The Pharmacy Guild of Australia

Community Pharmacy Roadmap Program Development Template

Program/Service	**Medication Adherence Programs**
Quadrant	**A – Prescribed Medicines – Services and Programs**
1. Program/Service Description	
a) Background	Medication adherence refers to the extent to which a person's behaviour in taking medication corresponds with agreed recommendations/instructions from a health care provider[1]. Medication non-adherence by patients can be either wilful or inadvertent, and includes cases such as: • Failure to fill a prescription in the first place • Failing to refill a prescription as directed • Omitting a dose or doses • Taking an incorrect dosage of a prescribed medication • Prematurely discontinuing medication • Taking a dose at the wrong time or without regard to effect on bioavailability (eg- on full or empty stomach, at odds with correct instructions) • Taking a medication prescribed for someone else • Improperly using medication administration devices (such as inhalers) [2] Consequences of medication non-adherence can include: • A patient's medical condition not improving • A patient's medical condition worsening • A patient suffering a relapse of their medical condition Poor adherence to medication regimens is a global challenge, with existing literature showing approximately 50.0% of patients do not take their medication doses exactly as prescribed by their health care professional. Australian figures are consistent with these findings, estimating that 41.0% of Australians have stopped taking prescribed medicine before they were meant to, on at least one occasion.[3]
b) Brief Description	Medication Adherence Programs are initiatives that aim to improve medication adherence for patients. They also help pharmacists to identify those patients who are not taking their medicines appropriately. In some cases this problem can be addressed by on-the-spot advice and counselling. In other cases it may mean referring the patient back to their doctor. Recently introduced examples are the Guildcare[4] and Mirixa Australia™ [5] suite of programs, which include the following elements: First, at the point of dispense, the software identifies qualifying patients by analysing the pharmacy's dispense database. Along with other variables, this analysis includes a calculation of the patient's 'MedsIndex' score. This is a number out of 100 measuring adherence to a particular medicine, via comparison of the quantity prescribed with how much is actually dispensed by a pharmacist. The software provides a prompt for pharmacists to invite patients

[1] See: www.who.int/chp/knowledge/publications/adherence_Section1.pdf
[2] See: www.adultmeducation.com/OverviewofMedicationAdherence.html
[3] www.health.gov.au/internet/main/publishing.nsf/Content/5B1B138DA00BB9C7CA2578150083984E/$File/DAA%20PMP%20Report.pdf p26
[4] See: www.guild.org.au/The_Guild/tab-Pharmacy_Services_and_Programs/GuildCare/GuildCare.page
[5] See: www.mirixa.com.au/

	with a qualifying (sufficiently low) MedsIndex score to participate in the medication adherence program. Secondly, once patients are participating in the program, the web-based software allows for easy clinical care, case documentation and management for the pharmacist. It produces comprehensive information for the pharmacist to give to the patient, and highlights potential opportunities for counselling/assistance concerning the importance of medication adherence and general medicines education.
c) Alignment with Government Policy	Medication Adherence Programs align with the government's National E-Health Strategy and the key objectives of Australia's continuing health reform agenda. Reports from the Preventative Health Taskforce, National Primary Healthcare Strategy and National Health and Hospitals Reform Commission emphasise the themes of prevention, and strengthening primary care through better use of primary health care providers, including pharmacists. Additionally, Australia's established and well accepted National Medicines Policy includes a national strategy on Quality Use of Medicines (QUM), which states that medicines should be used judiciously, appropriately, safely and efficaciously. Pharmacists are the most regularly visited primary health care providers, and are integral to ensuring QUM. Consistent with this, the then Federal Health Minister Nicola Roxon stated in 2009: *"...We should be reducing medication-related errors, and reducing avoidable hospital admissions. And pharmacists, with [their] particular skills in medicines, should be playing a big part in this."*[6]
d) Expected Outcomes for Government and Community Pharmacy	The Government will benefit from increased efficiency and budgetary savings resulting from improved QUM and reduced medicine misadventure. Medicine Adherence Programs help identify problems relating to medicines and their use before the patient's health is impacted. From a pharmacy perspective, there will be a greater recognition of the role of community pharmacists as members of the primary health care team. Medication Adherence Programs facilitate patient counselling on the importance of adherence to achieve full therapeutic benefit of medicines. This increased interaction and communication between the consumer and community pharmacist fosters greater trust. Such programs also help community pharmacy to further develop viable business models, involving increased service provision as an adjunct to product supply.
e) Consumer Benefits	Medication Adherence Programs empower patients by enhancing their knowledge, attitude and skills regarding the value of adherence to a medicine regimen. This can result in more appropriate use of medicines, with less risk of misadventure and 'flow-on' effects such as health facility re-admission. Evidence concludes that improving the taking of medicines may have a greater impact on clinical outcomes than an improvement in the treatments themselves.[7]
f) Who Performs the Service	Pharmacists, with support from dispensary pharmacy assistants.
g) Collaboration with Other Health Care Professionals	*Will service delivery require any formal collaboration with other health care professionals?* Yes. This program with involve collaboration with other health care professionals, including prescribers, who require knowledge about a patient's adherence to a medicine regimen.
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 the program:*

[6] See: http://parlinfo.aph.gov.au/parlInfo/download/media/pressrel/3WFV6/upload_binary/3wfv60.pdf;fileType=application/pdf

[7] http://www.ncbi.nlm.nih.gov/pubmed/18425859

	• Consumer organisations • Pharmacy organisations • GP organisations • Trainers • Disease management organisations • Government bodies • Funders • Product sponsors • Pharmacy Board of Australia • Pharmacy software vendors • Professional insurers • Other allied health professional bodies
b) IT Requirements	*Is pharmacy software required to deliver this program?* Yes. The Guildcare and Mirixa Australia™ suite of programs require specific software to operate. This software integrates with all major dispense systems.
c) Infrastructure and Staffing	*Is a private consultation area required to deliver this program?* Yes. *Is the program within the pharmacist's/pharmacy assistant's normal scope of practice?* Yes. *Is an additional pharmacist likely to be needed?* 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.
d) Training	*What additional formal training is likely?* Provision of Medication Adherence programs should not require any additional formal training. However, service-specific training (eg- in use of software) may be required to allow service delivery. *Does any suitable training exist?* The Guildcare and Mirixa™ Medication Adherence program could provide the basis for future development of training resources in this area.
e) Supporting Standards, Procedures and Templates / Checklists	*Will an amendment to the QCPP requirements be necessary?* QCPP checklist T3J exists for medication adherence programs and will continue to be reviewed as part of the ongoing review process. *Will professional guidelines and/or standards be required?* Yes. *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	None

3. Funding	
Funding Options	Possible funding options include: • Pharmaceutical Companies • Community Pharmacy Agreement • Alternative Commonwealth Program • State/Territory Government • Private Health Insurers *Has any funding for this program been secured?* Yes. Each Medication Adherence Program could have private funding, negotiated with the manufacturers of each medicine, with the broad details of these arrangements publicly available, for the purposes of transparency. In the case of Guildcare adherence programs and Mirixa Australia™, a fee structure has been linked to provision of service based on a sponsored drug molecule, while a non-fee structure for provision of service has been based on a generic drug molecule.
4. Timelines	
Timelines	√ Established community pharmacy practice √ Immediate to short-term implementation (< 30 June 2015) □ Medium-term implementation(1 July 2015 to 30 June 2020) □ Longer-term implementation (> 1 July 2020)