Role of Clinical Pharmacist Facilitators in Hawke’s Bay

Billy Allan – Chief Pharmacist
Anne Denton – Team Leader
Brendan Duck – CFP Totara Health
Vanessa Brown – CFP Greendale Family Health/Taradale Medical
Jenni Jones – CFP Hastings Health Centre
Peter McIntosh – CFP Te Mata Peak Practice
Di Vicary – Population-based Pharmacist, Health Hawke’s Bay
Background

A collaboration between

- DHB  Hawke’s Bay
- PHO  Health Hawke’s Bay
- GP practices
Why clinical pharmacist facilitation?

- $200,000 year-on-year increase in combined pharmaceutical budget
  - CPB = community pharmaceuticals + pharmaceutical cancer treatments + vaccines (from 1 July 2013)
- Not sustainable
- No ‘low hanging fruit’
Aging Population
Items Dispensed per Capita by Age

Comparison of dispensing rates by age group (items),
January to December 2010

Aims

- Interventions targeted at polypharmacy
  - ≥ 65 years
  - Would not disadvantage Māori, Pacific or NZDep 9/10
- Polypharmacy
  - patient harm / ADRs

Fulton & Allen 2005
The model

- Clinical pharmacist facilitators (3.5 FTE)
- Focus on best practice – not cost
- To complement the population based clinical pharmacist facilitator (1.0 FTE)
- Medicines and Diagnostics
- Funded by DHB
  - working out of PHO
  - in specific practices
The Practices (at present)


- Te Mata Peak Practice, Havelock North. Targeted population: High enrollment of patients living in ARRC.
The Practices (at present)

- Greendale Family Health, Greenmeadows. Targeted population: high percentage of patients 65 years or older living in own home.

- Taradale Medical Centre, Taradale. Targeted population: high percentage or enrollments aged 65 years or older.
The Practices (at present)

- Hastings Health Centre, Hastings. Targeted population: over 65 years and high needs patients.
What do they actually do? (1)

- Medicines Reviews
  Medicines Therapy Assessments (MTA)
  - With ongoing monitoring of changes
- Medicine reconciliation
  - Discharge to home
  - Admission to ARRC
- Targeted T2DM CVD risk reduction
  - BP
  - LDL
  - HbA$_1$c

- Education
  - Patients – including adherence support
  - GPs
  - Practice nurses
  - ARRC staff
- Adherence screening tool T2DM
  - Undertaken at routine Diabetes review by RN
What do they actually do? (2)

- Medicine information queries
- Falls reduction (vitamin D in ARRC)
- MRFRAT
- Bulletins
  - digoxin, blood glucose
  - dabigatran
- Cornerstone accreditation preparation
  - Review of medicine policies and standing orders

- DUEs
  - Citalopram (QT)
  - Dabigatran (ClCr)
  - Oral methotrexate (monitoring and day of week)
The Triple Aim

**The Individual**
- More appropriate medicine regimes
- Less polypharmacy
- Fewer falls
- Fewer hospital admissions
- Fewer ED presentations
- Safer transition between services
- Greater patient satisfaction

**The Population**
- Lowering of HbA1c
- Lowering of blood pressure
- Lowering of lipids
- Greater adherence to medicines
- Nurse run diabetes clinics with CP advice available

**The System**
- Reduced cost of drugs
- Fewer events / hospitalisations
- Fewer rest home admissions
- Fewer ADRs
Where to from here?

Plan is to have the equivalent of 8 FTE CPFs

- Four new Clinical Pharmacists have been employed
- Starting date 14.12.2015
- Will be in GP practices January 2016
The team ... so far...