

The Roadmap

Pharmacy Solutions for the Future

The evolution and current status of community pharmacy has now been explored, providing the background context for a vision of the sector's future. It remains to set out this vision. The following section of the paper does this by first detailing the Fifth Agreement, which comes into effect on 1 July 2010. This then leads into the core strengths of community pharmacy and how they can be leveraged to consolidate and expand the profession's role in the primary health landscape in the years to come.

2010 - The Fifth Community Pharmacy Agreement

The Fifth Agreement, negotiated between the Guild and the Federal Government, was finalised in May 2010 and underpins the funding of community pharmacy in Australia through to 2015. The Fifth Agreement also adds value to community pharmacy and to the broader Australian health system, through targeted professional services, systematised electronic enablement, continuing research and development, and a greater responsiveness to the needs of health consumers through a new patient charter to be introduced.

By agreement between the Guild and Federal Government, it will also enhance the range of professional services and e-health capabilities of modern Australian pharmacies. E-health is an emerging focus for the government, with the establishment of the National e-Health Transition Authority (NEHTA) aiming to "electronically coordinate patient care across the health care sector to ensure that health care information can be securely accessed and shared among health care providers, when and where it is needed.³⁵" Community pharmacy has a major role to play in meeting this agenda, as outlined below.

Fifth Agreement programs fall into three broad categories

1. e-Health

- Support to facilitate electronic prescriptions: Community pharmacies will receive 15 cents per completed electronic prescription to offset some of the costs of providing electronic prescriptions. The cost of the gateway service may indeed be more than 15 cents per prescription. This program is not capped, nor does it have a risk share

component, so if community pharmacy does not utilise this support program funding will be lost.

- Collection of under co-payment volume data: It is intended that once appropriate and technically feasible systems are in place, Medicare Australia will be given access to data relating to all PBS prescriptions priced under the co-payment. The volume data will be collected only for epidemiological research purposes.

2. Quality and Standards

- The QCPP will become more rigorous in the Fifth Agreement and it is proposed that it be supported by significant Pharmacy Practice Incentives (PPIs) that will be linked to the achievement of defined outcomes, thereby increasing the value of QCPP to community pharmacy and consumers.

3. Patient Services

- Medicines Use Reviews (MURs) will allow for comprehensive, in-pharmacy discussion between the pharmacist and patient about their medicines. As proposed, this service aims to help the patient learn more about their medicines; identify problems; identify interactions between medicines and disease states; improve the clinical and cost effectiveness of the medicines; and educate patients about best practice use and storage of medicines. With medicine misadventure responsible for a growing number of hospital admissions, this program will not only improve health literacy and self-responsibility, it will directly relieve the pressure on the acute care system.
- Diabetes Patient Services, provided directly by the community pharmacist, will support newly diagnosed diabetics and certain

35. NEHTA www.nehta.gov.au Accessed 22 March, 2010

patients with type 2 diabetes. Services will be tailored to the patient's particular circumstances and will have a preventative focus to improve patient confidence and encourage responsibility in the self-management of medicines and overall health.

- Rural Pharmacy Programs will continue to be an important element of the Fifth Agreement. The support provided under the Rural Pharmacy Programs has underpinned the expansion of pharmacy services in rural and remote Australia. A suite of incentives will be available to continue to make rural practice a viable option.
- The Remote Area Aboriginal Health Services and the Section 100 Quality Use of Medicines (QUM) Allowance to Remote Area Health Services will continue to be an important part of the Fifth Agreement, providing for an

annual allowance to pharmacies to improve the quality use of medicines by clients of remote participating Aboriginal health services.

- Medication Continuation refers to the supply of a standard PBS pack of continuous therapy medicine to a patient by a community pharmacist, under specific circumstances, in the absence of a current ongoing prescription. The objective of Medication Continuation is to facilitate patient adherence to taking chronic treatment medicines and to prevent the unintended interruption due to the patient's inability to obtain a timely prescription renewal. The therapeutic categories to be included in the first stage of Medication Continuation are:
 - Oral Hormonal Contraceptives (OHC)
 - Lipid Modifying Agents (LMA).

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The Guild's Research and Development Program

With the Fifth Agreement outlined, it is relevant at this point to detail the Pharmacy Guild's R&D Program. The program will continue to add to the capacity of community pharmacy to maintain and improve the health outcomes of Australians through evidence-based best practice.

The program, which is funded through the Agreement, is the genesis of some of the services included in the Roadmap. The program's overall aim is to identify research and development priority areas in community pharmacy service provision, and then to fund projects with the greatest potential to deliver services with positive health outcomes for consumers and economic impacts for the health system.

A framework of themes and categories has been developed to assist in achieving the program's aim by outlining the basis upon which each research proposal will be assessed and prioritised.

Within the Guild's R&D Program, there are four categories, and each project may address one of

them. Briefly, the four categories are:

- **Continuity of Care:** coordination of care received by a patient over time and across all facets of the health system and care settings;
- **Chronic Disease Management:** risk factors, patient treatment, management and ongoing monitoring, effective self-management in accordance with national health priority areas, and associated national strategies;
- **Primary Care Strategies:** promoting the role of pharmacies in maintaining and optimising the health of all Australians through the provision of advice and information, particularly in the areas of medication management, preventative health and health promotion; and
- **Workforce Development and Capacity Building:** strengthening the pharmacy workforce to enhance quality delivery of pharmacy services. This may include addressing recruitment and retention, professional satisfaction, sustainable career opportunities, or evolving skill requirements.



Community Pharmacy Foundations

The foundations of community pharmacy are fundamental in terms of implementing the future vision for the sector. Because it is already entrenched in the community, Australia's community pharmacy network has enormous capacity to make its mark in this evolving landscape.

Set out below are the elements that will enable the profession to deliver the programs included in the Roadmap. Each of these is addressed individually and has been put forward in the Guild's submissions to the various health reform reviews.

Essential elements that underpin the Roadmap are: Infrastructure

This is a crucial issue and often forgotten. As previously mentioned the community pharmacy network is a private-public partnership. There is a private network of around 5000 bricks and mortar locations that effectively deliver government programs, the most fundamental of which is the PBS. The cost of setting up new infrastructure is prohibitive, but by using the existing pharmacy network in these locations there is only a marginal extra cost to establish a new service via community pharmacy.

Workforce Capacity

Currently, community pharmacy in Australia employs over 50,000 people, of whom 15,000 are pharmacists and 35,000 are pharmacy assistants and dispensary technicians.

In 1997 there were six university-based undergraduate pharmacy programs with 485 graduates. In 2002 there were nine university programs with 720 graduates. Today there are 16 university programs (14 Bachelor degrees and seven graduate-entry Masters degrees offered) with 1400 graduates each year. The vast majority of pharmacist

training/intern placements is provided by the private community pharmacy network. One reason that other professions have limited capacity is due to the bottleneck of training/intern placements.

Workforce Competencies

The Roadmap's short-term proposals focus on the competencies of currently registered pharmacists, enabling immediate to short-term implementation. Programs to be implemented in the medium to long-term will be based either on current competencies, or on competencies that need augmenting via pharmacy training organisations.

The Guild's aim is for the services detailed in the Roadmap and their associated professional competencies to be incorporated into university curricula in order to facilitate the graduation of service-ready pharmacists, who are equipped to deliver the services included in the Roadmap. This will build on current competencies thereby enhancing the role of the pharmacist in the medium to longer term.

National Implementation

Community pharmacy has a track record of implementing programs across the nation via the Community Pharmacy Agreements. A good example is the QCPP, which has been implemented in more than 80 per cent of pharmacies across Australia.

IT-Enablement and Electronic Monitoring

IT-enablement is one of the key reasons that national implementation of programs has been possible. IT support systems enable consistency of service, based on auditable processes where performance can be tracked and outcomes measured.

For years community pharmacy has been implementing and using effective IT systems to enhance the safety, quality and efficiency of services, and to improve coordination and communication between pharmacies. The rapid

up-take of PBS Online is testament to community pharmacy's capacity to adapt speedily to IT-initiated change.

Community pharmacy was the first profession to achieve computerisation across its entire network. It has effectively implemented 100 per cent real-time adjudication of Medicare entitlement and real-time highest-level entitlement checking for concession card entitlement.

The Guild has significant investment in IT companies of its own that cover the major areas where IT enablement engages with community pharmacy. These companies include Fred Health, healthlinks.net and InnovationRx. Figure 6 illustrates some of the recent developments in the electronic monitoring of medicines.

Evidence-Based and Cost-Effective Solutions

Within the health sector, the government seeks cost-effective solutions based on sound clinical

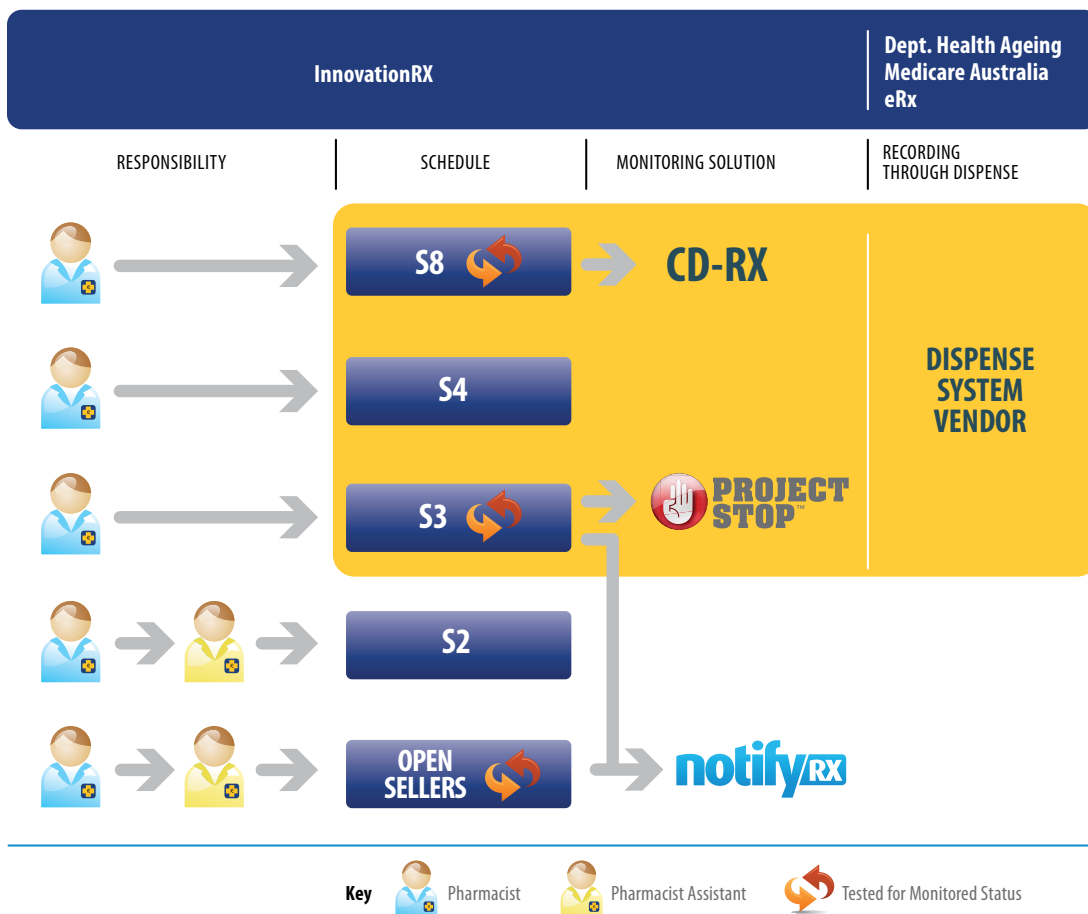
evidence to ensure the health dollar represents value for money. The PBS itself is founded on cost-effectiveness and clinical effectiveness principles, and this is the culture that has in turn defined the community pharmacy sector. As has been previously mentioned the R&D Program under the Community Pharmacy Agreement framework researches evidence-based and cost-effective solutions that help to inform the development of professional programs to be implemented within community pharmacy.

The Guild is also acutely aware of the actual costs borne by the profession in delivering services to the community, hence the Roadmap includes solutions that cost very little to implement.

Professional Collaboration

In developing the Roadmap, the Guild recognised the importance of integrating pharmacy services across the broader health sector so as to maximise continuity of medication management between the various health destinations. Integral to this

Figure 6: IT-Enablement and Electronic Monitoring of Scheduled Medicines





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is recognition of the valuable role of hospital and consultant pharmacists, in addition to community pharmacists. It is the Guild's vision for the Roadmap to pave the way to capture and build these relationships in a more team-based manner, with the patient as the central focus. Just as importantly, the Roadmap also identifies opportunities for pharmacists to work more closely, effectively and in collaboration with medical, nursing and allied health professionals.

The Community Pharmacy Programs / Services Matrix

The Roadmap describes the future role of community pharmacy within the context of a Programs/Services Matrix based on the unique infrastructure of community pharmacy and the physical layout of a pharmacy. The Matrix consists of the following 'Quadrants':

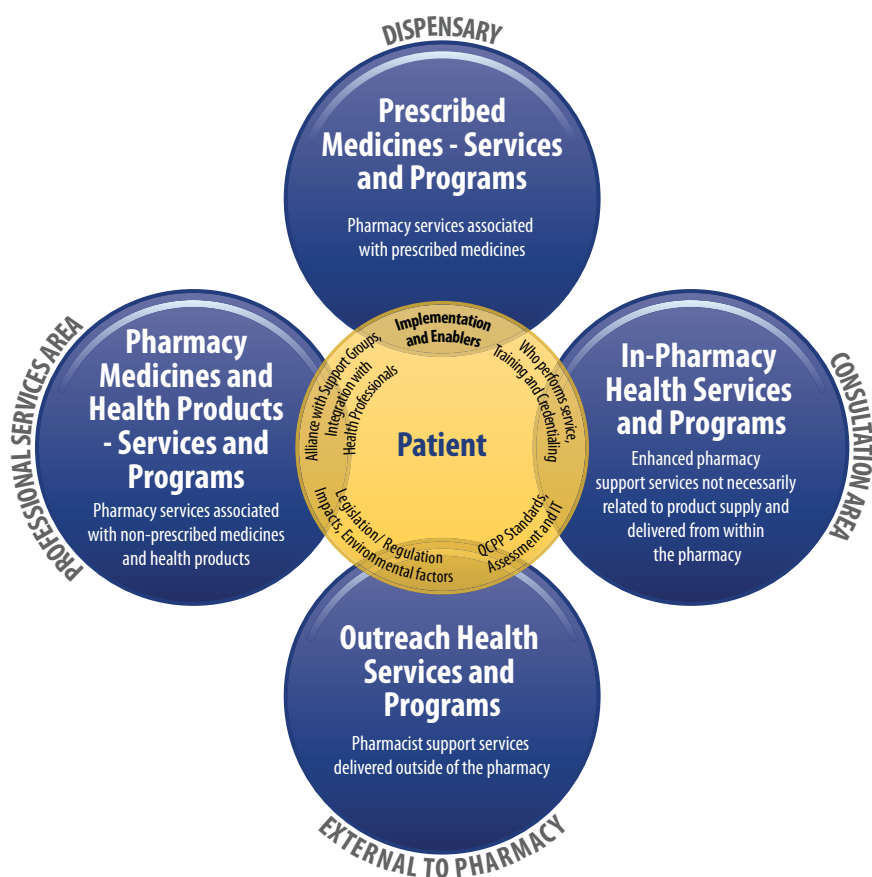
A. 'Prescribed Medicines Services and Programs' – linked to the function of the dispensary.

- B. 'Pharmacy Medicines and Health Products – Services and Programs'**– linked to the professional services area of the pharmacy.
- C. 'In-Pharmacy Health Services and Programs'** – utilises a private consultation area within the pharmacy.
- D. 'Outreach Health Services and Programs'** – delivered outside the physical pharmacy location.

The Guild considered this to be a practical way to describe services in a way that would be meaningful to a proprietor as well as relevant within the changing primary health care sector and the community. This approach endeavours to break down the rigidity of the 'supply only' model of community pharmacy by creating space in the minds of pharmacists and policy makers to allow them to think of community pharmacy in this broader context. Changes to the physical layout of the premises would naturally follow with private consulting areas becoming the norm rather than the exception.

A diagrammatical representation of the Guild's vision is illustrated in Figure 7.

Figure 7: Community Pharmacy Programs / Service matrix



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Pharmacy Programs - Identification and Allocation to Quadrants

A list of proposed Roadmap services is set out in Appendix A. In allocating services to quadrants, the Guild considered the most obvious area of the pharmacy from which the service would be provided. There are some grey areas where there is cross-over between the quadrants but the 'best fit' was chosen bearing this in mind. Following is a selected example service from each quadrant and the rationale used for allocation:

- A. 'Prescribed Medicines Services and Programs' – Pharmacy services associated with prescribed medicines - linked to the function of the dispensary.**
Example: QUM Continuity of Care – This service/program relates to the continuity of medication management across a variety of settings, for example hospitals, nursing homes and other residences. Most, but not all patients requiring a continuity of care service would be taking prescribed medicines, and although these medicines may not be dispensed on each occasion of service, the QUM Continuity of Care service has been allocated to Quadrant A.
- B. 'Pharmacy Medicines and Health Products – Services and Programs' - Pharmacy services associated with non-prescribed medicines and products - linked to the professional services area of the pharmacy.**
Example: Minor Ailments Scheme – This service/program formalises the pharmacist's role in the provision of advice and management of minor ailments, most commonly involving the supply of a non-prescription medicine. Therefore this service has been allocated to Quadrant B. The consultation room may or may not be used, depending on the ailment being treated.
- C. 'In-Pharmacy Health Services and Programs' – Enhances pharmacy support services not necessarily related to product supply and**

delivered from within the pharmacy - utilises a private consultation area within the pharmacy.

Example: Health checks/monitoring in areas such as blood pressure, spirometry and bone density testing. These services are best delivered utilising a private consultation area where appropriate, and usually do not involve the supply of a medicine. Therefore this service has been allocated to Quadrant

- D. 'Outreach Health Services and Programs' – Pharmacist support services delivered outside the physical pharmacy location.**
Example: Home Medicines Review - Although often linked to prescribed medicines, the Home Medicines Review Service requires the pharmacist to visit the patient's home as part of the review process. A formal report is provided to the patient's medical practitioner. Most of the service is provided outside the pharmacy premises. Therefore, HMR is allocated to Quadrant D.

Adapting the Current Community Pharmacy Business Model

The Guild recognises that adjustments to the traditional supply-based business model have already been adopted by many community pharmacy owners. For example, the Community Pharmacy 2006 Census showed that approximately 50 per cent of respondents had a private consulting room or screened-off area incorporated into the business. The proposed matrix provides some guidance for owners considering making such changes to their current business and for prospective owners.

Rent and Pharmacy 'Footprints'

With increasing pressure on rents, pharmacists need to be more careful about the utilisation of space and the 'footprint' within the pharmacy premises. The next decade will see more efficient shelving, storage units and technologies being used, with the focus being on space efficiency and accessibility to the premises by health consumers, who are often mobility impaired.

Business modelling has been an area of focus for the Guild in recent years, with a study conducted under the R&D Program on organisational flexibility³⁶ as well as a program under the Fourth Community Pharmacy Agreement relating to practice change.

The Guild predicts that a typical 200m² store layout in 2010 will be able to be accommodated within a 150m² store layout in 2020. This efficiency will be forced upon the profession as it deals with growth in rents not being matched by growth in remuneration through the PBS.

Business modelling has been an area of focus for the Guild in recent years, with a study conducted under the R&D Program on organisational flexibility³⁶ as well as a program under the Fourth Community Pharmacy Agreement relating to practice change. This latter program was based on previous research conducted under the R&D Program in the Third Agreement.



Building Organisational Flexibility Study

The objective of the Building Organisational Flexibility Study was to develop an understanding of the environment of community pharmacy and its impact on service delivery in an organisational context. It addressed the specific issues of capacity building so that service delivery and change management programs would be successful. The study found that various business models of community pharmacy were developing, driven by market forces and decisions by individual pharmacy owners in the absence of an overall policy framework. It is envisaged that the Roadmap will now provide this framework.

The research also found that service implementation needs to be approached in a holistic way, taking into account the business and professional environment in which community pharmacy operates. The five key areas for capacity building identified in the study were: planning, performance, service awareness, people and processes, and infrastructure. The study concluded that community pharmacy owners needed more practical business management assistance to develop their capacity to change and adapt in this new environment. It was also concluded that the level of change and capacity building required in community pharmacy is complex, and requires significant support and time to occur.

The findings of this study are consistent with the aim of the Practice Change Program³⁷.

The Practice Change Program

The Practice Change Program provides community pharmacists with practical assistance to deliver professional services through a series of tools, training and resources that are available online. This will assist the pharmacy to make those changes necessary to incorporate a range of patient-focused services. While the Practice Change Program was designed to improve the uptake of Fourth Agreement Professional Programs and

36. *Building Organisational Flexibility to Promote the Implementation of Primary Care Services in Community Pharmacy* (a project of the R&D Program funded under the Fourth Community Pharmacy Agreement)

37. The Practice Change Program (funded under the Fourth Community Pharmacy Agreement)



Services, it also supports professional pharmacy services provided outside the Community Pharmacy Agreement programs.

The tools, training and resources being developed under the Practice Change Program include:

- Presentations from “business champions” on how they changed their business successfully to deliver professional services. These are short two or three minutes videos focussing on business planning, financial planning, human resources management, shop refit, new business, and forward dispensing.
- Pharmacy Needs Assessment Tool – online diagnostic tool to assess whether the pharmacy is ready to implement professional services or how effective services are being delivered, and then provide the pharmacy with an action plan on how to implement or improve the delivery of the services.
- E-Learning business modules that will also have CPD accreditation – strategic planning, business planning, financial management, marketing, change management and HR management.
- Business models and plans, and templates.

Employment of an Additional Pharmacist

The employment of an additional pharmacist is another key amendment to the pharmacy business model, designed to adapt to changes in the profession. While traditional models of pharmacy may have required only one pharmacist, the expansion of services under current and future

models demands, and will demand in the future, the presence of at least a second. This is because it is the pharmacist who must be involved in an ever-increasing range of roles in the pharmacy, as the profession changes. This has been emphasised in recent years, with the number of professional services that have been implemented and / or consolidated during the period of the Fourth Agreement (2005-2010) requiring pharmacist involvement. To add to this, the average script volume per pharmacy is increasing at an approximate annual rate of three per cent³⁸.

An extra pharmacist(s) on duty can improve the pharmacy’s capacity to:

- participate in new programs;
- interact more with their patients;
- liaise with other members of the health care team and position the community pharmacy as an important health care contributor;
- engage with patients in the supply of therapeutic products – this includes scheduled medicines, medicine aids, home health, and first-aid supplies;
- demonstrate responsible management of Pharmacist Only Medicine (S3). More and more items are being considered for down-scheduling from Prescription Only Medicine (S4) to Pharmacist Only Medicine (S3);
- provide a triage service for minor patient ailments;
- continue providing extended hour services; and
- support future initiatives such as pharmacy / pharmacist vaccination.

38. Pharmacy Guild of Australia (2007-2009) “*Guild Digest: A survey of independent pharmacy operation in Australia during the financial year.*”