Appendix 7. Ten (10) Core Pharmacists roles in the IPAC project

SUMMARY OF PRACTICE PHARMACISTS CORE ROLES

Core Role #	Focus	Theme	Core activity	Process*	Output/Outcome
1 (a)	Patient	**Medication Management Reviews**	**Pharmacist reviews the medication the patient is taking. The pharmacist initiates and facilitates a medication management review- which may be a Home Medicines Review (HMR) or a non-HMR (medication management review not conducted in the patient's home)**	Targets HMR and Non-HMR for participants (*as per patient inclusion criteria*).	Medication optimisation, Direct improvement in biometric data, Reduction in inappropriate polypharmacy, Number and type of recommendations made in the medication management plans and to prescribers.
1 (b)	Patient		**Pharmacist reviews the patient who had a HMR after 12 months and a Non-HMR after 3-6 months.**	Undertakes participant-follow up	Outcomes as above
1 (c)	Patient		**Pharmacist ensures the MMR is claimed by the practice when completed (as a DMMR item 900 or RMMR item 903)**	Pharmacist will work with the practice staff to support MBS claims.	Increased claims for DMMR
2	Patient and practice	**Team-based collaboration**	**Pharmacist participates in clinic activities that support team-based chronic disease care plans, and cardiovascular (CV) risk assessment**	Contributes to clinic efforts to undertake GP Management care plans (GPMP), and efforts to measure and stratify CV risk	Improved chronic disease management (GPMP), Improved CV risk assessment, Team-based care is enhanced.
3 (a)	Patient	**Medication adherence assessment & support**	**Pharmacist assesses the medication adherence of the patient being seen**	Conducted at first and subsequent consultations of participants (eg those having an HMR/non-HMR, and/or those being assessed for other reasons)	Improved participant adherence; Increased participant visits and generation of prescriptions for participants; Direct improvements in biometric data
3 (b)	Patient		**Pharmacist improves the patient's experience with their medicines**	Uses appropriate strategies to support chronic disease self-management (self-care) and medication adherence	Improved participant experience and adherence; New resources to Improve patient health literacy about self-care and/or medicines use
4	Patient and Practice	**Medication appropriateness audit**	**Pharmacist assesses 'medication appropriateness and underutilisation of medicines' as an audit of a sample of patients with chronic disease.**	A sample of 30 participants are audited using MAI tool and are assessed for the underutilization of medicines.	Improvements in prescribing (medication appropriateness) and reduction in suboptimal prescribing.

5	Patient and practice	**Preventative health care**	**Pharmacist provides preventive interventions to patients**	Pharmacist uses the opportunity to promote preventive interventions with every participant contact.	Improved recording of smoking status and improved result; Mapping the interactions participants have and other healthcare providers have with the practice pharmacist
6	Practice	**Drug Utilisation Review**	**Pharmacist conducts a DUR to audit and improve a priority issue at the service**	A DUR (ie a quality assurance activity) is conducted after identifying a priority issue within the ACCHS. Interventions are recommended in collaboration with the practice staff.	The DUR improves the standard of care at the practice.
7	Practice	**Education and training**	**Pharmacist conducts education sessions at the service**	Co-designed with ACCHS	Description of this specific activity. Additional information from focus groups with staff can elicit if staff felt their learning had improved.
8	Practitioner	**Medicines information service**	**Pharmacist provides medicines related information to staff within the service and responds to clinician medicines enquiries.**	Ad hoc provision of advice to clinical staff about medications. E.g. PBS queries, dose titration, interactions, new and emerging drugs, out of stock, etc	Description of this specific activity. Pharmacist may describe evidence of an outcome in the logbook. Additional information from focus groups with staff can elicit if staff felt they were supported.
9	System	**Medicines stakeholder liaison**	**Pharmacist develops a written <u>stakeholder liaison plan</u> supporting engagement with community pharmacies.**	A written plan will support the provision of referrals and communication of all relevant patient information (such as for HMRs) with community pharmacy	Descriptive. Pharmacist may describe evidence of an outcome in the logbook.
10	System	**Transitional care**	**Pharmacist facilitates care coordination with relevant hospitals; residential aged care facilities, etc.**	Adhoc care coordination to ensure seamless care across community and hospital settings by relaying all relevant information including contact details, current medications list, management plan, monitoring requirements	Improved transitional care communication. Improved discharge summary management and medicines reconciliation.

*# *References to the term 'patient' refers to general interactions and activities with those patients attending the ACCHS. The Practice Pharmacist will be attending to 'patients' as well as 'participants'. The term 'participant' refers specifically to patients who have consented to participate in this Project. Deidentified data will only be collected with regard to 'participants'.*