



Community Pharmacy Roadmap Program Development Template

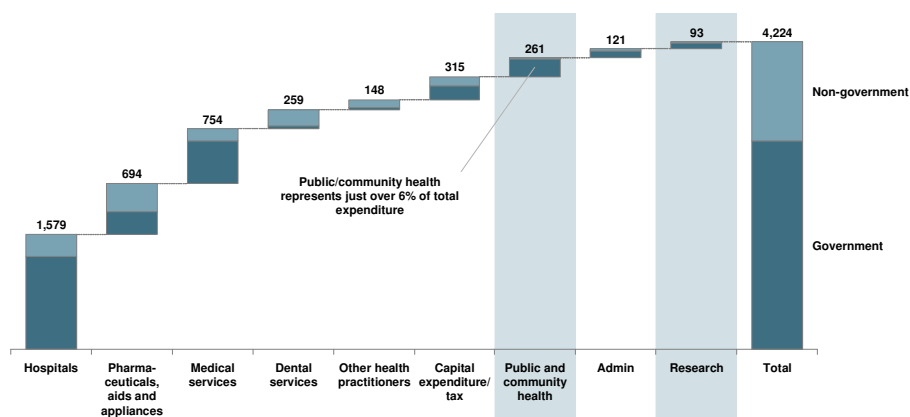
Program/Service: Quadrant:	Health Literacy Promotion D – Outreach Health Services and Programs
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1. Program/Service Description

a) Background Public and Community Health represents just 6% of health expenditure, as indicated on the diagram below. The issue was a major focus of the 2020 summit convened in April 2008.

Current health funding remains overwhelmingly focused on treatment

National health expenditure, by area of expenditure – Australia: 2005/6 (\$ per capita)



1. Includes Commonwealth, State and local governments 2. Includes private health insurance funds, injury compensation insurers, and private individuals 3. Includes public and private hospitals and patient transportation
Source: AIHW, National health expenditure 2005-6 (AIHW data cube)

Following on from this, The National Health and Hospitals Reform Commission Report in 2009 identified ‘taking responsibility’ as a major theme, with one of the most important calls to action being the need to increase and support health literacy for consumers. As community pharmacists are Australia's most accessible health professionals, utilising the community pharmacy network is a cost effective option for delivering initiatives aimed at improving health literacy, especially relating to the use of medicines.

There is now an abundance of internet-sourced health information available to consumers. The evidence base of online information, however, may be unreliable or unclear, and it is the Guild's view that consumers may be ‘information rich but knowledge poor’. Standardised, accredited health literacy programs made available via community pharmacy could counter this, whilst raising awareness about the importance of Quality Use of Medicines (QUM).

b) Brief Description A number of arrangements are possible, but there are three particular areas in which the community pharmacist is well placed to promote medicine health literacy, as follows:

- School Programs**
Community pharmacists could be engaged to attend local schools to educate children about the safe and appropriate use of medicines. This could help reduce the risk of medicine misadventure for children and contribute to a greater respect for and understanding of medicines.
- Residential Care QUM Support**
Community pharmacies support residential care facilities with the supply of medicines and therapeutic aids. The community pharmacist is ideally placed to educate facility staff about the safe and appropriate use of medicines and to collaborate effectively with prescribers, consultant pharmacists, nurses and other allied health professionals, to ensure QUM for all residents.

	<p>3. Health Information Centres</p> <p>Community pharmacies are often the first health centre that consumers attend to seek information about their medicines or related health matters. The community pharmacist is the best-qualified health professional to provide information to consumers about their medicines and ailments, and to resolve any conflicting information they may obtain from alternative sources - particularly unverified sources, such as some of those on the internet.</p> <p>The key to this proposal is to utilise existing community pharmacy infrastructure and the competency of the community pharmacist to improve health literacy in the community. Programs would be delivered in-pharmacy, facilitated by IT. Meanwhile, the School Program and Residential Care QUM Support would be delivered by local pharmacists who have access to standardised presentations and supporting material available via a dedicated website.</p> <p>By utilising the existing 5000 strong pharmacy network, this program does not have the traditionally high-level labour and travel costs. The schools program could see individual pharmacies 'adopt' local primary and secondary schools as part of their quality assurance program, where practice payments could be made available via the QCPP.</p>
c) Alignment with Government Policy	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 are both consistent with recommendations from the National Health and Hospitals Reform Commission and Primary Health Care Strategy, promoting team care support. Similarly, improving consumer health literacy directly supports the objectives of the National Preventative Health Strategy.
d) Expected Outcomes for Government and Community Pharmacy	<p>Governments will achieve significant cost-effectiveness by engaging community pharmacy in Health Literacy campaigns as pharmacists do not claim any reimbursement through Medicare for consultations with the public.</p> <p>Apart from improving the commercial viability of businesses, such programs further integrate pharmacies with their local community, emphasising their role as an integral hub of local communities. These elements are particularly rewarding for pharmacy staff, both professionally and in a social sense.</p>
e) Consumer Benefits	The consumer benefits achieved by improving health literacy are considerable. Using the schools program as an example, a standardised program could, within a few years, ensure that hundreds of thousands of Australians had undertaken a baseline program at a young age to improve health literacy. This would include such elements as the importance of medicines, how to take and store medicines safely and an understanding of the pressure on limited health resources. Such knowledge would result in more effective/appropriate use of medicines and a reduction in the risk of misadventure for all age groups.
f) Who Performs the Service	Pharmacists
g) Collaboration with Other Health Care Professionals	<i>Will service delivery require any formal collaboration with other health care professionals?</i> No.
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 the program:</i></p> <ul style="list-style-type: none"> • Consumer organisations • Funders • Government bodies • Pharmacy organisations • Professional insurers • Relevant health professional organisations

b) IT Requirements	<p><i>Is pharmacy software required to deliver this program?</i> To be determined.</p> <p>Standard presentations and additional resources will be developed and made freely available to participating community pharmacies via the internet. As part of their assessment, pharmacies would identify those local community groups and schools that could benefit from presentations. A web-based system could be developed to assist schools to locate and engage community pharmacies who participate in this program.</p> <p>If programs are government supported it will be necessary for an audit process to be incorporated; community pharmacy IT enablement will make this an efficient process.</p>
c) Infrastructure and Staffing	<p><i>Is a private consultation area required to deliver this program?</i> No.</p> <p><i>Is the program within the pharmacist's normal scope of practice?</i> Yes.</p> <p><i>Will an additional pharmacist likely to be needed?</i> Yes.</p> <p>Professional outreach services will involve the community pharmacist being absent from the pharmacy, therefore arrangements will have to be made to ensure another pharmacist is on duty.</p>
d) Training	<p><i>What additional formal training is likely?</i> No additional training.</p> <p>Pharmacy graduates should be trained to a level where they can confidently provide support services upon registration.</p>
e) Supporting Standards, Procedures and Templates/ Checklists	<p><i>Will a QCPP standard be required?</i> No.</p> <p><i>Will professional guidelines and/or standards for pharmacists be required?</i> Yes.</p> <p><i>Are there any national guidelines which need to be taken into account in developing the program to ensure consistency with best practice?</i> Programs can be tailored from a general base format to cater for individual presentations</p>
f) Legislation/ Regulation Implications	Nil
3. Funding	
Funding Options	<p>Possible funding options include:</p> <ul style="list-style-type: none"> • Community Pharmacy Agreement - funding for pharmacies could occur as part of the new QCPP accreditation system, utilising a Practice Incentive Payment (PIP) scheme • Alternative Commonwealth Program – funding for resource materials could be provided through the Preventative Health Agency. <p><i>Has any funding for this program been secured?</i> No.</p>
4. Timelines	
Timelines	<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 type="checkbox"/> Medium-term implementation(1 July 2015 to 30 June 2020)</p> <p><input type="checkbox"/> Longer-term implementation (> 1 July 2020)</p>