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A multilevel stakeholder approach for identifying the determinants of implementation of government-funded community pharmacy services at the primary care level

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ABSTRACT

Background: A key early step to enhance the integration of community pharmacy services (CPSs) into primary care practice is identifying key determinants of practice (i.e., critical circumstances that influence the implementation of such services). Involving relevant stakeholders in identifying key determinants enables findings to be more relevant to the context in which CPSs will be implemented.

Objective: To identify key determinants of practice that can influence the implementation of government-funded CPSs in a primary health network in Australia.

Methods: A stakeholder collaborative approach was used, encompassing two phases. In the first phase, semi-structured interviews were conducted with ground-level stakeholders in Western Sydney between August 2016 to October 2016. Framework analysis was used to code and analyse the data from the interviews into determinants of pharmacy practice. In the second phase, a workshop was conducted with a mixed-group of ground-level and system-level stakeholders from the primary health network to identify key determinants. A four-quadrant prioritization matrix was employed in the workshop to classify determinants based on their importance and feasibility.

Results: Sixty-five determinants of practice that can influence CPS implementation were identified in Phase 1. These determinants were allocated at different levels of the healthcare system, and can exist as a barrier or facilitator or both. Twenty-two key determinants were selected in Phase 2, of which three were agreed to be addressed initially: (1) Patient understanding of the aims of the service; (2) Commitment of the organization and its leaders to provide services; (3) Coordination of the healthcare system to prompt collaboration between pharmacists and GPs.

Conclusions: This collaborative stakeholder approach identified a set of key determinants of pharmacy practice in this Australian primary care setting. To enhance the implementation of CPSs in this region, initial efforts should be aimed at developing implementation strategies based on these key determinants of practice.

1. Introduction

The implementation and integration of new health services into established healthcare practices and systems is a complex and challenging process.^{1–4} Several services that have been shown to be effective in a research setting fail to translate their positive outcomes into actual practice. Many are not implemented at all.^{1–3} To enhance the

uptake, integration and sustainability of health services in specific contexts, it is vital to identify and understand the circumstances that can affect their implementation. These circumstances exist in the social, physical and policy environments surrounding the service. Flottorp and colleagues termed such circumstances ‘determinants of practice’, defined as: “factors that might prevent or enable improvements in that practice ... also referred to as barriers and enablers, barriers and

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facilitators, problems and needs, or disincentives and incentives".^{5,6} A large number of determinants are likely to exist in any given context and exist at all levels of healthcare: service users, healthcare providers and the healthcare system as a whole. The impact that a given determinant has on implementation can also vary across different contexts and healthcare professionals within a particular context.⁵

Identifying determinants of practice is considered a strategic early step to inform the development of suitable implementation programs to improve service delivery and integration.^{5,7,8} In order to comprehensively assess determinants, systematic processes are required to identify and then define the critical circumstances that can be practically addressed. Moreover, processes to identify determinants should involve relevant stakeholders from across different levels of the healthcare system.^{6,9-11} These include those who have the power to control or influence services, as well as stakeholders with an interest or concern in the service.¹² Multi-level stakeholder involvement brings different views, experiences, background, knowledge, skills and expertise to the table. This enables findings to be more relevant to the needs and wants of the stakeholders and the community in which health services are to be implemented, as well as identifying suitable solutions.¹²

The use of participatory approaches that involve multiple stakeholders to identify determinants of practice, and develop tailored interventions to address these determinants, have been widely used in health research.¹³ For example, Meurer and colleagues used a healthcare professional stakeholder approach to identify determinants that influence treatment in stroke patients. This approach identified new determinants that were not captured in previous research conducted at the patient and hospital levels.¹⁴ Also, Peiris-John and colleagues utilised a stakeholder approach with researchers and health workers to identify factors that influence health service engagement by young New Zealanders of Asian background. The stakeholders identified issues that were not mentioned by the Asian youth, but which are important to acknowledge and address. These studies confirm the need to integrate different stakeholders in co-design approaches to develop more responsive services that meets the needs of the community.¹⁵ Existing health program planning frameworks also outline the need to test components of a program on a small scale before full implementation and dissemination. This enables further refining and optimising of the program before the next implementation phase and thus increases the chances of successful implementation.^{6,12}

In Australia, Primary Health Networks (PHNs) are independent organizations that aim to improve the effectiveness and efficiency of health services for patients by supporting and coordinating primary health care at a community level.¹⁶ Community pharmacy services (CPSs) are health facilities at the primary care level. CPSs can make a valuable contribution in improving patients' healthcare, particularly in the management of chronic disease^{8,17} which is a strategic health priority area for the Australian government.^{18,19} Since 1990 the Community pharmacy agreements, i.e., negotiations between the Pharmacy Guild of Australia (the national peak body representing community pharmacy in Australia) and the Federal Government, have included remuneration not only for the supply of medicines and but also for the provision of quality, evidence-based, patient-centred CPSs.²⁰ At the same time, Australian community pharmacies have expressed a strong desire to provide CPSs, yet challenges remain in the implementation, uptake and sustainability of CPSs in practice.^{18,19,21} It has been suggested that insufficient knowledge regarding implementation, and lack of holistic implementation programs may be an influencing factor.²² A recent systematic review highlighted the importance of including the views of relevant ground-level stakeholders, such as patients, general practitioners (GPs) and nurses²³ to complement and extend the pharmacist-centred literature on CPS implementation factors.²⁴ All of these key stakeholders can strongly influence the implementation of CPSs at the primary care level. Therefore, they must be included alongside other stakeholders to navigate the complex healthcare system in which CPSs are to operate and thus facilitate their implementation.¹²

The aim of this study is to utilize a multi-level stakeholder approach to identify key determinants of practice that influence the implementation of CPSs in one primary health care network in Australia. This is the first step toward developing a tailored implementation strategy aimed at enhancing the implementation of CPSs in this region.

2. Methods

This study was conducted between August and September 2016 in a specific region Parramatta of one of the 31 PHNs in Australia, Western Sydney or WentWest. WentWest encompasses 906,605 individuals, a total of 200 community pharmacies, 300 general practices and a population with high rates of chronic diseases.²⁵

2.1. Study design

A two-phase design employing qualitative methods was undertaken to identify determinants of practice that can influence the implementation of CPSs. In the first phase, the views of ground-level stakeholders (i.e., patients, pharmacists, general practitioners (GPs) and a dual role pharmacist/practice manager) were obtained to identify the range of determinants that can affect the implementation of current CPSs.²⁰ In the second phase, a combined workshop between ground-level stakeholders and PHN stakeholders (i.e., decision makers, healthcare system managers, etc.) was conducted to identify the key determinants that can be primarily targeted to enhance implementation of CPSs.

Approval for this study was obtained by the Human Research Ethics Committee at the University of Technology Sydney. All participants provided written consent to the research process and to the interviews being audio-taped. Participants in both phases were reimbursed financially for their time.

2.2. Data collection

(1) *Phase 1: Exploring the views of ground level stakeholders to identify the determinants of pharmacy practice.* Semi-structured interviews were conducted with patients, community pharmacists, GPs and a dual role practice manager/community pharmacist. These participants included those who had previous experience with CPSs as well as those who had not. Interviews were chosen as they are a suitable method for identifying a large number of determinants.²⁶ An interview guide (Appendix 1) was developed to: (1) explore stakeholders' experiences and views of CPSs; (2) prompt determinants of pharmacy practice at different levels (individual patient, individual healthcare provider, relationships or interactions between individuals, community pharmacy setting, community pharmacy service and community & health system level); and (3) identify potential health needs and gaps in healthcare in which CPSs could play a role. Home Medicines Review (HMR), MedsCheck, Diabetes MedsCheck, Dose Administration Aid (DAA), Clinical Intervention and Staged Supply were the predominant CPSs that were explored, as they are currently funded by the federal government of Australia under the Community Pharmacy Agreements.²⁰ (A brief outline of these services is provided in Appendix 2). The interview topic guide was designed following a framework derived from a previous systematic review of patients', nurses and GPs' views and experiences of CPSs in Australia²³ as well as pharmacist-centred qualitative research in the area.²⁴ This ensured maximum local relevance compared to data collection frameworks developed overseas. Local concepts and language of the topic guide was also informed by the first stage of the project that was conducted with pharmacists, consumers and GPs from the same local area.

Community pharmacists in the Parramatta district of WentWest were contacted by email through a national professional organization.

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