Working with others – Integrating into General Practice

Everyone in the Hutt Valley is healthy and well
WHY SHOULD WE WORK TOGETHER?

- Many reasons

- Reason depends on perspective of:
  - Patient
  - Family/whanau
  - Practitioner
  - Provider
  - Funder
  - Health system
  - Population
HOW DID WE GO ABOUT IT?

- EoI – need to work with the willing
- Identified practices with greatest potential for quality improvements in medicines optimisation
- Offered 20 hours per week of pharmacist time on site
- Practice nominated a GP clinical lead
- Agreed practice-specific priorities:
  - medication reviews
  - range of CQI activities & best practice prescribing protocols
  - education – patient, nurses, GPs
  - monitoring high risk medicines
WHAT DID WE DO?

Practice/System directed

- Providing Clinical leadership in the use of medicines
- Setting up Continuous Quality Improvement processes for monitoring and tracking quality and safe use of medicines

Clinician/Staff directed

- Promotion of best practice and current clinical information - safety net
- Increasing efficiency of GP and Practice Nurse consults

Patient directed

- Improving patient safety with the use of medicines
- Provision of in-practice based consults and reviews
System Improvement

Clinician time saved

Improved communication between general practice and community pharmacy

Systematic change at practice level leading to increased efficiency and capability

Providing a "safety net" for primary and secondary care clinicians

MDT models emerging

Improved Patient Experience

Patient time saved

Better patient self-management

Improved adherence to treatment

Improved Practice Staff Experience

Improved Clinician Experience - time & support

GPs and Nurses feel professionally safer and confident about patient and medication safety

The whole team is involved in optimising medication related outcomes

Reduced Acute Demand

Reduced hospital admissions and readmissions

Reduced ED attendances
**Improved Clinical Outcomes**
- Fewer falls
- Reduced risk of stroke
- Improved glycaemic control
- Improved asthma control

**Extending Independence for Elderly Patients**
- Delayed admission to aged residential care
- Reduced risk of falls
- Reduced risk of adverse events

**Improved Patient Safety**
- Adverse drug events avoided
- High risk medicines safety improved

**Reduced Pharmaceutical Costs**
- Implementation of systematic deprescribing
- Optimal use of medicines
FACTORS CRITICAL FOR SUCCESS

- Determine the needs and priorities of the practice team and its patients
- Ensure pharmacist role clarity
- Ensure practice team understands pharmacist’s role, and vice versa
- Ensure the practice can support the role
- Have a highly visible workstation and be accessible
FACTORS CRITICAL FOR SUCCESS

➤ Ensure skills are strong – both academic and non-academic

➤ Be proactive – don’t wait to be asked

➤ Get regular feedback from the team & patients

➤ Develop and maintain professional relationships
HIGHLIGHTS AND SUCCESSES

- Ripple effect of monitoring high risk medicines in primary care
- Diabetes Quality Improvement Programme implemented
- Warfarin Time in Therapeutic Range (TTR) audits
- Medicine-related Falls Risk Programme
- Focus on polypharmacy
Practice Feedback

- “Very valuable. Improves safety and highlights new medical protocols. Improves our standards”

- “Safer prescribing, updating medications, following through investigations after some medication initiation”

- “It is a great initiative to have a clinical pharmacist as part of the team and the benefits are likely to grow over time”

- “Having a skilled resource like a practice pharmacist available to primary care is an essential feature of sustainable system improvement”
Acknowledgements:

- Kerry Crausaz - Upper Hutt Health Centre
- Sandy Bhawan – Hutt Union Community Health Services (HUCHS)
- Mary-Anne O’Rourke – Petone Medical Centre
- Barbara Moore – Queen Street Medical & Waiwhetu Medical Centre