

# Appendix: A

## Program Templates by Quadrant

The Roadmap- Signposts for Implementation

### The Quadrants

The Roadmap documents the range of services community pharmacy provides now and will provide in the future, and allocates them to four 'quadrants'. These quadrants are:

- A. 'Prescribed Medicines Services and Programs' –linked to the function of the dispensary.
- B. 'Pharmacy Medicines and Health Products – Services and Programs'- linked to the professional services area of the pharmacy.
- C. 'In-Pharmacy Health Services and Programs' – utilises a private consultation area within the pharmacy.
- D. 'Outreach Health Services and Programs' – delivered outside the physical pharmacy location.

### List of Professional Services

The table below (and on the following pages) sets out the range of services detailed in the Roadmap templates, with the services appearing in alphabetical order in each quadrant. See "Pharmacy Programs- Identification and Allocation to Quadrants" for the rationale behind the process of allocating the services to their respective quadrants.

#### A: Prescribed Medicines – Services and programs

##### Pharmacy services associated with prescribed medicines

Location: Dispensary

- Basic Dispensing Protocols
- Clinical interventions
- Compounding Services
- Controlled Drugs Monitoring
- Dose Administration Aids
- Drug Recalls
- Electronic Health Records for prescribed supply
- Electronic Prescriptions
- Medication Adherence Programs (for example, MedsIndex; Mirixa)
- Medication Continuance
- Medicine Use Reviews
- Opiate Dependence Treatment Programs
- Patient Service Charter
- QUM Continuity of care
- Staged Supply

## B: Pharmacy Medicines and Health Products – Services and Programs

### Pharmacy services associated with non-prescribed medicines and products

Location: Professional services area

- Complementary & Alternative Medicines
- Electronic Health Records for Over-The-Counter Medicines
- First aid and wound management
- Health Supplies:
  - Patient aids (monitors, crutches etc)
  - Continence
  - NDSS
- Minor Ailments Scheme
- Pharmacist Only Medicine Notifiable
- Smoking cessation

## C: In-pharmacy Health Services and programs

### Enhanced pharmacy support services not necessarily related to product supply and delivered from within the pharmacy

Location: Consultation area

- Chronic Disease Management
- Health Checks/Monitoring/ Screening:
  - Men's Health
  - Blood pressure
  - Blood lipids
  - Blood glucose/HbA1C
  - Spirometry Asthma COPD
  - INR (RegAff/PracDev)
  - Chlamydia
  - Osteoporosis
  - Diabetes
  - Cardio Vascular Disease
  - Cancer (such as bowel)
- Healthy Lifestyle Support:
  - Weight Loss
  - Smoking Cessation
  - Alcohol Withdrawal Support
- Mental Illness Services
- Mothers and Infants Services
- Needle and Syringe Program
- Palliative Care
- Pandemic Support
- Pharmacogenomics
- Public Health Promotion:
  - Hepatitis C
  - Alcohol Awareness
- Return of Unwanted Medicines
- Sexual Health services
  - STD awareness/safe sex promotion
  - Pregnancy Prevention
- Sleep Apnoea Clinics
- Travel medicine
- Vaccine administration

## D: Outreach Health Services and Programs

### Pharmacist support services delivered outside of the pharmacy

Location: External to pharmacy

- Aboriginal and Torres-Strait Islander QUM Services
- Health Literacy Promotion:
  - School Programs
  - Residential Care QUM Support
  - Drug Information Centres
- HMR
- Liaison pharmacy  
(with allied health professionals)
- Pharmacist Prescribing
- Pharmacy Depots
- RMMRs
- Social support networks

Provided over the following pages are completed templates for four professional services, with one selected from each of the quadrants. They are as follows: Quadrant A: Medication Continuation, Quadrant B: Minor Ailments Scheme, Quadrant C: Chronic Disease Management, Quadrant D: Home Medicine Reviews.

# Medication Continuance Template

## Quadrant A – Prescribed Medicines – Services and Programs

1	PROGRAM / SERVICE DESCRIPTION
<p><b>a) Background</b></p>	<p>In many countries around the world medication continuance and various levels of prescribing are undertaken by pharmacists<sup>1</sup>. Pharmacists in the United States, the United Kingdom, Canada and New Zealand are able to legally prescribe a range of medicines previously prescribed by medical practitioners. The current role of Australian pharmacists remains very limited.</p> <p>The Guild has deliberately selected a mechanism in which all registered pharmacists can participate from the outset. This is necessary to ensure equity of access at a national level.</p>
<p><b>b) Brief Description</b></p>	<p>Medication continuance is the provision of a standard Pharmaceutical Benefits Scheme (PBS) supply of continuous therapy medicine to a patient by a community pharmacist, under specific circumstances, in the absence of a current ongoing prescription. Medication continuance will be introduced for specific therapeutic categories that will expand over time.</p> <p>The therapeutic categories to be included in the first stage of Medication Continuance as part of a Federal Government supported process are:</p> <ol style="list-style-type: none"> <li>1. Oral Hormonal Contraceptives (OHC)</li> <li>2. Lipid Modifying Agents (LMA)</li> </ol> <p>With full implementation of e-health and electronic prescriptions over time, the service can be expanded to apply to other regular medicines for chronic conditions.</p> <p>Medication continuance will allow supply of the maximum PBS quantity of the relevant medicine and will apply where a patient has run out or is about to run out of their medicine(s) and does not have a prescription.</p> <ul style="list-style-type: none"> <li>• The patient must be able to demonstrate they have been treated with the medicine for at least six months, under the original order of a doctor.</li> <li>• The pharmacist must be satisfied through consultation that the request is for ongoing supply until the patient can see their doctor.</li> <li>• Pharmacists will use their professional judgment and will have the discretion to refuse a request for medication continuance as is currently the case with emergency supply regulations.</li> <li>• Existing PBS arrangements will apply, such as the Safety-Net arrangements including the Safety Net 20-day Day Rule</li> </ul> <p>The program will be implemented initially in the community setting only. There are separate and specific issues regarding the continuity of supply of medicines within aged care facilities.</p>
<p><b>c) Alignment with Government Policy</b></p>	<p>Medication continuance 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>
<p><b>d) Expected Outcomes for Government and Community Pharmacy</b></p>	<p>From a Government perspective, utilising the network of 5000 plus community pharmacies to maintain continuity of therapy for chronic conditions provides an opportunity to enhance adherence of at-risk patients, particularly in locations that may lack support services, such as rural and regional areas. This will result in better control of chronic conditions and impact positively on health expenditure. As an example, there may be improved efficiency of the Medicare Benefits Scheme with patients not needing to visit their doctor(s) solely for prescription renewal when they find they have lost or misplaced their current prescription.</p> <p>From a pharmacy perspective, there will be a greater recognition of 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 increased number of new pharmacy graduates in a manner that benefits both pharmacy practice and the community.</p> <p>The service may also result in a decrease in wastage that occurs when an original pack of medication has to be broken in order to abide by emergency supply provisions under State/Territory legislation.</p> <p>Medication continuance will introduce efficiencies for pharmacists and medical practitioners, lessening the administrative burden of having to chase 'owing prescriptions'.</p>

1. Emmerton, Lynne et al 2005 Pharmacists and Prescribing Rights: Review of International Developments  
See: [http://www.ualberta.ca/~csp/JPPS8\(2\)/L.Emmerton/pharmacists.pdf](http://www.ualberta.ca/~csp/JPPS8(2)/L.Emmerton/pharmacists.pdf)

<p><b>e) Consumer benefits</b></p>	<p>Consumers will benefit as the long-term treatment of their chronic conditions is less likely to be interrupted by an inability to synchronise medical appointments with medication requirements.</p> <p>Application of professional protocols through the Quality Care Pharmacy program (QCPP) will mean that quality and safety will not be compromised. Clinical review by the prescriber at appropriate intervals will be maintained and incorporated into protocols.</p> <p>There would also be financial benefits to the patient as the out-of-pocket expenses associated with visiting their doctor, just to collect a prescription, would be decreased or even eliminated.</p>
<p><b>f) Who Performs the Service?</b></p>	<p>Pharmacist</p> <p>Any registered pharmacist will be able to participate in the program on the condition they are fully aware of the relevant QCPP standard.</p>
<p><b>g) Collaboration with Other Health Care Professionals</b></p>	<p><i>Will service delivery require any formal collaboration with other health care professionals?</i> No</p> <p>Medication continuance protocols will be developed in collaboration with prescribers.</p>

## 2

## IMPLEMENTATION AND ENABLERS

<p><b>a) Stakeholder Consultation</b></p>	<p><i>Representative bodies from the following areas will need to be consulted in order to fully develop and implement a program:</i></p> <ul style="list-style-type: none"> <li>• Consumer organisations</li> <li>• Government and regulatory bodies including Department of Health and Ageing and State/Territory Health Departments</li> <li>• Prescribing organisations</li> <li>• Pharmacy organisations</li> <li>• Pharmacy software vendors</li> <li>• Professional insurers</li> </ul>
<p><b>b) IT Requirements</b></p>	<p><i>Is pharmacy software required to deliver this program?</i> Yes</p> <p>Pharmacy dispensing software will need to be adapted to enable medication continuance supply. This would include the integration of a recording mechanism for service consultation.</p> <p>A technical and detailed analysis of options that takes into consideration the claiming processes through Medicare Australia has been undertaken by the Guild.</p>
<p><b>c) Infrastructure and Staffing</b></p>	<p><i>Is a private consultation area required to deliver this program?</i> Ideally a 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> Yes - with appropriate training on the QCPP standard.</p> <p><i>Will an additional pharmacist be needed?</i> No</p>
<p><b>d) Training</b></p>	<p><i>What additional formal training is likely?</i> There will need to be some initial training to inform pharmacists and pharmacy assistants about the QCPP standard, QCPP service criteria and administrative arrangements. Any training should be provided on-line where possible.</p>

<p><b>e) Supporting Standards, Procedures and Templates / Checklists</b></p>	<p><i>Will a QCPP standard be required?</i> Yes</p> <p>Adherence by pharmacists to professional protocols set out in an auditable standard will be required. Generic standards for professional support services are available as part of QCPP 2nd edition. A service checklist within the QCPP and consistent with professional standards should be prepared as part of the program development.</p> <p><i>Will professional guidelines and/or standards for pharmacists be required?</i> Yes</p> <p><i>Are there any national guidelines that need to be taken into account in developing the program to ensure consistency with best practice?</i> Yes</p> <p>The service will need to align with the National Medicines Policy<sup>2</sup> and associated guidelines, such as 'Guiding principles to achieve continuity in medication management'<sup>3</sup>.</p>
<p><b>f) Legislation/ Regulation Implications</b></p>	<p><i>There will need to be an amendment to:</i></p> <p>Commonwealth Legislation State Legislation</p> <p>The <i>National Health Act 1953</i> and corresponding regulations would need to be amended to allow a medication continuance service by a community pharmacist and for the pharmacy to make a PBS claim.</p> <p>In addition, relevant State and Territory legislation will need to be amended to allow a pharmacist to supply a medicine in the absence of a valid prescription.</p>

<p><b>3 FUNDING</b></p>	
<p><b>Funding Options</b></p>	<p><i>Has any funding for this program been secured?</i> Yes – the Fifth Community Pharmacy Agreement includes funding to support the development of the program.</p>

<p><b>4 TIMELINES</b></p>	
<p><b>Timelines</b></p>	<p><input type="checkbox"/> Established community pharmacy practice</p> <p><input checked="" type="checkbox"/> Immediate to short-term implementation (&lt; 30 June 2015) (First phase of program)</p> <p><input type="checkbox"/> Medium-term implementation (1 July 2015 to 30 June 2020)</p> <p><input type="checkbox"/> Longer-term implementation (&gt; 1 July 2020)</p>

2. National Medicines Policy. <http://www.health.gov.au/internet/main/publishing.nsf/Content/National+Medicines+Policy-2>  
Accessed January 29, 2010

3. Commonwealth of Australia- 2005. Guiding Principles to Achieve Continuity in Medication Management. [http://www.health.gov.au/internet/main/publishing.nsf/Content/4182D79CFB23CA2CA25738E001B94C2/\\$File/guiding.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/4182D79CFB23CA2CA25738E001B94C2/$File/guiding.pdf) Accessed January 29, 2010

# Minor Ailments Scheme Template

## Quadrant B - Pharmacy Medicines and Health Products – Services and Programs

1	PROGRAM / SERVICE DESCRIPTION
<b>a) Background</b>	<p>Many people visit their General Practitioner (GP) as the first line of treatment for what are relatively minor ailments.</p> <p>Community Pharmacy already provides advice and treatment for many minor ailments such as coughs and colds, headache, skin disorders, constipation, diarrhoea, haemorrhoids, ear aches etc. Pharmacists are well qualified to carry out this service, and have been trained to counsel and detect symptoms which may indicate more serious conditions that warrant referral to a GP. However, there is scope, to raise public awareness of and expand this role, in an effort to make better use of pharmacists' skills thus preserving GPs' time to focus on more complex medical conditions.</p> <p>A study, commissioned by the Australian Self Medication Industry (ASMI) in November 2008, and conducted by IMS Health, revealed that in Australia 15% of all GP consultations involve the treatment of minor ailments, and 7% involve the treatment of minor ailments only<sup>1</sup>. A further study identified that the cost of benefits paid through Medicare during 2007/08 for the treatment of minor ailments only, amounted up to \$260 million<sup>2</sup>.</p> <p>A recent survey by the Neilsen Company found that 39% of Australians reported seeing a GP first line for their most recent minor ailment.<sup>3</sup> Of these, only 24% ultimately used a prescription medicine – including concession card holders, who are supplied with such medicines as paracetamol through the Pharmaceutical Benefits Scheme (PBS). The same survey found that 71% answered 'yes' to the question 'are you willing to use a pharmacist as the first point of contact for your health concerns'.</p> <p>These doctor visits represent an inefficient use of our scarce health resources, including GPs' time, whose skills are in demand for more complex problems.</p> <p>This has been recognised in the UK, where the White Paper supports the extension of the treatment of minor ailments to community pharmacies. It notes that 'such a service can include treatment not only for headaches and colds, but also for other conditions, such as allergies, head lice, minor skin conditions and common fungal infections (such as thrush) simple viral infections (such as cold sores), eye infections etc.. It goes on to point out that such a scheme could yield a number of benefits. 'People will not need to spend time booking and then waiting for an appointment at their local GP surgery'. It would 'help reduce pressures on surgeries and free up time for GPs and their staff to treat people with more complex needs.'<sup>4</sup></p> <p>A study published in the British Journal of General Practice investigated people's attitude towards management of minor illnesses. That study found that, in most cases, self-care is likely to be the course of action recommended by healthcare professionals. The findings of this study suggest 'that when people opt for professional health advice, they prefer to seek community pharmacy advice for the symptom presented'. Results indicated that people prefer to wait and pay less to manage symptoms, both of which are addressed by the 'minor ailment service'.<sup>5</sup></p> <p>The accessibility, skills and infrastructure within Australian community pharmacies make them an ideal place for a national minor ailments scheme to be implemented.</p>

1. IMS Study "Minor Ailment Workload in General Practice" presented at ASMI general conference, November 2008.

2. Gadiel, D. The Potential Economic Impact of Expanded Access to Self-Medication in Australia. Study Commissioned by the Australian Self Medication Industry, September 2009. <http://www.asmi.com.au/documents/ASMI%20Minor%20Ailments%20Report%20Final.pdf> - Accessed 30 April, 2010

3. Doric K. Paper presented at The 2008 Australian Self Medication Industry Conference, Nov. 2008

4. Pharmacy in England: Building on Strengths, Delivering the Future: UK Department of Health, April 2008 p.54

5. Porteous T, Ryan M, Bond C, and Hannaford P. Preferences for self-care or professional advice for minor illness: a discrete choice experiment. The British Journal of General Practice 2006. December 1.

<b>b) Brief description</b>	<p>A minor ailments scheme would include the following elements:</p> <ul style="list-style-type: none"> <li>• a consumer education campaign to raise awareness about the choices available before presenting to a GP with a minor ailment;</li> <li>• continuation of the current triage and minor ailment management role of the pharmacist; and</li> <li>• the supply of medicines, directly by the pharmacist which are currently subsidised through the PBS and which do not require a prescription. Current examples include paracetamol for the treatment of pain and fever; ophthalmological items for the treatment of infection, allergy and dry eyes; topical corticosteroid preparations for the treatment of dermatitis; and, topical preparations for the treatment of scabies. The same PBS restrictions would apply to such items under the minor ailments scheme as are applied when prescribed by a medical practitioner. The same PBS Safety Net (SN) arrangements would also apply, including the SN20 day rule, in order to avoid wastage and misuse of medicines. This arrangement will mean that patients will have access to PBS subsidy for such items, without the unnecessary step of medical consultation as these items can already be lawfully supplied by the pharmacist without the need for a prescription.</li> </ul> <p>These elements will form the basis for further discussions with Government and other stakeholders.</p>
<b>c) Alignment with Government Policy</b>	<p>A minor ailments scheme provided through community pharmacy would align with recommendations from the three major reform reports commissioned by the current federal Government:</p> <ul style="list-style-type: none"> <li>• National Health and Hospitals Reform Commission stressed 'greater personal responsibility' that self care should be 'a cornerstone of reform', and, 'giving people real control and choice about whether, how, where and when they use health services'.</li> <li>• The Preventative Health Taskforce concluded that 'Consumers should have access to tools to enable self-care and assist them to navigate the health system maze effectively'.</li> <li>• The National Primary Healthcare Strategy External Reference Group stressed the need to make best use of all healthcare professionals and pointed to the expanded role for pharmacy in facilitating 'self-management of health conditions and preventing/managing chronic disease'.</li> </ul>
<b>d) Expected Outcomes for Government and Community Pharmacy</b>	<p>From a Government perspective, improving and supporting patients to self-manage their condition through 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 a greater recognition of 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 increased number of new pharmacy graduates in a manner that benefits both pharmacy practice and the community.</p>
<b>e) Consumer Benefits</b>	<p>Many pharmacies in Australia exceed the opening hours of GP practices, therefore a minor ailments scheme would enable people to visit their local pharmacy at potentially lower travel costs to obtain appropriate treatment that would otherwise have been prescribed by their GP. This would allow for easier GP access for people with conditions genuinely requiring GP attention. Visiting the pharmacist and self-medicating has also been shown to increase patient confidence, improving self care support skills and empowering people to look after themselves.</p>
<b>f) Who Performs the Service?</b>	<p>Pharmacist</p>
<b>g) Collaboration with Other Health Care Professionals</b>	<p><i>Will service delivery require any formal collaboration with other health care professionals?</i> No</p>

<b>a) Stakeholder Consultation</b>	<p><i>Representative bodies from the following areas will need to be consulted in order to fully develop and implement a program:</i></p> <ul style="list-style-type: none"> <li>• Consumer and industry organisations</li> <li>• Disease management organisations</li> <li>• Funders</li> <li>• Government and regulatory bodies</li> <li>• GP and prescriber organisations</li> <li>• Pharmacy organisations</li> <li>• Pharmacy software vendors</li> <li>• Professional insurers</li> <li>• Relevant allied health professional bodies</li> </ul>
<b>b) IT Requirements</b>	<p><i>Is pharmacy software required to deliver this program?</i> Yes</p> <p>Program software needs to integrate service consultation with dispensary software, be streamlined for ease of use and consistent with pharmacy workflow. With the development of e-Health records, there is the opportunity for consumers' use of medicines, including prescription and over-the-counter medicines, to be recorded by the pharmacist for access by other health professionals as required.</p>
<b>c) Infrastructure and Staffing</b>	<p><i>Is a private consultation area required to deliver this program?</i> Ideally a private consultation will take place within a private area of the pharmacy.</p> <p><i>Is the program within the pharmacist's normal scope of practice?</i> Yes</p> <p><i>Will an additional pharmacist be needed?</i> In developing professional services that require an extended pharmacist consultation, consideration needs to be given to the need for another pharmacist to manage other professional activities within the pharmacy.</p>
<b>d) Training</b>	<p><i>What additional formal training is likely?</i> Apart from introductory instruction for pharmacists and pharmacy assistants in relation to system use, related protocols and legislative implications, there should be no special training needs. Pharmacy graduates should be trained to a level where they can confidently provide minor ailments management services upon registration. Refresher training should also be available for qualified pharmacists to ensure services remain aligned with current clinical guidelines.</p> <p>If a pharmacy assistant has any significant role apart from program administration, appropriate training would need to be determined and provided in an appropriate format.</p> <p><i>Does any suitable training exist?</i> To be determined</p>
<b>e) Supporting Standards, Procedures and Templates / Checklists</b>	<p><i>Will a QCPP standard be required?</i> Yes</p> <p>Strict adherence by pharmacists to professional protocols set out in an auditable standard should ensure the public receives a standardised, quality-assured professional minor ailments service. Generic standards for professional support services are available as part of QCPP 2nd edition. As services are developed, the need for service 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> To be determined</p>
<b>f) Legislation/ Regulation Implications</b>	<p>It will be necessary to ensure that all elements are aligned with relevant legislation.</p>

3 FUNDING	
<b>Funding Options</b>	<p>Possible funding options include:</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> No</p>

4 TIMELINES	
<b>Timelines</b>	<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><input type="checkbox"/> Medium-term implementation(1 July 2015 to 30 June 2020)</li> <li><input type="checkbox"/> Longer-term implementation (&gt; 1 July 2020 )</li> </ul>

# Chronic Disease Management Template

## Quadrant C – In-Pharmacy Health Services and Programs

1	PROGRAM / SERVICE DESCRIPTION
<p><b>a) Background</b></p>	<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>
<p><b>b) Brief description</b></p>	<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>
<p><b>c) Alignment with Government Policy</b></p>	<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>
<p><b>d) Expected Outcomes for Government and Community Pharmacy</b></p>	<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>
<p><b>e) Consumer Benefits</b></p>	<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>

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

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

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

<b>f) Who Performs the Service?</b>	<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>
<b>g) Collaboration with Other Health Care Professionals</b>	<p><i>Will service delivery require any formal collaboration with other health care professionals?</i> Yes</p> <p>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

<b>a) Stakeholder Consultation</b>	<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>b) IT Requirements</b>	<p><i>Is pharmacy software required to deliver this program?</i> IT solutions may assist in the delivery of these services.</p> <p>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>
<b>c) Infrastructure and Staffing</b>	<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 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</p> <p>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>
<b>d) Training</b>	<p><i>What additional formal training is likely?</i></p> <ul style="list-style-type: none"> <li>√under-graduate pharmacist</li> <li>√qualified pharmacist</li> <li>√pharmacy assistant</li> </ul> <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</p> <p>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>

<p><b>e) Supporting Standards, Procedures and Templates / Checklists</b></p>	<p><i>Will a QCPP standard be required?</i> Yes</p> <p>Standards for professional support services are available as part of QCPP 2nd 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</p> <p>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>
<p><b>f) Legislation/ Regulation Implications</b></p>	<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</p> <p><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>

<p><b>3 FUNDING</b></p>	
<p><b>Funding Options</b></p>	<p>Possible funding options include:</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> To be confirmed</p> <p>Note: Private programs may be developed industry-wide through targeted programs funded through a third party payer.</p>

<p><b>4 TIMELINES</b></p>	
<p><b>Timelines</b></p>	<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>

4. National Chronic Disease Strategy <http://www.health.gov.au/internet/main/publishing.nsf/Content/pq-ncds> - Accessed January 18, 2010  
5. NHMRC Clinical Practice Guideline Portal <http://www.clinicalguidelines.gov.au> Accessed January 21, 2010

# Home Medicines Review (HMR) Template

## Quadrant D - Outreach Health Services and Programs

1	PROGRAM / SERVICE DESCRIPTION
<p><b>a) Background</b></p>	<p>Medicine related problems are a major contributor to avoidable hospital admissions. It has been estimated that more than 190,000 hospital admissions in Australia per year are attributable to medicine misadventure, with an associated cost of \$660 million.<sup>1</sup>This suggests that enhanced pharmacy services that improve medication compliance are extremely important. It has also been established that only about 50% of patients take their medicines as prescribed.<sup>2</sup></p> <p>Medication reviews and education have been shown to improve knowledge of medicines, improve quality of life, and may also reduce hospital admissions.<sup>3,4,5,6</sup></p> <p>The Guild, under the Community Pharmacy Agreements has implemented complementary medication management programs that address these issues. Current programs include Dose Administration Aid, Home Medicines Review and Residential Medication Management Review. A Medicine Use Review (MUR) program will be piloted under the Fifth Community Pharmacy Agreement.</p> <p>There have been 180,000 HMRs completed since the program's inception in 2001, with approximately 40,000 per year currently being conducted.</p> <p>In the future the program should focus on targeting at risk groups. Such groups may include patients in mental health treatment programs and patients recently discharged from hospital.</p>
<p><b>b) Brief Description</b></p>	<p>A HMR is a consumer-focused, collaborative health care service provided to optimise understanding and quality use of medicines. 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.</p>
<p><b>c) Alignment with Government Policy</b></p>	<p>Australia's established and well-accepted National Medicines Policy includes a national strategy on Quality Use of Medicines (QUM) and the HMR program is founded on QUM principles.</p> <p>This program also 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>

1. Roughead, Elizabeth and Semple, Susan. Medication safety in acute care in Australia: where are we now? Part 1: a review of the extent and causes of medication problems 2002–2008. Australia and New Zealand Health Policy 2009, 6:18. <http://www.anzhealthpolicy.com/content/6/1/18> Accessed 29 April, 2010.
2. Rigby, Debbie. Adherence Assessment Tools- "Drugs don't work when they're not taken." The Australian Journal of Pharmacy Vol.88 October 2007. [http://www.guild.org.au/uploadedfiles/National/Public/Guild\\_Initiatives/MedsIndex/Medication%20Management%20in%20Review%20October%2007.pdf](http://www.guild.org.au/uploadedfiles/National/Public/Guild_Initiatives/MedsIndex/Medication%20Management%20in%20Review%20October%2007.pdf) Accessed 22 April, 2010
3. Roughhead, Elizabeth et al. The effectiveness of collaborative medicine reviews in delaying time to next hospitalisation for heart failure patients in the practice setting: results of a cohort study. Circ Heart Fail 2009. <http://circheartfailure.ahajournals.org/cgi/content/abstract/CIRCHEARTFAILURE.109.861013v1> Accessed 22 April, 2010.
4. Pharmacy Guild of Australia. Medication Management Review Program. Canberra. <http://www.guild.org.au/mmr/> Accessed 29 April, 2010.
5. Roughead EE, Barratt JD, Ramsay E, Pratt N, Ryan P, Peck R, Killer G, Gilbert AL. Home Medicines Reviews reduce hospitalisations for patients taking warfarin. Presented by Gilbert AL Heart Foundation Conference; 2009 14-16 May.
6. Pharmacy Guild of Australia. Medication Management Review Program- Articles. <http://www.guild.org.au/mmr/content.asp?id=407> Accessed 29 April 2010.

<p><b>d) Expected Outcomes for Government and Community Pharmacy</b></p>	<p>HMRs improve health literacy and QUM with a resulting reduction in medicine misadventure-related hospitalisations. This will translate to increased efficiency and budgetary savings for government and improved health outcomes for the community.</p> <p>From a pharmacy perspective, the HMR program increases the recognition of the role of pharmacists as a member of the primary health care team. The delivery of HMR services through a community pharmacy complements product supply. HMRs also effectively utilise the increasing number of new pharmacy graduates in a manner that benefits both pharmacy practice and the community. Pharmacy graduates will continue to have a positive outlook for community pharmacy as a career.</p>
<p><b>e) Consumer Benefits</b></p>	<p>HMRs are beneficial to the consumer as they:</p> <ul style="list-style-type: none"> <li>• help consumers learn more about their medicines and improve health literacy;</li> <li>• identify problems that consumers may be experiencing with their medicines and provide possible solutions;</li> <li>• assist the consumer to understand interactions between medicines, including over-the-counter medicines, and disease states;</li> <li>• enhance the quality use of medicines; and</li> <li>• educate consumers about appropriate storage of medicines.</li> </ul> <p>For conditions in which medicines use plays a significant role, HMRs are particularly important for the effective management of a patient's condition, including co-morbidities, and can have a positive impact on their quality of life.</p>
<p><b>f) Who Performs the Service?</b></p>	<p>Pharmacists who have been accredited to deliver the HMR service.</p>
<p><b>g) Collaboration with Other Health Care Professionals</b></p>	<p>HMRs are delivered in collaboration with the patient's general practitioner.</p>

## 2

## IMPLEMENTATION AND ENABLERS

<p><b>a) Stakeholder Consultation</b></p>	<p><i>Ongoing stakeholder consultation with the following representative bodies should occur:</i></p> <ul style="list-style-type: none"> <li>• Consumer organisations</li> <li>• Government bodies</li> <li>• GP organisations</li> <li>• Pharmacy organisations</li> <li>• Pharmacy software vendors</li> <li>• Relevant health related peak bodies</li> </ul> <p>Consistent with the development of a best practice program or service, consultation and/or collaboration with consumers and relevant peak bodies will inform future refinement of the program.</p>
<p><b>b) IT Requirements</b></p>	<p><i>Is pharmacy software required to deliver this program?</i> IT solutions may assist in the delivery of the HMR service.</p> <p>Program software ideally should be integrated with pharmacy software, streamlined for ease of use and consistent with pharmacy workflow.</p>
<p><b>c) Infrastructure and Staffing</b></p>	<p><i>Is a private consultation area required to deliver this program?</i> No</p> <p>HMRs are delivered in the patient's home.</p> <p><i>Is the Program within the pharmacist's normal scope of practice?</i> No – accreditation is required</p> <p><i>Will an additional pharmacist likely to be needed?</i> In delivering the program, consideration needs to be given to the impact on the pharmacist's time and capacity within the pharmacy.</p>

<b>d) Training</b>	<i>What additional formal training is required?</i> Accreditation is required to be undertaken in order to deliver a HMR service.
<b>e) Supporting Standards, Procedures, Templates / Checklists</b>	<i>Will a QCPP standard be required?</i> Yes  HMR is a health program or service and a Standard 3 Checklist has been developed and will continue to be reviewed as part of the ongoing review process.  <i>Will professional guidelines and/or standards for pharmacists be required</i> Yes

<b>3 FUNDING</b>	
<b>Funding Options</b>	Funding options include: Community Pharmacy Agreement

<b>4 TIMELINES</b>	
<b>TIMELINES</b>	<input checked="" type="checkbox"/> Established community pharmacy practice – opportunity for enhancement <input type="checkbox"/> Immediate to short-term implementation (< 30 June 2015) <input type="checkbox"/> Medium-term implementation (1 July 2015 to 30 June 2020) <input type="checkbox"/> Longer-term implementation (> 1 July 2020)

## The Roadmap Website

### A Living Document

The above four completed templates provide useful examples of the type of services making up the Roadmap. However, the Guild is conscious of the fact that, as consultation occurs and future programs are developed/modified, there will inevitably be changes required. With this in mind, all the services comprising the Guild's Roadmap will appear on the Roadmap website [www.guild.org.au/roadmap](http://www.guild.org.au/roadmap). This will allow for regular modifications to reflect amendments, and will ensure the Roadmap remains a relevant, "living" document with the progression of time.