

Embedding non-dispensing pharmacists in General Practice

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In 2016 Capital Health Network funded a two-year pilot program, Pharmacists in General Practice (PIGP) to support the employment of a pharmacist in three general practices.

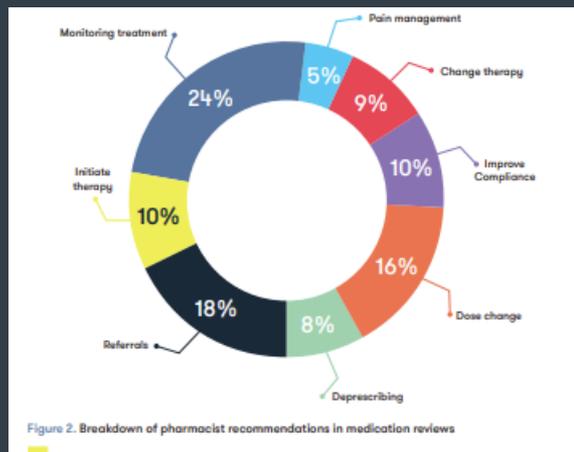
- Evaluated by the University of Canberra and demonstrated successful outcomes in improving medication safety, compliance and health outcomes for patients
- The evaluation showcased the pilot had effectively demonstrated to practitioners and practices the benefit of embedding and sustaining the pharmacist role as part of the health care team
- Building on the key findings and the success of the Pharmacist in General Practice Program pilot, CHN extended the pharmacist model to another eight general practices across the course of 2018-2021.

PIGP contributed to addressing a range of population health needs identified in the Capital Health Network's Needs Assessment

Identified need	PIGP contribution to addressing the need
Primary health care professionals are supported to participate in team-based and shared care by	<ul style="list-style-type: none">• Sharing the knowledge and expertise of the pharmacist to empower the general practice team to improve the quality of their prescribing.• Providing a coordinated approach to medication management.• Contributing to practice MBS items including 75+ Health Assessments, General Practitioner Management Plans, Team Care Arrangements and Case Conferences.
Improving health literacy around medications for older Australians by	<ul style="list-style-type: none">• Reductions in medication burden thus reducing cost of medication for patients.• Advising on medication interactions.• Provision of dosing aids to assist patients in accurate dosing of medication.
Follow up post hospital admission	<ul style="list-style-type: none">• Ensuring drug allergy and adverse drug reactions are accurate on medical records.

The evaluation of PIGP has demonstrated successful outcomes for practices including:

- Improving medication safety, compliance and health outcomes for patients.
- General practice workforce satisfaction
- Patient acceptance

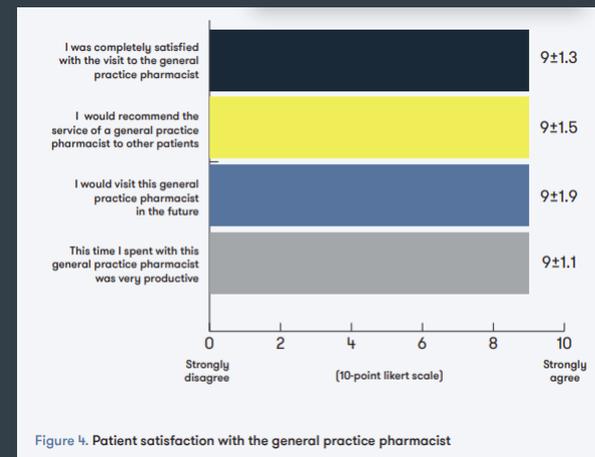


“ We try to make sure patients are actually under the care of the team, rather than only care of doctors, so everyone’s open to all the advice. Sometimes we really rely heavily on the pharmacist to give us the indications, to give us the recommendation in terms of, okay, have we done the right things, putting this patient on certain medications? - GP

“ Pharmacy I think is a natural part of the team, with the incredible complexity of the medications we’re dealing with, everyone’s living longer and all the diseases we can cure like hepatitis. You can’t possibly have that knowledge in your head, and having that person in the role of pharmacist is absolutely critical as part of the team. - GP

“ The pharmacist added to our staff very nicely in that they were able to assist and provide holistic care for our patients because when they had multiple medications or medication questions, [he/ she] was available for us to refer her to. [he/she] just completed the care that we were able to offer our patient - Practice nurse

“ Being physically co-located makes that interaction easier and more natural and I think that it’s probably the way future is good for patients to have a number of the health care providers that they would normally see in the same location. It makes interaction between those health care providers easier and I think the outcome is better patient care. - GP



PIGP is highly adaptable to meet the patient population needs of general practice:

- Private, bulk-billing, corporate, independently own General Practice settings
- Specialist GP services focusing on primary care for people with co-occurring AOD use and/or experiencing social disadvantage

PIGP addresses health literacy barriers through:

- Co-location and integration: consumers were offered this value-add service as an integrated part of their usual care, without needing to navigate separate services
- Providing education and information to patients around medication management as well as smoking cessation and diabetes education

1. The PIGP program is a great example of value-based commissioning;

The program has helped to build a business case embedding pharmacist skill sets, into general practice with 4 general practice maintaining their pharmacist role after the funding period. And demonstrating additional cost benefit of employing a pharmacist resulting from:

1. Improved patient health outcomes
2. Financial saving through appropriate de-prescribing
3. Saved time for the general practitioners

2. PIGP is successful example of outcomes based commissioning. With a shared set of outcomes and measures, the flexibility of the service allowed practices to identify and meet the specific needs of their patient population

3. The collaborative care model trialled through PIGP could be extended to test integrating other allied health professionals.

Additional information can be found here:

- [Pharmacist in General Practice Pilot Program Evaluation 2018](#)
- [Pharmacist in General Practice Program Evaluation 2021](#)

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Questions?

Thank you!

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