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Commentary

# Model for the evaluation of implementation programs and professional pharmacy services

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## Summary

Pharmacy practice and pharmaceutical care research of professional services has largely focused on patient outcomes and cost-effectiveness. Research studies have been, for the most part, conducted in controlled conditions prior to full scale implementation. There appears to be a dearth of process and evaluation of implementation reported. Conducting implementation research or adding implementation measures to an impact study, adds external validity to service and patient outcomes. Evaluations are required for all aspects of implementation including indicators of movement through the implementation stages (formative and summative implementation process evaluation), measures of influencing factors (barriers and facilitators) and change in factors over time (implementation impact), assessment of strategies and/or the implementation program, and overall measures to generate a level of implementation (implementation outcomes). The level of implementation of a professional pharmacy service can be estimated from the level of service delivery (reach and fidelity) and level as a service provider (integration and strength of support in the service environment). The model may be used for evaluating professional pharmacy services and for evaluating implementation programs.

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## Background

Governments and health care practitioners share common goals to improve patients' clinical outcomes, quality of life and the rationale use of medicines. In light of this, community pharmacy stakeholders have become increasingly interested

in implementable, cost-effective, evidence-based, patient-centred professional pharmacy services. As an example in Australia there is an increasing pool of funds available for professional services in community pharmacy.<sup>1</sup> Since 1990 the professional body representing pharmacy owners (Pharmacy Guild of Australia) has negotiated five year

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Conflicts of interest: none.

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Community Pharmacy Agreements with the Commonwealth Government for remuneration.<sup>2</sup> The sixth agreement has recently been signed. There is a significant change in the funding arrangements for community pharmacies, removing the mark-up on products and doubling the funding available for professional pharmacy services.<sup>1</sup> This movement to introduce and integrate services into the practice of community pharmacy is echoed around the World.<sup>3–7</sup>

### Implementation gap

The implementation of new innovations, such as professional pharmacy services, is a complex process. No single strategy appears to be sufficient to drive successful implementation.<sup>8–10</sup> High quality service provision cannot be assumed to occur. Internationally, across multiple disciplines there is a realization of translational gaps and the need to study and improve implementation. “Science to service,” “research to reality,” “evidence to practice,” “know-do,” are terms used to indicate gaps in the take-up and application of innovations.<sup>11</sup> More recently there has been discussion of an “implementation gap” and a “quality chasm” referring to services not being sustained over time and/or not being delivered as they

were originally designed and intended.<sup>12</sup> Pharmacy practice is similarly struggling with implementation. The use of implementation theory, knowledge and tools may offer some much needed guidance.

The core concepts of implementation are (1) a process to implement (2) an innovation (professional pharmacy service), which is influenced across (3) contextual domains by (4) factors, (5) strategies and (6) evaluations.<sup>13</sup> A Framework for the Implementation of Services in Pharmacy (FISpH) has been developed using the core concepts and contextualized to the community pharmacy setting.<sup>14</sup> Meta-frameworks, models or theories are necessary to operationalize each concept. To generate the foundation for the FISpH, a qualitative study investigated the process and influences of implementation in Australian community pharmacies.<sup>14</sup> Analysis of the interview data produced a six stage implementation process from development or discovery to sustainability (Fig. 1), as well as distinguishing a range of implementation steps pharmacies completed as they moved through the stages. Contextual domains or the ecological levels of implementation influences and determinants of patient behavior, include individuals (pharmacy staff, external help), organization/pharmacy(s),

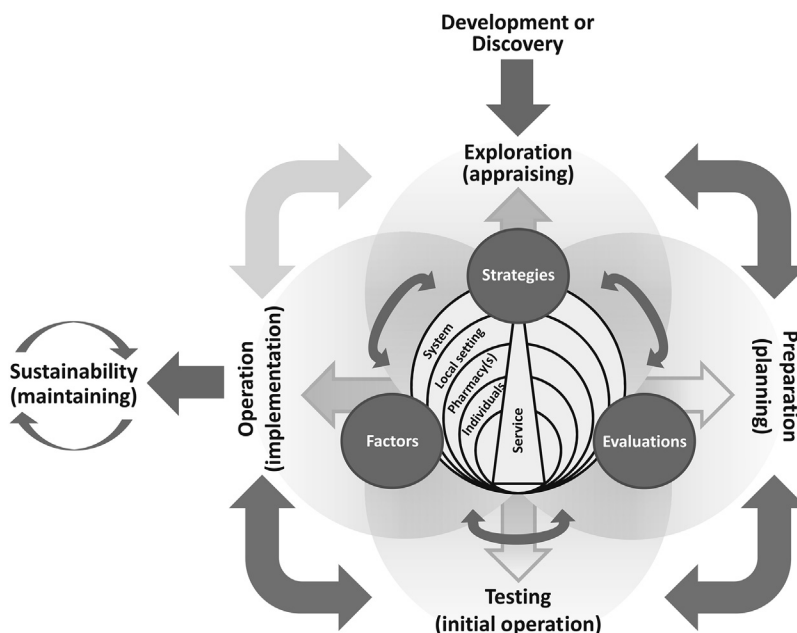


Fig. 1. Framework for the Implementation of Services in Pharmacy (FISpH).<sup>14</sup>

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