

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.