



## Community Pharmacy Roadmap Program Development Template

<b>Program/Service</b>	<b>Chronic Disease Management</b>
<b>Quadrant</b>	<b>C – In-Pharmacy Health Services and Programs</b>
<b>1. Program/Service Description</b>	
a) Background	<p>The burden of chronic disease is a global problem that is rapidly increasing. The National Chronic Disease Strategy<sup>1</sup> notes that, in Australia, chronic disease is estimated to be responsible for 80% of the total burden of disease, mental problems and injury in terms of disability-adjusted life years. The strategy highlights that cardiovascular disease, diabetes, asthma and arthritis/musculoskeletal conditions are the key areas of concern. These conditions are recognised as health priority areas along with cancer control, injury prevention and control, mental health and obesity.</p> <p>Furthermore there is an increase in the prevalence of dementia in Australia’s ageing population. The AIHW <i>Dementia in Australia – national data analysis and development report</i><sup>2</sup> states that 190,000 Australians had dementia in 2006, and this number is expected to increase to 465,000 people by 2031.</p> <p>As medicines play a significant role in the management of chronic diseases, with patients usually having to visit their community pharmacy on a monthly basis to collect their medicines, pharmacists are ideally placed to provide additional chronic disease management services.</p> <p>Utilising the expertise and accessibility of community pharmacists to support patients with chronic disease has been investigated in Australia and abroad, and these outcomes will be considered as community pharmacy services are developed. There have been a number of services for chronic conditions that have been trialled<sup>3</sup> as part of the Community Pharmacy Agreements (CPAs), and in many cases there is compelling evidence of success of pharmacy intervention.</p>
b) Brief Description	<p>In developing chronic disease management services, consideration will be given to the expertise pharmacists can contribute, such as:</p> <ul style="list-style-type: none"><li>• improving medication adherence through the use of medication management systems;</li><li>• improving a patient’s understanding and use of their medicines to improve adherence;</li><li>• assisting with the management of the condition (e.g. blood pressure, blood glucose levels, lung function, international normalised ratio (INR) for warfarin);</li><li>• assisting with lifestyle support (weight management, smoking cessation, alcohol consumption);</li><li>• supporting self-management of co-morbidities and increasing health literacy; and</li><li>• facilitating consultation with other members of the health care team</li></ul> <p>Areas of service may include, but are not limited to, diabetes, asthma, Chronic Obstructive Pulmonary Disease (COPD), cardiovascular disease, osteoporosis and dementia.</p>
c) Alignment with Government Policy	<p>This program aligns with recommendations from the National Health and Hospitals Reform Commission and Primary Health Care Strategy by better utilising pharmacists as part of the primary health care team.</p>

<sup>1</sup> <http://www.health.gov.au/internet/main/publishing.nsf/Content/pq-ncds> Accessed January 18, 2010

<sup>2</sup> <http://www.aihw.gov.au/publications/index.cfm/title/10368> Accessed January 18, 2010

<sup>3</sup> The Pharmacy Guild of Australia- Research and Development <http://www.guild.org.au/research/> Accessed 9 February, 2010

d) Expected Outcomes for Government and Community Pharmacy	<p>From a Government perspective, utilising the network of 5000 plus community pharmacies provides an opportunity to enhance the access by at-risk patients to professional support for a range of chronic health conditions, particularly in locations which may lack support services, such as rural and regional areas. Improving and supporting patients to self-manage their condition through easy and readily available access to a highly trained health professional network will result in more efficient and cost-effective use of the health system.</p> <p>From a pharmacy perspective, there will be greater recognition for the role of community pharmacists as members of the primary health care team. Community pharmacy will have the opportunity to develop a viable business involving service provision as an adjunct to product supply and will have a greater capacity to effectively utilise the increasing number of new pharmacy graduates in a manner that benefits both pharmacy practice and the community.</p>
e) Consumer Benefits	<p>Medicine use plays a significant role in the management of chronic conditions and utilising the pharmacist's expertise in medicines management will improve QUM and reduce the risk of medicines misadventure. This will have a positive impact on the management of a patient's condition, including co-morbidities, and on their quality of life.</p> <p>Consumers will also benefit from the convenience of attending their local pharmacy to access services. The use of auditable professional standards will ensure the public receives a standardised, quality-assured professional support service.</p>
f) Who Performs the Service?	<p>The pharmacist will be the primary person delivering chronic disease management services.</p> <p>Pharmacy assistants may assist with some routine triage aspects of a service as well as the administrative components.</p>
g) Collaboration with Other Health Care Professionals	<p><i>Will service delivery require any formal collaboration with other health care professionals?</i> Yes Pharmacists will collaborate with other members of the health care team, such as prescribers and allied health professionals as appropriate. For example, the pharmacist may work in collaboration with pathologists in the INR monitoring for patients receiving anticoagulant therapy.</p>

## 2. Implementation and Enablers

a) Stakeholder Consultation	<p><i>Representative bodies from the following areas will be consulted in order to fully develop and implement a program:</i></p> <ul style="list-style-type: none"> <li>• Consumer organisations</li> <li>• Disease management organisations</li> <li>• Funders</li> <li>• Government bodies</li> <li>• GP organisations</li> <li>• Pharmacy organisations</li> <li>• Pharmacy software vendors</li> <li>• Professional insurers</li> <li>• Relevant allied health professional bodies</li> </ul>
b) IT Requirements	<p><i>Is pharmacy software required to deliver this program?</i> IT solutions may assist in the delivery of these services. Program software needs to integrate service consultation with pharmacy software, be streamlined for ease of use and consistent with pharmacy workflow. Documentation and claiming software needs to be available for programs that support subsidised services.</p>
c) Infrastructure and Staffing	<p><i>Is a private consultation area required to deliver this program?</i> Yes - private consultation will take place within a private area of the pharmacy</p> <p><i>Is the program within the pharmacist's/pharmacy assistant's normal scope of practice?</i> To be determined - this depends on the specific intervention and needs to be considered for</p>

	<p>each service as it is developed. More specialised services may require additional training.</p> <p><i>Will an additional pharmacist be needed?</i> To be determined In developing professional services that require an extended pharmacist consultation, consideration needs to be given as to whether another pharmacist may be needed to manage other professional activities within the pharmacy, such as dispensing or the supply of Pharmacist Only Medicines.</p>
d) Training	<p><i>What additional formal training is likely?</i> under-graduate pharmacist qualified pharmacist pharmacy assistant</p> <p>Pharmacy graduates should be trained to a level where they can confidently provide support services upon registration.</p> <p>Refresher training should also be available for qualified pharmacists to ensure services remain aligned with current clinical guidelines. For more specialised services, training should be provided on-line where possible.</p> <p>For services where the pharmacy assistant will have any significant role, apart from the program administration, appropriate training will need to be determined and provided in an appropriate format.</p> <p><i>Does any suitable training exist?</i> To be determined Available training will need to be investigated on a case-by-case basis according to the service to be delivered. Prior learning should also be considered for pharmacists considering service delivery.</p>
e) Supporting Standards, Procedures and Templates/ Checklists	<p><i>Will a QCPP standard be required?</i> Yes Standards for professional support services are available as part of QCPP 2<sup>nd</sup> edition. As individual services are developed, the need for supporting checklists can be assessed and where not available, the development of new ones should be part of the program structure.</p> <p><i>Will professional guidelines and/or standards for pharmacists be required?</i> Yes</p> <p><i>Are there any other national guidelines that need to be taken into account in developing the program to ensure consistency with best practice?</i> Yes Many of the chronic diseases have a supporting National Service Improvement Framework<sup>4</sup>. In addition, supporting clinical guidelines may be available from the NHMRC<sup>5</sup> or other organisations such as the National Heart Foundation. These will need to be considered when developing the service.</p>
f) Legislation/ Regulation Implications	<p>There will/may need to be an amendment to:</p> <p><input type="checkbox"/> No                      <input type="checkbox"/> Yes                      <input checked="" type="checkbox"/> To be determined</p> <p><input type="checkbox"/> Commonwealth Legislation <input type="checkbox"/> State Legislation</p> <p>As each individual service is developed, it will be necessary to ensure that all elements are consistent with relevant legislation.</p>

<sup>4</sup> National Chronic Disease Strategy <http://www.health.gov.au/internet/main/publishing.nsf/Content/pq-ncds>  
Accessed January 18, 2010

<sup>5</sup> NHMRC Clinical Practice Guideline Portal <http://www.clinicalguidelines.gov.au> Accessed January 21, 2010

<b>3. Funding</b>	
Funding Options	<p><i>Possible funding options include:</i></p> <ul style="list-style-type: none"> <li>Community Pharmacy Agreement</li> <li>Alternative Commonwealth Program</li> <li>User-pays (Review GST implications ✓)</li> <li>Private Health Insurance</li> </ul> <p><i>Has any funding for this Program been secured?</i></p> <p>To be confirmed</p> <p>Note: Private programs may be developed industry-wide through targeted programs funded through a third party payer.</p>
<b>4. Timelines</b>	
Timelines	<ul style="list-style-type: none"> <li><input type="checkbox"/> Established community pharmacy practice</li> <li>✓ Immediate to short-term implementation (&lt; 30 June 2015)</li> <li>✓ Medium-term implementation (1 July 2015 to 30 June 2020)</li> <li><input type="checkbox"/> Longer-term implementation (&gt; 1 July 2020)</li> </ul>