

Patient selection processes –
Admission for ACS

Patients selected for intervention
– dHMR

Intervention Processes

Patient Focus – dHMR interview

- Assessing knowledge and providing education
- Mediating psychosocial inputs (what do their friends say and is this correct)

- Improve patient's belief in their own actions and ability to improve (self-efficacy)

Positive behaviour change

Professional Focus – dHMR report; agreed management plan; pharmacist education

- Improve/correct Knowledge-base – through consistent referral letters and consistency with dHMR report
- Offer opportunities to develop skills and expertise – to pharmacists only

- Improved attitudes toward provision of appropriate care (behavioural intention)

Professional behaviour/practice changes

Health System Factors

Organisational Design

- Intervention enablers – consistency in dHMR referral letter content; pre-existing funding for dHMR service
- Intervention barriers – GP approval and forwarding of dHMR referral letters

Combined effect of organisational enablers and barriers on overall intervention process

Inter-professional Relationships and Coordination

- Is inter-professional collaboration able to occur – through follow-up report and agreed management plan
- What is the quality of this collaboration – by written report only OR by telephone discussion OR by meeting discussion
- What happens when this doesn't occur – i.e. the control group

Outcomes

Clinical
eg. adherence,
readmissions

Functional
eg. QOL

Health Care Expenditure –
dHMR costs vs functional
and clinical outcome savings

Consumer Satisfaction –
previously established