

# Documenting clinical intervention in community pharmacy: PROMISE III

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## Key Findings:

- The requirements for implementation of an electronic documentation system for prescription-related clinical interventions in community pharmacy were established. The system was integrated into two major dispensing systems and trialled over 12 weeks in 185 pharmacies.
- Overall, 6,230 valid interventions were documented from screening of 2,013,923 prescriptions (at a rate of 0.31% or 3.1 interventions per 1000 prescriptions).
- The rate of documented clinical interventions was 0.36% when a targeted prompt was introduced. 263 documented interventions were triggered by the electronic decision support prompt, resulting in a higher overall intervention rate in the pharmacies with the prompt activated. Even after removing the prompted interventions, 10 of the 20 pharmacies with the highest intervention rates were in the software group with the electronic prompt.
- Documented intervention rates within individual pharmacies ranged from 0.00% to 2.34%, indicating the potential intervention recording frequency that could be achieved.
- Observers found that less than 50% of interventions were documented, so the actual intervention performance rate is estimated to be double the documented intervention rate.
- Generally, a pharmacy's documented intervention rate was significantly influenced by the workload in the pharmacy, where a higher workload was associated with a decrease in the intervention documentation rate.
- Individual pharmacists' intervention documentation rates were influenced by their level of training on the PROMISE system, their score on a clinical knowledge questionnaire and their annual CPD activity.
- These results suggest that adequate staffing levels and the provision of PROMISE training and additional clinical training could increase the intervention documentation rate of community pharmacists by two-fold.
- The rate of performance of actual interventions (compared to the intervention documentation rate) was estimated to be 4 interventions per 1000 prescriptions in current practice and 8 interventions per 1000 prescriptions in pharmacies with the PROMISE program in place.
- Each clinical intervention was, on average, estimated to reduce healthcare utilisation by \$360 (S1 \$231, S4 \$731), and increased the number of quality adjusted life years by approximately 0.01.
- If all pharmacies in Australia used the PROMISE program, approximately \$630 million of healthcare costs would be avoided and 20,000 quality adjusted life years (QALYs) would be gained, each year. Taking into account that interventions are already being performed in community pharmacies, the *incremental* benefit of the PROMISE program would still be of the order of \$290 million in healthcare costs avoided and 10,000 QALYs gained, per year.
- A choice based analysis process was used to determine the preferred remuneration options for pharmacies and the relative uptake of the PROMISE program at different levels of remuneration. The optimal remuneration option was estimated to have a 68% uptake by pharmacies and consisted of an initial payment of \$4000, quarterly payments of \$1000 and payments of \$20 per recorded intervention (capped at \$15000).
- If the PROMISE program was implemented, the preferred base case implementation model would result in a net benefit to government of \$900 million over a 5-year program (or approximately \$180 million per year). An alternative, phased implementation approach would result in a net benefit to government of \$430 million over 5 years (or approximately \$80 million per year).

## KEY FINDINGS