Patient experiences and perceptions of health professionals on the effects of the advanced practice of pharmacists in Family Medicine Groups (GMF)

EXPAND project

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Quantitative Data

Funding Réseau-1 Québec

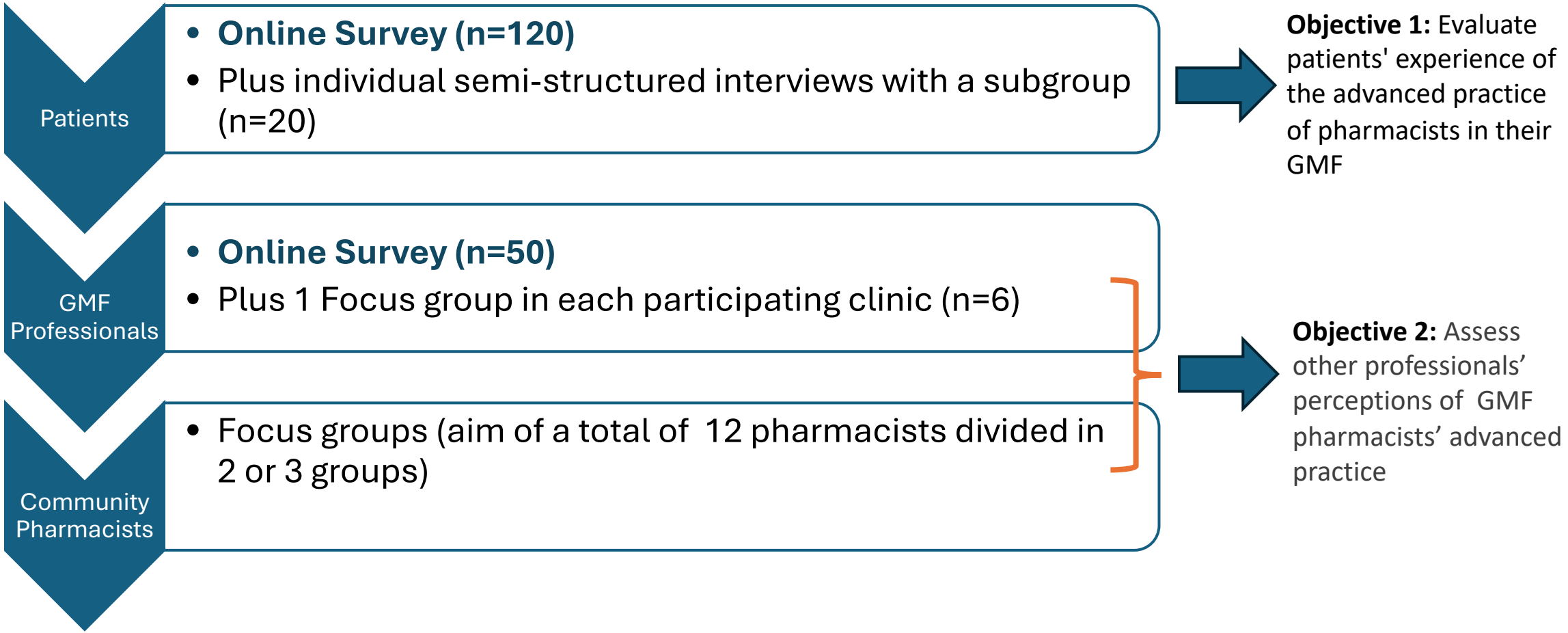
CONTEXT

- Pharmacists were first integrated in Family Medicine Groups (GMF) in 2015 and since, they work with family doctors and other professionals to optimize drug therapies
- Regulations resulting from Bill 31 (Law 4), implemented in Quebec on January 25, 2021, govern the application of this law which has considerably expanded the scope of practice of Quebec pharmacists
- The advanced practice partnership agreement (EPAP), a form of collaborative practice agreement, allows pharmacists in a clinical team to prescribe medications within agreed conditions
- Several GMF pharmacists have implemented an EPAP in their clinic. An implementation prevalence of 17% was observed 1 year after the regulations came into force and increased to 25% two years later

RQP GMF Réseau Québécois des Pharmaciens GMF

OVERVIEW OF EXPAND PROJECT

Aim: Assess effects of GMF pharmacists' advanced practice on patients' experience and perceptions of other health professionals on this new practice



METHODS – Target population

Patients and healthcare professionals linked to 3 community GMF and 3 academic GMF (GMF-U) with:

Advanced practice agreement implemented since at least 1 year, and;

Total GMF pharmacist(s) time in clinic of <u>at least</u> 1 FTE (37,5 to 40 hours/week)

Clinic recruitment:

GMF-U : site of practice of the 3 clinicians researchers, part of the research team

GMF: participation to a previous project on effects of upgrading pharmacists time in clinic in the GMF (initial recruitment with an application process through the RQP GMF)

Participant recruitement:

Identification by pharmacists in each GMF of patients who received a prescription from them and invitation to complete the survey sent by research coordinator to **120 patients** (20 per clinic)

Invitation to complete the survey sent by GMF pharmacist to **all MDs, registered nurses and nurse practitioners of their clinic**

METHODS – Measurement tool

- Prospective online survey (between April and July 2023)
  - Accompanied completion on the phone possible if prefered by the patient
- Questionnaires based on a previous research, developped by research team with two patient partners
- Themes of patient questionnaire:
  - knowledge about advanced practice agreement (EPAP)
  - accessibility to care
  - trust in the prescriber
  - perceived benefits and satisfaction with the advanced practice of pharmacists in their GMF
- Themes of professional questionnaire:
  - collaborative practice
  - knowledge of the independent prescribing agreement (EPAP)
  - trust in their GMF pharmacist(s)
  - perceived benefits regarding the advanced practice of pharmacists in their GMF

METHODS

Analysis

- Descriptive analysis

Ethics

- Approved by 3 ethics and research committees
  - CISSS de Laval
  - CIUSSS du Nord-de-l'île de Montréal
  - Université de Montréal

RESULTS

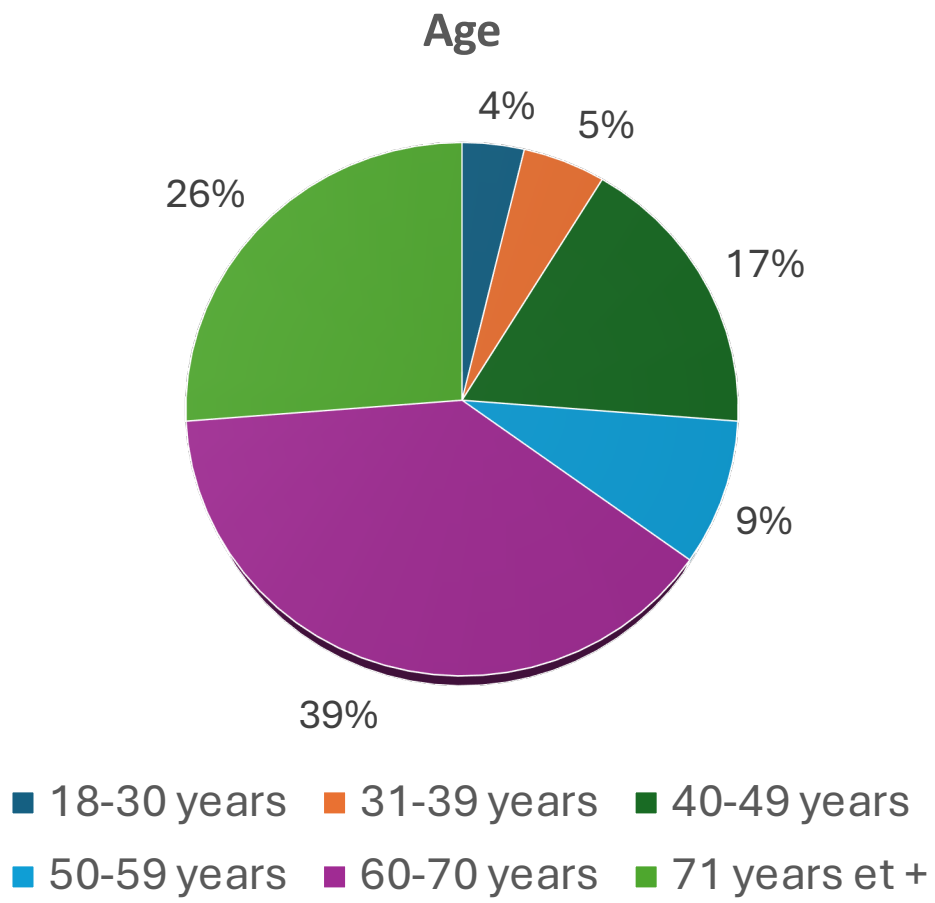
COMPARISON OF PARTICIPATING CLINICS

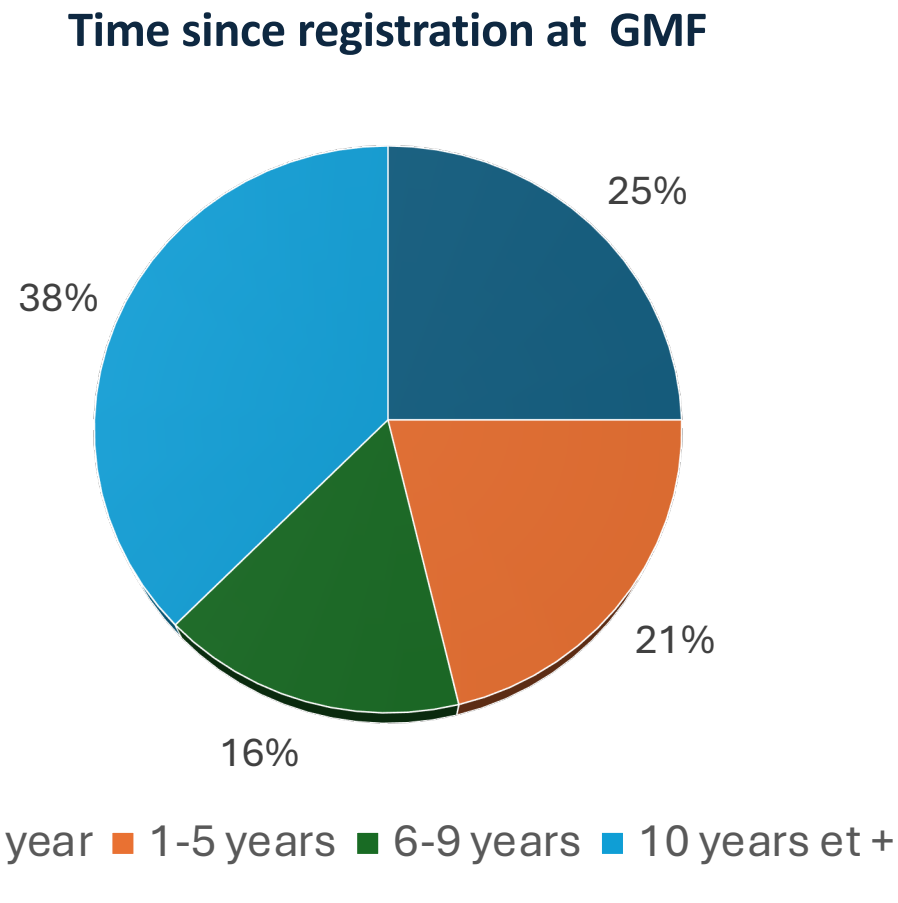
	GMF-U 1	GMF-U 2	GMF-U 3	GMF 4	GMF 5	GMF 6
Location : Urban (U) or Rural (R)	U	U	U	R	R	U
Years since inclusion of pharmacists in the GMF	22	11	11	7	7	7
Number of pharmacists in the GMF	4	3	2	2	1	4
Total pharmacists time in clinic at the GMF (H/week)	40	60	40	40	37,5	45
Time since EPAP implementation * (months)	16	25	24	12	11	25
GMF Level	5	4	3	3	4	11
Number of sites	1	1	1	5	1	1
Number of family physicians	23	25	20	18	10	42
Number of registered nurses (RN)	6	4	4	5	3	7
Number of nurse practitioners (NP)	4	2	1	6	1	4

(*) At the beginning of the research project on April 2023

PARTICIPANTS DESCRIPTION

PATIENTS n=80 (response rate 67 %)



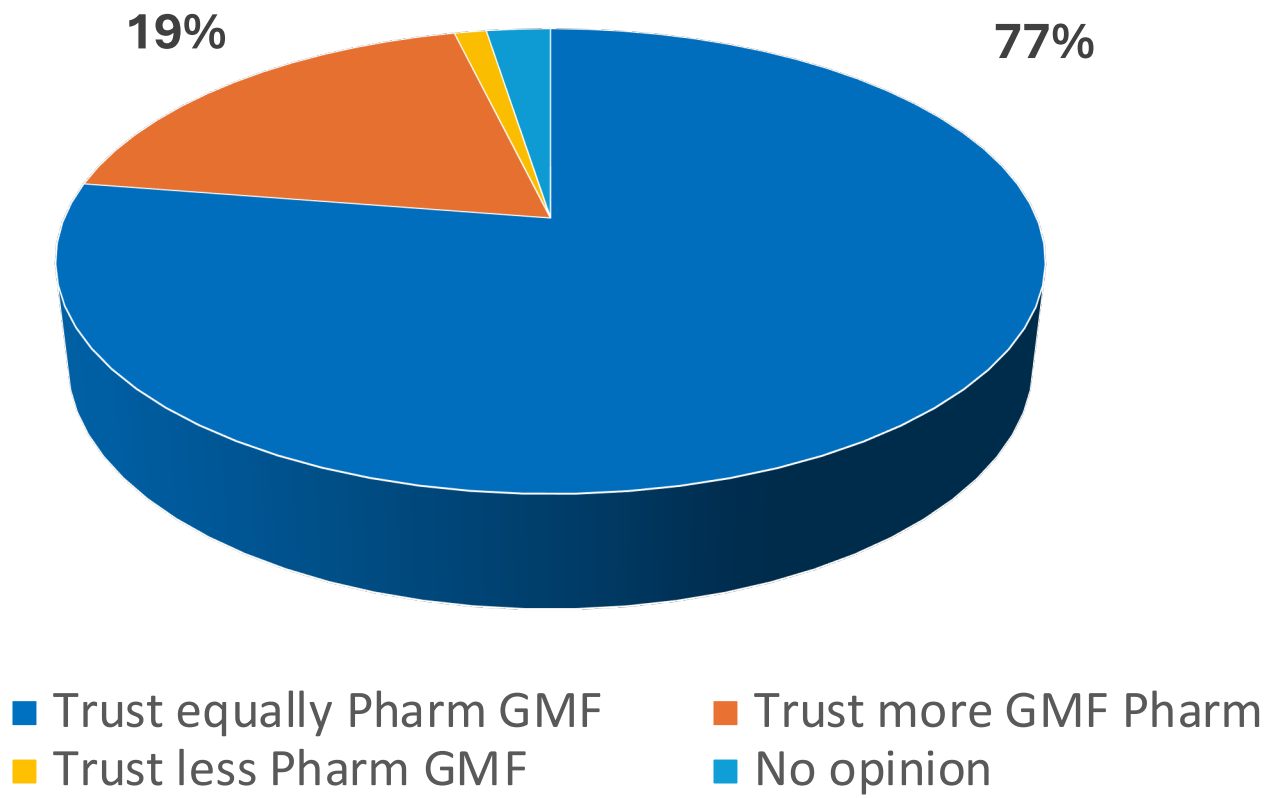


HEALTH PROBLEMS RELATED TO GMF PHARMACISTS' PRESCRIPTIONS AS REPORTED BY PATIENTS

Health problems (options listed in the survey)	**Number (n=120)**	**Percentage**
Pain	37	31 %
Insomnia	18	15 %
Depression	17	14 %
Others	17	14 %
Anxiety	12	10 %
Diabetes	9	7,5 %
Hypertension	9	7,5 %
Dyslipidemia	1	1 %

Other health probems (n=17) (added by patients in free text section)	
Thyroid (1)	Irritable bowel (1)
Allergies (1)	GERD (1)
Cardiac failure (1)	Alcool Withdrawal (1)
Anticoagulation (3)	ADHD (2)
Migraine (1)	Obesity (1)
Multiples problems (1)	Parkinson (1)
Cardiac problems (2)	

COMPARATIVE PATIENTS' TRUST TOWARD MEDICATION PRESCRIPTION MADE BY GMF PHARMACIST VS FAMILY DOCTOR



PATIENTS' PERCEPTIONS OF FOLLOW-UPS BY THEIR GMF PHARMACISTS

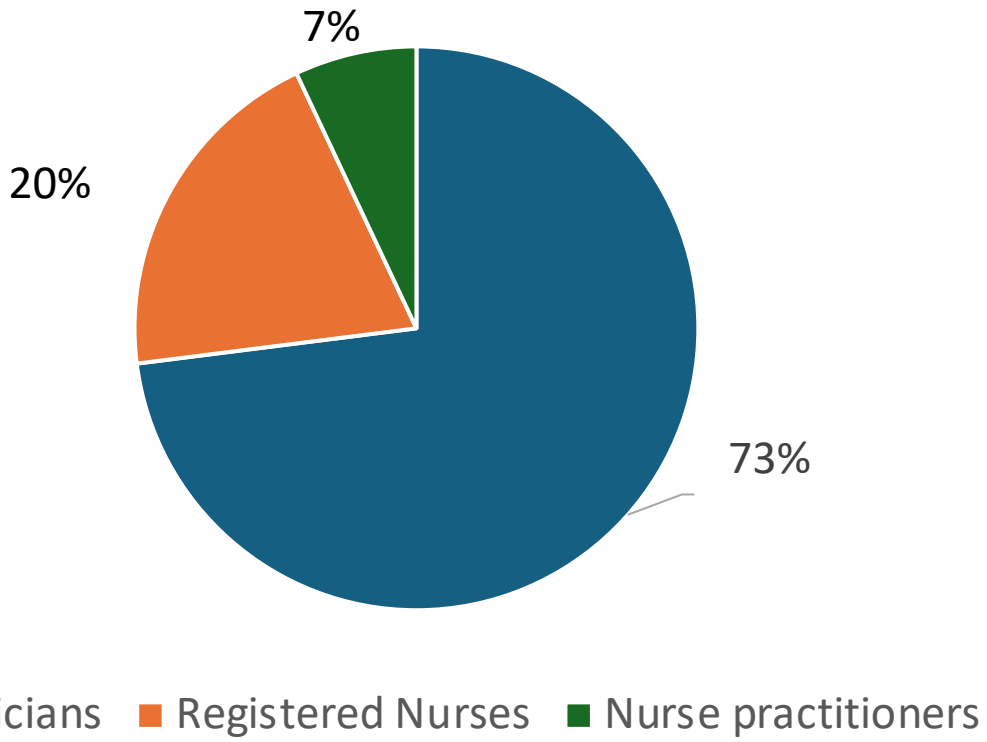
Level of agreement

	Percentage of respondents (%)		
Perceived benefits	**Yes**	**No**	**No opinion**
Faster access to care at the GMF when I have a medication related need	81	5	14
More frequent contact with a health professionnal from the GMF	77,5	12,5	10
More time available to talk about my medication related needs	97,5	0	2,5
Prescribing by my GMF pharmacists increases my satisfaction toward care provided by my GMF	96	3	1
GMF pharmacist's attitude	**Yes**	**Partially**	**No**
Takes sufficiently into account my opinion when adjusting my medication or prescribing a new one	97,5	1,25	1,25
Considers how I feel with my medication when adjusting its dosage or stopping it	97,5	2,5	0
Shows interest in me as a person and my daily life, not only in my medication	91	8	1
Provides all information I need to choose more easily among adjustments or modification options he/she is offering	99	1	0

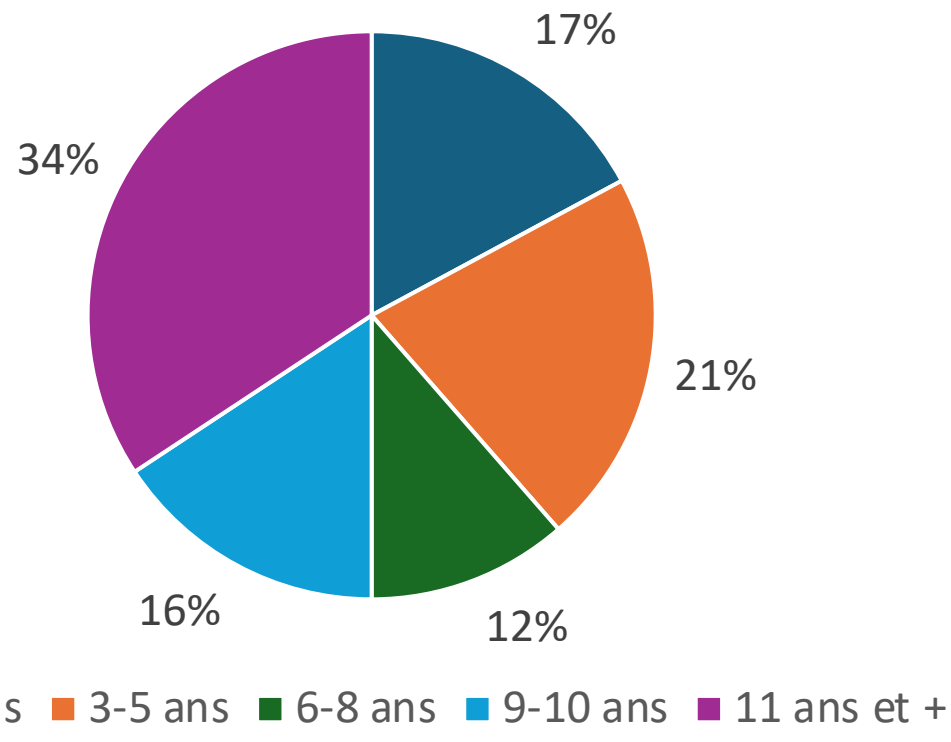
PARTICIPANTS DESCRIPTION

GMF PROFESSIONNALS n=70 (response rate 38%)

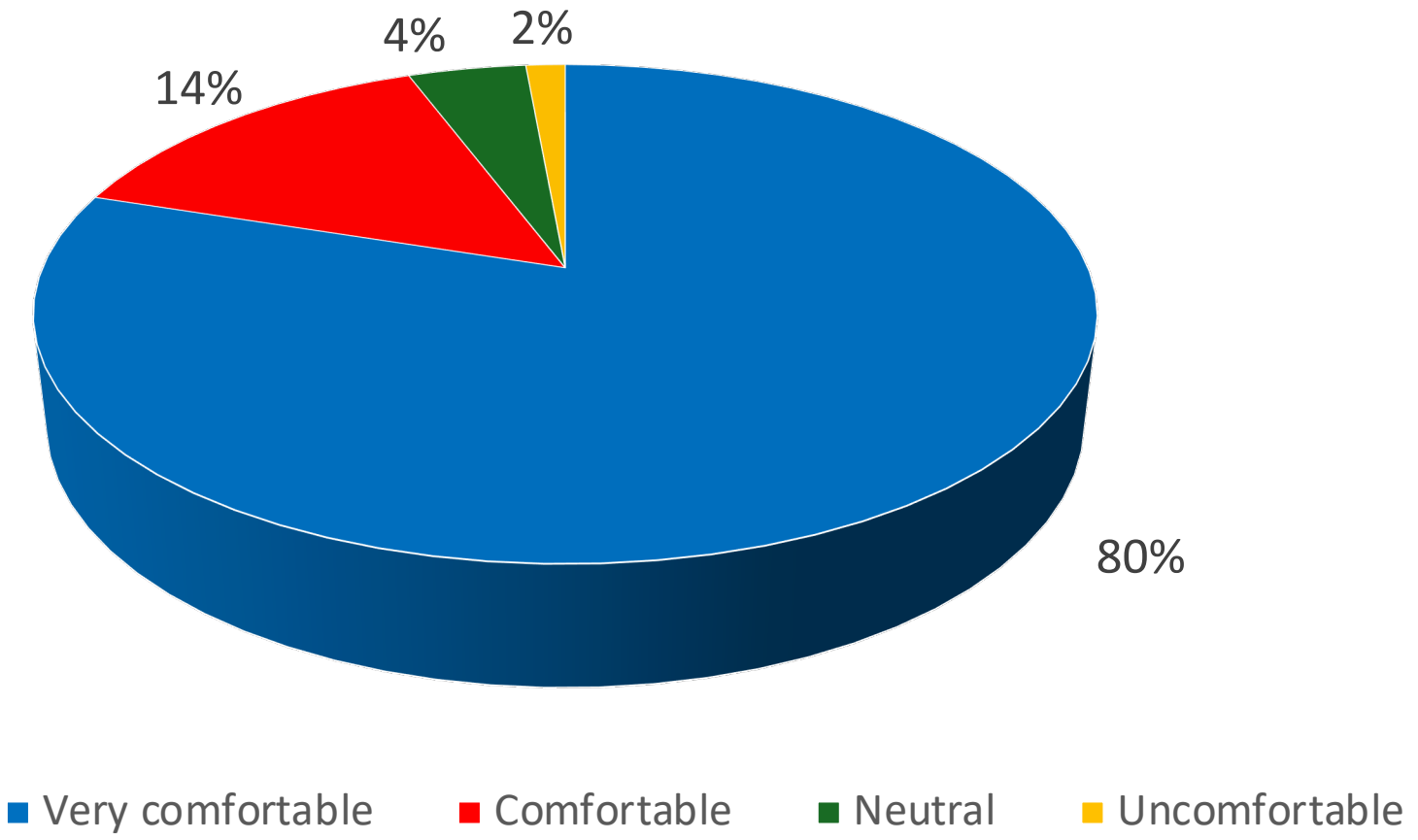
Respondents profession



Respondents' years of experience in the GMF/GMF-U

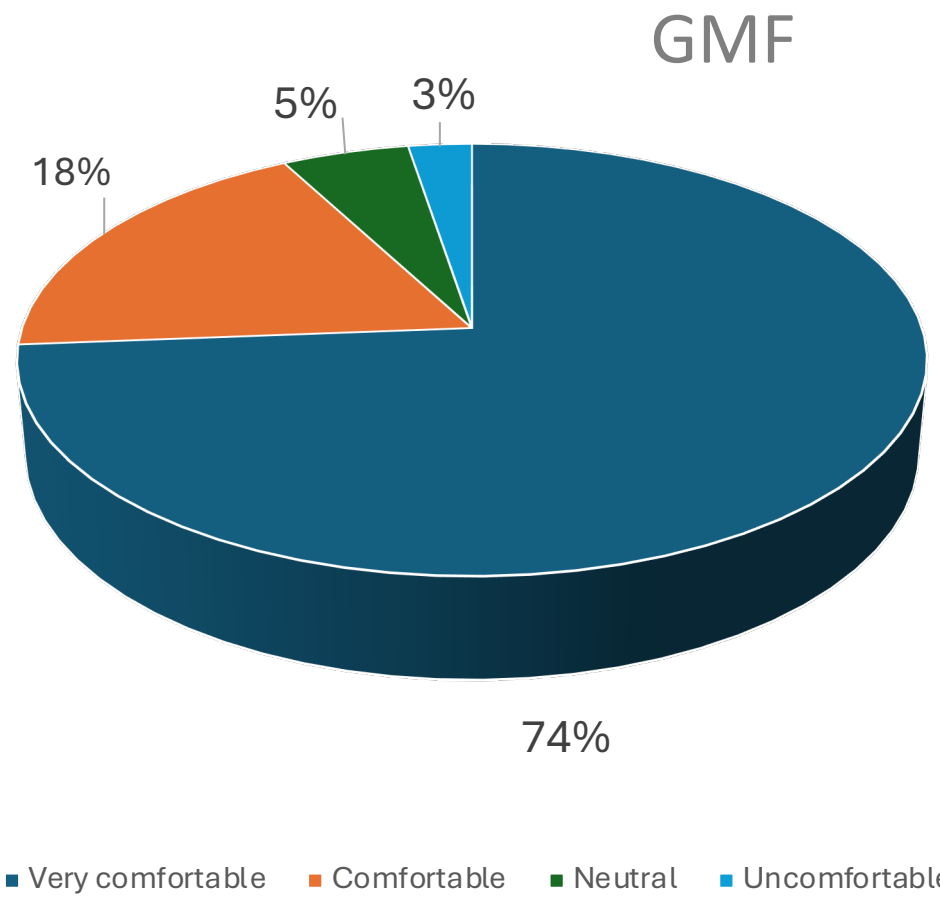


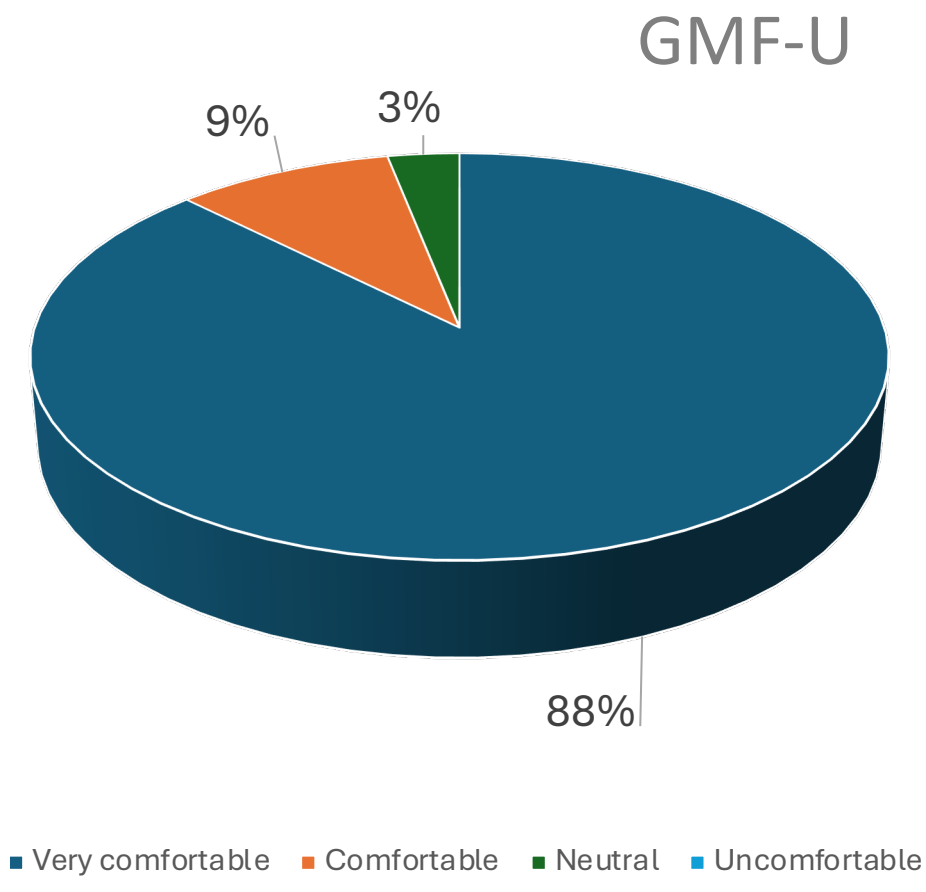
GMF/GMF-U PROFESSIONALS' COMFORT LEVELS WITH THEIR CLINIC PHARMACISTS PRESCRIBING A NEW MEDICATION FOR A CHRONIC DISEASE



PROFESSIONALS' COMFORT LEVELS WITH THEIR CLINIC PHARMACISTS INDEPENDENTLY PRESCRIBING A NEW MEDICATION FOR A CHRONIC DISEASE

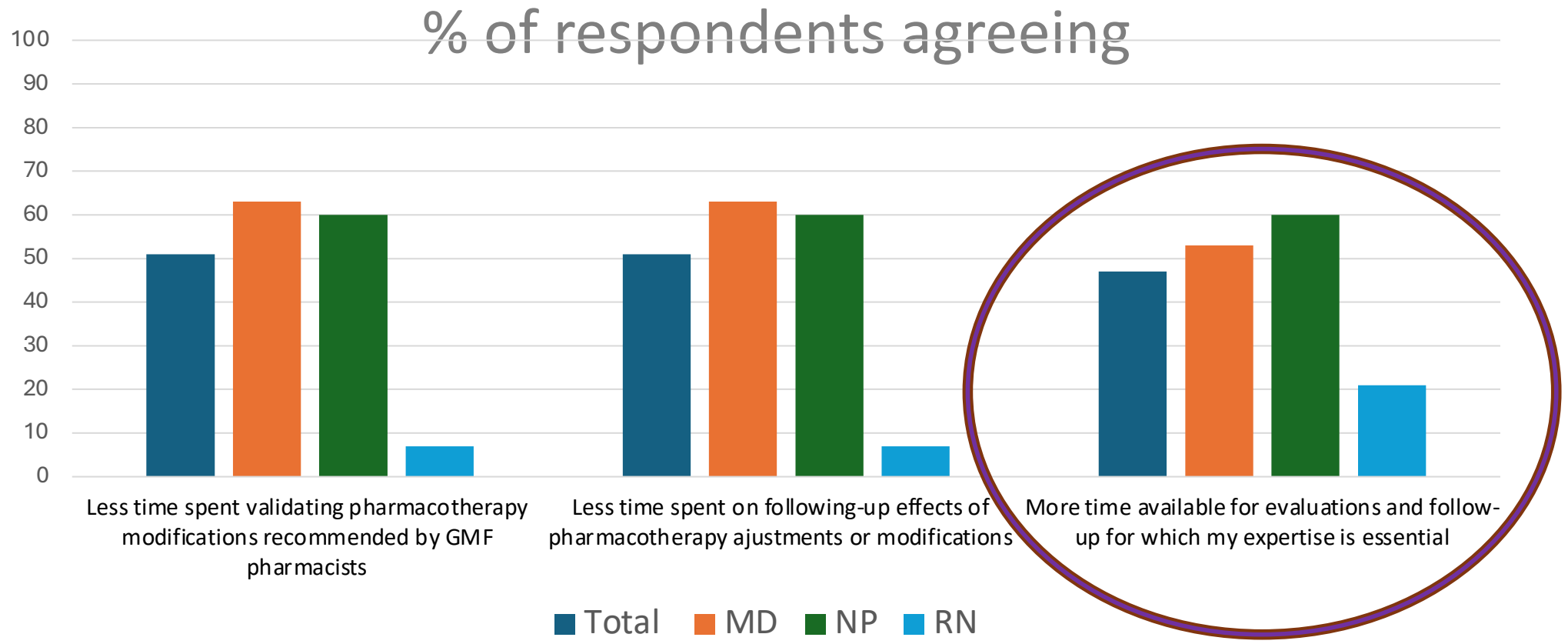
Only difference observed between GMF and GMF-U





MC Vanier et al, CPERC 2024, Quebec City

PERCEIVED IMPACT OF EXPANDED GMF/GMF-U PHARMACISTS PRESCRIBING BY PROFESSIONALS ON THEIR DAILY TASKS



STRENGHTS AND LIMITS

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Representativeness of different types of GMF (academic vs community, urban vs rural, multi-site vs single-site)

Research protocol and measurement tools developed with patient partners

High patient response rate to the survey (67%)

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Convenience sample

Increased GMF pharmacist time in clinic which may overestimate the positive effects and limit external validity

→ describes an ideal practice model

Possible selection bias for patients

Potential patients identified by each clinic pharmacist, process not controlled

Possible divergent opinion of invited patients who did not complete the survey

CONCLUSION

Patients and professionals showed a high level of trust in their GMF/GMF-U pharmacists in their new expanded prescribing role

Implementation of an advanced practice agreement increased fluidity of care and services, and 60% of family physicians and nurse practitioners declared that it freed up time to carry out tasks requiring their expertise

The vast majority of patients considered that the expanded prescribing role of their GMF/GMF-U pharmacist allows faster access to care when a medication-related need arises

This type of prescribing by the GMF/GMF-U pharmacist improved patients' satisfaction with the services of their medical clinic

The data supports the relevance of increasing time in clinic of pharmacists in GMFs to a minimum of 1 FTE to allow advanced practice contributing to better access to care for the population

QUESTIONS

We are grateful to the clinical tandems coordinating the study locally in each clinic

GMF Lafontaine

Amélie Boudreau, pharm

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GMF Verdun Sud-Ouest

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GMF St-Donat

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