

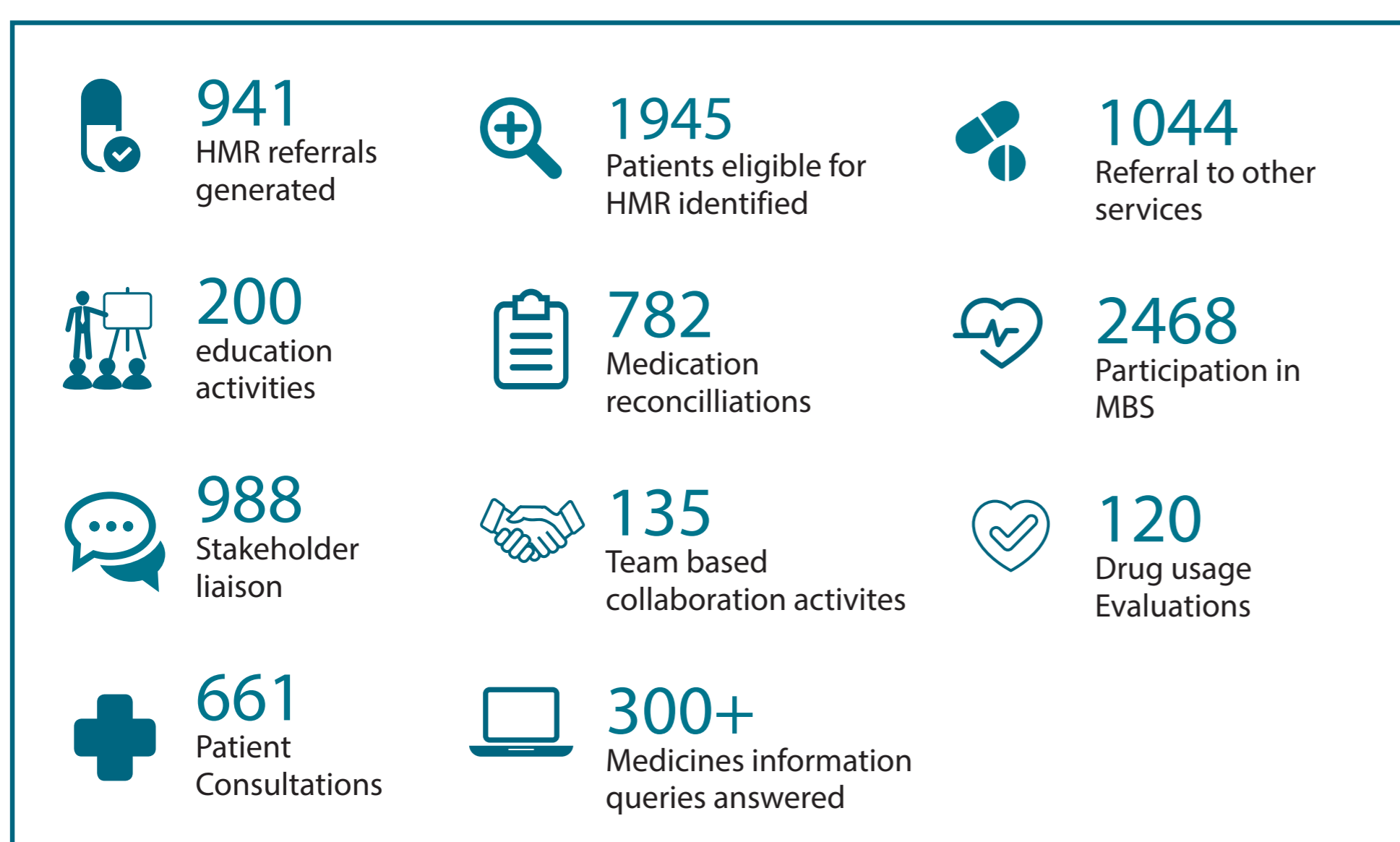
# Pharmacists in General Practice: A Sustainable Approach

## BACKGROUND:

The Pharmaceutical Society of Australia and the Western Australian Primary Health Alliance has developed a program to integrate non-dispensing pharmacists into general practice, which commenced in 2017. This program aimed to deliver:

- improved chronic disease management and health outcomes,
- better patient experience,
- enhanced workforce capacity,
- improved care quality and safety, and
- enhanced use of clinical information systems.

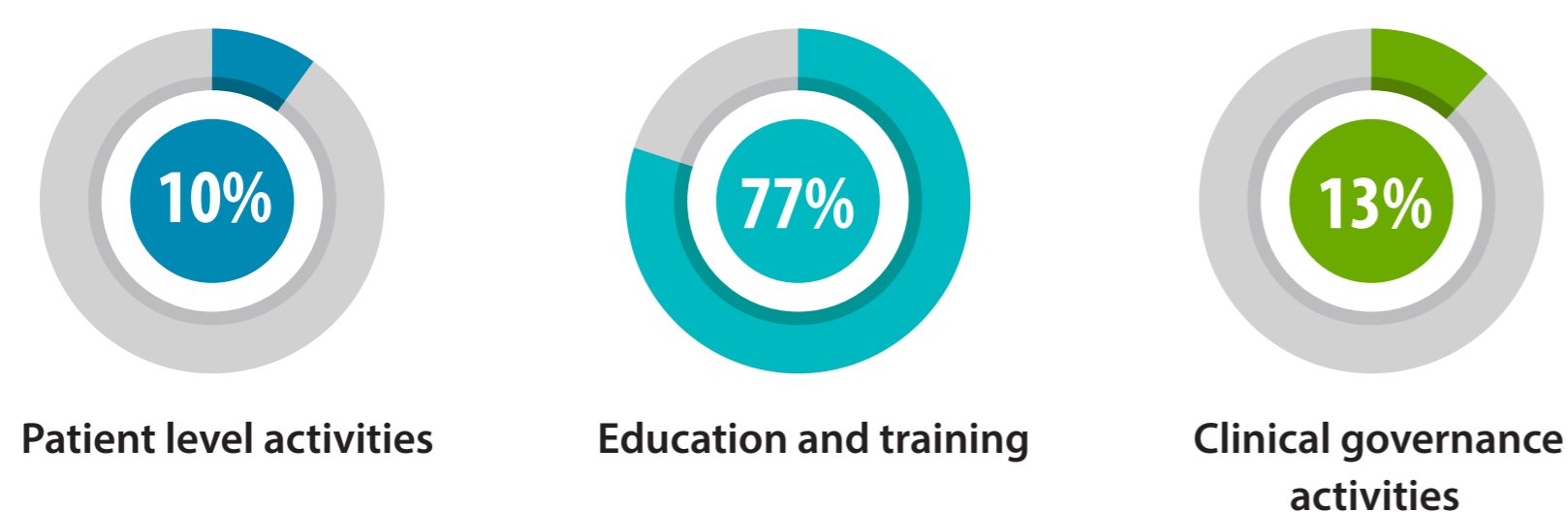
## OUTCOMES:



A total of  
**10,311**  
activities

were held in the nine practices in the period 2nd October 2017 to 30 June 2019

Activities were categorised into three broad areas:



## APPROACH:

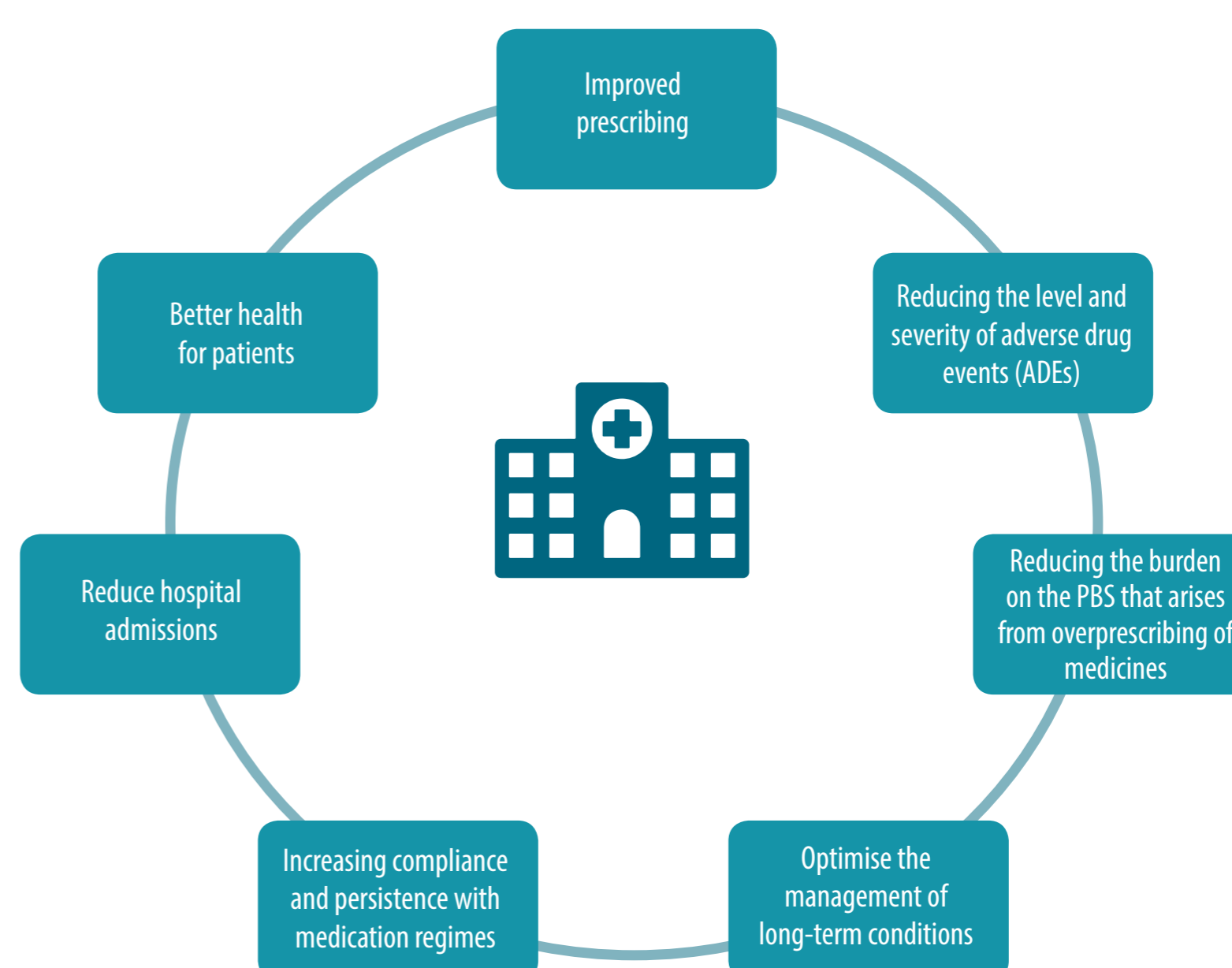
A part-time pharmacist is available to patients, General Practitioners (GPs) and the wider team. They can provide services including patient consultations, new medication counselling, medication reconciliation, drug information queries, and medication management reviews. These services were prioritised following surveys of key stakeholders (including GPs and patients).

Outcomes/Impact: Evaluation of the program has included the following outcomes:

- increased patient engagement and compliance,
- enhanced management of patient mental health,
- reduced drug interactions and overprescribing, and an optimised, holistic approach to patient care

Pharmacist in General Practice Program addresses these priority areas from the National response to HIV 2018 -2022.

- increase knowledge of, and access to, treatment as prevention for individuals with HIV
- Increase knowledge of treatment as prevention for individuals at risk of HIV
- Improve early uptake and sustained treatment to improve quality of life for people with HIV and prevent transmission
- Ensure health care and support services are accessible, coordinated and skilled to meet the range of needs of people with HIV, particularly as they age
- Ensure people with HIV are engaged in the development, delivery and evaluation of the services they use
- Facilitate a highly skilled, multidisciplinary workforce that is respectful of and responsive to the needs of people with HIV and other priority populations
- Strengthen and enhance partnerships and connections to priority populations, including the meaningful engagement and participation of people with HIV



## CASE STUDY

Mrs FS, a HIV positive patient in her first trimester of pregnancy, was diagnosed with *Helicobacter pylori* (*H. pylori*) infection by her GP (patient was iron anaemic and the GP was investigating the cause, which in this case was pylori-induced gastritis). The GP intended to treat the infection with a standard course of esomeprazole, clarithromycin and amoxicillin and wrote her a prescription for Nexium HP-7. Upon reviewing her case I became concerned about potential drug interactions, as her HIV viral load was being successfully suppressed with Eviplera (rilpivirine, tenofovir and emtricitabine). This has potentially serious interactions between rilpivirine and esomeprazole, and between clarithromycin and both tenofovir and rilpivirine. These interactions could lead to drug toxicity or decrease the efficacy of the HIV medication and therefore compromise the patient's HIV suppression. Studies have shown drastic increases in plasma viremia and HIV DNA-carrying CD4+ cells in the first 14 days after ART treatment interruption, which means even a short treatment course of Nexium HP-7 could put both the patient and baby at risk. Additionally there was a concern for the safety of the esomeprazole in pregnancy. After researching other possible treatment options (and realising acid suppression is required for effective *H. pylori* eradication), I raised my concerns with the GP and discussed the unavoidable drug interactions. It was decided that the risks of treating the *H. pylori* infection outweighed the risks of leaving it untreated, and because the patient was not currently suffering any ulcers or significant symptoms of the *H. pylori* infection, the decision was made to delay treating the *H. pylori* until after the pregnancy.



Disclosure: The Pharmacists in General Practice Program has been made possible through funding provided by the Australian Government under the PHN Program. The WA Primary Health Alliance.