



# Role of Clinical Pharmacist Facilitators in Hawke's Bay

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# Background

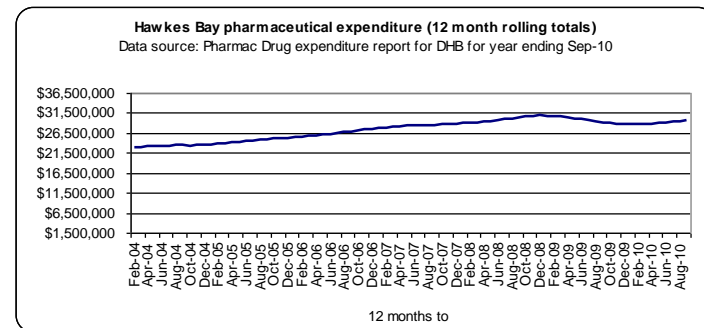
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A collaboration between

- DHB      Hawke's Bay
- PHO      Health Hawke's Bay
- GP practices

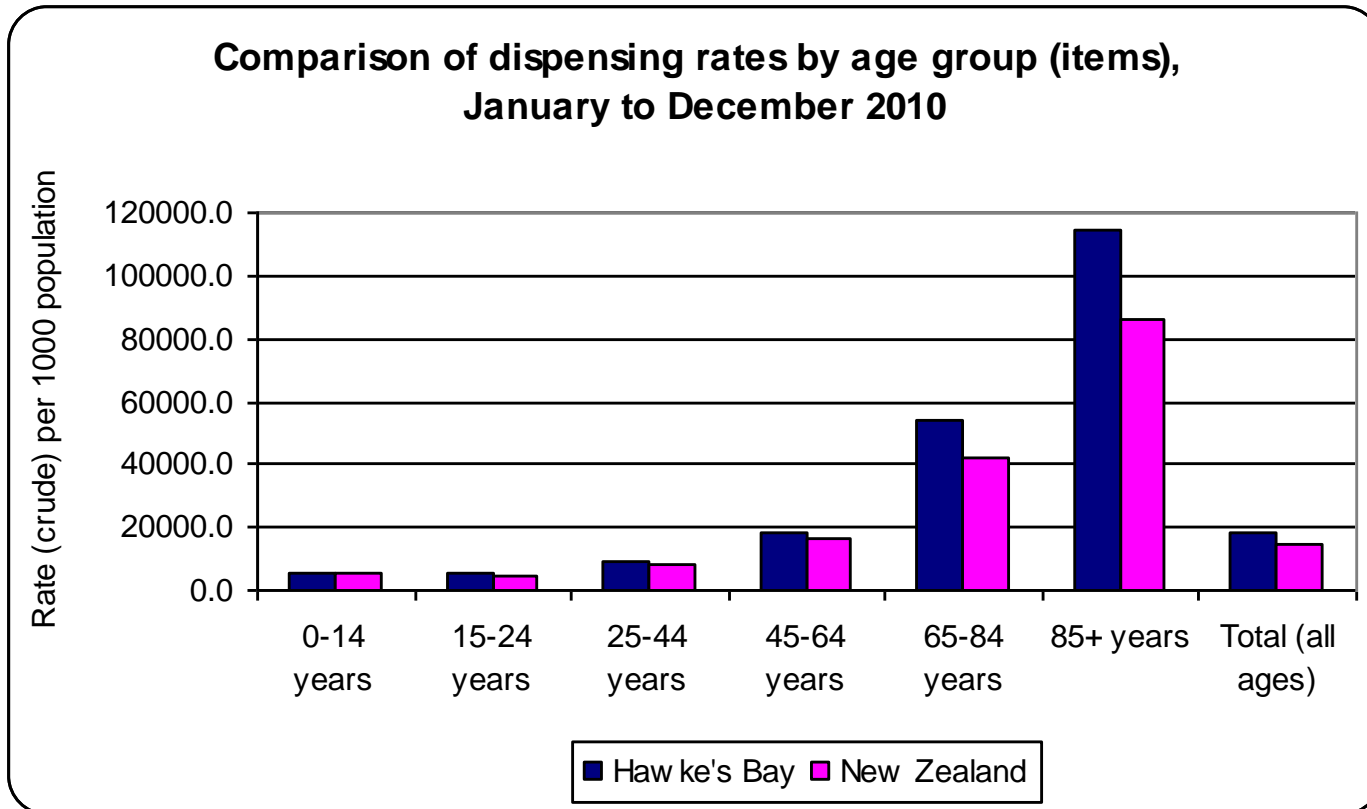
# Why clinical pharmacist facilitation?

- \$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

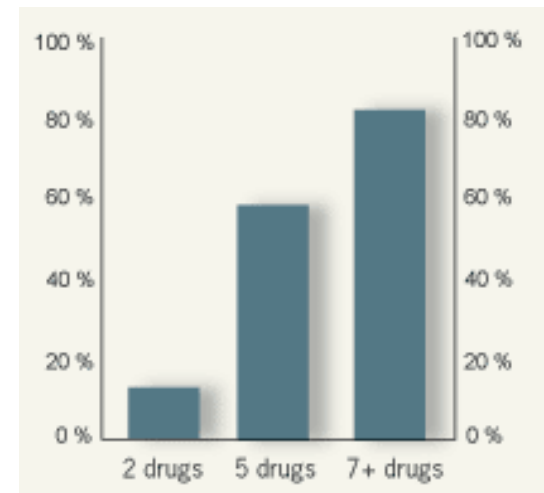
## Items Dispensed per Capita by Age



Source: Pharmaceutical Claims Data Mart, Ministry of Health (Extracted: 22/4/2011). Note data subject to change over time.

# Aims

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



Fulton & Allen 2005



# The model

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- 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)

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- Totara Health, Hastings and Flaxmere.  
Targeted population: patients with high needs including Māori and Pacific and NZ Dep 9/10.
- Te Mata Peak Practice, Havelock North.  
Targeted population: High enrollment of patients living in ARRC.



# The Practices (at present)

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- 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)

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- 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 on going monitoring of changes
- Medicine reconciliation
  - Discharge to home
  - Admission to ARRC
- Targeted T2DM CVD risk reduction
  - BP
  - LDL
  - HbA<sub>1c</sub>
- 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?

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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...

