Pharmacies as members of the primary health care team

Lower Hume Primary Care Partnership

Evaluation Final Report

April 2017

TABLE OF CONTENTS

EXECUTIVE SUMMARY

This evaluation report provides an overview of the 'Pharmacists as members 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 the Hume Region Chronic Care Strategy 2012-22[2].

The evaluation of the pharmacy initiative reviewed the processes used, outcomes achieved and analysed the results, to identify opportunities to progress this collaborative impact work further, in order to improve chronic illness care for consumers with diabetes, through 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 number of opportunities to improve local chronic illness care for their communities.

[1] Poster Presentation for PHAA Conference: Partnering with Pharmacies for Integrated Diabetes Care, LHPCP, 2016
[2] Hume Region Chronic Care Strategy 2012-2022

INTRODUCTION

1.1 Aim

The purpose of this research evaluation project is to evaluate the 'Pharmacists as members of the primary health care team' initiative[3], undertaken by Lower Hume Primary Care Partnership (LHPCP) in 2015[4], and to act as a resource guide, which will support replicating this work elsewhere.

1.2 Objectives

The research evaluation objective is to identify if the initiative met the following success criteria;

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

1.3 Evaluation Methodology

A mixed set of evaluation methods were used. These included stakeholder and participant consultation, review of processes, tools and resources and the impact of the delivery of the initial work.

1.4 Ethics Approval

Ethics approval was sought via Goulburn Valley Health Ethics and Research Committee (EC00220). Approval was granted prior to contact with individual participants (GVH 34/16).

1.5 Scope

The research evaluation scope includes;

1. Evaluation of the LHPCP 'Pharmacists as part of the primary health care team' initiative, including:
    a. Surveys with pharmacy staff
    b. Surveys/interviews with consumers receiving advice support from community pharmacies
    c. Surveys/interviews with members of the LHPCP Diabetes Working Group
2. A final report that details the process, implementation and the outcome of the evaluation
3. The report to include resources so the initiative may be replicated.

1.6 Resources

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

1.7 Reporting

Lower Hume Diabetes Working Group acted as the Steering Group for the research evaluation project. Progress reports were provided to Hume Region Chronic Care Committee and Diabetes Collaborative. This final report will be publicly available.

1.8 Peer Review

This evaluation report has not been subjected to peer review, due to the short time frame for the evaluation to be completed.

[3] Poster Presentation for PHAA Conference: Partnering with Pharmacies for Integrated Diabetes Care, LHPCP, 2016
[4] Lower Hume Diabetes Pharmacy Survey, Summary of Results, June 2015

THE PHARMACY INITIATIVE

2.1 Aim

The overall aim of the LHPCP initiative was to improve chronic illness care for consumers with diabetes, through improving relationships with local pharmacists and identifying how to harness the expertise of community pharmacists including information, support and monitoring referral to facilitate self-management for people with established disease.

2.2 Alignment with Policy and Strategy

The initiative aligned with;

- Australian National Diabetes Strategy 2016-2020[5]
- National Service Improvement Framework for Diabetes[6]
- Hume Region Chronic Care Strategy 2012-2022
- Victorian Primary Care Partnerships Program Logic[7]

2.3 Context

The Hume Region Chronic Care Strategy 2012-22, provides a regional approach for coordinated action towards chronic disease. As part of their on-going role in implementing the strategy, LHPCP facilitates the Lower Hume Diabetes Working Group to improve local chronic illness care for people with diabetes. This 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 a 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.

2.4 Methodology

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

2.5 Results

Responses were collected from 14 of 16 (87.5%) pharmacies in the catchment. The survey 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.

2.6 Outcomes

The findings were utilised to develop information sessions and localised resources, for pharmacies. The information sessions were evaluated by LHPCP. The findings also informed the working group's on-going collaborative work. At the same time, LHPCP facilitated consumer research to inform areas for local systems improvement, which included a survey and focus groups conducted by La Trobe University, with support from Murray Primary Health Network (PHN) (report pending). The results of the collaborative work[8] have

[5] Australian National Diabetes Strategy 2016-2020, Commonwealth of Australia 2015
[6] National Service Improvement Framework for Diabetes, Australian Government Department of Health and Ageing, Canberra, 2006
[7] Victorian Primary Care Partnerships Program Logic 2013-17
[8] LHPCP Annual Report 2015-16

been presented at 3 national conferences, and included in a news article in the Australian Journal of Pharmacy[9].

EVALUATION

3.1 Evaluation Methodology

Evaluation of the LHPCP pharmacy initiative included:

- **a.** Surveying pharmacies in the LHPCP catchment
- **b.** Surveying/interviewing consumers living with diabetes
- **c.** Surveying/interviewing members of the LHPCP working group
- **d.** Reviewing project processes, results and resources

3.2 Evaluation Process

Survey/interview questions were developed and submitted for approval to Goulburn Valley Health Ethics and Research Committee. The questions were structured to gain responses which would identify if the objectives of the initiative had been met. The subject groups were contacted, and given the option to complete the survey on-line, on hard copy, by telephone interview or face to face interview. Participation was voluntary and consent was obtained from all participants.

3.3 Responses

3.3.1 Consumers

Six consumers were contacted once by telephone, and 6 (3 male and 3 female) participated (100%);

- 2 telephone interviews
- 3 on-line responses
- 1 hard copy response

3.3.2 Pharmacists

Fourteen pharmacies were contacted on several occasions, by email, telephone and pharmacy visits, and 6 participated in the evaluation (43%), all on-line responses. Five surveys were completed by a pharmacist, one by a pharmacy team member.

3.3.3 Working Group Members

Seventeen members were contacted on several occasions, by email and telephone, and 7 participated in the evaluation (41%);

- 2 telephone interviews
- 1 face to face interview
- 5 on-line responses

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

[9] Town specific diabetes resources aid pharmacy, Australian Journal of Pharmacy, 25/9/2016 (accessed 1st Feb 2017)

3.4 Results

3.4.1 Consumers

Main Health Care Professional - The pharmacist was not identified by any respondents as their main health care professional for their diabetes (n=6); GP x 4, Diabetes Educator x 1, Dietician x 1.

Analysis: This is not an unexpected response, as the public are directed, in the first instance, to their GP for diagnosis and onward referrals[10], however, it is acknowledged that the role of the Pharmacist is integral to the overall management of care[11].

Information and Support

- 5 respondents (n=6) knew that their pharmacy could provide information and support for their diabetes
- 100% of respondents (n=6) had visited their local pharmacy in relation to their diabetes within the previous 6 months and the pharmacy were able to assist the respondents in 100% of cases
- The assistance provided was as follows (n=6);
    - Obtained a product the respondent needed – 100%
    - Provided information on medications – 33.3%
    - Provided information on symptoms – 16.7%
    - Advised where respondent could go to get their questions answered – 16.7%

Analysis: These results highlight the very close relationship people living with diabetes have with their local pharmacy. Partnering with community pharmacies to enhance self-management of diabetes is an appropriate way forward for health services[12].

3.4.2 Pharmacists

Other local services for diabetes care

- Respondents (n=4) identified the following other services of which they were aware;
    - NDSS at other pharmacies – 75%
    - Diabetes Educators – 75%
    - Dietician – 50%
    - Podiatrist – 25%
    - Optometrist – 25%
- 100% of respondents (n=6) discuss with their customers the importance of regular examinations by other health professionals
- 83.3% of respondents provide information to their customers about other health professionals.

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

Participation in 2015 survey – Only 1 pharmacist recalled participating in 2015 (n=6).

Participation in 2016 training sessions – 33.3% in each category of, Yes, No, Don't know (n=6).

Analysis: 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 training sessions were held.

[10] https://www.diabetesaustralia.com.au/health-care-team / Who else can help treat and manage type 2 diabetes?
[11] Position Statement: The role of the pharmacist in providing care for people with type 2 diabetes, PSA, 2009
[12] Pharmacy Diabetes Care Program, Pharmacy Guild of Australia / University of Sydney, 2005

Communication

- 100% of respondents (n=6), did not feel that communications between community pharmacies and local health services had improved as a result of the initiative so far;
- 100% of respondents had suggestions for improving this situation;
    - Communication on product trends to assist pharmacies to know what to stock – 100%
    - Develop formal referral pathway – 83.3%
    - More regular communication on health services available locally – 66.7%
    - Access to clinicians for advice/support – 66.7%
    - Communicate new developments to pharmacies – 16.6%

Analysis: 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[13](with Murray PHN) as part of this process.

Benefits of Project

The benefits identified, included (n=4);

- Information sessions/training provided, but was too complicated for pharmacy assistants
- Better able to direct patients to the correct services
- Benefits may be more apparent in larger towns
- An increase in awareness of diabetes diagnosis and monitoring amongst patients was noted (LHPCP also conducted a substantial consumer survey and a number of consumer focus groups in 2015. The evaluation report is pending).

Analysis: 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.

Screening for Diabetes

- None of the respondents (n=6) screened clients for diabetes
- Potential barriers to providing a screening service were identified by 83% of respondents (n=6), and the main reasons cited were;
    - Lack of resources – time, staff, space, training
    - Costs of providing staff training and infrastructure (to provide privacy)
- Potential support measures to be able provide screening were identified by 66% of respondents (n=6);
    - Guidelines
    - Financial assistance – for equipment, training and necessary fees
    - Access to other health professionals, particularly in small rural towns.

Analysis: The level of interest in providing 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

- 66.7% (n=6) of respondents referred people at risk of diabetes to their GP
- 33.4% of respondents referred people onto other health professionals.

Analysis: The responses relating to knowledge of other local health services, screening and onward referrals 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[14].

[13] Diabetes - Murray Health Pathways, Murray PHN (accessed 1st Feb 2017)

3.4.3 Working Group Members

Feedback from LHPCP Diabetes Working Group members (n=7) focussed on evaluation of processes (Table 1) and outcomes (Table 2).

Table 1: Process Evaluation Responses (n=7)

What worked well?	What did not work well?	What would you do differently?
• The local approach – health services taking the lead with pharmacies in their locality • Use of video-conferencing to minimise travel times • The survey; ○ good level of participation ○ helpful responses ○ raised knowledge about range of pharmacy services ○ opened-up communication channels ○ helped health services understand what support and resources pharmacies needed • Information sessions; ○ networking opportunity ○ presenters were from local services • Awareness raising; ○ health services welcomed opportunity to learn more about services pharmacies could offer ○ health services welcomed opportunity to inform pharmacies about their services	• Time frames; ○ time consuming to visit pharmacies to engage with staff and complete surveys • Information sessions; ○ difficult to match times and venues for training sessions to availability of pharmacy staff ○ attendance at information sessions was not consistent across all localities ○ not recognised that different staff groups have different needs • Logistics; ○ hard to meet with pharmacies in isolated locations ○ participation was a low priority for the pharmacies ○ information resources for pharmacies were delayed due to external issues • Communications; ○ survey returns were slow ○ email is a poor contact medium (at pharmacy end) ○ not always possible to meet with a lead person in the pharmacy ○ regular communication with pharmacies has lapsed in some localities since project ended (time constraints)	• Information sessions; ○ pharmacy based ○ target 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 ○ Try and get 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

Analysis: Whilst this was an appropriate and well supported initiative, by the LHPCP Diabetes Working Group, it proved to be a very time consuming and labour intensive project. 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. In turn, this may have improved the outcomes.

[14] Report of Health Promotion and Screening Activities by Community Pharmacists, University of Tasmania, 2005

Feedback from LHPCP Diabetes Working Group members (n=7) in regards to outcomes, fell into 3 categories (Table 2).

Table 2: Outcomes Responses (n=7)

Communications	Service Developments	Resources
• 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)	• Diabetes Educator and Dietician 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	• Information sessions were provided for pharmacies • Videos of the sessions are available on the LHPCP YouTube Channel[15] • Information packs relating to local services are being prepared for each pharmacy • Locality specific posters were prepared for all towns

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

DISCUSSION

4.1 Aim

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.

4.2 Methodology

LHPCP has a long-standing history of working in partnership with local services and achieves this through formal planning structures, dedicated working groups and significant relationships with their member agencies. The use of a survey supported by face to face communication in localities was appropriate as an initial method of information gathering, and consistent with the Vision and Values of LHPCP member agencies.

4.3 Success Criteria

4.3.1 Increased communication between pharmacies and health services

The evaluation highlights that pharmacies and health services have differing perceptions as to whether communication has been increased or not. It is clear however, that the regular communication established during the initial phase has lapsed. Responses from the pharmacies suggests there is an opportunity to re-establish the links and progress this collaborative work further.

4.3.2 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. Responses from the pharmacies suggest interest in having greater access to local clinicians and developing guidelines to enable pharmacies to better support their customers. Given the national diabetes screening trials[16] are underway,

[15] LHPCP Diabetes Management and Prevention Training Videos (accessed 1st Feb 2017)
[16] Pharmacy Trial Program

and should then inform a step by step guide for national roll out, and that the Murray PHN is developing 'HealthPathways'[17], there is a significant opportunity to incorporate national guidelines into local practice initiatives.

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

Although this success criterion was included as part of the evaluation, the initiative did not set out to survey consumers. Also, no mechanisms were established within health services or pharmacies to measure this criterion. A consumer survey was undertaken as a separate LHPCP initiative, and focus groups were held at a later stage, supported by Murray PHN (report pending). It has not therefore, been possible to evaluate this success criterion.

4.3.4 Pharmacy staff refer to local allied health services when appropriate

Although the overall aim of the initiative was to improve chronic illness care for consumers with diabetes, and considerable information resources were provided for pharmacies, there is no evidence to confirm whether referrals made by pharmacies to local allied health services are appropriate or not. No mechanisms were established within health services or pharmacies to monitor referrals. It has not therefore been possible to evaluate this success criterion.

4.3.5 Increased screening and prevention by pharmacies

The information sessions and resources provided for pharmacies aimed to enhance knowledge and confidence of pharmacy staff. Evaluation of the information sessions[18] demonstrated that;

- 70% of respondents had an increase in their knowledge of how to refer to local health services
- 61% of respondents had an increase in their confidence in screening for diabetes
- 74% of respondents gained an increase in their knowledge of local health services.

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[19].

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

Lower Hume PCP facilitates the Lower Hume Diabetes Working Group to improve local chronic illness care for people with diabetes, as part of their on-going role in implementing the Hume Region Chronic Care Strategy 2012-22. A range of collaborative activities have been undertaken subsequent to the initial pharmacy survey, and improving continuity of care and self-management support for people living with diabetes remains a key priority for LHPCP. This evaluation project highlights a number of opportunities to progress this priority area (Table 3);

[17] Diabetes - Murray Health Pathways, Murray PHN (accessed 1st Feb 2017)
[18] Poster: Partnering with Pharmacies for Integrated Diabetes Care, LHPCP, 2016
[19] Position Statement: The role of the pharmacist in providing care for people with type 2 diabetes, PSA, 2009

Table 3: Opportunities				
Communication	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 information session 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

CONCLUSION

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 number of opportunities to improve local chronic illness care for their communities.

RESOURCE GUIDE

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

- to download from their website, www.lhpcp.org.au
- or can be obtained on request from LHPCP;
    - Rebecca Southurst, Assistant EO & Population Health Planner
      Ph: (03) 5793 6331 / Email: Rebecca.Southurst@lhpcp.org.au

- Lower Hume Diabetes Working Group - Terms of Reference, 2015
- Lower Hume Diabetes Pharmacy Survey (SurveyMonkey) template
- 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
- 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
- Videos (YouTube): Diabetes Prevention & Management Information Sessions

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