

Integrating pharmacists into general practice

Enhancing patient care through improved use of medicines



Integrating pharmacists into the general practice team provides significant benefits for patients and valuable support to medical staff. With funding support from COORDINARE, Main Street Medical Centre - a general practice in Merimbula - embedded a community pharmacist in to their practice team for one day per week during 2019-2021.

In rural areas like Merimbula, pharmacists have a particularly valuable contribution to make. With a chronic shortage of GPs, creating an enhanced role for allied health professionals can assist with patient care.

Why?

Many patients treated in a general practice setting are at risk of medication misadventure. By reducing the risk of medication-related harm, pharmacists in general practice enhance patient care and optimise patient outcomes.

As a flow-on effect, significant cost savings to the health system result from deprescribing and reduced hospital presentations and admissions. At a practice level, the inclusion of a pharmacist strengthens the multidisciplinary health care team and enables the practice to offer more comprehensive and holistic care to their patients.

Evidence points to improved clinical and non-clinical outcomes, reduced medication misadventure, and improved continuity of care for patients through transition from hospital to community.

This way of working aligns with the <u>Patient Centred Medical Home</u> principals and COORDINARE's purpose to support primary care in our region to be consumer-centred, safe and high quality, and coordinated across all parts of the health system.

How?

Using a data driven approach, patients were identified using clinical auditing software. This included patients identified as at risk of medication misadventure, including those with polypharmacy (on more than 8 medications), taking opioids for non-cancer pain, or recently discharged from hospital. Pharmacist consultations were offered to patients via referral from their GP or practice nurse, or by self-referral through a practice awareness campaign.

Following pharmacist consultation, recommendations were provided to the patient's GP regarding medicine-related risks and opportunities for deprescribing.

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Outcomes

226 patients had a one-on-one consultation with the pharmacist 124 medication reviews



182 medication related issues (identified via medication reviews and reconciliations) addressed with GPs



73% of patients (n124) following comprehensive medication review



Medication-related issues were identified in **63%** of patients (n90) following hospital discharge



Medication reconciliation revealed discrepancies in **78%** of patients (n90) following hospital discharge



oMEDD* was reduced by an average of 15.7mg per patient



* oral Morphine Equivalent Daily Dose

Halley Sharpe Consultant Pharmacist, Main Street Medical Centre



Dr Nick TherisPractice Principal,
Main Street Medical
Centre



Being part of the medical practice here in Merimbula has been a great opportunity to be part of the multidisciplinary team and help provide a holistic approach to patient care.

The doctors have particularly appreciated help with medication reconciliation and identifying opportunities to deprescribe, while the patients have really appreciated the dedicated one-on-one time to discuss their medications, as well as the opportunity to learn more about their health conditions and how they can be more involved in managing them. They also enjoy getting additional resources, like an updated medicines list to put in their wallet.

In a general practice setting, a pharmacist can pick up and prevent a lot of potential issues. Good medication review and reconciliation are especially important in patients recently discharged from hospital, where lack of communication between different healthcare providers can lead to a range of medication related issues. I've looked at overseas models with this collaborative concept of the pharmacist being embedded in the general practice team – where they can discuss issues with the clinicians, look at medical records, and talk to patients – and thought it was far better than our traditional model. When the opportunity came up to do this project, I thought it would be extremely beneficial.

Having Halley at the practice has been excellent; it's gone even better than expected. To have someone who can independently assess medications and practice policy, give feedback to the GPs about how to improve patient care and reduce adverse events, and effectively be the bridge between the doctor and the patient, is invaluable. It's also very helpful to have someone to follow up with hospital pharmacists when a patient has been discharged.

It's about quality assurance and improving patient service, and it's been in the best interests of our patients and our practice. It's also very beneficial to the community. Moving forward, I hope integrating pharmacists in general practice becomes standard in the future.