
CONFERENCE ABSTRACT

"The way to work": Clinical Pharmacists integrated in General Practice Teams

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In April 2014, Hawke's Bay District Health Board (HBDHB) committed to fully integrating Clinical Pharmacists within General Practice across the District after a pilot programme delivered convincingly on all three NZ triple aim dimensions, returning a 4:1 return on investment in year 2.

For the General Practice teams the project delivered unexpected gains for prescribers, their teams and their patients. For Clinical Pharmacists, integrating within the general practice team was initially challenging but highly rewarding.

Throughout the journey, the challenges to be met and the service vision have been clear. Also: The primary care sector supported by Health Hawke's Bay PHO has supported integration.

The Clinical Pharmacists have shown determination and courage to extend and stretch their scope of practice.

HBDHB has committed to integration in fully funding and supporting these developments, providing clinical leadership, project management, HR and IT support.

The journey and the successes have been acknowledged nationally and internationally. Other DHB's are actively following in our footsteps.

2007-2010 HBDHB faced unsustainable growth in the volumes and costs of medicines. A commissioned bpac(NZ) analysis uncovered a number of issues:

Increasing cost of pharmaceuticals = Unsustainable

High levels of polypharmacy were evident in HB

Ageing population, aging at a rate faster than the NZ average

Significant pockets of deprivation

Conclusions from the analysis:

1. Inappropriate polypharmacy was being prescribed to over 65 years, and especially over 85's. Addressing this would deliver patient safety improvements and would be a major contributor to cost savings and waste reduction.

2. Inappropriate polypharmacy was linked to medicine related admissions, falls and other harm for patients. Tackling inappropriate polypharmacy especially in the over 80's would reduce medicine related harm, associated ED presentations and hospital admissions.

3. Meeting unmet need in Maori, Pacific and NZDep 9/10 communities was unlikely to be a significant driver of volumes/costs but would deliver significant health gains.

4. The approach should directly influence prescriber behaviour - supporting best practice, and safe and effective use of medicines.

Lessons Learned: Integration is tough but rewarding - it is not a quick fix and 'one size does not fit all'.

Integration takes time to do well - the right people, with the right skills, and the right match for the Practice/s.

The key to Integration is relationships - do not underestimate the importance of relationships. communication, trust and respect.

For staff, ongoing professional support and leadership is key - the role can be isolating and highly challenging - being part of a CP team has proved invaluable.

Measurement and regular reporting on activities and successes are critical motivators for all.

Periodic evaluation and review - keeps the vision and direction fresh and practice at the cutting edge.

Integrating Pharmacists within General Practice makes a significant contribution to health care of the communities we serve - pharmacist's knowledge and skills must be better harnessed. Clinical Pharmacists working as part of GP teams "is the way to work". It delivers excellent patient outcomes and experience, with reduced health system costs.

Keywords: general practice; clinical pharmacist; integration
