



ABSTRACT

Documenting clinical interventions in community pharmacy: PROMISe III

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Abstract:

The PROMISe project assessed the performance, documentation and estimated value of clinical interventions in a representative sample of community pharmacies in Australia, as a prelude to a national implementation.

Intervention documentation software was developed and installed in 185 community pharmacies across three States of Australia. The intervention behaviour in 38 of these pharmacies, and 24 additional pharmacies without the software, was observed for one week. Surveys of participating and non-participating pharmacists, pharmacy owners, and consumers provided information on barriers and facilitators for the intervention process, allowing the research team to determine the factors that affected intervention frequency and the nature of the interventions. Pharmacy workload and pharmacist software training were strongly related to intervention frequency. An electronic prompt for a specific intervention significantly increased prompted interventions, as well as intervention frequency overall.

The value of the interventions was determined by using an independent expert panel. A sample of 200 interventions were examined by 23 experts (5 physicians, 10 GPs and 8 pharmacists), who assessed the probability of consequences occurring with and without the clinical intervention. The average pharmacist-led clinical intervention resulted in approximately \$360 in avoided healthcare utilisation (including medication cost changes). Based on the incremental improvements in intervention frequency, and incorporating the lost opportunity cost, it is estimated that if the PROMISe program were installed in every pharmacy around Australia, an additional \$290M in healthcare costs could be avoided, and 10,000 QALYs could be gained every year.

Based on these findings, it is recommended that the PROMISe program be implemented nationally, and that a remuneration scheme be introduced to incentivise pharmacists to perform and document clinical interventions.