

Integrating Pharmacists within Aboriginal Community Controlled Health Services to improve Chronic Disease Management (IPAC) Project Overview

- Aboriginal and Torres Strait Islander peoples experience a much higher burden of chronic disease
- Adverse health outcomes from these illnesses may be prevented...
- Extensive global evidence that practice pharmacists co-located within general practice clinics can enhance chronic disease management and quality use of medicines



- Funding issues for pharmacists in public health sector
- Innovative funding sourced by ACCHSs
- Providing practice pharmacists with the appropriate cultural, communication, clinical systems training, and integration within ACCHSs may significantly improve the quality of health care received and experienced by Aboriginal and Torres Strait Islander peoples



- Aims to determine whether including a registered non-dispensing pharmacist as part of the primary health care team within Aboriginal Community Controlled Health Services (ACCHSs) leads to improvement in the quality of the care received by Aboriginal and Torres Strait Islander peoples
- Tripartite partnership between PSA, NACCHO & JCU
- Funded by the Australian Government for 29 months

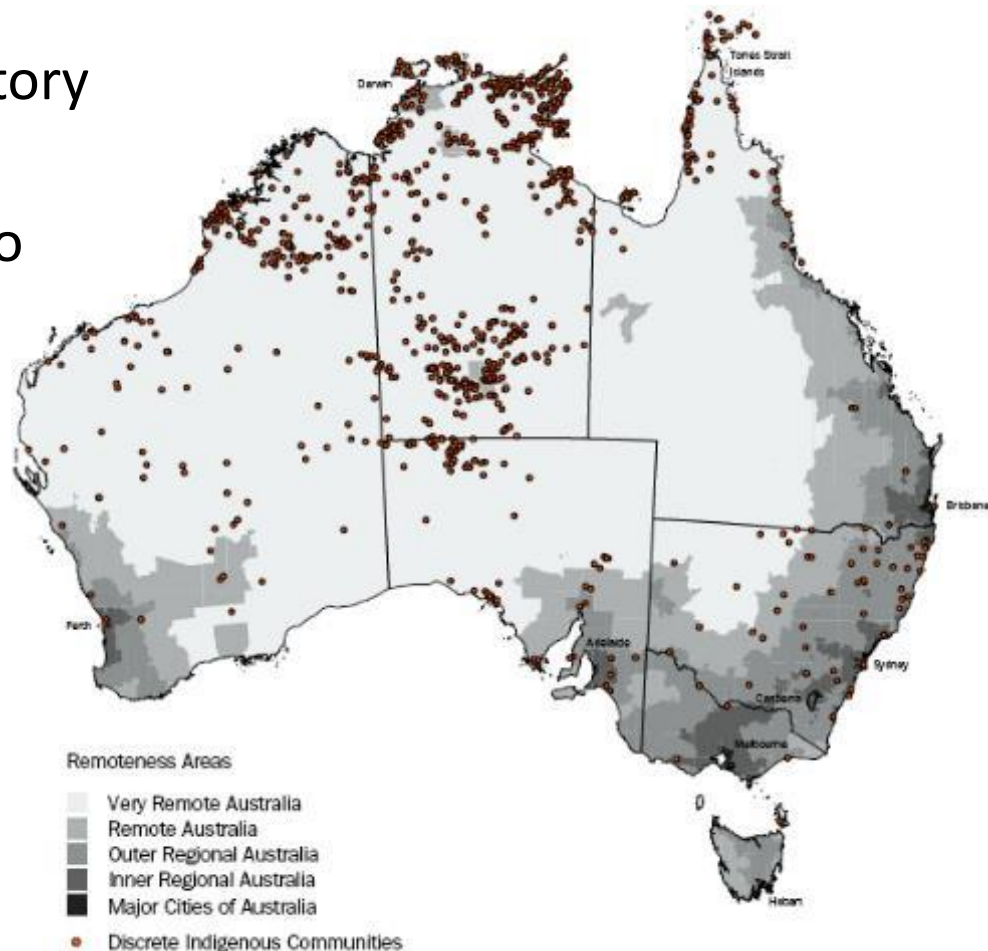


- Provides a framework for the management and conduct of the IPAC project
- Guided by a Memorandum of Understanding that outlines communication and governance processes
- Guides the participation of all Aboriginal Community Controlled Health Services (ACCHSs) as project sites
- Documents the specific requirements of the project

- St Vincent's Hospital Melbourne HREC (Victoria)
- James Cook University HREC (QLD)
- Menzies School of Health Research HREC (NT)
- Central Australia HREC (NT)



- Community-based participatory research (CBPR) design
- Up to 22 ACCHSs accepted to participate, from three jurisdictions
- Spread of geographically diverse settings
- Each service will be offered a practice pharmacist (aggregated 0.57 FTE across 22 sites) for 15 months' duration



Regular patients of the ACCHS aged 18 years & over with:

- Cardiovascular disease
- Type 2 diabetes mellitus
- Chronic kidney disease
- Other chronic conditions at high risk of developing medication-related problems (e.g. polypharmacy)

In broad terms....

- To provide relevant healthcare activities to patients within their scope of practice
- To provide education and training to existing staff within the services as appropriate
- To enhance relations with community pharmacies to overcome barriers to access of medication by patients
- To assist in managing medications at transitions of care
- *To record all activities related to the 10 core pharmacist roles

- Indices of best practice prescribing & quality of care measures
- De-identified patient data will be collected from the clinical information systems (CIS) of ACCHSs pertaining to consented patients by GRHANITE DET
- Additional de-identified data on patients and health systems interactions will be collected by practice pharmacists through an electronic log-book
- Qualitative and cost-effectiveness data will be collected during site visits & remotely

The following factors will be explored by measuring before and after the pharmacist is appointed...

- Improvements in prescribing by doctors
- Whether patients are more likely to take their medicines
- If indicators of health are improving over time



Thank you!