Translating evidence into practice for hypertension management

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Background

• 8% of disease burden from hypertension (HT)1
• Numerous gaps between evidence and treatment2
  - "Rule of halves", and more
• Evidence strongly supports effectiveness of pharmacist input in reducing blood pressure3
  - "Controlling Hypertension through Innovations in Primary Care" (CHIP C)


Aim

• To examine the sustainability of community pharmacist involvement in a quality improvement program aimed at increased delivery of evidence-based HT interventions during routine primary care

Study design

• Recruitment via direct approach and advertisement
  - Individual participants
• Randomisation by pharmacy to one of three groups
  - Stratified according to adjusted baseline interventions
  - Preceded by baseline audit and patient survey
• Minimum participation requested:
  - Distribution of baseline and follow up patient surveys
  - Audit of HT interventions for consenting GPs
• Primary outcome: level of engagement in self-audit
  - Contact participants –every 4-6 weeks

Support to pharmacist groups

<table>
<thead>
<tr>
<th>Pharmacist Group</th>
<th>Full support</th>
<th>Limited support</th>
<th>'Usual' care</th>
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<tbody>
<tr>
<td>Patient campaign</td>
<td>✗</td>
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<tr>
<td>Education</td>
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<td>Guidelines</td>
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<td>PDSA cycle</td>
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<td>Survey/audit</td>
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Recruitment of pharmacists

- 55 pharmacists from 30 pharmacies at baseline
  - Four extra pharmacists commenced pre-randomisation
  - Generally enthusiastic response for recruitment
- 47 approving GP's, 15 seeking ongoing information
  - Written approval not practical
  - Locum GP's only in rural area
- 5 pharmacies withdrew prior to randomisation (May 2009)
  - Pharmacy refit (1)
  - Staff changes/departures (3)
  - Unable to contact GP for approval (1)
- Delayed roll-out in places, February audit disregarded

Self-reported causes of inactivity

Discussion

- Remunerated activities (must?) take precedence
  - Plenty of goodwill/intention, but not resources
  - Multiple competitors for free pharmacist time
  - Cyclical pharmacy research funding has negative effect
- New systems required for sustainable implementation
  - Absence of necessary infrastructure and systems
  - Questions current cpd approaches
- Staff turnover to increase with chain pharmacies?
  - Loss of 'champions'