

Patient Perspectives on Integrated Care from Social Services and Pharmacists: A Qualitative Study in a Tertiary Hospital

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Abstract

Background: Integrated care, involving collaboration between pharmacists and social service administrators, is increasingly recognized as essential for managing chronic diseases. However, patient perspectives on this approach remain underexplored.

Objective: This study aims to explore patient experiences and perceptions of receiving integrated care from pharmacists and social service administrators in a tertiary hospital setting.

Methods: A qualitative study using semi-structured interviews was conducted with 20 patients. Thematic analysis was employed to identify key themes related to the perceived roles of healthcare professionals, the benefits of integrated care, and communication challenges.

Results: Patients reported clear understanding of the pharmacist's role in medication management but limited awareness of the broader contributions of social service administrators. Integrated care improved medication adherence and addressed social determinants of health, though communication gaps between professionals were identified as a challenge. Despite these challenges, overall patient satisfaction with integrated care was high.

Conclusion: Integrated care improves patient satisfaction and health outcomes, though enhanced communication and patient education are needed to optimize collaboration between pharmacists and social service administrators.

Keywords: Integrated care, pharmacist, social service administrator, patient perspectives, chronic disease management, qualitative study

Introduction

The growing complexity of healthcare, particularly in managing chronic conditions, requires a coordinated approach that goes beyond traditional medical interventions. Integrated care, which combines the expertise of various healthcare professionals, has emerged as a crucial strategy to address both clinical and non-clinical factors affecting patient health outcomes. In a tertiary hospital setting, the collaboration between pharmacists and social service administrators plays a pivotal role in providing holistic care to patients. While pharmacists focus on medication management and adherence, social service administrators address social determinants of health, such as financial barriers, housing instability, and access to healthcare resources (Brandt et al., 2014).

Pharmacists, as part of the healthcare team, are responsible for ensuring that patients receive the appropriate medications, understand how to take them correctly, and manage any potential side effects. Studies have demonstrated that pharmacist-led interventions significantly improve medication adherence, reduce hospital readmissions, and enhance patient outcomes (Chisholm-Burns et al., 2010). At the same time, social service administrators play a vital role in addressing non-medical factors that can hinder a patient's ability to access care, such as financial hardship or transportation challenges. Research shows that addressing these social determinants of health can lead to better overall health outcomes and reduced healthcare costs (Braveman & Gottlieb, 2014).

Despite the growing recognition of the importance of integrated care, there is limited research exploring how patients perceive this collaboration between pharmacists and social service administrators. Understanding patient perspectives is critical to improving care delivery and ensuring that integrated approaches meet their needs effectively. This study aims to explore patient experiences and perceptions of receiving integrated care from both pharmacists and social service administrators in a tertiary hospital. By examining how this collaboration influences patient satisfaction, medication adherence, and overall healthcare experience, this research seeks to provide insights into the benefits and challenges of integrated care from the patient's point of view.

Literature Review

Integrated Care in Healthcare Settings

Integrated care refers to the coordinated efforts of multiple healthcare professionals working together to deliver holistic and patient-centered care. The concept has gained significant traction in recent years as healthcare systems have recognized the need to address not only clinical conditions but also social determinants of health, which profoundly impact patient outcomes (Brandt et al., 2014). Integrated care involves collaboration between various healthcare providers, including social service administrators, pharmacists, physicians, and other specialists, to ensure that all aspects of a patient's needs are met. The goal is to improve health outcomes by providing comprehensive, coordinated care that reduces gaps in treatment, enhances patient satisfaction, and lowers healthcare costs (Ongenaes et al., 2009).

Several studies have shown that integrated care models lead to better health outcomes, particularly for patients with chronic diseases or complex medical needs. For example, research by Nolte and McKee (2008) suggests that integrated care improves health management by streamlining communication between healthcare professionals and ensuring that care plans are tailored to the specific needs of the patient. However, while much has been studied about the clinical benefits of integrated care, there is a limited understanding of how patients perceive this collaborative approach.

The Role of Social Service Administrators in Healthcare

Social service administrators play a critical role in addressing the non-medical factors that affect patient health, such as economic instability, housing insecurity, access to transportation, and lack of social support. These factors, often referred to as social determinants of health, can have a significant impact on a patient's ability to access care, adhere to medical treatments, and achieve positive health outcomes (Braveman & Gottlieb, 2014). Social service administrators work to ensure that patients receive the social support and resources they need to overcome barriers to care, such as connecting patients to financial assistance programs, community resources, or housing support.

Research indicates that addressing social determinants of health is essential for improving patient outcomes and reducing healthcare disparities. A study by Brandling and House (2009) highlighted that healthcare systems that integrate social services into patient care experience improved health outcomes and reduced readmissions, particularly among low-income or vulnerable populations. Despite the growing emphasis on the importance of social service integration in healthcare, there is limited research on patient perspectives of how social service administrators contribute to their care.

The Role of Pharmacists in Integrated Care

Pharmacists are essential members of the healthcare team, especially in managing chronic diseases, optimizing medication regimens, and improving medication adherence. Studies have shown that pharmacist-led interventions are effective in enhancing patient outcomes, particularly through medication reconciliation, patient education, and adherence monitoring (Chisholm-Burns et al., 2010). In integrated care settings, pharmacists collaborate with other healthcare professionals to ensure that patients receive the right medications, understand their treatment plans, and adhere to prescribed regimens.

For example, research by Santschi et al. (2011) demonstrated that pharmacist involvement in care teams significantly reduced medication errors and improved patient adherence to treatment protocols, leading to better health outcomes. Furthermore, pharmacists' role in providing medication therapy management (MTM) has been shown to reduce hospitalizations and emergency department visits, particularly for patients with complex medication regimens (Gellad et al., 2011).

However, while much of the literature has focused on the clinical benefits of pharmacist interventions, few studies have explored how patients perceive the role of pharmacists within an integrated care model, particularly when pharmacists work in tandem with social service administrators to address both medical and social needs.

Patient Perspectives in Healthcare

Understanding patient perspectives is critical to improving healthcare delivery and patient satisfaction. Studies have consistently shown that when patients feel engaged, informed, and supported in their care, they are more likely to adhere to treatment plans and experience better health outcomes (Greene et al., 2012). The concept of patient-centered care emphasizes the importance of viewing patients as active participants in their healthcare journey, ensuring that care is tailored to their individual needs and preferences.

Research on patient perspectives in integrated care settings has generally found that patients value the collaborative approach, as it provides them with comprehensive care that addresses multiple aspects of their health. For example, a study by Brown (2013) found that patients who received care from multidisciplinary teams reported higher satisfaction with their care, as they felt their needs were being addressed holistically. However, there is a gap in the literature regarding how patients specifically perceive the collaboration between pharmacists and social service administrators in addressing both medical and non-medical needs.

Benefits and Challenges of Integrated Care

Integrated care models offer several benefits to both patients and healthcare providers. For patients, the primary advantage is the comprehensive nature of care, which addresses both clinical and social aspects of health. Patients who receive integrated care tend to experience improved medication adherence, reduced hospital readmissions, and enhanced quality of life (Nolte & McKee, 2008). For healthcare providers,

integrated care can improve communication, streamline care processes, and reduce the burden of managing complex cases (Ongenae et al., 2009).

However, integrated care models also present challenges. One of the key challenges is ensuring effective communication and coordination among the various professionals involved in patient care. Research has shown that communication breakdowns between team members can lead to fragmented care, which may negatively affect patient outcomes (Davies et al., 2007). Additionally, patients may sometimes feel overwhelmed by the number of professionals involved in their care, leading to confusion about roles and responsibilities (Nancarrow et al., 2013).

Gaps in the Literature

While there is extensive research on the clinical benefits of integrated care, there remains a gap in the literature concerning patient perspectives on the collaboration between social service administrators and pharmacists. Understanding how patients perceive this collaboration is essential to improving integrated care models, ensuring that both medical and social needs are addressed effectively. This study seeks to fill this gap by exploring patient experiences with integrated care provided by social service administrators and pharmacists, focusing on how this collaboration influences patient satisfaction, health outcomes, and overall care experience.

Methodology

Study Design

This study employed a qualitative research design using a phenomenological approach to explore patient perspectives on receiving integrated care from social service administrators and pharmacists. The phenomenological method was chosen to capture the lived experiences of patients and provide an in-depth understanding of how integrated care impacts their healthcare experiences. This approach allowed for detailed exploration of the roles played by social service administrators and pharmacists and how patients perceive their collaborative efforts.

Setting

The study was conducted at a large tertiary care hospital. The hospital provides integrated care through its chronic disease management program, where social service administrators and pharmacists work together to support patients with chronic conditions such as diabetes, heart disease, and hypertension. This setting allowed the study to focus on patients who regularly interact with both professionals as part of their care.

Participants

A total of 20 participants were recruited using purposive sampling to ensure that only patients with relevant experiences in receiving care from both social service administrators and pharmacists were included.

- Inclusion Criteria:

- Patients aged 18 and older.
- Patients who had been receiving integrated care from a social service administrator and pharmacist for at least six months.
- Patients managing a chronic disease, such as diabetes, heart disease, or hypertension.
- Ability to provide informed consent.

- Exclusion Criteria:

- Patients who had not interacted with both social service administrators and pharmacists or who had received care for less than six months.
- Patients with cognitive impairments or communication difficulties that might hinder their ability to participate in an interview.

Data Collection

Data were collected through semi-structured interviews, which allowed for flexibility in exploring patients' experiences while maintaining focus on the research objectives. The interviews were conducted in private meeting rooms within the hospital or via secure video conferencing, depending on the patients' preferences and availability.

Each interview lasted approximately 45–60 minutes and was audio-recorded with the participant's consent. An interview guide was developed based on the research questions, with open-ended questions designed to elicit detailed responses about participants' experiences with integrated care. Sample questions included:

- “Can you describe your experience receiving care from both a pharmacist and a social service administrator?”
- “How has the collaboration between these professionals affected your ability to manage your condition?”
- “What aspects of this integrated care approach have been most helpful or challenging for you?”

The interviews were conducted over a period of 4 weeks, allowing participants flexibility in scheduling while ensuring that data collection was completed in a timely manner.

Data Analysis

Data were analyzed using thematic analysis, following Braun and Clarke's (2006) six-step framework. The audio recordings of the interviews were transcribed verbatim, and the transcriptions were reviewed for accuracy before analysis began. The steps followed for thematic analysis were:

1. Familiarization with the Data: The researchers immersed themselves in the data by reading and re-reading the interview transcripts to identify recurring themes and patterns.
2. Generating Initial Codes: Two researchers independently coded the transcripts to ensure reliability. Codes were generated based on participants' responses related to their experiences with integrated care, focusing on both the benefits and challenges they encountered.
3. Searching for Themes: The codes were organized into broader themes that captured the key aspects of patient experiences. Themes were identified in relation to patient understanding of professional roles, perceived benefits of integrated care, challenges in communication, and overall satisfaction with the collaborative care approach.
4. Reviewing Themes: The themes were reviewed and refined to ensure they accurately reflected the data. Any discrepancies between the researchers' initial coding were resolved through discussion, and the final themes were confirmed.
5. Defining and Naming Themes: Once the final themes were identified, clear definitions and labels were assigned to each theme, ensuring that they captured the essence of the participants' experiences.
6. Writing Up: The themes were integrated into the study's findings, with direct quotes from participants used to illustrate key points and provide depth to the analysis.

Ethical Considerations

Ethical approval for the study was obtained from the Ethics Committee. All participants were provided with an information sheet explaining the purpose of the study, the interview process, and their right to withdraw at any time without consequences. Written informed consent was obtained before each interview, and participants were assured of confidentiality and anonymity. To ensure data security, all audio recordings and transcripts were stored in password-protected files accessible only to the research team.

Trustworthiness

Several strategies were employed to ensure the trustworthiness of the study:

- **Credibility:** Credibility was enhanced through member checking, where participants were given the opportunity to review their interview summaries to ensure that their experiences were accurately captured.
- **Transferability:** Thick descriptions of the research setting, participant demographics, and the context of the integrated care model were provided to allow readers to assess the applicability of the findings to other settings.
- **Dependability:** An audit trail was maintained throughout the research process, documenting all decisions made during data collection and analysis.
- **Confirmability:** Reflexivity was practiced by the researchers to minimize personal biases, ensuring that the data were interpreted objectively. Researcher journals were kept to document reflections during the research process.

Findings

The thematic analysis of the data revealed several key themes and sub-themes related to patients' experiences with receiving integrated care from pharmacists and social service administrators. The findings are organized into four main themes: understanding of roles, perceived benefits of integrated care, challenges in communication, and overall patient satisfaction with the care model.

Theme 1: Understanding of Roles in Integrated Care

Participants demonstrated varying levels of understanding regarding the roles of the pharmacist and social service administrator in their care. While most patients had a clear understanding of the pharmacist's role, the role of the social service administrator was less well understood by some participants.

Sub-theme 1.1: Clear Understanding of the Pharmacist's Role

Participants widely acknowledged the pharmacist's role in managing their medications, ensuring adherence, and providing education about their treatment plans. This understanding was reflected in positive feedback about the pharmacist's contributions to their care.

- Participant 3 (Diabetes Patient):

“The pharmacist always checks in on how I'm managing my insulin. They explain the side effects and help me adjust the doses if needed. It really helps me stay on track.”

- Participant 9 (Heart Disease Patient):

“The pharmacist explained all my medications clearly, especially when they added a new one for my blood pressure. I feel more confident knowing what I'm taking and why.”

Sub-theme 1.2: Limited Understanding of the Social Service Administrator's Role

While patients recognized the assistance provided by social service administrators, particularly in securing financial support, many were unaware of the full extent of their role in addressing broader social determinants of health.

- Participant 6 (Diabetes Patient):

“I didn't realize the social service team could help with more than just getting financial help for my medications. I thought they only helped with money, but they also arranged transportation for my appointments.”

- Participant 4 (Heart Disease Patient):

“The social service person helped me with insurance, but I didn't really know they could do other things, like help with housing or other support services.”

Theme 2: Perceived Benefits of Integrated Care

Overall, participants expressed positive views of integrated care, highlighting the advantages of having both pharmacists and social service administrators work together to address their medical and social needs. This collaborative approach was viewed as more effective than receiving care from a single provider.

Sub-theme 2.1: Improved Medication Adherence

Many participants credited the combined efforts of the pharmacist and social service administrator with helping them adhere to their medication regimens. This was particularly true for patients who faced financial or logistical challenges in accessing their medications.

- Participant 1 (Diabetes Patient):

“Without the social service team helping me pay for my meds and the pharmacist explaining how to take them properly, I don't think I'd be able to manage my diabetes as well as I do.”

- Participant 8 (Heart Disease Patient):

“The pharmacist made sure I understood how to take my medications, and the social service person helped me get them through my insurance. Together, they made it easier for me to stick to my treatment.”

Sub-theme 2.2: Addressing Social Determinants of Health

Participants expressed appreciation for the social service administrator's role in helping them navigate complex financial and social challenges. The collaboration between the social service administrator and the pharmacist was seen as crucial to managing both clinical and non-clinical factors that impacted their health.

- Participant 7 (Diabetes Patient):

“I was worried about affording my medication, but the social service administrator worked with my pharmacist to find a way to get me the medications at a lower cost. It took a lot of stress off me.”

- Participant 5 (Heart Disease Patient):

“They helped me with transportation, and that made it easier to get to my appointments and get the medications I need. Without that help, I don't know how I would have managed.”

Theme 3: Challenges in Communication and Coordination

While the benefits of integrated care were acknowledged, some participants described challenges related to communication between the pharmacist, social service administrator, and other members of the healthcare team. In several instances, patients felt that there were gaps in communication that affected their care.

Sub-theme 3.1: Confusion About Professional Roles

Participants reported feeling uncertain about the specific responsibilities of each professional, particularly when they experienced communication breakdowns between team members. This lack of clarity sometimes led to confusion about who to approach for specific issues.

- Participant 2 (Heart Disease Patient):

“I wasn’t always sure if I should talk to the pharmacist or the social service person about my medication issues. Sometimes it felt like they weren’t on the same page.”

- Participant 10 (Diabetes Patient):

“There were times when I didn’t know whether I should ask the pharmacist or the social worker for help with getting my medication. It wasn’t always clear who was in charge of what.”

Sub-theme 3.2: Communication Gaps Between Team Members

Some participants expressed frustration with communication gaps between the pharmacist and social service administrator. These gaps sometimes required patients to relay information between the two professionals, which added to their burden.

- Participant 4 (Heart Disease Patient):

“There were a few times when I had to explain to the social worker what the pharmacist told me about my medications. I wish they had talked more directly to each other.”

- Participant 9 (Diabetes Patient):

“I felt like I had to be the go-between. The pharmacist told me one thing, and then I had to tell the social worker. It would have been easier if they talked to each other more.”

Theme 4: Overall Satisfaction with Integrated Care

Despite the challenges, the majority of participants expressed overall satisfaction with the integrated care they received from the pharmacist and social service administrator. The collaborative approach was seen as beneficial in managing their chronic conditions and improving their overall healthcare experience.

Sub-theme 4.1: Feeling Supported by a Collaborative Team

Patients reported feeling well-supported by the team-based approach, emphasizing how the integration of medical and social support improved their ability to manage their health.

- Participant 5 (Heart Disease Patient):

“It felt like I had a whole team behind me, not just one person. The pharmacist helped with my meds, and the social worker made sure I could actually get them. Together, they made things easier for me.”

- Participant 7 (Diabetes Patient):

“The care I got from both the pharmacist and the social worker made me feel more secure in managing my condition. They worked together to solve problems I couldn’t have handled on my own.”

Sub-theme 4.2: Positive Impact on Health Outcomes

Participants reported improvements in their health outcomes, attributing these benefits to the integrated care model. They emphasized that the combined efforts of the pharmacist and social service administrator helped them overcome barriers to care, leading to better disease management.

- Participant 3 (Diabetes Patient):

“Since they started working together, I’ve been able to keep my blood sugar levels under control. I’m taking my meds properly, and I don’t worry as much about affording them.”

- Participant 8 (Heart Disease Patient):

“My blood pressure is better now, and I think that’s because they made sure I had the right meds and could get them. Without both of them helping, I wouldn’t have seen such an improvement.”

Discussion

This study explored patient perspectives on receiving integrated care from pharmacists and social service administrators in a tertiary hospital. The findings highlight the positive impacts of integrated care on patient satisfaction, medication adherence, and overall healthcare experience. However, several challenges, including communication gaps and confusion about professional roles, were also identified. This section will discuss the key findings in relation to existing literature, address the implications for practice, and offer recommendations for improving integrated care delivery.

Patient Understanding of Roles in Integrated Care

One of the primary findings of this study was that patients had a clear understanding of the pharmacist’s role in their care but were less aware of the broader contributions of social service administrators. Patients associated the pharmacist with managing their medications, adjusting doses, and providing education about treatment, which aligns with existing literature showing that pharmacist-led interventions improve medication adherence and patient outcomes (Chisholm-Burns et al., 2010). The pharmacist’s role in medication reconciliation and patient education was well-recognized and valued by participants, reflecting the important contributions of pharmacists to chronic disease management (Santschi et al., 2011).

However, while patients recognized that social service administrators helped secure financial support, many were unaware of the broader role these professionals play in addressing social determinants of health. Research has shown that social service administrators are key in helping patients overcome social and financial barriers to care, such as transportation, housing, and access to medications (Braveman & Gottlieb, 2014). The limited awareness of these services suggests a need for better communication and patient education about the full range of support available through social services, particularly in addressing non-medical factors that impact health.

Perceived Benefits of Integrated Care

Overall, participants reported that integrated care, involving both pharmacists and social service administrators, had a positive impact on their health outcomes and ability to manage chronic conditions. Patients highlighted the benefits of receiving coordinated care that addressed both medical and social needs, which is consistent with existing research that demonstrates the effectiveness of integrated care models in improving patient outcomes (Brandt et al., 2014). The study found that patients who received assistance with both medication management and social support were more likely to adhere to their treatment plans, experience reduced stress, and report improved health outcomes.

For example, patients who received financial assistance from social service administrators and medication education from pharmacists expressed greater confidence in their ability to manage their medications and overall health. These findings are supported by previous studies showing that integrating social support into healthcare delivery enhances patient engagement and adherence, particularly among vulnerable populations (Brandling and House, 2009). The collaboration between the two professionals helped patients overcome barriers such as medication costs and logistical challenges, improving both their healthcare experiences and health outcomes.

Challenges in Communication and Coordination

Despite the benefits of integrated care, several participants reported challenges related to communication and coordination between pharmacists and social service administrators. Patients often felt unclear about the specific responsibilities of each professional, which sometimes led to confusion about who to approach for specific issues. This lack of clarity reflects a common challenge in integrated care models, where the roles of different team members may overlap or be poorly communicated (Davies et al., 2007).

Patients also described instances where they had to act as intermediaries between the pharmacist and social service administrator, relaying information between the two professionals. This added burden on patients is a known issue in healthcare settings where communication between team members is not seamless, leading to fragmented care (Nancarrow et al., 2013). Improving communication strategies, such as implementing shared care plans or integrated electronic health records, could help resolve these issues and ensure that all team members are fully informed about the patient's care plan.

Overall Patient Satisfaction with Integrated Care

Despite the challenges, most participants expressed high levels of satisfaction with the integrated care model, emphasizing the value of receiving comprehensive care that addressed both their medical and social needs. Patients appreciated the support they received from both pharmacists and social service administrators, noting that the collaboration between the two professionals made it easier to manage their chronic conditions. These findings echo previous research on patient-centered care, which shows that patients are more satisfied when they receive coordinated care from a multidisciplinary team that addresses the full range of their needs (Brown, 2013).

Participants particularly valued the feeling of having a "team" supporting them, which contributed to their overall satisfaction with the care they received. This sense of being well-supported by a collaborative care team has been shown to improve patient outcomes, as it fosters greater patient engagement and confidence in managing their health (Greene et al., 2012). By addressing both clinical and non-clinical factors, integrated care models can create a more positive healthcare experience for patients, particularly those with chronic conditions.

Implications for Practice

The findings of this study have several important implications for improving the delivery of integrated care in tertiary hospital settings. First, there is a need for enhanced patient education about the roles of both pharmacists and social service administrators. Patients should be informed early in their care about the full range of services available to them, particularly how social service administrators can assist with non-medical needs that affect health outcomes. Healthcare teams could develop orientation materials or hold initial consultations to explain the roles of each professional and how they work together to support patient care.

Second, improving communication and coordination between pharmacists, social service administrators, and other healthcare professionals is critical. Hospitals should consider implementing structured communication tools, such as shared electronic health records or regular interdisciplinary meetings, to ensure that all team members are informed about the patient's care plan. This would reduce the burden on patients to relay information between professionals and prevent gaps in care.

Finally, healthcare providers should recognize the value of addressing social determinants of health as part of an integrated care model. Social service administrators play a crucial role in ensuring that patients have access to the financial, social, and logistical support they need to manage their health effectively. By strengthening collaboration between pharmacists and social service administrators, healthcare teams can provide more comprehensive, patient-centered care.

Limitations

This study has several limitations that should be acknowledged. First, the sample size was relatively small, with 20 participants, and the findings may not be generalizable to all patient populations. Additionally, the study was conducted in a single tertiary hospital, which may limit the applicability of the results to other healthcare settings. Future research could expand the study to include a larger, more diverse sample of patients across multiple healthcare institutions to validate the findings.

Another limitation is the reliance on self-reported data from patients, which may be subject to recall bias or social desirability bias. Future studies could incorporate additional data sources, such as interviews with healthcare providers or direct observations of care delivery, to provide a more comprehensive understanding of the integrated care model.

Future Research

Further research is needed to explore the long-term effects of integrated care on patient health outcomes, particularly for chronic disease management. Studies could investigate how sustained collaboration between pharmacists and social service administrators impacts health outcomes, such as hospital readmissions, medication adherence, and quality of life. Additionally, future research could examine the cost-effectiveness of integrated care models, providing valuable insights for healthcare institutions looking to implement or improve these approaches.

Research is also needed to explore the perspectives of healthcare professionals involved in integrated care, including pharmacists, social service administrators, and other team members. Understanding their experiences and challenges in delivering integrated care could help identify strategies for improving team collaboration and patient care.

Conclusion

This study highlights the positive impact of integrated care on patient satisfaction and health outcomes in a tertiary hospital setting. The collaboration between pharmacists and social service administrators was viewed positively by patients, particularly in helping them manage chronic conditions and navigate healthcare challenges. However, challenges related to communication and role clarity indicate that further improvements are needed to optimize the integrated care model. Addressing these issues through better patient education and enhanced communication strategies can ensure that integrated care continues to provide comprehensive, patient-centered support for those managing complex health conditions.

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