

Allied health prescribing: perceptions of healthcare teams

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Expanding allied health scope of practice

- Allied Health Professions' Office of Queensland (AHPOQ) Ministerial Taskforce Report 2014
 - Allied health professionals not performing to full scope
 - Extended scope areas

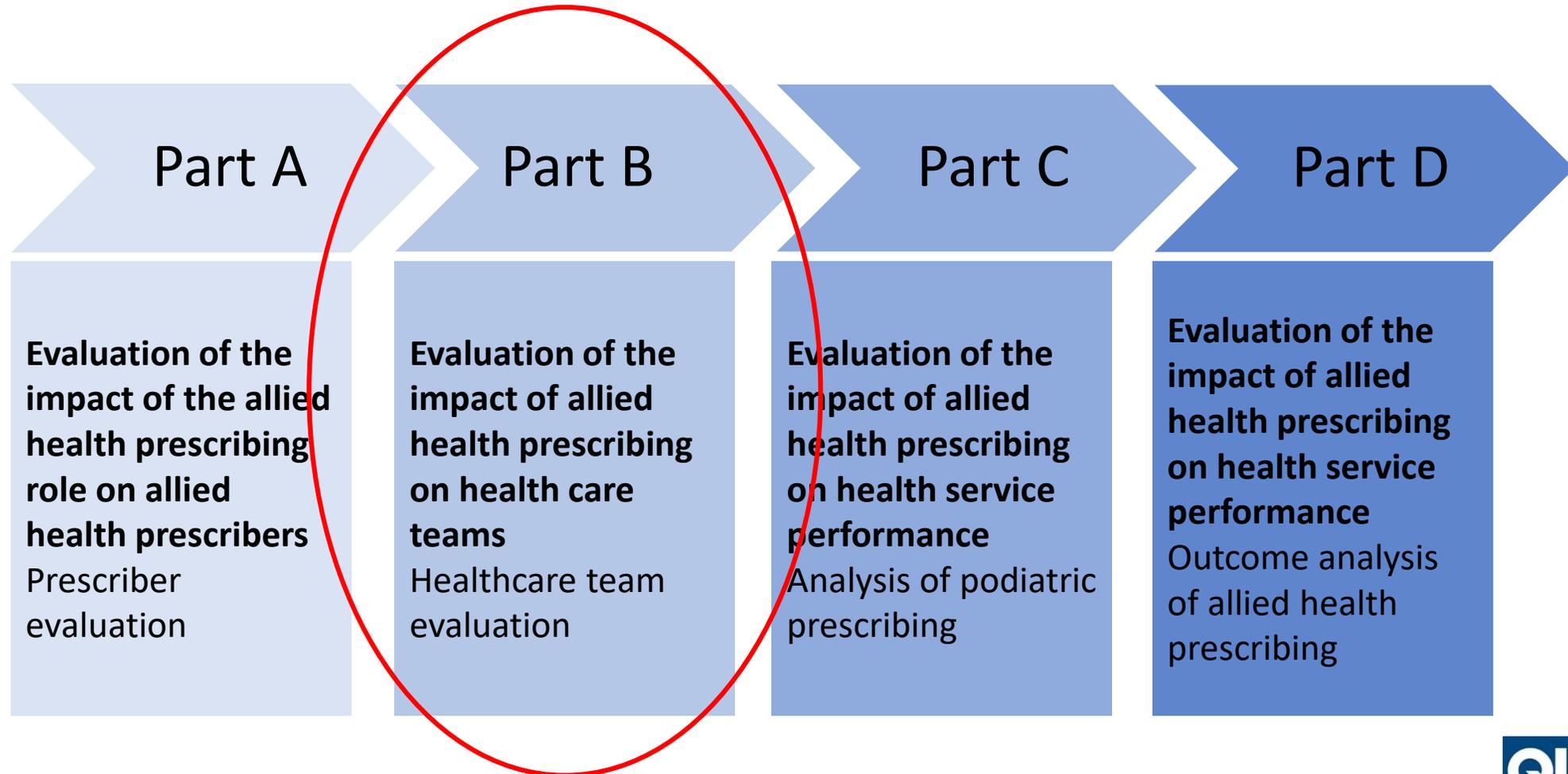


Allied health prescribing initiatives in Queensland Health

- Podiatrists
 - QUT Graduate certificate podiatric therapeutics (2014/15)
 - Scheduled Medicines Endorsement
- Prescribing trials
 - Pharmacist
 - Medical admission (2)
 - Pre-admission clinic
 - Inpatient discharge
 - Physiotherapist
 - Multi-centred
 - Musculoskeletal patients in emergency department



Allied Health Prescribing Evaluation Project (AHPEP)



Healthcare Team Evaluation

- Stage 1
 - Online survey
 - Minimum 6 months post-implementation
 - Prescriber – identified healthcare team members
 - 12 statements with Likert scale responses
 - Free text questions
- Stage 2
 - Semi-structured interviews
 - Purposive sample of survey respondents
 - Analysed using NVivo® qualitative software



Survey results

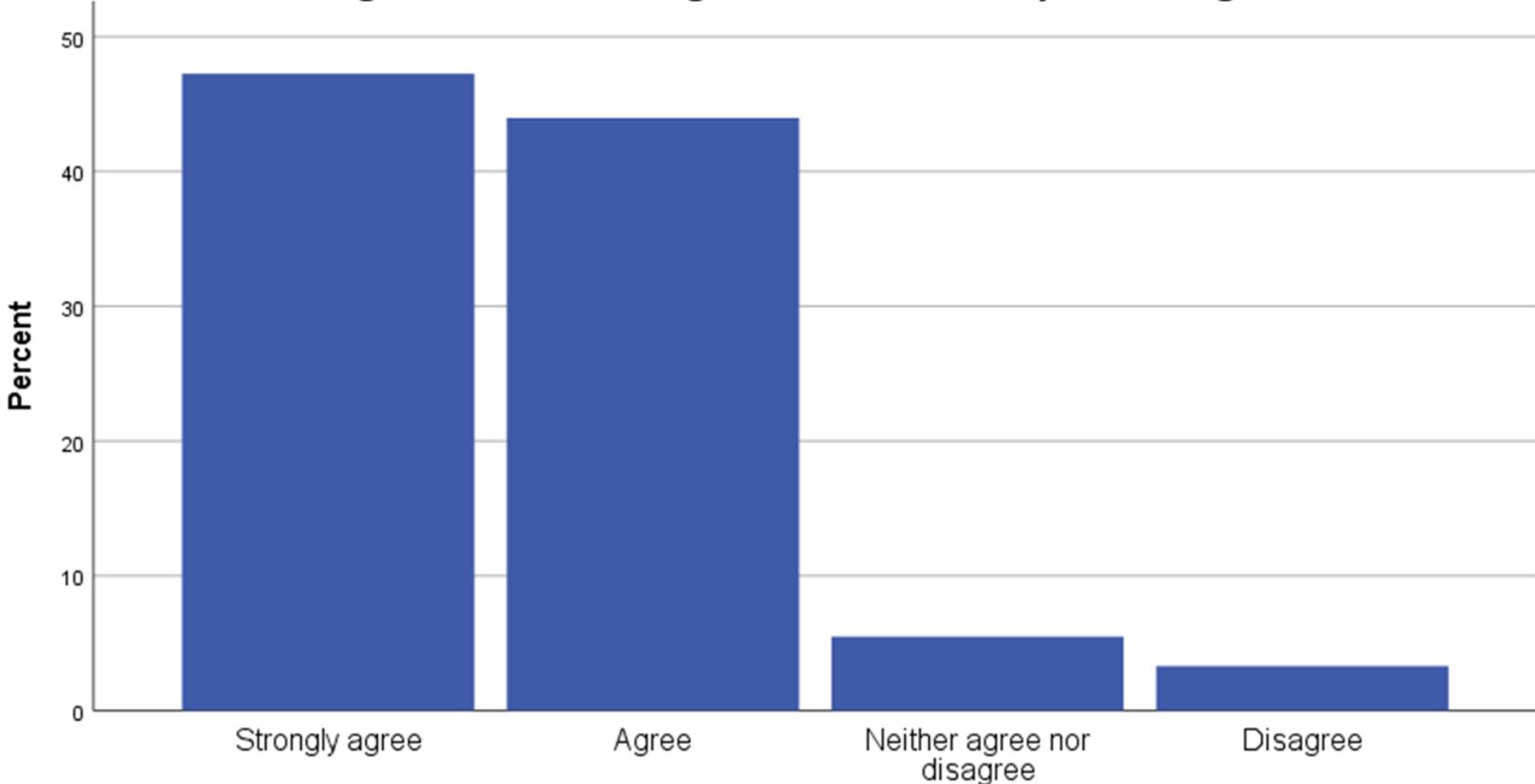
- June 2016 and February 2019
- 9 study sites
- 91 respondents (RR 63%)
 - 32 (35%) medical
 - 30 (33%) nursing
 - 29 (32%) allied health

- 69% physiotherapist prescribing
- 22% pharmacist prescribing
- 9% podiatrist prescribing

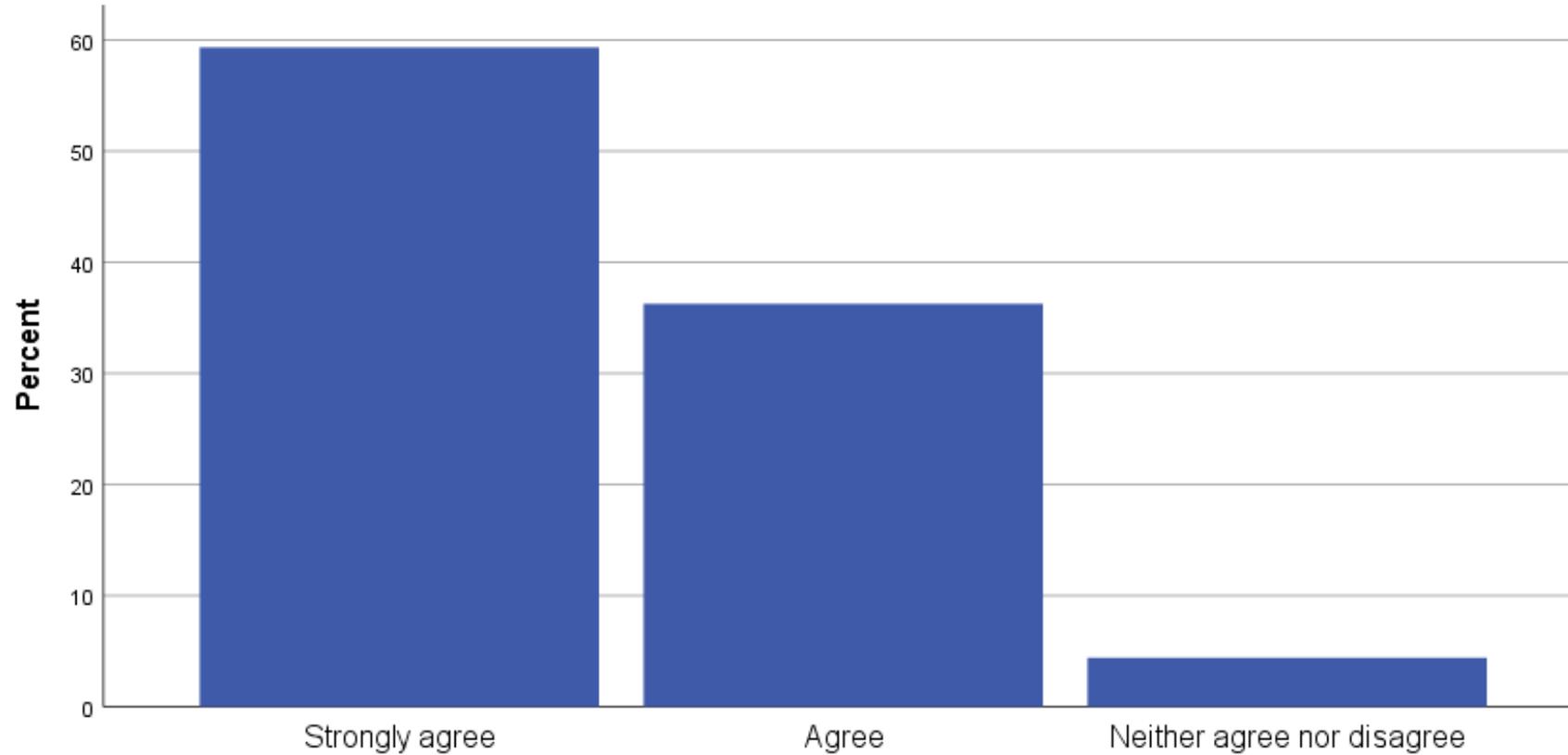
Performance



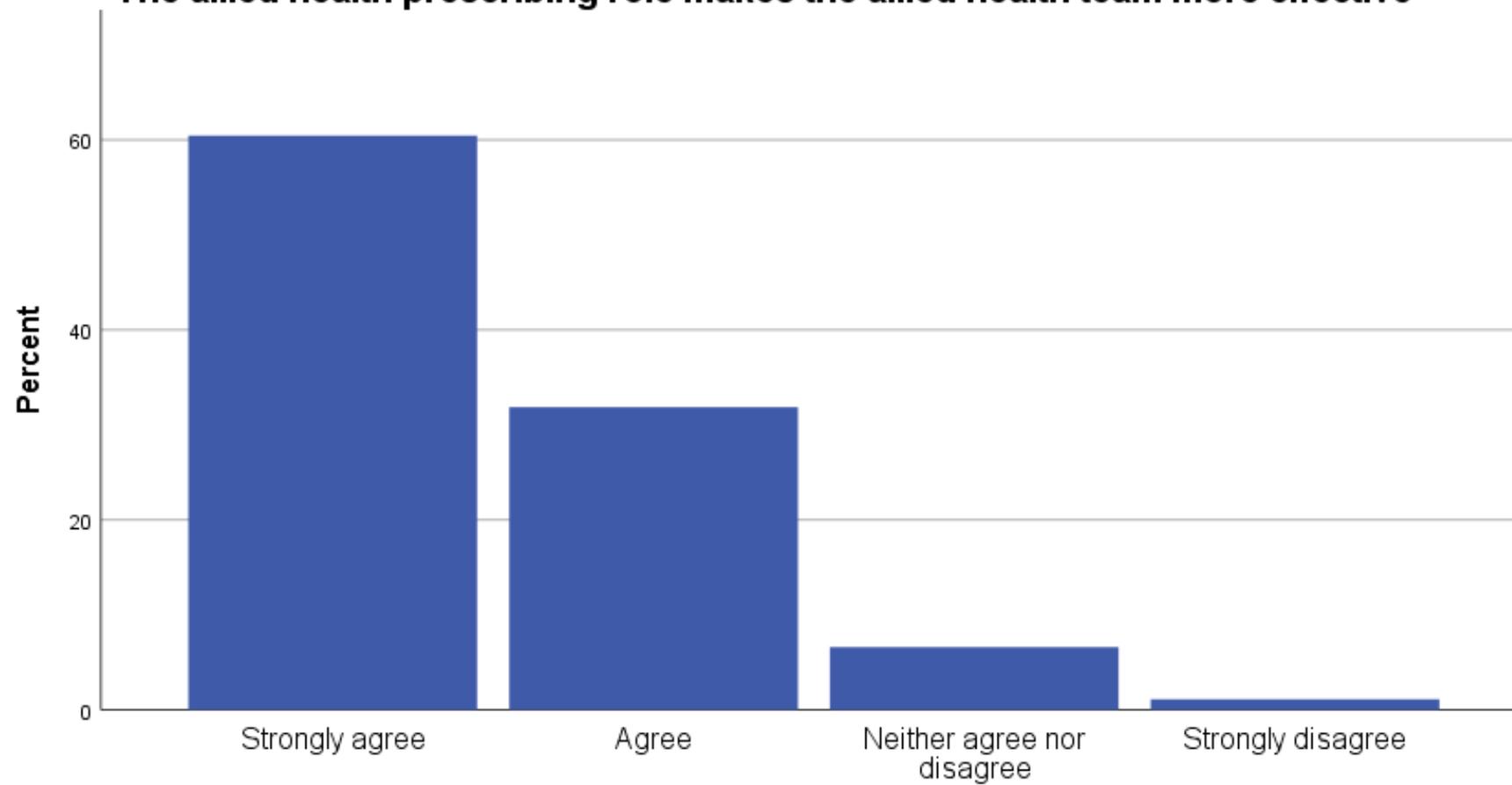
I have a good understanding of the allied health prescribing role



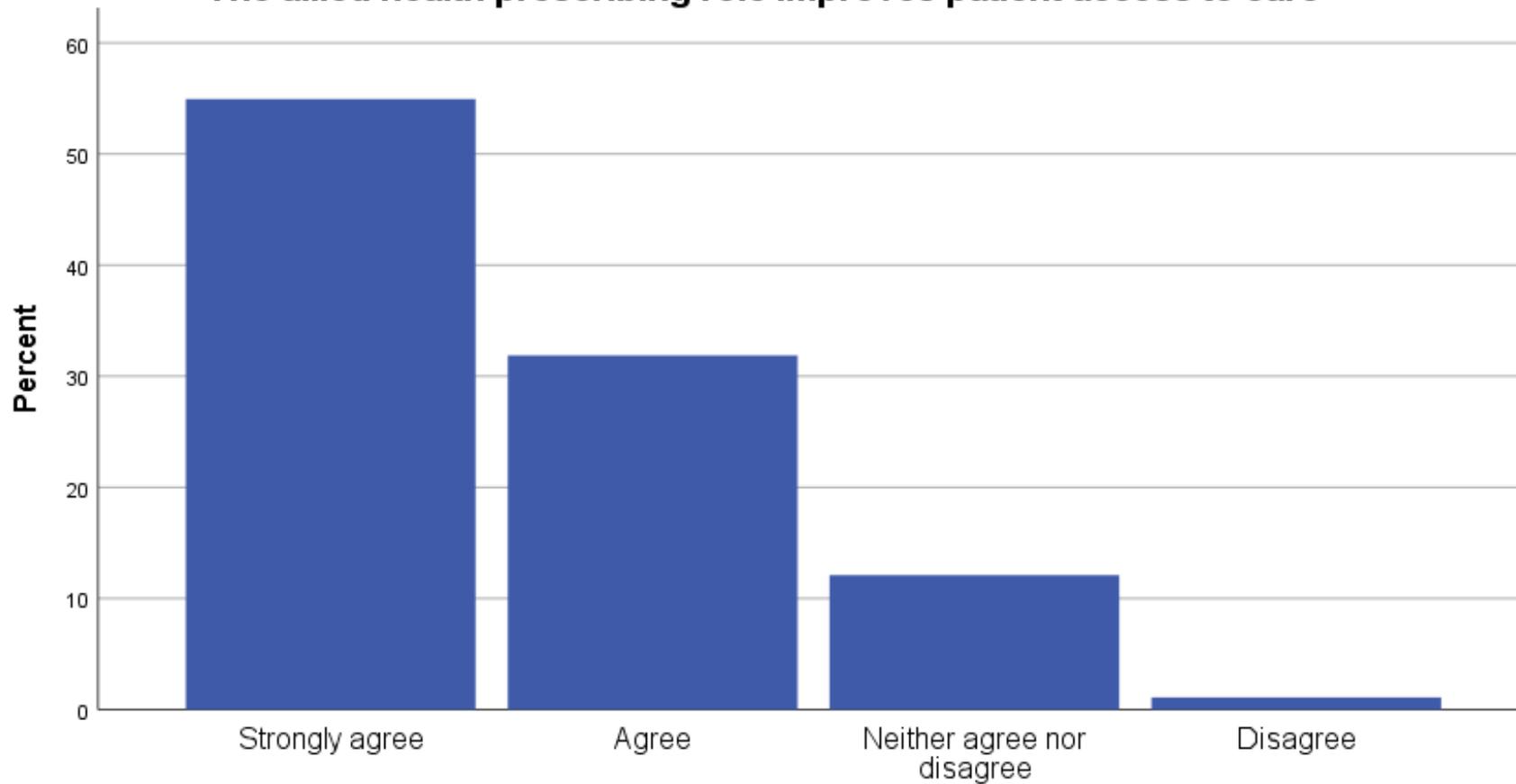
The allied health prescriber has the skills and knowledge to prescribe medicines relevant to their scope of practice



The allied health prescribing role makes the allied health team more effective



The allied health prescribing role improves patient access to care



Interview results

- March 2018-April 2019
- 6 study sites
- 18 participants
 - 3 (17%) medical
 - 8 (44%) nursing
 - 7 (39%) allied health

- 9 (50%) physiotherapist prescribing
- 5 (28%) pharmacist prescribing
- 4 (22%) podiatrist prescribing



Health System Performance: accessibility

- Improved NEAT or ELOS measures
- Improved time to analgesia
- Reduction in patient journey

'Certainly, improving time to be seen - its impact on patient flow and the NEAT or the ELOS as it's now called; it's huge, I'd say.' [6_HCT_cons]

Barriers to medicines access

- Restrictive formulary
- Lack of PBS prescriber rights

'...we run the risk of them not wanting to wait to see a doctor then leaving the service and not filling a script and then we see them again, whether that be two or three weeks then we've got further breakdown and we're dealing with a bigger problem.' [11_HCT_RN]

Health System Performance: safety

- Safe prescribers
- Physiotherapists more cautious prescribers
- Pharmacist medication charts
 - fewer omission/errors
 - more legible/complete
- Concerns
 - Prescribing out of scope
 - Deskillling of medical officers

'The pharmacist really checks what medications a patient's on. The pharmacists have better handwriting, have better ability to write things in the correct manner...' [3_HCT_consult]

Health System Performance: effectiveness

- Appropriate prescribing
- Allied health prescribers prescribe in line with evidence

'I think the physios prescribe more in line with evidence, so they are less likely to prescribe opiates for which there is little or no evidence, for example in low back pain.' [1_HCT_NP]

Service implementation

- Local approval
- System issues
- Staff engagement
- Support
- Supervision

'...if you've got a pharmacist who's allowed to prescribe but as the consultant you feel that they don't have all of those skills for whatever reason then it would become very much more difficult to performance manage that. That would be the thing that worries me, when you're performance managing across professional lines.'
[12_HCT_consult]

Attitudes to prescribing

- Positive healthcare team attitude
- Positive patient attitude

'Everyone loves it. No one thinks it's a problem. They think it's great.' [7_HCT_RN]

'Actually, do you know what, I don't actually know if the patients know that there's any difference. They don't treat her any differently.'
[18_HCT_NP]

Professional practice

- Prescriber attributes
 - Skillset
 - Pre-existing working relationships
 - Trust
- Personal development
- Development of profession

My comfort with what's happening on the GEMs ward now comes out of the relationship I have with our current pharmacist and that we've worked together for a while and I know them, and they know me. They know my quirks and what I like and what I don't, and I know their skill set.'
[12_HCT_pharm]

Future Directions

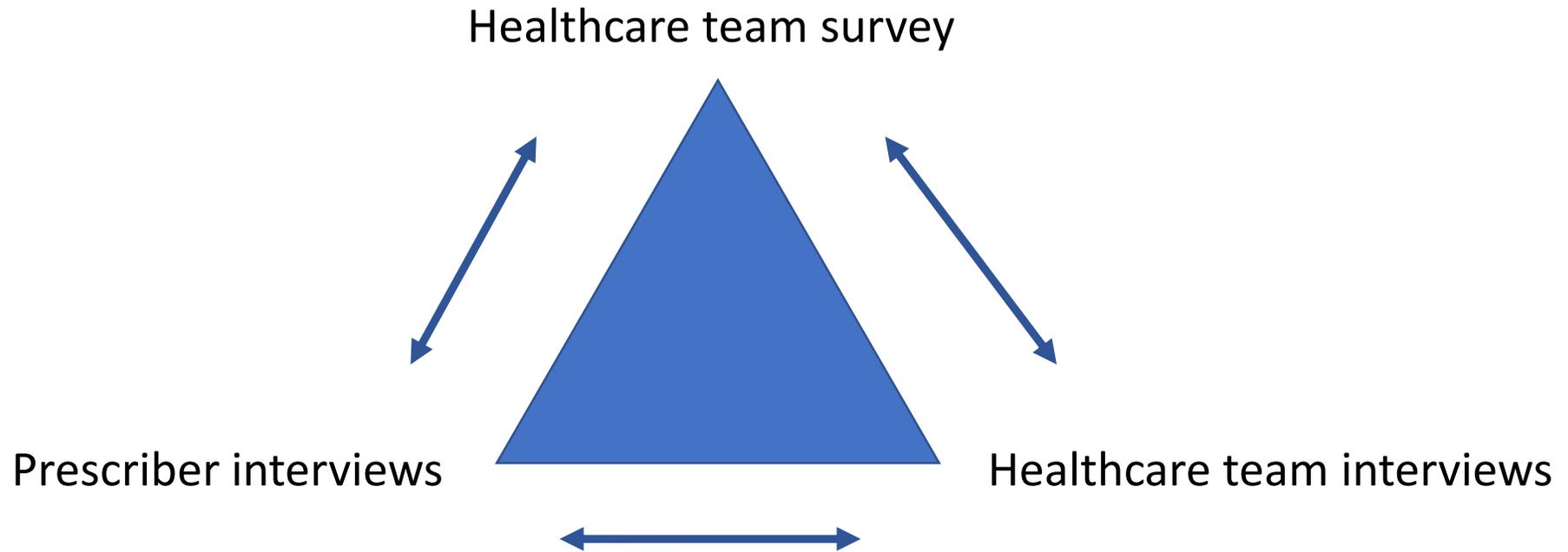
- Retention of service
- Expansion of allied health prescribing
- Resourcing

I think we've shown, with the physio practitioners and previously with nurse practitioners, that the traditional thinking of only doctors can prescribe is a flawed thought process.' [6_HCT_consult]

Conclusion

- Good understanding and acceptance of allied health prescribing role
- Identified health system performance benefits
- Barriers and enablers identified
- Support to continue and expand allied health prescribing activities
- Differences seen with different prescribing models/professions

Strengths and limitations



Acknowledgments

- Allied Health Professions' Office of Queensland
- Survey and interview participants
- Allied Health Prescribers



Medical vs Nursing vs Allied health

- ‘I have a good understanding of the educational preparation undertaken by the individual in the allied health prescribing role’ (p=0.014, chi-squared)
- ‘The allied health prescriber has the authority to prescribe medicines relevant to their scope of practice’ (p= 0.044, Fisher’s Exact)
- ‘I am comfortable with being approached by the allied health prescriber role for advice regarding patient management’ (p = 0.03, Fisher’s Exact)

Physiotherapist vs pharmacist vs podiatrist initiatives

- No significant difference in survey respondents