

Research Poster Awards 2023



Clinical Pharmacist Roles in Outpatient Clinics in Australian Public Hospitals

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INTRODUCTION

Evidence to date demonstrates positive outcomes for patients when clinical pharmacists (CP) are part of the multidisciplinary team in outpatient clinics (OPC). [1,2,3]

OPC are defined as hospital clinics attended by a patient not currently admitted as an inpatient. OPC services can be funded under the Tier 2 non-admitted services classification of Australia's Independent Health and Aged Care Pricing Authority (IHACP). [4]

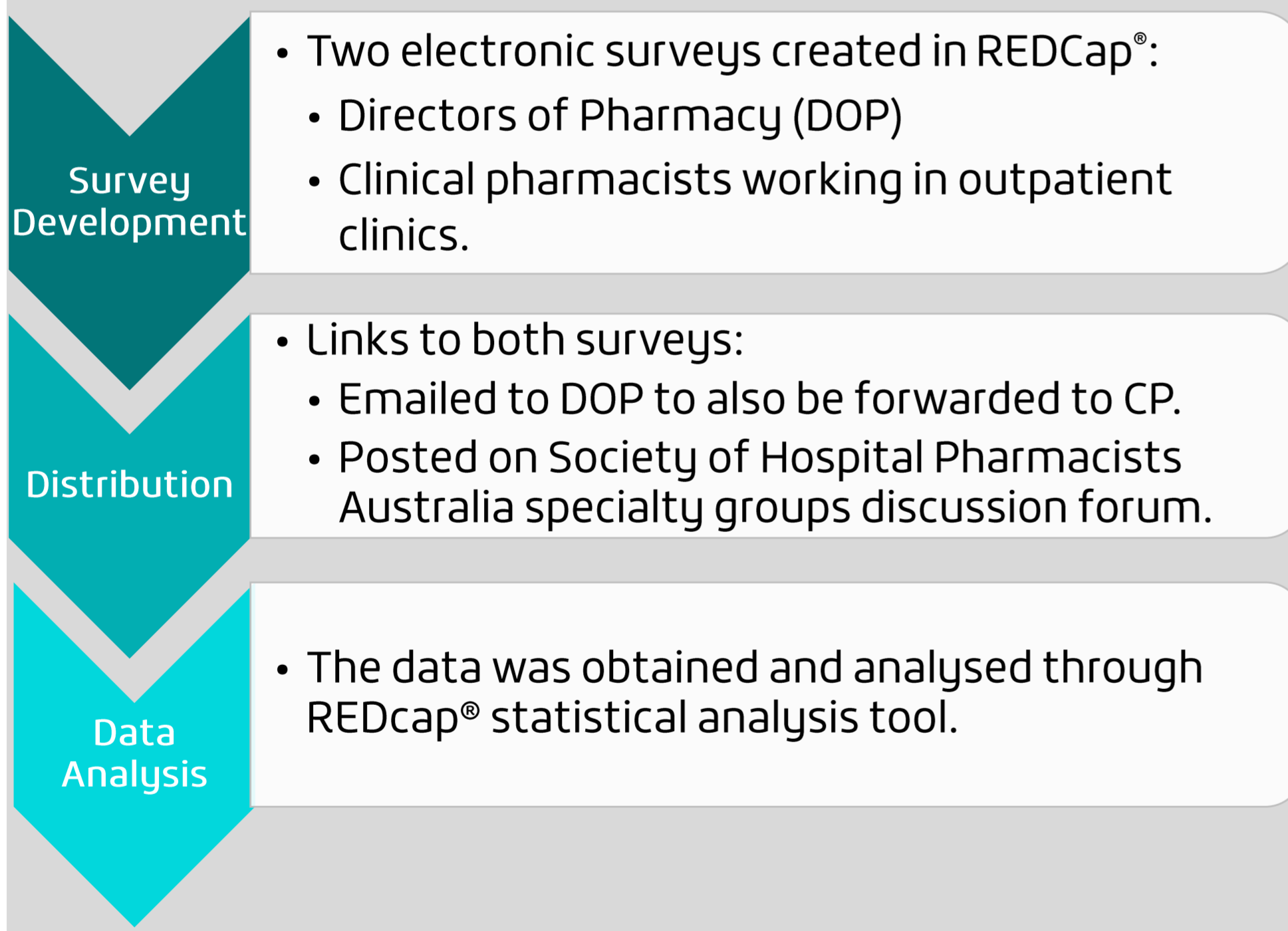
There is currently little research in Australia around the extent and types of involvement of CP in OPC, or how much Tier 2 funding is being utilised. There is also little known about pharmacist perspectives who work in these clinics.

OBJECTIVES

To determine the extent of involvement of clinical pharmacists in outpatient clinics in Australian public hospitals, the funding models utilised for these services, and the perceived barriers and facilitators for clinical pharmacists to be involved.

METHOD

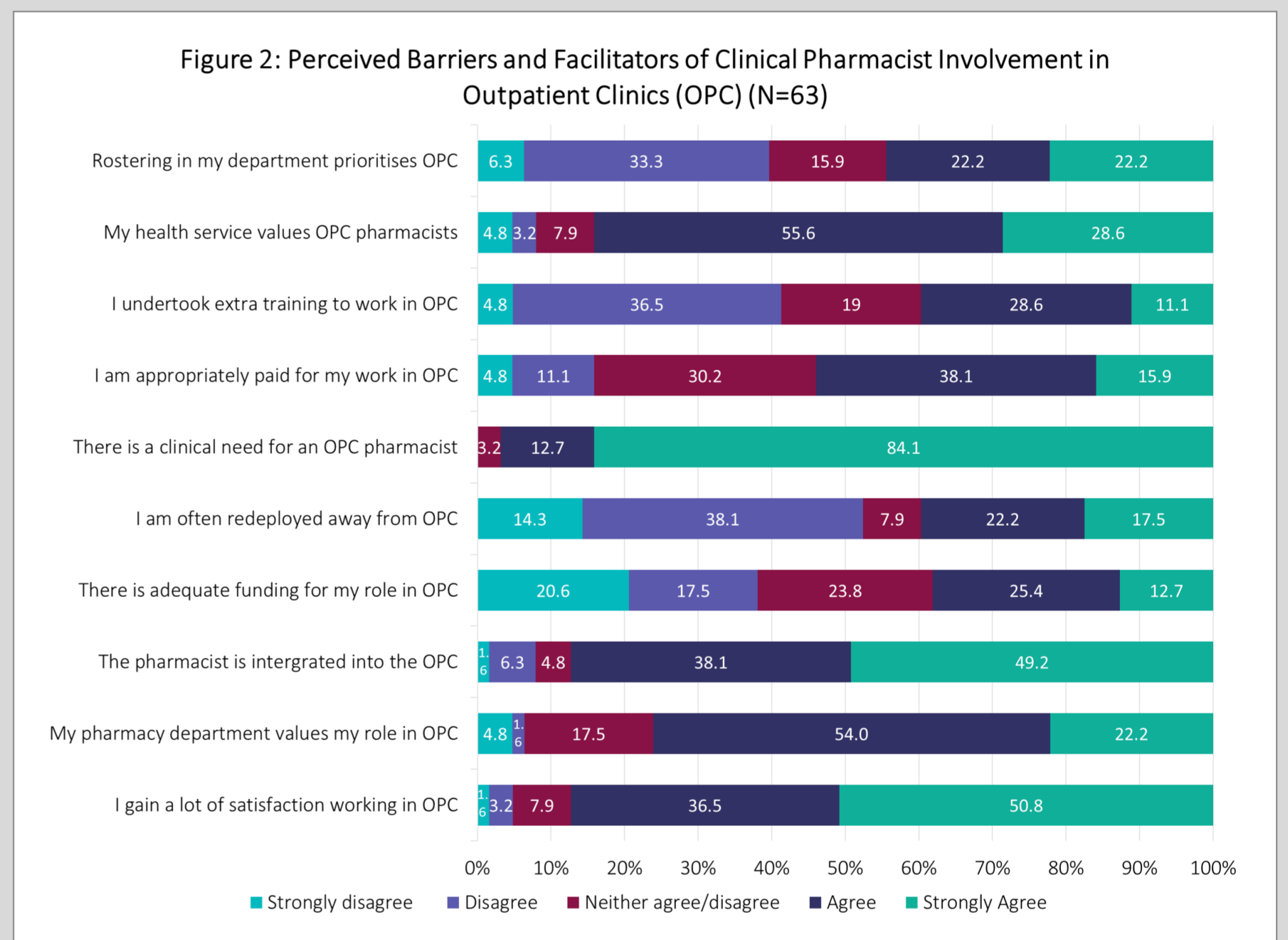
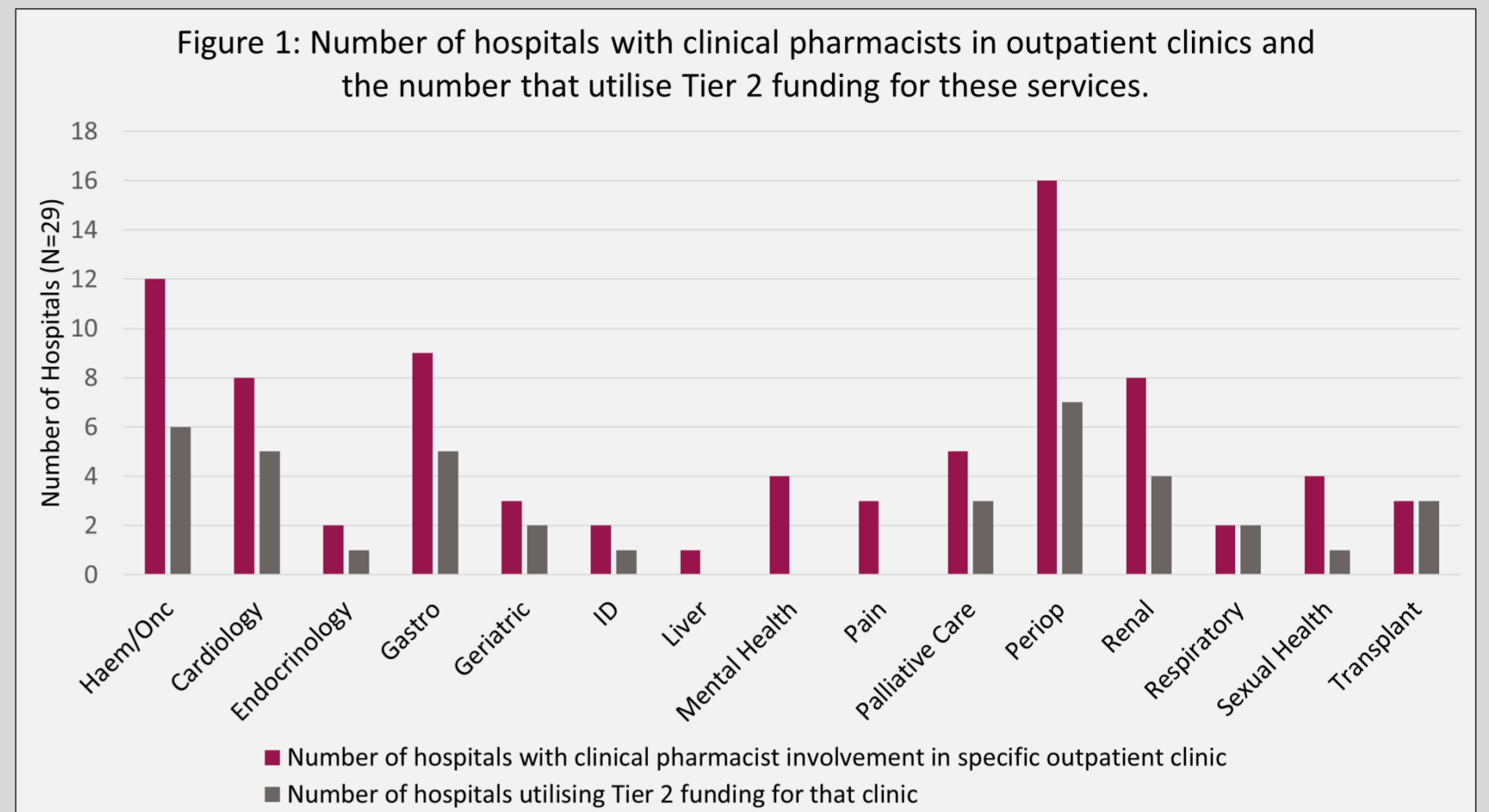
This was a prospective cross sectional study conducted via two surveys. The principle site of the study and survey development was University Hospital Geelong (UHG), Barwon Health. Ethics approval was granted by the Barwon Health Research and Development Unit.



RESULTS

- 43 DOP and 63 pharmacists across Australia responded
- 67.4% (29/43) of hospitals provide CP services in OPC
- Peri-operative was the most common OPC serviced (Fig 1)
- Median OPCs serviced by CP per hospital was 4 [2.5-5.5]
- Full-time equivalent (FTE) pharmacists allocated to all OPC at each hospital ranged from 0.1-18.5.
- Tier 2 funding utilised in 55.2% (16/29) of hospitals (Fig 1)
- Pharmacist respondents worked a median of 20 hours [8;32] per week worked in OPC
- 56.5% (36/62) of pharmacists able to work all rostered hours in their specified OPC.
- Perceived facilitators and barriers to service in Fig 2

RESULTS



DISCUSSION

The FTE allocation varied between the different OPC. In some cases, FTE allocation to a clinic was irrespective of whether the clinic was Tier 2 funded. Just over half of hospitals with CP in OPC were utilising Tier 2 funding. Reasons for this were not examined in this study and require further research.

Inadequate funding for placing pharmacists in OPC was a major barrier identified in this study, which is consistent with the findings in the study by Bailey et al.[5] Despite understaffing frequently mentioned as a common barrier, less than half of the respondents are frequently redeployed from their OPC roles.

CONCLUSION

This study yielded unique Australian data on CP involvement in OPC, and highlighted facilitators and barriers not previously published. Further research is required into Tier 2 funding, adequacy of FTE allocation and overcoming barriers for CP to participate in OPC.

REFERENCES & ACKNOWLEDGEMENTS

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