



## Community Pharmacy Roadmap Program Development Template

<b>Program/Service</b>	<b>Healthy Lifestyle Support</b>
<b>Quadrant</b>	<b>C – In-pharmacy Health Services and Programs</b>
<b>1. Program/Service Description</b>	
a) Background	<p>Obesity, tobacco use and alcohol consumption feature in the top seven preventable risk factors that influence the burden of disease, with over 7% of the total burden being attributed to each of obesity and smoking, and more than 3% attributed to the harmful effects of alcohol. Along with a range of other risk factors, and accounting for their interactions, approximately 32% of Australia’s total burden of disease can be attributed to modifiable risk factors.<sup>1</sup></p> <p>The prevalence of overweight and obesity in Australia has been steadily increasing over the past 30 years. In only 15 years, from 1990 to 2005, the number of overweight and obese Australian adults increased by 2.8 million. Recent national data on the prevalence of overweight and obesity among children, available from the National Children’s Nutrition and Physical Activity Survey 2007, indicated 17% of 2–16 year-olds were overweight and 6% obese.<sup>2</sup></p> <p>If these health threats are left unchecked, our health systems will find it increasingly difficult to cope. For example:</p> <ul style="list-style-type: none"><li>• The expected growth in the prevalence of obesity is the major reason for projections that, by 2023, type 2 diabetes will become the leading cause of disease burden for males and the second leading cause for females. If this occurs, annual healthcare costs for type 2 diabetes will increase from \$1.3 billion in 2002/03 to \$8 billion by 2032</li><li>• Around half of the 2.9 million Australian adults who currently smoke on a daily basis and who continue to smoke for a prolonged period will die early; half will die in middle age. Smoking-related illness costs up to \$5.7 billion per year in lost productivity.</li><li>• In 2004–05 the harmful consumption of alcohol resulted in huge costs to the community. They include costs attributable to crime (\$1.6 billion), health effects (\$1.9 billion), productivity loss in the workplace (\$3.5 billion), loss of productivity in the home (\$1.5 billion) and road trauma (\$2.2 billion).<sup>3</sup></li></ul> <p>Community pharmacy, through its national network of 5000 pharmacies, is ideally placed to assist in the implementation of programs aimed at minimising the effects of these risk factors and increasing the life expectancy of Australians. In order to reinforce healthy lifestyle messages, the Guild encourages Government and health advocacy groups to utilise the professional healthcare role of a pharmacist by formally integrating community pharmacy as part of their health promotion campaigns.</p>
b) Brief Description	<p>Community pharmacy already delivers a range of preventative health services in these areas. A number of pharmacies offer structured weight management programs, as well as smoking cessation services. In addition, alcohol education initiatives aimed at increasing awareness and</p>

<sup>1</sup> Commonwealth Government. Australia: the healthiest country by 2020. National Preventative Health Strategy- Overview, September 2009 <http://www.health.gov.au/internet/preventativehealth/publishing.nsf/Content/nphs-overview>

<sup>2</sup> Main findings of survey available at: [http://www.health.gov.au/internet/main/publishing.nsf/content/66596E8FC68FD1A3CA2574D50027DB86/\\$file/childrens-nut-phys-survey.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/66596E8FC68FD1A3CA2574D50027DB86/$file/childrens-nut-phys-survey.pdf)

<sup>3</sup> Commonwealth Government. Australia: the healthiest country by 2020. National Preventative Health Strategy- Discussion Paper, 2009. <http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/discussion-technical-1>

	<p>understanding of the concept of a ‘standard drink’ and the effects of alcohol on medicines is delivered through community pharmacy.</p> <p>A more formal and standardised structuring of these programs within a national framework and under the direction of the proposed National Prevention Agency would enable an expansion of these programs to be delivered, with equitable access through all community pharmacies. This would comprise:</p> <ul style="list-style-type: none"> <li>• an initial health check/screening interview</li> <li>• the development of a care plan supported by professional standards and quality assurance processes; and</li> <li>• enhanced multiple referral pathways to other health professionals.</li> </ul>
c) Alignment with Government Policy	<p>This program would be strongly aligned with the Government’s Preventative Health and Primary Health Care Strategies and also its National Alcohol Strategy 2009-2011 and National Tobacco Strategy.</p>
d) Expected Outcomes for Government and Community Pharmacy	<p>From a government perspective, a pharmacy-based Healthy Lifestyle Support program would assist in achieving maximum efficiency and minimising total costs associated with implementing National Preventative Health Strategy initiatives. This is because the established community pharmacy network provides a national, equitable-access platform, complete with highly qualified health professionals to disseminate messages. This is important in light of the fact that the overall cost to the healthcare system associated with these three risk factors (tobacco, obesity, excessive alcohol consumption) is in the order of almost \$6 billion per year, while lost productivity is estimated to be almost \$13 billion. In the case of alcohol, the impact of reduced morbidity would approximate to 330,000 fewer hospitalisations and 1.5 million fewer bed days, at a cost saving of nearly \$2 billion to the national health sector by 2020.<sup>4</sup></p> <p>From a community pharmacy perspective, there would be a greater recognition of the role of community pharmacists and pharmacy assistants as members of the primary health care team. Through an enhanced interface between population-based preventative health activities and primary care, community pharmacy would be further recognised and valued as healthy living and health promoting centres. Moreover, the increased provision of services, as an adjunct to the core roles of medication dispensing and product supply, is fundamental to the future growth and viability of the community pharmacy business model.</p>
e) Consumer Benefits	<p>As noted in the Government’s National Preventative Health Strategy, implementation of preventative health programs to reduce the cost and ill-health from these three risk factors would be of benefit to consumers.</p> <p>As the outline document of this strategy states<sup>5</sup>:</p> <ul style="list-style-type: none"> <li>• With implementation of the tobacco strategy, approximately one million fewer Australians would smoke, and the premature deaths of almost 300,000 Australians now living would be prevented between now and 2020 from just the four main diseases caused by smoking, plus significant decreases in indigenous smoking.</li> <li>• If the targets for alcohol are reached, the proportion of Australians who drink at short-term risky/high-risk levels would drop from 20% to 14%, and the proportion of Australians who drink at long-term risky/high-risk levels would drop from 10% to 7%, thus preventing the premature deaths of over 7200 Australians and prevent some 94,000 fewer person-years of life being lost.</li> <li>• If current upward trends in overweight and obesity continue, there would be approximately 1.75 million deaths at ages 20+ years and 10.3 million years of life lost at ages 20–74 years caused by overweight and obesity in Australia from 2011 to 2050. Each Australian aged 20–74 years who dies from obesity between 2011 and 2050 would lose, on average, 12 years of life before the age of 75 years. If obesity is stabilised at current levels, the premature death of a half a million people between now and 2050 could be prevented.</li> </ul>

<sup>4</sup> See p9: Commonwealth Government. Australia: the healthiest country by 2020. National Preventative Health Strategy- Overview, Sep 2009 <http://www.health.gov.au/internet/preventativehealth/publishing.nsf/Content/nphs-overview>

<sup>5</sup> *Ibid.* p7

f) Who Performs the Service	<ul style="list-style-type: none"> <li>• Pharmacists</li> <li>• Pharmacy Assistants</li> </ul>
g) Collaboration with other healthcare professionals	<p><i>Will service delivery require any formal collaboration with other health care professionals?</i> Yes – Cooperation and referral pathways to other health professionals will be required, including:</p> <ul style="list-style-type: none"> <li>• GPs</li> <li>• Health educators</li> <li>• Specialists</li> <li>• Nutritionists/dieticians</li> </ul>
<b>2. Implementation and Enablers</b>	
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"> <li>• Consumer organisations</li> <li>• Pharmacy organisations</li> <li>• GP organisations</li> <li>• Trainers</li> <li>• Disease management organisations</li> <li>• Government bodies</li> <li>• Funders</li> <li>• Product sponsors</li> <li>• Professional insurers</li> <li>• Other allied health professional bodies</li> </ul>
b) IT Requirements	<p><i>Is pharmacy software required to deliver this Program?</i> Yes. IT solutions may assist in the delivery of healthy lifestyle support services. Program software ideally should be integrated with pharmacy software, streamlined for ease of use and consistent with pharmacy workflow. Existing pharmacy software would be adapted to support pharmacist-initiated interventions and to enable the collection of de-identified data for monitoring and evaluation of the programs.</p>
c) Infrastructure and Staffing	<p><i>Is a private consultation area required to deliver this program?</i> Yes. Existing consultation areas are likely to suffice, with modifications to ensure sufficient customer privacy where required.</p> <p><i>Is the program within the pharmacist's/pharmacy assistant's normal scope of practice?</i> Yes.</p> <p><i>Is an additional pharmacist likely to be needed?</i> In developing professional services that require an extended pharmacist consultation, consideration needs to be given to staffing resources. Depending on a particular pharmacy's circumstances, there may be the need for an additional pharmacist to manage other professional activities within the pharmacy, such as dispensing and/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>Training for pharmacists and pharmacy assistants should include on-line training where possible to maximise participation.</p> <p><i>Does any suitable training exist?</i> To be determined.</p>

	A number of training programs in weight management and smoking cessation have been developed in recent years and could form the basis of any requirement.
e) Supporting Standards, Procedures and Templates/Check lists	<p><i>Will a QCPP standard be required?</i> Yes.</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> Yes. A number of national guidelines will be of assistance in developing services, for example the <i>National Health and Medical Research Council (NHMRC) Australian guidelines to reduce health risks from drinking alcohol, 2009.</i></p>
f) Legislation/ Regulation implications	None.
<b>3. Funding</b>	
Funding options	<p>Possible funding options include:</p> <ul style="list-style-type: none"> <li>• Community Pharmacy Agreement</li> <li>• Alternative Commonwealth Program (eg National Preventative Health Strategy funding)</li> <li>• User-pays (This would require a review of GST implications)</li> </ul> <p><i>Has any funding for this program been secured?</i> No.</p>
<b>4. Timelines</b>	
Timelines	<p><input checked="" type="checkbox"/> Established community pharmacy practice</p> <p><input checked="" type="checkbox"/> Immediate to short-term implementation (&lt; 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 (&gt; 1 July 2020 )</p>