Pharmaceutical Society of Australia

Submission to the Queensland Government Health and Environment Committee

Inquiry into the provision of primary, allied and private health care, aged care and NDIS care services and its impact on the Queensland public health system

DEC 2021

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23 December 2021

PSA Committed to better health

Purpose of this submission

On 17 November 2021 the Legislative Assembly agreed to a motion that the Health and Environment Committee inquire and report on the provision of primary, allied and private health care, aged care and NDIS care services and its impact on the Queensland public health system.

The Pharmaceutical Society of Australia (PSA) is pleased to make this submission to the Health and Environment Committee. This submission has largely focused on primary care, allied health, aged care and disability care.

Brief description of PSA

- PSA is the only Australian Government-recognised peak national professional pharmacy organisation representing all of Australia's 35,000 pharmacists working in all sectors and across all locations. In Queensland this is all of the state's 7,000 pharmacists, regardless of the setting they work in.

- PSA provides the Australian Government with access to high quality health sector information to improve the capacity, quality and safety of Australia's healthcare system. PSA supports and contributes to the Australian Government's objectives by:

    - delivering effective consultation and information sharing with members of the pharmacy profession, the wider health sector, the community and the State, Territory and Federal Governments

    - functioning as a repository and source of sector knowledge and expertise

    - providing education and training to pharmacists working in relevant parts of the health sector to improve the quality of health services.

- PSA is the standards-setting body for the pharmacy profession and is the custodian of the competency standards framework, professional practice standards, guidelines and code of ethics to ensure quality and integrity in the practice of pharmacy. PSA is also regarded for the high quality education and training, practitioner development programs and practice support resources it provides.

- PSA leads and supports pharmacists' role in innovative and evidence-based healthcare service delivery to provide Australians with access to quality, safe, equitable, efficient and effective health care.

- PSA has a strong and engaged pharmacist membership base with a commitment to medication safety through person-centred care.

Recommendations

Queensland Government

- Allow pharmacists to practise to full scope, in all settings, through amendments to the Medicines and Poisons Regulation.
- Provide a coordinated health campaign that promotes pharmacists' role in managing non-urgent medical conditions to the public.
- Increase influenza vaccination rates for persons aged 65 years and over in Queensland by enabling community pharmacies to access the adjuvanted influenza vaccine as part of the NIP from 2022.
- Employ pharmacists in all state-operated residential aged care facilities at minimum of 0.5 FTE per 100 beds.
- Facilitate embedded pharmacists' roles in disability care facilities to ensure continuity of medication safety initiatives.

Federal Government

- Provide funding for pharmacists to participate in multidisciplinary case conferences as per recommendation by the MBS taskforce review.
- Adequately fund pharmacists in all primary care settings including General Practice and Aboriginal Community Controlled Health Centres.
- Increase targeted investment and remove caps for pharmacists to provide medication management reviews.
- Provide funding for pharmacists to manage more non-urgent medical conditions, reduce out of pocket costs and increase uptake of non-urgent care consultations across Queensland's 1200 community pharmacies.
- Fund pharmacists to be embedded in all residential aged care facilities at minimum of 0.5 FTE per 100 beds.
- Enable pharmacists to be registered providers under the National Disability Insurance Scheme to allow for the delivery of a tailored schedule of supports for a person with disability aimed at improving medicine safety and their engagement with society.

Response and rationale

1 a: Primary and allied health care

As noted in the public briefing, there are significant pressures on public hospitals with emergency department presentations increasing year on year. While there was mention made of preventative measures taken and the involvement of primary care in these measures, there was no discussion related to pharmacists and the way in which they are fundamental to assisting with the current situation. If Queensland Health's vision is that by 2026 Queenslanders will be among the healthiest people in the world they must leverage the role of the pharmacist, particularly in primary care.

Avoidable hospital presentations due to medication-related harm

When considering measures which can relieve pressure from the Queensland public health system, we must examine the growing issue of medicine safety and the role of the pharmacist.

It has been shown that 12% of all hospital admissions and 20%-30% of hospital admissions in those aged over 65 years of age are medication related.[1] While this figure is nationwide, it provides an indication of the magnitude of harm that Queenslanders are experiencing.

There has been research into which of the medication-related hospital admissions may have been avoidable by examining processes of care that, if implemented, may have prevented the hospitalisation. The study showed that between 15%-61% of hospitalisations may have been avoided had a process of care to improve medication management been utilised.[2] This concept is critical as it highlights the significant cost associated with medication misadventure, much of which may have been avoided with pharmacist involvement.

There is evidence to suggest that medication management reviews undertaken by pharmacists can lead to reduced levels of hospitalisations for people in the community who are at high risk of medication-related hospital admissions.[3] This overview clearly shows that increased pharmacist involvement in medication management will reduce hospitalisations and therefore costs associated with unnecessary admissions. Whilst welcomed improvements in these programs have enabled some opportunity for follow-up medication management reviews and cycle of care,[4] caps to provide this service have restricted the uptake of comprehensive medication management review services in the community.

The PSA applauds the Queensland Government for the work it is doing as part of a 2020 election commitment to the PSA, in improving transitions of care, one of the areas of highest risks for medication-related misadventure. This work is largely targeted at hospital-based solutions in the form of employing transitions of care pharmacists as part of care teams, however work also needs to be done in the primary care setting after clinical handover has occurred, an area that is largely outside of the remit of Queensland Health. Improvements in transitions of care need to be multifaceted, multisector and health system focused and whilst contribution from hospital pharmacists and community pharmacists performing medication management reviews are critical, support for broader pharmacist involvement in all primary care settings, embedded wherever there are medications used will collectively deliver much better outcomes.

One model of care is the collaborative pharmacist–GP model of post-hospital discharge medicines management. This has shown to significantly reduce the incidence of hospital re-admissions and emergency department presentations, 64% reduction at 30 days and 31% reduction at 12 months, achieving substantial cost savings to the health system, and a benefit-cost ratio of 31:1.[5] Sadly this is role is grossly underfunded with the federal government providing a small incentive through the Workforce Incentive Program (WIP).[6] This funding does not cover a full pharmacist's wage and

disappointingly pharmacists cannot directly claim under the MBS for the work they perform in this area.

The same occurs for pharmacists working in Aboriginal Community Controlled Health Services (ACCHS). The Integrating Pharmacists within Aboriginal Community Controlled Health Services to improve Chronic Disease Management (IPAC) Project provided evidence that integrating pharmacists within ACCHS significantly improved quality of care and health outcomes for adult Aboriginal and Torres Strait Islander patients with chronic disease when compared to pre-intervention. The integration of pharmacists significantly improved patient outcomes such as the control of cardiovascular disease (CVD) risk factors, glycaemic control in participants with type 2 diabetes (T2DM), and reduced absolute CVD risk. Prescribing quality improved significantly for participants following assessments of medication appropriateness and underutilisation, and there was a significant reduction in the number of participants with potential prescription-based medication underutilisation. Patient self-assessed medication adherence and health status improved significantly indicating that the barriers Aboriginal and Torres Strait Islander patients face with taking medications can be reduced with pharmacist workforce support within the clinic setting.[7] Furthermore, the qualitative evaluation demonstrated overwhelming stakeholder support for integrated pharmacists within participating IPAC sites and in ACCHSs more broadly.

Whilst results of IPAC are still undergoing Health Technology Assessment through the Medical Services Advisory Committee (MSAC) process, due to be considered at the March/April 22 meeting, in the interim the results can still help to inform practice in Queensland health supported facilities.

Despite clear benefits in having pharmacists as part of multidisciplinary teams focused on identifying and preventing medication-related harm, and positive recommendations from the Medicare Benefits Schedule (MBS) Review Taskforce,[8] pharmacists are the only AHPRA-registered health professional not funded to participate in multidisciplinary case conferences. This is a clear opportunity to improve communication and collaboration and to improve transitions of care, prevent medicine-related harm, and reduce hospitalisation. It is critical for pharmacists across all primary care settings to be able to participate in multidisciplinary case conferences.

Note: *Current allied health providers funded and able to participate in multidisciplinary case conferences through the MBS include Aboriginal and Torres Strait Islander health practitioners, Aboriginal health workers, audiologists, chiropractors, diabetes educators, dietitians, exercise physiologists, mental health workers, occupational therapists, osteopaths, physiotherapists, podiatrists, psychologists and speech pathologists.*

Common conditions and low acuity care

Pharmacists are also valuable additions to the health workforce, especially when considering rural and remote areas. There were discussions in the briefing related to the scarcity of GPs in rural and remote areas, and the health impacts felt as a result of this situation. That a lack of GPs often drives people to present at public hospitals as there was no reasonable alternatives for health care in some areas. PSA is suggesting a pharmacist model for rural and remote areas that would involve extended practice as a way to better assist the community. PSA acknowledges the work of Queensland Health in commencing a trial of pharmacists practising to their full scope in north Queensland in 2022 as part of the Queensland Government's election commitment to PSA and other stakeholders.

As indicated in PSA's 2021 report, *Medicine safety: rural and remote care*,[9] pharmacists are highly trained health professionals who are able to conduct basic health assessments such as blood pressure measurements and lipid and blood sugar tests, as well as administering vaccinations and providing lifestyle advice such as weight loss and smoking cessation guidance. Pharmacists are generally considered the most accessible health care professionals and as such are well placed to provide support to rural and remote communities as a way to avoid hospitalisation and relieve pressure on the Queensland public health system.

Whilst there are towns in Queensland where the only primary care provider is the community pharmacist, by 2027, without intervention, it is estimated there will be as few as 52 pharmacists per 100,000 people in regional and remote areas, compared to 113 pharmacists per 100,000 people in major cities. There is a need to establish a workforce strategy and provide funding to attract and retain pharmacists in rural and remote Australia in primary care settings such as community pharmacy, general practice, aged care facilities and Aboriginal Community Controlled Health Centres, as well as rural and regional hospitals.[9]

Pharmacists are also well placed to relieve the pressure on the Queensland public health system in a more direct way by providing health care to non-urgent cases regularly presenting at public hospital emergency departments. Between 2018-2019, over 1.5 million people presented to Queensland public hospital emergency departments, with over 70,000 of these presentations considered 'non-urgent'.[10] Further, 70% of these non-urgent cases presented to the emergency department between the hours of 9.00 am and 7.00 pm, meaning they could have readily accessed pharmacists in community pharmacies for their non-urgent health care.[10]

This alternative care model, wherein pharmacists provide assessment, triage and management of cases deemed non-urgent would significantly reduce the burden on the Queensland public health system, as well as reducing state government expenditure. Some estimates suggest between 2.9% and 11.5% of all emergency department services in Australia could be managed solely by community pharmacists, meaning up to 179,610 emergency department presentations in Queensland could be safely transferred to this model of care.[11]

PSA suggests funding pharmacists for management of non-urgent medical conditions and a coordinated health campaign that promotes this model or pathway of care to the public. As evidenced by the figures, there would be both a significant financial saving if this model was utilised, as well as relieving the burden on the Queensland public health system. Data from the Urinary Tract Infection Pharmacy Pilot – Queensland (UTIPP-Q), currently underway, will also provide local context of pharmacists' capability in delivering such care involving the provision prescription medicine.

Pharmacist practise to full scope in all settings

Whilst a trial of pharmacists practising to full scope in north Queensland is set to commence in 2022, there is currently a large regulatory barrier for certain activities, currently allowed under the existing Medicines and Poisons Regulations, restricting the work of pharmacists in all primary care settings – for example, pharmacists are restricted to community pharmacy and hospital settings to administer medicines, despite strict clinical governance in settings such as general practices and ACCHS where these actives are performed by other health professionals.

It has only been since the emergency orders came into effect, that this anomaly has been addressed. Pharmacists have contributed significantly in the COVID-19 vaccinations rollout in areas outside of community pharmacy and hospitals, including general practice, ACCHS and vaccination hubs. Removing this regulatory barrier will help to better utilise pharmacists already employed in these settings. PSA has support from Queensland ACCHS and RACGP for this to occur and will happily present this to the Committee.

Reducing the impact from influenza for over 65s

With the opening of Queensland borders and easing of restrictions we will no doubt see a rise in respiratory infections and subsequent hospital presentations, a potential disaster when combined with climbing COVID-19 cases.

Currently pharmacists are able to administer influenza vaccines to all Queenslanders from 10 years and older, however over 65s adjuvanted influenza vaccination is restricted to providers of the National Immunisation Program (NIP). It must be a priority to increase influenza vaccination rates for persons

aged 65 years and over in Queensland by enabling access to the adjuvanted influenza vaccines through community pharmacies as part of the NIP in 2022.

Community pharmacy access to the NIP as of November 2021

State/Territory	*Community pharmacy access to the NIP*
VIC	Influenza, dTP, MMR, Meningococcal ACWY
ACT	65+ influenza
WA	65+ influenza
TAS	Election commitment. Start in 2022
NSW	Election commitment. Start in 2022
SA	Government commitment. Start in 2022
NT	No access
QLD	No access

Summary of recommendations for primary and allied health care

Queensland Government

- Allow pharmacists to practise to full scope, in all settings, through amendments to the Medicines and Poisons Regulation.
- Provide a coordinated health campaign that promotes pharmacists' role in managing non-urgent medical conditions to the public.
- Increase influenza vaccination rates for persons aged 65 years and over in Queensland by enabling community pharmacies to access the adjuvanted influenza vaccine as part of the NIP from 2022.

Federal Government

- Provide funding for pharmacists to participate in multidisciplinary case conferences as per recommendation by the MBS taskforce review.
- Adequately fund pharmacists in all primary care settings including General Practice and Aboriginal Community Controlled Health Centres.
- Increase targeted investment and remove caps for pharmacists to provide medication management reviews.
- Provide funding for pharmacists to manage more non-urgent medical conditions, reduce out of pocket costs and increase uptake of non-urgent care consultations across Queensland's 1200 community pharmacies.

1 b: Aged and NDIS care

Medicine safety in aged care: Prevention of hospitalisation

There is evidence to suggest there are significant medication safety issues within aged care homes. Reports have noted that medication management reviews by a pharmacist identified that almost all residents of aged care homes have at least one medication-related issue, while the average medication-related problem per person is three.[12-14] These medication issues may be related to incorrect dose, inappropriate medication prescribed or insufficient monitoring. [12-14] These medication safety issues have been shown to lead to an increased rate of hospitalisation, with one study showing that 17% of 'unplanned admissions' in high-care aged care residents were due to potentially inappropriate medication.[14]

Opportunities for improvement in aged care have been identified by the recent Royal Commission into Aged Care,[15] including embedding pharmacists into aged care facilities as highlighted in PSA's *Medicine safety: aged care* report.[16]

Medicine safety in disability care: Prevention of hospitalisation

Unfortunately, disability care does not fare much better when considering medication safety issues.

People with intellectual disability are also more likely to experience potentially preventable hospital admissions with rates four times that of people without intellectual disability.[17] The higher rates of potentially preventable hospitalisations are related to conditions such as chronic obstructive pulmonary disease, convulsions and epilepsy,[17] some of which may be explained by the higher prevalence of these conditions in people with intellectual disability. However, higher rates of potentially preventable hospitalisations are also noted for acute conditions such as dental conditions, urinary tract infections and ear, nose and throat infections, which occur at a frequency three to six times higher for people with intellectual disability than in people without intellectual disability.[17]

There is evidence to suggest there may be a level of under-prescribing for chronic health issues in people with disability, with one study finding only 20% of people with intellectual disability who were diagnosed with asthma used medication to manage their condition.[18] Somewhat paradoxically, there also appears to be a degree of over-prescribing for people with disability, with one study finding 82% of people with intellectual disability prescribed psychotropic medication were receiving this medication inappropriately.[19]

For people with disability, medicine safety is a significant issue which contributes to higher rates of hospitalisation. Regular medication management reviews by a pharmacist are necessary to identify inappropriate prescribing (both over and under prescribing), as well as identifying issues such as medication interactions. There is both Australian and international evidence to support the effectiveness of pharmacist medication management reviews in improving quality use of medicines and health outcomes.[20-22]

Bearing in mind the impact medicine safety can have on hospitalisation rates, and the impact pharmacists have on medicine safety, it is important to consider how pharmacists can assist with the Queensland Government's objectives to relieve the burden on the Queensland public health system. Increasing pharmacist involvement in both aged and disability care can make significant contributions to reducing hospitalisations related to medication use, at a cost of approximately $5,700 per person.[23] Currently the National Disability Insurance Scheme (NDIS) does not enable accredited pharmacists to be registered providers under the NDIS and there are no services for the delivery of a tailored schedule of supports for a person with disability aimed at improving medicine safety.

There can be barriers to access pharmacist medication management review services, with anecdotal reports noting these services are used infrequently and implemented largely after there has already

been a medication safety issue arise. PSA strongly advocates for improved access to these services for all people with disability or in aged care homes as a way to increase medicine safety and relieve pressure on the Queensland public health system.

Summary of recommendations for aged and NDIS care

Queensland Government

- Employ pharmacists in all state-operated residential aged care facilities at minimum of 0.5 FTE per 100 beds.
- Facilitate embedded pharmacists' roles in disability care facilities to ensure continuity of medication safety initiatives.

Federal Government

- Fund pharmacists to be embedded in all residential aged care facilities at minimum of 0.5 FTE per 100 beds.
- Enable pharmacists to be registered providers under the National Disability Insurance Scheme to allow for the delivery of a tailored schedule of supports for a person with disability aimed at improving medicine safety and their engagement with society.

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