



Community Pharmacy Roadmap Program Development Template

Program/Service Quadrant	Sleep Apnoea Support Services C – In-pharmacy Health Services and Programs
1. Program/Service Description	
a) Background	<p>Sleep apnoea occurs when a person stops breathing while asleep, and may last from 10 seconds to a minute; breathing resumes when the person arouses slightly from sleep. This may occur many times during the night, causing fragmented sleep. The severity of the condition is determined by the frequency of these events. Sufferers have an increased risk of hypertension, cardiovascular disease, stroke, daytime sleepiness and motor vehicle accidents, and are likely to have a reduced quality of life.</p> <p>Up to 5% of adults in Western countries are likely to have undiagnosed Obstructive Sleep Apnoea (OSA) syndrome.¹ OSA is more common in men, older people, and in people who are obese. It affects about 4% of middle aged men and 2% of middle aged women.²</p> <p>OSA is caused by the muscles at the back of the throat and tongue relaxing during sleep to the point of collapse, causing the airway to be blocked. The following have been identified as contributing to OSA:</p> <ul style="list-style-type: none"> • obesity • alcohol consumption – especially in the evening • nasal congestion and obstruction • large tonsils • medical conditions such as diabetes or an underactive thyroid • use of sedatives <p>Lifestyle modification is usually the first step in a treatment plan for OSA, such as weight loss, reducing alcohol consumption and sleeping on the side rather than the back. More severe cases are usually treated by nasal continuous positive airway pressure or nCPAP. This involves wearing a close fitting nasal mask at night into which air is pumped at a low pressure to keep the upper airway open. However, 10-30% of people who commence nCPAP therapy discontinue it, usually because of discomfort.³ Specially fitted mouthguards may also be useful and, in some cases, surgery may be appropriate.</p>
b) Brief Description	<p>Community pharmacy is well placed to support people with diagnosed and undiagnosed OSA and some pharmacies are already providing sleep apnoea services. There is also potential to raise awareness of sleep apnoea through standardised and coordinated health promotion campaigns delivered through community pharmacy.</p> <p>For those with diagnosed OSA, the community pharmacist can:</p> <ul style="list-style-type: none"> • provide support for any lifestyle modification goals • supply nCPAP equipment and demonstrate its use • provide ongoing professional support/advice. <p>For those with undiagnosed OSA, community pharmacists are capable of identifying patients at risk of OSA and supporting the diagnosis process. Ambulatory testing provides a more</p>

¹ Epidemiology of Obstructive Sleep Apnea. Young, T et al. Am J Respir Crit Care Med Vol 165 pp 1217-1239; 2002
<http://ajrcm.atsjournals.org/cgi/content/full/165/9/1217>

² Effectiveness of nCPAP in OSA in adults. NHMRC- 20 Feb, 2000.
www.nhmrc.gov.au

³ Better Health Channel – Sleep Apnoea Fact Sheet.
www.betterhealth.gov.au

	convenient and cost-effective option to polysomnography for the diagnosis of OSA, and community pharmacy has the capacity to work in collaboration with sleep clinics or individual clinicians to support patients with this testing mechanism. Ambulatory testing involves home oximetry of upper airway airflow. Those with positive results can be trialled with nCPAP therapy. With appropriate arrangements such as patient consent, referring clinicians would be kept informed of the results.
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 consistent with recommendations from the National Health and Hospitals Reform Commission and Primary Health Care Strategy, promoting team care support.
d) Expected Outcomes for Government and Community Pharmacy	<p>Utilising the skills of community pharmacists to provide cost-effective sleep apnoea services provides the Government with a more efficient use of the health workforce, particularly in areas where health services may be limited, such as regional and remote areas. Utilising community pharmacists would free up the availability of other health professionals to perform more specialised health interventions in this area. Improving patient health outcomes through the management of co-morbidities also has other positive effects.</p> <p>From a pharmacy perspective, there will be a greater recognition of the role of community pharmacists as a member 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 a greater capacity to effectively utilise the increased number of new pharmacy graduates in a manner that benefits both pharmacy practice and the community. Pharmacy graduates will continue to have a positive outlook for community pharmacy as a career, supporting the viability of pharmacy education providers.</p>
e) Consumer Benefits	<p>The availability of professional sleep apnoea support services through community pharmacy provides at-risk patients with easier and more readily available access to diagnostic and ongoing support services. Considering the level of undiagnosed OSA and its link to increased morbidity, there is a greater opportunity for at-risk patients to be diagnosed and support provided to enable effective self-management of their condition. This should result in better health outcomes and a better quality of life for OSA patients.</p> <p>Polysomnography is the standard diagnostic tool and require patients to attend specialised sleep clinics. The waiting times and costs associated with this service can be a burden on patients. The availability of ambulatory services through community pharmacy provides patients with a more timely and cost-effective alternative.</p>
f) Who Performs the Service?	Pharmacists, with support from pharmacy assistants.
g) Collaboration with Other Health Care Professionals	<p><i>Will service delivery require any formal collaboration with any other health care professionals?</i> Yes. Patients may be referred from their GP or sleep clinic or request an ambulatory test at their own discretion. The community pharmacist will need to communicate and collaborate with relevant clinicians, such as referring doctors or sleep clinicians.</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 the program:</i></p> <ul style="list-style-type: none"> • Consumer organisations • Funders • Government and regulatory bodies • GP organisations • Pharmacy organisations • Pharmacy software vendors • Product suppliers
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	<ul style="list-style-type: none"> • Professional insurers • Sleep clinicians
b) IT Requirements	<p><i>Is pharmacy software required to deliver this program?</i> Yes. Pharmacy software should have an integrated recording system for service consultation. With the development of e-Health records, there is the opportunity for consumers' use of OSA therapy to be recorded for access by other health professionals as required. Documentation and claiming software needs to be available for programs that support subsidised services and it is essential that systems are streamlined for ease of use and to maximise pharmacy workflow.</p>
c) Infrastructure and Staffing	<p><i>Is a private consultation area required to deliver this program?</i> To be determined. This depends on the level of intervention but would not be required for services based only on health promotion. Services requiring private consultation with patients will require appropriate consultation areas within the pharmacy.</p> <p><i>Is the program within the pharmacist's/pharmacy assistant's normal scope of practice?</i> Yes – noting that some additional training would be required/beneficial.</p> <p><i>Will an additional pharmacist be needed?</i> In developing professional services that require an extended pharmacist consultation, consideration needs to be given to staffing resources. There may be a need for another pharmacist to manage other professional activities within the pharmacy, such as dispensing or the supply of Pharmacist Only Medicines.</p>
d) Training	<p><i>What additional formal training is likely?</i> Undergraduate pharmacists should be provided with a general understanding of sleep apnoea and its diagnosis and treatment. This would be complemented by ongoing Continuing Professional Development (CPD) training for registered pharmacists to ensure services remain aligned with current clinical guidelines. 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. It is unlikely that any suitable training exists in Australia that is specific for community pharmacy. Manufacturers offer nCPAP training but not to any consistent pharmacy standard. There may be modules available for other clinicians that pertain to elements of a pharmacy OSA service. This will require further investigation as any service is developed. There may also be modules available from overseas that may be adapted for any Australian service as it develops and this too will require further investigation.</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 should ensure the public receives a standardised, quality-assured professional support service. Generic standards for professional support services are available as part of QCPP 2nd edition. As services are developed, the need for supporting templates and procedures will be assessed.</p> <p><i>Will professional guidelines and/or standards for pharmacists be required?</i> Yes.</p> <p><i>Are there any other national guidelines that need to be taken into account in developing the program to ensure consistency with best practice?</i> To be determined. Depending on the interventions included in the service, it will be necessary to confirm if any national guidelines relate to the intervention and if so, ensure that the service is aligned.</p>

f) Legislation/ Regulation Implications	It will be necessary to ensure that all elements comply with relevant legislation
3. Funding	
Funding Options	<p>Possible funding options include:</p> <ul style="list-style-type: none"> • Community Pharmacy Agreement via overall Health Promotion Practice Payment Incentive Payment • Alternative Commonwealth Program (e.g. Preventative Health) • User-pays (requires review of GST implications) • Private health insurance <p><i>Has any funding for this program been secured?</i> No.</p>
Timelines	
Timelines	<p><input checked="" 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>