

The role of the pharmacists in vulnerability and frailty in an integrated care environment: development of an education program.

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Background In many vulnerable and frail patients medication plays an important role. Together with other healthcare workers and social care workers, community pharmacists have a mutual responsibility for their patients. In Flanders, pharmacists are stimulated to work in multidisciplinary primary healthcare teams according to the principles of integrated care. In addition, the pharmacists are probably the most accessible healthcare providers: every day, one day or another, may need some medication, whether or not prescribed by a doctor. This suggests that the pharmacist can play an important role in the identification and follow up of vulnerable and frail patients.

Purpose The purpose of this study is to develop and implement an education program to deal with 1) selected groups of vulnerable patients (VP) and 2) frail patients (FP) in the community pharmacy. After following the program the pharmacist should be able to identify and refer VP and FP in an objective way and to provide tailored pharmaceutical care, according to the principles of integrated care and in concertation with other healthcare providers.

Method The first step will be defining which criteria characterize the patient target groups: 1) 'vulnerability': the target group is limited to 'vulnerable by low health literacy' (VPL); 2) frailty: limitation is defined as 'age related frailty' (AFP). Secondly, a step-by-step procedure to deal with these patients will be developed, including tools to objectify the gut feeling of the pharmacist regarding VPL and AFP and a protocol for follow up and referral. Finally, an education program will be pointed out. These procedure and the education program will be discussed within two focus groups of 1) non-pharmacists integrated care experts and other healthcare providers to check acceptability and added value of the procedures and 2) community pharmacists to check acceptability, added value and feasibility in daily practice and to evaluate the proposed education program.

Findings Results in progress

Conclusion Up till now, there are little data about the specific role of the pharmacist in integrated care or in the detection of vulnerability. Other healthcare professionals have no expectations towards the pharmacist in integrated care. We hope that the development of this program in collaboration with other stakeholders will be an eye opener and will empower the pharmacist to take up his role.