IPAC Project - Logic Model for Evaluation

Inputs and Resources	Activity Components	Activity Illustrations	Outputs	Outcomes Short Term (0-12 months)	Outcomes Medium Term (12-24 months)

Patient-Related Activities

Medication Adherence and Support
- Assess participants for medication adherence → Completed adherence tests and score → Improved adherence to medicines
- Support participants to overcome adherence barriers → Participant receives advice, support - repeat encounters → Improved participant experience Qual
- Encourage repeat visits for follow-up support → MBS claim for follow-up support → Increased MBS claims (10987, 10997)

Medication Management Reviews (MMR)
- Reviews participants medications (HMR, non-HMR)
- Assesses participant for medication related problems
- → HMR/non-HMR report. Recommendations made to prescriber
- → Increased MBS Claims for HMR (item 900)
- → Additional reviews that are not HMRs
- → Reduced medication related problems
- → Reduced medication underuse

Medication Appropriateness Index (MAI)
- Assessment of Underutilisation (AoU) → AoU complete
- Audit for Appropriateness
- Audit for Overuse of medicines
- → MAI score
- → Reduced medication overuse
- → Reduced inappropriate prescribing

Team-Based Collaboration
- Participates in team / multidisciplinary activities, contributes to care plans → Contributes to care plans (MBS 721, Qual) → Increased MBS 721, case conferences)

Preventive Health Care
- Participates in preventive activity and record keeping → Contributes to quality of record keeping → Reduced pneumococcal vaccine underuse

Education and Training
- Education sessions provided for participants → Education sessions held → Participants improved knowledge of medicines; improved adherence Qual
- Education sessions provided for health service staff → Staff supported with education through workshops or other strategies → Improved knowledge and skills of health service staff; improved patient management Qual

Medicines Information Service
- Responds to medicines related queries from health service staff → Staff supported with the medicines related queries → Participants medications optimized (see MMR)

Practice-Level Activities

Stakeholder Liaison
- Liaison with Community Pharmacy and other Health Care Providers
- → Completed Stakeholder Liaison Plan
- → Plan approved by stakeholders
- → Regular contact with Community pharmacy (frequency, mode, reason)
- → Health Service Staff feel better supported Qual
- → Community Pharmacy Staff feel better supported Qual

Transitional Care
- Facilitates care coordination with hospitals and other facilities
- → Information and support provided to participants
- → Liaises with stakeholders (type, frequency, mode, reason)
- → Contacts community pharmacy regarding discharge medications
- → Participants feel more supported, receive better care Qual
- → Improved processes and communication between stakeholders Qual

Drug Utilisation Review (DUR)
- Collaboratively plans and conducts DUR on priority issue/topic → DUR report completed and recommendations made → Priority health service issue improved supporting continuous quality assurance

Inputs and Resources:
- Partnership between PSA, NACCHO and JCU
- NACCHOs relationships with Affiliates and ACCHSs
- ACCHS recruitment by NACCHO
- PSAs relationships with pharmacists
- IPAC Pharmacist recruitment and training by PSA
- Community-based participatory research (CBPR) design used in the study
- Pragmatic study design
- JCU partnerships to develop and utilise unique IT platforms (GRHANITE™ and Logbook)
- JCU in-kind resources for project evaluation
- Funding to project partners from DoH for 2 years

Outcomes Medium Term (12-24 months):
- Improved disease specific biomedical outcomes
- Improved self-assessed health status (SF1) of participants

(NACCHO – National Aboriginal Community Controlled Health Service; PSA – Pharmaceutical Society of Australia; JCU – James Cook University)   Version: 22/03/2019