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A stakeholder visioning exercise to enhance chronic care and the integration of community pharmacy services

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ABSTRACT

Background: Collaboration between relevant stakeholders in health service planning enables service contextualization and facilitates its success and integration into practice. Although community pharmacy services (CPSs) aim to improve patients' health and quality of life, their integration in primary care is far from ideal. Key stakeholders for the development of a CPS intended at preventing cardiovascular disease were identified in a previous stakeholder analysis. Engaging these stakeholders to create a shared vision is the subsequent step to focus planning directions and lay sound foundations for future work.

Objectives: This study aims to develop a stakeholder-shared vision of a cardiovascular care model which integrates community pharmacists and to identify initiatives to achieve this vision.

Methods: A participatory visioning exercise involving 13 stakeholders across the healthcare system was performed. A facilitated workshop, structured in three parts (i.e., introduction; developing the vision; defining the initiatives towards the vision), was designed. The Chronic Care Model inspired the questions that guided the development of the vision. Workshop transcripts, researchers' notes and materials produced by participants were analyzed using qualitative content analysis.

Results: Stakeholders broadened the objective of the vision to focus on the management of chronic diseases. Their vision yielded 7 principles for advanced chronic care: patient-centered care; multidisciplinary team approach; shared goals; long-term care relationships; evidence-based practice; ease of access to healthcare settings and services by patients; and good communication and coordination. Stakeholders also delineated six environmental factors that can influence their implementation. Twenty-four initiatives to achieve the developed vision were defined.

Conclusions: The principles and factors identified as part of the stakeholder shared-vision were combined in a preliminary model for chronic care. This model and initiatives can guide policy makers as well as healthcare planners and researchers to develop and integrate chronic disease services, namely CPSs, in real-world settings.

1. Introduction

A suitable development, implementation and evaluation of health services requires the adoption of participatory approaches, which involve collaboration between relevant stakeholders across the healthcare system.^{1–3} Stakeholder involvement in health service planning allows different roles and interests to interact, fosters co-learning, nurtures innovative ideas, enables contextualization of service implementation and facilitates access to both funding and organizational support.^{4–6} A

participatory planning approach thus enables an optimal design of the health service adequately addressing population needs and integrating with the healthcare system and routine practice.^{1–3,7,8} It is essential to identify and engage with key stakeholders early in the health service planning process, even preceding the actual service development or design.^{7,9,10} According to McKenzie et al.,⁷ a health service planning process might begin with (1) the identification and initial engagement of the stakeholders; (2) the development of a stakeholder-shared vision; (3) defining the organizational structure for the planning process

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(stakeholders' roles and committees); and (4) ensuring access to the required resources. Overall, these steps focus on early organization and coordination, which both act to establish a sound foundation for the entire planning process.⁷

In a planning process initiated as stated above, once stakeholders have been identified, the next strategic step is to engage them to work together to develop a stakeholder shared vision.^{7,9,11} Visioning exercises are a good approach to enable idea sharing and formulating health service planning process outcomes. They also enable taking into consideration the opinions and perspectives of a range of stakeholders on the problem, focus planning directions and lay foundations for future work.^{12,13} When stakeholders work together to develop a particular vision, individual ideas and bias can be reconsidered, alongside broadening participants' understanding of the situation.^{13,14} Through this process, interested stakeholders become enthused with the vision and develop a sense of ownership, thus becoming more readily committed to achieve and communicate the vision.^{15–18}

Participatory planning can be applied to patient-centered services in community pharmacy whose overall objective is to improve patients' health and quality of life.^{19–22} As an example, a theoretical description of a planning process and related research can be found elsewhere.¹⁰ Community pharmacies are easily accessible healthcare facilities, in which skilled healthcare professionals (i.e., community pharmacists) are available to assist, usually without the need of an appointment, in addressing patients' health needs. In Australia, some community pharmacy services (CPSs) are government subsidized; however, there is a lack of integration of these services with primary care. Importantly, new community pharmacists' roles need to respond to existing or emerging needs of the population.²³ For example, cardiovascular disease (CVD), one of the major health priorities worldwide and in Australia, is an area in which community pharmacists have already shown to positively impact patients' health.²² As there is an evidence base, the development, implementation and evaluation of CPSs aimed at preventing CVD are actively being encouraged in Australia. In response to this situation, a participatory planning process was initiated in New South Wales (NSW) with a previous study conducting a stakeholder analysis to identify key stakeholders that could be involved in the development of a CPS for the prevention of CVD.²⁴ The present study is the second step in the participatory CPS planning process initiated in NSW, and its objective is developing a stakeholder-shared vision of a NSW world-leading cardiovascular care which integrates community pharmacists into primary care. A key outcome from the visioning process and a secondary objective of this study is also to identify the initiatives necessary to achieve this vision.

2. Methods

2.1. Study design

Workshops are a suitable and commonly used method to develop stakeholder-shared visions^{25,26} that enable efficient collection of dependable data (i.e., information does not change over the period of data collection).²⁷ Workshops also enable face-to-face discussions between stakeholders with varied backgrounds, which, in turn, allow for consideration of different perspectives, neutralizing bias and providing the opportunity to question individual assumptions, so contributing to high quality and credible outcomes.^{14,28} For this study, we conducted a structured, facilitated workshop designed through cross-disciplinary collaboration with social scientists experienced in designing and facilitating visioning exercises.

2.2. Participant selection and recruitment

In the previous stakeholder analysis,²⁴ 46 stakeholders related to the development of a cardiovascular CPS in NSW were identified, of

which a sub-group of 12 were considered key in the process (Table 1, List A). Further description of the process followed to identify and analyze the stakeholders along with information on how the sub-group of 12 stakeholders were considered key can be found elsewhere.²⁴ For the present study, we first invited those key stakeholders to participate in the workshop. Patient and consumer organizations were invited to represent individual patients in the visioning exercise, as cooperation with well-organized/institutionalized partners is a known successful approach.²⁹ This allowed for accessing the needs and perspectives of a wider patient population and avoiding individual patients feeling intimidated by a high-level meeting with industry stakeholders.⁵ Additionally, 9 of the remaining stakeholders identified were also invited to specifically utilize their enhanced understanding of the healthcare system and patient journey (Table 1, List B) and thus provide clarity and credibility to the final output of the visioning process.^{14,30} The particular stakeholder selection was made with an aim to achieve a broad range of perspectives, whilst keeping the workshop participant numbers manageable.^{6,31} For further details on how the final list of participants was obtained, please refer to Appendix 1. All stakeholders were initially contacted by email and/or by phone from August 2015 and a brief description of the project was provided (Appendix 2). Save the date emails were sent out in October–November 2015. Individual stakeholders who could not, or did not feel they were the most appropriate candidate to attend, were encouraged to nominate an alternative representative from their own or another organization.

Table 1
Stakeholders involved in this research.

<p>A. Core group of stakeholders considered crucial for the development of a cardiovascular CPS in New South Wales, Australia (n = 12)¹⁶</p> <ul style="list-style-type: none"> ● Primary Healthcare Networks (PHNs) ● Agency for Clinical Innovation (ACI) ● Chronic Cardiovascular Clinical Expert Reference Group ● Office for Health and Medical Research ● Local Health Districts & Specialty Networks ● National Heart Foundation of Australia ● Pharmacy Guild of Australia ● Australian Medical Association ● The Royal Australian College of General Practitioners ● Individual patients ● Patient groups/organizations (including disease-oriented) ● Consumer Health Forum of Australia. <p>B. Stakeholders invited by the research team to participate in the study in addition to the core group (n = 9)</p> <ul style="list-style-type: none"> ● Heart Support Australia ● Pharmaceutical Society of Australia ● The Society of Hospital Pharmacists of Australia ● The Cardiac Society of Australia & New Zealand (CSANZ) ● The Cardiovascular Nurses Council-CSANZ ● The Australian Primary Health Care Nurses Association ● The Australian Cardiovascular Health and Rehabilitation Association ● A community pharmacist ● UTS: Graduate School of Health <p>C. Stakeholders that finally participated in the workshop (n = 13)</p> <ul style="list-style-type: none"> ● A representative of The Pharmacy Guild of Australia ● A representative of the National Heart Foundation of Australia ● A representative of the ACI ● A representative of Health Consumers NSW (nominated by Consumer Health Forum of Australia) ● A representative of a specific PHN ● A departmental representative for PHNs ● A general practitioner who is related to the Australian medical associations ● An individual community pharmacist with experience in providing community pharmacy services ● A representative of the Pharmaceutical Society of Australia ● A clinical pharmacist member of the Society of Hospital Pharmacists of Australia ● A Cardiology Nurse Consultant ● A representative of Heart Support Australia ● A representative of the UTS: Graduate School of Health (i.e., research team member).
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