



Community Pharmacy Roadmap Program Development Template

Program/Service: Quadrant:	Medication Continuance A – Prescribed Medicines – Services and Programs
1. Program/Service Description	
a) Background	<p>In many countries around the world medication continuance and various levels of prescribing are undertaken by pharmacists¹. 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>
b) Brief Description	<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">1. Oral Hormonal Contraceptives (OHC)2. Lipid Modifying Agents (LMA) <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">• 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.• The pharmacist must be satisfied through consultation that the request is for ongoing supply until the patient can see their doctor.• 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.• Existing PBS arrangements will apply, such as the Safety-Net arrangements including the Safety Net 20-day Day Rule <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>
c) Alignment with Government Policy	<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>

¹ Emmerton, Lynne et al. - 2005. Pharmacists and Prescribing Rights: Review of International Developments

[http://www.ualberta.ca/~csp/JPPS8\(2\)/L.Emmerton/pharmacists.pdf](http://www.ualberta.ca/~csp/JPPS8(2)/L.Emmerton/pharmacists.pdf) Accessed February 8, 2010

d) Expected Outcomes for Government and Community Pharmacy	<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>
e) Consumer Benefits	<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, <i>just</i> to collect a prescription, would be decreased or even eliminated.</p>
f) Who Performs the Service?	<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>
g) Collaboration with Other Health Care Professionals	<p><i>Will service delivery require any formal collaboration with other health care professionals?</i></p> <p>No</p> <p>Medication continuance protocols will be developed in collaboration with prescribers.</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 • Government and regulatory bodies including Department of Health and Ageing and State/Territory Health Departments • Prescribing organisations • Pharmacy organisations • Pharmacy software vendors • Professional insurers
b) IT Requirements	<p><i>Is pharmacy software required to deliver this program?</i></p> <p>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>

c) Infrastructure and Staffing	<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>
d) Training	<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>
e) Supporting Standards, Procedures and Templates/ Checklists	<p><i>Will a QCPP standard be required?</i> Yes 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 The service will need to align with the National Medicines Policy² and associated guidelines, such as 'Guiding principles to achieve continuity in medication management'³.</p>
f) Legislation/ Regulation Implications	<p><i>There will need to be an amendment to:</i> Commonwealth Legislation and 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>
3. Funding	
Funding Options	<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>
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) (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 (> 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/4182D79CFCB23CA2CA25738E001B94C2/\\$File/guiding.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/4182D79CFCB23CA2CA25738E001B94C2/$File/guiding.pdf)
Accessed January 29, 2010