The Pharmacy Guild of Australia

Community Pharmacy Roadmap Program Development Template

Program/Service: **Quadrant:**	**QUM and Continuity of Care** **A – Prescribed Medicines – Services and Programs**
1. Program/Service Description	
a) Background	The increased prevalence of chronic and complex health conditions, which are managed across various parts of the health system, has placed a greater emphasis on the interface between acute and primary health care. These chronic and complex health conditions are also often associated with complex medication issues. Evidence indicates that significant patient harm and sub-optimal use of medicines frequently result when consumers move between different health settings and health care providers including various prescribers. The following evidence is noteworthy[1].: • On admission to hospital, up to one in two patients had an incomplete medicine list provided, resulting in a medicine not being provided during the hospital stay. • 1.6% of hospital admissions are associated with the occurrence of an adverse medicines event. • Medicines are considered to be the cause for 10% of all adverse events experienced in hospitals. • 78% of GPs were not directly informed that their patient had been admitted to hospital and 73% of GPs did not directly receive discharge summary information. It is not unreasonable to extrapolate this to communication with community pharmacy. • 14.5% of consumers take four or more medicines. • 12% of patients had an error in their discharge prescription. • Omission of medicine from the discharge summary list sent to community health care professionals was associated with an increased risk (by a factor of 2.3) of hospital readmission or an adverse medicine event. • 9% of patients were discharged from hospital with insufficient medicine supplies. The increased availability of generic medicines may also impact on QUM and continuity of care. Patients are often provided with different generic brands of medicines in the hospital setting and confusion occurs when they return to the community setting. Furthermore, Medicine Discharge Summaries are rarely given to the patient's regular community pharmacy and confusion leading to duplication of generics can occur. There is good evidence that continuity in medicine management can improve with a systematic approach.[2] Community pharmacy is an underutilised resource in supporting continuity of care. Within 30 days of hospital discharge, 71% of patients visit their General Practitioner (GP) within a median time of 12 days, whilst 86% of patients visit their pharmacy within a median time of 6 days to have a prescription filled.[3] The community pharmacist and the GP are the two most frequently visited primary health care professionals. A 2010 Australian survey reported that 91% and 89% of respondents had been to a pharmacy and GP respectively in the past 12 months for health or medical services.[4] On average, patients visit a pharmacy twice as often as they visit a doctor or specialist, going to the pharmacy 12-14 times a year[5,6] compared to an average of five visits a year to the doctor.[7]

[1] Continuity in Medication Management powerpoint; http://www.health.gov.au/internet/main/publishing.nsf/Content/nmp-publications-a_z.htm-copy2

[2] National Medicines policy - APAC Guiding principles to achieve continuity in medication management July 2005, www.health.gov.au

[3] EE Roughhead et al; Continuity of care: when do patients visit community healthcare providers after leaving hospital?; Internal Medicine Journal; Vol 41, Issue 9; pp 662-667; Sept 2011

[4] The Menzies-Nous Australian Health Survey 2010

[5] Guild Fact Sheet: Community Pharmacy (based on Guild Digest survey data)

b) Brief Description	Any structured program to support QUM and continuity of care would require the GP and community pharmacist to be informed when one of their patients is admitted to hospital or other health care facility, such as a residential aged care facility. This would allow for the GP and pharmacist to confirm the patient's medication regimen and provide a history of previous medication use, including complementary medicines, and relevant information such as known previous adverse drug reactions. National Standards regarding the recording of medication regimens inclusive of complementary medicines should be incorporated to support QUM and continuity of care services. A structured program would also require the GP, pharmacist and other relevant health professionals to be informed and provided with relevant information, such as any changes to their medication regimen, in a timely manner when the patient is discharged and moving back to the community. Standardised medicine discharge summaries from acute health-care settings would be a useful tool to assist in in achieving this. There are a number of ways that community pharmacy supports, and could potentially support QUM and continuity of care, including: • Provision of medicine profiles provides patients a comprehensive medicine list that summarises their medicine regimens. This can also be an effective communication tool if a patient needs to visit other health professionals. The pharmacist is ideally placed to identify and record, in a standardised format, any regular over-the-counter or complementary medicines the patient may be taking. • Supply of medicines and relevant information, such as a Consumer Medicine Information leaflet (CMI), contributes to the continual supply of the correct medicine, in line with a patient's current regimen. The pharmacist can provide counselling and written information so that the patient understands what the medicine is for, how to use it and what to expect from it. • Provision of adherence aids, such as Dose Administration Aids (DAA), provides patients effective tools to support them in taking the right dose of medicine at the right time. • Provision of medicine administration devices, with accompanying education in their correct use, to assist the patients to better utilise their medicine (for example, an asthma spacer) • Provision of medicine reviews, including those provided within the pharmacy and in the patient's home, provides patients and/or prescribers with details of a patient's medicine usage, identifying potential issues and providing advice to resolve any problems. (Refer to Roadmap Template – Medicines Use Reviews, Home Medicine Reviews and Residential Medication Management Reviews). • Monitoring the patient's adherence and capacity to use the medicines appropriately on return visits to the pharmacy to have repeats dispensed. With the proposed July 2012 roll-out of the Personally Controlled Electronic Health Record[8] (PCEHR) as part of the National Health Reform Agenda, it is anticipated that details of a person's medicine history will be able to be uploaded onto the record for access, at the patient's discretion, by other health care professionals. Initially, this is likely to be limited to prescribed medicines, but eventually over-the-counter and complementary medicines may also be able to be uploaded. Although not yet determined, the community pharmacist may be involved in uploading and/or confirming details of a patient's medicine regimen.
c) Alignment with Government Policy	Utilising the expertise and accessibility of community pharmacists as part of the health support team is consistent with the current health care reforms including the more efficient and cost-effective use of available health professionals via, for example, Medicare Locals which promote team care support.

[6] Medical News Today Survey – 30 May 2011
[7] AIHW Media Release 2 Dec 2009: GPs managing more problems at patient visits
[8] http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/pcehr

d) Expected Outcomes for Government and Community Pharmacy	From a Government perspective, utilising the network of 5000 plus community pharmacies provides an opportunity to enhance QUM and continuity of care support for patients moving to and from a hospital or other care facility. Improving a patient's understanding of and adherence to their medicines should improve the management of their condition, which may reduce the rate of readmissions resulting in a more efficient and cost-effective use of the health system as a whole. From a pharmacy perspective, improved communication between health care providers should mean more effective and efficient service provision. In addition, there will be a greater recognition for 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. Pharmacy graduates will continue to have a positive outlook for community pharmacy as a career, supporting the viability of pharmacy education providers.
e) Consumer Benefits	The availability of professional support and advice through community pharmacy provides patients with convenient and readily available access to such services. These patients will also benefit from the advice of a highly trained health professional. For conditions in which medicine use plays a significant role, utilising the pharmacist's expertise to support QUM and continuity of care should see better communication between health service providers as patients move between health care sectors, resulting in more effective use of the medicines with less risk of misadventure and health facility re-admission. Improving the management of a patient's condition along with co-morbidities should improve the patient's health outcomes, as well as the quality of life for the patient and their families.
f) Who Performs the Service?	Generally, pharmacists will provide the clinical services, with pharmacy assistants providing support and administrative functions. With some programs, an appropriately trained pharmacy assistant may also assist with some of the routine, non-specialised aspects of the service, such as assisting to pack a DAA.
g) Collaboration with Other Health Care Professionals	*Is the service likely to require any formal collaboration with other healthcare professionals?* To maintain QUM and continuity of care on admission to or release from a health facility, collaboration between various health professionals is essential. Once a patient has returned to the community, they benefit from collaboration between their GP and pharmacist and other health professionals as appropriate. Notification of and communication between the various health professionals to facilitate this collaboration would be an important aspect of the service. The utilisation of liaison pharmacy services (refer to Liaison Pharmacy Roadmap Template) would assist with QUM and continuity of care.
2. Implementation and Enablers	
a) Stakeholder Consultation	*Representative bodies from the following areas will need to be consulted in order to fully develop and implement a program:* • Consumer organisations • Disease management organisations • Funders • Government bodies • GP organisations • Hospital groups • Pharmacy organisations • Pharmacy software vendors • Professional insurers • Relevant allied health professional bodies • Residential care facility providers
b) IT Requirements	*Is pharmacy software required to deliver this program?*

	Yes – Connectivity between health care providers to facilitate prompt communication would assist QUM and continuity of care. Ideally, on admittance to or discharge from a facility, there will be the ability for the transfer of relevant information, such as medicine histories and discharge summaries. It is understood that the National E-Health Transition Authority (NEHTA)[9] has been working with software vendors for health provider groups to facilitate connectivity for the secure transfer of health information between providers as well as facilitating access to patient's PCEHR.
c) Infrastructure and Staffing	*Is a private consultation area required to deliver this program?* No *Is the program within the pharmacist's/pharmacy assistant's normal scope of practice?* Yes - Individual services may require specialised training, but maintaining QUM and continuity of care is within the general scope of practice for any pharmacist. *Will an additional pharmacist likely to be needed?* Providing basic QUM and continuity of care support should not require any additional pharmacist, however, if a pharmacy provides more comprehensive support services requiring extended pharmacist consultations, 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.
d) Training	*What additional formal training is likely?* Basic QUM continuity of care support should not require any additional training. However service specific training or guidelines may assist service delivery. Pharmacy graduates should be trained to a level where they can provide QUM and continuity of care support services upon registration. Refresher training should also be available for registered pharmacists to ensure services remain aligned with current clinical guidelines.
e) Supporting Standards, Procedures and Templates/ Checklists	*Will an amendment to the QCPP requirements be necessary?* QCPP procedures/templates will be service specific rather than for general QUM and continuity of care. *Will professional guidelines and/or standards be required?* Yes - Standard 9 of the PSA Professional Practice Standards, Version 4, 2010 – Continuity of Care through Medication Liaison Services *Are there any national guidelines which need to be taken into account in developing the program to ensure consistency with best practice?* A number of guidelines and publications of relevance have been produced under the National Medicines Policy, including guidance provided by the Australian Pharmaceutical Advisory Council (APAC), which has now been replaced by the National Medicines Policy Committee. Although some of these publications are under review, current editions remain available online at http://www.health.gov.au/internet/main/publishing.nsf/Content/nmp-publications-a_z.htm-copy2
f) Legislation/ Regulation Implications	No amendment will be needed to Commonwealth or State/Territory legislation
3. Funding	
Funding Options	*Possible funding options include:* Community Pharmacy Agreement Medicare Benefits Scheme User pays backed up by Private health insurance arrangements

[9] www.nehta.gov.au

4. Timelines	
Timelines	√ Established community pharmacy practice – opportunity for enhancement √ Immediate to short-term implementation (< 30 June 2015) ☐ Medium-term implementation(1 July 2016 to 30 June 2020) ☐ Longer-term implementation (> 1 July 2020)