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## IMPROVING PATIENT CARE: INTERGRATING PHARMACISTS INTO GENERAL PRACTICE

WentWest, the Western Sydney Primary Health Network is collaborating with the Blacktown, Hills District and Mt Druitt General Practice Associations to trial an innovative project to improve patient care. Twelve general practice sites are conducting a pilot study on the integration of a pharmacist in the general practice setting. The project aims to improve the use of medicines, reduce adverse drug events and better co-ordinate patient care.

In 2015 the Australian Medical Association (1) submitted a proposal to the Commonwealth Government to integrate non-dispensing pharmacists into general practice, with the aim of optimising medication usage, reducing hospitalisations due to medication misadventure and reducing utilisation of medication. This proposal highlighted the results of a Deloitte Access Economics Report (2) which outlined that every \$1 invested in the use of non-dispensing pharmacists would result in \$1.56 savings to the health system. In its 2016/17 budget submission (3) the Pharmaceutical Society of Australia outlined a proposed remuneration model for the integration of pharmacists in general practice and highlighted the potential benefits to patients and the health system that result from this collaborative model of care.

Results from a review of international studies (4) in the United Kingdom, Canada and USA demonstrated that a pharmacist in general practice is associated with improved clinical outcomes in chronic conditions such as diabetes, asthma, high cholesterol and high blood pressure. There is however, very limited data from studies in the Australian general practice setting.

Five pharmacists across the general practice sites in western Sydney conducted 299 patient consultations in the medical practice in the first twelve weeks of the project. As part of the project evaluation, researchers from the University of Technology Sydney found that the integration of a pharmacist was welcomed by most GPs as a positive addition to the general practice team leading to enhanced inter-professional collaboration and improved patient care. GPs stated that as the professional relationship between pharmacist and GP developed over time as the impact of the pharmacist continue to grow.

The 299 consultations were with patients who had been identified to potentially medication problems, adherence issues and/or needed support with the management of chronic diseases. These patients were taking an average of  $9.6 \pm 4.0$  medications and had an average of  $6.9 \pm 2.6$  medical conditions.

In the consultation with patient the pharmacists conducted medication reconciliation and review. As a result the pharmacists detected 85 adverse drug reactions, 78 drug interactions (Including drug/drug, drug/disease state and drug/food interactions) and updated 349 medication records. The pharmacist consultations resulted in 807 recommendations to doctors and patients. These recommendations included medications being de-prescribed, medication dose reductions, initiation of new medicines and medication dose increases.

Analysis of the data generated in the pilot study suggested that a close collaboration between medical practitioner and pharmacist improves patient care and that pharmacist-patient interactions make an important contribution in identifying and resolving medication-related problems in the general practice setting. There is also an opportunity for more cost effective use of health resources.

Learnings from the pilot study have now been incorporated and the he project has now been extended until the end of the year with further evaluation planned.

[Click here](#) to read the full evaluation report.

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