication on discharge home from hospital" is looking into the subject.

Publications from the nursing area also have addressed this issue, i.e. McMurray A, Johnson P, Wallis M, et al. (2007) "General surgical patients' perspectives of the adequacy and appropriateness of discharge planning to facilitate health decision-making at home", or more recently Kollerup MG, Curtis T, Laursen BS (2018) "Visiting nurses' posthospital medication management in home health care: an ethnographic study".
Thus, I'm not convinced on the paucity of research in this area to be the main or sole driving force for the present work. Knowing it is a qualitative piece of research, I would add in the Introduction the need to address the locally situated patients and providers, describing some characteristics of the healthcare system and medication provision after hospital discharge (e.g. formal or informal homecare support, role of the community-based professionals, etc). Actually, this was addressed next as well as in Discussion and Study Limitations, but I would suggest being more explicit in the Introduction. In fact, the healthcare system organization emerged as a theme.

In terms of methodological options and assuming little previous research on the topic, as mentioned by the authors, I would have run previously to the focus groups, individual exploratory interviews with patients, as a way to establish a more robust focus group interview guide.

Also, in Methods, authors mentioned in Table 1 the inclusion/exclusion criteria, reaching 197 participants. Authors have excluded those patients in the 1st phase of the intervention (50) due to possible memory/recall bias. This reason is, in my opinion, an exclusion criterion too.

From the 125 contacted patients, 37 were interested in participating and 24 were randomly invited. Besides possible self-selection bias of the 37 patients, it worries me the lack of homogeneity/heterogeneity sample intentionality. How were authors able to control for information-rich participants, thus contributing to a comprehensive data saturation?

In Results, the themes and their subthemes seemed to me possible to be valued i.e. to present a negative or neutral sign, concerning a general attitude or emotions from patients when dealing with medication, e.g. disappointment, unsureness, fear. Were no positive feelings? Additionally, I would see beneficial to the reader the highlight of facilitators that were not only the direct reversion of the barriers described before. This can be seen as those facilitators standing out when the two fishbones graphs are "overlying".

Specific comments
Lines 148-152. The interview guide was developed with the participation of several experts, including patients' proxies. Again, I would see individual interviews with expert patients more useful, especially knowing that at the end only two questions entered the interview guide. Actually, I have doubts about the semi-structured guide/questions: as they are presented, (1) and (2) look to me as very open questions (personal experiences and/or relative or friends accounts), more useful for in-depth individual interviews than to stimulated group dynamics, e.g. generating opposite ideas, as expected from a focus group interview.

Lines 181-184. It would interesting to have a reason to stop at the 19th participant (data redundancy?), but more importantly to know who actually was in each group. Authors were also keen to show the figures of the whole population (Table 2). If this was to be sure of numerical similarity (or any kind of representativeness), it would require statistical testing, which is also unusual in a qualitative paper.

Lines 338-339. Knowing the use of a semi-structured guide, it would have been interesting to know who the patients see as the best professional, including cost-effectiveness.

Lines 391-395. I would expect an advanced discussion on the personal medication-counsellor i.e. what would be required as further qualification to address the demands of a specialised home visit, beyond a research project on pharmacy-led transitional care.
Line 448. I have some trouble with the word "representativeness" in qualitative studies. I would prefer other formulations, such as qualitative clarity, rather than sample power related-ones (cf. Luborsky MR, Rubinstein RL. (1995) Sampling in qualitative research: Rationale, issues, and methods). Clarity here comprise at least one theoretical grounding and the demonstration of sensitivity to context.

Table 1 is embedded in the text, Table 2 isn't.

Thank you.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Unable to assess

Are the conclusions drawn adequately supported by the data shown?
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Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
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