



The PHARMACY GUILD of AUSTRALIA



Submission to the House of Representatives Standing Committee on Ageing

**INQUIRY INTO LONG -TERM STRATEGIES TO ADDRESS
THE AGEING OF THE AUSTRALIAN POPULATION
OVER THE NEXT 40 YEARS**

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1. *The Pharmacy Guild of Australia*

Representing Primary Health Care Providers

The Pharmacy Guild of Australia was established in 1928 and registered under the Industrial Relations Act (now *Workplace Relations Act 1996*) as a national employers' organisation. The Guild's mission is to service the needs of its members, who are the pharmacist proprietors of some 4,500 independent community pharmacies, which are small retail businesses spread throughout Australia. Almost 90% of all pharmacist proprietors are Guild members.

The development of policy is the responsibility of the Guild's supreme governing body, the National Council, on which all State and Territory Branches are represented. Implementation of policy is overseen by the National Executive and effected through the National Secretariat.

The Guild aims to maintain community pharmacies as the most appropriate primary providers of health care to the community through optimum therapeutic use of medicines, medicine management and related services.

Government Agreements

The Guild is recognised by government as a key stakeholder in the emerging directions of the health care system and in 2000 negotiated a historic Third Guild/Government Agreement for five years with the Federal Government.

This Agreement represents a landmark in the financial arrangements between the Federal Government and the Guild and formally acknowledges the wider role of pharmacists as health care providers by providing remuneration for research into a range of professional services and quality initiatives.

Strong Alliances

The Pharmacy Guild of Australia is committed to forging strong alliances with organisations in the aged care sector and works on establishing and maintaining strong relationships with key stakeholders such as:

- the Council on the Ageing (COTA);
- the Association of Independent Retirees (AIR);
- the Continence Foundation of Australia; and
- Carers Australia.

The Guild has recently been admitted as the 23rd Member of the National Aged Care Alliance (NACA).

2. *Community Pharmacies - Primary health care providers*

Unique primary health-care resource

Community pharmacies provide an accessible, nationwide, professional, primary health care service to all Australians, in particular to older Australians who, due to their greater medication needs, rely on this quality service, dedication of care, advice and counselling from a pharmacist who is a highly qualified health care professional.

Access

Community pharmacies exist in a well spread out network of shop fronts in highly accessible locations around Australia. There is a network of almost 5000 community pharmacies spread throughout urban, regional and rural Australia always staffed by a pharmacist who is able not only to dispense and give advice about medicines but who assists in the delivery of health services in a variety of other ways.

It is estimated that on average a person goes into a community pharmacy 14 times a year. Community pharmacies are open at a minimum Monday to Friday each week, with most pharmacies opening on a Saturday. A number of pharmacies are open Sundays and Public Holidays with extended trading hours, increasing the level of convenience for older Australians needing to access professional advice, pharmaceutical and health care products, prescriptions, aids and services after hours or in emergency situations. This service and product supply is provided in consultation with the pharmacist. There is therefore huge capacity for pharmacists to work with Government in providing health care services to the community in a way which is cost-effective.

'Whole-of-life' service provider

The role of community pharmacy as a 'whole of life' provider of services to the ageing Australian population is demonstrated by its ongoing commitment to improving and sustaining a superior level of professional health care, product supply and service.

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

Community pharmacies are the principal distribution points for prescription medicines and scheduled over-the-counter medicines. In addition to supplying medications, community pharmacists provide a wide range of services including:

- Quality Use of Medicines information;
- clinical interventions;
- medication management services;
- preventative care services (such as monitoring of compliance and drug therapy outcomes);
- participating pro-actively in therapeutic decisions; and
- providing information and advice on minor ailments and over-the-counter medicines.

The Value of Relationships

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 medications and need personal supervision and assistance to ensure that they achieve the best possible health outcomes from their medications. Pharmacists are able to help by monitoring compliance and by providing advice on possible adverse drug reactions, thus reducing hospitalisation and GP visits. Older Australians view their pharmacists as a primary source of advice on the use and effects of all medication and see the pharmacist's role in prescription medication consultations as reinforcement of the information provided by doctors.

Pharmacists are well aware that all Australians deeply appreciate the benefits of this primary health care service and access because the pharmacy profession is one of the most respected in the community (Morgan Gallop Poll 2001). Older Australians, like many in the community, rely upon this system that allows them to walk in off the street and consult a pharmacist about a whole range of products, treatment and medicines in order to achieve better health care outcomes.

An essential link in the bush Rural and Remote Pharmacy Services

Community pharmacies not only provide the most accessible health services in regional Australia, but also in many cases are often the only readily available health service provider. In these cases the relationship between the pharmacist and the older Australian is an important factor in ensuring the quality use of medications and their continuing wellness.

Together with their hospital colleagues, community pharmacists in rural and regional areas ensure the Quality Use of Medicines at all stages of the health care continuum and play a significant role in maintaining the excellent standard of service and access to medications and pharmacist services enjoyed by the Australian community. Of the 5,000 community pharmacies throughout Australia, approximately 1,300 are located outside of metropolitan areas. This strong network of pharmacies throughout Australia forms an essential health link for all Australians regardless of where they live.

Quality Care Pharmacy Program (QCPP)

Underpinning this primary health care and counselling service to pharmacy clients is the Quality Care Pharmacy Program. This is a program incorporating professional and customer service standards designed to provide better customer service, to improve health care outcomes and to demonstrate the public benefit of community pharmacy. The Program is based on business and professional standards that have been developed by both the Guild and the Pharmaceutical Society of Australia.

The financial incentives for QCPP as part of the Third Guild/Government Agreement will mean that all of Australia's pharmacy proprietors will embrace the Program and its underlying philosophy of achieving world's best practice in the delivery of community pharmacy goods and services.

As of November 2002, there are 2,382 pharmacies accredited out of a total 4,763 registered. This means that almost 50% of all community pharmacies have become accredited, which is an excellent result given the relative newness of the program. The Guild's aim is to have 4,000 accredited by the end of 2003 and are on target to achieve this objective.

Attachment 1: *Quality Care for Pharmacies* newsletter.

3. *The Value of Professional Pharmacist Services*

The evidence of the benefit and cost savings

There is an ever-increasing body of evidence to demonstrate that community pharmacists can and do perform countless activities that benefit patients and doctors, save money for the purchasers of health services and enhance the delivery of health care services.

Community pharmacist services can assist in health care savings. For example, the health care system in Australia as well as consumers will benefit greatly from the introduction of Domiciliary Medication Management Review services (DMMR) or Home Medicines Review, a collaborative initiative implemented between GPs and pharmacists in October 2001, and Residential Medication Management Review services (RMMR). Evidence has shown that such services lead to improved patient compliance, reduced inappropriate medication use, fewer preventable adverse drug effects and interaction, reduced hospitalisation, reduced GP visitation and a better quality of life for the Australian community.

Attachment 2: Home Medicines Review.

Studies

In August 1998 the Pharmacy Guild published an Issues Paper entitled “*The Value of Professional Pharmacist Services*”. This document brings together all relevant studies (published in English between 1990 and 1998) which have been undertaken in community, hospital or institutional settings and which were applicable to community pharmacist services. The paper provides an assessment of those pharmacy services, which in economic terms show potential for significant cost savings. The paper is available from the Pharmacy Guild’s National Secretariat.

Findings

A brief summary of the main conclusions from this paper and other research recently conducted in Australia are set out below. These findings indicate the very vital role community pharmacists can play in improving the health outcomes of all Australians and in reducing the costs of health services.

- In Australia, nearly half a million prescriptions are presented to community pharmacists each day under the Pharmaceutical Benefits Scheme. The sheer volume of the medications prescribed creates enormous potential for adverse medication outcomes.¹
- At least 80,000 hospital admissions in Australia each year are medication related and the cost of these hospital admissions in public hospitals is close to \$350 million a year.²
- Between 32% and 69% of drug related admissions were reported as definitely or possibly preventable.³

¹ Emerson L, and Whitehead P and Samson L “The Value of Professional Pharmacist Services: A compilation of national and international literature encompassing research published between 1990 and 1998 on the value of professional services provided by pharmacists, The Pharmacy Guild of Australia. August 1998

² Roughead E, Gilbert A, Primrose J and Samson L “Drug-Related Hospital Admissions: A Review of Australian Studies Published 1988-1996” Medical Journal of Australia Vol 168 20 April 1998

- Of all emergency admissions among the elderly between 15% and 22% were drug related.⁴
- Australia's National Health Strategy has identified the vital role community pharmacists play in health care provision through reducing medication costs and increasing the health outcomes of patients, particularly those with complex needs. This role is supported by the international literature, which shows that dollar savings due to the provision of pharmacist services is immense, with services such as pharmacist interventions, medication reviews and disease state management programs providing huge savings to the health care system and enormous benefits to the consumer.⁵
- In Australia, it has been estimated that pharmacists' delivery of clinical intervention alone saves the community almost \$8 million per year (Benrimoj, Berry et al 1998). Similarly, the delivery of medication reviews by pharmacists in nursing homes has been estimated to save up to \$4.75 million in drug costs alone (Roberts 1995).⁶
- In the United States it has been estimated that \$76 billion is spent each year because of medication use problems. Medication problems cause 8.7 million hospital admissions, over 3 million admissions to long-term care facilities and 115 million physician visits (Huffman 1996).⁷
- In the United States for example, a definitive summary of economic evaluations of pharmacy services identified benefit cost ratios of up to 76:1 (Schumock, Meed et al 1996).⁸

³ ibid

⁴ ibid

⁵ Emerson, et al 1998

⁶ ibid

⁷ ibid

⁸ ibid

4. *Guild Policies and Recommendations*

The Problem With an increasing proportion of the population in Australia already aged 60 years and over, the alarming levels of medication related problems, and polypharmacy as a crucial factor resulting in death, hospital and residential aged care facility admission and poor health outcomes, **there is an enormous social and financial challenge for Government to provide adequate, efficient and quality health and aged care services for older Australians.**

Guild policy The Guild believes policies that:

- promote high quality health and aged care systems;
- sustain independence and quality of life;
- support older people to live independently in the community for an increased period of time before needing to move to residential aged care facilities;
- have the potential to reduce the number of deaths, hospital and residential aged care facility admissions and poor health outcomes due to medication issues and polypharmacy; and
- produce significant cost savings for Government

should be a significant focus of the recommendations of the House of Representatives Standing Committee on Ageing's *Inquiry into long-term strategies when reconsidering policies that will address the ageing of the Australian population over the next 40 years.*

Expanding pharmacy's expert role, knowledge and services The Guild and key stakeholders place particular emphasis on the expert knowledge which pharmacists have in relation to pharmaceuticals and the use to which this should be put in managing and reviewing the medication regimes of the ageing in the community demonstrated by the services already provided by community pharmacy.

The Guild believes that community pharmacy is ideally placed to extend its role in assisting Government to implement these policies through a range of expanded professional pharmacy services.

The Solutions and Services As part of the services to the ageing, community pharmacists already provide :

- Domiciliary Medication Management Reviews (DMMR)/Home Medicines Review service

This collaborative health care service was funded under the Third Guild/Government Agreement and commenced in October 2001. This pharmacy service generates many health benefits to consumers through identifying, meeting and resolving the medication-related needs of consumers who take on multiple medicines. Attachment 2: Home Medicines Review.

- Residential Medication Management Review (RMMR) Services

Federal Budget estimates for Residential Medication Reviews do not take into account the increases over the last two years in the number of Commonwealth-funded bed places in residential facilities. There is potential for the funding for medication review services to be inadequate and unable to cover the additional beds. This potential shortfall needs to be addressed as soon as possible so that the service can continue to be provided to achieve optimum health outcomes.

▪ Dose Administration Aids (DAAs)

DAAs, such as blister packaging, reduce confusion and assist the ageing to take their medicines correctly. Many community pharmacies already provide blister packaging as part of their contracts with aged care facilities. Residential Aged Care facilities where blister packaging is provided recognise the huge benefits of this service and increasingly require this as a part of the contract. The Guild believes that in order to meet the accreditation criteria for the Residential Aged Care Facility, it should be mandatory for all Facilities to pay pharmacists to provide this service.

Attachment 3: Dose Administration Aids.

On a daily basis, community pharmacists also:

- advise on delivery and symptom recording devices for such conditions as asthma, for example, peak flow metres, spacers and nebulisers;
- advise and supply durable medical equipment to suit individual needs;
- screen and refer patients who may be affected by incontinence as well as supply and advise about continence products to suit individual needs;
- provide modern wound care treatment, particularly for conditions such as leg ulcers, an expensive and common problem for the elderly;
- advise on the cost of prescribed medication and the availability of a cheaper brand as well as information on the Pharmaceutical Benefits Scheme (PBS);
- advise on conditions such as asthma, diabetes, nutrition, allergies and smoking cessation, just to name a few;
- distribute public health information and educational material of relevance to older members of the community; and, of course
- always act immediately to refer a patient to a doctor or emergency treatment if the condition requires medical attention.

***Early
identification
and Disease
State
Management***

Given the sheer volume of customer visits and pharmaceutical sales through community pharmacies in Australia the community pharmacy is a primary setting where opportunistic interventions occur, particularly with older people.

The pharmacist plays a crucial role in the early detection, possible prevention, education, counselling and referral of people at risk of, or developing, a chronic condition, such as diabetes, asthma, incontinence, arthritis, falls/osteoporosis, hypertension and mental health and is well placed to assess if an older person, or their carer:

- is unaware of the symptoms associated with a particular condition;
- underestimates the severity of their condition; or

- is complacent about the treatment and management of their condition.

Pharmacists also play an effective and important role in the continuum of care of an older person managing a chronic condition or set of multiple conditions.

***Demonstrated
commitment
to programs
and services*** ***Older People and their Medicines***

In 1999/2000, the Pharmacy Guild of Australia and the Council on the Ageing implemented a joint community/business partnership project, titled '*Being In Control: Older People and their Medicines*'. This was a very successful peer education project, which aimed to educate and inform older people of ways to best manage their medication and to empower them to take a more active role in their medication management. Community pharmacists linked with peer educators in the community to support and promote the project, its aims and objectives.

The brochure *Medications...take control*, was produced as part of this project. (See Attachment 4.)

Pharmacy Continence Care Service

Over 70% of older Australian men and women are affected by incontinence and the Government has recognised the role community pharmacists can play in continence management. The Minister for Ageing has approved funding for a *Pharmacy Continence Care* project to commence November 2002. **The Guild is committed to working with government to promote continence awareness and to provide a pharmacy continence care service** to help pharmacists identify, advise, counsel, and/or refer and promote continence awareness to people who are incontinent or are at risk of becoming incontinent.

In a pre-project survey to establish community pharmacy's level of interest and attitude towards a pharmacy continence care service, **97% agreed that pharmacy could play a beneficial role in continence management and 73% of respondents stated they would be prepared to implement a pharmacy continence care service**. This project has been based on the successful Department of Health and Ageing funded 2001 Hunter Continence Awareness Project. This project was **placed first in every category** by the project's Evaluation Committee and had '**excellent participation by community pharmacy**'.

5. *The Guild and the Government's Intergenerational Report*

Position

The Guild has publicly taken the position that the Intergenerational Report, with its extrapolation of the costs of the Pharmaceutical Benefits Scheme 40 years into the future, is overstated and paints a very one-sided picture. It sees the PBS only as a cost centre rather than as a value centre and the cost savings produced as a result.

The Guild is concerned by the limited perspective of the Intergenerational Report whereby parts of the health and social support system are considered in isolation and believe it could result in cuts being made without taking into account their *impacts* in other parts of the health system.

Inter- generational Report

The release of the Intergenerational Report has been the trigger for the formation of a National Health Alliance, initiated by the Guild and made up of representatives of health care and health provider organisations, and includes: Access Economics, the Australian Medical Association, Australian Division of General Practice, Australian Healthcare Association, Australian Health Insurance Association, Australian Independent Retirees, Australian Private Hospitals Association, Carers Australia, Catholic Health Australia, Client Solutions Pty Ltd, the Consumers' Health Forum, Council on the Ageing, National Prescribing Service, Pharmaceutical Society of Australia, the Pharmacy Guild of Australia, Royal Australian College of General Practice, Rural Doctors Association, and Uniting Care Australia.

National Health Alliance

The Alliance aims to stimulate debate about national health policies with the ultimate objective being the development of a sound and comprehensive strategy that will require governments to address the question of 'what kind of health system do we want?' The Alliance believes that without such debate, opportunities to innovate and improve will be lost.

The development of a health strategy would take into account the following considerations:

- The aims of the strategy should be health and social justice outcomes with an acknowledgment of the economic contribution of a viable health industry.
- The strategy should provide clear guidelines on how resource allocation decisions are made, and against which allocations can be judged.
- The creation of an effective health strategy that operates within budget will require significant innovation, and not merely adjustment within the existing frameworks. This will include consideration of new policies, financing mechanisms, taxation arrangements, health service networking, government administrative processes, and more effective collaboration.
- There will need to be proper investigation of the full spectrum of health service delivery models and options, and the full spectrum of health financing approaches, to create an optimum strategy. Such an evaluation must consider fully the contributions which health care makes to economic performance and other societal values.

- A health strategy requires a workforce strategy, taking into the account the need to provide sufficient economic reward and investment to ensure that skilled people are attracted to deliver health services for all sectors of society. Any such evaluation needs to be based on a sophisticated understanding of upstream changes in the ways in which health needs will evolve with a changing population and changing policy contexts, and downstream health, social and economic impacts of different types of health care strategy.
- Prevention needs to be valued appropriately in an effective health care strategy.
- A key aim of a national health strategy should be social inclusiveness, not minimal safety nets.
- Issues of social justice are central to national health strategy, in particular with regard to Aboriginal people.
- The health and other needs of regional and disadvantaged communities should be carefully considered as part of such a strategy.
- Any such strategy has to tackle the problem of institutional complexity and confusion and the transaction costs associated with existing administration. This includes better specification of Federal/State and public/private roles, and the removal of silos that inhibit efficiency.
- A sustainable health care system has to be fair and efficient, and deliver health outcomes that the community wants, and will value.

Quality Care Pharmacy Program Newsletter
Submitted with hard copy Submission

Home Medicines Reviews (HMRs)

The Home Medicines Review (HMR) service was introduced in October 2001. It is a collaborative service between doctors and pharmacists provided to consumers living at home in the community. The goal of HMR is to maximise an individual patient's benefit from their medication regimen by a team approach involving the general practitioner and the patient's preferred community pharmacy.

The objectives of the service are to:

- achieve safe, effective and appropriate use of medications by detecting and addressing medication-related problem/s that interfere with desired patient outcomes;
- improve patients' quality of life and health outcomes using a best practice approach, that involves a collaborative effort between the GP, pharmacist, other relevant health professionals and the patient (and where appropriate, their carer);
- improve patients' and health professionals' knowledge and understanding about medications; and facilitate cooperative working relationships between members of the health care team, in the interest of patient health and well being.

These objectives are consistent with the principles underpinning quality use of medicines (QUM).

The pharmacist's role in the provision of HMR includes:

1. identification of people who may benefit from a HMR;
2. coordination of the service after receipt of a referral from the GP;
3. information gathering and interviewing of the person preferably in their home;
4. clinical assessment and report writing;
5. report consideration (with the person's GP); and
6. implementation and follow up of agreed actions.

While the general practitioner will determine whether or not to conduct a HMR, any member of the health care team may trigger a potential need for a HMR to ensure quality use of medicines or address consumer needs. Examples of criteria (based on potential contributing factors for medication misadventure), which may be used to inform this judgement, include the following:

- currently taking five or more regular medications
- taking more than twelve doses of medication per day
- recently admitted to a medical facility/hospital (in the last four weeks)
- had significant changes made to medication treatment regimen in the last three months
- on medication with a narrow therapeutic index or requiring therapeutic monitoring
- symptoms suggestive of an adverse drug reaction
- sub-therapeutic response to medication treatment
- suspected of non-compliance or not managing medication related therapeutic devices
- consumers managing their own medications who are at risk due to language difficulties, dexterity problems, impaired sight, confusion/dementia or other cognitive difficulties.

Based on the above criteria, it is clear that consumers with mental health problems would benefit from the Home Medicines Review Service provided by the pharmacists.

Dose Administration Aids (DAAs)

Dose Administration Aids (DAA) for administering medicines are widely recognised by patients, pharmacists, carers, doctors and nursing staff as highly effective for people who require assistance with their oral medications. The DAA is designed to improve the compliance of consumers by clearly setting out the doses in separate compartments for periods throughout the day. DAA are frequently used in environments of long term aged care, psychiatric and intellectually disabled care, and the community settings of managed palliative care and the elderly residing in their own home. Improving compliance, particularly for the elderly, has great potential to improve the health of people with chronic disease and prevent medicine misadventure.

Compliance with medication means taking the correct dose of the correct medication at the appropriate interval for the appropriate time. Willingness and capacity to comply with prescribed drug treatment are two factors that will have an impact on compliance and the subsequent efficacy of the prescribed medication. Studies reveal that a high number of hospitalisations for people over 65 years are drug related, and involve adverse reactions and non-compliance with medications.

Elderly people may have difficulty taking their medicines as prescribed and reasons for non-compliance include the side effects of the medication, forgetfulness, confusion, cost, poor vision, dexterity problems, and complicated dose regimen. Some elderly people may partly comply with their medications as they may not perceive a benefit, may feel better and think they do not need them, may think they are taking too much medicine, can not be bothered or feel that the medication is interfering with their social life.

Pharmacies providing services to residential aged care provide DAA services under contract and provide the DAA device and fill the device according to the doctor's script. This is undertaken in the pharmacy. This service may be provided as a part of contracted services or fee for service.

Currently, the remunerated supply of DAA to patients is fairly limited to residential care facilities and for veterans participating in a Department of Veteran's Affairs (DVA) commissioned evaluation study. Funding for and access to DAA for people who would benefit most from the device is inconsistent.

There is a study commissioned by the DVA attempting to characterise veterans and war widow(er)s who would benefit from using DAA. This study should report in March 2003 and will assist in the development of criteria to be applied in assessing the need for DAA. However, the costs, benefits and processes for people under DVA funding is significantly different to services provided by the Medical Benefits Scheme (MBS) and Pharmaceutical Benefits Scheme (PBS).

There is potential for health and economic gains to be made from the provisions of DAA to appropriate consumers. An implementation trial and evaluation of the costs and benefits of providing DAA from community pharmacy to appropriate consumers has not been undertaken for non-veterans, hence the need for a study involving the costs and benefits to the Medical Benefits and Pharmaceutical Benefits Schemes.

Medications...take control brochure
Submitted with hard copy Submission