



Community Pharmacy Roadmap Program Development Template

Program/Service :	Health Checks – Screening and Monitoring																						
Quadrant:	C – In-pharmacy Health Services and Programs																						
1. Program/Service Description																							
a) Background	<p>The early detection of chronic diseases provides an opportunity for their effective treatment and/or management. Once a patient has been diagnosed with a chronic disease, regular monitoring facilitates appropriate management of their condition.</p> <p>Community pharmacy is ideally placed to assist in the screening for and/or monitoring of a number of conditions, including (but not limited to):</p> <p>Screening</p> <ul style="list-style-type: none"> • cardio vascular disease • diabetes • asthma/COPD • osteoporosis • chlamydia • bowel cancer <p>Monitoring</p> <ul style="list-style-type: none"> • blood pressure • blood lipids • blood glucose/HbA1c • lung function • anticoagulant therapy/INR <p>Many pharmacies already provide ad-hoc monitoring and screening services, usually without standardised formal protocols in place. Research and Development (R&D) Program projects under the Community Pharmacy Agreement (CPA) have investigated the role and value of pharmacy services for a number of health conditions including the following:</p> <table border="1"> <thead> <tr> <th>Health Problem</th> <th>R&D Project ID¹</th> <th>Service Investigated</th> </tr> </thead> <tbody> <tr> <td>cardio vascular disease</td> <td> <ul style="list-style-type: none"> • 2002-022 • 2002-024 • 2004-511 • 2007/08-10 • IIG-015 </td> <td> <ul style="list-style-type: none"> • coronary heart disease • hyperlipidaemia • CVD health care model • CVD prevention • CVD risk assessment </td> </tr> <tr> <td>warfarin therapy</td> <td> <ul style="list-style-type: none"> • 2002-027 • 2007/08-04 • IIG-022 </td> <td> <ul style="list-style-type: none"> • anticoagulant management • anticoagulant management • warfarin self-monitoring </td> </tr> <tr> <td>diabetes</td> <td> <ul style="list-style-type: none"> • 2002-518 </td> <td> <ul style="list-style-type: none"> • diabetes risk assessment </td> </tr> <tr> <td>lung function</td> <td> <ul style="list-style-type: none"> • 2001-074 • IIG-020 • IIG-052 </td> <td> <ul style="list-style-type: none"> • asthma action plan • asthma management • COPD </td> </tr> <tr> <td>osteoporosis</td> <td> <ul style="list-style-type: none"> • 2002-026 </td> <td> <ul style="list-style-type: none"> • osteoporosis prevention </td> </tr> <tr> <td>chlamydia</td> <td> <ul style="list-style-type: none"> • IIG-003 </td> <td> <ul style="list-style-type: none"> • chlamydia screening </td> </tr> </tbody> </table> <p>The findings and recommendations from each of these projects can be found on the Guild website .guild.org.</p>		Health Problem	R&D Project ID ¹	Service Investigated	cardio vascular disease	<ul style="list-style-type: none"> • 2002-022 • 2002-024 • 2004-511 • 2007/08-10 • IIG-015 	<ul style="list-style-type: none"> • coronary heart disease • hyperlipidaemia • CVD health care model • CVD prevention • CVD risk assessment 	warfarin therapy	<ul style="list-style-type: none"> • 2002-027 • 2007/08-04 • IIG-022 	<ul style="list-style-type: none"> • anticoagulant management • anticoagulant management • warfarin self-monitoring 	diabetes	<ul style="list-style-type: none"> • 2002-518 	<ul style="list-style-type: none"> • diabetes risk assessment 	lung function	<ul style="list-style-type: none"> • 2001-074 • IIG-020 • IIG-052 	<ul style="list-style-type: none"> • asthma action plan • asthma management • COPD 	osteoporosis	<ul style="list-style-type: none"> • 2002-026 	<ul style="list-style-type: none"> • osteoporosis prevention 	chlamydia	<ul style="list-style-type: none"> • IIG-003 	<ul style="list-style-type: none"> • chlamydia screening
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¹ http://www.guild.org.au/research/4cpa_funded_projects.asp

b) Brief Description	<p>A number of ad-hoc screening/monitoring health checks are already available in community pharmacies, such as:</p> <ul style="list-style-type: none"> • blood pressure monitoring • cholesterol monitoring • blood glucose monitoring • bone density testing • bowel cancer screening <p>Some of these services are supported by a quality assurance and/or a professional standard, involving the pharmacist or appropriately trained staff performing the screening/monitoring functions (for example, blood pressure). Other services involve contracted health professionals performing the screening/monitoring functions in the pharmacy (such as bone density testing) while other arrangements involve the sale of a test from the pharmacy for consumer self-screening with assessment via external arrangements (for example bowel cancer screening).</p> <p>In developing these services through community pharmacy, the following should be considered:</p> <ol style="list-style-type: none"> 1. The availability of services may be either routine or according to a defined schedule, depending on the pharmacy's capacity and/or structure of the service or supporting program. 2. Outreach services may also be available as alternative arrangements for the community pharmacist to support distant community groups or people with transport or mobility difficulties. 3. The cost-effectiveness often improves when screening for multiple conditions, such as blood glucose, lipids and blood pressure. <p>As there is a strong correlation between the screening and monitoring for chronic disease with the management of the condition, it is important that this template is cross-referenced with that of Chronic Disease Management. (Quadrant C)</p>
c) Alignment with Government Policy	<p>Utilising the expertise and accessibility of community pharmacists as part of the health support team and the more efficient and cost-effective use of available health professionals is consistent with recommendations from the National Health and Hospitals Reform Commission (NHMRC) and Primary Health Care Strategy promoting team care support.</p>
d) Expected Outcomes for Government and Community Pharmacy	<p>From a Government perspective, utilising the 5000 plus community pharmacy network for basic routine screening and monitoring services provides an efficient early risk-assessment/intervention system and a more cost-effective use of the health system.</p> <p>From a pharmacy perspective, there will be a greater recognition for the role of community pharmacists as a member 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. Pharmacy graduates will continue to have a positive outlook for community pharmacy as a career, supporting the viability of pharmacy education providers.</p>
e) Consumer Benefits	<p>Consumers will benefit from improved access to screening and monitoring services, earlier detection and ongoing management of chronic conditions such as hypertension or diabetes. As community pharmacies usually have extended trading hours and convenient locations, there is a greater opportunity for opportunistic screening, particularly for those consumers who may be at risk but seldom visit a health practitioner.</p>
f) Who Performs the Service?	<p>Generally speaking, the pharmacist would perform the service and assess the outcomes. Trained pharmacy assistants may be involved in performing basic, routine elements of the service.</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.</p>
2. Implementation and Enablers	
a) Stakeholder Consultation	<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"> • Consumer organisations • Disease management organisations • Funders • Government bodies • GP Organisations • Pharmacy organisations • Pharmacy software vendors • Professional insurers • Relevant allied health professional bodies
b) IT Requirements	<p><i>Is pharmacy software required to deliver this program?</i> Yes 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 In addition to a suitable private consultation area, the pharmacy will need to conform to any quality assurance and infection control standards and have all the essential facilities for point-of-care testing.</p> <p><i>Is the program within the pharmacist's/pharmacy assistant's normal scope of practice?</i> Yes - revision training would be of benefit</p> <p><i>Will an additional pharmacist likely to be needed?</i> Unsure In developing professional services that require an extended pharmacist consultation, consideration needs to be given to staffing resources. There may be a need for another pharmacist 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> 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>

<p>e) Supporting Standards, Procedures and Templates/ Checklists</p>	<p><i>Will a QCPP standard be required?</i> Yes A standard for the delivery of health programs and services is available as part of QCPP 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 It is essential that any community pharmacy screening/monitoring functions are consistent with available national guidelines. For example, point-of-care (POC) blood glucose testing is in line with the NHMRC national evidence-based guidelines on type-2 diabetes.²</p>
<p>f) Legislation/ Regulation Implications</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 service is developed, it will be necessary to ensure that all elements are aligned with relevant legislation.</p>
<p>3. Funding</p>	
<p>Funding Options</p>	<p>Possible funding options include: Community Pharmacy Agreement Alternative Commonwealth Program User-pays Other Private Health Insurance</p> <p><i>Has any funding for this program been secured?</i> To be determined</p>
<p>4. Timelines</p>	
<p>Timelines</p>	<p><input type="checkbox"/> Established community pharmacy practice</p> <p><input checked="" type="checkbox"/> Immediate to short-term implementation (< 30 June 2015)</p> <p><input checked="" type="checkbox"/> Medium-term implementation(1 July 2015 to 30 June 2020)</p> <p><input type="checkbox"/> Longer-term implementation (> 1 July 2020)</p>

² <http://www.nhmrc.gov.au/publications/index.htm>