

IPAC Theory of Change

Building capacity
and capability

Leads to improved capacity
for health service
assessments

That enhances engagement
with participants,
staff skills, and
stakeholder partnerships

That influences
health-related behaviour,
and enhances
team-based care

IPAC pharmacists
recruited, trained and
supported by PSA

ACCHSs recruited and
supported by NACCHO,
and Affiliates

Integration of IPAC
Pharmacists into primary
health care teams

Project leadership and
management by PSA,
NACCHO and JCU

Integrated data collection
systems and project
resources

Assess participants
medication adherence,
review medications and
provide support

Provide education,
training and medicines
support to staff and
participants

Improve systems for
communication and
support within clinical
teams and with
stakeholders

Undertake quality
assurance activity

Barriers are addressed
to improve participants
adherence

Repeat visits are
increased for follow-up
support to participants

Improved care
coordination within PHC
teams and transitional care
with community pharmacy
and other
healthcare providers

Improved knowledge
and skills of
health care teams

Participants are more
adherent to medications

Participants medications
are optimized (reduced
inappropriate prescribing
and medication related
problems)

Improved care plans
and team-based care

Health service utilization
is improved and is more
equitable

The quality use of
medicines is improved

To improve
the health of
people with
chronic
disease

Assumptions:

A: Prescribers are supportive and receptive to pharmacists recommendations.

B: Patient's and the healthcare team are able to overcome the range of barriers to adherence- many of which are outside the control of the patient and healthcare team.

C: Community Pharmacy has the capacity and is sufficiently engaged to support change.