

Pharmacies as members of the primary health care team



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This document has been prepared in good faith, on the basis of information available at the time of compilation. Readers are responsible for assessing the relevance of this report to their organisation.

Project Management:

Lower Hume Primary Care Partnership (LHPCP)

Photo credits:

Kinglake Community Pharmacy: Andrew Crocker, Pharmacist. Simon Shirzad and Shansan Lu-Shirzad, Owners

Dennis Kilmartin Pharmacy, Seymour: Allen Quach, Pharmacist/Owner

Front Page: Andrew Crocker, Pharmacist, and consumer, Kinglake Pharmacy

ACRONYMS

CCS	Chronic Care Strategy (Hume Region)
DHHS	Department of Health and Human Services
GP	General Practitioner
LHPCP	Lower Hume Primary Care Partnership
NDSS	National Diabetes Services Scheme
PCP	Primary Care Partnership
PHN	Primary Health Network
PHAA	Public Health Association of Australia
PSA	Pharmaceutical Society of Australia

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INTRODUCTION

This evaluation report provides an overview of the 'Pharmacists as part of the primary health care team' initiative ¹ undertaken by Lower Hume Primary Care Partnership (LHPCP) in 2015, as part of their on-going role in implementing Hume Region Chronic Care Strategy 2012-22.²

The evaluation of the pharmacy initiative analysed processes and outcomes to identify opportunities to progress this collaborative impact work and further improve chronic illness care for consumers with diabetes. Improvements focused on enhancing relationships with local pharmacists and identifying how to harness the expertise of community pharmacists to facilitate self-management for people with established disease.

Whilst the pharmacy initiative was initially, a relatively small piece of collaborative work, the high level of engagement from local health services and community pharmacies enabled LHPCP to incorporate the findings into the Lower Hume Diabetes Working Group work plan. This led onto the development of local resources and a number of separate, but related pieces of collaborative work.

The local approach taken by LHPCP has enabled a dynamic response to local issues and created an environment to enable health services and community pharmacies to progress a range of local chronic illness care improvements for their communities.

THE PHARMACY INITIATIVE (2015)

The aim of the LHPCP initiative was to improve chronic illness care for consumers with diabetes, through improving relationships with local pharmacies.

The initiative aligned with a range of policies and strategies;

- Australian National Diabetes Strategy 2016-2020 ³
- National Service Improvement Framework for Diabetes ⁴
- Hume Region Chronic Care Strategy 2012-2022 (CCS)
- Victorian Primary Care Partnerships Program Logic ⁵

The Hume Region CCS, provides a regional approach for coordinated action towards chronic disease. As part of their ongoing role in implementing the strategy, LHPCP facilitates the Lower Hume Diabetes Working Group to improve local chronic illness care for people with diabetes. The group consists of representatives from a range of local services including hospitals, community health, local government and Murray Primary Health Network. In 2015, their integrated planning processes identified an opportunity to work more closely with local pharmacies to improve continuity of care and self-management support for people living with diabetes. Feedback from one local pharmacy highlighted a lack of knowledge regarding local health services other than General Practitioners (GPs), as well as limited knowledge and resources to respond to customer queries, particularly following diagnosis and/or in relation to weight loss.

As an initial method, to confirm if this knowledge gap was consistent across the LHPCP catchment, and to increase communication with the 16 local pharmacies, a survey was developed. Hospitals and community health services approached their local pharmacies and conducted the survey, asking the staff 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.

Responses were collected from 14 out of 16 (87.5%) pharmacies in the catchment. The responses provided an overview of services provided by local pharmacies, their knowledge of local health services and support that would be valued from them, as well as National Diabetes Services Scheme (NDSS) products stocked.

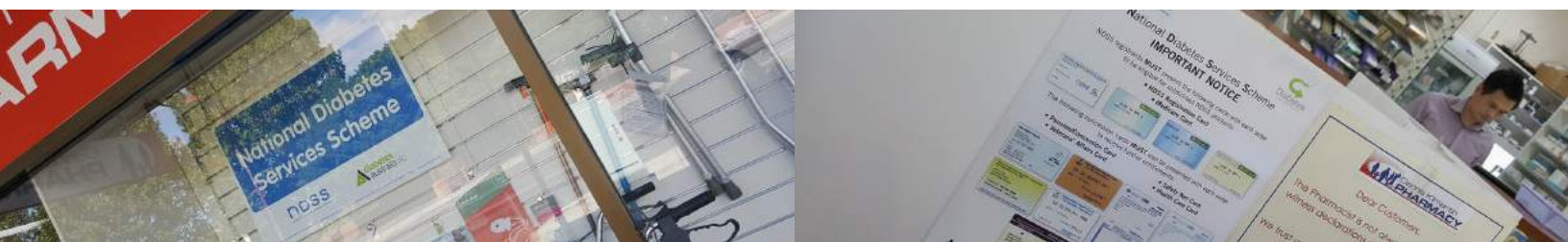


PURPOSE OF THE EVALUATION

This research evaluation project analysed the work coordinated by LHPCP to engage pharmacies as part of the primary health care team which commenced in 2015. Secondary to this was the provision of resources to support others to replicate this work in their catchment.

The objective of the evaluation was to identify if the initiative met the following success criteria;

- Increased communication between pharmacies and health services
- Development of local agreements on how pharmacies and health services can organise and work together for chronic illness care
- Consumers receive timely information from their local pharmacist on self-managing their diabetes
- Pharmacy staff refer to local allied health services when appropriate
- Increased risk screening and prevention by pharmacies



METHODOLOGY

A mixed set of evaluation methods were used. These included stakeholder and participant surveys/interviews, as well as a review of processes, tools and resources and the impact of the delivery of the initial work.

Ethics approval was gained via Goulburn Valley Health Ethics and Research Committee (Ref GVH 34/16).

This research evaluation project was funded by Department of Health and Human Services, East Division, and project managed by LHPCP. An independent external consultant was contracted to conduct the project.

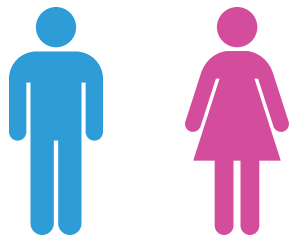
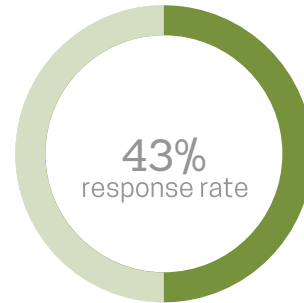
The Lower Hume Diabetes Working Group acted as the Steering Group. Progress reports were provided to Hume Region Chronic Care Committee and Diabetes Collaborative.

The evaluation has not been subjected to peer review, due to a short project time frame.

WHO PARTICIPATED?



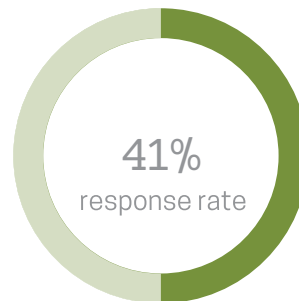
Pharmacies
within LHPCP catchment



3 male + 3 female
consumers living with diabetes



Members of the Lower Hume
Diabetes Working Group



*The sample sizes for each group of participants is too small to be of statistical significance.
The results are therefore presented and analysed with that in mind.*

WHAT DID WE LEARN FROM CONSUMERS?

Main Healthcare Professional



Identified pharmacist as their main health care professional for their diabetes.

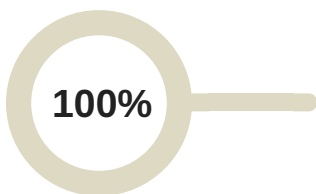
Not an unexpected response, as the public are directed, in the first instance, to their GP for diagnosis and onward referrals, ⁶ however, it is acknowledged that the role of the Pharmacist is integral to the overall management of care. ⁷

Information & Support

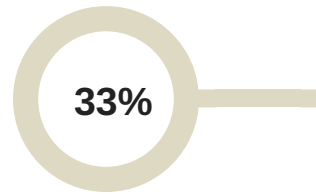


Visited pharmacy in previous 6 months and were adequately assisted at those visits.

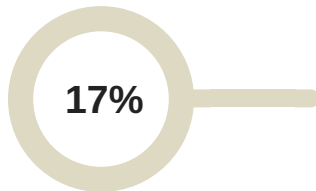
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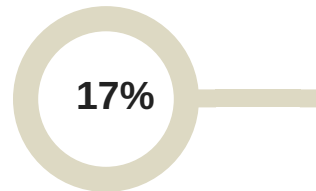
Obtained a product they needed



Information on medications



Information on symptoms



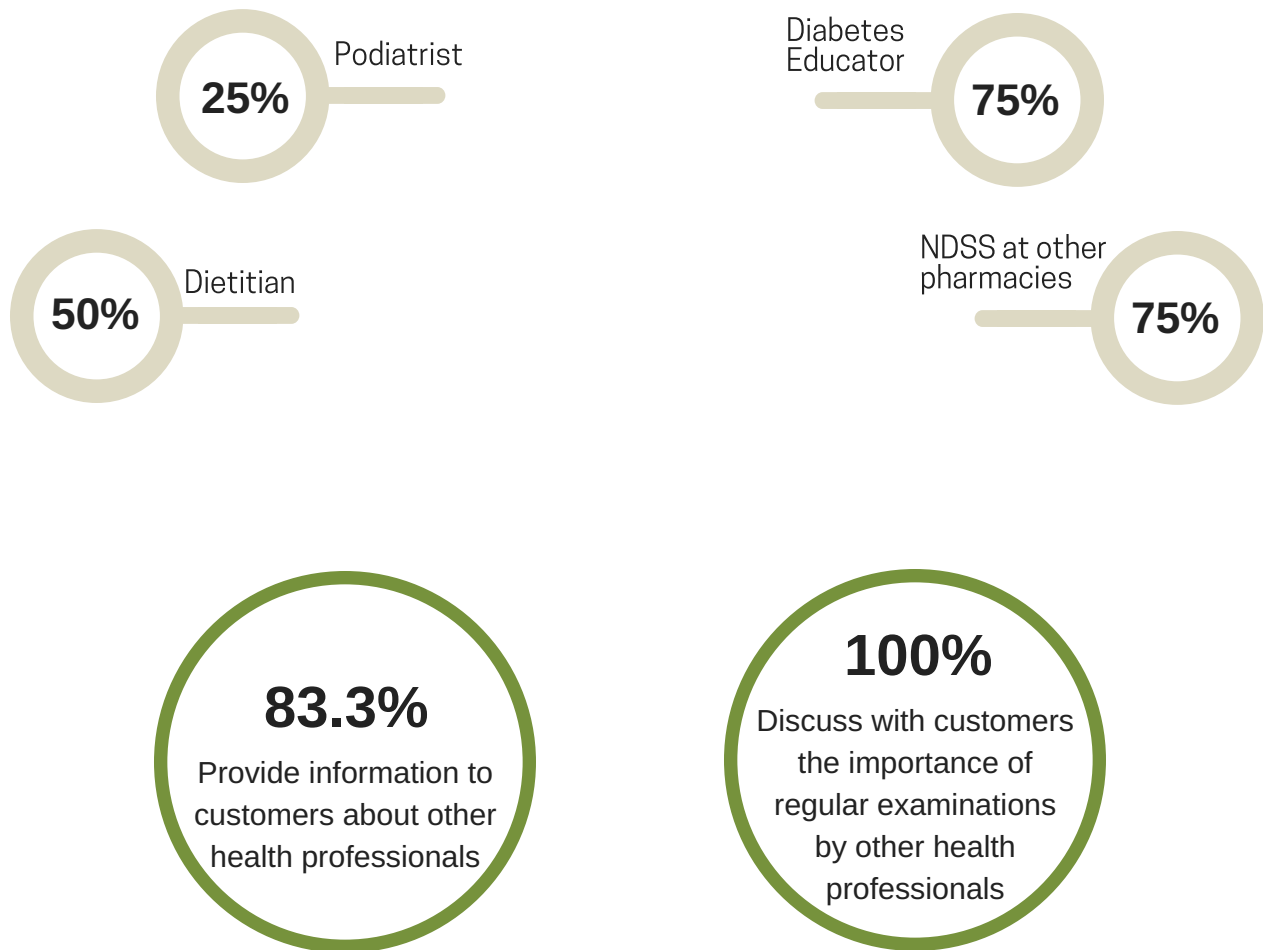
Where to go to get questions answered

This highlights the very close relationship people living with diabetes have with their local pharmacy. For health services, partnering with local community pharmacies to enhance self-management of diabetes is an appropriate way forward. ⁸

WHAT DID WE LEARN FROM PHARMACISTS?

Awareness of other local services for diabetes care

Pharmacies were aware of:

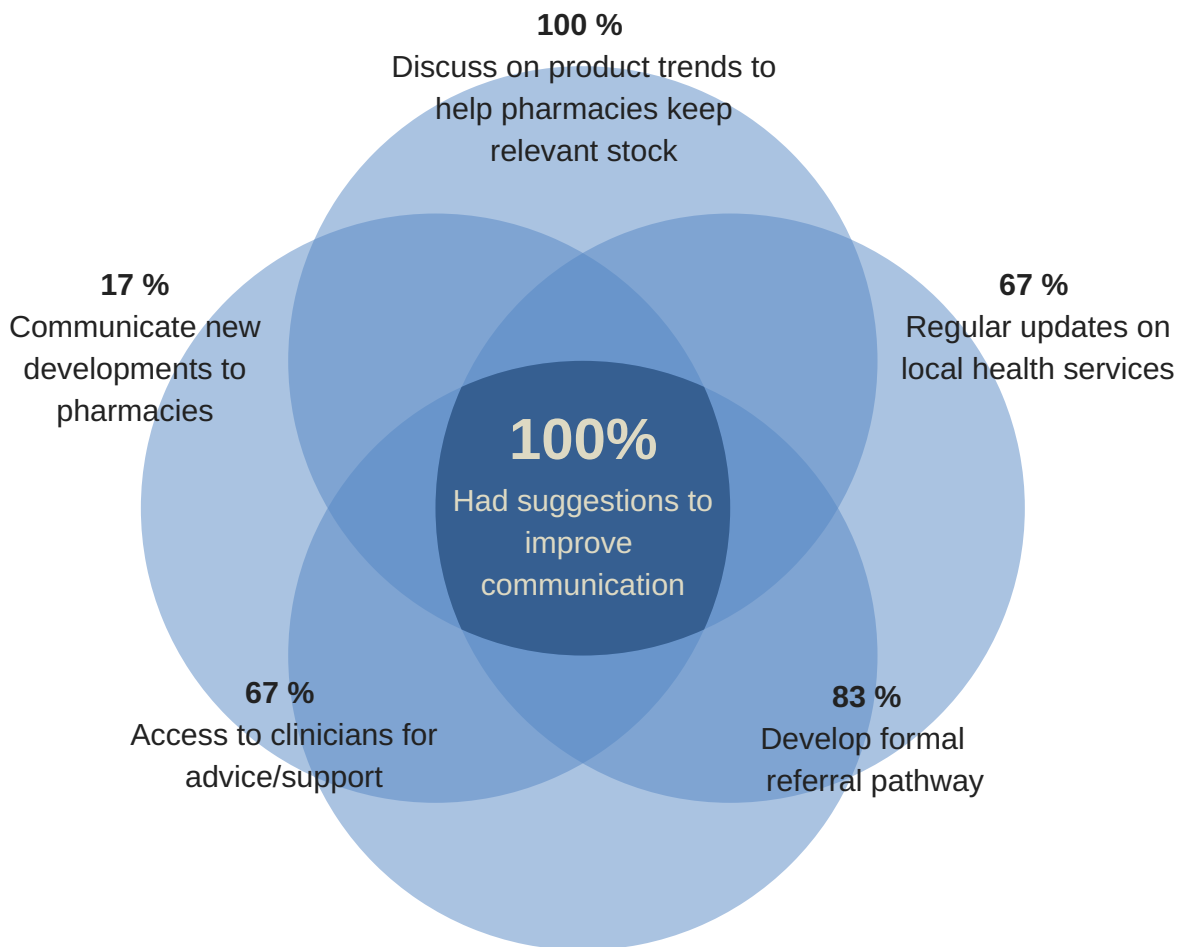


This is consistent with the responses to the 2015 LHPCP pharmacy survey. Community pharmacies are also clearly advocates for other health professionals and services.

Communication

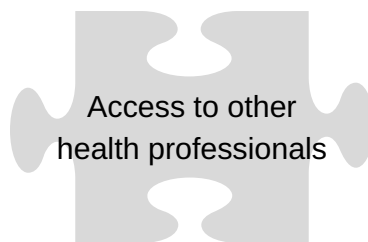
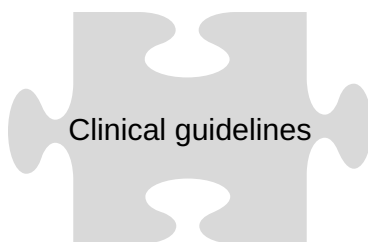
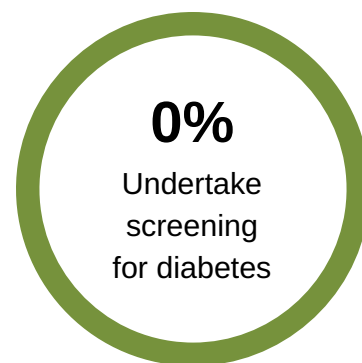
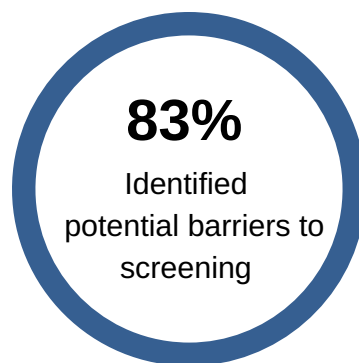
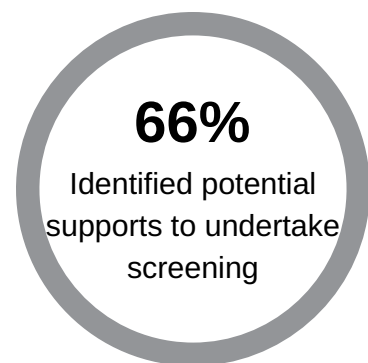


Did not feel that communication between community pharmacies and local health services had improved as a result of the initiative so far



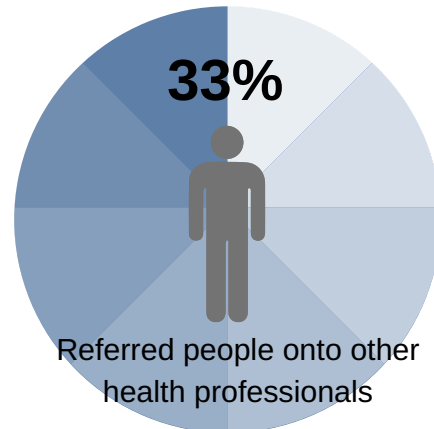
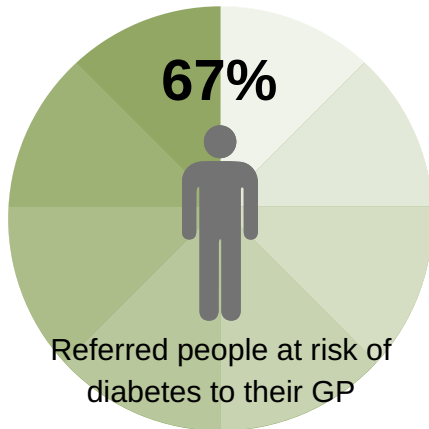
Whilst communication is not perceived to have improved, ideas for improvement suggest a willingness of pharmacies to develop better communication channels with local health services. There is a significant opportunity to develop formal referral pathways (with Murray Primary Health Network) as part of this process.

Screening for diabetes



The level of interest in providing risk screening in the pharmacies is difficult to determine, given the small number of responses. There is however, an opportunity to discuss this issue further with local pharmacists.

Onward Referrals



The responses indicate that given appropriate information and resources, community pharmacies are well placed to be an integral part of the primary health care team, particularly in the management of chronic illness.⁹

Participation in the pharmacy initiative (2015)



Only 1 pharmacist recalled participating in the initial survey in 2015.



1/3 recalled attending the 2016 information sessions.



These results are disappointing, but not unexpected, given that discussion with pharmacies in the catchment identified a significant staff turn-over since the 2015 survey and 2016 information sessions were held.

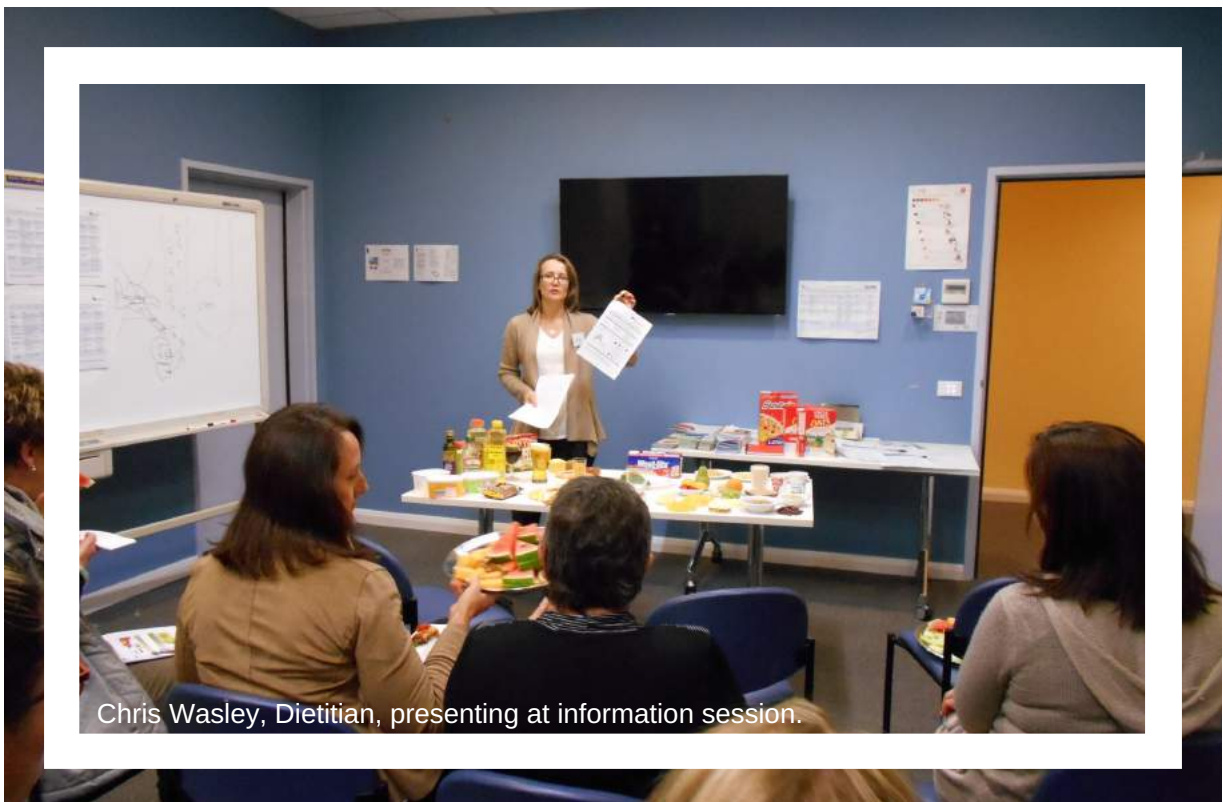
The benefits of the pharmacy initiative

Better able to direct customers to correct services

Consumers had increased awareness of diabetes diagnosis and monitoring

Information sessions

The benefits of the project are difficult to determine, given the small number of responses. This does not mean however, that there were not any benefits.



Chris Wasley, Dietitian, presenting at information session.

WHAT DID WE LEARN FROM THE WORKING GROUP?

Feedback from LHPCP Diabetes Working Group members focused on evaluation of processes and outcomes.

Process evaluation

What worked well?

- The local approach – health services taking the lead with local pharmacies
- Use of video-conferencing to minimise travel times
- The survey:
 - Good response rate
 - Helpful responses
 - Raised knowledge about range of pharmacy services
 - Opened-up communication channels
 - Identified what support and resources pharmacies needed
- Information sessions;
 - Networking opportunity
 - Presenters were from local services
- Awareness raising;
 - Health services learned more about services pharmacies could offer
 - Health services able to inform pharmacies about their services

What did not work well?

- Time frames;
 - Time consuming to engage with pharmacy staff and complete surveys
- Information sessions;
 - Difficult to match times and venues to availability of pharmacy staff
 - Attendance at information sessions was not consistent
 - Not recognised that different staff groups have different needs
- Logistics;
 - Hard to meet with pharmacies in isolated locations
 - Participation was a low priority for pharmacies
 - Information resources for pharmacies were delayed due to external issues
- Communications;
 - Survey returns were slow
 - Email is a poor contact medium for pharmacies
 - Not always possible to meet with a lead person in the pharmacy
 - Regular communication with pharmacies has lapsed in some localities

What would you do differently?

- Information sessions;
 - Pharmacy based
 - Plan for different staff groups
- Planning;
 - Give a longer time frame (to build relationships)
 - More background research in regards to past and current (similar) projects by pharmacy profession
- Communications;
 - Communicate with peak bodies first to gain better understanding of issues for pharmacists
 - More face to face interviews
Have a nominated contact for each pharmacy
- Reframe questions in the survey;
 - Did not take account of different staff roles within the pharmacy
 - Screening question should have focussed on screening for 'risk' of diabetes and not screening 'for' diabetes

This was an appropriate and well supported initiative, by the LHPCP Diabetes Working Group, however, it proved to be time consuming and labour intensive. A longer time frame would have enabled more detailed background research to be undertaken, a longer planning phase, more time to build relationships and better targeted training sessions. This may have improved the outcomes.

Outcomes evaluation

Communications

- Respondents felt that relationships had improved between pharmacies and health services
- Regular communication with pharmacies has lapsed in some localities since the initial survey (time constraints)

Service Developments

- Diabetes Educator and Dietitian attended a meet and greet style information session in a local pharmacy
- World diabetes day events held in 3 localities
- Referrals – there was no evidence of increased referrals from pharmacies to health services

Resources

- Information sessions were provided for pharmacies
- Videos of the sessions are available on the LHPCP YouTube Channel
- Information packs relating to local services are being prepared for each pharmacy
- Locality specific posters were prepared for all towns

In contrast to the pharmacy responses, health services did perceive a positive outcome for communications and relationships with local pharmacies. Whilst resources have been provided for pharmacies, no significant and sustained service developments have yet been achieved.



WAS THE PHARMACY INITIATIVE SUCCESSFUL?

The aim of the Lower Hume Diabetes Working Group pharmacy initiative was entirely consistent with national, regional and local strategic plans, and was a dynamic response to a local issue, consistent with the vision and values of LHPCP member agencies. But did the initiative achieve the success criteria?

Development of local agreements on how pharmacies and health services can organise and work together for chronic illness care

There is no indication that any significant local agreements have yet been developed, however, there is interest from the pharmacies in having access to local clinicians and developing guidelines to enable pharmacies to better support their customers. Given the national diabetes screening trials¹⁰ are underway, and should then inform a step by step guide for national roll out, and that the Murray PHN is developing 'HealthPathways,'¹¹ there is a significant opportunity to incorporate national guidelines into local practice initiatives.

Consumers receive timely information from their local pharmacist on self-managing their diabetes

Although this success criterion was included, the initiative did not set out to survey consumers. No mechanisms were ever established to measure this criterion. Consumer research was undertaken as a separate LHPCP initiative (report pending). It has not therefore, been possible to evaluate this success criterion.

Pharmacy staff refer to local allied health services when appropriate

There is no evidence to confirm whether referrals made by pharmacies to local allied health services are appropriate or not. No mechanisms were established to monitor referrals. It has not therefore been possible to evaluate this success criterion.

Increased screening and prevention by pharmacies

There is no evidence that there has been an increase in the number of people screened. No pharmacies participating in this evaluation conducted any screening. They did, however, identify the barriers to doing so. It is also acknowledged by LHPCP Diabetes Working Group respondents that there should have been a distinction made between 'screening for diabetes' and 'screening for risk of diabetes'; the latter being consistent with the role of the community pharmacist.¹²

Whilst the nominated success criteria were not fully achieved, the initiative was based on local feedback, and responding to identified local need produced a number of outcomes in terms of provision of resources for pharmacies. The local approach taken by LHPCP has provided a sound foundation and created an environment to enable health services and community pharmacies to progress a number of opportunities.

OPPORTUNITIES

This evaluation project highlights a range of opportunities for the Lower Hume Diabetes Working Group to consider as part of their on-going implementation of the Chronic Care Strategy.

Communications

- Health services should re-establish regular communications with pharmacies
- Work with Pharmacy Guild to build local projects around their national workforce strategy
- Engage with whole pharmacy team to enable stability to counteract issues relating to staff turn-over
- Engage and sustain partnerships through assisting pharmacies to develop a business model around diabetes screening and management

Information Sessions

- Promote videos to pharmacies regularly, given the turn-over of staff
- Consideration should be given to delivering training / information sessions within the pharmacies
- Consider seminar to highlight current developments in pharmacy practice to health services (e.g. Pharmacy Trial Program)
- Consideration should be given to developing a range of training resources for the different staff groups in the pharmacies

Pathways

- Work with Murray PHN and pharmacies to identify role of pharmacist in the currently developing pathways
- Clarify roles and responsibilities between GPs and pharmacists
- Promote Pharmacist as referral point for Team Care Arrangement
- Promote role of Pharmacist in screening for risk of diabetes and health promotion

Resources

- Further develop local resources for pharmacy staff
- Develop local resources for consumers to improve health literacy and enable consumers to drive demand for service improvements
- Work with Murray PHN, GPs and Pharmacists to enhance awareness and understanding of different, but complimentary roles
- Share resources developed with PCP networks and other interested parties

SHARING THE LESSONS

A range of resources were developed by LHPCP. These are available;

Online resources

To download from their website, www.lhpcp.org.au

- Lower Hume Diabetes Working Group - Terms of Reference, 2015
- Lower Hume Diabetes Pharmacy Survey, Summary of Results, LHPCP, 2015
- Lower Hume Diabetes System Improvement ACTION PLAN 2015-2016
- Lower Hume PCP Annual Report, 2015-16
- Poster: Strengthening Diabetes Care Across Lower Hume
- Videos (YouTube): Local Diabetes Prevention & Management Information Sessions

Hard Copy Resources

On request from LHPCP;

- Rebecca Southurst, Assistant EO & Population Health Planner
Ph: (03) 5793 6331
Email: Rebecca.Southurst@lhpcp.org.au
- Lower Hume Diabetes Pharmacy Survey (SurveyMonkey) template
- Poster: Partnering with Pharmacies for Integrated Diabetes Care, LHPCP, 2016
- Poster: Diabetes Services in..... (town specific information)
- Flyer: Diabetes Prevention & Management Training
- Program: Diabetes Prevention & Management Training
- Presentations: Diabetes Prevention & Management Training

Other Resources

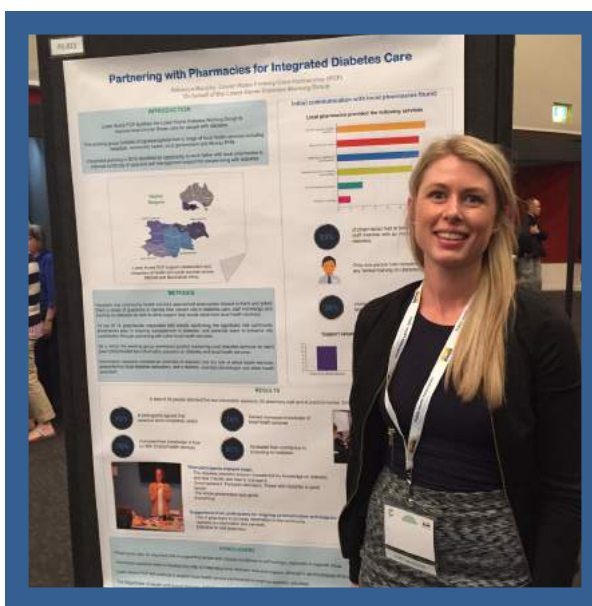
Information and resources may also be obtained from;

- Murray PHN - HealthPathways
- The Pharmacy Guild of Australia
- The Department of Health - Pharmacy Trial Program

Presentations

The Lower Hume Diabetes Working Group have received national recognition for their work engaging pharmacies in diabetes care and collecting consumer research.

The results of the collaborative work¹³ have been presented at 3 national conferences, and included in a news article in the Australian Journal of Pharmacy.¹⁴



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Who else can help treat and manage type 2 diabetes?
<http://www.nps.org.au/conditions/hormones-metabolism-and-nutritional-problems/diabetes-type-2/for-individuals/help-to-treat-and-manage>
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