

## **A realist synthesis of pharmacist-conducted medication reviews in primary care after leaving hospital: what works for whom and why?**

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Pharmacist-led [medication reconciliation](#) after [hospital discharge](#) has been found to reduce medication discrepancies, but its effect on [subsequent healthcare utilization](#) is not clear. In this evidence synthesis, the authors explored the reasons why pharmacist-led medication reconciliation after hospital discharge succeeds or fails. The authors found that medication reconciliation resulting in beneficial outcomes was performed in accordance with patient preferences, promoted coordination and collaboration between healthcare professionals, and established trust between patients and providers.