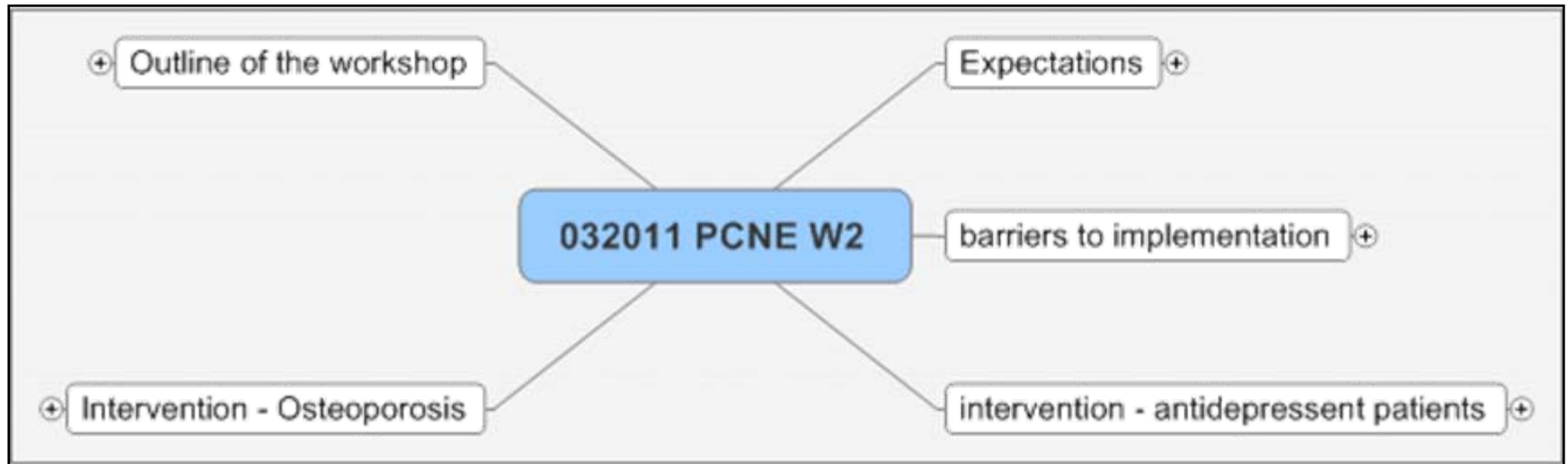


PCNE Workshop 2

How to develop and investigate individual models of Pharmaceutical Care



The workshop outline

- › *The objectives of the workshop are to*
- › share experiences in pharmaceutical care research
- › design an individualized pharmaceutical care model for a target population in community pharmacy
- › develop a care protocol to guide the delivery of the PC model
- › formulate research questions and an appropriate research design to investigate the model
- › Identify suitable outcome measures and a draft data collection form

Outline of the workshop

- Introduction to the workshop and the outline of the workshop
- How to design a individualized pharmaceutical care model ?
- Groups decided on an intervention to be developed and evaluated
- Introduction to theories
- Time to start to work on the intervention
- Exercise on motivational interviewing
- Introduction to evaluation and research designs
- Time to complete the design of the intervention and the evaluation framework

B	I	N	G	O
Speaks more than three languages	Has lived in a foreign country	Has been to Australia	Has changed their name	Plays a musical instrument
Has a birthmark	Has two or more children	Is afraid of heights	Has more than one pet	Blue is their favourite colour
Has been to a concert in the last 6 months	Has two or more sisters	Has been in the newspaper	Has been to the Arctic circle	Has been skiing in the last year
Has been to more than 1 PCNE meetings	Has met a famous person	Likes Asian food	Is not wearing a watch	Has reviewed more than 3 journal articles in the last year
Is a grandparent	Likes crosswords	Has worked in a hospital pharmacy		

Expectations of the group

- Process measurements
- How to communicate with the patients
- Benefit of mistakes
- List of issues to focus on
- Arguments in designing research
- How to introduce pharmacy services
- How to evaluate pharmacy services
- Tools to screen for drug related problems

Intervention – the smile program - antidepressant patients



Need assessment patients

- What are the roles of the pharmacist/pharmacy from a patients perspective
- Focus groups/ separate interviews
- Epi
 - patterns of prescribing
- Assumption that there are 2 different groups of patients
 - Newly diagnosed patients
 - More experienced patients

Need assessment of the pharmacies and pharmacist

- Attitudes towards depressed patients
 - positive to work with this group of patients in theory, not in practice
- Role plays
- Focus groups on the experiences of the role plays
- Look at the literature

Context + Mechanisms= Outcome

- Problem
 - patients with a diagnosis/using antidepressants 3 times more non-adherent
 - loss of productivity
 - Costs (2/3 of our indirect costs)
 - depression is the third leading causes of burden of diseases
- AIM
 - To improve adherence in pts with depression/using antidepressants.
 - To improve quality of life, to decrease days of sick leave, to increase productivity and to improve depressive symptoms/anxiety

Context + Mechanisms= Outcome

- Context
 - 50 pharmacies.
 - Training of the Pharmacies: needs assessment; knowledge, communication and counseling skills, documentation.
 - 500 pts. 10 pts/pharmacy (first time users, 18+, self reported depression)
- Mechanisms
 - 6 month intervention
 - Recruitment in pharmacy
 - Social support (bring relatives)
 - 1st visit: information toolkit, medication review, BMQ + expectations about medicines and goal setting
 - 2nd and 3rd visit in pharmacy
 - 4-6th contact by telephone, 7th visit - outcome measures

Tools in the intervention

- Diary
- Information on medicine
- Information on disease
- Tab to other programs
- Goal setting
- Medication review

Context + Mechanisms= Outcome

- Outcome implementation
 - documentation in pharmacy
 - results of Medication review - drug related problems and interventions
 - topics of counseling
 - expectations, beliefs, barriers and goals
- Outcome effect
 - Adherence - 15% MPR and Morisky 8
 - Quality of life QlesQ; EQaL
 - Costs WPAI
 - Depression and anxiety HADS

Issues in the pharmacy

- Time
 - each visit will be found out in the pilot
- Staff/resources
- Confidentiality
 - in counseling areas

Intervention - Osteoporosis

Objective

- Patients with newly diagnosed osteoporosis
 - Increase adherence to osteoporosis therapy
 - Decrease falls
 - Decrease fractures
 - Increase BMD
 - Reduce drug related problems
- Theory
 - The individual systems model

The Intervention - 1 year

- 4 meetings
- **first meeting** - first time users 30 minutes
- The story of the patients, general advice on the medicine
- **second meeting** - 2 weeks later, come back otherwise they will be called, to check for adverse events - purpose - provide the patient with further details on knowledge medicines and illness - adherence
 - check - diet and measure Calcium **Intake**
- **third meeting** - 3 months later, critical periode for the sustainability of the drug therapy. Screening for adherence.
- **fourth meeting** - end of first year. Follow up on the, motivation, behaviour, Medication review and adherence

Tools in the intervention

- education of patient
 - information on risk of fractures
 - information on risk of falls
 - written information on drugs
 - information support
 - Video support to adherence

Design

- Pilot, 30 people in 3 pharmacies
- Cluster RCT
 - 20 pharmacies, 150 in control and 150 in intervention pharmacies
 - Cross-over design. running in 3 years with 1 year of wash out in the middle
- 6 month recruitment - with 1 year intervention

Evaluation

- Adherence - MPR – estimated effect of 15%
- falls/fractures
- record for each patient