COMPLETED GRANT SYNOPSIS

Development of a community pharmacy fall risk assessment model

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Objectives

Objectives were twofold: 1) Examine how community pharmacists presently screen for fall risk and if they do not, to assess their willingness to integrate the screening into their workflow, 2) Develop a model for assessing fall risk in community pharmacies.

Methods

Design	• Qualitative approach using grounded theory as the foundation for data collection and analysis • Community pharmacists from Iowa and Wisconsin were interviewed via telephone. • Interviews were analyzed and coded to reveal concepts and categories that were then integrated into a conceptual model for fall risk assessment in the community pharmacy setting
Study endpoints	• Community pharmacist fall risk screening practices • Community pharmacist willingness to conduct fall risk assessments • Development of conceptual model

Results

- 20 community pharmacists were interviewed with interviews ranging from 15 to 60 minutes in length
- Saturation was achieved with 20 pharmacist interviews
- 18/20 of pharmacists deny consistent, efficient fall risk screenings in their pharmacy
- 19/20 of pharmacists feel community pharmacy practice should play a larger role in fall prevention, particularly medication review and deprescribing of medications
- 2/20 of pharmacists have developed some sort of workflow around fall risk assessments but desire a more structured approach that will ensure patients are continuously re-evaluated and monitored for fall risk
- Fall risk assessments in the community pharmacy setting have four components: screen, assess, intervene, and monitor
    - Barriers and facilitators exist within each component and include time, compensation, and training
- Four dimensions were identified throughout the falls risk assessment: role, consistency, ambiguity, and frequency
- Pharmacists expressed interest to partner with primary care physicians (PCPs) to help initiate a fall risk assessment protocol, as an extension of the PCP, ultimately helping PCPs with achieving quality metrics.

Conclusion

Community pharmacists are willing to integrate components of fall risk screenings and prevention strategies into their workflow but need adequate resources to do so. Fall risk assessment in the community pharmacy setting needs to be simplified and structured so that it may be performed consistently for every patient who is an increased risk for falling. Collaboration between providers, pharmacists, and patients is required to appropriately lower fall risk in older adults. This may provide an opportunity for pharmacists to assist primary care providers with meeting quality measures as outlined by value-based programs like the Merit-Based Incentive Payment Systems (MIPS). Further research centered on the implementation of a fall risk assessment workflow model should be conducted to support community pharmacists and PCPs and to better understand how to overcome challenges.