



Facilitating personal goal setting through community pharmacy: does it encourage patient activation?

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Background

Community Pharmacy Future (CPF) group

Previously evaluated the four or more medicines service¹, COPD case finding service² and COPD support service³

Extension of this work to focus more on:

Patient centred care

Wider patient group

Longer duration of the intervention

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Boots

¹Twigg et al. IJPP 2015: 23 (6) 407-414; ²Wright et al. IJPP 2015: 23 (1) 83-85;

³Wright et al. IJPP 2015: 23 (1) 36-43

Background

Pharmacy Care Plan Service

- Engage patient in a discussion and ongoing monitoring of the health and healthcare
- Review medicines and technique
- Create a care plan for their care that included agreed goals for treatment
- Meet with the patient regularly to review goals
- Incorporate patient activation
- Referral to other services



Background

Why goal setting and patient activation?

Goal setting to target key behaviours^{4,5}

Weight loss

Diet and exercise



⁴Shilts et al. Am J Health Promotion 2004: 19 (2) 81

⁵Bodenheimer & Handley Patient Educ & Counselling 2009: 76 (2) 174

Patient activation

Patient activation describes the knowledge, skills and confidence a person has in managing their own health and health care⁶

Highest level of activation linked to⁷⁻⁹:

- Reduced healthcare costs
- Clinical indicators in the normal range
- Positive experience of care



⁶Hibbard & Gilbert, The King's Fund 2014; ⁷Greene et al. J Gen Int Med 2012: 27 (5) 520;

⁸Hibbard et al. Health Affairs 2013: 32 (2) 216; ⁹Mitchell et al J Gen Int Med 2014: 29 (2) 349

Method

Operational between February 2015 and June 2016

Conducted in 38 pharmacies in West Yorkshire

Inclusion criteria:

- > 50 years old

- Prescribed one or more medicine (inc at least one for CV or diabetes)

Identified through PMR or GP referral

Pharmacy Care Plan Service



Background

Method

Results

Discussion

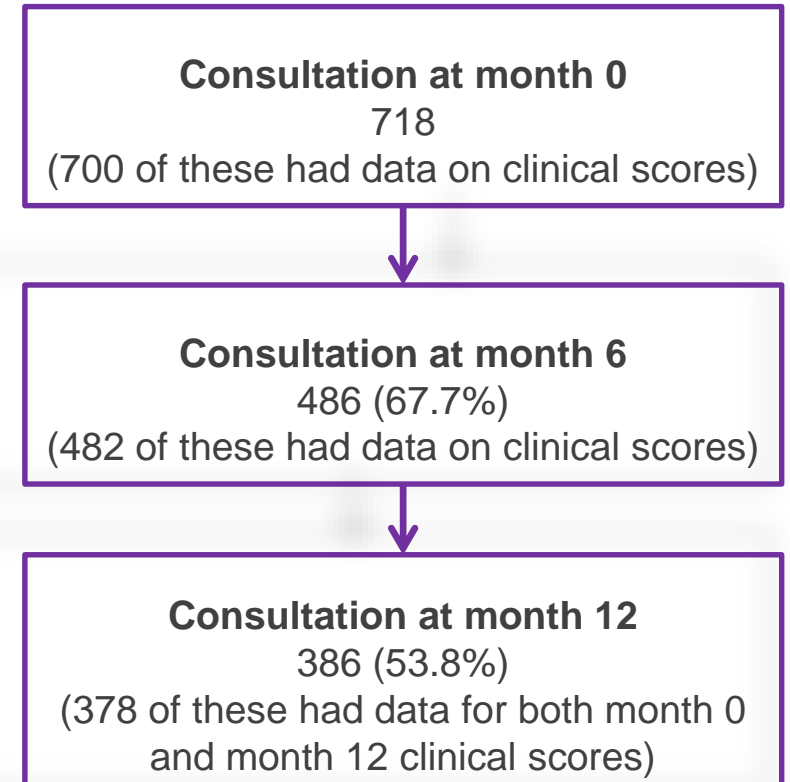
Results

38 pharmacies provided baseline and month 12 consultations

Female patients: 212 (56.1%)

White patients: 371 (98.1%)

Mean (SD) age: 68.0 (8.1) years



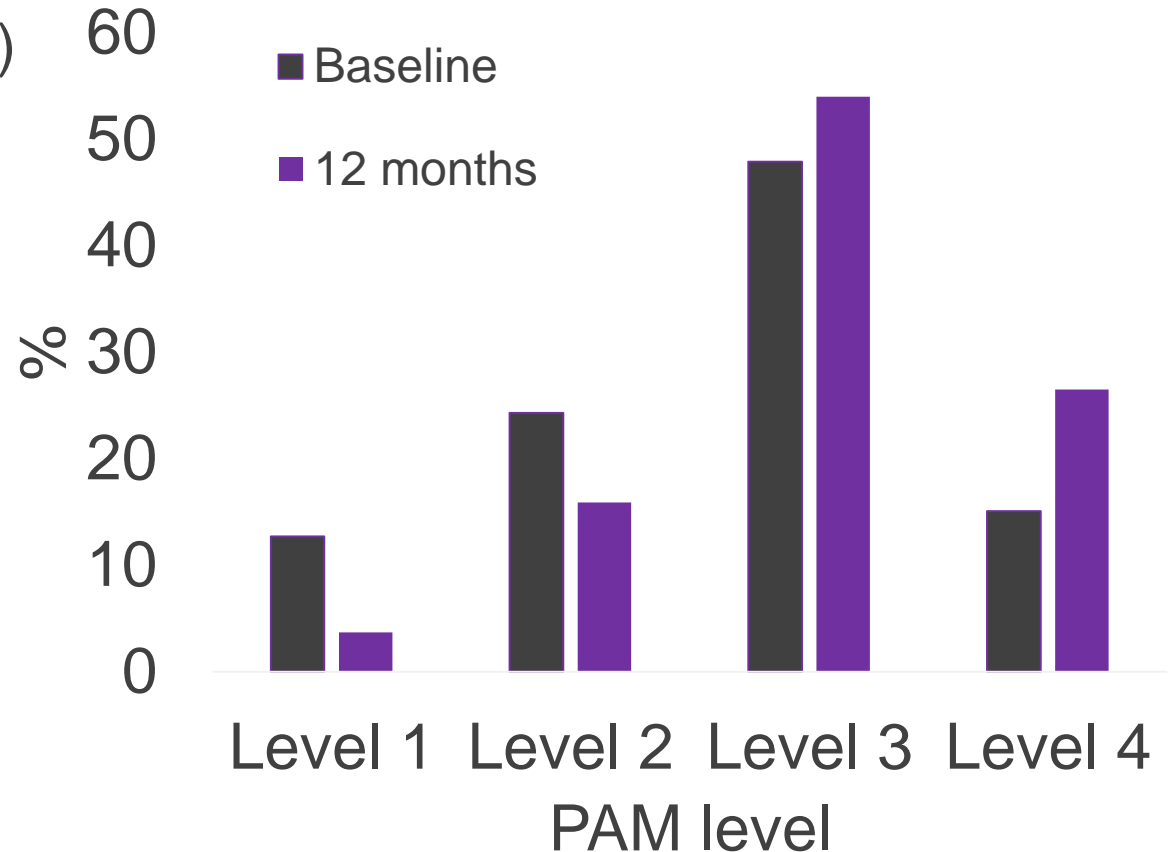
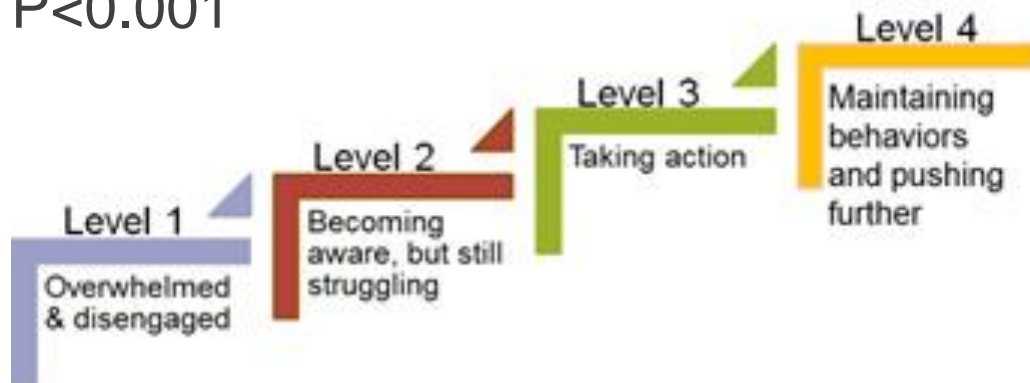
Results – patient activation

N= 386; baseline PAM score: 60.3 (14.3)

12 month PAM score: 65.7 (15.4)

PAM change: +5.39 (3.9 – 6.9)

P<0.001



Results – goals (N= 718)

Goal Category	Number (%) patients who set goals	Number (% of total) goals set
Weight	377 (52.5)	380 (32.2)
Condition control	265 (36.9)	322 (27.3)
Exercise/activity	15	158 (13.4)
Diet		
Adherence		
Smoking		
Knowledge		
Mental health		
Alcohol	12 (1.7)	12 (1.0)
Other	23 (3.2)	23 (1.9)
Total	669 (93.2)	1181

“Lose 1kg every 2 weeks to achieve total weight loss of 10kg to bring BMI to 25”

“Reduce to 10 cigarettes a day within three months”

Results – goals

Goal Category	No. goals achieved	% of goals achieved
Weight	105/380	27.6%
Condition control	102/322	31.7%
Exercise/activity	47/158	29.7%
Diet	24/77	31.2%
Adherence	28/73	38.4%
Smoking	13/48	27.1%
Knowledge	22/45	48.9%
Mental health	8/43	18.6%
Alcohol	6/12	50.0%
Other	4/23	17.4%

Discussion

Patients set goals related to many different areas

Patient activation significantly greater at the end of the service

Goals related to knowledge and adherence – pharmacist’s area of expertise?

Goals related to weight → fewer achieved

Twigg et al. (2017) The Pharmacy Care Plan service: description, recruitment and initial views on a new community pharmacy intervention. PLOS One – published 3rd April.



Strengths and limitations

Long-term service, multiple consultations

Use of the whole pharmacy team

First use of PAM in community pharmacy in England

Validated outcome measures

Before and after design

Drop-out rates



Further research

Examine the goals in more depth and movement between PAM levels

Qualitative work to understand the use of PAM® by pharmacists and the impact it has on consultations with patients

Report main outcome measures and establish cost-effectiveness of the service



Acknowledgements



Participating patients and pharmacies



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Thank you for listening
ANY QUESTIONS?