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Original Research

A randomized controlled study of practice facilitation to improve the provision of medication management services in Alberta community pharmacies



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A B S T R A C T

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Background: The provision of medication management (MM) services by community pharmacists has not been as widely implemented as expected. The Promoting Action on Research Implementation in Health Services framework proposes that in addition to evidence of benefit and a practice context conducive to change, health professionals benefit from facilitation to support their efforts. However, the impact of facilitation on patient care services in community pharmacy has not been studied.

Objective: The primary objective of this study was to explore the needs of community pharmacists in improving the provision of MM services to patients, and secondarily to use external facilitation to support pharmacies in increasing the number of MM services provided.

Methods: Ten community pharmacies in Alberta, Canada were randomized to external task-focused facilitation or usual practice. Facilitators interviewed staff of each intervention pharmacy to determine current workflow and barriers and facilitators to service provision, and collaborated to address these site-specific barriers over 6 months.

Results: Barriers identified by all intervention sites related to the impact of MM on dispensing, lengthy documentation, inefficient use of follow-up opportunities to address lower-priority concerns, and inconsistent patient identification. Strategies to address these barriers were generally well received by sites, which noted that facilitation improved staff communication and encouraged reflection on current practices; however, MM counts across both groups decreased over the intervention versus baseline. This decline was likely due to the unanticipated effect of the influenza vaccination season occurring concurrently with the intervention period.

Conclusions: External facilitation appears to be a feasible and acceptable method to support community pharmacy provision of MM services. However, as the scope of pharmacists' practice increases, serious consideration of how, and when, these services can be consistently offered must be made. Relevant stakeholders should consider strategies to mitigate the barriers identified in this study when introducing new services or evaluating existing programs to ensure their uptake within existing workflow demands.

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Introduction

It is well established that pharmacists' interventions result in meaningful improvements in patient outcomes. Systematic reviews of pharmacist care for patients with chronic conditions including diabetes, hypertension, and dyslipidemia have shown that patients are more likely to achieve clinically important targets under the care of a pharmacist than those receiving usual care not involving a pharmacist.^{1–6} Equally importantly, pharmacists have expressed an interest in, and a desire to provide these kinds of services to patients.^{7,8}

Unfortunately, these clinically important interventions have yet to spread into sustained practice change within the larger profession of pharmacy.^{9,10} Previous research on this lack of uptake by pharmacists has identified a number of barriers, including lack of time,^{11–19} recognition,^{17,20} reimbursement,^{17,21} and even pharmacists' attachment to traditional dispensing models of practice.²² Some research has even focused on systemic barriers related to workflow within community pharmacies.²³ Interestingly, evidence also suggests that the removal of some barriers, such as remuneration, is insufficient for ensuring greater service provision.²⁴

This research has provided important individual insights into this issue, but it has also made two important assumptions about the nature of community pharmacy practice. First, it has assumed that pharmacists have complete control over their practice environment. Second, it has assumed that once pharmacists know about the barriers to practice change, they also possess the skills and motivation to overcome these barriers. A result of these assumptions has been the proliferation of commentaries admonishing pharmacists for not taking on these roles.^{25,26} However, an examination of the improvement science, or knowledge translation, literature suggests that these assumptions must be more fully contextualized, and set against the ultimate objective of seeing the meaningful adoption of these practices by pharmacists.

The Promoting Action on Research Implementation in Health Services (PARIHS) framework was developed in the U.K. by a group of nursing researchers to provide guidance to the implementation of evidence-based research into practice.²⁷ According to the PARIHS framework, the successful implementation of a new service in a health care setting is dependent upon the adequate consideration of three factors: evidence, context, and facilitation.^{28,29} Evidence can be understood as a combination of research and practice knowledge, like that outlined at the beginning of this section.²⁹ Context is the environment into which the change is to be implemented and includes the cultures, the leadership structures, and the monitoring systems within the workplace.²⁹ This is where the barriers outlined above can be placed within this framework. Finally, facilitation is the process by which someone makes a task easier for another person or group of people.³⁰

A recent systematic review of facilitation studies found that primary care practices were 2.76 (95% CI, 2.18–3.43) times more likely to integrate evidence-based medicine into practice when some form of facilitation was used as part of the integration process.³¹ Moreover, the meta-regression analysis found that tailoring the facilitation to the setting, the intensity of the intervention, and the number of intervention practices per facilitator also modified evidence-based practice adoption.³¹ The importance of tailoring interventions to change practitioner behaviors has also been reinforced in the conclusions of a recent systematic review examining the implementation of cognitive pharmaceutical services.³²

The use of facilitation, as defined by the PARIHS framework, has yet to be formally studied within pharmacy. The primary objective of this study was to explore the needs of community pharmacies to improve the provision of medication management (MM) services. The secondary objective of this study was to use external

facilitation in this setting to support pharmacies in increasing the number of MM services provided.

Methods

Study design

A mixed-method, cluster-randomized controlled study was performed, with the pharmacy as the unit of randomization. The study protocol has been previously published³³; however, the pragmatic nature of this work necessitated a number of changes be made to the study design. First, intervention sites were initially encouraged to focus recruitment efforts on patients with diabetes, hypertension, and dyslipidemia, with the goal of identifying clinical outcome measurements and effect sizes for application to the design of a larger interventional trial. However, during the study, each pharmacy ultimately customized their recruitment efforts to their unique patient population and the clinical strengths of the pharmacists providing care. As such, the pre-specified secondary outcomes of identifying outcome measurements and effect sizes were not pursued. Secondly, the Alberta Context Tool (ACT) administered at baseline was not re-administered at the study end, since further examination of the role of this tool determined that it was not validated for comparative use.³⁴ This tool and its components will be described in greater detail below.

The study received research ethics approval from the University of Alberta Health Research Ethics Board. Due to the nature of the intervention, blinding of participants and investigators was not possible.

Setting

Pharmacies belonging to one pharmacy chain in Alberta, Canada, were targeted to ensure consistency in organizational structure, policies, and job descriptions. To participate in the study, pharmacies had to have an interest in medication management (MM), but have not fully integrated these activities into practice. As with all other pharmacies in the province the degree to which other pharmacies in the chain provide MM services varies. No restrictions on prescription count, location, or baseline service provision, outside of those outlined above, were applied. The study had the full support of the pharmacy chain's professional practice manager; however, no pharmacy-specific information was shared with the pharmacy's professional management team, and all facilitation efforts occurred without consultation of the chain's management team.

In an effort to manage travel costs for the facilitation team, pharmacies in two major metropolitan areas in Alberta, Canada were targeted for recruitment in the study. All potential pharmacies received a one-page summary of the study, as well as a package of informed consent forms and information letters for all pharmacy team members. All pharmacies had the opportunity to ask questions of the research team prior to consenting to participate in the study. Consenting pharmacies were then randomized in a 1:1 ratio to either facilitated intervention or usual practice.

Intervention

According to the PARIHS framework, the application of a facilitation strategy to a knowledge implementation problem requires the consideration of three questions: is the intervention task-focused or holistic in nature? What is the role of the facilitator within the intervention? And, what are the skills of the facilitator?

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