

Federal Budget Submission

**Optimising the contribution
of pharmacists to achieve
sustainable, efficient and quality
healthcare for all Australians**



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Summary

The Pharmaceutical Society of Australia's submission to the 2017-18 Federal Budget aims to provide innovative and cost-effective solutions to the Australian Government addressing a number of current health system challenges. PSA's recommendations have been made in the context of the Government's existing reform agenda, with a view to facilitating sound policy implementation.

Key Recommendations

PSA recommends that the Federal Government, in its 2017-18 Budget, makes provision for:

- Enabling pharmacists as digital health champions to support optimal implementation of the Digital Health Strategy.
- A large scale implementation trial integrating pharmacists in general practice
- Additional investment to support the inclusion of pharmacists in Stage One of the Health Care Homes initiative.
- Amending current funding arrangements, so that the contribution of pharmacists in rural and remote settings can be optimised.
- A discrete project to develop quality indicators for pharmacist practice in Australia, to support the objectives of the National Medicines Policy.



The recommendations and proposals in this submission aim to enhance the Government's existing health investments and do not duplicate, nor inhibit in any way, the initiatives being progressed as part of the 6th Community Pharmacy Agreement. Instead, they represent a

cost-effective way to correct structural and funding barriers, which currently result in minimal participation by a highly skilled pharmacist workforce in key Government initiatives where collaborative models of care including pharmacists have demonstrated value.

▪ About PSA

The Federal Government has granted the Pharmaceutical Society of Australia (PSA) with national peak health body status. The Government rewarded PSA's advisory, policy formulation, education and representation of pharmacists as part of the Health Peak and Advisory Bodies (HPAB) Program.

PSA proudly represents Australia's 29,000¹ pharmacists working in all sectors and locations.

PSA's core functions include: providing high quality continuing professional development, education and practice support to pharmacists; developing and advocating standards and guidelines to inform and enhance pharmacists' practice; and representing pharmacists' role as frontline health professionals.

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Background

A flexible, highly trained and responsive workforce will be a key enabler of the reform of the health system

The health system in Australia is undergoing major reform, underpinned by the broader Reform of Federation.² A flexible, highly trained and responsive pharmacist workforce will be a key enabler of the reform of the health system and the implementation of innovative models of care. The pharmacist workforce is a critical part of this, particularly in primary care where significant reforms are planned or already under way.^{3,4}

Across all care sectors, pharmacists have a key role in assisting with effective policy implementation of key Government health

reforms including areas such as; digital health, Health Care Homes, the Medicare Benefits Schedule review, as well as achieving the objectives of the National Medicines Policy.

Whilst historically, pharmacists' unique skills and expertise have been underutilised, there is significant opportunity, within the current health reform environment, to ensure pharmacists' skills are better utilised – as part of collaborative models of care – to contribute to improved health outcomes for all Australians.



Pharmacists as Digital Health Champions

PSA recommends that the Federal Government, in its 2017-18 Budget, allocates funding to enable pharmacists as digital health champions to support optimal implementation of the Government's Digital Health Strategy.

As the health system's medication experts, pharmacists will need to have a prominent and ongoing role in the Government's digital health initiatives in order to maximise the expected benefits.⁵ Furthermore, as modelled by Deloitte, the net benefits from digital health records are expected to be approximately \$11.5 billion over the 2010 to 2025 period, with close to 90% (\$10.24 billion) of the expected savings to result from reduced avoidable hospital admissions and GP visits due to more effective medication management⁶ – a fundamental role for pharmacists.

Pharmacists in Australia are one of the largest, most trusted and most accessible groups of health professionals. As such, they are well placed to encourage consumer uptake of digital health records by educating, empowering and supporting consumers to meaningfully engage with their records, maximising the benefits and potential impact of digital health records.

In addition to championing Digital Health Records to consumers, pharmacists are also well placed to improve consumer health outcomes through effective use of digital health records – not only by adding dispensing histories, but by using the information contained in the record to optimise medication regimens, address medication problems and improve overall medication management.

Moreover, there is significant potential for pharmacists to use digital health records as a tool to communicate with other health professionals, particularly during transitions of care. This is important, as it is well-recognised that many adverse health events – particularly those relating to medicines, such as medication misadventure leading to

avoidable hospital admission, which costs the health system more than \$1.2 billion annually⁷ – occur during these transition periods.

Pharmacists can have a significant impact during critical transition periods and their involvement has been shown to decrease readmissions and future episodes of care.⁸ Despite this, there are currently no mechanisms or incentives, analogous to those available to general practitioners (GPs), to support pharmacists to contribute to digital health records and facilitate consumer uptake and engagement.

To maximise the opportunity for pharmacists to be enabled as digital health champions, the Government will need to ensure that pharmacists are included in its digital health change management strategy, and invest in implementation resources and tools to support pharmacists to make this practice change.

Pharmacists across the care continuum often act, unofficially, as care coordinators who work with both consumers and carers at different stages of the care journey. Traditionally, pharmacists have taken on this role on an ad hoc basis without incentive or support. However, to maximise the opportunities presented by the Government's Digital Health Strategy, there is an urgent need to provide appropriate support to enable pharmacists to act as digital health champions in a predictable and consistent manner.

As the peak pharmacy body in Australia, PSA represents pharmacists working across all care settings, including many who support consumers during transitions of care. As such, PSA can support a responsive pharmacy workforce to champion digital health records in order to more effectively support consumers as they navigate the health system.



Integrating Pharmacists in General Practice

PSA recommends that the Federal Government, in its 2017-18 Budget, allocates funding for a large scale implementation trial integrating pharmacists in general practice, to determine the best approach to implementing an evidence-based model in the Australian context, and the value of this model to the health system.

Effective interprofessional collaboration is critical to the future sustainability of the Australian health system, and as such should be a key priority for the Government.

The integration of pharmacists within the general practice setting has been adopted by the NHS in the UK.⁹ Many other countries, including New Zealand, Canada and USA, have pharmacists providing clinical services in general practice settings.¹⁰ In Australia, the concept has received endorsement from leading medical organisations, acknowledging the value pharmacists add to the primary healthcare team.^{11,12} The growth of the model, however, has been limited to a small number of practices due to the absence of funding.

PSA is aware of a number of small trials involving integrating pharmacists in general practice, however, in order to fully understand the value to the health system, and the best approach to implementing an evidence – based model for the Australian context, PSA urges the Government to consider investing in a large scale implementation trial of the pharmacists in general practice model.

A practice pharmacist is best defined as one who delivers clinical pharmacy services from or within a general practice medical centre or other primary care practice (multidisciplinary clinic, Aboriginal Health Service) through a coordinated, collaborative and integrated approach with an overall goal to improve the quality use of medicines by the patient.¹³

Practice pharmacists assist with medication enquiries from patients and health professionals, conduct staff

education, review prescribing, mentor new prescribers, participate in case conferences, liaise across health sectors, undertake medication management reviews, and evaluate drug utilisation to ensure optimal therapy.¹⁴ Other roles pharmacists can undertake included point-of-care testing (e.g. blood pressure, blood glucose, INR) and monitoring, clinical audits, health assessments, immunisation, and facilitation of shared medical appointments.^{15,16}

As part of their collaborative work, an important element of the practice pharmacist's role is liaison with local community pharmacists to ensure continuity of care, and assist in transitions of care.

A systematic review indicated co-location of pharmacists in general practice clinics resulted in interventions which significantly improved blood pressure, glycosylated haemoglobin (diabetes), cholesterol, osteoporosis management and cardiovascular risk.¹⁷ Patient consultations resulted in significant reductions in medication-related problems and improvements in medication adherence.¹⁸

Co-location also enabled greater communication, collaboration and relationship building among the health professionals.^{19,20} Unsurprisingly, there was a significantly higher rate of uptake of a practice pharmacist medication review recommendations by the GP.²¹



Furthermore, a 2015 report by Deloitte Access Economics demonstrated that the integration of pharmacists in general practice has the potential to generate \$1.56 in health system savings for every \$1 invested in the program.²²

Integrating pharmacists in general practice is expected to yield a net saving of \$544.87 million to the health system over four years. Specifically, these savings are expected to result from²³;

- Hospital savings of \$1.266 billion – due to reduced number of hospital admissions following a severe adverse drug event;
- PBS savings of \$180.6 million – due to the reduced number of prescriptions from better prescribing and medication compliance;

- Individual savings of \$49.8 million – reduced co-payments for medical consultations and medicines; and
- MBS savings of \$18.1 million – due to reduced number of GP attendances following a moderate or severe ADE.

Therefore in addition to positively contributing to the Government's QUM objectives, this initiative will contribute to a more sustainable PBS and MBS as well as minimising upward pressure on patient co-payments, improving future access and affordability for Australians.

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Pharmacists' Contribution to Health Care Homes



PSA recommends that the Federal Government, in its 2017-18 Budget, allocates funding for an additional investment to support the inclusion of pharmacists in Stage One of the Health Care Homes initiative.

The Health Care Home (HCH) is a model designed to help transform primary health care and improve the efficiency and effectiveness of the health system, particularly for consumers with chronic and complex conditions.

The report from the Primary Health Care Advisory Group recognises the importance of ensuring HCHs are committed to providing care which is safe and of high quality. Considering 36.4% (over \$19 billion) of expenditure in the primary care sector is on medications²⁴, and the significant costs associated with medication misadventure and potentially preventable hospital admissions, there is a need to ensure that the HCH model has a focus on the Quality Use of Medicines and medication safety – this requires the unique skills and expertise of a pharmacist.

Indeed, the models in which significant benefits have been demonstrated employ care teams that are led by GPs, but use an

expanded staffing model in which nurses, pharmacists and others assume greater care management roles.²⁵ Furthermore, the need to include multidisciplinary health care teams as part of the Health Care Home model was also reflected in key recommendations from a recent Roundtable report *Patient-centred Healthcare Homes in Australia: Towards Successful Implementation*.²⁶

However, to PSA's knowledge, there is currently no strategy nor mechanism in Stage One of the Government's Health Care Home initiative to effectively facilitate and support the inclusion of a pharmacist in the HCH Care Team. This puts Australia's progression of the Health Care Home model at odds with international models and evidence, including the widely-cited Seattle Group Health Cooperative²⁷ and Canterbury model in New Zealand.²⁸ It leaves Australia lagging behind in terms of applying evidence-based models of care for consumers with chronic and complex conditions.

Roles that pharmacists in Australia are able to fulfil as part of a HCH care team include²⁹:

- identifying, resolving, preventing, and monitoring medication use and safety problems;
- reducing poly-pharmacy and optimising medication regimens on the basis of evidence-based guidelines and practitioner education;
- recommending cost-effective therapies;
- designing tailored adherence and health literacy programs;
- developing consumer medication action plans with self-management goals;
- communicating medication care plans to consumers and other health care professionals in the team; and
- liaising with community pharmacy and other health care providers to ensure smooth transitions between health care settings.

Pharmacists have a key role in optimising medication regimens, promoting and improving medication safety and facilitating appropriate transitional care through the use of tools such as Digital Health Records to improve health outcomes for consumers with chronic and complex conditions.

Including a pharmacist in the HCH team has the potential to reduce poly-pharmacy, as well as preventable medication-related hospital admissions and readmissions,

leading to a reduction in overall primary care expenditure on medicines, and significant savings to the broader health sector.³⁰

Not including a pharmacist in Stage One of the Health Care Home roll-out is not only a missed opportunity for Government and consumers with chronic and complex diseases, but may also compromise the effectiveness and outcomes of Stage One of the HCH initiative.

"Pharmacists have a key role in optimising medication regimens, promoting and improving medication safety and facilitating appropriate transitional care"



Utilising Pharmacists to Improve Rural & Remote Health

"In rural and remote communities where there is limited access to GPs, pharmacists can have important primary care roles"

PSA recommends that the Federal Government, in its 2017-18 Budget, amends current funding arrangements, so that the contribution of pharmacists in rural and remote settings can be optimised.

People in rural, regional and remote Australia overall have worse health than people living in cities. They have higher rates of many diseases, more health risks and higher death rates in every age group.³¹

The level of Medicare expenditure per capita is less in rural and remote Australia than in metropolitan areas, with the annual primary care deficit in rural and remote Australia estimated at \$2.1 million. This underspend on primary care results in an extra \$830 million in hospitalisation costs,³² as lower levels of primary care may force consumers to present to a hospital for with a condition that could have been treated in a more appropriate setting.³³

The Grattan Institute report, *Access all areas: new solutions for GP shortages in rural Australia*, underscored the need for GPs to be better

supported by pharmacists and other health professionals.³⁴

In rural and remote communities where there is limited access to GPs, pharmacists can have important primary care roles, including; wound care, minor ailment diagnosis and treatment, and chronic disease management. Indeed, evidence shows the positive impact that pharmacists can have on health outcomes in medically underserved areas.³⁵

However, consumers seeking to access care for minor ailments in the after-hours periods frequently utilise higher-cost options such as presenting to emergency departments. These presentations place unnecessary demands on hospital resources. To reduce and prevent these presentations, and provide access to safe and effective primary care for minor ailments, PSA proposes the adoption of a Minor Ailment Scheme.



The adoption of a structured, minor ailment model in Australia would facilitate rapid access to essential, cost effective primary care solutions. The success of this strategy has been demonstrated internationally in the UK and Canada as an affordable and rapidly implementable solution.^{36, 37, 38} It was estimated in 2009 that an enhanced minor ailment model in Australia could produce a cost saving of up to \$260 million.³⁹

As noted in the Grattan Institute's report, another area in which pharmacists have the opportunity to make a significant impact to the health outcomes of consumers in rural and remote settings is immunisation. Indeed, this position is supported by international and domestic experience.^{40, 41}

Although pharmacist-delivered vaccination is legislatively permitted in each state and territory in Australia, there is no funding for these services to occur in a consistent and equitable manner for consumers – unlike funding for other health professionals who provide immunisation services.

If pharmacists are to be genuinely engaged to deliver primary care and public health initiatives to medically under-served communities, and assist in achieving the Government's healthcare objectives, there will need to be a robust and sustainable funding framework which provides equity across the professions in the ability to claim for services provided, so as to ensure equity of access for all consumers.



Developing Quality Indicators to Support the National Medicines Policy

PSA recommends that the Federal Government, in its 2017-18 Budget, allocates funding for a discrete project to develop quality indicators for pharmacist practice in Australia.

Questions posed as part of the Review of Pharmacy Remuneration and Regulation Discussion Paper[^] aimed to determine how the pharmacy sector supports the objectives of the National Medicines Policy (NMP). As PSA noted in our submission to the Review⁴², this process is challenging as there are no published standard measures or metrics across sectors or the health system as a whole, for assessing performance against the objectives of the NMP. Those objectives are:

- timely access to the medicines that Australians need, at a cost individuals and the community can afford;
- medicines meeting appropriate standards of quality, safety and efficacy;
- Quality Use of Medicines; and
- maintaining a responsible and viable medicines industry.⁴³

PSA appreciates that the objectives of the NMP are difficult to measure, however, as part of a longer term reform process, and to ensure that the objectives of the NMP are met by pharmacist care, there is a need to develop quality indicators for pharmacist practice.

PSA recognises that the Quality Care Pharmacy Program (QCPP) currently exists as a quality assurance program for community

pharmacy, providing support and guidance on professional health services and pharmacy business operations. However, it does not measure health outcomes or how pharmacist practice, across all care sectors, contributes to, and supports the NMP objectives.

PSA believes that developing specific quality indicators for pharmacist practice is in the long term interest of meeting the objectives of the NMP, and continuing to improve health outcomes for individuals and the population through evaluation and practice improvement processes.

Indeed, the framework for the proposed quality indicators already exist; PSA's Professional Practice Standards and Code of Ethics as referenced in the National Health (Pharmaceutical Benefits) (Conditions of approval for approved pharmacists) Determination 2007.⁴⁴

The development of these quality indicators would be a discrete piece of work and involve stakeholders from the pharmacy sector, the broader health sector, the Australian Commission on Safety and Quality in Health Care, and Government to ensure that they reflect contemporary pharmacist practice, including multidisciplinary care.



[^] The Review of Pharmacy Remuneration and Regulation Discussion Paper can be found at: <http://www.health.gov.au/internet/main/publishing.nsf/content/review-pharmacy-remuneration-regulation#DiscussionPaper>

■ Concluding Comments

"Pharmacists and the community pharmacy sector are critical to the Government's efforts to achieve sustainable, efficient and quality healthcare."

There is significant opportunity for the Government to further optimise the contribution of pharmacists to the Australian health system. Pharmacists are best placed to provide medication management, high quality medicines advice and education to consumers, particularly those with chronic and complex conditions and can contribute to preventive health activities. There is great potential to positively impact the health outcomes of all Australians, while reducing unnecessary health system expenditure. Pharmacists and the community pharmacy sector are critical to the Government's efforts to achieve sustainable, efficient and quality healthcare.

PSA believes that the proposals in this submission will benefit not only consumers, but the broader health system. As the peak national body for pharmacists in Australia, PSA would welcome the opportunity to further work with the Government to improve the nation's health through excellence in pharmacist care.



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