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THE PHARMACY DIABETES SCREENING TRIAL (PDST) – AN UPDATE

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Presentation Overview

- Recap on PDST trial
- Pharmacy recruitment
- Pharmacy activity in diabetes screening prior to commencing PDST
- Pharmacist training evaluation
- Pharmacist feedback
- Consumer feedback



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SYDNEY



Sixth Community Pharmacy Agreement Pharmacy Diabetes Screening Trial

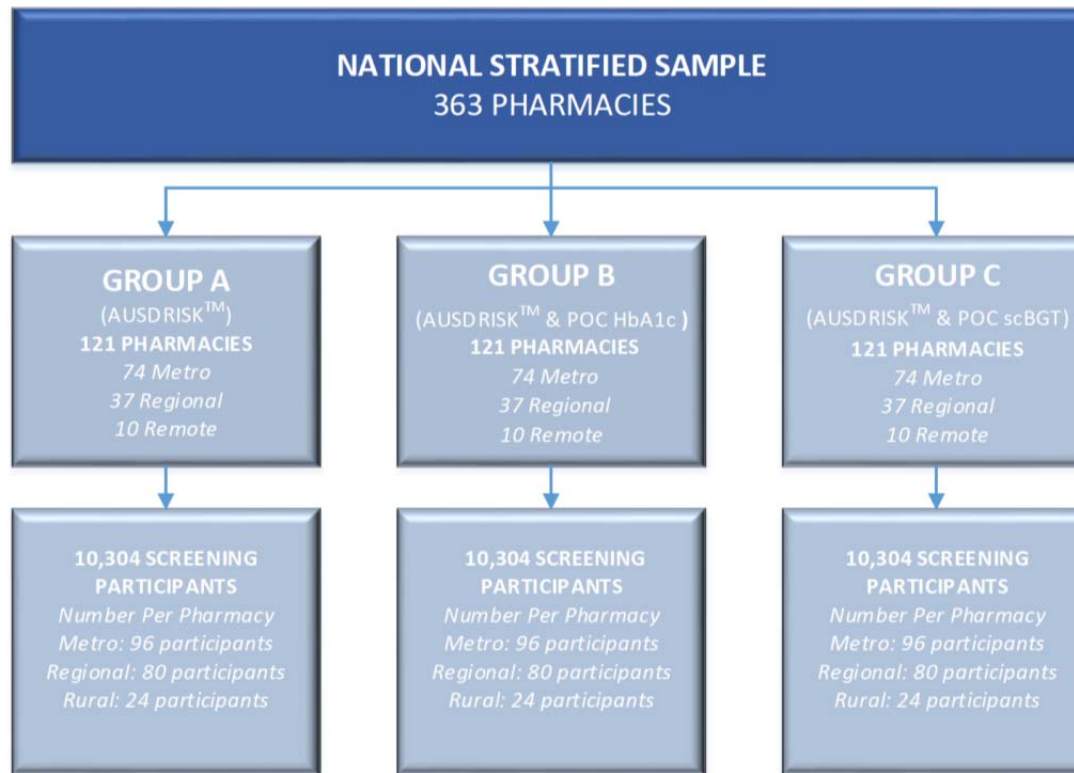
- Funded by the Australian Government Department of Health, and developed in partnership with The Pharmacy Guild of Australia, The University of Sydney and Deakin University.
- Aims to test the comparative clinical and cost effectiveness of three models of a pharmacy-based opportunistic risk assessment, screening and referral service for type 2 diabetes in a previously undiagnosed population.



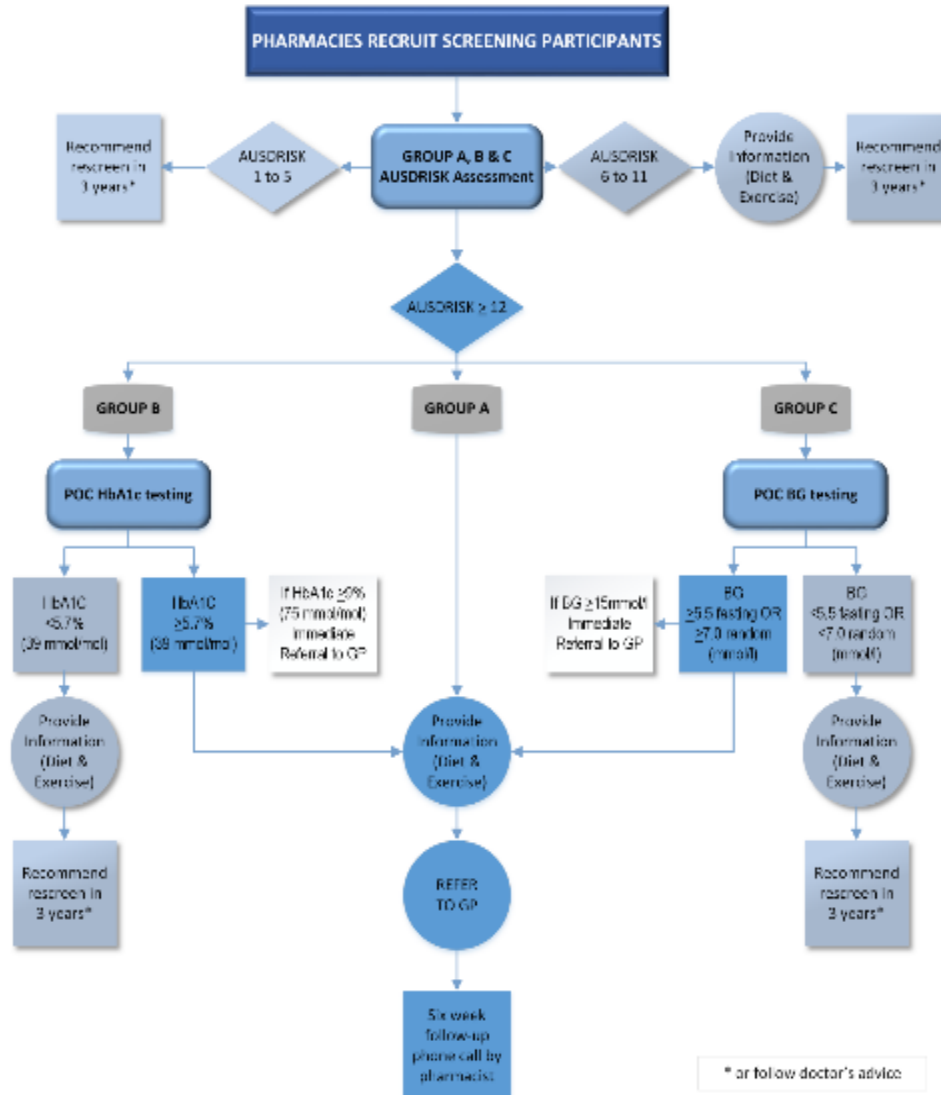
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The PDST uses clustered randomised controlled design where geographic clusters of pharmacies are the unit of randomisation and screening participants are the unit of analysis





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Hypotheses

Primary

The addition of either an HbA1c POC test (Group B) or a scBGT POC test (Group C) to the AUSDRISK™ assessment will be associated with a statistically significant increase in the proportions of newly diagnosed T2DM cases compared with AUSDRISK™ alone (Group A).

Secondary

Groups B and C will be associated with a statistically significant increase in the proportions of those who take up referral with the GP, are newly diagnosed with prediabetes, i.e., IFG or IGT, and are newly diagnosed with either diabetes or pre-diabetes compared with Group A.



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Evaluation summary

Type of evaluation	Description/measure	Data source
Baseline data	Survey of current screening services provision of participating pharmacies	Web based self-completion questionnaire
Formative	To identify overall experience, with service implementation, any difficulties with compliance, and options for overcoming these; and (b) perceptions of sustainability of the risk assessment model, and requirements for sustainability	Qualitative interviews with a 10% sample of participating pharmacists/pharmacy staff (mid trial and at the end of the trial)
Process	Median number of services/pharmacy/week	Pharmacy records
	Total number of screens per pharmacy	Pharmacy records
	% with elevated risk who received appropriate further screening and who were referred to the GP for further assessment	Pharmacy records
	% of patients who were screened who were referred to evidence based lifestyle modification programs in pharmacy or elsewhere	Pharmacy records
	Patient satisfaction with the pharmacy screening service	Follow up participant survey of a 10% sample of all participants



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Evaluation summary (cont)

Outcome	<ul style="list-style-type: none">% diagnosed with T2DM% diagnosed with pre-diabetes% diagnosed with T2DM and pre-diabetes
Trial-based economic evaluation	<ul style="list-style-type: none">Costs and outcomes collected during the trial periodBroader information sources to model longer term cost offsets and health gains from earlier diagnosis
Modelled economic evaluation to extend time horizon beyond the trial period	<ul style="list-style-type: none">Financial impact on health care system - cost versus cost offsets
Financial evaluation	



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Pharmacy recruitment

	Number
Pharmacies offered a place	604
Pharmacies that declined an offer of place	90
Pharmacies that withdrew after consenting to participate	178
Pharmacies that withdrew after completing all requirements (approved to commence screening)	51
Pharmacists completed on-line training	999
Pharmacies completed device training	784
Pharmacies approved to commence screening	336 (363)

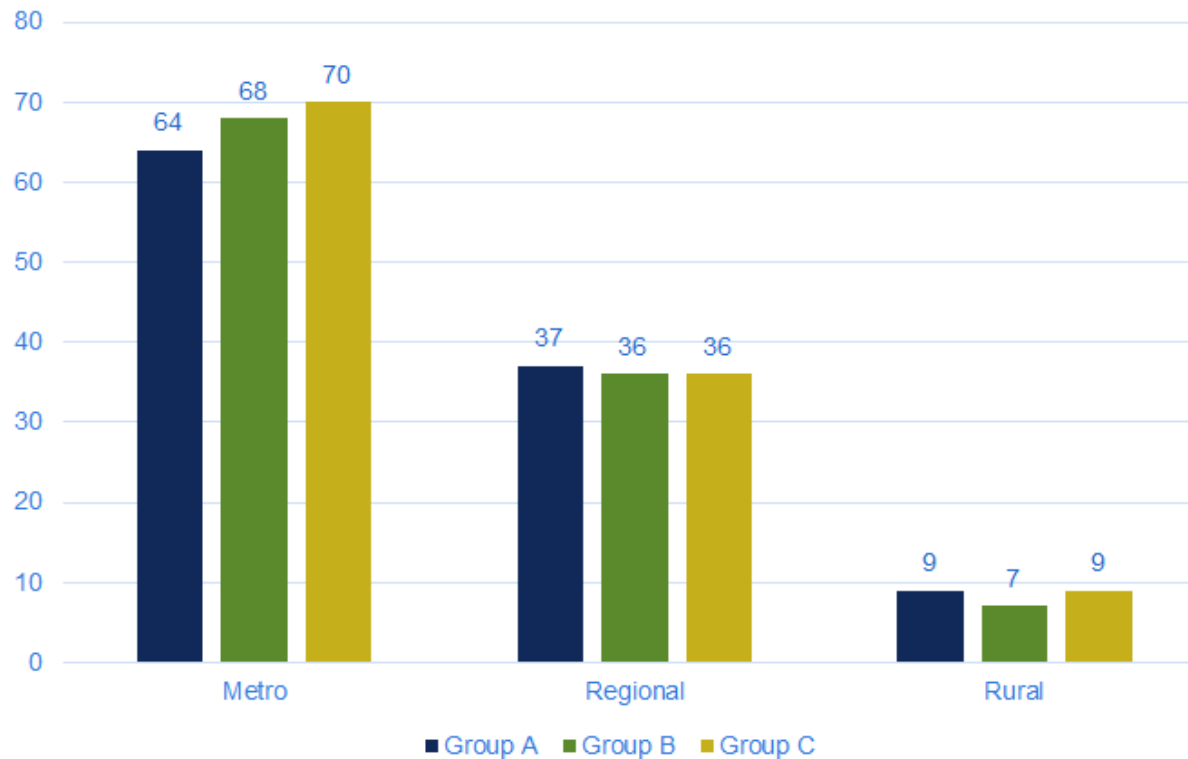


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Pharmacy Recruitment (n=336)



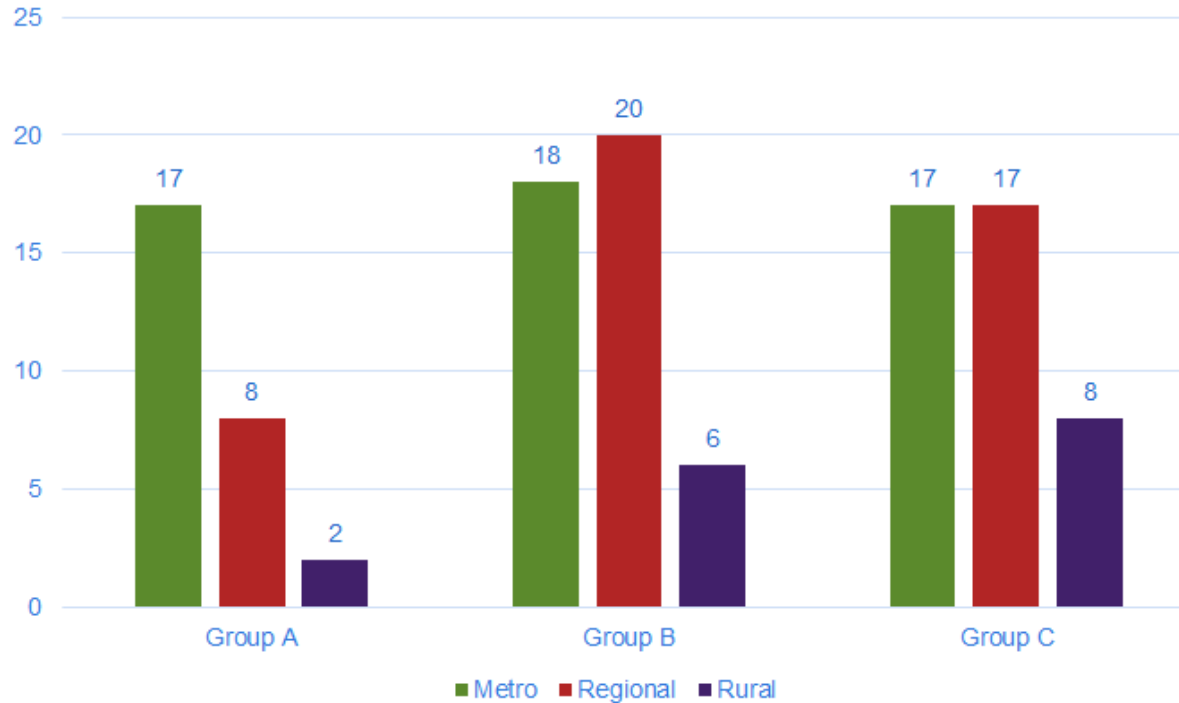


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Pharmacies met Recruitment Target (n=113)





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BASELINE SURVEY

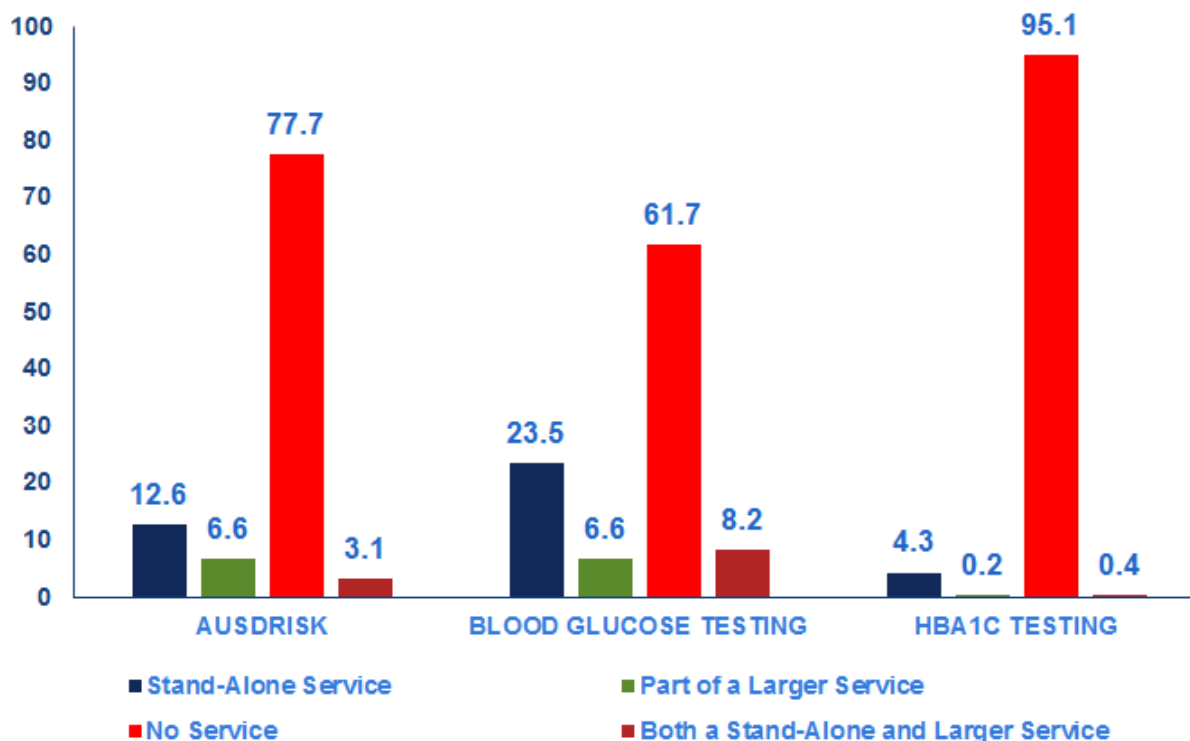


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Percentage of pharmacies with existing diabetes screening services (n=485)





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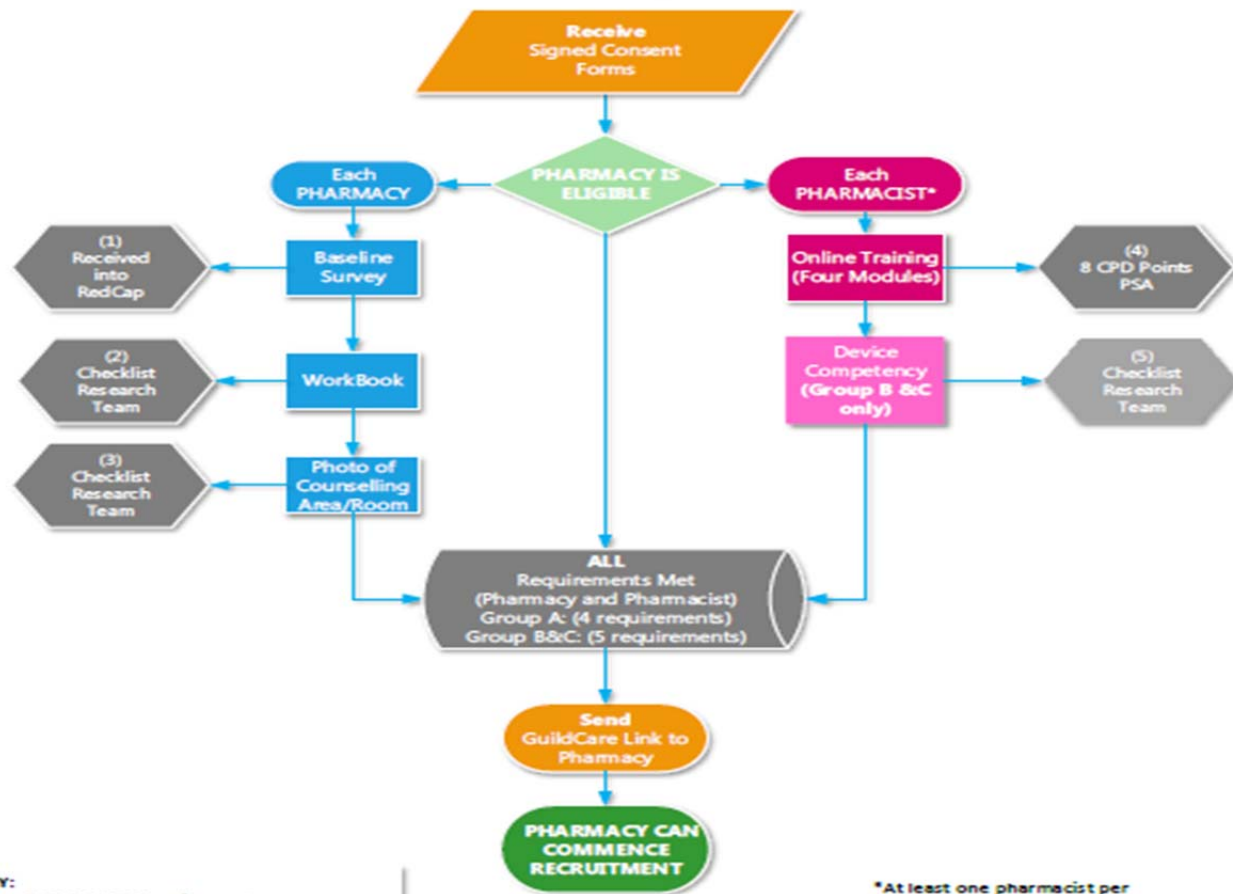


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TRAINING REQUIREMENTS



Pharmacy Diabetes Screening Trial TRAINING REQUIREMENTS



KEY:
 Blue: PHARMACY Requirements
 Pink: PHARMACIST Requirements
 Orange: Managed by Guild
 Grey: Requirements Met
 Green: Pharmacies Eligible / Ready to Start

*At least one pharmacist per pharmacy needs to complete training in order to commence recruitment.



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Guild Academy – Online Training Evaluation

RESULTS

Eight hundred and seventy five (n=875) pharmacists completed the online training and evaluation to mid November 2017 (Group A: 303, Group B: 277, and Group C: 295).

- ***84% found the online learning course experience easy to use***
- ***94% felt that the activity was “mostly” or “very” relevant to their practice***
- ***90% expressed a high level of satisfaction with the online training course***
- ***89% agreed that it achieved the learning objectives***



Qualitative feedback

Satisfaction

Thoroughly enjoyed. Well staged and relevant

Feel I am confident with the new trial due to good education provided by the course.

Usability

Easy to use
Convenient because can be completed anywhere

The case studies give practical examples of how to apply the learning into practice.



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PATIENT RECRUITMENT

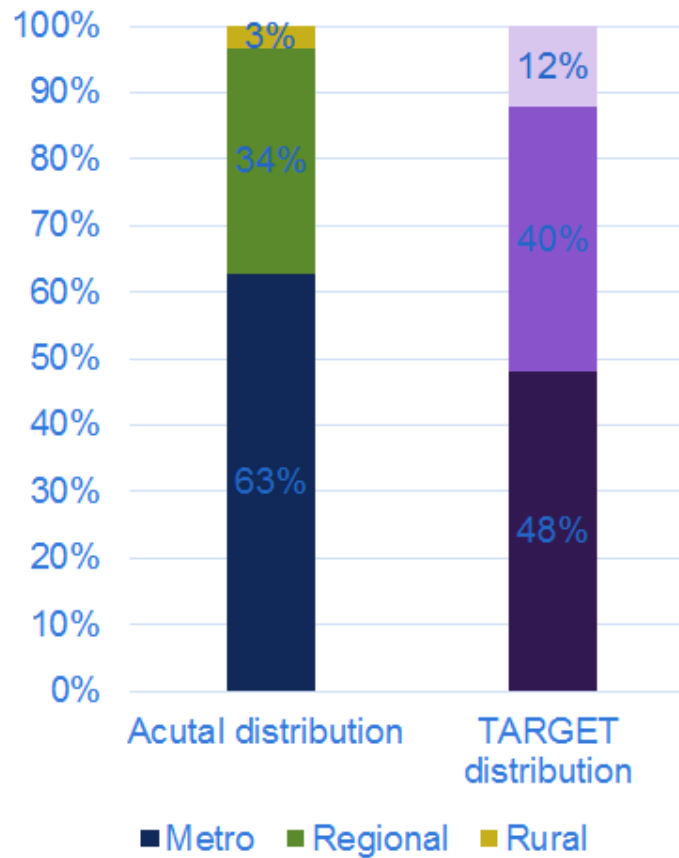


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Recruitment Distribution by Region



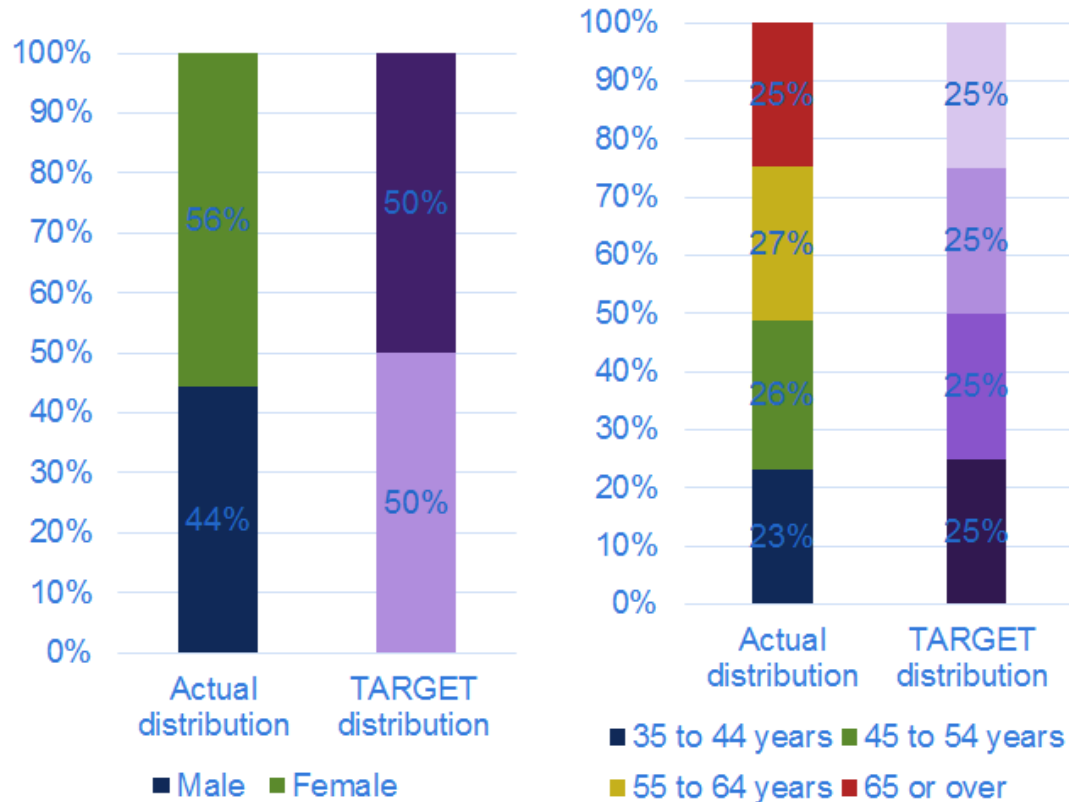


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Recruitment Distribution by Gender and Age (n=14189)



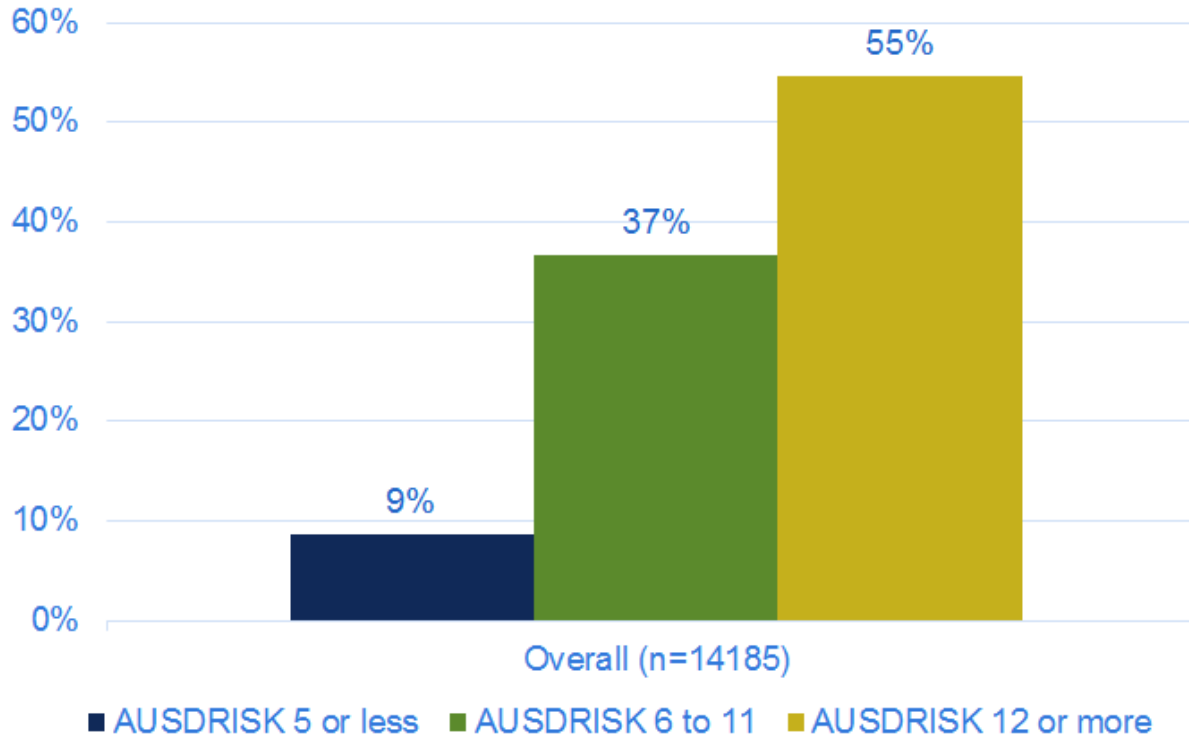


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AUSDRISK Categories





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Pharmacist Feedback

Method

- Maximum variation sampling to recruit potential PDST pharmacists PDST for an end of trial telephone interview.
- Two groups, –based on target number of screenings for each area stratification – metropolitan (96 screenings), regional (80 screenings), and rural (24 screenings).
- *High-performing* - they reached their target in the given timeframe of the trial:
- *Low-performing* if completed a third or fewer screenings relative to the target.
- Stratified, by areas (metropolitan, regional, and rural), AND Group: (*Group A, Group B and Group C*), and state and territory



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Results – Characteristics of Participants

High-Performing	Metropolitan	Regional	Rural	Total
Group A	4	1	0	5
Group B	2	1	1	4
Group C	1	2	0	3
Total	7	4	1	12

Low-Performing	Metropolitan	Regional	Rural	Total
Group A	1	1	1	3
Group B	2	1	0	3
Group C	1	1	1	3
Total	4	3	2	9



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Pharmacists' perspectives on the PDST

Overall Experience

(The) long term vision of... (my) pharmacy... (is) continuing being more patient focused and increased customer service. Less behind the counter and more out... Offering services that people might want to as well, cholesterol, warfarin testing, things like that. Like BP testing, the Medchecks. (PharmID_176)

It was quite a positive experience ... It was a good way to engage with patients on a more clinical level.. It was something that pushed us to...offering further services to patients (PharmID_355)

I thought it was quite well set up, the protocol was easy to follow and the Guildcare was easy to follow (PharmID_299)



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Facilitators

Entrepreneurial and leadership Orientation

So, (with) these sort of things, they need someone to champion it and spend a lot of time on it, to make sure that it is done properly, it wouldn't be something that right this second, we would be able to, continue to do. Without sort of any... like focus from a particular staff member. Had to make sure it was financially viable for us, and working towards everything we are towards with the community. (PharmID_284)

Priority of the PDST

I think that it's really important that you focus on what you're going to do and just plan it... It's going to be diabetes, Medscheck, diabetes... so it's just a matter of prioritising... I personally as a manager like to focus on it for a short while and give it 100% and then prioritise on another area and give that 100%. (PharmID_105)



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Facilitators

Employee orientation and non-pharmacist staff involvement

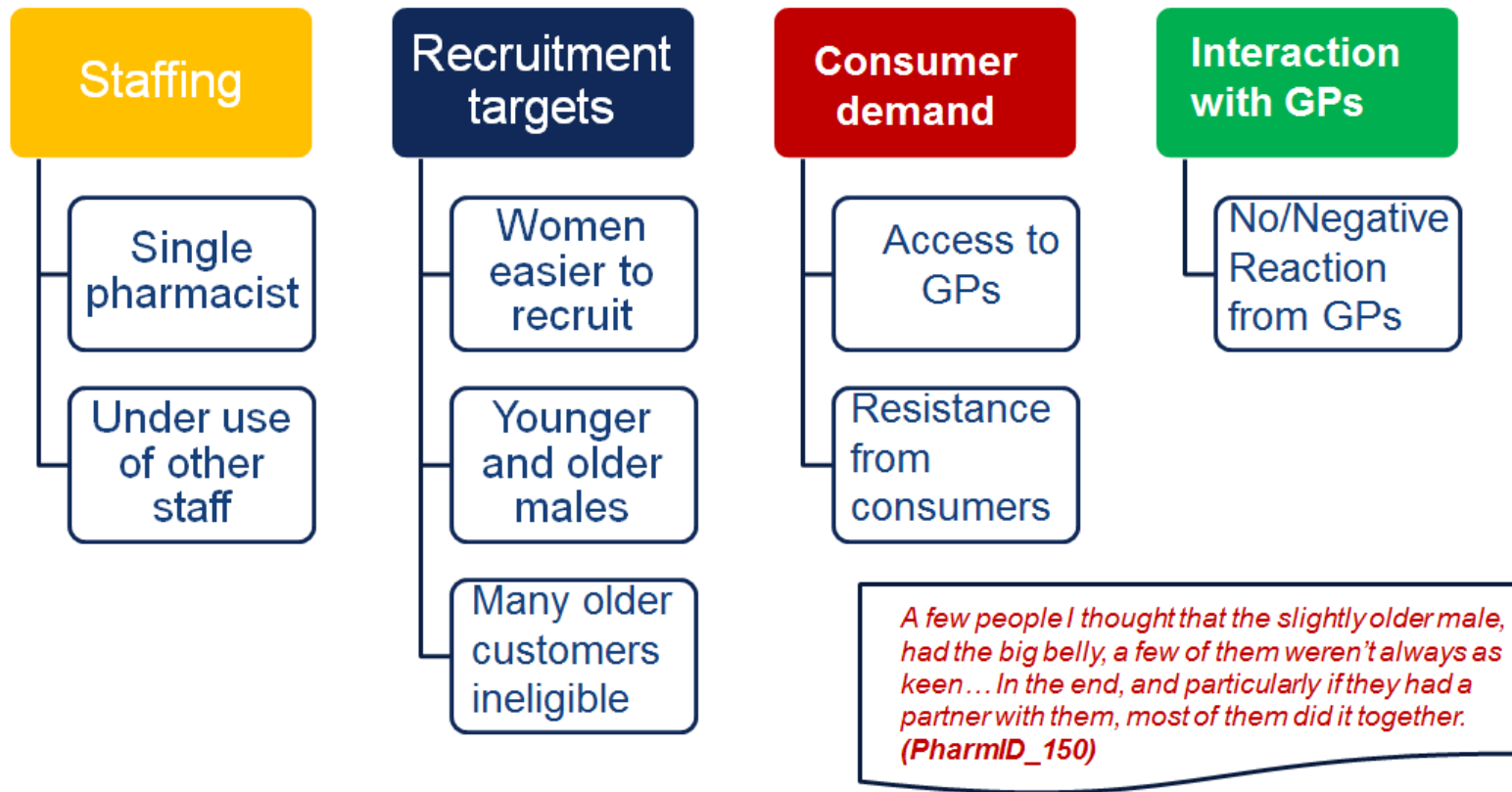
The other 3 part time pharmacy assistants were all involved. Kept them filled in, this is what we need to focus on today, anyone you think coming in in that age group, have a quick look at their dispense history and see if they qualify straight up. So, everyone was definitely proactive. (PharmID_150)

Pharmacist Capacity

We generally have two pharmacists on... every day, we found... it was good, given that we have two pharmacist on, at the same time. There was time, when maybe one pharmacist was away, which would be a bit tricky. (PharmID_102)



Barriers





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CONSUMER FEEDBACK



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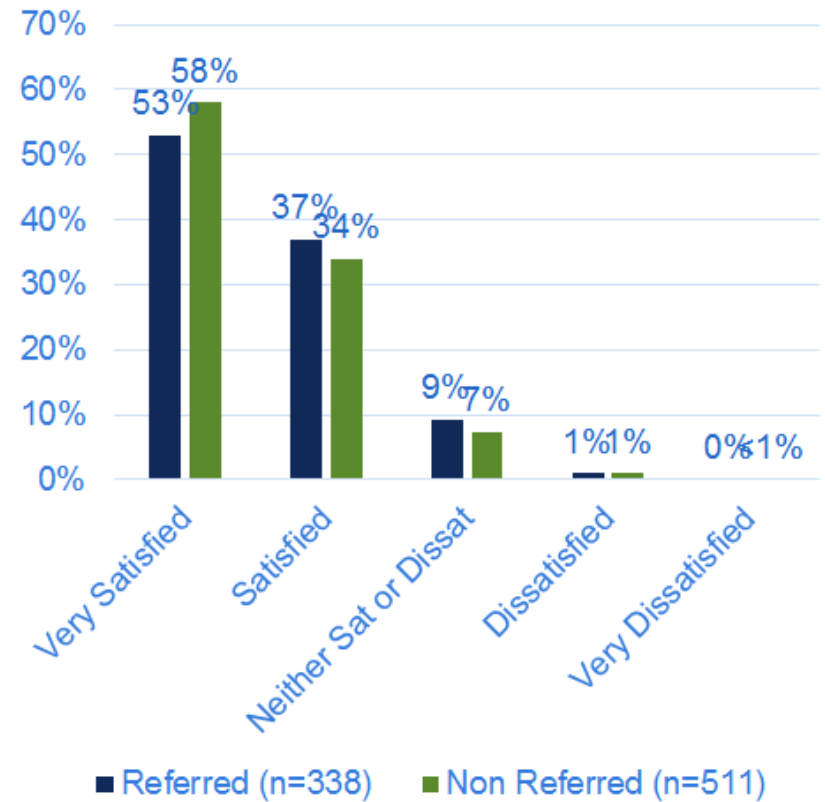
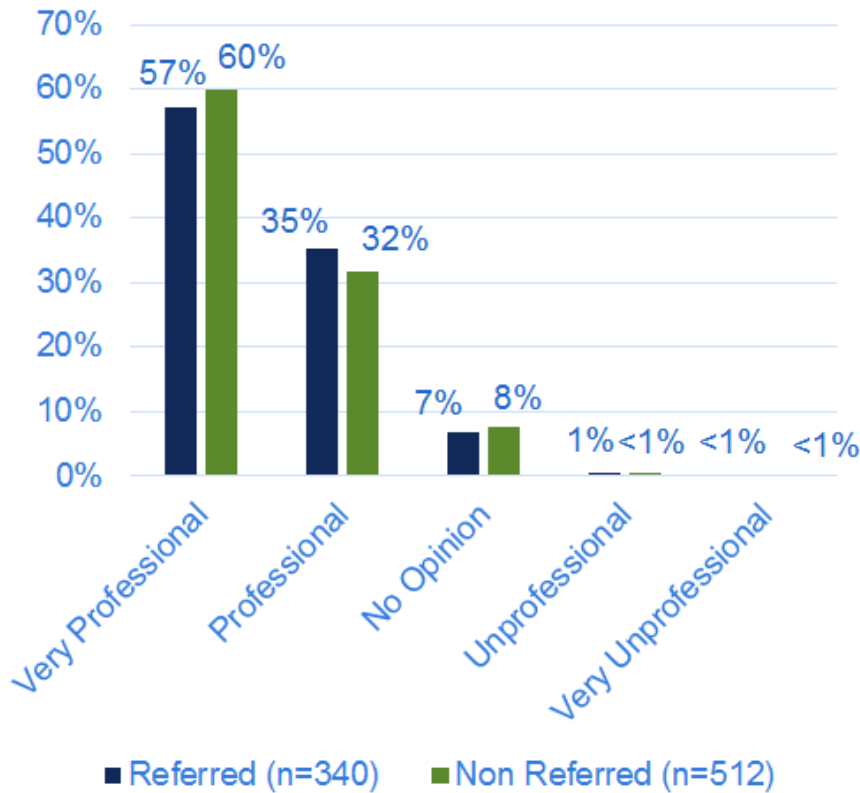
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“How would you describe the pharmacy diabetes screening service?”

“Generally, how do you feel about the pharmacy diabetes screening service?”





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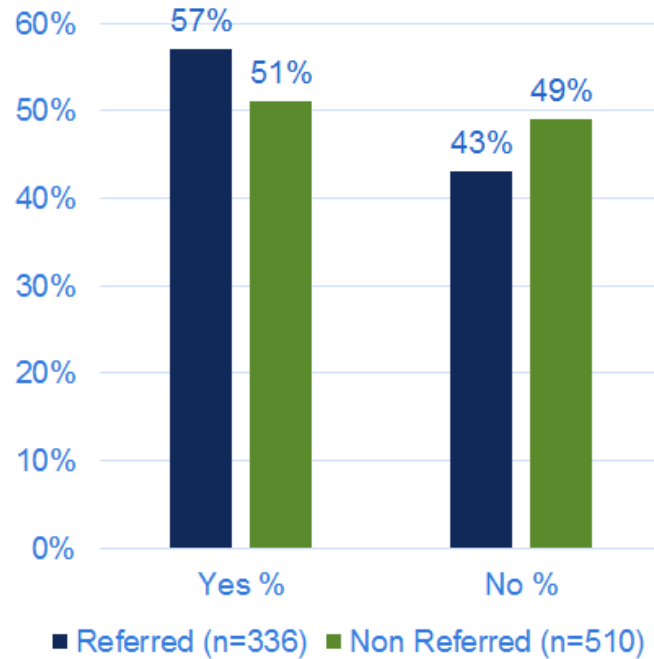


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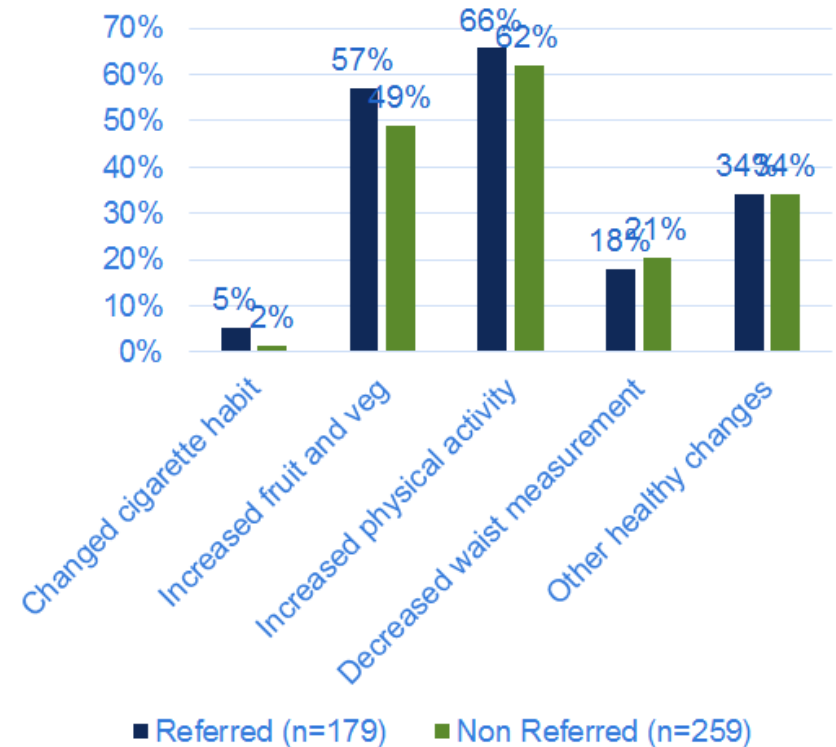


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“Have you made any healthy lifestyle changes since attending the pharmacy diabetes screening service?”



“If you made changes, which of the following lifestyle changes did you make? (please tick all that apply)”





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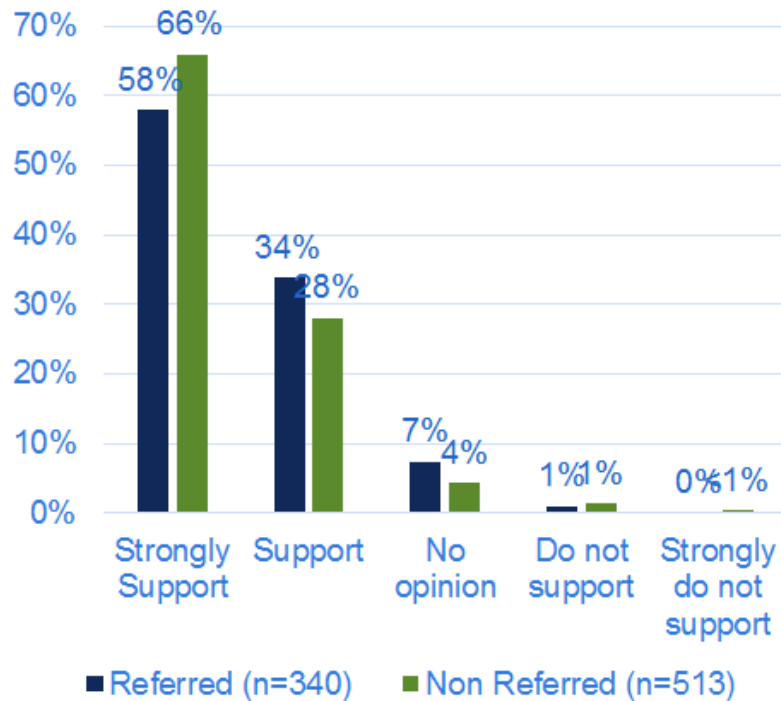


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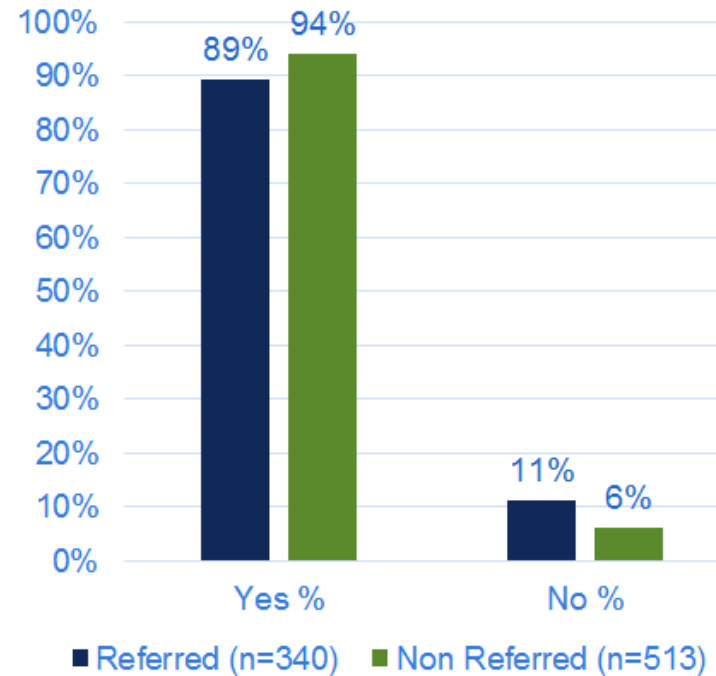


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“What is your opinion about the diabetes screening service being available in your pharmacy in the future?”



“Would you recommend the pharmacy diabetes screening service to a friend or family member?”





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Consumer feedback

Positive

"wonderful service, pharmacist very professional, easy to make a suitable appointment time. None invasive"

A useful service as it can be difficult to get into the Doctor. The pharmacy can be a more relaxed environment. It's nice to not waste the Doctor's time with something that could be quite trivial.

"I was very impressed with such screening being readily accessible to all people, regardless of current health status. More integrated screening programs should be available at point of contact health services or outlets."

Negative

I was hoping to have a blood sugar reading done so was disappointed when it was just a question based screening. I would rate the service more highly and think it was more worthwhile if that occurred.

My Doctor informed me it was unnecessary for me to take a Diabetes test as he screens my blood every 6 months & keeps an eye on my health. He was very annoyed with me for having the test, as I do not have Diabetes, & he would have informed me if I did have the condition.



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Summary

- Pharmacists generally positive about delivering diabetes screening in community pharmacy
- Success depended on local population demographics of the pharmacy clientele, access to other primary care services (GPs), leadership of the pharmacy champion and capacity of the pharmacy to prioritise and deliver the screening
- Consumers were generally very supportive of the pharmacy diabetes screening service
- Higher withdrawal rates pharmacies in the Risk Assessment only arm of the trial AS well as lower screening rates
- Current activity is focused on follow-up with consumers and GPs to determine outcomes of the screening