

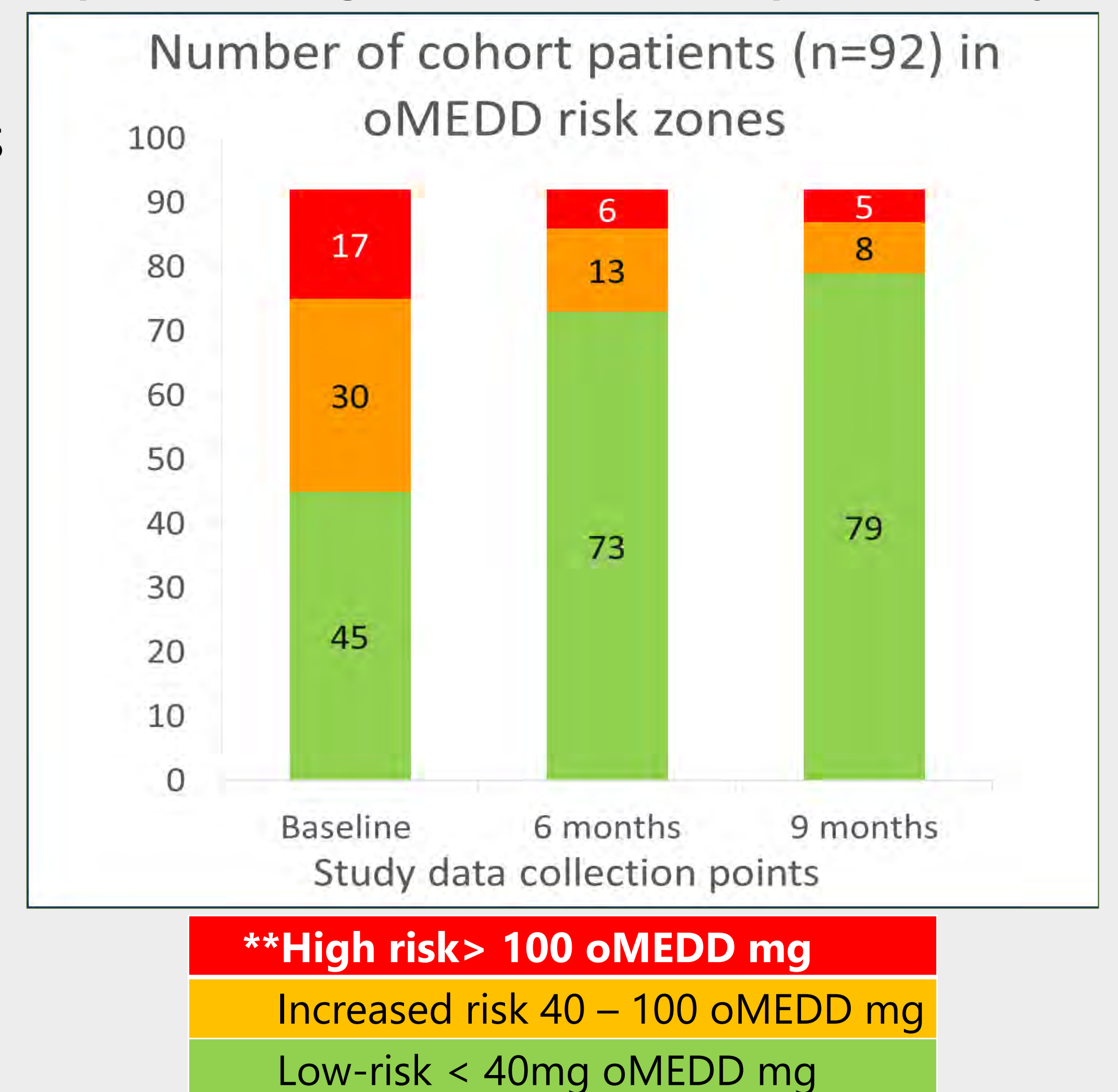
The general practice pharmacist - an evolving model-of-care in medicines optimisation

Outcomes at a glance*

- 198** multimorbid patients with polypharmacy had 243 GP pharmacist consultations
- 88%** pharmacist consultations had ≥ 1 discrepancy resolved
- 86%** acceptance of pharmacist recommendations
- 54%** pharmacist-patient consultations had medicine deprescribing initiated
- 42%** patients referred to pharmacist had long-term opioids ceased by 9 months
- 66%** overall reduction in oral morphine equivalent daily doses (oMEDD) for cohort

*from quantitative data collected. ISLHD/UOW HREC approval 2019/259

Opioid changes for cohort, Sept '19 - May '20



And how they were achieved**

** themes from interviews of participants of the GP-pharmacist study

'There were always **differences** (the pharmacist found)...in medicines being prescribed by specialists that haven't managed to get on our system, either because we've forgotten to transcribe them, or the patients have never told us, or the specialist never told us...**It's obviously a safety worry.**' (GP 03)

'(The pharmacist's review) made my job a lot easier the next time around...it gave a nice groundwork for starting to reduce the dose and usage.' (GP 06)

The pharmacist...added another **layer of clinical safety** for the practice as a whole' (GP 07).

'That time with (the pharmacist) was really worthwhile to help (the patient) and **remind her what these medications were doing** or if they're not doing anything, whether **we can get rid of them...**by reducing each of the tablets one at a time we could figure out whether they were actually doing anything...It made a lot of sense to me, and it **made sense** to (the patient) as well...We could have a bit more of an **active role** in reviewing those medications **as patient and carer.**' (Carer 02)

'That day with the pharmacist gave me a real clear picture...you just **take it because you've always taken it...**It's funny, you get put on things like Somac ... for maybe 15 years...' (Patient 09)

'The **pharmacist educated doctors** to ... be focusing around ... really addressing the indication...**always actively thinking** every time, "Is this working? Can we reduce this? Can we reduce the risk from these?"' (GP 08)

'The pharmacist's post-discharge consults with patients...clarifying exactly ...helping educate why medicines had been started or stopped...and **what can be stopped now.**' (GP 10)

'I had patients who were on opioids long-term who were reluctant to trial decreasing them, but when (the **pharmacist**) was interacting with them, they were **much more amenable** to the idea (GP 09)'

'Things that are really sensitive but also not easy to do, such as the **deprescribing medicines** that have **addictive potential...**easy to learn...but actually doing in practice is a **bit more tricky.** Having support on hand was particularly useful ...to be able to have **another person to thrash things out** with and get advice from...you can start doubting yourself if you're on your own' (GP03)

