
CONFERENCE ABSTRACT

Journey from Clinical Pharmacist to Pharmacist Prescriber – Primary Care Collaborative Care Model Aiming for Equity and Workforce Sustainability.

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Brendan Duck¹, ,

1: Hawkes Bay District Health Board, Hastings, Hawkes Bay New Zealand

Introduction

Primary healthcare services in Hawke's Bay, like many other rural centres across New Zealand and internationally are struggling to meet the healthcare needs of the community. Workforce and health care sustainability drives further disparities in health outcomes for Maori, Pacific Island and populations living in high deprivation.

Practice Change

Starting in 2011 Clinical Pharmacists were integrated into Primary Healthcare Practices across Hawke's Bay with the goal to optimise medicine related health outcomes and reduce medicine related harm. The integration was based on international evidence and referrals received from other healthcare professionals in the primary healthcare team. In 2014 one primary healthcare practice took a different approach and integrated a Pharmacist Prescriber into the team to work collaboratively with the team.

Aim

Clinical Pharmacists working in primary healthcare practices are often integrated as part of the team in an advisory role and respond to care requests from other health professionals. The integration of the Pharmacist Prescriber into the team was targeted to focus on equitable health outcomes and build sustainability into the primary healthcare team. Incorporating a Pharmacist Prescriber into the extended care team aimed to build capacity and capability in the delivery of healthcare services to populations with long term medical conditions.

Alongside the Pharmacist Prescriber the extended care team included medical practitioners, nurse practitioners, nurses and primary care practice assistants. Maori, Pacific Island and populations living in high deprivation were prioritised by the team, with care being tailored to meet individual need.

Integrating a Pharmacist Prescriber into the extended care team shifted the utilisation of the pharmacist's skills to collaborative care with the individual and team. The shift builds the capacity and capability of the team to deliver services in line with needs of the population and in the process creates sustainability in the primary healthcare practice model.

Conclusions

Delivering on the goals of the integrated Pharmacist Prescriber role, equity in hypertension management for Maori and Pacific Island patients is shown over a five year period. Workforce capacity and capability have been increased through collaborative patient care and management of practice repeat prescribing. Thus creating a sustainable model which can be delivered in a variety of settings, particularly in rural areas where workforce is often stretched beyond capacity.