

CONFERENCE ABSTRACT

Reshaping the Existing Landscape: a collaborative approach to managing diabetes in General Practice

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Poor adherence to treatment of long term conditions is a worldwide problem of striking magnitude. In developed countries adherence to medication for long term conditions averages around 50% with even lower rates in developing countries. The consequences of poor medication adherence are poor health outcomes and increased health costs. With the epidemiological shift in disease burden from acute to chronic diseases over the last few decades the acute models of health service delivery are increasingly becoming inadequate to address the health needs of the population. It is only logical and natural therefore for health systems to evolve, innovate and re-orienting their models of care to meet the new challenges.

In 2013 a legislative change enabled suitably trained and qualified pharmacists to pursue registration in the Pharmacist Prescriber scope of practice. This scope of practice was developed on the basis of a collaborative healthcare team environment. In this environment the patient is the focus and beneficiary of the collaboration; the pharmacist is an established and integral member of a healthcare team; the pharmacist plays an active part in the decision making process with respect to initiating or changing a patient's medicine and his/her decisions and recommendations directly affect the individual patient's medicines therapy; and the pharmacist holds mutual concern for the wellbeing of the patient. In this scope pharmacists are able to naturally extend their medicines expertise to prescribing decisions that optimise medicines related health outcomes.

Te Awakairangi Health Network, a Primary Health Organisation in the Hutt Valley has implemented a model of care for patients with diabetes that utilises the skills and expertise of a pharmacist prescriber integrated as part of the general practice team. This unique model of care expands the patient's healthcare team from the traditional team of a general practitioner and practice nurse and also integrates a non-medical health professional with prescribing rights into the general practice team. The model offers patients appointments with the pharmacist prescriber to discuss what matters to them most about the medicines they have been prescribed for diabetes.

A descriptive analyses of the first 6 months of the service across the three general practices showed that there were differences in the uptake of the service; that the service was reaching the target population based on previous variation analysis work done on the population with diabetes; and that the types of interventions made by the pharmacist prescriber was aligned to the defined scope of practice for pharmacist prescribers.

Preliminary results indicate a strong and positive reaction from patients and general practice team members. In the context of this role becoming the norm in general practices in the future our experience shows that the transferability and the sustainability is dependent on the availability of suitably trained qualified pharmacist prescribers; confidence and trust in the pharmacist prescriber; acceptability to share decision making; clarity of role within the general practice team; funding and availability of space.

Keywords: pharmacist prescriber; general practice; collaboration
