



General Practice and Pharmacy

Working Together at State Level

Adelaide ADGP Forum 2004



Overview



HMR – An Opportunity for QUM
Collaboration

Building Trust & Constructive Pragmatism

Setting up the network of MMR facilitators

Successes shared – The Future ?

Conclusion



An Opportunity for QUM Collaboration



- The medication management problem
- Initial skepticism & concern re HMR





Building Trust + Pragmatism



- Forum for divisions' CEOs to interact with national Guild program manager
- GPDV collated divisions' concerns and fed to ADGP for action re policy
- State Guild program manager on board





Building Trust + Pragmatism



- Reality of affecting change in general practice & pharmacy
- Agreed roles





Developing state links

- DHS HARP program
- RDNS Victoria
- DVA Victoria
- Chronic Illness Alliance
- Asthma Foundation Victoria
- Vision Australia Victoria



How has GPDV made my work easier?



- The daunting prospect of convincing 30 Victorian Divisions of GP to employ a pharmacist part time.
- GPDV staff from CEO down have provided friendly, enthusiastic and helpful support.



How has GPDV made my work easier?



- GPDV able to provide background information on each GP division to smooth the way.
- Strategies for engaging and communicating with CEOs
- Providing regular updates on HMR progress through newsletters/updates



Some successes to share



- All 30 Victorian divisions of GP have a MMR facilitator.
- 27 pharmacists, 1 GP and 2 nurses.
- Wide knowledge and acceptance of the HMR program by GPs and divisions
- Pharmacists have become valued members of division staff.



Some successes to share



- 11,000 + HMR claims in Victoria
- 55,000 nationally
- HMR referral templates in Medical Director and other programs installed
- Integration of HMR into other MBS items eg EPC care plan, Asthma 3+
- Many divisions now hold joint education sessions for GPs and pharmacists



What lies ahead ?

- Continuing co-operation between the two professional state organisations for QUM and patient outcomes. Eg Aged care, RMMR
- Time poor professionals are going to have to delegate and co-operate to survive.
- Medico-legal issues
- Could divisions of GP be expanded to support nurses and pharmacists ?



Conclusion

- Building mutual trust between the two professions, GP and Pharmacy a great outcome.
- Success of the HMR program only the beginning of the potential for QUM and patient outcomes



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