A SIMULATION PILOT STUDY OF HEALTH OPTIMISATION FOR PATIENTS WITH BIPOLAR DISORDERS: AN EMERGING ROLE FOR CLINICAL PHARMACISTS AS DECISION COACHES

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Background Bipolar disorder patients may experience suboptimal treatment due to ineffective medicines, overtreatment, adverse drug reactions (ADRs) and non-adherence. To ensure optimal and value-congruent treatment for each patient, a holistic approach to shared decision-making (SDM) supported by technologies has been proposed. Our health optimisation system (DECIDE, https://www.decide-treatment.org) enables patients, healthcare providers and carers to collaborate in selecting, managing, assessing and following up treatment. In SDM, a decision coach is an emerging role in informing, supporting and guiding patients, and clinical pharmacists might be uniquely positioned for the role.

Purpose To explore the role of the pharmacists as decision coaches and to simulate the implementation of a health optimisation system in a pilot study.

Material and methods A literature review and qualitative interviews with psychiatrists and patients were conducted, and multidisciplinary focus groups were applied to establish the pharmacists’ role, to produce training programmes and to design a simulation pilot study. We conducted a role-play simulation, to mimic the clinical setting, with eight healthcare professionals. Clinical courses normally taking years were streamlined to 2 weeks using simulation. We then conducted focus groups and semi-structured interviews based on activity theory.

Results The literature review revealed that the role of pharmacists as decision coaches had yet to be fully explored. Based on the qualitative interviews and focus group discussions, pharmacists as coaches could collect patients’ medication history, perform a structured medication management review, check medical records and patients’ beliefs about the effects and ADRs of medicines used. The pharmacists could enter the obtained information into the DECIDE. The pharmacists could educate, support and follow-up the patient in benefiting from the DECIDE. The participants found that a decision coach could result in a higher quality of treatment and save time. In addition, they generally found the training programme useful, and believed that the role-play simulation could facilitate implementation of the DECIDE in the clinical ward.

Conclusion The role of pharmacists as decision coaches was perceived to be potentially useful and feasible. Further clinical studies are being planned to assess the feasibility of the DECIDE, supported by pharmacists as decision coaches in a clinical setting.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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