NSW PHARMACY HEALTH CHECK PROGRAM



Aim

The NSW Pharmacy Health Check Program evaluation is aimed to increase cardiovascular disease and type-2 diabetes risk detection and awareness in the pharmacy setting.

Background

Under the NSW Community Pharmacies Plan, NSW Health funded the Pharmacy Guild of Australia – NSW Branch (PGA) and the National Stroke Foundation (NSF) to co-deliver the NSW Pharmacy Health Check Program from 1 May 2012 to 30 June 2015.

Based on the NSF's Know Your Numbers program, pharmacists and trained pharmacy assistants provided an opportunistic blood pressure (BP) measurement and a validated diabetes risk questionnaire (AUSDRISK) to customers within community pharmacies.

Pharmacy customers found to be at risk for Cardiovascular Disease (CVD) or Type 2 Diabetes (T2D) were referred to a health professional, such as their General Practitioner (GP), referred to a healthy lifestyle program, or given lifestyle risk factor modification advice (weight loss, reducing salt intake, increasing exercise), in accordance with their identified level of risk.

The PGA managed pharmacy enrolment, support and training, and administered GuildCare, the software that was used to collect program data.

The NSF supported program implementation with an information brochure, a BP wallet card, a coordination manual, a GP referral letter, and a media campaign to raise awareness of the program.

The Program paid incentives to participating pharmacies on completion of a target number of checks. Throughout the life of the Program, a Contract Management Group, and an Evaluation Steering Group monitored activity, and guided ongoing program review and modification.

Evaluation

Researchers used a combination of quantitative and qualitative methods to evaluate the program.

Pharmacists completed a **pharmacy registration log** with registered program clients. The log recorded basic client demographic data, medical history, BP reading and AUSDRISK score, and actions taken by the pharmacist. Pharmacists were paid incentives based on the number of clients logged. Clients completed a **participant questionnaire** directly after their health check to provide more detailed client data; registration log information, as well as services referred to, risk factor knowledge, and intended actions following the health check. Despite efforts to improve uptake, participant questionnaire completion rates were low, at 0.26%. Consenting participants also received a **three-month follow-up questionnaire** 12 weeks after their Pharmacy Health Check. However, the study was not able to measure impact on consumers due to similarly low (0.10%) response rates.

The study conducted **key stakeholder interviews**, including with participating pharmacy staff and organisational representatives, to gain an insight into program implementation. Feedback from GPs for these interviews was insufficient.

An **online survey** of people aged 40 and over was conducted in NSW and Queensland in December 2013 to evaluate impact of the NSF media campaign.

Results in detail

The Program exceeded its target number of patient checks for the three-year period (385,000) by 9% (n=33,872). Eighty three per cent of people who received a health check were in the target age group (45+).

The target number of pharmacies participating in the program (n=750) was achieved. The program was successful in targeting consumers living in areas likely to have higher rates of high BP and diabetes.

Overall, pharmacists reported that they felt positive about the program, and would recommend it to other pharmacies. Many advised that they would probably continue to provide health checks in some capacity once the incentives ceased.

The program had some success in identifying consumers at high risk of developing CVD or T2D. Analysis of registration log data (excluding repeat customers) found that:

- Overall, 26% of people were identified as at high risk of developing CVD or T2D (71,651 from a total of 270,519)
- 12% were identified with BP≥160/100 (31,221 from a total of 268,922 who were tested)
- 46% were identified with an AUSDRISK score of 12+ (46,990 from a total of 101,350 who were assessed).

Most consumers identified as at high risk of CVD or T2D were referred to their GP for follow-up and further advice.

Pharmacy staff provided consumers identified as at risk of developing CVD and T2D with advice on modification of their lifestyle risk factors, or referral to lifestyle modification

programs. Some pharmacy staff indicated that they would have liked more information or training on the management of lifestyle risk factors and on the lifestyle modification programs available. Pharmacists reported sourcing information from a variety of online resources to support the information provided in the check station manual.

Pharmacists felt that time constraints limited their capacity to carry out the intervention and record data. Generally, consumers found the AUSDRISK assessment less acceptable than the BP check due to the time required, and the lack of privacy in some community pharmacy settings.

Some consumers may have participated in the program for ongoing BP monitoring, rather than for a once-off health check. Of all BP checks conducted, 38% were repeat checks (within the last 6 months).

While the majority of program participants were within the target age group, it is not known whether the media campaign was successful in encouraging these people to participate in the program due to limitations with the evaluation of the campaign.

Due to the small number of responses to the questionnaire, the evaluation was unable to conclude whether the intervention had an impact on consumers.

Conclusions

Stand-alone health check programs are not supported. Health checks in community settings should only be conducted as one component of a comprehensive initiative that provides robust pathways for people to receive the follow-up care and information that they need. (For example, the Get Healthy at Work program.)

Community pharmacists are important primary care partners in the delivery of care close to where people live. The program successfully reached consumers living in disadvantaged and rural and remote areas. The findings from this study can help to guide future primary health initiatives as follows:

- Consult with community pharmacy to ensure that initiatives are compatible with the strengths and skill base of pharmacists and feasible within pharmacy work processes, staffing and resources.
- Support community pharmacists to provide consumers with a clear and consistent message. For example: through ongoing training opportunities, comprehensive information resources, covering letters and internal newsletter articles.
- Ensure that the evaluation process and data collection protocol are developed in parallel with the project plan and communication strategy.

Results at a glance

The program reached consumers living in areas likely to have higher rates of high BP and diabetes:



Overall, 26% of consumers were identified as at high risk of developing either CVD or T2D (when repeat checks were excluded). Of these participants:



Further information

- NSW Health: <u>http://www.health.nsw.gov.au/</u>
- Pharmacy Guild (NSW Branch): https://www.guild.org.au/guild-branches/nsw/new-south-wales-branch
- National Stroke Foundation: <u>https://strokefoundation.com.au/</u>
- Australian type 2 diabetes risk assessment tool (AUSDRISK): <u>http://www.health.gov.au/preventionoftype2diabetes</u>
- Get Healthy Information and Coaching Service: http://www.gethealthynsw.com.au/
- Get Healthy at Work: http://www.gethealthyatwork.com.au/
- Healthdirect Australia: http://www.healthdirect.gov.au/