

Integrating Pharmacists within Aboriginal Community Controlled Health Services to improve Chronic Disease Management (IPAC) Core Role 2 - Team-based collaboration



- First established in 1971
- Operated by the local Aboriginal and Torres Strait Islander community
- Culturally safe environments that support an Aboriginal patient's sense of choice and power



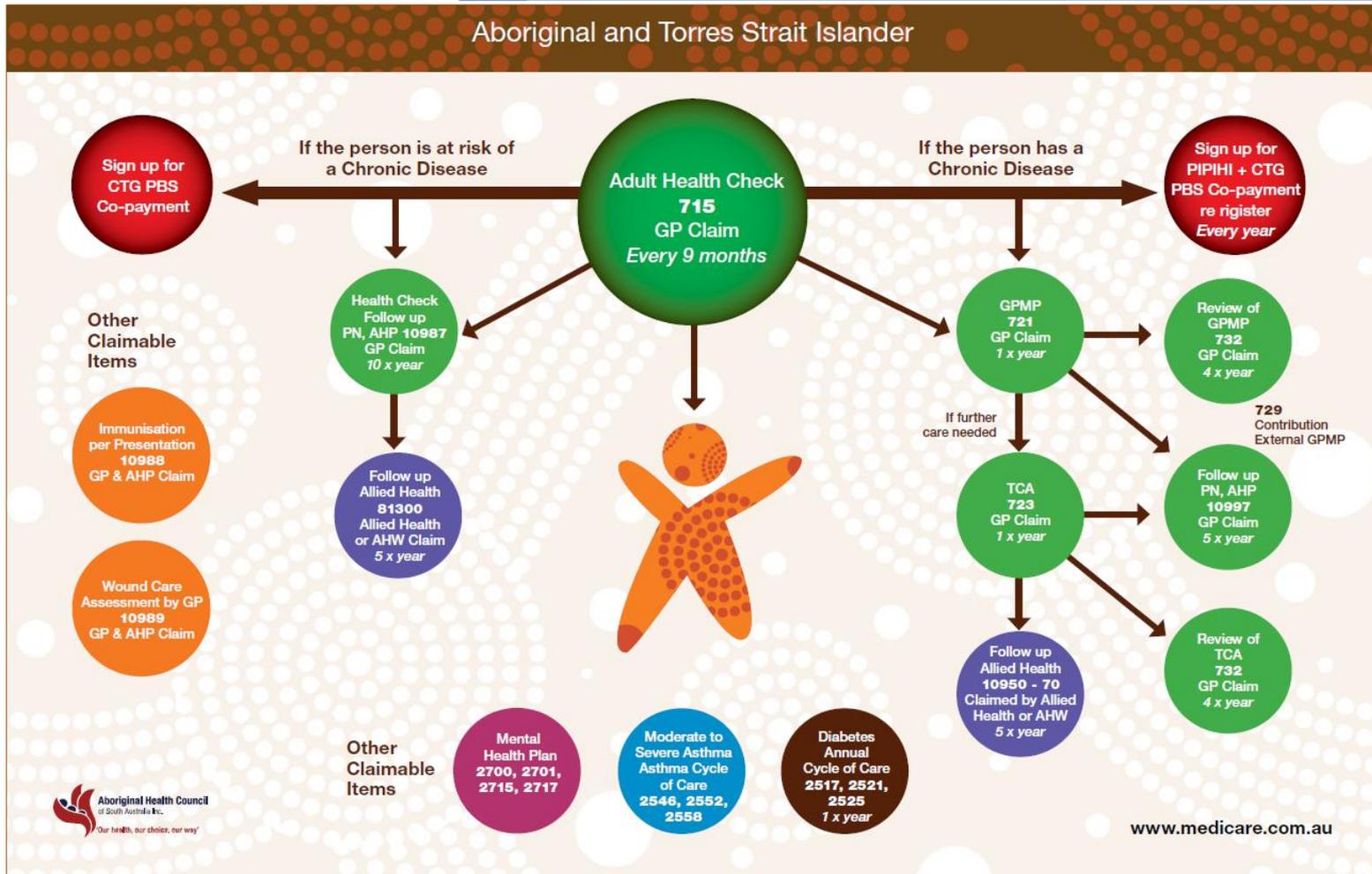
- A doctor working in a ACCHS may call on specialist skills of several allied health workers through the MBS
- Pharmacists not currently included in MBS list of allied health providers for provision of CDM services
- May act as a barrier to optimising quality of care



- Integrate within the ACCHS, immerse in the ACCHS model of care
- Become member of primary healthcare team
- Provide patients, staff and health service with valuable skills
- Assist individual patients with medication needs & support chronic disease care
- Play important role in assisting the ACCHS with the range of medicines related health policies and programs



- Clinic activities (e.g. clinical meetings) which support team-based care to improve CDM
- Requires understanding of MBS, in particular GPMP, TCA & claiming for services provided to Aboriginal and Torres Strait Islander patients
- Activities which improve cardiovascular (CV) risk assessment by supporting clinic efforts to measure & stratify CV risk



“PSA is the peak national body for pharmacists”

- Record details of collaborative activities in the patient's progress notes in the CIS electronic health record
- Data related to MBS claims history will be extracted by GRHANITE
- Use logbook to capture pharmacist involvement in team-based care



Thank you!