

GP-pharmacist liaison: A rural case study

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Approximately 90% of Australians visit a general practitioner annually and 68.7% of these visits result in the use of one or more medications.¹ Expenditure on pharmaceuticals in Australia has been increasing at an average rate of 14% per annum for the past 10 years.² All medications can have side effects, can produce adverse reactions, and may interact with other medications, food or over-the-counter medicines. There is a high number of admissions to hospital in Australia each year due to therapeutic poisoning, non-compliance and interactions.³

Medication treatment for consumers can be improved by enhancing communications between GPs and pharmacists, other health professionals and consumers.^{4,5} State and national authorities have indicated a need to break down barriers between the various health sectors to optimise patient outcomes.⁶ We undertook a project to break down the barriers between local GPs and pharmacists in 2000, in West Vic Division of General Practice.

Methods

All 33 pharmacists and 48 (77%) of the GPs working full time within the division boundaries were surveyed to identify core business common to GPs and pharmacists, and to identify barriers to, and the potential for, better cooperation. The survey design was guided by a model established for understanding and developing intersectoral collaboration.⁶

Six areas of potential interest common to general practice and pharmacy were studied:

- medication use
- polypharmacy
- drug seeking behaviour
- specific disease counselling
- primary health care, and
- health promotion.

Respondents ranked in order of importance both the categories of interest and the defined issues within each category.

Results

Medication use was considered by both GPs (79%) and pharmacists (64%) to be

the most important area, with polypharmacy second. General practitioners (52%) and pharmacists (60%) both indicated that the supply of medication was the most important issue. Medication counselling by pharmacists was considered the second most important issue by 12% of pharmacists and 21% of GPs. They differed in their ranking of issues within polypharmacy: GPs ranked multiple prescribers (42%); while pharmacists ranked discharge hospital summary (24%), drug interaction (24%), and medication audits (21%) as the most important. Both groups were interested in problems associated with drug seeking behaviour (eg. codeine and related substances, and benzodiazepenes), specific disease counselling (eg. asthma), and primary health care (eg. triage of patients).

The most significant barrier to GP-pharmacist collaboration was time constraints, (GPs 63%, pharmacists 58%). Others were:

- lack of workforce
- lack of face-to-face contact between

Table 1. Strategies and activities established as part of the action research

Strategy	Activity
Relationship building	Combined GP-pharmacist educational events
Discussion groups	Combined GP-pharmacist structured discussion groups
Capacity building	Establishment of local pharmacy group, Establishment of weekly fax to all pharmacists
Advocacy	Appointment of pharmacist to division staff
Working party: local level	Address threat of pharmacy closure in a rural town
Working party: peak-body level	Address problems of rural after hours medication supply
Consumer education	Education on QUM, asthma and falls risk due to medications

GPs and pharmacists at work

- a need for greater clinical education of pharmacists in the rural setting (12.5% GPs, 15% pharmacists)
- lack of effective communication skills of some in each profession
- lack of understanding by GPs of the roles and responsibilities of pharmacists, and
- lack of structured meeting place and time.

Most GP-pharmacist interaction was reported to be brief phone contact, eg. to ensure the safe legal dispensing of medications. Suggestions to promote collaboration differed between GPs and pharmacists. General practitioners' preferred strategies were:

- feedback reporting system (eg. drug seekers, medication summaries and selected information sharing: GPs 31%, pharmacists 21%)
- combined continuing education (GPs 29%, pharmacists 13%), and
- combined meetings (eg. build relationships, improve understanding of medications, and generate joint approaches: GPs 27%, pharmacists 15%).

Pharmacists' preferred strategies were: an internet link between pharmacy and general practice with shared medication chart leading to improved patient care

(GPs 15%, pharmacists 30%); and acknowledgement and acceptance of each other's roles and professionalism (GPs 12.5%, pharmacists 27%).

Discussion

There are several shortcomings of this survey, which is a form of action research, that may limit our ability to generalise to the wider Australian context: the sample surveyed was small, in only one (perhaps unrepresentative) area, and the survey methods may have biased responses.

Nevertheless, we found general support from GPs and pharmacists for better collaboration. They identified a number of different levels at which this could occur, many within the division framework.

In consequence, the division established a range of strategies (Table 1). Underpinning all the strategies was the appointment of a pharmacist as the GP-pharmacist liaison officer. Participation in the activities was high and feedback at group discussions and educational events positive. Further details are available at: www.westvicdiv.asn.au

This project was successful in part because it was able to adapt to opportunities as they arose, something that might be precluded in a more rigorous research model. The challenge for the academic

community is to find a way to discuss and disseminate the lessons learned from the successful work of divisions.

Conflict of interest: none declared.

References

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Implications of this study for general practice

- Both GPs and pharmacists seem willing to work cooperatively together.
- There are several areas of common interest.
- This requires action at many levels of organisation.
- Divisions may be the ideal site for this to occur.

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