



The Pharmacy
Guild of Australia

The Roadmap

The Strategic Direction
for Community Pharmacy



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MAY 2010

“This Roadmap identifies areas and opportunities for innovation in community pharmacy health services. It will identify ways to expand the already wide range of services offered and highlights how we can effectively work with our key stakeholders and partners in delivering these services.”

– **Kos Sclavos**, National President, The Pharmacy Guild of Australia

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Pfizer is Proud to Sponsor:

The Roadmap: The Strategic Direction for Community Pharmacy

Pfizer is proud to sponsor and support The Pharmacy Guild of Australia’s Roadmap. Our business applies Pfizer’s unique capabilities and its strong and solid reputation for quality, safety, innovation and supply-reliability to provide affordable medicines to our customers and stakeholders.

We are committed to working with retail pharmacy to help advance healthcare for all Australians.



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Dear Pharmacist

Pfizer is proud to sponsor and support the Pharmacy Guild of Australia's Roadmap: The Strategic Direction for Community Pharmacy. This Roadmap will help define community pharmacy and focus its direction towards a better and stronger Australian health system, where the patient is at the centre.

Pfizer has made some significant changes to the way it conducts its business, specifically with the aim of putting our patients and customers at the core of everything we do. In the past 18 months, we have restructured our company into Business Units and acquired Wyeth. These changes were necessary to help us respond to the challenging environment our industry faces and drive our future growth.

Pfizer today has nine Business Units, eight of which exist in Australia. These comprise Animal Health, Capsugel, Consumer Healthcare, Established Products, Nutrition, Oncology, Primary Care, and Specialty Care.

Pfizer's Established Products Business Unit (EPBU) is responsible for products which have either lost their patent (exclusivity) or will soon lose their patent. Our products are referred to as 'established' because their reputation has earned the trust of health care professionals and they help cement Pfizer's important place among the treatments doctors prescribe to their patients.

Pfizer currently has over 100 products in its off-patent portfolio and aims to increase this to 200 products by 2013. Our reputation depends heavily on the quality and safety of the products we sell. Whether produced internally or outsourced, a secure supply chain is paramount in obtaining the best possible outcomes for the patients who use Pfizer products.

We look forward to developing a closer working partnership with you to help achieve a stronger Australian health system.

Yours faithfully

A blue ink signature of Mark Crotty, written in a stylized, cursive script.

Mark Crotty
General Manager
Established Products Business Unit
Pfizer Australia / New Zealand

pfizer.com.au



**The Pharmacy
Guild of Australia**



Dear Colleagues

The Roadmap is a major undertaking by the Pharmacy Guild of Australia. Recently there have been a number of reviews of Australia's health system, and the Guild allocated significant resources, time, and effort in responding to these reviews on behalf of community pharmacy. The Roadmap brings together in a cohesive manner a coordinated response to the value that community pharmacy can add to the health system.

I would like to thank all those individuals who over recent years have assisted the Guild in responding to government reviews and have facilitated these proposals being incorporated in the Roadmap process. This group includes Guild members, pharmacists, industry representatives, Guild staff, and staff from Guild owned companies. In particular I wish to thank the Roadmap project team who have worked on this project over the last six months.

I am also grateful for the support of Pfizer in the Roadmap project which will ensure that all Guild members and industry representatives have access to this document. Indeed the Roadmap is a living document with a dedicated website www.guild.org.au/roadmap where community pharmacy enabled solutions can be updated over time in response to government policy and industry conditions.

Community Pharmacy has consistently shown that it provides great value to the health system. The Roadmap shows the way forward for even more opportunities.

Yours Sincerely

Kos Sclavos
National President
The Pharmacy Guild of Australia

www.guild.org.au/roadmap

National President's Foreword

Community pharmacy is poised at a unique moment in time. The Pharmacy Guild of Australia (the Guild) and the Federal Government have recently signed the Fifth Community Pharmacy Agreement (Fifth Agreement). The Federal Government has released its broad approach for the new health system after analysing many reviews it commissioned. In addition to this, the Guild continues to initiate privately funded programs that will advance the role of the pharmacist as part of the new health system. While community pharmacy is always evolving, it is now well positioned to further enhance service provision to consumers.

The 'Roadmap – The Strategic Direction for Community Pharmacy' (Roadmap) provides pharmacists and industry representatives with an understanding of the Guild's vision for pharmacy's future. An Agreement negotiation always entails a preparatory period by the Guild where future goals are decided and strategy set. Indeed, every five years the Guild undertakes a major strategic review before these negotiations begin. With the Fifth Agreement now in place, it is important to explain more broadly the Guild's strategy.

Now is the time to plan and map out the future to maximise the community benefit delivered through our unique pharmacy network. The Guild proposes to boldly stake out the future for community pharmacy. Our vision brings together our strengths and aligns those strengths with the new direction of the health system - a health system where the patient is at the centre. Community pharmacies are located in most suburbs and every region, and pharmacists have always engaged with their communities. The evolving health system calls for community pharmacy to further extend its important primary health care role.

The Roadmap is intended to provide a mechanism by which community pharmacy can develop future services. It will be a flexible and 'living' document to ensure the evolution of pharmacy is accommodated. The Community Pharmacy Agreements, undertaken under the leadership of the Guild, have allowed pharmacy to evolve significantly since the First Agreement was signed 20 years ago. The Guild does not wait for government programs and funding from third parties. Instead, the Guild continually invests its own resources in the future of community pharmacy, ensuring that the profession develops and remains relevant to the consumer. No other professional health organisation invests as much in its profession's future as the Guild.

A focus for the Guild will be to develop a wider scope of national pharmacy programs. The Federal Government is particularly interested in national programs that are delivered in all regions of Australia, thereby satisfying community needs as comprehensively as possible. Some future programs may involve fewer pharmacies, which may be undertaken more appropriately by specially accredited pharmacists, either through selected community pharmacies or separate from them.

In considering new programs, it is important to keep in mind the key strengths of community pharmacy - accessibility and a high level of community trust. Patients have easy access to a pharmacist, who can be engaged without appointment simply by walking into the pharmacy. Patients trust their pharmacist and with ever increasing concerns about privacy, pharmacists are an important link in the health system. These competitive advantages must be maintained and built upon.

As we move forward the health system will demand greater coordination. The recent focus of the Guild has been coordination within community pharmacy. It now becomes a priority, particularly with regard to health records, to increase collaboration with other health professionals. Information technology will facilitate this process.

The Roadmap outlines the importance of community pharmacy operating at an optimum level to ensure it takes its rightful place in the health system. At the same time, pharmacy respects the strengths of other parts of the health system and collaborates and integrates with those parts to ensure that health benefits are maximised for the patient.

The Roadmap outlines the importance of community pharmacy operating at an optimum level to ensure it takes its rightful place in the health system. At the same time, pharmacy respects the strengths of other parts of the health system and collaborates and integrates with those parts to ensure that health benefits are maximised for the patient.

Pharmacy must know its limitations and also understand the financial and other constraints faced by governments and the imperatives that drive them. Governments will be under growing pressure from an increasingly knowledgeable and sophisticated public, who will demand more and better resources for health care and higher standards within the health system. There will always be cost pressures on central agencies and they, in turn, will seek more efficient use of health resources.

Changes to a health system must be considered in a political framework. That is why strong advocacy has been, and always will be, a focus for the Guild. The Guild, however, aims to seek and provide solutions for government and the community, not to create problems for them, and this will continue to be the Guild's focus.

Community pharmacy is a unique private-public partnership. Significant taxpayer funds are invested in the Pharmaceutical Benefits Scheme (PBS) and the community pharmacy network, in partnership with government, distributes PBS medicines in an equitable and timely manner to the Australian public. Over time new programs and services have been developed that complement the medicines expertise of the pharmacist. The network of around 5000 privately owned pharmacies provides a very effective infrastructure platform, unparalleled in any other part of the health system. It is the view

of the Guild that this network is under-utilised by governments at all levels and also by other elements of the health system. This report will assist to identify opportunities for improved utilisation of the community pharmacy network.

With regard to the operation of community pharmacy in the future and the programs being put forward in the Roadmap, consideration will need to be given to environmental factors, and guidelines developed as to how pharmacies can contain their 'carbon footprint'.

The Roadmap is now documented- it is a living document. From this point the main task is to implement the plan.

All plans start with good intentions. Sometimes, through lack of political will, inconsistent application, inadequate resources, insufficient planning, lack of consideration of the need for change management and/or an inability to 'sell' the vision, such plans fall short of realisation. The Guild is determined to see this plan through to implementation and will invest its own considerable resources to ensure that this happens.

The Guild invites you to partner with us in this exciting future.



Introduction

The Guild is an employers' organisation servicing the needs of community pharmacists. Its members are pharmacist owners of the approximately 5000 pharmacies throughout Australia. The Guild strives to promote, maintain and support community pharmacies in delivering quality health outcomes to all Australians.

Federal and State governments in Australia face major challenges in delivering accessible, equitable, and cost-effective health care to their respective populations. While these challenges are similar to those faced by governments around the world, the Commonwealth Government is challenging traditional approaches to health care. In the process, it is creating opportunities for a fresh look at the delivery systems of health services, the roles of the health professionals who provide them and at models for collaboration between these professionals and the institutions in which they operate. Pharmacy can play an important role in these changes.

Community pharmacies provide an accessible, safe, efficient, nationwide, professional, primary health care service to all Australians based on quality advice and service through health care professionals. As primary health care providers pharmacists are involved in health promotion, early intervention, prevention, assessment and general management of health. They are often the first point of contact between the public and the health care system. The Guild believes the network of community pharmacies across Australia is an under-utilised resource. This paper indicates practical ways in which it might be better utilised.

This Roadmap has been so called because it takes a 'how to' approach to the problems it addresses. The Roadmap is a practical working document designed to achieve real change in how community pharmacies operate. It will assist governments in addressing some of their health care challenges in ways that do not always involve government outlays.

Pharmacists have many possible career paths – community pharmacy, hospital pharmacy, consultancy and industry - in both research and marketing areas. The Roadmap specifically focuses on the way forward for community pharmacy.

The first part of the Roadmap provides an account of where community pharmacy has been and how it has evolved. It includes examples of

innovations that demonstrate the capacity of the pharmacy profession not only to deliver monetary efficiencies to the health care system (by reducing the Medicare burden) but also to provide a suite of professional and preventative health services that assist in keeping Australians healthy across their lifespan. This part provides a brief overview of recent major policy developments, particularly as they impact on community pharmacy.

The second part entitled 'The Roadmap - Pharmacy Solutions for the Future', presents our vision for existing and potential future pharmacy services within a matrix comprising four quadrants, representing the physical location from which the service is delivered. It identifies opportunities, through adapting business models, to expand the already wide range of professional services currently offered - some of these can be expanded into systematised national programs.

The third part of the Roadmap examines the challenges for implementation, including how to prepare and utilise the growing pharmacist workforce and different funding options. Importantly this section sets out the practical framework of 'The Roadmap Program Development Template', which will be used as the basis for developing details for each program/service.

This is followed by the Glossary and Appendix , which include a list of proposed services and an explanation of the Roadmap as a living document. 'The Roadmap Program Development Template' has been completed for four selected services, including one existing service and a new service under the Fifth Agreement.

The Roadmap will be of value to anyone with a general interest in health care in Australia and especially useful for community pharmacists, aspiring pharmacy owners, pharmacy students, health planners, government officials, consumers and academics undertaking research in pharmacy or related fields.



Background

Community Pharmacy Origins

Some people might remember the days when a pharmacist - nestled in a pharmacy amid frosted windows and dark timber shelving lined with bottles and earthenware jars - could be found preparing potions, creams and tablets.

Scientific advances and the advent of proprietary medicines, however, changed all of this. Much of the mystique was lost and pharmacy's status was, in some people's minds, diminished. With this change, though, script volumes grew as medicinal solutions to health conditions increased, as did the size of pharmacy premises to meet these rising demands.

Pharmacy continues to change and evolve. Pharmacists, as health professionals, are more directly engaged in primary health care in consultation with GPs and other health professionals. They have undergone long, rigorous and demanding training and aspire to be more than custodians and retailers of medicines. There has also been a realisation by governments that the network of 5000 pharmacies, well distributed throughout Australia, is a useful platform for the delivery of health care services by a highly trained and trusted group of professionals whose skills and knowledge are under-utilised.

Pharmacy is now poised to take a much more active role in the primary health care system.

The Changing Landscape of Health Care

All governments in Australia are facing challenges in providing equitable and cost effective systems of health care to their populations. These challenges, consistent with those being experienced by governments around the world¹, relate to long-term population trends, such as ageing², the increasing prevalence of chronic disease³, increasing labour costs and other workforce issues⁴, the wide-

spread nature of Australia's population, significant disadvantage experienced by indigenous people, and the rising costs of new technologies and products, including pharmaceuticals. Consumer expectations are also exerting pressure on the funders and providers of health services.

Economic Factors

While not as adversely affected as those in other comparable nations, including the United States of America and the United Kingdom, Australian governments, health professionals and service providers are currently operating within extremely tough budgetary environments as a result of the Global Financial Crisis. Global economic pressures are bearing down and exacerbating an existing demand to increase services with fewer resources. This pressure is illustrated in the recent Access Economics report commissioned by the Guild, 'Examining the Future of the PBS'⁵:

... Governments are likely to face significantly greater financial constraints than has been the case in the last decade. Largely, this reflects the fact that the ratio of workers to dependants in Australia is set to decline markedly in the decades ahead – reflecting the ageing of the population. In addition, global events will also put short term pressure on State and Federal Government budgets over the next couple of years.

Intergenerational Report

The future of community pharmacy needs to be considered in light of the impact of ageing, as highlighted by the '2010 Intergenerational Report – Australia to 2050' (IGR)⁶ released by the Federal Treasurer on 1 February 2010.

The purpose of the IGR is to provide a comprehensive analysis of the fiscal and economic challenges facing the nation, in particular the ageing of the population and

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1. See for example: 'Pharmacy in England: Building on strengths – delivering the future, report by UK Department of Health, April 2008'; and 'The Vision for Pharmacy: Optimal Drug Therapy Outcomes for Canadians Through Patient-Centred Care- report by the Canadian Pharmacists Association, 2008'.
 2. 'Population by Age and Sex, Australian States and Territories, June 2008'. Australian Bureau of Statistics www.abs.gov.au - Accessed 14 April, 2010
 3. 'Examining the Future of the PBS', prepared for the Pharmacy Guild of Australia, Access Economics: 2009: 6
 4. 'The Health Workforce', submission by the Pharmacy Guild of Australia to the Productivity Commission, 2005: 5-6
 5. 'Examining the Future of the PBS', prepared for the Pharmacy Guild of Australia, Access Economics: 2009: 6
 6. Intergenerational Report 2010:p.xi, Department of Treasury www.treasury.gov.au - Accessed April 10, 2010

emerging issues such as environmental challenges and social sustainability. Ageing impacts on the economy in two major ways:

- the slowing of economic growth due to reduced rates of labour force participation (and therefore the government's ability to collect taxation revenue); and
- increased demand for age-related payments and services, and expected technological advancements in health, and demand for higher quality health services.

Ageing and health pressures are projected to result in an increase in total government spending from 22.4 per cent of Gross Domestic Product (GDP) in 2015-16, to 27.1 per cent of GDP in 2049-50.⁷

Health Care Demands of an Ageing Population

The average male life expectancy is now 83 years, and female 86 years. While undoubtedly a positive, this means the burden on the health care system by age-related illnesses is going to grow, as Australia's overall population ages.

By 2036 almost one quarter of our population will be over 65. Therefore, a decreasing proportion of Australians will be paying taxes to support the growing number of retirees. This demonstrates the importance of medicine management programs that allow patients with co-morbidities to continue to work, to be productive, and to take their places as full members of society, contributing to the general good through the taxes they contribute.

Figure 1: 2020 Summit (2008) – Ageing Population Impacts⁸

The graph on the right shows significant hospital expenditure in the last few years of life. While these statistics are no surprise, they highlight the important role that medicines play in keeping patients out of hospital. Furthermore, they reinforce the need for community pharmacy programs that encourage patients' medication adherence.

In light of the health challenges that Australia is facing, strong arguments exist for expanding the clinical role of the pharmacist and community pharmacy in preventative health. As identified by the Australian Institute of Health and Welfare (AIHW) 2008 Report '*Australia's Health*', the greatest scope for prevention lies in addressing tobacco smoking, closely followed by high blood pressure and obesity⁹. Another concerning issue is childhood obesity, with close to three in ten children and young people being overweight or obese¹⁰.

In more recent times pharmacies have been encouraged to take on additional primary health care roles related to the early intervention and prevention of health problems including those involving smoking cessation, continence management, asthma and diabetes management programs.

Such programs have demonstrated:

- the capacity of pharmacy to play an enhanced role in the delivery of health services; and
- that substantial health promotion benefits and opportunities are provided when customers walk through a pharmacy door.

A further extension of the clinical role of pharmacy into this domain would support current national and State and Territory health initiatives aimed at early intervention/prevention. In rural and remote areas the possible impact of the role that pharmacy can play in this area is intensified because of the lack of availability of some other health professionals¹¹.

7. *Intergenerational Report 2010*:p.xi, Department of Treasury www.treasury.gov.au - Accessed April 10, 2010

8. These documents were distributed to members of the Health Sub-Group at the Australia 2020 Summit, held April 2008, Parliament House, Canberra

9. Australian Institute of Health and Welfare(2008) '*Australia's Health*' p108

10. Australian Institute of Health and Welfare(2008) '*Australia's Health*' p262

11. Australian Institute of Health and Welfare(2008) '*Australia's Health*' p333



In light of the health challenges that Australia is facing, strong arguments exist for expanding the clinical role of the pharmacist and community pharmacy in preventative health.

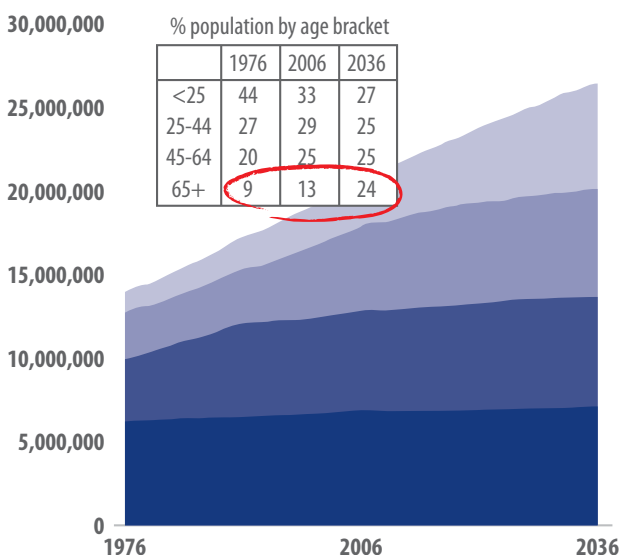
Figure 1: Our ageing population will significantly increase future demands on healthcare

By 2036, it is projected that one quarter of Australians will be over 65

Acute care expenditure rises sharply from 60 onwards

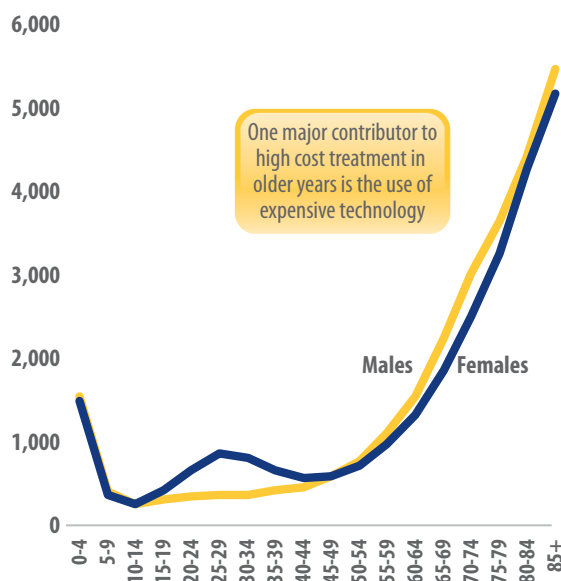
Australian population by age bracket: 1976–2036

Population by age bracket (#)



Hospital expenditure per capita by age group: 2002/3

Hospital expenditure per capita (\$)



Note: Population projections based on Series B growth assumptions
 Source: ABS 3222.0, *Population Projections, Australia, 2004-2101* (2006);
 ABS 3201.0, *Population by Age and Sex, Australian States and Territories* (2006);
 Productivity Commission, *Economic Implications of an Ageing Australia* (2005)



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Change in Focus

In the past health care focused on the treatment of symptoms. Emerging trends in health care are strongly focused on preventative strategies, which are particularly important in order “to minimise the impending overload of the health and hospital systems, and to increase the productivity, and therefore competitiveness of Australia’s workforce.”¹²

A healthy society is a productive, economically viable one, and keeping people out of hospital is paramount. This is where community pharmacy has a huge role to play. A study conducted under the Guild’s Research and Development (R&D) Program found that pharmacies prevent approximately 486,000 people from having to visit their GP or go to hospital through providing non-prescription medicines – saving the health system an estimated \$2.75 billion each year¹³.

There are many strong arguments to further extend the role of the community pharmacist, particularly in relation to core competencies, such as medication compliance, continuity of care across the lifespan, and the important role of the community pharmacist in delivering a range of professional and preventative health care services.

Major Health Care Reviews

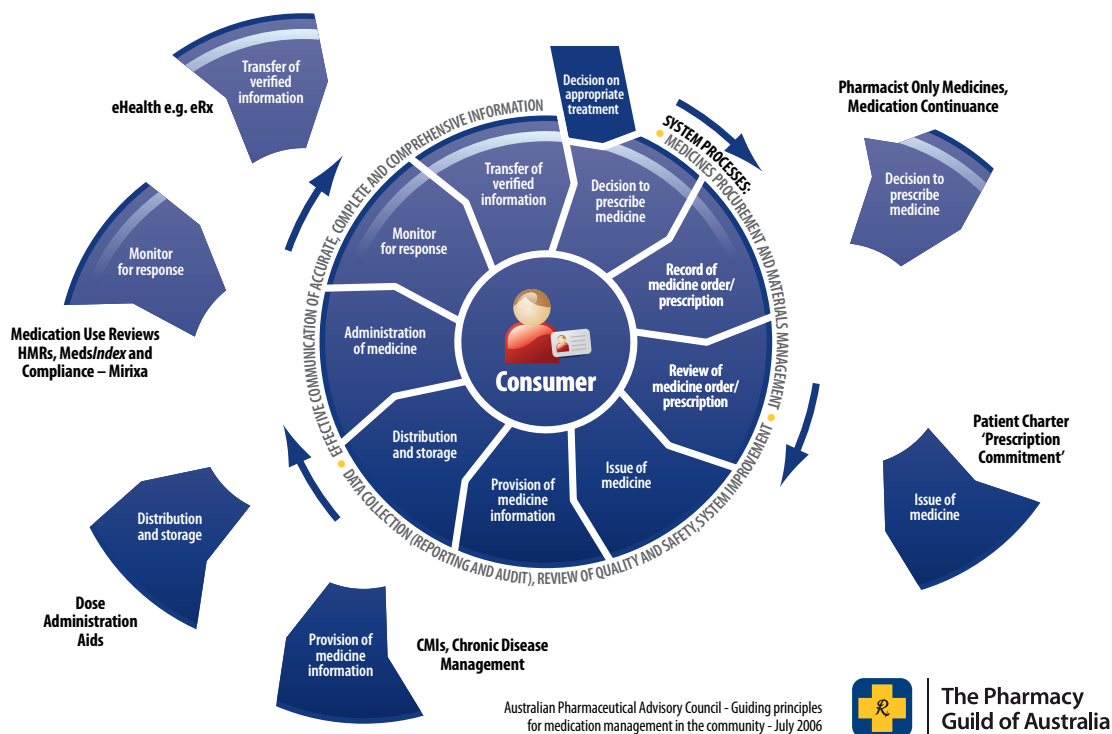
Three major reviews have indicated the direction the current Federal Government wishes to take in support of this changing focus.

The National Health and Hospitals Reform Commission’s report ‘A Healthier Future for All Australians’¹⁴ contains 27 specific references to community pharmacy. The report identifies actions that can be taken by governments to reform the health system under three reform goals:

- tackling major access and equity issues that affect health outcomes for people now;

Figure 2: Medication Management Cycle

APAC revised guidelines - Guiding Principles to Achieve Continuity in Medication Management



APAC Medication Management cycle. The health care continuum can be viewed as a series of cycles. Each cycle relates to an episode of care. For each episode of care, there is a corresponding medication management cycle, which comprises the nine key components detailed in the graphic. The characteristics of each component depend on the health care setting involved and the nature of the episode of care. What the Guild has endeavoured to do over that last decade is to ensure community pharmacy adds value to the medication management cycle. Some of these have occurred through Agreement programs and some through private programs. The components of the medication management cycle detailed are critical to achieving continuity in the medication management continuum.

The guiding principles are intended to assist partners in the quality use of medicines in achieving continuity in medication management. They offer a systems approach to medication management, that is, they advocate a consistent and standard approach across all health care settings and health care providers. The Guild’s first priority is to achieve consistency and high quality service across community pharmacy. The audience for the Guiding Principles is the QUM partners, including government, health care professionals and providers, carers, and others.

- redesigning our health system so that it is better positioned to respond to emerging challenges; and
- creating an agile and self-improving health system for long-term sustainability.

Meanwhile, the Department of Health and Ageing report '*Primary Health Care Reform in Australia*'¹⁵ contains 31 specific references to community pharmacy. The report supports and provides background for the Federal Government's '*Draft National Primary Health Care Strategy: Building a 21st Century Primary Health Care System*', as well as providing evidence to support future investment in and reform of the primary health care system. The report includes 10 key elements of an "Enhanced Primary Health Care System".

The Preventative Health Taskforce's discussion paper '*The Healthiest Country by 2020*'¹⁶ contains three specific references to community pharmacy. The Taskforce was given the challenge to develop the National Preventative Health Strategy, focusing initially on obesity, tobacco and excessive consumption of alcohol. The strategy is directed at primary prevention, and addresses all relevant arms of policy and all available points of leverage, in both the health and non-health sectors.

While the Federal Government has not yet completed its response to all of these reports, the many references to pharmacy's role, particularly in the primary health care system have been anticipated in programs that form part of the Fifth Agreement.

A recurring theme in all reports is the rising incidence and cost of chronic illnesses. Community pharmacy must play a key role in addressing this problem.

Rising Cost of Chronic Illness

Health problems such as obesity, tobacco smoking and alcohol related illnesses account for 32 per cent of Australia's illnesses, translating into losses of approximately \$18 billion per year (\$6 billion in



health costs and \$13 billion in lost productivity¹⁷). Indigenous Australians are also over represented in these statistics - one in three indigenous adults is obese; tobacco smoking is responsible for 20 per cent of deaths among indigenous people; and alcohol is a significant cause of chronic illness, social problems, deaths and injury.

The Guild-commissioned Access Economics Report '*Examining the future of the PBS*'¹⁸ highlights the rising trend in health spending on PBS medicines that manage and treat chronic diseases. The report predicted that by the year 2046/47, the top five contributors to government PBS costs will be:

- antineoplastic and immunomodulating drugs (50 per cent) – including drugs for the management of diabetes;
- drugs for nervous system conditions such as dementia and Parkinson's disease;
- blood and blood-forming organ-related drugs;
- drugs relating to the cardiovascular system; and
- drugs relating to sensory organs (for example, visual impairment).

12. National Preventative Healthcare Strategy (Australian Government), 2009: 6

13. Pharmacy Guild of Australia - media release, 31 August 2009

14. National Health and Hospital Reform Commission. June 2009.

www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/Documents - Accessed April 5, 2010

15. 'Primary Health Care Reform in Australia. A Report to Support Australia's First Primary Health Care Strategy. August 2009' www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/Documents - Accessed April 5, 2010

16. 'The Healthiest Country by 2020'. National Preventative Health Strategy. June 2009.

www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/discussion-healthiest - Accessed 28 March, 2010

17. Hawker Britton- Report on Preventative Health Taskforce: National Preventative Health Strategy- September 2009 <http://www.hawkerbritton.com/hawker-britton-media/federal-act/preventative-health-taskforce-report-national-preventative-health-strategy.html> Accessed 22 February, 2010

18. Access Economics. '*Examining the future of the PBS - October 2009*' http://www.guild.org.au/uploadedfiles/National/Public/News_and_Events/Media_Release_Archive/PBS%20IGR%20Report%20October%202009%20-%20Final.pdf - Accessed 15/04/2010v

Figure 3: We live with a significant burden of ill-health

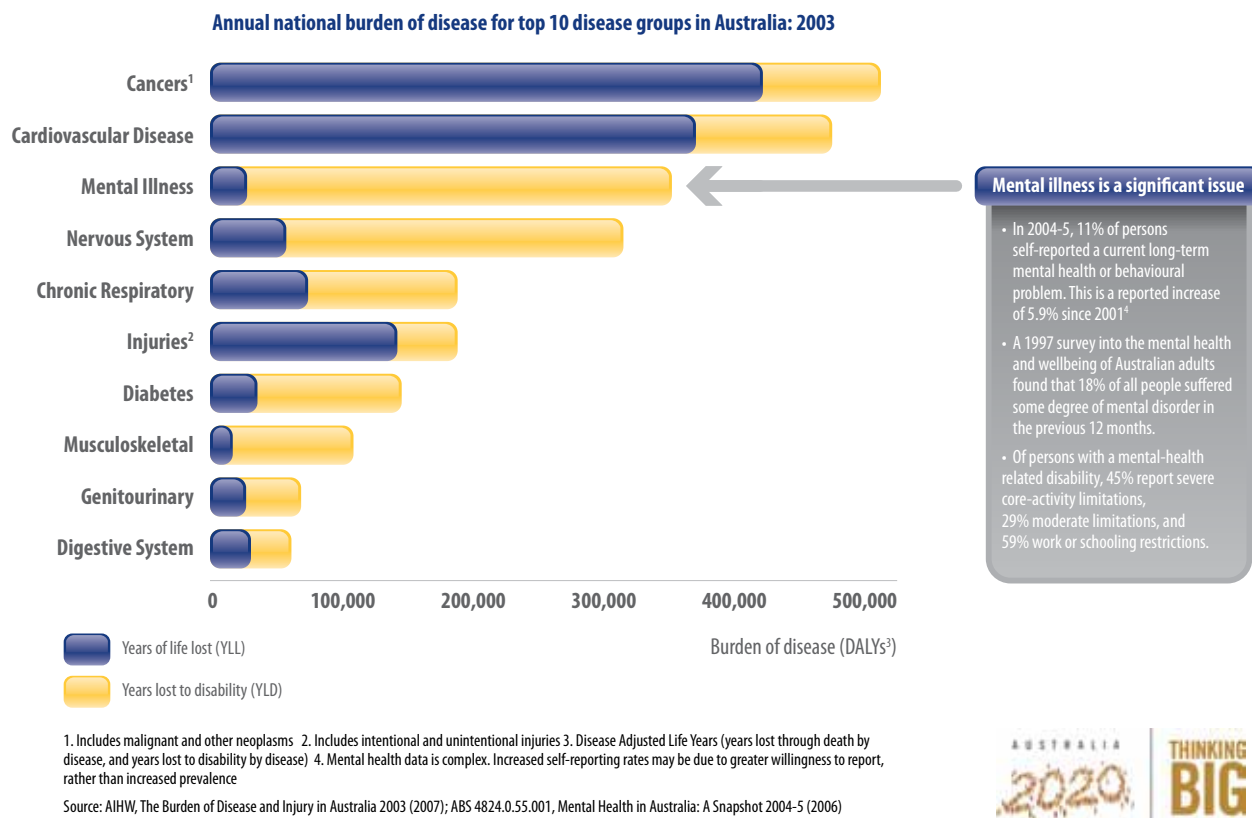


Figure 3: 2020 Summit (2008)
- National Burden of Disease 2003¹⁹

Figure 3 details the national burden of disease for the top 10 disease groups in Australia. It indicates the years of life lost to two variables: illness and disability.

From a purely economic perspective, the number of years lost due to disability is the striking indicator of cost for government. In simple terms "years lost due to disability" means that these people are unlikely to be productive in the workforce during that time and may additionally require welfare benefits, placing more strain on the economy.

It is for this reason that mental illness was specifically highlighted in the above bar chart. It demonstrates that the number of people who lose their lives to mental illness is small relative to the years lost due to disability. It shows however that mental illness, which continues

to increase, will have a significant economic impact unless mitigating measures are put in place. There is a key role that pharmacists can play here. Adherence to medicines is very poor in this cohort of patients. Indeed the MedsIndex system - a Guild-developed medicines compliance monitoring and support service in which patients receive a simple score out of 100 for each of their chronic management therapy medicines - shows that for this group compliance scores average are less than 40, making it the poorest compliance medicines category under this system. This presents opportunities for community pharmacy to deliver systematised programs that focus on adherence and ensure that these patients receive the maximum benefit from prescribed medicines. This is the type of program that community pharmacy must embrace.

Health spending ideally should be aimed at preventative measures to improve overall participation, productivity and wellbeing of the population. As the health system moves its focus

19. These documents were distributed to delegates of the Health Sub-Group at the Australia 2020 Summit, held April 2008, Parliament House, Canberra



toward primary prevention, there is potential for PBS expenditure to move more into the preventative end of health spending. This therefore means community pharmacy is better placed to use its existing infrastructure and expertise to address the economic burden of chronic disease.

Medicines as an Investment

The cost of medicines must not be considered in isolation from the extensive benefits derived. While medicines are initially expensive for the Commonwealth and taxpayers through PBS subsidies, in real terms they are best thought of as an investment.²¹ Medicines allow citizens to work longer and more productively, with the benefit that

this brings to the taxation base and economy. They also delay admission to nursing homes and avoid or delay hospitalisation for a variety of diseases and conditions, with associated costs.

The evidence to support this 'medicines as an investment' theme is noteworthy. A recent health economics report cites research that analysed the different rates of changes in life expectancy in American States from 1991 to 2004. It found that life expectancy rose across the US by an average of 2.33 years in the period, but there was significant variation in the individual States. Certain 'obvious suspects' were partially responsible for these differences, such as rates of smoking, obesity and HIV/AIDS in the various States. However, the most important determinant was 'medical innovation'. That is, longevity increased the most in those States where access to newer medicines had increased the most.²¹ These findings are consistent with earlier global research, published in 2003, showing that launches of New Chemical Entities (new medicines) were responsible for 40 per cent of the increase in citizens' longevity in the period. This earlier study analysed data from 52 countries for the period 1982 to 2001.²²

Added to this, in the Australian setting, the Productivity Commission's 2005 Research Report on the "Impacts of Advances in Medical Technology in Australia" found that "...overall, advances in medical technology arguably have provided value for money". The report found that the listing on the PBS of new medicines drives expenditure but also that these drugs deliver a range of benefits such as increases in quality and standard of living and improvements in productivity.²³

Such evidence provides a compelling case for viewing expenditure on medicines as a fundamental investment in the nation, rather than a cost. It also emphasises the value of Australia's PBS.

20. Access Economics. 'Examining the future of the PBS - October 2009' accessed at http://www.guild.org.au/uploadedfiles/National/Public/News_and_Events/Media_Release_Archive/PBS%20IGR%20Report%20October%202009%20-%20Final.pdf on 8/4/2010

21. Frank R. Lichtenberg, 'Why Has Longevity Increased More in Some States than in Others? The Role of Medical Innovation and Other Factors, Centre For Medical Progress, Medical Progress Report No. 4 July 2007'. Cited in Access Economics Examining the future of the PBS October 2009 http://www.guild.org.au/uploadedfiles/National/Public/News_and_Events/Media_Release_Archive/PBS%20IGR%20Report%20October%202009%20-%20Final.pdf accessed 8/4/2010

22. Lichtenberg FR, 'The Impact of New Drug Launches on Longevity: Evidence from Longitudinal, Disease Level Data from 52 Countries 1982-2001' 2003 Columbia University and National Bureau of Economics.

23. Productivity Commission 'Impacts of Advances in Medical Technology in Australia', Research Report, 2005 Melbourne

A prominent, recurring theme in these reviews is the need for community pharmacy to adapt and continue to redefine itself in the face of significant changes in the health landscape.

Overseas Comparisons and Trends

Reviews in the community pharmacy sector are also underway, or have been undertaken recently, in a number of other developed countries comparable to Australia (see the table below).

A prominent, recurring theme in these reviews is the need for community pharmacy to adapt and continue to redefine itself in the face of significant changes in the health landscape. These changes, such as ageing populations and the increasing burden of chronic disease, see governments looking to maximise efficiencies in the health sector so that national health budgets remain viable.

This is consistent with the situation in Australia in 2010; it remains both a challenge and an opportunity for community pharmacy to adapt and promote itself as the highly skilled and, as yet, under-utilised, primary health care resource that it is. An expanded role for community pharmacy should result in the twin benefits of improved public health outcomes and reduced health expenditure.

This correlates with the World Health Organisation's perspective, which states:

Public health interventions, pharmaceutical care, rational medicine use and effective medicines supply management are key components of an accessible, sustainable, affordable and equitable health care system which ensures the efficacy, safety and quality of medicines. It is clear that pharmacy has an important role to play in the health sector reform process. To do so, however, the role of pharmacists needs to be redefined and reoriented.²⁴

Community Pharmacy Today

Pharmacy in Australia is also changing. While community pharmacy's main focus is still the supply of medicines, much more emphasis is now placed on the provision of professional advice and changes are occurring as pharmacists are increasingly involved in the provision of primary health care services in consultation with GPs and other health professionals.

Legislative and Policy Framework for Pharmacy

The conduct of pharmacy in Australia is governed by a complex legislative and policy framework. The National Medicines Policy provides one of the frameworks and consists of the following central objectives:

- timely access to the medicines that Australians need, at a cost individuals and the community can afford;
- medicines meeting appropriate standards of quality, safety and efficacy;
- Quality Use of Medicines (QUM); and
- maintaining a responsible and viable medicines industry.

Timely access to medicines and QUM arms of the National Medicines Policy are of most relevance to the community pharmacy sector. This, in addition to relevant pharmacy practice policy and legislation, is manifested through the following:

- the PBS, which underpins the bulk of pharmacy remuneration and is established under Federal legislation;
- the National Registration and Accreditation Scheme effective July 2010, which facilitates the national registration and accreditation of all health professionals;
- the medicines scheduling arrangements, placing considerable responsibility on pharmacists in their handling of scheduled medicines;
- QUM, which influences the practice of pharmacy and drives many of the standards followed by pharmacists through the Guild's Quality Care Pharmacy Program (QCPP);
- State and Territory-based legislation, which governs ownership and registration of pharmacy premises and the handling and storage of drugs, poisons and controlled substances; and
- other legislation, both Federal and State/Territory, which relates to the conduct of pharmacy businesses, such as privacy, trade practices and workplace relations.

Table 1: Overseas Reports Concerning the future of Community Pharmacy

REPORT	DESCRIPTION
<i>ENGLAND – ‘Pharmacy in England: Building on Strengths – Delivering the Future’</i>	<ul style="list-style-type: none"> • UK Government white paper, 2008. • UK Health Minister, Ben Bradshaw said at its launch: <i>“A pharmacy isn’t just a place where you go to pick up a prescription. It’s a service, staffed by health professionals who are capable of dealing with minor ailments, screening for diseases and giving health advice to the local community.”</i> • UK Government’s stated aims for pharmacy in the paper include: <ul style="list-style-type: none"> • a shift in emphasis from dispensing prescriptions to providing clinical services; • a wider range of services available through pharmacies, exploiting their convenient locations and extended opening times; and • greater use of the clinical skills of pharmacists and the talents of other pharmacy staff.²⁵
<i>CANADA – ‘Blueprint for Pharmacy: the vision for pharmacy’</i>	<ul style="list-style-type: none"> • Report developed by a taskforce established by the Canadian Pharmacists Association in 2008. • Designed to <i>“...strengthen the profession’s alignment with the health care needs of Canadians and to respond to stresses on the health care system.”</i>²⁶
<i>EUROPE – ‘Greater Expectations: Pharmacy based health care – the future for Europe’</i>	<ul style="list-style-type: none"> • Report published by the School of Pharmacy, University of London, 2007. • Analyses community pharmacy in various European states. • Identifies opportunities for community pharmacy to adapt to change, by working with other stakeholders to extend and improve pharmacy-based care to improve public health. • States these opportunities may primarily relate to the development of ‘disease management’ models that will help to ensure that community pharmacy can play a better-integrated role in the overall process of health care delivery.²⁷

24. ‘Developing pharmacy practice: a focus on patient care’. Handbook, 2006 ed. Geneva (Switzerland):

World Health Organisation and International Pharmaceutical Federation; 2006, p4

http://www.who.int/medicines/publications/WHO_PSM_PAR_2006.5.pdf - Accessed 24 March, 2010

25. Great Britain. Department of Health. ‘Pharmacy in England: building on strengths – delivering the future.’ 2008

http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_083815

26. Taskforce on a Blueprint for Pharmacy. ‘Blueprint for pharmacy: the vision for pharmacy’.

Ottawa, Canadian Pharmacists Association, 2008. P3

http://www.pharmacists.ca/content/about_cpha/whats_happening/cpha_in_action/pdf/BlueprintVision.pdf - Accessed 4 April, 2010

27. University of London. School of Pharmacy. ‘Greater expectations: Pharmacy based health care – the future for Europe?’

University of London, School of Pharmacy, 2007

http://www.pharmacy.ac.uk/fileadmin/documents/News/Greater_Expectations_web_edition.pdf - Accessed 27 March, 2010

Acceptance of the Health Care Model of Pharmacy

Following the National Competition Policy Review of Pharmacy²⁸ (Wilkinson Review) all Australian governments made the collective decision to retain the health care model of pharmacy, characterised by support for a well-distributed network of independent community pharmacies, owned and operated by pharmacists. While the review itself did not suggest prohibiting the co-location of pharmacies in supermarkets, a ministerial determination under the *National Health Act 1953* imposed such a ban and a number of States and Territories, in actions resulting from the National Competition Policy (NCP) process, included such bans in their pharmacy legislation.

These decisions, together with consistent verbal and written support from all political parties in all jurisdictions across Australia, indicate strong support for the current system of community pharmacy, including rejecting proposals put by supermarkets and others during the NCP process for deregulation of the industry.

Governments have collectively supported the retention of a regulated industry in the interests of safety and equity of access to services and subsidised medicines through a sustainable network of community pharmacies and supported by full-line wholesalers.

They have thrown their support behind the health care model of pharmacy rather than an exclusively retail model.

The Community Pharmacy Network

Based on the accepted health care model, a shared goal of the Guild and governments is to ensure the Australian public has access to quality pharmacy services through a network of well-distributed community pharmacies. Central to the achievement of this goal has been the pharmacy location rules. These have been a feature of the Agreements following the industry restructure in the First Agreement, when more than 600 pharmacies took the opportunity to close or amalgamate.

The objectives of the location rules during the Fourth and Fifth Community Pharmacy Agreements have been to ensure:

- all Australians have timely access to PBS medicines;
- there is a commercially viable and sustainable network of community pharmacies dispensing PBS medicines;
- improved efficiency through increased competition between pharmacies;
- improved flexibility to respond to the community need for pharmacy services;
- increased local access to community pharmacies for persons in rural and remote regions of Australia; and
- the continued development of an effective, efficient and well-distributed community pharmacy network in Australia.

These decisions, together with consistent verbal and written support from all political parties in all jurisdictions across Australia, indicate strong support for the current system of community pharmacy, including rejecting proposals put by supermarkets and others during the NCP process for deregulation of the industry.

28. 'Developing pharmacy practice: a focus on patient care'. Handbook, 2006 ed. Geneva (Switzerland): World Health Organisation and International Pharmaceutical Federation; 2006, p4
http://www.who.int/medicines/publications/WHO_PSM_PAR_2006.5.pdf - Accessed 24 March, 2010

Pharmacists – The Most Accessible Health Professionals

This established network means that community pharmacists remain the most accessible of all health professionals. Pharmacists are available for consultations at short notice and without appointment across a variety of locations, including shopping strips, shopping malls and country towns all over Australia. Consumers needing medicine or health-related advice know where to find a pharmacy and know that a pharmacist will always be present to provide that advice. The bricks and mortar presence of the community pharmacy is an important factor in providing access to care for the community.

Pharmacists have traditionally been the first point of contact for advice on minor ailments and refer patients to GPs and other health professionals as appropriate. These roles are now being formalised as pharmacists increasingly take their place in a more structured way in the primary health care system.

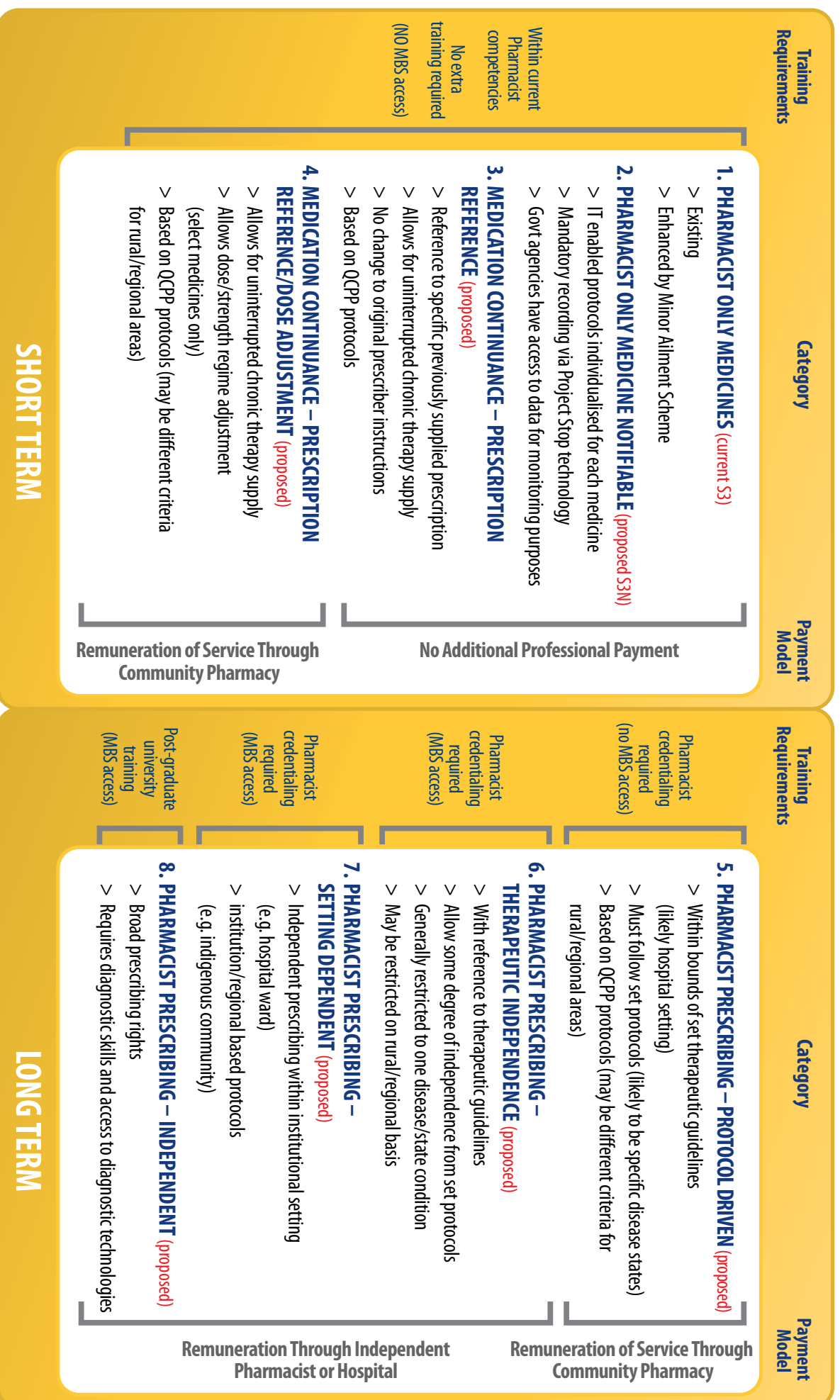
Quality Assurance within the Community Pharmacy Network

The QCPP is a professionally prepared quality management system designed to achieve world's best practice in the business operations and professional practices of community pharmacies across Australia. It is an integrated system of standards and support tools designed to enable pharmacy proprietors to consistently meet the expectations of customers and apply the highest professional business standards. The benefits include making their businesses more effective and sustainable. The QCPP has the widespread support of the pharmaceutical industry and has been supported by financial incentives from the Third, Fourth and Fifth Community Pharmacy Agreements. The Guild was accredited as a Standards Development Organisation by Standards Australia in November 2009, which means that the QCPP Standards will become the internationally recognised Australian Standards for community pharmacy in Australia.

Increasing the number of accredited pharmacies in Australia will result in community pharmacies adopting a uniform approach when delivering professional services and providing customer care. QCPP accreditation also encourages strong support for the regulation of the sale of *Pharmacy Medicine (S2)* and *Pharmacist Only Medicine (S3)* in community pharmacies.



Figure 4: Pharmacist Prescribing Continuum



SHORT TERM

LONG TERM



It is our vision that these activities be expanded within a national preventative health framework under the direction of a National Prevention Agency, as well as in accordance with the Federal Government's preferred primary health care funding model.

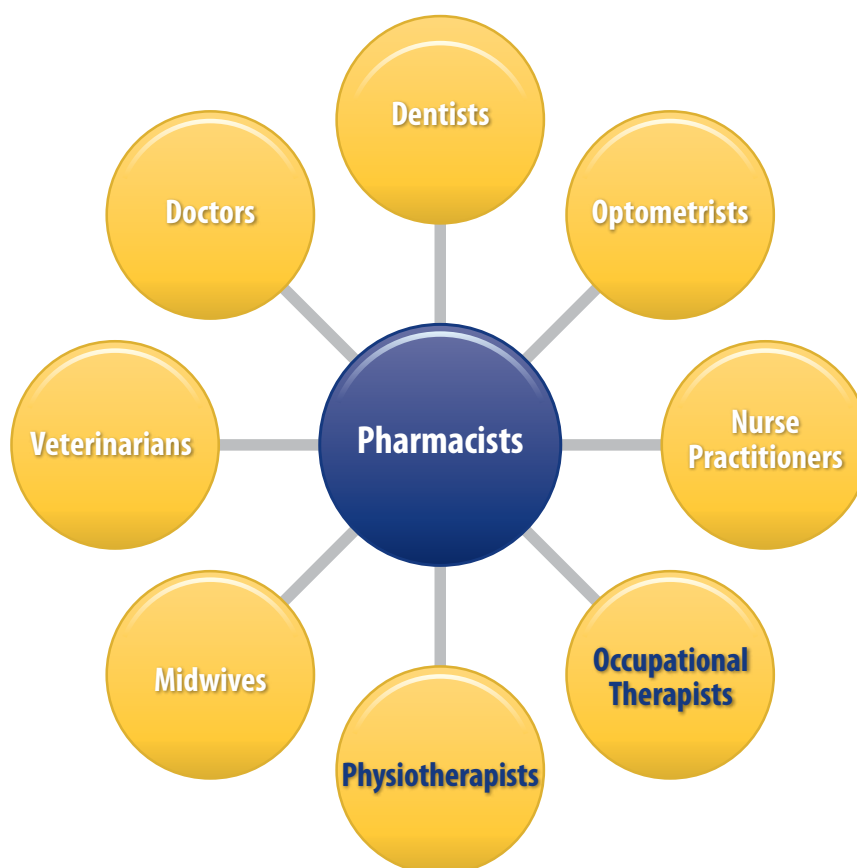
The prescribing continuum. The Roadmap documents the range of services community provides and will provide in the future. The Guild has mapped out a Pharmacist Prescribing Continuum based on an international search on the scope of practice of pharmacists. While the Guild's category classification is unique, each category is a scope of pharmacy practice that is currently undertaken in at least one national jurisdiction.

Five specific proposals will be detailed in the four 'quadrants'.

1. Pharmacist Only Medicines - Minor Ailments Scheme. The model, based on the successful UK model, would allow pharmacists to deliver subsidised medicines for minor ailments to selected patients for a standard co-payment amount. All minor ailments conditions to be addressed by such a scheme come under the competency of a pharmacist. Our proposal seeks that IT infrastructure would monitor use and set purchasing interval thresholds individualized for each product. The system would be integrated with dispensary software to streamline workflow. All pharmacists have the skill-set needed to assist to treat and triage patients with minor ailments.
2. Pharmacist Only Medicines Notifiable Scheme (S3N). The Guild and the Australian Self Medication Industry have developed a proposal to enhance the contribution that pharmacists make as providers of primary health care services, and in turn reduce the burden on medical practitioners and MBS resources. The proposal involves modifying the current Pharmacist Only Medicines (S3) schedule. While we strongly believe that the current number of schedules should be retained, the S3 schedule should include a sub-schedule of 'notifiable' medicines. The clear distinction under the proposed S3N schedule is that sales of the medicine concerned would be recorded in an integrated database, meaning cross-checking of sales could occur across multiple pharmacies. Health authorities and relevant agencies could also monitor the process with the appropriate checks and balances.
3. Medication Continuance. This proposal has been endorsed by the Federal Government as part of the Fifth Community Pharmacy Agreement. This will greatly enhance the existing emergency supply provisions.
4. Medication Continuance dose adjustment. The difference with Medication Continuance is that under this proposals there would be algorithms to ensure the efficient PBS monthly dispensing quantity is dispensed. Such as scheme would ensure patients do not spend more on the cost of medicines than is necessary.
5. Pharmacist Prescribing - Protocol Driven. There are existing models of protocol driven pharmacists prescribing in the hospital sector. One area of pharmacy practice where this model is needed is chemotherapy treatment. The current model is overlaid with administrative burden on oncologists/ haematologists in private practice imposed by the current PBS authority process. There is a need to implement "Streamlined Authorities" for oncology medicines as an extension of the existing "Streamlined Authority" system. A second step for the private sector would be the extension of the current paperless system that exists in some public hospital pharmacies whereby medication charts are used to fulfil PBS requirements in absence of a separate prescription.

The Guild stresses that the proposals above are not 'independent pharmacist prescribing'. There is no moral hazard in these arrangements. There is separation between the original prescribing and dispensing of medicines. For the Pharmacist Only Medicines Schedule pharmacists already prescribe.

Figure 5: Pharmacy is a medicines hub



The Core Medication Dispensing Role

The core professional responsibility of a pharmacist is, and will always remain, to “prevent and resolve medication-related problems”^{29 30 31}. It is also a core expectation by other health professionals, governments and the community^{32 33 34}. This is a key role that will take on growing importance given the increased number of professionals permitted to prescribe medicines.

One health professional - most logically the pharmacist - will need to play a coordinating role to ensure that the increasing numbers of prescribers does not lead to an increase in adverse medicine events. Under the patient-controlled health record proposed by the Commonwealth Government, it is unlikely that there will be a central repository of information where prescribers can check prescriptions issued by others. Community

pharmacists are the best suited health professional to manage medicine and ensure that patients receive the maximum benefit from their medicines. The Guild aims to enhance this important role by facilitating IT-enabled support programs.

Professional Programs

Currently there are a number of professional services offered by community pharmacies in Australia, many of which are funded by the Federal Government, including:

- **Home Medicines Reviews (HMRs):** HMRs are designed to help people manage their medicines and ensure they are taking them safely and effectively. A HMR involves a pharmacist visiting an individual’s home to discuss and check all the medicines being taken. A HMR is particularly beneficial for those taking more than five medicines or for those

29. Cipolle R, Strand L, Morley P. *‘Pharmaceutical Care Practice’*. McGraw-Hill, New York 1998.

30. FIP Pharmacy Education Taskforce http://www.fip.nl/www/?page=pharmacy_education - Accessed 8 January, 2010 and; Statement on Good Pharmacy Practice http://www.fip.nl/www/uploads/database_file.php?id=196&table_id= - Accessed 28th Feb 2010

31. FIP Standards for Quality of Pharmacy Services http://www.fip.nl/www/uploads/database_file.php?id=261&table_id= - Accessed 28 February, 2010

32. Commonwealth of Australia. *‘Towards a National Primary Health Care Strategy: A Discussion Paper’* from the Australian Government, Department of Health and Ageing, Canberra, Australian Capital Territory, Australia. 2008.

33. HM Government Department of Health. *‘Pharmacy in England - building on strengths, delivering the future’*. United Kingdom: Crown Copyright; 2008.

34. National Health and Hospitals Reform Commission. *‘A healthier future for all Australians’* - Interim Report. 2008; available at www.nhhrc.org.au/internet/nhhrc/publishing.nsf/Content/interim-report-december-2008 - Accessed 12 April, 2010

who have recently been in hospital. HMRs are conducted after a referral from a doctor.

- Dose Administration Aids (DAAs): DAAs are devices -usually in the form of blister packs - that assist at-risk patients to better manage their medicines by arranging them into individual doses according to the prescribed dose schedule throughout the day. If an individual has to take many different medicines regularly, pharmacists can help them to manage their medicines and support adherence by providing a DAA service.
- Chronic Disease Management: Community pharmacy currently supports many patients with chronic diseases such as diabetes and asthma. Many pharmacies offer enhanced asthma and diabetes support services. With the burden that chronic disease poses on the health budget, opportunities exist to further develop and expand access to these services in the future.
- Management of minor ailments/conditions: Pharmacists provide advice and information for treating a wide range of minor ailments and conditions, including coughs and colds, incontinence, head lice, acne, eczema, hayfever, allergies, skin conditions, pain relief and gastrointestinal conditions. This is where the pharmacist is a “prescriber” and indeed has performed that role for many years. Pharmacists are well trained to know when it is appropriate to refer to a GP or other health professional for further assessment.
- Health checks: Pharmacists often provide health screening services such as the measurement of blood pressure, blood glucose levels, Body Mass Index (BMI), weight, and waist circumference. Opportunities exist to capitalise on the ready access to community pharmacists to assess the risk for chronic diseases, such as diabetes or cardiovascular disease, with referral to a GP as required for further assessment and diagnosis.
- Healthy lifestyle support: Pharmacists currently assist people with many lifestyle issues, such as smoking cessation and weight loss. They also provide advice on nutrition and exercise as well as pregnancy and baby care.

It is our vision that these activities be expanded within a national preventative health framework under the direction of a National Prevention Agency, as well as in accordance with the Federal Government’s preferred primary health care funding model. The Guild also strongly advocates an integrated, collaborative and sustainable

business model under which community pharmacies are positioned, recognised, and valued as “healthy living” health promoting centres.

Pharmacy Assistant Training

Given community pharmacy’s responsibility as custodians of Pharmacy Medicine (S2) and Pharmacist Only Medicine (S3) and the growth in self-medication by patients, the need for highly trained pharmacy assistants has increased. The Guild has responded to this by strengthening and modernising its training programs for pharmacy assistants. There is an obvious distinction between the health care role of pharmacy assistants, and the purely sales role of those working in comparable positions in general retail. Recognition of this along with the Guild’s efforts in training pharmacy assistants has contributed to the Guild securing a separate national award for pharmacy, the Pharmacy Industry Award 2010 under the Federal Government’s award modernisation process.

Discount Pharmacy

An increasing number of discount pharmacy operations have been established in recent years, responding to demand for this sort of service in the community. Through the application of QCPP protocols across the entire sector the Guild strives to ensure that the high standards of care expected of pharmacists are not diluted by this business model.

Patient Demand

Heightened patient awareness and a growing trend towards self-medication have resulted in higher expectations being placed on community pharmacy by consumers. Pharmacy has attempted to meet these expectations by enhancing its capacity to respond to patient queries, by widespread use of the ‘Ask Your Pharmacist’ slogan, by the increasing employment of additional pharmacists and consulting areas and the education of pharmacy assistants. Pharmacists are required to provide Consumer Medicine Information (CMI) where appropriate, and this is being encouraged by the Guild by ensuring CMIs are electronically available at the point of dispensing.

The Fifth Agreement includes a system of incentives similar to the Practice Payment Incentive for GPs, to be introduced into community pharmacy practice. This will include QCPP Quality Maintenance Allowance (QMA) incentives, which recognise and support those practices that deliver a range of patient-centred services within the program’s quality framework.



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 Continuance 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 Continuance 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 Continuance are:
 - Oral Hormonal Contraceptives (OHC)
 - Lipid Modifying Agents (LMA).

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 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

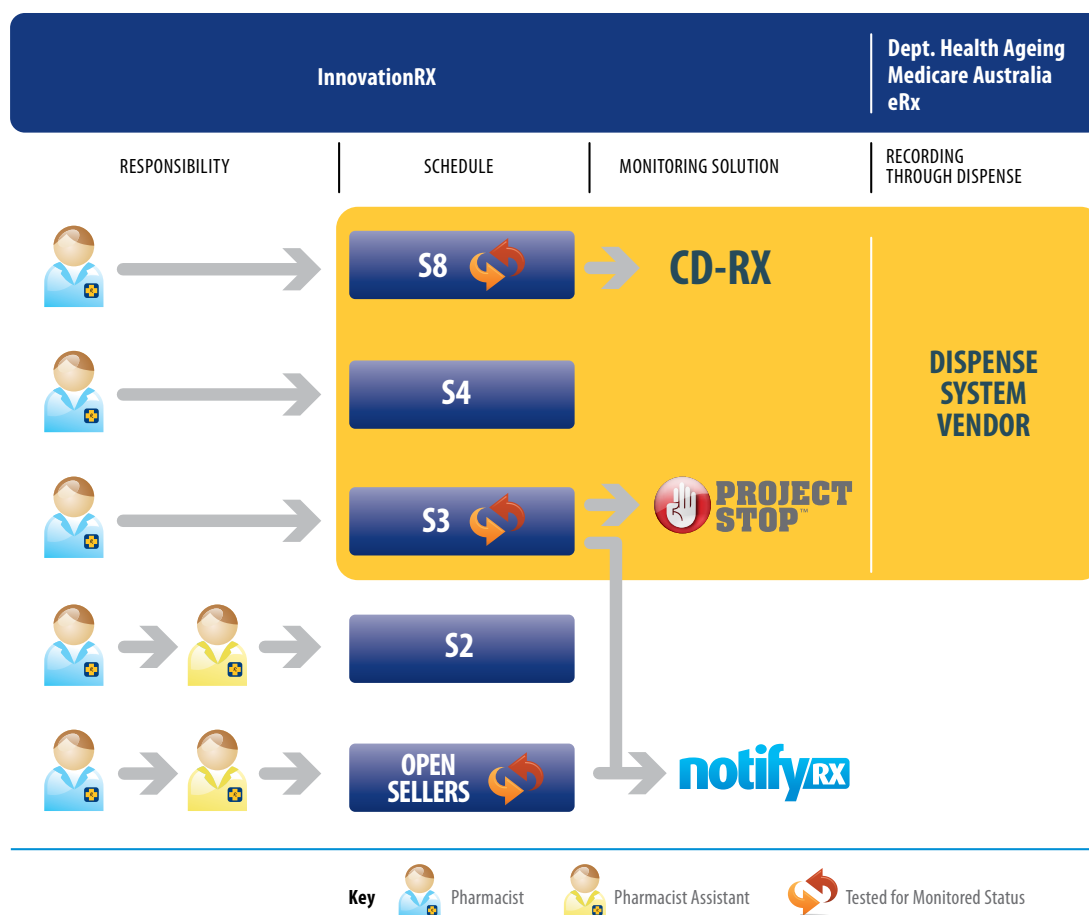
evidence to ensure the health dollar represents value for money. The PBS itself is founded on cost-effectiveness and clinical effectiveness principles, and this is the culture that has in turn defined the community pharmacy sector. As has been previously mentioned the R&D Program under the Community 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





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.



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':

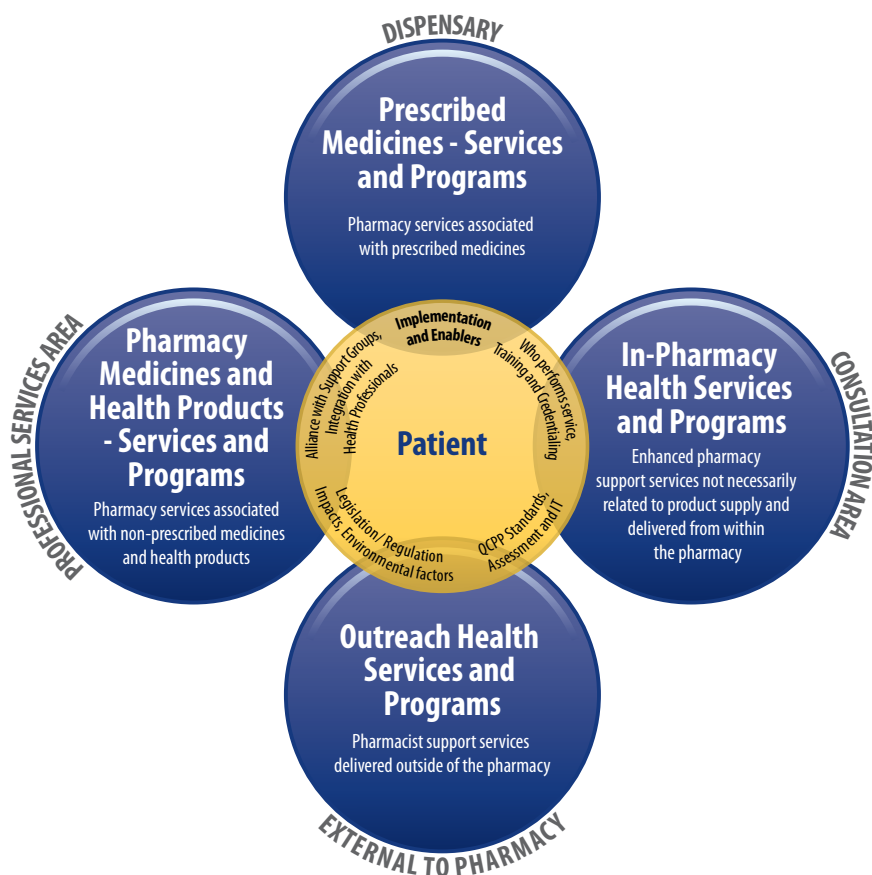
- A. 'Prescribed Medicines Services and Programs'** – linked to the function of the dispensary.

- 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



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.

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.*”



The Roadmap - Implementation

The Roadmap Program Development Template

A Roadmap Program Development Template was used as a basis for developing each of the programs/services. The template is made up of four discrete sections: Program/Service Descriptions; Implementation and Enablers; Funding; and Timelines. A template will be prepared for each program included in the Matrix. These documents should be considered as a 'work-in-progress' and will be adapted as the Roadmap gets under-way.

The template was designed to assist the Guild in developing programs for community pharmacy by ensuring all of the necessary considerations have been taken into account.

This document includes completed templates for the following four programs, (one for each quadrant):

- A. Medication Continuance
- B. Minor Ailments Scheme
- C. Chronic Disease Management
- D. Home Medicines Review

These and future templates will be included on a dedicated website (www.guild.org.au/roadmap) where they will be regularly reviewed and updated.

Roadmap Timeframes

The Roadmap is designed in such a way that short-term goals can be implemented in a relatively short space of time. Health policy is always influenced by political pressures and if solutions can be quickly implemented then they are highly attractive to governments and policymakers. Medium and long-term plans are equally important and are prone to less political influence, although by their very nature they are less likely to attract funding from government sources.

The timeframes are presented in four broad categories:

- 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)

In allocating a timeframe to each program/service, consideration was given to the factors included in the 'Implementation and Enablers' section of the Roadmap Program Development Template. For example, necessary legislative changes may mean

that up to 24 months is needed to fully develop a program to the stage of implementation. Other considerations such as infrastructure (for example, changes to the physical layout of the pharmacy), or the development of additional competencies (through staff training) will need to be developed for longer-term programs, especially those that have not been delivered in Australia at all.

Consultation with Key Stakeholders

The Roadmap details the Pharmacy Guild's vision for the future of community pharmacy, backed by the specific, practical means to achieving it via the services/programs set out. Crucially, while this paper is a Guild initiative, the organisation remains fully committed to consultation with the appropriate health professionals/bodies/stakeholders, as the range of programs outlined are developed and implemented. Indeed, it is the very nature of many of these professional services that consultation outside community pharmacy must occur. This will ensure, on a case-by-case basis for each program, that the requisite expertise is applied to development. This consultative process should, in turn, lead to the most efficient, effective and patient-centred models possible.

Thus, for each program detailed, consideration is given to the following:

- collaboration with other health care professional - whether the service delivery will require formal collaboration with another health care professional; and
- stakeholder consultation- which representative bodies should be consulted in order to best develop the proposed service.

While we are pleased to present the Guild's vision, we recognise the importance of identifying and developing those partnerships that are necessary to realise its objectives.

Building the Pharmacy Workforce

It is the intention of the Roadmap to highlight the number of opportunities to expand the scope of the pharmacist's role, particularly in the community pharmacy environment. This provides benefits not only to the broad Australian health care environment via budgetary efficiencies, but also to patients by improving access to primary and preventative health care solutions.

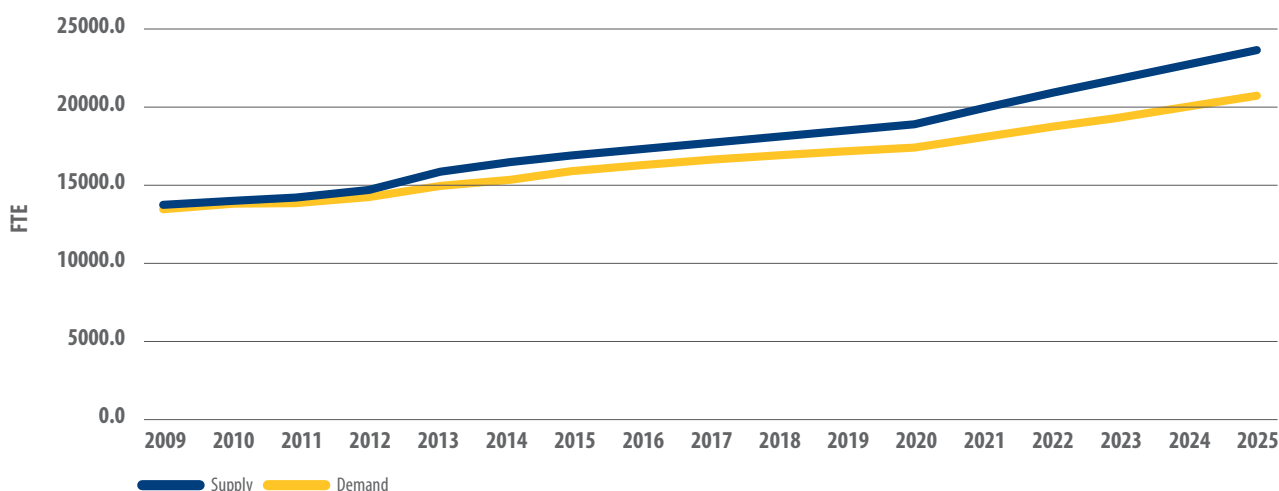
However in recent years another potential issue has emerged – the pharmacy workforce itself. Due to the rapid growth in the number of new pharmacy schools, and expansion of established schools, the overall numbers in the Australian pharmacy workforce will continue to increase. Over the past decade, the number of universities across Australia teaching pharmacy has increased almost three-fold, and the number of pharmacy degrees has more than tripled³⁹. A pharmacy workforce modeling study completed in January 2010 by Human Capital Alliance (HCA) identified a projected labour market with an over-supply of pharmacists by 2025⁴⁰.

These workforce figures demonstrate a readiness and capacity within the highly qualified pharmacy profession to expand the scope of the traditional role, particularly in relation to disease prevention, screening, and medication adherence. This will provide wide-ranging benefits to the profession itself, the wider health sector, and most importantly, to patients. The HCA study points out:

...community pharmacies are the most accessible elements of all health infrastructure. The government's commitment to enhancing the profile and importance of preventative and primary health care provides community pharmacy an opportunity to utilise its extensive community network and distribution capacity. ⁴¹

The most viable way to ensure readiness within the profession is to ensure that the tertiary sector is well-prepared and that graduates are workforce-ready to put into practice the necessary skills to meet current health care challenges. We therefore urge pharmacy schools to keep abreast of developments included on the Roadmap website, which will be updated regularly in line with emerging policy developments.

**Figure 8: Graph from Human Capital Alliance Research and Development Conference
Presentation: 2-4 March, 2010**



39. Human Capital Alliance (2008) Pharmacy Workforce Planning Study. (Literature Review) p.3

40. Human Capital Alliance (2010) Pharmacy Workforce Planning Project (Pharmacy Guild, 4th CPA Commissioned Project RFT2007/08-01)

41. Kos Sclavos- Address to National Press Club, Canberra- 29 July 2008



The Roadmap is not proposing services solely reliant on government funding. A mix of government-funded, user-pays and alternative options such as private health insurer and other third party funded programs will be put forward as legitimate alternatives.

Funding Options

A key factor to be considered in light of new professional programs and services in community pharmacy is how these programs will be funded. The Roadmap is not proposing services solely reliant on government funding. A mix of government-funded, user-pays and alternative options such as private health insurer and other third party funded programs will be put forward as legitimate alternatives.

Funding options include:

Community Pharmacy Agreement

Many services are currently funded by the Commonwealth under the Community Pharmacy Agreements. Through the Agreement process, the Commonwealth (via the Department of Health and Ageing) and the Guild commit to ensuring Agreement funding is spent in a timely, accountable and transparent manner, with merit-based assessment of proposals and, where appropriate, consultation with other relevant stakeholders.

Government Funding Outside the Community Pharmacy Agreement

In some cases, where a health issue has been identified by government as a National Priority, Commonwealth funding is provided to deliver programs addressing this particular health challenge. For example, due to the identification of diabetes as a priority under the National Chronic Disease Strategy, the National Diabetes Services Scheme (NDSS) delivers support and diabetes-related products at subsidised prices to people with diabetes. As sub-agents, pharmacists are funded to deliver products and services under this program.⁴²

A further example is the Pharmacy Continence Care Program funded by the Commonwealth under the National Continence Management Strategy. This program provides community pharmacists and pharmacy assistants with the information and skills to significantly raise community awareness of this issue and promotes on-going management of bladder and bowel health matters for consumers.

42. National Diabetes Services Scheme www.ndss.com.au Accessed 22 February, 2010

User-Pays

Under a 'user-pays' model, a service is provided to the consumer in exchange for a fee that is paid directly to the provider with or without a health fund rebate. Examples of services that may be suitable for this model could include wound care, smoking cessation and weight management.

A service delivered on a user-pays basis provides benefit to both the patient (for whom visiting a pharmacy may be both more convenient and at a smaller cost than a visit to a GP), and the health system in its entirety, through a decreased number of visits to GPs for single issues treatable in a community pharmacy setting. Flow-on benefits would be evident in the decreased number of Medicare claims for GP visits.

Private Health Insurers

The recent partnership between private health insurer Medibank Private and Terry White Chemists illustrates the private health sector's increasing endorsement of pharmacy's growing role in disease prevention. As of November 2009 Medibank Private announced that it would begin offering health checks at a number of Terry White pharmacies in Queensland and NSW as part of a partnership between the two companies⁴³. Health checks will be developed and delivered by trained health care professionals to give customers a snapshot of their key health measurements such as blood pressure readings, cholesterol levels and BMI. Medibank Private has also indicated future programs to be considered include wellness programs for those looking to optimise their health and support programs for those managing chronic conditions.

Stakeholder Partnership Funding

In 2009, the Guild entered an agreement with its United States counterpart – the National Community Pharmacists' Association (NCPA) – to launch Mirixa Australia and adapt the MirixaPro™ clinical web-based platform for use across Australia. Mirixa programs address major health care challenges, including lack of adherence to medicine regimens, poorly coordinated patient care, and unchecked adverse drug events, thus increasing the overall quality of care delivered and reducing total health care costs.

Mirixa Australia has formed partnerships with pharmaceutical companies to create medication management programs delivered through Australia's network of community pharmacies. For particular PBS medicines, Mirixa Australia creates and delivers programs targeting patients who are having difficulty taking their medicines correctly and other treatment-related education issues.⁴⁴

The Mirixa web-based clinical system enables pharmacist delivery of personalised medication-related patient care. This system provides the pharmacist with a cost-effective means of identifying and educating at-risk patients and monitoring their ongoing treatment success. In this example, there are visible benefits to both patient, through improved health outcomes due to better medication adherence, and also to the pharmacist as a result of increased patient loyalty and medicine sales.

These examples demonstrate the community pharmacy sector does not entirely rely on government funding. What we are hoping to see is a better mix of publicly and privately funded and consumer-pays services provided by community pharmacy. As well, the Guild will make its own significant investment. By using the existing network of community pharmacies and their increasingly skilled staff these services can be provided in a cost-effective manner to the benefit of all.

Ongoing Development of Programs

The Roadmap is designed to be a living document. The broader political and policy environment, particularly health policy, will be monitored closely to ensure the programs and services, and the Roadmap itself, remain an accurate reflection of what can be achieved within the community pharmacy sector. As discussed, a number of different options exist for the way programs and services within the Roadmap can be funded without relying solely on government allocations.

In addition to keeping abreast of policy developments and changes in the sector, the Guild will continue to consult with the many stakeholders within the health sector. This is of particular importance given that many of the Roadmap programs and services are aimed at addressing specific health issues, and the input of relevant stakeholders during the development and implementation processes will be paramount.

43. Medibank Private -Media Release

<http://www.medibank.com.au/About-Us/Media-Centre-Details.aspx?news=398> - Accessed 25 February, 2010

44. Mirixa Australia. <http://www.mirixa.com.au/about-us.html> Accessed 10 April, 2010



The Roadmap is designed to be a living document. The broader political and policy environment, particularly health policy, will be monitored closely to ensure the programs and services, and the Roadmap itself, remain an accurate reflection of what can be achieved within the community pharmacy sector.





Glossary

Fifth Agreement

Fifth Community Pharmacy Agreement. The Fifth Agreement between the Australian Government and the Pharmacy Guild of Australia (signed May 2010).

AACP

The Australia Association of Consultant Pharmacy

AGPN

Australian General Practice Network

Agreement

The Community Pharmacy Agreement between the Pharmacy Guild and the Australian Government.

AIHW

Australian Institute of Health and Welfare

ANZCA

The Australian and New Zealand College of Anaesthetists

ASMI

Australian Self Medication Industry

Australia 2020 Summit

Summit convened by Australian Government at Parliament House Canberra, April 2008, aimed at harnessing ideas for the future of the nation from 1000 participants from wide range of fields.

BMI

Body Mass Index

CAM

Complementary and Alternative Medicine

CMI

Consumer Medication Information leaflets that inform a patient about prescription and pharmacist-only medicines, providing important facts to know before, during and after taking medicines.

Community Pharmacy

For the purposes of this document, 'community pharmacy' refers to the pharmacists (including pharmacy owners) and pharmacy assistants working in the network of over 5000 pharmacies throughout Australia, and their provision of primary health care-related goods and services to the Australian public.

COPD

Chronic Obstructive Pulmonary Disease

CPA

Community Pharmacy Agreement

DAAs

Dose Administration Aids. A device developed to assist patients in better managing their medicines by arranging their medicines into individual doses according to the prescribed dose schedule throughout the day.

DoHA

Department of Health and Ageing

DVA

Department of Veterans' Affairs

e-Health

e-Health is the electronic management of health information, with the aim to deliver safer, more efficient and better quality health care.

eRx Script exchange

eRx provides the ability for doctors and pharmacies to exchange a copy of prescriptions electronically (e-Scripts). E-Scripts are encrypted and transmitted from prescribers to the secure eRx exchange and then retrieved from eRx by pharmacists for dispensing upon presentation of a prescription.

FIP

Federation of International Pharmacists

The Guild

The Pharmacy Guild of Australia

IGR

Intergenerational Report. Focuses on the implications of demographic change for economic growth and assesses the financial implications of continuing current policies and trends over the next four decades.

INR

International Normalised Ratio

GDP

Gross Domestic Product. A statistic commonly used to indicate national wealth. It is the total market value of goods and services produced within a given period after deducting the cost of goods and services used in the process of production but before deducting allowances for the consumption of fixed capital.

HMR

Home Medicines Review. A Home Medicines Review is a consumer-focused collaborative service used to assist the quality use of medicines. The HMR involves a GP consultation to generate the referral, a pharmacist interview with the patient (preferably in the patient's home), a clinical assessment by the pharmacist and a written report back to the GP

Location Rules

The rules determined by the Minister in relation to approval of pharmacists in respect of particular premises.

MBS

Medical Benefits Schedule

Medicare

A national, government-funded scheme that subsidises the cost of personal medical services for all Australians and aims to help them afford medical care.

MedsIndex

MedsIndex is a medication adherence tool that enables patients to track their adherence with medications, particularly in relation to how they are adhering with what was prescribed by their medical practitioner (GP) and what they are dispensed at the pharmacy.

Mirixa Australia

Mirixa programs help pharmacists to deliver more effective patient services through two software pieces – the first at the point of dispense that identifies qualifying patients. After approaching and enrolling the consenting patient, the pharmacist then uses a web-based clinical platform for streamlined clinical care, case documentation and management.

MUR

A pharmacist-initiated Medicines Use Review (MUR) is intended to allow for comprehensive, in-pharmacy discussion between the pharmacist and patient about their medicines.

National Program

For the purpose of the Roadmap, a National Program is one which appears in a majority of pharmacies in Australia

NCCTG

National Coordinating Committee on Therapeutic Goods

NCP

National Competition Policy

NDS

National Drug Strategy

NHHRC

National Health and Hospitals Reform Commission

NHMRC

National Health and Medical Research Council

NICM

National Institute of Complementary Medicine

NPA

National Prevention Agency

NPS

National Prescribing Service

PBS

Pharmaceutical Benefits Scheme. A national, government-funded scheme that subsidises the cost of a wide range of pharmaceutical drugs, and that covers all Australians to help them afford standard medications.

PBS Online

Online Claiming for PBS-enabled pharmacies to submit a claim to Medicare Australia each time a PBS medicine is dispensed.

PCAA

Professional Compounding Chemists of Australia

POC

Point of Care

Project STOP

Project STOP is a decision-making tool for pharmacists aimed at preventing the use of pseudoephedrine-based products to manufacture methamphetamine.

PSA

The Pharmaceutical Society of Australia

RMMRs

Residential Medication Management Reviews are medication reviews conducted for patients who reside permanently in aged care homes.

QCPP

Quality Care Pharmacy Program. QCPP is a quality assurance program aimed at raising the standards of service that pharmacies provide to the public. The program is based on business and professional standards developed by the Guild and other industry stakeholders.

QUM

Quality Use of Medicines. QUM is one of the central objectives of Australia's National Medicines Policy. QUM is based on selecting management options wisely, choosing suitable medicines if a medicine is considered necessary, and using medicines safely and effectively.

R&D Program

Research and Development Program funded under a Community Pharmacy Agreement.

Schedule 2

Pharmacy Medicine. Substances, the safe use of which may require advice from a pharmacist and which should be available from a pharmacy or, where a pharmacy service is not available, from a licensed person.

Schedule 3

Pharmacist Only Medicine. Substances, the safe use of which requires professional advice but which should be available to the public from a pharmacist without a prescription.

Schedule 4

Prescription Only Medicine. Substances, the use or supply of which should be by or on the order of persons permitted by State or Territory legislation to prescribe and should be available from a pharmacist on prescription.

Schedule 8

Controlled Drug. Substances which should be available for use but require restriction of manufacture, supply, distribution, possession and use to reduce abuse, misuse and physical or psychological dependence.

TGA

Therapeutic Goods Administration

Appendix: A

Program Templates by Quadrant

The Roadmap- Signposts for Implementation

The Quadrants

The Roadmap documents the range of services community pharmacy provides now and will provide in the future, and allocates them to four 'quadrants'. These quadrants are:

- 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.

List of Professional Services

The table below (and on the following pages) sets out the range of services detailed in the Roadmap templates, with the services appearing in alphabetical order in each quadrant. See "Pharmacy Programs- Identification and Allocation to Quadrants" for the rationale behind the process of allocating the services to their respective quadrants.

A: Prescribed Medicines – Services and programs

Pharmacy services associated with prescribed medicines

Location: Dispensary

- Basic Dispensing Protocols
- Clinical interventions
- Compounding Services
- Controlled Drugs Monitoring
- Dose Administration Aids
- Drug Recalls
- Electronic Health Records for prescribed supply
- Electronic Prescriptions
- Medication Adherence Programs (for example, MedsIndex; Mirixa)
- Medication Continuance
- Medicine Use Reviews
- Opiate Dependence Treatment Programs
- Patient Service Charter
- QUM Continuity of care
- Staged Supply

B: Pharmacy Medicines and Health Products – Services and Programs

Pharmacy services associated with non-prescribed medicines and products

Location: Professional services area

- Complementary & Alternative Medicines
- Electronic Health Records for Over-The-Counter Medicines
- First aid and wound management
- Health Supplies:
 - Patient aids (monitors, crutches etc)
 - Continence
 - NDSS
- Minor Ailments Scheme
- Pharmacist Only Medicine Notifiable
- Smoking cessation

C: In-pharmacy Health Services and programs

Enhanced pharmacy support services not necessarily related to product supply and delivered from within the pharmacy

Location: Consultation area

- Chronic Disease Management
- Health Checks/Monitoring/ Screening:
 - Men's Health
 - Blood pressure
 - Blood lipids
 - Blood glucose/HbA1C
 - Spirometry Asthma COPD
 - INR (RegAff/PracDev)
 - Chlamydia
 - Osteoporosis
 - Diabetes
 - Cardio Vascular Disease
 - Cancer (such as bowel)
- Healthy Lifestyle Support:
 - Weight Loss
 - Smoking Cessation
 - Alcohol Withdrawal Support
- Mental Illness Services
- Mothers and Infants Services
- Needle and Syringe Program
- Palliative Care
- Pandemic Support
- Pharmacogenomics
- Public Health Promotion:
 - Hepatitis C
 - Alcohol Awareness
- Return of Unwanted Medicines
- Sexual Health services
 - STD awareness/safe sex promotion
 - Pregnancy Prevention
- Sleep Apnoea Clinics
- Travel medicine
- Vaccine administration

D: Outreach Health Services and Programs

Pharmacist support services delivered outside of the pharmacy

Location: External to pharmacy

- Aboriginal and Torres-Strait Islander QUM Services
- Health Literacy Promotion:
 - School Programs
 - Residential Care QUM Support
 - Drug Information Centres
- HMR
- Liaison pharmacy (with allied health professionals)
- Pharmacist Prescribing
- Pharmacy Depots
- RMMRs
- Social support networks

Provided over the following pages are completed templates for four professional services, with one selected from each of the quadrants. They are as follows: Quadrant A: Medication Continuance, Quadrant B: Minor Ailments Scheme, Quadrant C: Chronic Disease Management, Quadrant D: Home Medicine Reviews.

Medication Continuance Template

Quadrant A – Prescribed Medicines – Services and Programs

1	PROGRAM / SERVICE DESCRIPTION
a) Background	<p>In many countries around the world medication continuance and various levels of prescribing are undertaken by pharmacists¹. Pharmacists in the United States, the United Kingdom, Canada and New Zealand are able to legally prescribe a range of medicines previously prescribed by medical practitioners. The current role of Australian pharmacists remains very limited.</p> <p>The Guild has deliberately selected a mechanism in which all registered pharmacists can participate from the outset. This is necessary to ensure equity of access at a national level.</p>
b) Brief Description	<p>Medication continuance is the provision of a standard Pharmaceutical Benefits Scheme (PBS) supply of continuous therapy medicine to a patient by a community pharmacist, under specific circumstances, in the absence of a current ongoing prescription. Medication continuance will be introduced for specific therapeutic categories that will expand over time.</p> <p>The therapeutic categories to be included in the first stage of Medication Continuance as part of a Federal Government supported process are:</p> <ol style="list-style-type: none"> 1. Oral Hormonal Contraceptives (OHC) 2. Lipid Modifying Agents (LMA) <p>With full implementation of e-health and electronic prescriptions over time, the service can be expanded to apply to other regular medicines for chronic conditions.</p> <p>Medication continuance will allow supply of the maximum PBS quantity of the relevant medicine and will apply where a patient has run out or is about to run out of their medicine(s) and does not have a prescription.</p> <ul style="list-style-type: none"> • The patient must be able to demonstrate they have been treated with the medicine for at least six months, under the original order of a doctor. • The pharmacist must be satisfied through consultation that the request is for ongoing supply until the patient can see their doctor. • Pharmacists will use their professional judgment and will have the discretion to refuse a request for medication continuance as is currently the case with emergency supply regulations. • Existing PBS arrangements will apply, such as the Safety-Net arrangements including the Safety Net 20-day Day Rule <p>The program will be implemented initially in the community setting only. There are separate and specific issues regarding the continuity of supply of medicines within aged care facilities.</p>
c) Alignment with Government Policy	<p>Medication continuance aligns with recommendations from the National Health and Hospitals Reform Commission and Primary Health Care Strategy by better utilising pharmacists as part of the primary health care team.</p>
d) Expected Outcomes for Government and Community Pharmacy	<p>From a Government perspective, utilising the network of 5000 plus community pharmacies to maintain continuity of therapy for chronic conditions provides an opportunity to enhance adherence of at-risk patients, particularly in locations that may lack support services, such as rural and regional areas. This will result in better control of chronic conditions and impact positively on health expenditure. As an example, there may be improved efficiency of the Medicare Benefits Scheme with patients not needing to visit their doctor(s) solely for prescription renewal when they find they have lost or misplaced their current prescription.</p> <p>From a pharmacy perspective, there will be a greater recognition of 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.</p> <p>The service may also result in a decrease in wastage that occurs when an original pack of medication has to be broken in order to abide by emergency supply provisions under State/Territory legislation.</p> <p>Medication continuance will introduce efficiencies for pharmacists and medical practitioners, lessening the administrative burden of having to chase 'owing prescriptions'.</p>

1. Emmerton, Lynne et al 2005 Pharmacists and Prescribing Rights: Review of International Developments
See: [http://www.ualberta.ca/~csps/JPPS8\(2\)/L.Emmerton/pharmacists.pdf](http://www.ualberta.ca/~csps/JPPS8(2)/L.Emmerton/pharmacists.pdf)

e) Consumer benefits	<p>Consumers will benefit as the long-term treatment of their chronic conditions is less likely to be interrupted by an inability to synchronise medical appointments with medication requirements.</p> <p>Application of professional protocols through the Quality Care Pharmacy program (QCPP) will mean that quality and safety will not be compromised. Clinical review by the prescriber at appropriate intervals will be maintained and incorporated into protocols.</p> <p>There would also be financial benefits to the patient as the out-of-pocket expenses associated with visiting their doctor, just to collect a prescription, would be decreased or even eliminated.</p>
f) Who Performs the Service?	<p>Pharmacist</p> <p>Any registered pharmacist will be able to participate in the program on the condition they are fully aware of the relevant QCPP standard.</p>
g) Collaboration with Other Health Care Professionals	<p><i>Will service delivery require any formal collaboration with other health care professionals?</i> No</p> <p>Medication continuance protocols will be developed in collaboration with prescribers.</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 a program:</i></p> <ul style="list-style-type: none"> • Consumer organisations • Government and regulatory bodies including Department of Health and Ageing and State/Territory Health Departments • Prescribing organisations • Pharmacy organisations • Pharmacy software vendors • Professional insurers
b) IT Requirements	<p><i>Is pharmacy software required to deliver this program?</i> Yes</p> <p>Pharmacy dispensing software will need to be adapted to enable medication continuance supply. This would include the integration of a recording mechanism for service consultation.</p> <p>A technical and detailed analysis of options that takes into consideration the claiming processes through Medicare Australia has been undertaken by the Guild.</p>
c) Infrastructure and Staffing	<p><i>Is a private consultation area required to deliver this program?</i> Ideally a private consultation will take place within a private area of the pharmacy.</p> <p><i>Is the Program within the pharmacist's/pharmacy assistant's normal scope of practice?</i> Yes - with appropriate training on the QCPP standard.</p> <p><i>Will an additional pharmacist be needed?</i> No</p>
d) Training	<p><i>What additional formal training is likely?</i> There will need to be some initial training to inform pharmacists and pharmacy assistants about the QCPP standard, QCPP service criteria and administrative arrangements. Any training should be provided on-line where possible.</p>

e) Supporting Standards, Procedures and Templates / Checklists	<p><i>Will a QCPP standard be required?</i> Yes</p> <p>Adherence by pharmacists to professional protocols set out in an auditable standard will be required. Generic standards for professional support services are available as part of QCPP 2nd edition. A service checklist within the QCPP and consistent with professional standards should be prepared as part of the program development.</p> <p><i>Will professional guidelines and/or standards for pharmacists be required?</i> Yes</p> <p><i>Are there any national guidelines that need to be taken into account in developing the program to ensure consistency with best practice?</i> Yes</p> <p>The service will need to align with the National Medicines Policy² and associated guidelines, such as 'Guiding principles to achieve continuity in medication management'³.</p>
f) Legislation/ Regulation Implications	<p><i>There will need to be an amendment to:</i></p> <p>Commonwealth Legislation State Legislation</p> <p>The <i>National Health Act 1953</i> and corresponding regulations would need to be amended to allow a medication continuance service by a community pharmacist and for the pharmacy to make a PBS claim.</p> <p>In addition, relevant State and Territory legislation will need to be amended to allow a pharmacist to supply a medicine in the absence of a valid prescription.</p>

3	FUNDING
Funding Options	<p><i>Has any funding for this program been secured?</i> Yes – the Fifth Community Pharmacy Agreement includes funding to support the development of the program.</p>

4	TIMELINES
Timelines	<p><input type="checkbox"/> Established community pharmacy practice</p> <p><input checked="" type="checkbox"/> Immediate to short-term implementation (< 30 June 2015) (First phase of program)</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>

2. National Medicines Policy. <http://www.health.gov.au/internet/main/publishing.nsf/Content/National+Medicines+Policy-2>
Accessed January 29, 2010

3. Commonwealth of Australia- 2005. Guiding Principles to Achieve Continuity in Medication Management. [http://www.health.gov.au/internet/main/publishing.nsf/Content/4182D79CFB23CA2CA25738E001B94C2/\\$File/guiding.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/4182D79CFB23CA2CA25738E001B94C2/$File/guiding.pdf) Accessed January 29, 2010

Minor Ailments Scheme Template

Quadrant B - Pharmacy Medicines and Health Products – Services and Programs

1	PROGRAM / SERVICE DESCRIPTION
<p>a) Background</p>	<p>Many people visit their General Practitioner (GP) as the first line of treatment for what are relatively minor ailments.</p> <p>Community Pharmacy already provides advice and treatment for many minor ailments such as coughs and colds, headache, skin disorders, constipation, diarrhoea, haemorrhoids, ear aches etc. Pharmacists are well qualified to carry out this service, and have been trained to counsel and detect symptoms which may indicate more serious conditions that warrant referral to a GP. However, there is scope, to raise public awareness of and expand this role, in an effort to make better use of pharmacists' skills thus preserving GPs' time to focus on more complex medical conditions.</p> <p>A study, commissioned by the Australian Self Medication Industry (ASMI) in November 2008, and conducted by IMS Health, revealed that in Australia 15% of all GP consultations involve the treatment of minor ailments, and 7% involve the treatment of minor ailments only¹. A further study identified that the cost of benefits paid through Medicare during 2007/08 for the treatment of minor ailments only, amounted up to \$260 million².</p> <p>A recent survey by the Neilsen Company found that 39% of Australians reported seeing a GP first line for their most recent minor ailment.³ Of these, only 24% ultimately used a prescription medicine – including concession card holders, who are supplied with such medicines as paracetamol through the Pharmaceutical Benefits Scheme (PBS). The same survey found that 71% answered 'yes' to the question 'are you willing to use a pharmacist as the first point of contact for your health concerns'.</p> <p>These doctor visits represent an inefficient use of our scarce health resources, including GPs' time, whose skills are in demand for more complex problems.</p> <p>This has been recognised in the UK, where the White Paper supports the extension of the treatment of minor ailments to community pharmacies. It notes that 'such a service can include treatment not only for headaches and colds, but also for other conditions, such as allergies, head lice, minor skin conditions and common fungal infections (such as thrush) simple viral infections (such as cold sores), eye infections etc.. It goes on to point out that such a scheme could yield a number of benefits. 'People will not need to spend time booking and then waiting for an appointment at their local GP surgery'. It would 'help reduce pressures on surgeries and free up time for GPs and their staff to treat people with more complex needs.'⁴</p> <p>A study published in the British Journal of General Practice investigated people's attitude towards management of minor illnesses. That study found that, in most cases, self-care is likely to be the course of action recommended by healthcare professionals. The findings of this study suggest 'that when people opt for professional health advice, they prefer to seek community pharmacy advice for the symptom presented'. Results indicated that people prefer to wait and pay less to manage symptoms, both of which are addressed by the 'minor ailment service'.⁵</p> <p>The accessibility, skills and infrastructure within Australian community pharmacies make them an ideal place for a national minor ailments scheme to be implemented.</p>

1. IMS Study "Minor Ailment Workload in General Practice" presented at ASMI general conference, November 2008.
2. Gadiel, D. The Potential Economic Impact of Expanded Access to Self-Medication in Australia. Study Commissioned by the Australian Self Medication Industry, September 2009.
<http://www.asmi.com.au/documents/ASMI%20Minor%20Ailments%20Report%20Final.pdf> - Accessed 30 April, 2010
3. Doric K. Paper presented at The 2008 Australian Self Medication Industry Conference, Nov. 2008
4. Pharmacy in England: Building on Strengths, Delivering the Future: UK Department of Health, April 2008 p.54
5. Porteous T, Ryan M, Bond C, and Hannaford P. Preferences for self-care or professional advice for minor illness: a discrete choice experiment. The British Journal of General Practice 2006. December 1.

b) Brief description	<p>A minor ailments scheme would include the following elements:</p> <ul style="list-style-type: none"> • a consumer education campaign to raise awareness about the choices available before presenting to a GP with a minor ailment; • continuation of the current triage and minor ailment management role of the pharmacist; and • the supply of medicines, directly by the pharmacist which are currently subsidised through the PBS and which do not require a prescription. Current examples include paracetamol for the treatment of pain and fever; ophthalmological items for the treatment of infection, allergy and dry eyes; topical corticosteroid preparations for the treatment of dermatitis; and, topical preparations for the treatment of scabies. The same PBS restrictions would apply to such items under the minor ailments scheme as are applied when prescribed by a medical practitioner. The same PBS Safety Net (SN) arrangements would also apply, including the SN20 day rule, in order to avoid wastage and misuse of medicines. This arrangement will mean that patients will have access to PBS subsidy for such items, without the unnecessary step of medical consultation as these items can already be lawfully supplied by the pharmacist without the need for a prescription. <p>These elements will form the basis for further discussions with Government and other stakeholders.</p>
c) Alignment with Government Policy	<p>A minor ailments scheme provided through community pharmacy would align with recommendations from the three major reform reports commissioned by the current federal Government:</p> <ul style="list-style-type: none"> • National Health and Hospitals Reform Commission stressed 'greater personal responsibility' that self care should be 'a cornerstone of reform', and, 'giving people real control and choice about whether, how, where and when they use health services'. • The Preventative Health Taskforce concluded that 'Consumers should have access to tools to enable self-care and assist them to navigate the health system maze effectively'. • The National Primary Healthcare Strategy External Reference Group stressed the need to make best use of all healthcare professionals and pointed to the expanded role for pharmacy in facilitating 'self-management of health conditions and preventing/managing chronic disease'.
d) Expected Outcomes for Government and Community Pharmacy	<p>From a Government perspective, improving and supporting patients to self-manage their condition through readily available access to a highly trained health professional network will result in more efficient and cost-effective use of the health system.</p> <p>From a pharmacy perspective, there will be a greater recognition of 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.</p>
e) Consumer Benefits	<p>Many pharmacies in Australia exceed the opening hours of GP practices, therefore a minor ailments scheme would enable people to visit their local pharmacy at potentially lower travel costs to obtain appropriate treatment that would otherwise have been prescribed by their GP. This would allow for easier GP access for people with conditions genuinely requiring GP attention. Visiting the pharmacist and self-medicating has also been shown to increase patient confidence, improving self care support skills and empowering people to look after themselves.</p>
f) Who Performs the Service?	<p>Pharmacist</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>No</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 a program:</i></p> <ul style="list-style-type: none"> • Consumer and industry organisations • Disease management organisations • Funders • Government and regulatory bodies • GP and prescriber organisations • Pharmacy organisations • Pharmacy software vendors • Professional insurers • Relevant allied health professional bodies
b) IT Requirements	<p><i>Is pharmacy software required to deliver this program?</i> Yes</p> <p>Program software needs to integrate service consultation with dispensary software, be streamlined for ease of use and consistent with pharmacy workflow. With the development of e-Health records, there is the opportunity for consumers' use of medicines, including prescription and over-the-counter medicines, to be recorded by the pharmacist for access by other health professionals as required.</p>
c) Infrastructure and Staffing	<p><i>Is a private consultation area required to deliver this program?</i> Ideally a private consultation will take place within a private area of the pharmacy.</p> <p><i>Is the program within the pharmacist's normal scope of practice?</i> Yes</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 the need for another pharmacist to manage other professional activities within the pharmacy.</p>
d) Training	<p><i>What additional formal training is likely?</i> Apart from introductory instruction for pharmacists and pharmacy assistants in relation to system use, related protocols and legislative implications, there should be no special training needs. Pharmacy graduates should be trained to a level where they can confidently provide minor ailments management services upon registration. Refresher training should also be available for qualified pharmacists to ensure services remain aligned with current clinical guidelines.</p> <p>If a pharmacy assistant has any significant role apart from program administration, appropriate training would need to be determined and provided in an appropriate format.</p> <p><i>Does any suitable training exist?</i> To be determined</p>
e) Supporting Standards, Procedures and Templates / Checklists	<p><i>Will a QCPP standard be required?</i> Yes</p> <p>Strict adherence by pharmacists to professional protocols set out in an auditable standard should ensure the public receives a standardised, quality-assured professional minor ailments service. Generic standards for professional support services are available as part of QCPP 2nd edition. As services are developed, the need for service checklists can be assessed and where not available, the development of new ones should be part of the program structure.</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</p>
f) Legislation/ Regulation Implications	<p>It will be necessary to ensure that all elements are aligned with relevant legislation.</p>

3	FUNDING
Funding Options	<p>Possible funding options include:</p> <ul style="list-style-type: none"> • Community Pharmacy Agreement • Alternative Commonwealth Program • User-pays (Review GST implications ✓) • Private Health Insurance <p><i>Has any funding for this program been secured?</i> No</p>
4	TIMELINES
Timelines	<p><input type="checkbox"/> Established community pharmacy practice</p> <p>✓ 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>

Chronic Disease Management Template

Quadrant C – In-Pharmacy Health Services and Programs

1	PROGRAM / SERVICE DESCRIPTION
a) Background	<p>The burden of chronic disease is a global problem that is rapidly increasing. The National Chronic Disease Strategy¹ notes that, in Australia, chronic disease is estimated to be responsible for 80% of the total burden of disease, mental problems and injury in terms of disability-adjusted life years. The strategy highlights that cardiovascular disease, diabetes, asthma and arthritis/musculoskeletal conditions are the key areas of concern. These conditions are recognised as health priority areas along with cancer control, injury prevention and control, mental health and obesity.</p> <p>Furthermore there is an increase in the prevalence of dementia in Australia's ageing population. The AIHW <i>Dementia in Australia – national data analysis and development report</i>² states that 190,000 Australians had dementia in 2006, and this number is expected to increase to 465,000 people by 2031.</p> <p>As medicines play a significant role in the management of chronic diseases, with patients usually having to visit their community pharmacy on a monthly basis to collect their medicines, pharmacists are ideally placed to provide additional chronic disease management services.</p> <p>Utilising the expertise and accessibility of community pharmacists to support patients with chronic disease has been investigated in Australia and abroad, and these outcomes will be considered as community pharmacy services are developed. There have been a number of services for chronic conditions that have been trialled³ as part of the Community Pharmacy Agreements (CPAs), and in many cases there is compelling evidence of success of pharmacy intervention.</p>
b) Brief description	<p>In developing chronic disease management services, consideration will be given to the expertise pharmacists can contribute, such as:</p> <ul style="list-style-type: none"> • improving medication adherence through the use of medication management systems; • improving a patient's understanding and use of their medicines to improve adherence; • assisting with the management of the condition (e.g. blood pressure, blood glucose levels, lung function, international normalised ratio (INR) for warfarin); • assisting with lifestyle support (weight management, smoking cessation, alcohol consumption); • supporting self-management of co-morbidities and increasing health literacy; and • facilitating consultation with other members of the health care team <p>Areas of service may include, but are not limited to, diabetes, asthma, Chronic Obstructive Pulmonary Disease (COPD), cardiovascular disease, osteoporosis and dementia.</p>
c) Alignment with Government Policy	<p>This program aligns with recommendations from the National Health and Hospitals Reform Commission and Primary Health Care Strategy by better utilising pharmacists as part of the primary health care team.</p>
d) Expected Outcomes for Government and Community Pharmacy	<p>From a Government perspective, utilising the network of 5000 plus community pharmacies provides an opportunity to enhance the access by at-risk patients to professional support for a range of chronic health conditions, particularly in locations which may lack support services, such as rural and regional areas. Improving and supporting patients to self-manage their condition through easy and readily available access to a highly trained health professional network will result in more efficient and cost-effective use of the health system.</p> <p>From a pharmacy perspective, there will be 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 increasing number of new pharmacy graduates in a manner that benefits both pharmacy practice and the community.</p>
e) Consumer Benefits	<p>Medicine use plays a significant role in the management of chronic conditions and utilising the pharmacist's expertise in medicines management will improve QUM and reduce the risk of medicines misadventure. This will have a positive impact on the management of a patient's condition, including co-morbidities, and on their quality of life.</p> <p>Consumers will also benefit from the convenience of attending their local pharmacy to access services. The use of auditable professional standards will ensure the public receives a standardised, quality-assured professional support service.</p>

1. <http://www.health.gov.au/internet/main/publishing.nsf/Content/pq-ncds> Accessed January 18, 2010

2. <http://www.aihw.gov.au/publications/index.cfm/title/10368> Accessed January 18, 2010

3. The Pharmacy Guild of Australia- Research and Development <http://www.guild.org.au/research/> Accessed 9 February, 2010

f) Who Performs the Service?	<p>The pharmacist will be the primary person delivering chronic disease management services.</p> <p>Pharmacy assistants may assist with some routine triage aspects of a 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> Yes</p> <p>Pharmacists will collaborate with other members of the health care team, such as prescribers and allied health professionals as appropriate. For example, the pharmacist may work in collaboration with pathologists in the INR monitoring for patients receiving anticoagulant therapy.</p>

2 IMPLEMENTATION AND ENABLERS	
a) Stakeholder Consultation	<p><i>Representative bodies from the following areas will be consulted in order to fully develop and implement a program:</i></p> <ul style="list-style-type: none"> • Consumer organisations • Disease management organisations • Funders • Government bodies • GP organisations • Pharmacy organisations • Pharmacy software vendors • Professional insurers • Relevant allied health professional bodies
b) IT Requirements	<p><i>Is pharmacy software required to deliver this program?</i> IT solutions may assist in the delivery of these services.</p> <p>Program software needs to integrate service consultation with pharmacy software, be streamlined for ease of use and consistent with pharmacy workflow. Documentation and claiming software needs to be available for programs that support subsidised services.</p>
c) Infrastructure and Staffing	<p><i>Is a private consultation area required to deliver this program?</i> Yes - private consultation will take place within a private area of the pharmacy</p> <p><i>Is the program within the pharmacist's/pharmacy assistant's normal scope of practice?</i> To be determined - this depends on the specific intervention and needs to be considered for each service as it is developed. More specialised services may require additional training.</p> <p><i>Will an additional pharmacist be needed?</i> To be determined</p> <p>In developing professional services that require an extended pharmacist consultation, consideration needs to be given as to whether another pharmacist may be needed 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></p> <p>√under-graduate pharmacist √qualified pharmacist √pharmacy assistant</p> <p>Pharmacy graduates should be trained to a level where they can confidently provide support services upon registration.</p> <p>Refresher training should also be available for qualified pharmacists to ensure services remain aligned with current clinical guidelines. For more specialised services, training should be provided on-line where possible.</p> <p>For services where the pharmacy assistant will have any significant role, apart from the program administration, appropriate training will need to be determined and provided in an appropriate format.</p> <p><i>Does any suitable training exist?</i> To be determined</p> <p>Available training will need to be investigated on a case-by-case basis according to the service to be delivered. Prior learning should also be considered for pharmacists considering service delivery.</p>

e) Supporting Standards, Procedures and Templates / Checklists	<p><i>Will a QCPP standard be required?</i> Yes</p> <p>Standards for professional support services are available as part of QCPP 2nd edition. As individual services are developed, the need for supporting checklists can be assessed and where not available, the development of new ones should be part of the program structure.</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> Yes</p> <p>Many of the chronic diseases have a supporting National Service Improvement Framework⁴. In addition, supporting clinical guidelines may be available from the NHMRC⁵ or other organisations such as the National Heart Foundation. These will need to be considered when developing the service.</p>
f) Legislation/ Regulation Implications	<p>There will/may need to be an amendment to:</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> To be determined</p> <p><input type="checkbox"/> Commonwealth Legislation</p> <p><input type="checkbox"/> State Legislation</p> <p>As each individual service is developed, it will be necessary to ensure that all elements are consistent with relevant legislation.</p>

3	FUNDING
Funding Options	<p>Possible funding options include:</p> <ul style="list-style-type: none"> ✓ Community Pharmacy Agreement ✓ Alternative Commonwealth Program ✓ User-pays (Review GST implications ✓) ✓ Private Health Insurance <p><i>Has any funding for this Program been secured?</i> To be confirmed</p> <p>Note: Private programs may be developed industry-wide through targeted programs funded through a third party payer.</p>

4	TIMELINES
Timelines	<ul style="list-style-type: none"> <input type="checkbox"/> Established community pharmacy practice ✓ Immediate to short-term implementation (< 30 June 2015) ✓ Medium-term implementation (1 July 2015 to 30 June 2020) <input type="checkbox"/> Longer-term implementation (> 1 July 2020)

4. National Chronic Disease Strategy <http://www.health.gov.au/internet/main/publishing.nsf/Content/pq-ncds> - Accessed January 18, 2010

5. NHMRC Clinical Practice Guideline Portal <http://www.clinicalguidelines.gov.au> Accessed January 21, 2010

Home Medicines Review (HMR) Template

Quadrant D - Outreach Health Services and Programs

1	PROGRAM / SERVICE DESCRIPTION
a) Background	<p>Medicine related problems are a major contributor to avoidable hospital admissions. It has been estimated that more than 190,000 hospital admissions in Australia per year are attributable to medicine misadventure, with an associated cost of \$660 million.¹ This suggests that enhanced pharmacy services that improve medication compliance are extremely important. It has also been established that only about 50% of patients take their medicines as prescribed.²</p> <p>Medication reviews and education have been shown to improve knowledge of medicines, improve quality of life, and may also reduce hospital admissions.^{3,4,5,6}</p> <p>The Guild, under the Community Pharmacy Agreements has implemented complementary medication management programs that address these issues. Current programs include Dose Administration Aid, Home Medicines Review and Residential Medication Management Review. A Medicine Use Review (MUR) program will be piloted under the Fifth Community Pharmacy Agreement.</p> <p>There have been 180,000 HMRs completed since the program's inception in 2001, with approximately 40,000 per year currently being conducted.</p> <p>In the future the program should focus on targeting at risk groups. Such groups may include patients in mental health treatment programs and patients recently discharged from hospital.</p>
b) Brief Description	<p>A HMR is a consumer-focused, collaborative health care service provided to optimise understanding and quality use of medicines. A HMR is initiated by a GP with a referral to the community pharmacy. The HMR is conducted by an accredited pharmacist on behalf of the patient's community pharmacy. The accredited pharmacist attends the patient's residence and prepares a report based on the medicines and associated habits of the patient. The subsequent report is provided to the referring GP, who then discusses any recommendations with the patient and may make appropriate changes to their medicines regime.</p>
c) Alignment with Government Policy	<p>Australia's established and well-accepted National Medicines Policy includes a national strategy on Quality Use of Medicines (QUM) and the HMR program is founded on QUM principles.</p> <p>This program also aligns with recommendations from the National Health and Hospitals Reform Commission and Primary Health Care Strategy by better utilising pharmacists as part of the primary health care team.</p>

1. Roughead, Elizabeth and Semple, Susan. Medication safety in acute care in Australia: where are we now? Part 1: a review of the extent and causes of medication problems 2002–2008. Australia and New Zealand Health Policy 2009, 6:18. <http://www.anzhealthpolicy.com/content/6/1/18> Accessed 29 April, 2010.
2. Rigby, Debbie. Adherence Assessment Tools- "Drugs don't work when they're not taken." The Australian Journal of Pharmacy Vol.88 October 2007. http://www.guild.org.au/uploadedfiles/National/Public/Guild_Initiatives/MedsIndex/Medication%20Management%20in%20Review%20October%2007.pdf Accessed 22 April, 2010
3. Roughhead, Elizabeth et al. The effectiveness of collaborative medicine reviews in delaying time to next hospitalisation for heart failure patients in the practice setting: results of a cohort study. Circ Heart Fail 2009. <http://circheartfailure.ahajournals.org/cgi/content/abstract/CIRCHeartFailure.109.861013v1> Accessed 22 April, 2010.
4. Pharmacy Guild of Australia. Medication Management Review Program. Canberra. <http://www.guild.org.au/mmr/> Accessed 29 April, 2010.
5. Roughead EE, Barratt JD, Ramsay E, Pratt N, Ryan P, Peck R, Killer G, Gilbert AL. Home Medicines Reviews reduce hospitalisations for patients taking warfarin. Presented by Gilbert AL Heart Foundation Conference; 2009 14-16 May.
6. Pharmacy Guild of Australia. Medication Management Review Program- Articles. <http://www.guild.org.au/mmr/content.asp?id=407> Accessed 29 April 2010.

d) Expected Outcomes for Government and Community Pharmacy	<p>HMRs improve health literacy and QUM with a resulting reduction in medicine misadventure-related hospitalisations. This will translate to increased efficiency and budgetary savings for government and improved health outcomes for the community.</p> <p>From a pharmacy perspective, the HMR program increases the recognition of the role of pharmacists as a member of the primary health care team. The delivery of HMR services through a community pharmacy complements product supply. HMRs also effectively utilise the increasing 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.</p>
e) Consumer Benefits	<p>HMRs are beneficial to the consumer as they:</p> <ul style="list-style-type: none"> • help consumers learn more about their medicines and improve health literacy; • identify problems that consumers may be experiencing with their medicines and provide possible solutions; • assist the consumer to understand interactions between medicines, including over-the-counter medicines, and disease states; • enhance the quality use of medicines; and • educate consumers about appropriate storage of medicines. <p>For conditions in which medicines use plays a significant role, HMRs are particularly important for the effective management of a patient's condition, including co-morbidities, and can have a positive impact on their quality of life.</p>
f) Who Performs the Service?	Pharmacists who have been accredited to deliver the HMR service.
g) Collaboration with Other Health Care Professionals	HMRs are delivered in collaboration with the patient's general practitioner.

2 IMPLEMENTATION AND ENABLERS	
a) Stakeholder Consultation	<p><i>Ongoing stakeholder consultation with the following representative bodies should occur:</i></p> <ul style="list-style-type: none"> • Consumer organisations • Government bodies • GP organisations • Pharmacy organisations • Pharmacy software vendors • Relevant health related peak bodies <p>Consistent with the development of a best practice program or service, consultation and/or collaboration with consumers and relevant peak bodies will inform future refinement of the program.</p>
b) IT Requirements	<p><i>Is pharmacy software required to deliver this program?</i> IT solutions may assist in the delivery of the HMR service.</p> <p>Program software ideally should be integrated with pharmacy software, streamlined for ease of use and consistent with pharmacy workflow.</p>
c) Infrastructure and Staffing	<p><i>Is a private consultation area required to deliver this program?</i> No</p> <p>HMRs are delivered in the patient's home.</p> <p><i>Is the Program within the pharmacist's normal scope of practice?</i> No – accreditation is required</p> <p><i>Will an additional pharmacist likely to be needed?</i> In delivering the program, consideration needs to be given to the impact on the pharmacist's time and capacity within the pharmacy.</p>

d) Training	<i>What additional formal training is required?</i> Accreditation is required to be undertaken in order to deliver a HMR service.
e) Supporting Standards, Procedures, Templates / Checklists	<i>Will a QCPP standard be required?</i> Yes HMR is a health program or service and a Standard 3 Checklist has been developed and will continue to be reviewed as part of the ongoing review process. <i>Will professional guidelines and/or standards for pharmacists be required</i> Yes

3	FUNDING
Funding Options	Funding options include: Community Pharmacy Agreement

4	TIMELINES
TIMELINES	<input checked="" type="checkbox"/> Established community pharmacy practice – opportunity for enhancement <input type="checkbox"/> Immediate to short-term implementation (< 30 June 2015) <input type="checkbox"/> Medium-term implementation (1 July 2015 to 30 June 2020) <input type="checkbox"/> Longer-term implementation (> 1 July 2020)

The Roadmap Website

A Living Document

The above four completed templates provide useful examples of the type of services making up the Roadmap. However, the Guild is conscious of the fact that, as consultation occurs and future programs are developed/modified, there will inevitably be changes required. With this in mind, all the services comprising the Guild's Roadmap will appear on the Roadmap website www.guild.org.au/roadmap. This will allow for regular modifications to reflect amendments, and will ensure the Roadmap remains a relevant, "living" document with the progression of time.



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