

# The Roadmap - Implementation

## The Roadmap Program Development Template

A Roadmap Program Development Template was used as a basis for developing each of the programs/services. The template is made up of four discrete sections: Program/Service Descriptions; Implementation and Enablers; Funding; and Timelines. A template will be prepared for each program included in the Matrix. These documents should be considered as a 'work-in-progress' and will be adapted as the Roadmap gets under-way.

The template was designed to assist the Guild in developing programs for community pharmacy by ensuring all of the necessary considerations have been taken into account.

This document includes completed templates for the following four programs, (one for each quadrant):

- A. Medication Continuance
- B. Minor Ailments Scheme
- C. Chronic Disease Management
- D. Home Medicines Review

These and future templates will be included on a dedicated website ([www.guild.org.au/roadmap](http://www.guild.org.au/roadmap)) where they will be regularly reviewed and updated.

## Roadmap Timeframes

The Roadmap is designed in such a way that short-term goals can be implemented in a relatively short space of time. Health policy is always influenced by political pressures and if solutions can be quickly implemented then they are highly attractive to governments and policymakers. Medium and long-term plans are equally important and are prone to less political influence, although by their very nature they are less likely to attract funding from government sources.

The timeframes are presented in four broad categories:

- Established community pharmacy practice
- Immediate to short-term implementation (< 30 June 2015)
- Medium-term implementation (1 July 2015 to 30 June 2020)
- Longer-term implementation (> 1 July 2020)

In allocating a timeframe to each program/service, consideration was given to the factors included in the 'Implementation and Enablers' section of the Roadmap Program Development Template. For example, necessary legislative changes may mean

that up to 24 months is needed to fully develop a program to the stage of implementation. Other considerations such as infrastructure (for example, changes to the physical layout of the pharmacy), or the development of additional competencies (through staff training) will need to be developed for longer-term programs, especially those that have not been delivered in Australia at all.

## Consultation with Key Stakeholders

The Roadmap details the Pharmacy Guild's vision for the future of community pharmacy, backed by the specific, practical means to achieving it via the services/programs set out. Crucially, while this paper is a Guild initiative, the organisation remains fully committed to consultation with the appropriate health professionals/bodies/stakeholders, as the range of programs outlined are developed and implemented. Indeed, it is the very nature of many of these professional services that consultation outside community pharmacy must occur. This will ensure, on a case-by-case basis for each program, that the requisite expertise is applied to development. This consultative process should, in turn, lead to the most efficient, effective and patient-centred models possible.

Thus, for each program detailed, consideration is given to the following:

- collaboration with other health care professional - whether the service delivery will require formal collaboration with another health care professional; and
- stakeholder consultation- which representative bodies should be consulted in order to best develop the proposed service.

While we are pleased to present the Guild's vision, we recognise the importance of identifying and developing those partnerships that are necessary to realise its objectives.

## Building the Pharmacy Workforce

It is the intention of the Roadmap to highlight the number of opportunities to expand the scope of the pharmacist’s role, particularly in the community pharmacy environment. This provides benefits not only to the broad Australian health care environment via budgetary efficiencies, but also to patients by improving access to primary and preventative health care solutions.

However in recent years another potential issue has emerged – the pharmacy workforce itself. Due to the rapid growth in the number of new pharmacy schools, and expansion of established schools, the overall numbers in the Australian pharmacy workforce will continue to increase. Over the past decade, the number of universities across Australia teaching pharmacy has increased almost three-fold, and the number of pharmacy degrees has more than tripled<sup>39</sup>. A pharmacy workforce modeling study completed in January 2010 by Human Capital Alliance (HCA) identified a projected labour market with an over-supply of pharmacists by 2025<sup>40</sup>.

These workforce figures demonstrate a readiness and capacity within the highly qualified pharmacy profession to expand the scope of the traditional role, particularly in relation to disease prevention, screening, and medication adherence. This will provide wide-ranging benefits to the profession itself, the wider health sector, and most importantly, to patients. The HCA study points out:

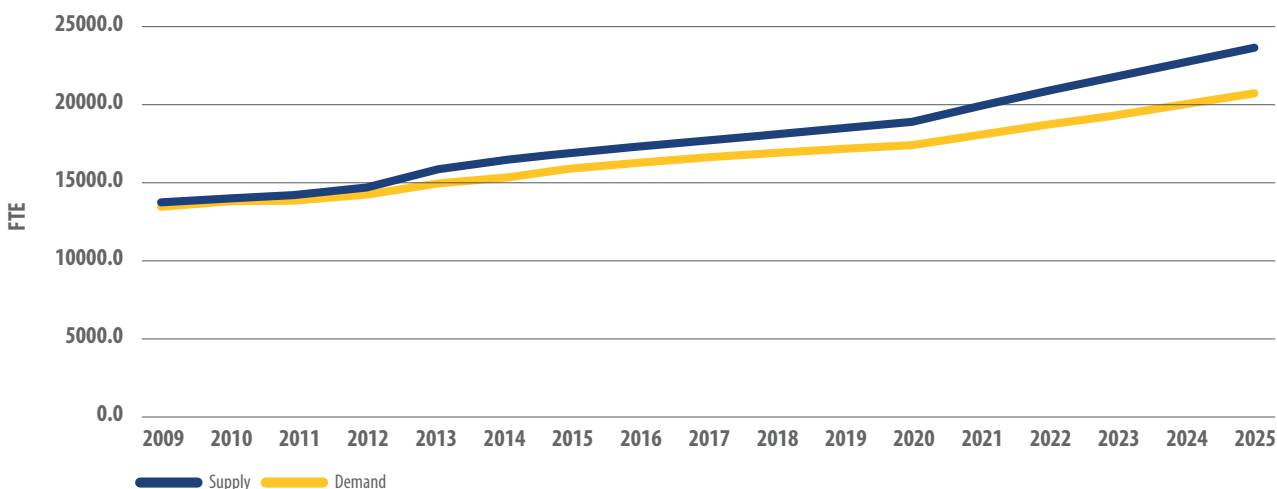
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*...community pharmacies are the most accessible elements of all health infrastructure. The government’s commitment to enhancing the profile and importance of preventative and primary health care provides community pharmacy an opportunity to utilise its extensive community network and distribution capacity.* <sup>41</sup>

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The most viable way to ensure readiness within the profession is to ensure that the tertiary sector is well-prepared and that graduates are workforce-ready to put into practice the necessary skills to meet current health care challenges. We therefore urge pharmacy schools to keep abreast of developments included on the Roadmap website, which will be updated regularly in line with emerging policy developments.

**Figure 8: Graph from Human Capital Alliance Research and Development Conference Presentation: 2-4 March, 2010**



39. Human Capital Alliance (2008) Pharmacy Workforce Planning Study.(Literature Review) p.3

40. Human Capital Alliance (2010) Pharmacy Workforce Planning Project (Pharmacy Guild, 4th CPA Commissioned Project RFT2007/08-01)

41. Kos Sclavos- Address to National Press Club, Canberra- 29 July 2008



*The Roadmap is not proposing services solely reliant on government funding. A mix of government-funded, user-pays and alternative options such as private health insurer and other third party funded programs will be put forward as legitimate alternatives.*

## Funding Options

A key factor to be considered in light of new professional programs and services in community pharmacy is how these programs will be funded. The Roadmap is not proposing services solely reliant on government funding. A mix of government-funded, user-pays and alternative options such as private health insurer and other third party funded programs will be put forward as legitimate alternatives.

Funding options include:

### Community Pharmacy Agreement

Many services are currently funded by the Commonwealth under the Community Pharmacy Agreements. Through the Agreement process, the Commonwealth (via the Department of Health and Ageing) and the Guild commit to ensuring Agreement funding is spent in a timely, accountable and transparent manner, with merit-based assessment of proposals and, where appropriate, consultation with other relevant stakeholders.

### Government Funding Outside the Community Pharmacy Agreement

In some cases, where a health issue has been identified by government as a National Priority, Commonwealth funding is provided to deliver programs addressing this particular health challenge. For example, due to the identification of diabetes as a priority under the National Chronic Disease Strategy, the National Diabetes Services Scheme (NDSS) delivers support and diabetes-related products at subsidised prices to people with diabetes. As sub-agents, pharmacists are funded to deliver products and services under this program.<sup>42</sup>

A further example is the Pharmacy Continence Care Program funded by the Commonwealth under the National Continence Management Strategy. This program provides community pharmacists and pharmacy assistants with the information and skills to significantly raise community awareness of this issue and promotes on-going management of bladder and bowel health matters for consumers.

42. National Diabetes Services Scheme [www.ndss.com.au](http://www.ndss.com.au) Accessed 22 February, 2010

## User-Pays

Under a 'user-pays' model, a service is provided to the consumer in exchange for a fee that is paid directly to the provider with or without a health fund rebate. Examples of services that may be suitable for this model could include wound care, smoking cessation and weight management.

A service delivered on a user-pays basis provides benefit to both the patient (for whom visiting a pharmacy may be both more convenient and at a smaller cost than a visit to a GP), and the health system in its entirety, through a decreased number of visits to GPs for single issues treatable in a community pharmacy setting. Flow-on benefits would be evident in the decreased number of Medicare claims for GP visits.

## Private Health Insurers

The recent partnership between private health insurer Medibank Private and Terry White Chemists illustrates the private health sector's increasing endorsement of pharmacy's growing role in disease prevention. As of November 2009 Medibank Private announced that it would begin offering health checks at a number of Terry White pharmacies in Queensland and NSW as part of a partnership between the two companies<sup>43</sup>. Health checks will be developed and delivered by trained health care professionals to give customers a snapshot of their key health measurements such as blood pressure readings, cholesterol levels and BMI. Medibank Private has also indicated future programs to be considered include wellness programs for those looking to optimise their health and support programs for those managing chronic conditions.

## Stakeholder Partnership Funding

In 2009, the Guild entered an agreement with its United States counterpart – the National Community Pharmacists' Association (NCPA) – to launch Mirixa Australia and adapt the MirixaPro™ clinical web-based platform for use across Australia. Mirixa programs address major health care challenges, including lack of adherence to medicine regimens, poorly coordinated patient care, and unchecked adverse drug events, thus increasing the overall quality of care delivered and reducing total health care costs.

Mirixa Australia has formed partnerships with pharmaceutical companies to create medication management programs delivered through Australia's network of community pharmacies. For particular PBS medicines, Mirixa Australia creates and delivers programs targeting patients who are having difficulty taking their medicines correctly and other treatment-related education issues.<sup>44</sup> The Mirixa web-based clinical system enables pharmacist delivery of personalised medication-related patient care. This system provides the pharmacist with a cost-effective means of identifying and educating at-risk patients and monitoring their ongoing treatment success. In this example, there are visible benefits to both patient, through improved health outcomes due to better medication adherence, and also to the pharmacist as a result of increased patient loyalty and medicine sales.

These examples demonstrate the community pharmacy sector does not entirely rely on government funding. What we are hoping to see is a better mix of publicly and privately funded and consumer-pays services provided by community pharmacy. As well, the Guild will make its own significant investment. By using the existing network of community pharmacies and their increasingly skilled staff these services can be provided in a cost-effective manner to the benefit of all.

## Ongoing Development of Programs

The Roadmap is designed to be a living document. The broader political and policy environment, particularly health policy, will be monitored closely to ensure the programs and services, and the Roadmap itself, remain an accurate reflection of what can be achieved within the community pharmacy sector. As discussed, a number of different options exist for the way programs and services within the Roadmap can be funded without relying solely on government allocations.

In addition to keeping abreast of policy developments and changes in the sector, the Guild will continue to consult with the many stakeholders within the health sector. This is of particular importance given that many of the Roadmap programs and services are aimed at addressing specific health issues, and the input of relevant stakeholders during the development and implementation processes will be paramount.

43. Medibank Private -Media Release

<http://www.medibank.com.au/About-Us/Media-Centre-Details.aspx?news=398> - Accessed 25 February, 2010

44. Mirixa Australia. <http://www.mirixa.com.au/about-us.html> Accessed 10 April, 2010



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