



The Pharmacy
Guild of Australia

Submission to the Productivity Commission Inquiry into Aged Care

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National Secretariat

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Introduction

The Pharmacy Guild of Australia (the Guild) is an employers' organisation servicing the needs of independent community pharmacies. It strives to promote, maintain and support community pharmacies as the most appropriate primary providers of health care to the community through optimum therapeutic use of medicines, medicines management and related services.

The Guild welcomes the opportunity to provide a response to the Productivity Commission's Issues Paper on Aged Care. The Guild has responded only to those aspects of the paper where we believe community pharmacy could be engaged to further achieve coordinated care for older Australians.

This submission outlines the current role of community pharmacy in working with older Australians living independently in the *community* as well as those who have entered *residential care*. The submission further explores how the role of community pharmacy can be expanded and utilised in these settings to improve coordination and delivery of comprehensive healthcare for older Australians.

Role of community pharmacy

Community pharmacy offers a highly accessible network of primary health care professionals providing quality advice and service. Community pharmacies exist in well spread out and accessible locations and often operate over extended hours seven days a week in urban, rural and remote areas. There are over 5,000 community pharmacies in Australia and on average, there are more than 14 visits to a community pharmacy per year for each man, woman and child in Australia, across metropolitan, rural and remote community settings. That means there are approximately 300 million occasions each year on which pharmacists are able to provide professional advice and service.

Community pharmacists are cognisant of the special needs of older Australians and the need to provide and facilitate support services and longer-term strategies, to assist older Australians to continue to live independently in the community for as long as possible before needing to move to residential aged care facilities.

Community pharmacists currently provide an array of services, which extend well beyond the provision of medicines and as such, pharmacies are often the first contact point of the primary health care system for many people.

These services include:

- Provision of information and advice on minor health conditions and medicines;
- Provision of medicine management services;
- Screening and referral of patients who may be affected by incontinence as well as supply and provision of advice about continence products to suit individual needs;
- Provision of modern wound care treatment, particularly for conditions such as leg ulcers, an expensive and common problem for the elderly;
- Identifying and addressing common adverse effects of medicines;
- Provision of advice and supply of durable medical equipment to suit individual needs;
- Provision of aids and equipment to enable people to live safely in their own homes rather than needing institutional care;
- Provision of home delivery service of prescription medicines and other pharmacy products to some customers in the community who are not able to physically attend pharmacy to pick up their medicines;
- Provision of dosing administration aids such as compartmentalised blister packaging to elderly, chronically ill consumers in both community and residential care settings to facilitate better management of their medicines;
- Provision of medicine profiles to consumers who are confused about their medicines to assist them in better understanding what their medicines are for and how to take them;
- Provision of screening and prevention services such as blood pressure testing service for screening and monitoring purposes to identify people who may benefit from an early medical intervention;
- Facilitating the transfer of information about medicines between care providers;
- Participation in community health, preventative health and public health services;
- Provision of locally relevant information on other health care services and resources;
- Distribution of public health information and educational materials;
- Referral to General Practitioners or Hospital Emergency Services; and
- Referral to other appropriate allied health professionals where required; e.g. community health nurses, mental health services, drug and alcohol rehabilitation facilities etc.

The valuable relationships between community pharmacists and their patients, particularly older patients, cannot be measured in dollar terms. They are often built up over generations and contribute substantially to improved health outcomes. Many older people take multiple medicines and need personal supervision and assistance to ensure that they achieve the best possible health outcomes from their medicines. Pharmacists are able to help by monitoring and improving adherence and by providing advice on possible adverse drug reactions, thus improving health outcomes and reducing hospitalisation and GP visits. Older Australians view their pharmacists as a primary source of advice on the use and effects of all medicine and see the pharmacist's role in prescription medicine consultations as reinforcement of the information provided by GPs.

Continence Management

Community pharmacy plays a valuable role in working with other health professionals to identify, advise, refer and promote continence awareness to people with, or at risk of, incontinence. Pharmacies sell a range of continence-related products and dispense a number of continence-related medicines. Pharmacists are therefore, ideally placed to work with doctors and continence nurses to provide a management program to assist those with continence problems and to enable them to continue living independently in the community.

Incontinence is a major factor in causing elderly people to move from their own homes into residential care. If pharmacy can provide an effective information and referral service to assist with the management of this condition, by working with other health professionals such as doctors, continence nurses and physiotherapists then many people may be able to continue living independently in the community. This outcome would certainly improve the quality of life for many elderly people and significantly reduce Government spending.

Quality Use of Medicines

Quality Use of Medicines (QUM)¹ is one of the four pillars of Australia's National Medicines Policy, which means:

- selecting management options wisely;
- choosing suitable medicines, if a medicine is considered necessary; and
- using medicines safely and effectively.

Medicines are an important component of care for many older Australians who often have multiple co-morbidities and may be on complicated medicine regimens, which often have high level side effects and potential interactions with other medicines.

The following medicine management services which support QUM are provided by community pharmacists in the community and residential settings. The aim of these services is to enhance QUM and reduce the number of adverse drug events experienced by the elderly and others using multiple medicines by assisting them and their carers to better manage their medicines.

Home Medicines Reviews (HMR)

The HMR is a consumer-focused, structured and collaborative health care service provided in the *community setting*, to optimise quality use of medicines and consumer understanding. Community pharmacies work in consultation with GPs and other relevant members of the health care team to provide HMRs for people with complex needs within the community setting.

¹ National Prescribing Service: About Quality Use of Medicines (www.nps.org.au)

A HMR is initiated by a GP with a referral to the community pharmacy. The HMR is conducted by an accredited pharmacist on behalf of the patient's community pharmacy. The accredited pharmacist attends the patient's residence and prepares a report based on the medicines and associated habits of the patient. The subsequent report is provided to the referring GP, who then discusses any recommendations with the patient and may make appropriate changes to their medicines regime. The HMR service helps avoid or identify and address medicine-related problems and optimises medicine use. It is particularly useful for people who are on multiple medicines, confused about their medicines, see multiple practitioners or are in and out of hospital.

Residential Medication Management Review (RMMR) Services

Medicine management reviews conducted in Residential Aged Care Facilities are called Residential Medication Management Reviews (RMMR). An accredited pharmacist conducts an RMMR in association with appropriate members of the eligible resident's health care team to identify, resolve and prevent medicine-related problems. Similar to the HMR, the RMMR involves collation of information about the resident's medicines and undertaking a comprehensive assessment.

In addition to reviewing the resident's medicines, pharmacists support the facility by informing and training the nursing staff on the best way to store and administer the medicines and to manage medicine related issues.

Medicines Use Review (MUR)

Some pharmacies have been providing medicine use support to their patients. Under the Fifth Community Pharmacy Agreement, a formal MUR service will be available that complements the more specialised and involved HMR service. The MUR provides an in-pharmacy medicine review between pharmacists and patients to enhance the quality use of medicines and reduce the number of adverse medicines events. A pilot will be conducted shortly with a view to roll out the program nationally in future.

Dose Administration Aids (DAAs)

Dose Administration Aids (DAAs) are weekly blister packs or sachets containing patients' medicines that are organised in line with their daily dosage schedule.

Community Setting: DAAs are designed to support at-risk patients (and/ or their carers) in the community to better manage their medicine, with the objective of improving adherence and avoiding medicine misadventure and associated hospitalisation. This service particularly assists people who are confused by their medicines or who regularly mix them up or forget to take them. They are also useful to people who have difficulty opening or reading tablet bottles or other packaging. This should improve their quality of life and provide greater confidence and ability to remain living in their own home.

DAA services however are labour intensive, requiring significant professional input from the pharmacist. Community pharmacies have long been absorbing the costs in providing DAA services to their patients, mostly because of their professional and community responsibility.

In 2008, the Department of Veterans' Affairs (DVA) introduced a subsidised DAA service for eligible veterans in which the community pharmacist received weekly payment for the DAA service and payment to review the service every 6 months and to ensure it remains appropriate. This service builds on DVA's Quality Use of Medicines programs which include the Veterans' Medicines Advice and Therapeutics Education Services and aims to assist the veteran community to get the most out of their medicines and to reduce medicine mismanagement. Ongoing coordinated care is provided by the GP and pharmacist.

With the aim to support older Australians to remain in their own home for as long as possible, there are various government funded services available such as Community Aged Care Packages (CACP) for people with complex care needs, Extended Aged Care at Home (EACH) for people with higher care needs or Extended Aged Care at Home Dementia (EACHD) for people who needs high level assistance because of behaviour problems associated with dementia and Transitional Care Program (TCP) to assist people after a hospital stay as part of a recovery process for a period of up to 12 weeks.

For many of the people cared for under these service arrangements, the ability to remain living at home would not be possible without DAAs and the involvement of their community pharmacist. However, assistance with medicine management such as provision of DAAs is not normally included in the services that may be available as part of these packages.

There would be significant benefits to the Government and to the patients and their families to fully fund DAA services as part of the CACP, EACH, EACHD or TCP packages along the lines of the Department of Veterans' Affairs DAA funding. This would provide a greater capacity for the patients to remain living in their own home and would also result in reduced hospitalisation and better quality of life and security of mind for the patients and their families.

Residential Aged Care Setting: Many community pharmacies provide DAAs as part of their contracts with residential aged care facilities. The use of blister packaging in the supply of medicines to aged care facilities reduces the rate of error in medicine administration and improves the Quality Use of Medicines and in-turn allows the nursing staff additional time to provide quality care to patients. The use of DAAs is considered to be Best Practice and the Guild considers that blister packaging should be required for all aged care facilities to meet medicine administration and accreditation requirements.

Supply arrangement of Pharmaceutical Benefits Scheme (PBS) medicines in residential Aged care facilities

The Guild refers the Productivity Commission to the submission previously made by the Guild in 2009 to the *Review of the Existing Supply Arrangement of Pharmaceutical Benefits Scheme (PBS) Medicines in Residential Aged Care Facilities and Private Hospitals* conducted under the Fourth Community Pharmacy Agreement as part of an Aged Care and Private Hospitals Review.

This Review presented an opportunity to achieve better productivity and efficiency in residential aged care, while maintaining quality use of medicines, and reflecting the role of community pharmacy.

Patients in these facilities are generally being treated for chronic conditions over a period of months, if not years, are often visited by their treating physician infrequently and rely on their pharmacist to ensure continuity of their treatment. Ensuring this continuity of treatment often places an extraordinary administrative burden on community pharmacists due to the nature of the PBS system.

The Guild believes the introduction of administrative practice changes in the area of PBS medicines supply to residential aged care facilities would deliver greater efficiency in this care sector, reduce Commonwealth costs, reduce business expense, and most importantly improve patient outcomes.

The Guild presented in its submission to the Review in 2009 (attached²), a number of factors that needed to be addressed as part of any solution regarding PBS medicines supply to residential aged care facilities.

The issue of *medication chart* currently not fulfilling the requirements of a PBS prescription was identified as an essential element that needed to be rectified. The Review provided a potential option to use “prescription-less model using current PBS structure” to eliminate a requirement for a separate written PBS prescription and to use the resident’s/patient’s medication chart (which maybe paper-based or held electronically) as both an order to the pharmacy for the supply of a PBS benefit and the record of delivery and administration of the medicine to the resident/patient.

The Final Report to the Review can be accessed at the following website address.

<http://www.health.gov.au/internet/main/publishing.nsf/Content/pharmacy-4cpa-reviews>

² Submission to the Review of the Existing Supply Arrangement of PBS Medicines in Residential Aged Care Facilities, The Pharmacy Guild of Australia. January 2009.

This particular issue is currently being addressed in the Fifth Community Pharmacy Agreement by establishing a supply and PBS claiming process from a medication chart in residential aged care facilities. This initiative would remove the requirement for a valid PBS prescription by allowing the medication charts to be used as a PBS prescription.

Introducing supply from a medication chart would streamline supply; claiming and governance issues for pharmacies ensuring medicines are supplied in accordance with the prescriber's most recent intentions. Additionally, this would remove the administrative burden, particularly for pharmacy, associated with ensuring that a valid PBS prescription is available and remove the delay experienced in supply of some regular (chronic) medicines. This would go a long way to addressing the concerns and frustrations felt by GPs, pharmacists, nurses and staff of residential aged care facilities and would benefit residents significantly.

While the issue of medication chart is in the process of being addressed, there are other key issues of concern that still need addressing as part of any solution regarding PBS medicines supply to residential aged care facilities. They include:

- Infrastructure costs to be taken into account in reimbursement model;
- Access to advice from suitable health professionals ensuring a collaborative multidisciplinary approach; and
- Consideration of true total cost to remunerate health professionals involved in providing professional services in residential aged care facility.

The Guild urges the Productivity Commission to consider these in its inquiry into Aged Care.

Conclusion

It is an enormous challenge for Government to provide adequate, efficient and quality health and aged care services for older Australians due to an increasing proportion of the older population in Australia. Polypharmacy and the alarming rates of medicine related problems are crucial factors resulting in poor health outcomes, admission to hospital and residential aged care facilities.

Therefore, the Guild supports and recommends policies and systems that:

- promote high quality health and aged care;
- sustain independence and quality of life;
- support older people to live independently in the community for as long as possible before needing to move to residential aged care facilities; and
- have the potential to reduce admissions to hospital and residential aged care facilities and poor health outcomes due to medicine management issues.

The Guild draws the Productivity Commission's attention to the pharmacists' expert knowledge in medicines and medicines management and the current infrastructure and network of community pharmacy.

The Guild believes that community pharmacy is ideally placed to assist in implementing much needed policies and systems through a range of expanded professional pharmacy services in both community and residential aged care settings. This would lead to achieving one of the National Health and Hospital Reform Commission's recommendations in its Final Report: *A Healthier Future for All Australians* "To redesign health services around people, making sure that people can access the right care in the right setting and to include a 'full service menu' of health and aged care services necessary to meet the needs of the ageing population and the rise of chronic disease".