

Submission

Delivering better patient care through better utilisation of pharmacists

*Inquiry on the role and opportunities for community
pharmacy in primary and preventative care in Victoria*

June

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Delivering better patient care through better utilisation of pharmacists

*“Pharmacists are **highly trained**, have **deep expertise** in medicines, and are located in **communities** throughout Australia. But their **role** is far more limited in Australia than in many other countries.”¹*

Submission to the *Inquiry on the role and opportunities for community pharmacy in primary and preventative care in Victoria*

This submission and recommendations directly target the Victorian Government’s goal to achieve the best health and wellbeing for all Victorians. Throughout this submission, we explore where pharmacists can really make a difference to the lives of Victorians and set out what is needed to optimise this important role.

The submission highlights key areas in which existing health resources can be better coordinated and targeted within a collaborative primary health care model to improve health outcomes for Victorians. Specifically, it identifies opportunities to better utilise the skills and expertise of pharmacists to address areas of unmet need, aligned with the Government’s policy objectives.

PSA’s submission ensures that each of the proposed roles directly respond to the seven priorities in the Health Department’s framework, by including suggestions for:

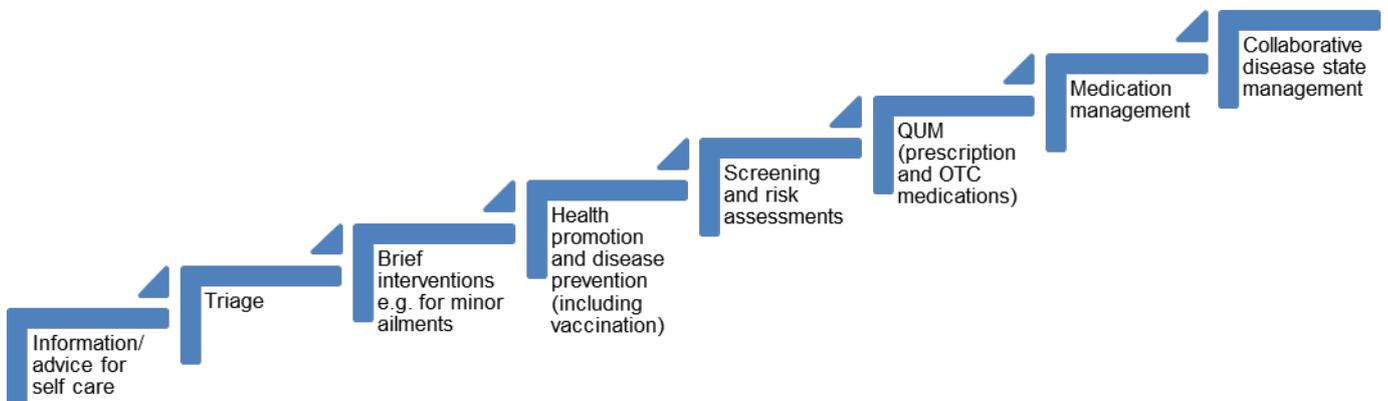
- Pharmacy services that are responsive to people’s needs
- Pharmacy services that improve the health status and health experiences of Victorians
- Expanding service, workforce and system capacity through better utilisation of pharmacists
- Increasing the system’s financial sustainability and productivity through better utilisation of pharmacists
- Continuous improvements and innovation in pharmacy practice
- Increasing accountability and transparency
- Utilising e-health and communications technology for the delivery of pharmacy services

The submission presents a suite of potential projects that could be piloted and evaluated for wider implementation, building on the testing of extended roles already underway in a range of public service areas.

Pharmacists in the community

Pharmacists are among the most trusted and accessible professionals in Australia. The vital service that pharmacists play in dispensing and supplying essential medicines for the community, particularly consumers with chronic diseases, is a well-established part of the Australian health system. Indeed, this has been the key role of pharmacists under the Pharmaceutical Benefits Scheme (PBS) since its inception in 1948.

The role of pharmacists relates not only to medicines use and management but also in providing advice on non-drug management where appropriate, providing support and information, and working across the whole spectrum of health from maintenance of good health to management of ill health, as shown in the image below.



Pharmacist workforce

Australia has a large and growing pharmacist workforce that is highly trained and with a much younger age-profile than most other health professions. There are currently 26,000 registered pharmacists in Australia, with 6,300 practising in Victoria. Over 60% of the workforce is female, and 48% are under the age of 35 years old².

Pharmacist training

There are currently 3 universities offering pharmacist education in Victoria and the annual total graduate output is currently estimates to be around 360 based on class sizes information from each school. Pharmacy education is a four year degree program with an additional full time internship year of 1824 hours supervised practice before candidates are allowed to sit for the Pharmacy Board of Australia registration examinations. Besides having a focus on drug actions, pharmacists are highly educated across a broad spectrum of disease states and organ systems, as well as health promotion and disease prevention. Over 12% of community pharmacists have post graduate qualifications³

In addition to formal postgraduate qualifications, many pharmacists acquire further training and skills upgrades in a broad range of practice areas including Opioid Replacement Therapy, Wound Management, Compounding, Medication Management Review, Diabetes Management, Asthma Management, Sleep Apnoea Management, Motivational Interviewing, and others.

There is a mandatory registration requirement by the Pharmacy Board of Australia to undertake continuing professional development of 40 CPD Credits per year. Over 30% of Pharmaceutical Society of Australia (PSA) members exceed this mandatory requirement and engage in substantial amount of professional development on an ongoing basis.

Pharmacists are highly qualified health professionals yet their skills, knowledge and expertise are often under-recognised and under-utilised, as highlighted in the recent Grattan Institute Report.⁴

Where pharmacists work

Latest reports indicate 63% of pharmacists work in community pharmacy but the actual figure of community pharmacists in practice may be as high as 80%⁵. This is due to the report only showing the primary place of practice and there are many pharmacists working part time in community pharmacies in addition to their primary job. Another 8.5% of pharmacists practise in other settings in the community such as community health centres, medical clinics, aged care facilities and in consumers homes (providing medication reviews)⁶.

The breadth of locations in which pharmacists work is supportive of the proposed shift towards a model of care known as the Patient-Centred Medical Home (PCMH). The PCMH has been proposed as a model for transforming primary health care and improving the efficiency and effectiveness of the health system, particularly for consumers with chronic disease. The principal feature of this model is the identification of a health care professional who leads a team which takes responsibility for all the health care needs of an individual and coordinates care with other health professionals. Payment systems reward the added value provided by the medical home.

In Australia, much of the literature around the medical home has been focussed on transforming General Practices into a medical home, and envisaging only a very limited, peripheral role for providers such as pharmacists⁷. This is in contrast to international models, including the widely-cited Seattle Group Health Cooperative⁸ and it means that Australia is again lagging behind in terms of applying evidence-based models. The models in which significant benefits have been demonstrated employ care teams that are indeed led by GPs, but use an expanded staffing model in which nurses, clinical pharmacists and others assume greater care management roles.⁹

Roles that pharmacists can fulfil as part of a PCMH team extend well beyond the walls of a community pharmacy, and can include but are not limited to the following¹⁰:

- Identifying, resolving, preventing, and monitoring medication use and safety problems;
- Reducing poly-pharmacy and optimising medication regimens on the basis of evidence-based guidelines;
- Recommending cost-effective therapies;
- Designing tailored adherence and health literacy programs;
- Developing consumer medication action plans with self-management goals; and

- Communicating medication care plans to consumers, carers and other health care professionals in the team.

(See image on following page)

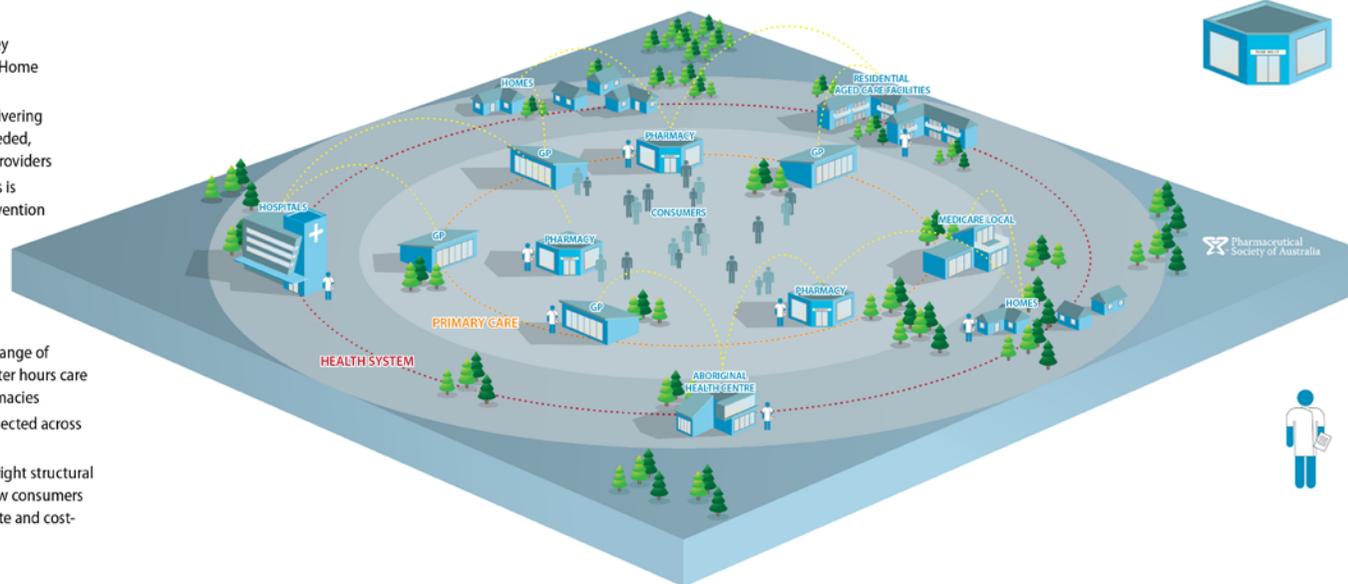
Pharmacists and the patient-centred medical home

Key features

PSA's proposals seek to align with the key features of the Patient-Centred Medical Home model, in that they are:

- Patient-centred – pharmacists are delivering services where and when they are needed, and in collaboration with other care providers
- Comprehensive – the focus of services is across the spectrum of care, from prevention to chronic disease care
- Coordinated – the contribution of the pharmacist is part of the broader health care system, with effective documentation and communication
- Accessible – having pharmacists in a range of settings increases accessibility, and after hours care is available at many community pharmacies
- Committed to quality and safety – reflected across all of the proposed programs

Underpinning this approach is that the right structural and funding systems are in place to allow consumers to move to the most clinically appropriate and cost-effective setting.



Pharmacy = Health care destination

- » Safe and quality dispensing of PBS/RPBS
- » Optimising medicines management
- » Public health programs:
 - health promotion
 - screening and risk assessment
 - brief interventions
 - chronic disease monitoring
- » Triage and minor ailments service



Pharmacist = Health care clinician

- Collaborative medication management in:
- » consumers' homes
 - » residential aged care facilities
 - » Aboriginal health services
 - » General Practices
 - » community and hospital pharmacies

Health system enablers

- Health work force
- IT/eHealth
- Funding arrangements

Primary care enablers

- After-hours
- eHealth
- Australian Primary Care
- Collaboratives

Improving public health and prevention

The well established network of over 1,300 community pharmacies and 6,300 pharmacists work to support equitable access for Victorians to medicines, health information and professional advice, in most cases without the need to make an appointment. Pharmacists are often the first health professional that a consumer interacts with to discuss health issues.

Pharmacists have a significant role to play in addressing public health priorities such as immunisation, particularly as increases are being observed in vaccine-preventable conditions.¹¹

Similarly, much more can be done in the area chronic disease prevention. Overweight and obesity rates are rising, potentially leading to future peaks in type 2 diabetes and other chronic diseases.¹² The recently Global Burden of Disease study 2010¹³ showed that little progress has been made to reduce the overall effect of non-fatal disease and injury on population health, estimating that as life expectancy has increased, the number of healthy years lost to morbidities (disease sequelae and injury) has also increased.¹⁴ This means that globally we are living longer but the percentage of life lived without disability or disease has not been correspondingly extended.

Consumers receiving their seasonal influenza immunisations at community pharmacies is now commonplace in the US. In New Zealand, pharmacists with suitable credentials are also now engaged in the provision of immunisations. Yet in Australia, there remains a reluctance to devolve any primary care responsibility away from GPs, however well some functions could be performed by other suitably trained health professionals. As Jennifer Doggett noted, "*Australia is one of the few countries where GPs give routine immunisations.*"¹⁵

The following section outlines some examples of existing initiatives and projects that are making better use of pharmacists in public health and prevention.

Existing initiatives

NSW Government "Get Healthy" Program

This initiative is engaging community pharmacies to act as awareness and referral points for consumers to access the Get Healthy Service, which is a free telephone-coaching service to assist adults to make lifestyle changes in relation to healthy eating, physical activity, and reaching and maintaining a healthy weight.

WA Community pharmacy Chlamydia Screening pilot

A trial conducted in 20 Perth community pharmacies allowed pharmacists to opportunistically offer chlamydia screening to women requesting emergency contraceptives. The scheme was rated as highly convenient, and the time taken to offer a chlamydia test along with an EC consultation as highly appropriate, by consumers and pharmacists alike.

UK Healthy Living Pharmacy initiative

The Healthy Living Pharmacy (HLP) initiative commenced in 2009 with an initial investment by Portsmouth Primary Care Trust, with a goal for community pharmacies to become Healthy Living centres, promoting and supporting healthy living by offering healthy lifestyle advice and support on self-care and a range of pressing public health concerns.¹⁶

In the 5 years since, HLPs have been implemented across the UK, based on a framework aimed at achieving consistent delivery of a broad range of high quality public health services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. Interest in HLPs has been growing, not only in the UK, but around the world.

Services offered by HLPs include stop smoking, weight management, emergency hormonal contraception, chlamydia screening, advice on alcohol, inhaler technique, minor ailments and medicine use reviews.

HLPs must have a team that actively promotes health and wellbeing, proactively offers brief advice on a range of issues such as smoking, physical activity, sexual health, healthy eating, alcohol and harm reduction and signposts to relevant local and or/national support. HLP teams proactively engage with the local community, through outreach activity and other health and social care providers and professionals.

One of the key distinctions of an HLP is having a “health champion” on site, who is proactive in promoting health and wellbeing messages, signposts the public to appropriate services and enables and supports the team in demonstrating the ‘ethos’ of an HLP.

Queensland Government Pharmacists Immunisation pilot

A trial commenced January 2014 across a number of community pharmacies in Queensland, investigating:

- the potential public health benefits of extending consumer access to influenza vaccination by community pharmacists;
- the requirements to ensure safe operation of influenza vaccination services by community pharmacists, including:
 - competency to inject vaccines;
 - training and education about immunisation;
 - appropriate management of immediate adverse events;
 - requirements for appropriate clinical infrastructure and procedures; and
 - reporting requirements

To date, over 12,500 Influenza vaccines had been administered by nearly 80 participating community pharmacies without any issue. Notably, nearly 40% of services provided were opportunistic and 50% never received the vaccine before. The public health benefits of

community pharmacy immunisation are therefore quite significant. It is logical that pharmacists immunisation services could be considered for extension to other vaccines for adults in general travel medicine and repeated booster doses of diseases such as measles and whooping cough.

Opportunities in Victoria

Involving pharmacists in efforts to improve public health and prevention would correlate with the locally-led initiatives already commenced under the *Healthy Together Victoria* banner.¹⁷

Community pharmacies, as the most accessible of all primary health care settings - and with the pharmacist as the key accessible health professional in this setting - would sit well within *Healthy Together Communities*, alongside other settings such as schools and workplaces.

PSA recommends the following potential projects for consideration in Victoria:

- A pilot of the UK Healthy Living Pharmacy (HLP) initiative in a small number of Medicare Locals/ Primary Health Networks, targeting public health prevention issues to match local need.
- A pilot of an influenza vaccination program delivered by pharmacists (as per Queensland trial)

Reducing emergency department presentations for minor ailments

Minor ailments are defined as conditions that are often *self-limiting, with symptoms easily recognised and described by the patient and falling within the scope of pharmacist's knowledge and training to treat*. These conditions can usually be managed with the use of non-prescription products available to a pharmacist and through self-care.¹⁸

As part of their contribution to primary health care, pharmacists and pharmacies play an important role in the treatment and management of minor ailments and illnesses. Pharmacists are one of the most easily accessible healthcare professionals, and in a recent study, 51% of consumers said they would consult a pharmacist/pharmacy staff about minor ailments in the first instance for advice.¹⁹

Minor ailment schemes operated through pharmacies have the potential to redirect care of minor ailments away from general practice and other high cost settings such as emergency departments as intended²⁰

The following section outlines some examples of existing initiatives and projects that are making better use of pharmacists in dealing with minor ailments and reducing emergency department presentations.

Existing initiatives

International minor ailment schemes

The *Pharmacy First* minor ailments scheme operated by Nottingham NHS for over a decade has been accessed by more than 250,000 consumers who would otherwise have added to the pressure on GP resources.²¹ Similar schemes operate in other parts of Britain, Scotland, and Canada.

In England the schemes are authorised by the NHS and commissioned by the Clinical Commissioning Groups, depending on local need.²² Pharmacies are reimbursed the costs of the medicines, but the methods by which the consultation costs are paid vary among schemes, and include²³:

- a fee per consultation
- banded fee structures, based on no. consultations
- annual or one-off retainer

ACT Medicare Local (ACTML) After Hours initiative

ACTML now supports 5 pharmacies along with 14 general practices to enhance access to after hours care. ACTML and the Pharmaceutical Society of Australia (PSA) have worked together to deliver an educational program to directly educate pharmacists and their staff, and indirectly educate the ACT community with the aim of meeting the following key objectives:

- Improving knowledge and awareness of pharmacists and their staff relating to availability, and appropriate use, of services in the ACT.
- Improving knowledge and skills of pharmacists and their staff with regard to triage, management and referral of common after hours presentations.
- Increasing awareness amongst the local community of availability, and appropriate use, of afterhours primary care services via pharmacists and their staff.
- Improving usage of relevant and appropriate services by the community

The project was found to be successful and an extension project is being planned.

Opportunities in Victoria

There is great potential for Victoria to adopt the concepts outlined above. While pharmacists are already the first point of call for the public to diagnose and treat a range of minor ailments, they have to refer the consumer to the GPs for further consultation due to their needs for Schedule four (S4) medicines. In remote areas, where GP access can present a challenge, consideration

could be given to allowing pharmacists limited prescribing rights equivalent to that of nurse practitioners. Many minor ailments such as wound care, minor infections and skin conditions, common cough and cold, allergies may be provided by pharmacists, easing the burden on the workload of GPs and emergency department presentations.

PSA recommends the following potential projects for consideration in Victoria:

- A pilot of a minor ailment scheme in selected locations where GP supplies are inadequate and pharmacists may be selected, trained and supported to take care of less complex health conditions.
- A pilot of a similar program to the ACTML initiative, with potential extension to all hours, as primary-care type presentations to emergency departments are actually more common during normal hours than after hours.²⁴ By doing so it is likely that consumers may receive advice from pharmacists through a triage exercise and be referred to appropriate health professionals or services. This would save time, enhance timely and appropriate treatment, and potentially reduce unnecessary burden on hospital emergency departments.

Improving medication use in chronic diseases

Chronic diseases, or long-term conditions, place significant demands on the health care system and incur significant health care costs associated with medicines, diagnostic services, aged care, medical services and in particular, hospital expenses. Optimising the management of long-term conditions through quality use of medicines has been shown to reduce or delay the incidence of hospitalisation in patients with chronic diseases²⁵ and to reduce the need for and spending on hospital admissions and medical services.²⁶

The following section outlines some examples of existing initiatives and projects that are making better use of pharmacists in improving medication use for consumers with chronic diseases.

Existing initiatives

International programs and projects

In New Zealand, the accessibility and expertise of pharmacists has been harnessed to reduce complications for consumers with long term conditions by working together with GPs.²⁷

The recently announced Scottish Pharmacy in Primary Care Collaborative, to be piloted by 4 NHS Boards for two years from July 2014, will see pharmacists taking over some responsibility from GPs for monitoring patients on high-risk medicines.²⁸ The program aims to improve patient safety by strengthening the contribution of pharmacists in primary care and has a focus on enhancing communications between GPs and pharmacists

5th Community Pharmacy Continued dispensing initiative

Continued Dispensing of PBS medicines in defined circumstances has been initiated as part of the 5th Community Pharmacy Agreement (5CPA)²⁹. It involves the supply of an eligible medicine

to a patient when there is an immediate need for the medicine to continue, it is not practicable to obtain a prescription, the medicine has been previously prescribed, therapy is stable and there has been prior clinical review by the prescriber that supports continuation of the medicine, and the medicine is safe and appropriate for the patient. It is intended to complement but not replace the provisions of other supply arrangements in urgent or emergency situations. Currently only oral contraceptives and cholesterol-lowering medicines are included in this scheme.

Opportunities in Victoria

To date, we have not made use of the full potential of pharmacists in the area of chronic disease, nor have we leveraged the existing network and infrastructure provided by community pharmacies to expand the scope of services that are available for consumers with chronic disease.

PSA recommends the following potential project for piloting in Victoria:

- Extension of the 5CPA Continued Dispensing initiative to include a limited number of additional medications; those which are likely to cause complications or impact health outcomes as a result of missed doses for consumers with chronic diseases. Together with a program of monitoring, which is easily able to be managed and accommodated at the local community pharmacy. These medications and monitoring could include:
 - Warfarin – with in-pharmacy INR testing
 - Antihypertensives – with in-pharmacy blood pressure testing
 - Oral hypoglycaemics – with in-pharmacy blood glucose monitoring

Reducing hospital readmissions

Most Australians will at some stage of their lives need to take prescription and other medicines, and by the time they are 65, many people will be regularly taking 5 or more medicines. For those with a chronic disease or mental illness, the number can be even higher.

In 2010 an estimated 271 million prescriptions were dispensed³⁰ and millions more medicines prescribed by pharmacists for minor ailments and conditions. Pharmacists play a key role in ensuring that all Australians have ready access to supplies of their essential medicines, especially those 7 million people with chronic disease.

Recognising the impact that medicines have on the health and safety of Australians, medication safety is a high priority for national health organisations including the Australian Commission on Safety and Quality in Health Care, the Australian Council on Healthcare Standards and the National Prescribing Service. Each of these organisations outline goals, set standards or deliver programs for achieving better medication safety for all Australians.

All medicines have the potential for side effects and can interact with other medicines. Each year 230,000 people are admitted to hospital and many more people experience reduced quality of life as a result of side effects of their medicines. This comes at a cost to the system of more than

\$1.2 billion.³¹ The COAG Reform Council's recent report documented increases in potentially preventable hospital admissions.³² Significantly, Medication-related admissions account for 20-30% of all hospital admissions for people over 65.³³ Much of this personal and financial burden is preventable.

This submission aligns with the key elements of Australia's policy on Quality use of medicines and in particular focuses on the safe and effective use of medicines to achieve the best possible results by: monitoring outcomes; minimising misuse, over-use and under-use; and improving people's ability to solve problems related to medication, such as adverse effects or managing multiple medicines.

The following section outlines some examples of existing initiatives and projects that are making better use of pharmacists in improving medication use for consumers with chronic diseases.

Existing initiatives

Hospital-initiated Home Medicines Review (HMR)

This initiative is pending implementation as part of the 5CPA. It recognises the benefit a HMR service may offer to patients who are at high-risk of medication misadventure in the immediate post-discharge period, where they do not have access, or timely access, to a GP.³⁴ It appears unlikely to be implemented before the completion of the 5CPA in June 2015.

US initiative

University of Cincinnati's College of Pharmacy has recently announced a study which will pair 1,000 patients who are at high risk for readmission with a community pharmacist. It will focus on patients with complex disease states: heart failure, COPD, pneumonia, MI or diabetes. Based on the pilot, the researchers are estimating a 20% reduction in readmissions if high-risk patients receive counselling and medication management by a community pharmacist.³⁵

Opportunities for Victoria

Research shows that deficiencies in communication are the most common contributing factor to the occurrence of medication errors, including shortcomings in communication between GPs and pharmacists. It is possible that over time, e-health initiatives such as the Personally Controlled Electronic Health Record (PCEHR) will go some way to help alleviate some of these shortcomings, but more needs to be done.

PSA recommends the following potential project for undertaking in Victoria:

- A pilot of a similar initiative to the one being undertaken in Cincinnati, as outlined above.

Supporting and reducing pressure on GPs

“Overall, we use GPs to do work that could safely and more efficiently be done by nurses and other health professionals”.³⁶

General practitioners (GPs) and pharmacies are the most highly used health care services by consumers in Australia.³⁷ Between July 2011 and July 2012, 94% of Australians aged 18 years and over reported using a pharmacy health care service. This proportion increases to 99% for Australians aged 65 years and over.

The recent Grattan Institute report on solutions for GP shortages in rural Australia highlighted the need for GPs to be better supported by pharmacists and other health professionals to deliver primary health care to the public.³⁸ The report urged Government to *“make much better use of pharmacists’ skills. Pharmacists are highly trained, have deep expertise in medicines, and are located in communities throughout Australia. But their role is far more limited in Australia than in many other countries.”*

For most people the use of medicines is just one element of contribution to good or better health. This submission recognises the importance of a coordinated, team care approach where health professionals with different skills and expertise work in partnership to deliver care in a synergistic, cohesive and holistic manner. Such an approach was recommended by the National Health and Hospitals Reform Commission in its final report:

“We recommend improving the way in which general practitioners, primary health care professionals and medical and other specialists manage the care of people with chronic and complex conditions through shared care arrangements in a community setting.”³⁹

Unfortunately, this goal will be challenged by the existing arrangements in place. For example, pharmacist-delivered medication management and education services are the missing link in most general practices and Aboriginal Health Services. There are opportunities in these settings for a non-dispensing pharmacist to work with other members of the health care team to improve medication use and reduce error for consumers with chronic disease. However, this is only possible in very limited circumstances due to funding restrictions. Currently a GP can call on the specialist skills of a nurse, physiotherapist or psychologist to help them meet the needs of consumers with chronic disease under nationally funded programs, yet a pharmacist can’t easily be included in the practice team to review and advise on the consumer’s medicines regimen.

Given the central role of medicines in the care and treatment of consumers with chronic disease, this doesn’t make sense. Lots of consumers with chronic diseases are missing out, and an opportunity to improve their health is being lost.

The following section outlines some examples of existing initiatives and projects that are making better use of pharmacists in supporting and reducing pressure on GPs.

Existing initiatives

Queensland Government Allied Health Prescribing trials

To commence in September 2014, these trials will test the safety and efficacy of allied health professionals as prescribers. For the purposes of the trials, prescribing is defined as *“prescribing,*

supply and administration of medicines by an allied health professional who is responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required.” Permission will be granted by the QH Chief Health Officer and as an amendment to the Drugs and Poison Regulation is required to be made.

Opportunities for Victoria

Pharmacy has a plentiful workforce with a growing supply of well-trained graduates. Pharmacists are well placed to fill gaps in primary healthcare in areas currently underserved by GPs if appropriate employment and remuneration strategies are developed.

PSA recommends the following potential projects for piloting in Victoria:

- A pilot of the inclusion of a pharmacist in a GP chronic disease management plan, to allow the pharmacist to undertake some of the monitoring elements, with a view to having pharmacists included on the list of eligible allied health professionals under the MBS.
- A pilot of the inclusion of a pharmacist in a medical practice, following the model of the *Practice Nurse Incentive Scheme*
- A pharmacist prescribing trial to follow on from the Qld initiative outlined above

Filling rural health service gaps

Effective primary and preventive health care is dependent upon locally accessible services. Chronic diseases such as diabetes and heart disease place a significant burden on most rural Victorian communities. Community pharmacies are ideally placed to play a more significant role in managing these conditions within the community and to identify those most at risk.

To enable pharmacists to provide services to patients across vast distances it is important that clinical pharmacists have flexibility in their service delivery models. If multi-disciplinary healthcare teams, including pharmacists, are to deliver primary healthcare to under-served communities it is important that there is equity across the professions in the ability to claim for services provided. For example, it is important that pharmacists can be reimbursed for participating in Medical Specialist Outreach programs (MSOAP) and telehealth consultations. It is also important that pharmacists be able to dispense medicines in rural and remote clinical outposts, as can nurses and Aboriginal Health Workers. Currently legislation in many states only allows pharmacists to dispense in registered community pharmacies or hospitals.

Opportunities in Victoria

An opportunity exists for the Victorian Government to collaborate with pharmacists to reduce the gap by enhancing services offered to the public in particular in rural areas. This is an opportunity to collaborate with GPs and other allied health professionals, to work together to reduce the complications and burden of these conditions on not only the individual but also the wider community.

Pharmacy has a plentiful workforce with a growing supply of well-trained graduates. Clinical pharmacists are well placed to fill gaps in primary healthcare in areas currently underserved by GPs and pharmacies, if employment and remuneration strategies are developed which enable pharmacists to work in these rural and remote areas.

PSA recommends the following potential projects for piloting in Victoria:

- Placement of pharmacists in Aboriginal health services
- The provision to allow dispensing by pharmacists in non-S90 premises
- Remunerate rural and remote clinical pharmacists as per other health professions to allow pharmacist inclusion in multi-disciplinary healthcare teams e.g. MSOAP, telehealth.

Summary

“Effective primary and community health help to keep people out of hospitals”⁴⁰

It is well established that the vital service pharmacists have in dispensing and supplying essential medicines for the community, particularly consumers with chronic diseases, as part of our health system.

The existing network of 5,350 community pharmacies are uniquely placed within Australian communities (1,310 in Victoria), and are increasingly being recognised as a hub for preventive health activities. However, we have yet to make full use of pharmacists in this area, nor have we leveraged the existing network and infrastructure provided by these community pharmacies to expand the scope of services that are available for consumers to assist with preventing and managing chronic diseases.

In rural Victoria, where health inequalities are greatest, tapping into the skills and accessibility of pharmacists, within a collaborative framework, can assist the Victorian Government to achieve community health goals.

Pharmacists are accessible health practitioners who, by working within a collaborative framework, can assist Government to achieve fiscally sustainable, efficient and quality healthcare. The initiatives outlined in this submission, and the role of the pharmacist in delivering these programs, demonstrate a strong alignment with Victorian Government, and Department of Health objectives.

PSA Vic Branch looks forward to working with the Victorian Government and other stakeholders to progress this project, better utilising the skills and expertise of pharmacists to address and enhance health service delivery to those in need in Victoria.

About the Pharmaceutical Society of Australia

The Pharmaceutical Society of Australia (PSA) is the peak national professional pharmacy organisation representing pharmacists across Australia. With more than 18,000 members, PSA plays a key role in setting the standard for excellence in pharmacy.

PSA is made up of a broad range of pharmacy members including, community, hospital, military and accredited pharmacists.

PSA is the leading advocacy organisation for pharmacists, influencing attitudes, opinions and policies through representation, networking, consultation, continuing education, practice support, standards, guidelines and a range of publications and health promoting programs and resources.

PSA advocates a broader role for pharmacists, including the development of flexible models for professional services that ensure pharmacists are appropriately remunerated for their services. PSA strongly promotes the accessibility of pharmacies as sites for patients to receive preventive care services and public health messages.

PSA has a dual function, supporting pharmacists' commitment to high standards of patient care and continuing professional education, and representing their role as frontline health professionals. One of PSA's primary roles is to provide practice improvement through initial and ongoing education, training and practice support tools for pharmacists and pharmacy staff.

PSA is committed to ongoing quality improvement in pharmacy practice by assisting the profession to achieve and maintain high standards of professional excellence and service delivery. PSA is the custodian of the profession's Competency Standards and also sets professional and ethical benchmarks for the pharmacy profession through the Professional Practice Standards and the Code of Ethics.

Pharmacists are the custodians of medicines and the pre-eminent experts in medication management. PSA supports the maintenance and expansion of the knowledge, skills and expertise of pharmacists in medication matters which underpin their contribution to optimising the health of patients through the quality use of medicines.

In Victoria, PSA has around 4,000 members and holds regular meetings and professional development activities in 12 country and 5 metropolitan regions. It is also well connected with a range of collaborative activities with Medicare Locals and other health professional peak bodies. The Victorian branch of PSA is well established to foster communication and support practice changes and improvement in primary and preventative care in Victoria.

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