

## Lower Hume PCP chronic care case study 2016

Name of PCP	Lower Hume Primary Care Partnership
Case Study Title	Partnering with Pharmacies for Integrated Diabetes Care
Which PCP program Logic domain does your case study relate to?	<ul style="list-style-type: none"> <li>✓ Early intervention and integrated care</li> <li>✓ Consumer and community empowerment</li> <li>✓ Prevention</li> </ul>
What was the need?	The Lower Hume Diabetes Working Group identified during 2015 integrated planning that there were opportunities to work more collaboratively with pharmacies, to create a more integrated system for improved care and self-management support for people living with diabetes.
What was the aim of the initiative/action?	This initiative supported the overall aim of the Hume Region Chronic Care Strategy, <i>to improve local chronic illness care for people with diabetes</i> , through connecting elements of the local health care system to improve continuity of care for people living with diabetes.
Who was the target group?	Pharmacy and General Practice staff
What was the setting?	Pharmacies and local health services
Who did you work with?	<p>Lower Hume PCP facilitates the Lower Hume Diabetes Working Group who implemented this project.</p> <p>The project involved the following organisations:</p> <ul style="list-style-type: none"> <li>- Alexandra District Health</li> <li>- Yea and District Memorial Hospital</li> <li>- Seymour Health</li> <li>- Kilmore and District Hospital</li> <li>- Nexus Primary Health</li> <li>- Lower Hume Aboriginal Health and Wellbeing Program Officer</li> <li>- 14 Pharmacies</li> <li>- 2 General Practices</li> <li>- Murray PHN</li> <li>- Murrindindi Shire Council.</li> </ul>
How did you do it?	<p>Hospitals and community health services approached pharmacies within their local area and asked them a series of questions to identify their current role in diabetes care, staff knowledge and training on diabetes as well as what support they would value from local health services.</p> <p>From this feedback the Lower Hume diabetes working group then developed posters explaining local diabetes services for each town and provided two information sessions on diabetes and local health services.</p> <p>Information sessions included an overview of diabetes and the role of allied health services, presented by local diabetes educators, dietitian, exercise physiologist and allied health assistant.</p>
<p>What was achieved?</p> <p>(Consider whether results were benefits for clients and/or for service providers and/or for the system)</p>	<p>Initial communication with 88% (n=14) local pharmacies found:</p> <ul style="list-style-type: none"> <li>- 93% of pharmacies had at least one staff member with an interest in diabetes.</li> <li>- Only 1 person had completed any formal training on diabetes.</li> <li>- 36% of pharmacies were aware of the local Diabetes Educator.</li> <li>- The main support pharmacies valued from local health services were: resources for customer education (n=13); increased communication (n=13); and resources to increase knowledge of services (n=11).</li> </ul> <p>After two information sessions (attended by 20 pharmacy staff members and 6 practice nurses) evaluation confirmed that:</p> <ul style="list-style-type: none"> <li>- 92% of participants agreed sessions were completely useful.</li> </ul>

	<ul style="list-style-type: none"> <li>- 74% gained increased knowledge of local services.</li> <li>- 70% increased their knowledge on how to refer to local health services.</li> <li>- 61% increased their confidence in screening for diabetes.</li> </ul> <p>Suggestions from participants for ongoing communication and support included:</p> <ul style="list-style-type: none"> <li>- Use of pharmacy to promote information to the community.</li> <li>- Updates on information and services.</li> <li>- Educator to visit pharmacy.</li> </ul> <p>System benefits:</p> <ul style="list-style-type: none"> <li>❖ Increased understanding of the roles of allied health clinicians in diabetes prevention and management.</li> <li>❖ Increased knowledge of how to refer to local allied health services.</li> <li>❖ Increased confidence in screening for type 2 diabetes.</li> <li>❖ Relationships initiating new service delivery models.</li> </ul> <p>Service provider benefits:</p> <ul style="list-style-type: none"> <li>❖ Increased networks and support for geographically isolated workforce.</li> <li>❖ Increased education opportunities.</li> </ul> <p>Consumer benefits:</p> <ul style="list-style-type: none"> <li>❖ Consistent information provided across services.</li> <li>❖ Pharmacy as a source of diabetes related information and resources increases contact with health professionals to support self-management.</li> </ul>
<p><b>What is the status and sustainability?</b></p>	<p>Lower Hume PCP has uploaded videos of the information sessions to their website for those that could not attend.</p> <p>The Lower Hume Diabetes Working Group has made the commitment to continue strengthening their partnerships with local pharmacies.</p> <p>Hospitals and community health services are planning to hold diabetes screening sessions at pharmacies for World Diabetes Day.</p> <p>Lower Hume PCP has met with the Pharmacy Guild who are supportive of this work and continue to assist with ideas and advice to build on initial work.</p> <p>A strong relationship with Murray PHN will assist to further engage GPs.</p>
<p><b>What was the specific role of the PCP?</b></p>	<p>Lower Hume PCP instigated the engagement of a pharmacy representative in the initial planning session to enable systems improvement. The role of the PCP was and continues to be vital to progressing collaborative systems integration and has included activities such as:</p> <ul style="list-style-type: none"> <li>- Organising agendas and minutes for bi-monthly meetings.</li> <li>- Compiling and analysing survey questions.</li> <li>- Developing templates and editing local service posters.</li> <li>- Coordinating information sessions including registrations, recording and evaluation.</li> <li>- Representation and reporting to the Hume Diabetes Collaborative.</li> </ul> <p>Lower Hume PCP will be disseminating findings and learnings of this work at the 2016 Public Health Association Australia (PHAA) and Australian Disease Management Association (ADMA) conferences.</p> <p>An external evaluation of the project has been funded by DHHS to inform a toolkit for other PCP's and organisations to utilise within their catchment.</p>
<p><b>What lessons have you learnt?</b></p>	<p>Pharmacies play an important role in supporting people with chronic conditions to self-manage, especially in regional areas.</p> <p>Information sessions were a valuable first step to integrating local diabetes care and support, although they did not engage all pharmacies.</p> <p>Different areas and services require different approaches and timeframes to forming and sustaining partnerships with local pharmacies.</p> <p>Ongoing management support is crucial to forming sustainable partnerships between pharmacies and local health services.</p>
<p><b>PCP Contact Person</b></p>	<p>Rebecca Murphy and Jaimie Poorter</p>
<p><b>Position/Title</b></p>	<p>Assistant Executive Officer and Population Health Planner Coordinator Service Development and Projects</p>