



## **SUBMISSION TO THE PRODUCTIVITY COMMISSION ON THE DRAFT REPORT ON CARING FOR OLDER AUSTRALIANS**

### **PURPOSE**

1. The Pharmaceutical Society of Australia (PSA) makes this submission in response to the Productivity Commission Draft Report (dated January 2011) on *Caring for Older Australians*.
2. PSA's comments reflect the experiences and perspectives of the organisation on behalf of pharmacists whose core remit includes the management and provision of medicines and information and the enhancement of their quality use by all Australians. This submission outlines the opportunities for pharmacists to contribute to strengthening the care of older Australians.

### **BACKGROUND**

3. PSA is the peak professional organisation representing Australia's 25,000 pharmacists working in all sectors and across all locations. PSA's core functions are: supporting pharmacists' commitment to high standards of patient care; providing continuing professional development, education and practice support to pharmacists in all sectors of professional practice; and representing pharmacists' role as frontline health professionals.
4. Included as background to this Productivity Commission Inquiry<sup>1</sup> is recognition of "changing patterns of disease among the aged, including the increasing incidence of chronic disease" as well as "the need to secure significant expansion in the aged care workforce".<sup>2</sup> PSA believes it is timely to be able to reiterate the current contribution of pharmacists in key areas of care for older Australians and also to suggest ways to enhance the contribution of pharmacists so that the Australian health system is better able to meet "the challenges of an older and increasingly diverse population".<sup>3</sup>

### **THE REGULATORY FRAMEWORK OF PHARMACY PRACTICE**

5. Like many health professionals, pharmacists practise within a complex interdependent legal and professional framework consisting of:
  - a. Federal, State and Territory legislation affecting, for example, registration, conduct and behaviour of pharmacists, therapeutic substances and products, pharmacy premises and privacy;
  - b. codes issued, for example, by the Pharmacy Board of Australia,<sup>4</sup> PSA,<sup>5</sup> or the Society of Hospital Pharmacists of Australia;<sup>6</sup>

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<sup>1</sup> Productivity Commission. *Caring for older Australians*. Draft inquiry report. Canberra: 2010. Available at: [www.pc.gov.au/projects/inquiry/aged-care/draft](http://www.pc.gov.au/projects/inquiry/aged-care/draft)

<sup>2</sup> *ibid.*

<sup>3</sup> *ibid.*

<sup>4</sup> Pharmacy Board of Australia. *Code of conduct for registered health practitioners*. July 2010. Available at: [www.pharmacyboard.gov.au/Codes-and-Guidelines.aspx](http://www.pharmacyboard.gov.au/Codes-and-Guidelines.aspx)

<sup>5</sup> Pharmaceutical Society of Australia. *Code of professional conduct*. March 1998 [currently under review]. Available at: [www.psa.org.au/site.php?id=628](http://www.psa.org.au/site.php?id=628)

<sup>6</sup> Society of Hospital Pharmacists of Australia. *Code of ethics*. February 2006. Available at: [www.shpa.org.au/lib/pdf/about/SHPA\\_code\\_of\\_ethics.pdf](http://www.shpa.org.au/lib/pdf/about/SHPA_code_of_ethics.pdf)

- c. competency standards for pharmacists ie. the *National competency standards framework for pharmacists in Australia 2010*;<sup>7</sup>
- d. quality and systems standards, for example, the *Professional practice standards*;<sup>8</sup>
- e. practice guidelines which are generally tailored to a type of activity or service including, for example:
  - (1) *Guidelines for pharmacists providing Home Medicines Review (HMR) services*;<sup>9</sup> and
  - (2) *Guidelines for pharmacists providing Residential Medication Management Review (RMMR) and Quality Use of Medicines (QUM) services to aged care homes*;<sup>10</sup>
- f. Ministerial Determination<sup>11</sup> under the *National Health Act 1953* that sets out conditions that must be met by pharmacists approved to supply pharmaceutical benefits; and
- g. Australia's policy on Quality Use of Medicines (QUM),<sup>12</sup> the elements of which are to:
  - (1) select management options wisely by: considering the place of medicines in treating illness and maintaining health; and recognising that non-drug therapies may be the best option for the management of many disorders;
  - (2) choose suitable medicines, if a medicine is considered necessary, so that the best available option is selected by taking into account: the individual; the clinical condition; risks and benefits; dosage and length of treatment; any co-existing conditions; other therapies; monitoring considerations; and costs for the individual, the community and the health system as a whole; and
  - (3) use medicines safely and effectively 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.

6. This framework supports and enables pharmacists to contribute to the Australian health care system across the whole spectrum of health — from maintenance of good health to management of ill health — with a core focus on patient safety, quality services, and the quality use of medicines.

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<sup>7</sup> National Competency Standards Framework for Pharmacists in Australia 2010. November 2010. Available at: [www.psa.org.au/site.php?id=6783](http://www.psa.org.au/site.php?id=6783)

<sup>8</sup> Pharmaceutical Society of Australia. Professional Practice Standards. Version 4. Canberra: PSA; 2010. Available at: [www.psa.org.au/site.php?id=6040](http://www.psa.org.au/site.php?id=6040)

<sup>9</sup> Pharmaceutical Society of Australia. Guidelines for pharmacists providing Home Medicines Review (HMR) services. September 2010. Available at: [www.psa.org.au/site.php?id=6592](http://www.psa.org.au/site.php?id=6592)

<sup>10</sup> Pharmaceutical Society of Australia. Guidelines for pharmacists providing Residential Medication Management Review (RMMR) and Quality Use of Medicines (QUM) services to aged care homes. September 2010. Available at: [www.psa.org.au/site.php?id=6730](http://www.psa.org.au/site.php?id=6730)

<sup>11</sup> National Health (Pharmaceutical Benefits) (Conditions of approval for approved pharmacists) Determination 2007. PB 42 of 2007. Available at: [www.comlaw.gov.au/Details/F2007L02703](http://www.comlaw.gov.au/Details/F2007L02703)

<sup>12</sup> Australian Government Department of Health and Ageing. The national strategy for quality use of medicines: Executive summary. Canberra: Commonwealth of Australia, 2002. Available at: [www.health.gov.au/internet/main/publishing.nsf/Content/nmp-quality.htm](http://www.health.gov.au/internet/main/publishing.nsf/Content/nmp-quality.htm)

## COMMENTS ON DRAFT RECOMMENDATIONS

7. **Draft Recommendation 8.1.** The Draft Report reinforces the complexity of the current aged care system. As the population of older Australians continue to increase, the demand on care and support services will also rise. PSA agrees with the proposal to establish an Australian Seniors Gateway Agency (ASGA) which would provide information and coordinate assessment, care and referral services. We believe such an Agency must aim to:

- a. lessen the burden, stress and confusion of older Australians and carers;
- b. achieve effectiveness and efficiency by reducing duplication, streamlining processes and implementing better communication paths; and
- c. demonstrate transparency and accountability to all Australians.

8. It will also be important that the scope of the ASGA has sufficient flexibility to enable it to interface beyond “government subsidised aged care and support services”<sup>13</sup> and to engage with relevant non-government entities such as Medicare Locals. Medicare Locals are expected to “improve patients’ access to services by improving the coordination and integration of care both within the primary health care sector and across other sectors of the health system”.<sup>14</sup> Thus, there is a strong rationale for the ASGA to establish and maintain close links with Medicare Locals and this would be entirely consistent with the AGSA anticipated to draw on “the regional presence of other agencies to deliver locally relevant information about aged care”<sup>15</sup>. The envisaged regional presence of the ASGA<sup>16</sup> would also be expected to have synergies with the establishment of Medicare Locals along defined geographic boundaries.

9. **Draft Recommendation 8.5.** PSA strongly advocates for pharmacists to work in collaborative, multidisciplinary health care teams and recognise such arrangements need to be functional at the local level. Examples of the contribution of pharmacists in team-based care settings are provided below.

### PHARMACISTS: EXPERTS IN MEDICATION MANAGEMENT

10. The continual rise of the ageing population and the increasing incidence of chronic disease mean Australians will continue to rely on medicine and medical devices in the future. Safe and appropriate use of medicines needs to be achieved under a variety of circumstances including: people of all ages; self-management or administration by a carer or nurse; timely management of an acute condition or ongoing management of a chronic condition; before, during and/or after a minor procedure or major surgery. The use of medicines will also continue to grow with further advances in medical and pharmaceutical knowledge and technologies.

11. Pharmacists contribute to the cost effectiveness of our medicines system by using their pharmaceutical knowledge and expertise to provide advice and assistance to people about their medicines. Pharmacists also use their expertise in many ways to promote quality use of medicines and medication safety. Research indicates that patients are 47 per cent less likely to experience an adverse drug event when a pharmacist is involved with their care.<sup>17</sup>

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<sup>13</sup> Productivity Commission, op. cit., p. 242.

<sup>14</sup> Australian Government Department of Health and Ageing. Medicare Locals: Discussion paper on governance and functions. 28 October 2010: 4.

<sup>15</sup> Productivity Commission, op. cit., p. 277.

<sup>16</sup> *ibid.*, p. 242.

<sup>17</sup> US Pharmacists’ Effect as Team Members on Patient Care: Systematic review and Meta-Analysis, [www.medicalnewstoday.com/articles/199436.php](http://www.medicalnewstoday.com/articles/199436.php)

12. Broadly speaking, better integration of pharmacists in the care of older Australians could benefit:

- a. **consumers and carers**, for example:
  - (1) medication management services (see section below) delivered by pharmacists;
- b. **other members of the health care team**, for example:
  - (1) provision of information on medicines;
  - (2) responding to queries about medication management and non-pharmaceutical options;
  - (3) collaborative discussion of care plans in partnership with health care team members including the consumer; and
- c. **facilities**, for example:
  - (1) implementing systems to improve and enhance medication safety across the facility;
  - (2) assisting facilities meet their medication management requirements for accreditation;
  - (3) analysing information and data on Residential Medication Management Reviews (see below) in relation to residents' health outcomes; and
  - (4) providing information and education to nursing staff generally as well as non-nursing staff who may be undertaking, for example, medication management due to a widening of their scope of practice which may be partly driven by "difficulties in attracting and retaining nurses"<sup>18</sup>.

13. With these factors in mind, it is important to reiterate that pharmacists, as medication experts, have much to offer in the care of older Australians. The integration of pharmacists into the aged care sector is critical and while aged care facilities would be a key area of focus, it must also be remembered that many older Australians are remaining in the community longer because their medicines enable them to be healthier and thereby delay entering institutional care.

### **Medication Management Review and Clinical Intervention Programs**

14. A number of professional pharmacist programs are currently funded through the Fifth Community Pharmacy Agreement (5CPA) between the Australian Government and the Pharmacy Guild of Australia (PGA). While not a signatory to the 5CPA, PSA is working with the Australian Government Department of Health and Ageing and PGA to develop appropriate standards and guidelines for pharmacists, and education and training to assist with the implementation of these programs, summarised below.

- a. **Medicines Use Review (MUR)**. The MUR is an in-pharmacy medicine review conducted by the pharmacist which aims to enhance quality use of medicines through improved adherence and consumer education, and reduce the number of adverse medicines events.

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<sup>18</sup> Productivity Commission, op. cit., p. 357.

- b. **Home Medicines Review (HMR).** The HMR program aims to enhance quality use of medicines and reduce the number of adverse medicines events by assisting consumers to better manage and understand their medicines through a collaborative medication review conducted by an accredited pharmacist in the consumer's home or other agreed location.
- c. **Residential Medication Management Review (RMMR).** The RMMR program aims to enhance quality use of medicines and reduce the number of adverse medicines events by assisting residents of aged care facilities and their carers with their medication regimens through the provision of medication reviews by accredited pharmacists. The RMMR program also delivers medicines information to nursing and other relevant staff of residential aged care facilities.
- d. **Clinical Interventions.** The *Clinical interventions by pharmacists* program aims to identify, resolve and document drug-related issues that are identified within community pharmacy. Pharmacists detect and resolve drug-related problems (DRPs) during the course of prescription-related activities, predominantly dispensing and counselling. Research has shown that "the average pharmacist-led clinical intervention resulted in approximately \$360 in avoided healthcare utilisation (including medication cost changes)".<sup>19</sup>

15. While these programs currently attract a level of funding through the 5CPA, PSA suggests there would be significant gains in health outcomes for older Australians with a more systematic approach to their availability. We believe these services require wider funding in order to see long term health benefits for older Australians and a sustained impact on medication safety in Australia.

### PHARMACISTS IN TEAM-BASED CARE SETTINGS

16. There are a number of examples where the integration of pharmacists in team-based care has been proposed or implemented as outlined here.

- a. **Infrastructure of Medicare Locals.** PSA has suggested that the soon to be established Medicare Locals provide one framework through which pharmacists can be integrated in team-based care which is tailored to meet local needs of consumers and health professionals.<sup>20,21</sup> We believe there is an opportunity to consider the needs, for example, of residential aged care facilities through this infrastructure. See also comments at Paragraph 8.
- b. **GP Super Clinics.** Integrating pharmacists in team-based care is occurring through recent funding awarded to the University of Queensland to develop two GP Super Clinics. One will have a hub located adjacent to the University's Pharmacy Australia Centre of Excellence. The other site will utilise an extended-capability pharmacy model provided by commercial operators. It is intended that all pharmacies "will be involved in collaborative advanced medication management programs for patients with chronic disease".<sup>22</sup>

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<sup>19</sup> Peterson G. Documenting clinical interventions in community pharmacy: PROMISE III. Project funded under Fourth Community Pharmacy Agreement, available from: [http://www.guild.org.au/research/4cpa\\_project\\_display.asp?id=1874](http://www.guild.org.au/research/4cpa_project_display.asp?id=1874)

<sup>20</sup> Pharmaceutical Society of Australia. Pharmacists have a role in improving health outcomes [media release]. 11 February 2011. Available at: [www.psa.org.au/site.php?id=7065](http://www.psa.org.au/site.php?id=7065)

<sup>21</sup> Pharmaceutical Society of Australia. Pharmacists have much to offer Medicare Locals [media release]. 24 February 2011. Available at: [www.psa.org.au/site.php?id=7106](http://www.psa.org.au/site.php?id=7106)

<sup>22</sup> Dart JM, Jackson CL, Chenery HJ, Shaw PN, Wilkinson D. Meeting local complex health needs by building the capacity of general practice: the University of Queensland GP super clinic model. *Med J Aust* 2010;193:86–9.

- c. **Pharmacist in General Practice.** It has also been proposed<sup>23</sup> that a senior pharmacist introduced into general practice could work in a multidisciplinary team to provide multiple risk management strategies to improve medication safety.
- d. **Medication Liaison Pharmacists.** The role of medication liaison pharmacists is to assist consumers who need to transfer between health care settings or providers, for example, consumers whose care requirements need to transfer back into the community sector following hospital discharge. Research indicates that pharmacist-delivered medication liaison services provide valuable benefits for consumers and can be provided at relatively minimal cost.<sup>24</sup> PSA believes medication liaison pharmacists are critical for ensuring continuity of care for older Australians who can be particularly vulnerable to transitions of care.

17. Overall, PSA seeks more consistent funding of these programs which would enable pharmacists to contribute to improving the health outcomes of older Australians through team-based care.

### SUMMARY

18. PSA regards the inclusion of pharmacists as fundamental to any strategy that is developed to assist in the care of older Australians. The expertise of pharmacists in medication management and their desire to participate in multidisciplinary health care teams are strongly advocated by PSA. We look forward to opportunities to work in partnership with Government and other stakeholders to enhance the care of older Australians.

**Submitted by:**  
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<sup>23</sup> Ackermann E, Williams ID, Freeman C. Aust Fam Physician 2010;39:163–4.

<sup>24</sup> See, for example, Vuong T et al. Implementation of a community liaison pharmacy service in two major referral hospitals [abstract]. National Medicines Symposium 2006. Available at: [www.icms.com.au/nms2006/abstract/101.htm](http://www.icms.com.au/nms2006/abstract/101.htm)