

Investigating the Role of Pharmacists in Cardiac Rehabilitation: A Qualitative Study

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Introduction

- Cardiovascular Disease (CVD) is an extensive condition affecting many communities across the world, and accounting for 31% of worldwide deaths.¹ In the UK, those living in poorer communities are 4 times more likely to die due to a cardiac event.
- Cardiac rehabilitation is a multidisciplinary intervention which offers patients with health education, physical activity, management of stress and advice on how to reduce the risk of experiencing subsequent cardiovascular events²
- One study claims that pharmacists have a role in enhancing patient outcomes within cardiac rehabilitation through education, counselling, drug safety, medication reviews and optimisation, monitoring of medication adherence, prevention/control of CVD risk factors and post discharge follow-up. It is also thought pharmacists work well to support the multidisciplinary team particularly through conducting medication reviews and adjustment of drug therapy.³
- However, there is very limited data reported on the effect of pharmacist interventions in cardiac rehabilitation.⁴
- It has been reported that the importance of pharmacists has not been displayed³, as well as a lack of information on the long-term effect of pharmacist interventions.⁵ There is also very little on the involvement of community pharmacists in patient care and outcomes.³
- Having a better understanding of the services that pharmacists can contribute to cardiac rehabilitation would be vital for improving patient care, and preventing recurrence of extensive cardiac problems.

Aims

- To interview pharmacists and healthcare professionals working in cardiology/cardiac rehabilitation to investigate the role of pharmacists on patient care and outcomes
- To ascertain the potential avenues for the role progression of pharmacists in cardiac rehabilitation services

Materials & Methods

Procedure:

- A sample of 10 participants was used
- Semi-structured qualitative interviews (30-40 minutes) were conducted via Zoom
- Interviewed a mixture of pharmacists and healthcare professionals
- An interview discussion guide was created
- Consisted of 8 prompt areas
- Ethical approval was gained from the Safety and Ethics Sub-Committee at the University of Birmingham
- A pilot interview was conducted before interviews took place



Thematic Analysis

- Interviews were transcribed and video recorded via Zoom software
- Transcripts were reviewed and analysed in line with Braun and Clarke (2008)
- Codes were generated from the transcripts and ideas with similar concepts were grouped together to form subsequent themes

Results and Discussion

Participant ID	Gender	Highest Level of Education Received	Years of Practice	Sector
1	F	MPharm, PG Certificate in Education and PG Clinical Diploma	15	Hospital/ Academia
2	F	Professional Doctorate in Pharmacy (DPharm)	18	Hospital/ Independent
3	M	MSc in Advanced Clinical Practice	13	Hospital
4	F	PhD and IP	11	Primary care
5	F	A Level Certificate	30	Hospital
6	F	MPharm, MSc and IP	15	Primary care/ Academia
7	F	MPharm	4	Hospital
8	F	MPharm, MSc and IP	20	Hospital
9	F	Undergraduate, Postgraduate Diploma and IP	1	Hospital
10	F	MPharm	10	Primary Care

Table 1: Participant Demographics

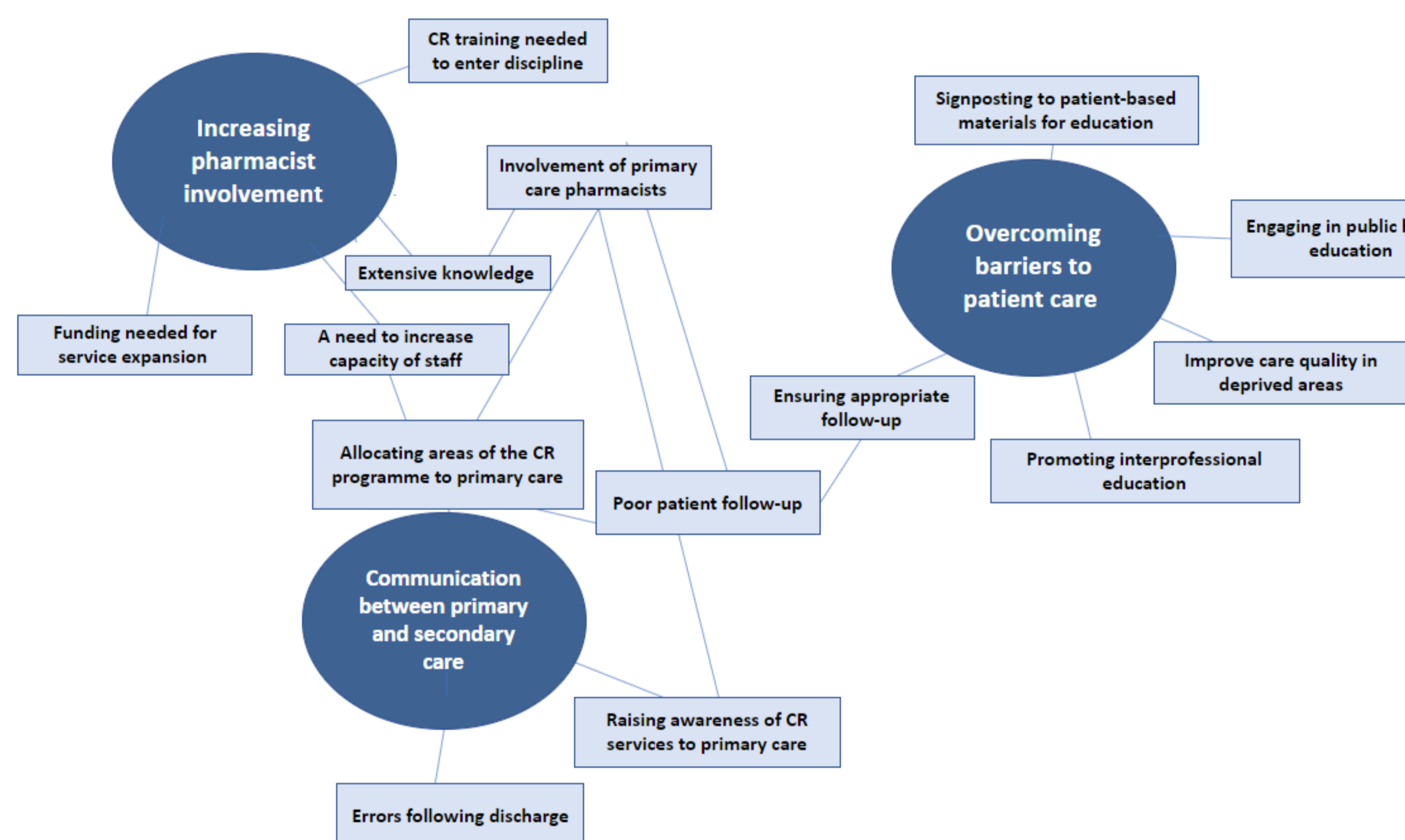


Figure 1: Thematic Map

Themes

Quotations

Increasing pharmacist involvement in cardiac rehabilitation

"The knowledge is there, and it's quite extensive. The problem is them [pharmacists] being more introduced to the system and how the system is running"- Participant 4

"I think they could work across all of the cardiac rehab parts. So even if it's like phase two, there's a chat at home... They could identify patients on the ward and say that it's [they're] ideal for cardiac rehabilitation invitation..." – Participant 3

Overcoming barriers to patient care

"I guess, to try and encourage the population in that area or the public to engage with public health. And you know better lifestyle living that you know, smoking cessation reduced alcohol intake, you're exercising, losing weight" – Participant 1

Improving communication between primary and secondary care

"What we need to do is raise awareness about cardiac rehabilitation to colleagues in primary care... It's about making it known that practitioners can refer back into the cardiac rehab service if they feel it's appropriate, or would it would be a benefit to the patient." – Participant 2

Table 2: Generated themes and quotes

- One of the main themes arising from this piece of research is the need for more pharmacists to be actively involved in cardiac rehabilitation programmes. There is scope for an increase in professionals working in cardiac rehabilitation in order to enhance the service, and pharmacists are well equipped to undergo training to provide services beyond their traditional role to improve patient outcomes
- Barriers to accessing healthcare remains a large problem for the treatment and prevention of cardiovascular disease. Pharmacists can have an influential role in attempting to overcome these barriers through active participation within the wider community to provide education and resources, and within their sphere of work through promoting interprofessional education.
- Results also show that there is disparity in communication between primary and secondary care, which leads to problems in patient follow up after discharge, and errors in information being transferred across the sectors.

Conclusion

- The results from this research have been collated to add to existing literature on the role of pharmacists in cardiac rehabilitation.
- Pharmacists are skilled healthcare professionals that can bring patient satisfaction through medicine related interventions, but also through advances made in the wider community
- However, the role of the pharmacist still needs to be extensively studied to be able to draw concrete conclusions about their role specifically in cardiac rehabilitation.

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