



# **Clinical pharmacists working in general practices Better than an iPad app**

**Hospital Name: Hawke's Bay District Health Board, Health Hawke's Bay PHO,  
Hawke's Bay General Practices**

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**HRT 1616 Allied Health Improvement Group**

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**Brisbane**



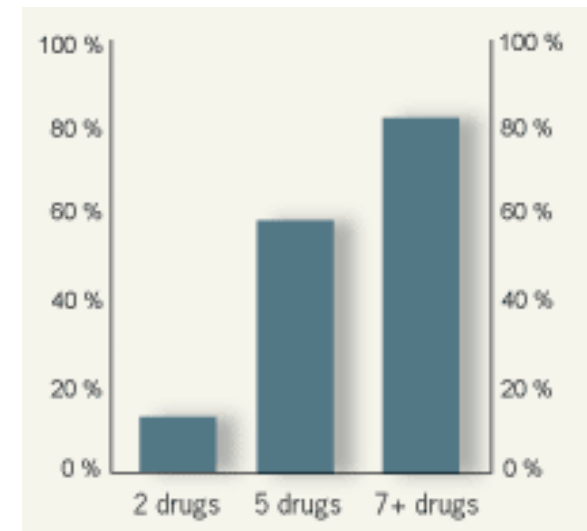
# Key Problem

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- Increasing medicines expenditure
  - High elderly population and growing
  - High deprivation
  - 5<sup>th</sup> lowest medicine item cost
  - 3<sup>rd</sup> highest number items / patient
  - Highest medicine cost / person
  - Relative cheap medicines, but too many (polypharmacy)
    - Elderly – more medicines / person
    - Particularly > 85 years
- Pharmacists an underutilised resource

# Aim of this innovation

- Interventions targeted at polypharmacy
  - $\geq 65$  years
  - Would not disadvantage Māori, Pacific or NZDep 9/10
- Reduce polypharmacy
  - $\downarrow$  patient harm / ADRs
- Best practice use of medicines



Fulton & Allen 2005

# Key Changes Implemented

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- **Clinical pharmacists is general practice**
  - Specialist Pharmacist Practitioners: 8 FTE
  - Postgraduate education & significant clinical experience
  - Working in the general practice
    - 1 per 20,000 practice population
    - 17 / 32 practices
  - Employed by the DHB
  - Medicines optimisation
  - Provides medicine and clinical information services

# Outcomes so far

## The Triple Aim

### The Individual

- More appropriate medicine regimes
- Less polypharmacy
- Fewer falls
- Fewer hospital admissions
- Fewer ED presentations
- Safer transition between services
- Greater patient satisfaction

### The Population

- Lowering of HbA1c
- Lowering of blood pressure
- Lowering of lipids
- Greater adherence to medicines
- Nurse run diabetes clinics with CP advice available



### The System

- Reduced cost of drugs (NZ\$0.5m for pilot; 4:1 return)
- Fewer events / hospitalisations
- Fewer rest home admissions
- Fewer ADRs

# Financial benefits

Category	Cost \$ p.a. or per event*	Number of events Known / estimated*	Total DHB savings Known / estimated*
1. Community pharmaceuticals			¥500,000
2. Falls	\$0 to \$47,000	64	149,400
3. Reduction in BP §		*3	*100,000
4. Delayed admission to ARRC	24,00	2	48,000
5. ED transfer avoided	450	*1	*450
		<b>Total</b>	<b>~\$ 800,000</b>

¥ Hawke's Bay CPB September 2012 to August 2013

§ Reduction in sBP by 10mmHg (1 each renal failure, myocardial infarction, stroke)

# Lessons Learnt

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- **Implement today** – everyone benefits
  - Patients
  - General practitioners and staff
  - The funders - DHB, PHO
  - The pharmacists
- 1 per 15,000 practice population
- It takes time to develop the relationships & trust
- Helped with reducing demand at the front door
  
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