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Indigenous Medication Review Service (IMeRSe) Feasibility Study

Welcome to the Indigenous Medication Review Service (IMeRSe) Newsletter: Issue 5

Welcome to our second Newsletter for 2019. We are moving towards the last month of study recruitment and we can sense the excitement among the sites as we progress to reaching our target of 300 plus participants. Over the next few weeks, we will be working closely with all sites to continue to support the recruitment process and to collect the baseline data required to assess whether the *Medicines Talk* and follow-up is working for Aboriginal and Torres Strait Islander people.

Once again we thank everyone involved and look forward to working with you to expand the program to benefit the wider community.



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IMeRSe at a glance



Upcoming Events

Coordinators Teleconference
and IMeRSe Community
Pharmacists Webinar

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Study Dashboard

Keep up to date with the IMeRSe
study

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Coordinators Teleconference

Highlights and tips from the
IMeRSe Coordinators

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Farewell to Sarah
South Coast Aboriginal Medical
Centre

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Get to know...
Dr Warren Jennings

[Discover more](#)

Save the Date!

The next IMeRSe Coordinators Teleconference dates:

- 8 May 2019
- 10 July 2019
- 9 September 2019

Calendar invites will be sent closer to the dates. All Coordinators are encouraged to attend this 30 minute catch up together with the researchers.

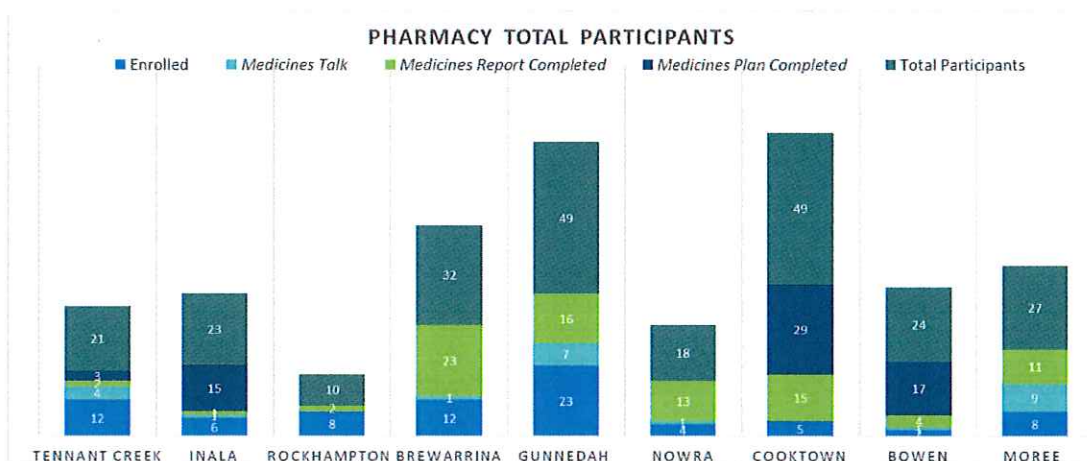
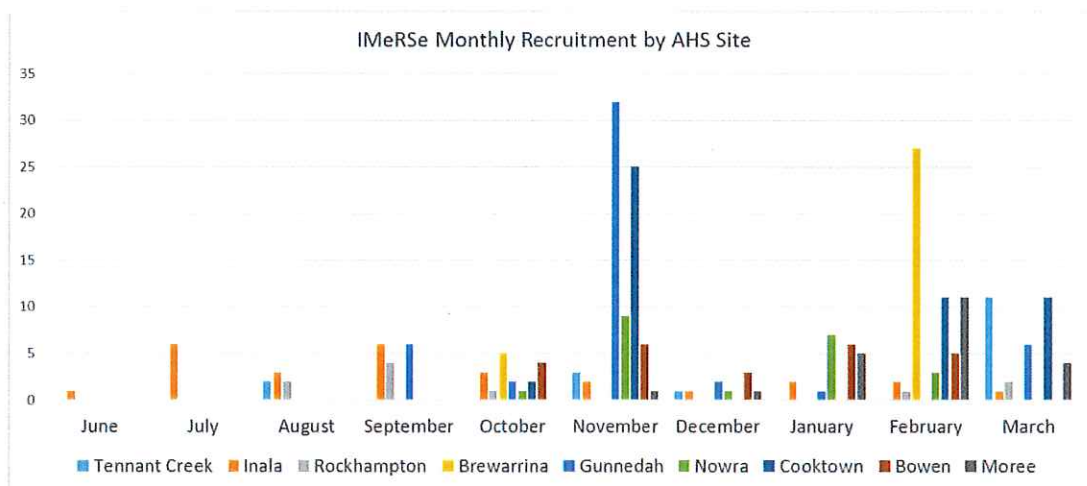
The next IMeRSe Pharmacist Webinar

- 30 April 2019
- 11 June 2019
- 30 July 2019
- 10 September 2019

All participating pharmacists are encouraged to attend. Please register your attendance for the April webinar via imerse@griffith.edu.au by 27 April 2019

Study Dashboard

| Sites Recruited | Community Pharmacies Engaged | Participants Enrolled | Medicine Reports Completed | Medicines Plans Completed | Follow-ups Conducted |
|-----------------|------------------------------|-----------------------|----------------------------|---------------------------|----------------------|
| 9 | 21 | 263 | 149 | 63 | 7 |



Farewell to Sarah...and welcome to Glenda!

This month we farewell Sarah Smith, our IMeRSe Coordinator from Nowra. Sarah has been a significant contributor to the IMeRSe program and we wish her all the best in her retirement.

Not to worry though, as Sarah is being replaced by the wonderful Glenda McHugh! Glenda has been involved in Nursing for a long time working in Surgical, Medical and Theatre at the local Private Hospital. She also works at the South Coast Aboriginal Medical Service as a member of the Health Workers team. Glenda really enjoys both work places which offer varied experiences.

Recently Glenda has been given the opportunity of being involved in the IMeRSe program, and is looking forward to promote IMeRSe and expand it's benefits for Nowra.

Outside of working, Glenda is a keen line dancer and loves traveling as often as she can to far and exotic locations. She also has a passion for animals particularly Possums and looks after her own possum family.



Image (L-R) Nathan Deaves (Senior Manager), Glenda McHugh, Sarah Smith, South Coast Aboriginal Medical Service.

IMeRSe Coordinators Teleconferences

In late March we held another teleconference for AHS staff and IMeRSe Coordinators. This teleconference provided a chance for the Coordinators to share tips for success and troubleshoot any issues encountered..

There were 4 key takeaway messages discussed during the teleconference in relation to completing all 3 baseline questionnaires. It is important to remember to complete the following sections

- Medicare number (including the individual reference number)
- Question 5 Medical History (e.g. long term conditions)
- What do you want or expect from the IMeRSe study
- Complete all 3 components of baseline survey (Lime Survey, GEM and K10)

Get to know...Dr Warren Jennings

Warren Jennings is a General Practitioner (GP) Champion for the IMeRSe study. Working as a GP with Aboriginal and Torres Straight Islanders for a number of years at the Inala Indigenous Health Service (IIHS), Warren keeps busy with regular patients, many of whom have diabetes and other chronic diseases. Warren's interest in IMeRSe comes out of challenges he has experienced getting Home

Medicine Reviews (HMR) for clients. The IIHS takes part in research initiatives, and when the study was discussed Warren was happy to “put his hand up” as the clinical support person for IMeRSe.

IMeRSe's study design is appealing to Warren who is “intrigued” by the concept of accessing pharmacists already involved in client care, in order to upskill them using cultural capabilities training. Warren considers the IMeRSe study as having a “great capacity-building technique” with its flexible structure allowing existing staff to work in a way that suits the environment in which they work with clients. Warren's interest in enhancing networks with local pharmacists has been facilitated by the IMeRSe study, offering opportunity to increase interactions with other health professionals supporting mutual clients. He has developed good relationships with local pharmacists which he reports improves all the time.

One unique issue when recruiting for IMeRSe with Aboriginal and Torres Strait Islander clients in urban areas has proved “tricky” however. Warren states that a barrier to recruitment in an urban centre is that not all clients see a pharmacist in the same area as the Health Service is located. With access to a number of pharmacies in surrounding suburbs clients visiting the IIHS may collect their medication from outside the study pharmacies. As a result, meeting the study's recruitment criteria is an opportunistic exercise.

The IMeRSe study has been a valuable resource as it means pharmacists gain access to other members of the health support team. Making a difference for clients is important to Warren, who is grateful for increasing rapport with local pharmacists in the IMeRSe study. Warren also expresses the view that clients taking part in the study now know that sitting down with their pharmacist is useful. Warren would love for clients completing HMRs to seek out pharmacists to start that conversation.

Reviewing medication in primary health care has long been the domain of GPs, although Warren finds that “diagnosing and prescribing is a tiny facet of General Practice”. Warren is keen to take on alternative ideas offered by other health professionals, particularly local pharmacists, for example around medication interactions and timing of medication use. Warren is open to new suggestions and sharing knowledge as these ideas serve as learning exercises for him as a GP. Warren has found that as a GP working in the Aboriginal and Torres Strait Islander space, the IMeRSe study emphasises ongoing relationships with the health team supporting the client.



Image (L-R) Liz Darlington, Aboriginal Health Worker and Dr Warren Jennings.

We encourage you to submit stories for the IMerSe newsletter, and details of your team and their experience with implementing IMerSe in your health service or community pharmacy. Email submissions to: imerse@griffith.edu.au

This feasibility study is funded by the Australian Government Department of Health as part of the Sixth Community Pharmacy Agreement

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