

# Research backs integrated health care role for pharmacists

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A research team from the UTS Graduate School of Health, in collaboration with Western Sydney Primary Health Network, evaluated a consultation service for community pharmacists to triage, manage and appropriately refer patients to doctors for common ailments, such as coughs and colds, through agreed referral pathways for the first time in Australia.

They say such a [service](#) is ready to be rolled out and they hope to see it included in the 7th Community Pharmacy Agreement currently being negotiated, which will set down how community pharmacy is delivered over the next five years.

The service supports a structured and [collaborative approach](#) to consultation, seeks to standardize practice, focuses on increasing the quality and safe use of medicines and encourages patients to seek care at the appropriate level with greater accessibility.

The evaluation of the service demonstrated extremely positive results at both the patient and economic level, and the potential impact if it is

implemented on a larger national scale.

Chief investigator Sarah Dineen-Griffin says the service has been co-designed with GPs and its piloting and evaluation have demonstrated that doctors and pharmacists can work effectively together.

"Better [patient care](#) is achieved when community pharmacists and GPs operate collaboratively to improve the health outcomes for patients with common ailments," Dineen-Griffin says.

"Patients seeking care from GPs and emergency departments with minor ailments costs the Australian health system between \$511 million and \$1.67 billion per annum.

"National implementation of a collaborative consultation service can alleviate pressure on the health system and save up to \$1.3 billion a year.

"Currently 9 million to 27.5 million emergency department and GP services in Australia are for common ailment conditions.

"Our [economic analysis](#) reveals 3 to 12 percent of emergency department services and 7 to 21 percent of GP services nationally can be safely transferred to a structured community pharmacy service."

The research was conducted between July 2018 and March 2019 with 894 patients recruited for a randomized trial that compared the collaborative service with usual pharmacist care. Fifty-five [community pharmacists](#) from 30 community pharmacies and 150 GPs from 27 general practices took part.

Findings:

- Pharmacists were 2.6 times more likely to change the customer selection of a

medicine for self-treatment to a safer, more appropriate alternative.

- Patients were 1.5 times more likely to receive an appropriate referral by their pharmacist, and were five times more likely to adhere to that referral advice and seek medical practitioner care within an appropriate timeframe (20 percent of all patients were referred).
- Pharmacists identified that 2 percent of all patients presenting to pharmacy had red flag clinical features requiring immediate referral to the GP or [emergency department](#) including shortness of breath, severe or disabling pain, fever and neck stiffness.
- Pharmacists provided self-care advice in almost all consultations (98 percent), compared to 62 percent of patients receiving usual pharmacist care. For example, patients presenting with heartburn were recommended to quit smoking by their [pharmacist](#).
- Patients achieved greater improvements in quality of life as a result.

Provided by University of Technology, Sydney

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