



## Community Pharmacy Roadmap Program Development Template

<b>Program/Service</b>	<b>Aboriginal and Torres Strait Islander Quality Use of Medicines Service</b>
<b>Quadrant</b>	<b>A- Prescribed Medicines- Services and Programs</b>
<b>1. Program/Service Description</b>	
a) Background	<p>Community pharmacists, through positive relationships with the Aboriginal and Torres Strait Islander communities and Aboriginal Community Controlled Health Services, play a critical role in the delivery of primary health care services to Aboriginal and Torres Strait Islander people.</p> <p>In 2006, 2.3% of the total population of Australia identified themselves as Indigenous<sup>1</sup>, with this population experiencing a lower life expectancy than that of the non-indigenous Australian population, namely 11.5 years less for men and 9.7 years less for women<sup>2</sup>. At present, four programs exist to improve access to medicines and the quality use of medicines (QUM) for Aboriginal and Torres Strait Islander Peoples. They are:</p> <ul style="list-style-type: none"><li>• The S100 Remote Aboriginal Health Services Program (S100 RAHSP)</li><li>• S100 Pharmacy Support Allowance Program (S100 PSAP)</li><li>• The Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander Peoples (QUMAX)</li><li>• The Closing The Gap (CTG) PBS Co-payment Measure.</li></ul> <p>These services aim to improve access, QUM and medication compliance for Aboriginal and Torres Strait Islander peoples, thereby improving their health outcomes and quality of life.</p>
b) Brief Description	<p>Through the S 100 RAHSP, a remote area Aboriginal Health Service (AHS) accesses medicines from the community pharmacy, enabling these medications to be provided through the AHS without the need for a normal prescription and without charge<sup>3</sup>. This scheme has led to an increase in PBS claims in remote areas of approximately 350%, with the role of community pharmacy (as opposed to previous arrangements through State/Territory hospitals) identified as one of the critical factors in the success of the scheme<sup>4</sup>. This support is further enhanced through the S100 PSAP whereby community pharmacists provide a range of QUM and medication management services to support any AHS that participates in the S100 RAHSP. In non-remote areas, the QUMAX program was initiated in 2008 as a result of collaboration by the Department of Health and Ageing, the Guild and the National Aboriginal Community Controlled Health Organisation (NACCHO). The aim was to improve QUM and medication compliance and to support improved access to medicines under the PBS, by addressing cultural, transport and financial barriers<sup>5</sup>. An Aboriginal Community Controlled Health Service (ACCHS) who meets the requirements is eligible to participate in the program, which provides structured support for QUM in the ACCHS, via community pharmacy, through the implementation of service-level QUM work plans. These plans can include provisions for dose administration aid arrangements, QUM pharmacy support, HMR models of support, QUM devices, QUM education, cultural awareness and transport arrangements.</p>

<sup>1</sup> 'Population Characteristics: Aboriginal and Torres Strait Islander Australians' (2008) Australian Bureau of Statistics, Catalogue No. 4713.

<sup>2</sup> 'Deaths Australia 2008' (2008) Australian Bureau of Statistics, Catalogue No. 3302.0.

<sup>3</sup> Aboriginal Health Services and the Pharmaceutical Benefits Scheme (PBS), Commonwealth Department of Health and Ageing (website: [www.health.gov.au/internet/main/publishing.nsf/Content/health-pbs-indigenous](http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pbs-indigenous)).

<sup>4</sup> 'The Evaluation of PBS Medicine Supply Arrangements for Remote Area Aboriginal Health Services under Section 100 of the National Health Act' (2004) Cooperative Research Centre for Aboriginal and Tropical Health (CRCATH), Menzies School of Health Research and the Program Evaluation Unit, University of Melbourne.

<sup>5</sup> 'Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander people (QUMAX) Program Business Rules and Guidelines' (2010) Pharmacy Guild of Australia

	<p>The CTG PBS Co-payment Measure aims to improve access to PBS medicines for eligible Aboriginal and Torres Strait Islander people living with, or at risk of, chronic disease, via a lower or no co-payment for PBS medicines<sup>6</sup>. Introduced in July 2010, eligible patient's prescriptions are annotated to indicate that it is to be dispensed with co-payment relief, while the pharmacy is reimbursed via Medicare Australia<sup>7</sup>.</p>
c) Alignment with Government Policy	<p>Australia's established and well accepted National Medicines Policy includes a national strategy on the Quality Use of Medicines (QUM). QUM principles dictate that all medicines should be used judiciously, appropriately, safely and efficaciously. The <i>Close the Gap Statement of Intent</i> includes a number of commitments to achieve equality in health status and life expectancy in indigenous and non- indigenous Australians. In addition, Aboriginal and Torres Strait Islander health issues are addressed in a number of key policies, including the National Preventative Health Strategy and the National Primary Health Care Strategy.</p>
d) Expected Outcomes for Government and Community Pharmacy	<p>The Government will benefit from increased efficiency and budgetary savings resulting from improved access to medicines, QUM and medicine compliance. These services help identify problems relating to medicines before they get out of hand and also help educate indigenous health workers about best practice use and storage of medicines.</p> <p>From a pharmacy perspective, there will be a greater recognition for 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 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. 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>Utilising the pharmacist's expertise in medicines to support QUM and medicine compliance for Aboriginal and Torres Strait Islander peoples will reduce their risk of medicine misadventure. These services will also help improve the management and control of chronic conditions along with co-morbidities, which will improve health outcomes as well as the quality of life for the patient and their families.</p>
f) Who Performs the Service?	<p>The pharmacist is the primary person delivering these services.</p> <p>Pharmacy assistants may assist with some aspects of service as well as the administrative components.</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>Yes - these programs have been designed to ensure a patient-focussed service that delivers improved health outcomes through the collaboration with relevant health care professionals.</p>
<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>• NACCHO</li> <li>• ACCHSs</li> <li>• Government bodies</li> <li>• GP organisations</li> <li>• Pharmacy organisations</li> <li>• Pharmacy software vendors</li> <li>• Other relevant health-related peak bodies</li> <li>• Consumer organisations</li> </ul>

<sup>6</sup> Closing the Gap – PBS Copayment Measure, Medicare Australia (website: [www.medicareaustralia.gov.au/provider/pbs/pharmacists/closing-the-gap.jsp](http://www.medicareaustralia.gov.au/provider/pbs/pharmacists/closing-the-gap.jsp))

b) IT Requirements	<p><i>Is pharmacy software required to deliver this program?</i> For the CTG PBS Copayment Measure, a CTG code must be entered through dispensing software in order to claim the cost of the supplied medicine.</p>
c) Infrastructure and Staffing	<p><i>Is a private consultation area required to deliver this program?</i> No - existing consultation areas are likely to suffice.</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> Cultural safety training is highly recommended prior to delivering QUM services to Aboriginal and Torres Strait Islander peoples.</p> <p><i>Does any suitable training exist?</i> A number of organisations deliver cultural safety training.</p>
e) Supporting Standards, Procedures, Templates / Checklists	<p><i>Will a QCPP standard be required?</i> Yes.</p> <p><i>Will professional guidelines and/or standards be required?</i> Yes.</p> <p><i>Are there any other national guidelines which need to be taken into account in developing the program to ensure consistency with best practice?</i> To be determined.</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</li> <li>• CTG funding</li> </ul> <p><i>Has any funding for this program been secured?</i> QUMAX and the S100 PSAP have been included in the Fifth Community Pharmacy Agreement which commenced on the 1<sup>st</sup> of July 2010.</p>
<b>4. Timelines</b>	
Timelines	<p><input checked="" type="checkbox"/> Established community pharmacy practice</p> <p><input 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>