The emerging GP/pharmacy interface: RMMR and HMR

Lance Emerson
Director Professional Services and Research
The Pharmacy Guild of Australia

Presentation overview

- Where we have been - HMR / RMMR
- Where we are going – HMR / RMMR
- Future collaborative services
- The process for progressing collaborative services
- ADGP / PGA collaboration

Where have we been - HMRs?

Fees threaten link with program

Dr Rivett ... looking for a reasonable fee.

By David Courtney

ISSUES over the payment of fees t
their involvement in a proposed pl
led patient medication review progr
en to derail GP participation in th
the AMA says.

The association has been leading th
fee for GPs to participate in the D
Medication Management Reviews (I
Federal Government scheme where
with pharmacists to review patient
in the patient's home.

When the review was announced, t
steering group suggested GPs coul
nerated for their involvement in t
through existing Medicare items.

But the AMA said such an ar
would put a strain on general prac

Under the scheme, pharmacists would be paid $120 per review.

ernment saying they would remain firm in their opposition to DMMRs.

Breaking news

Medications review comes under fire

By Yip Kee

THE Queensland representative on the RACGP Council, Dr Brian Kable has called for a review of the medication review program for aged care facilities.

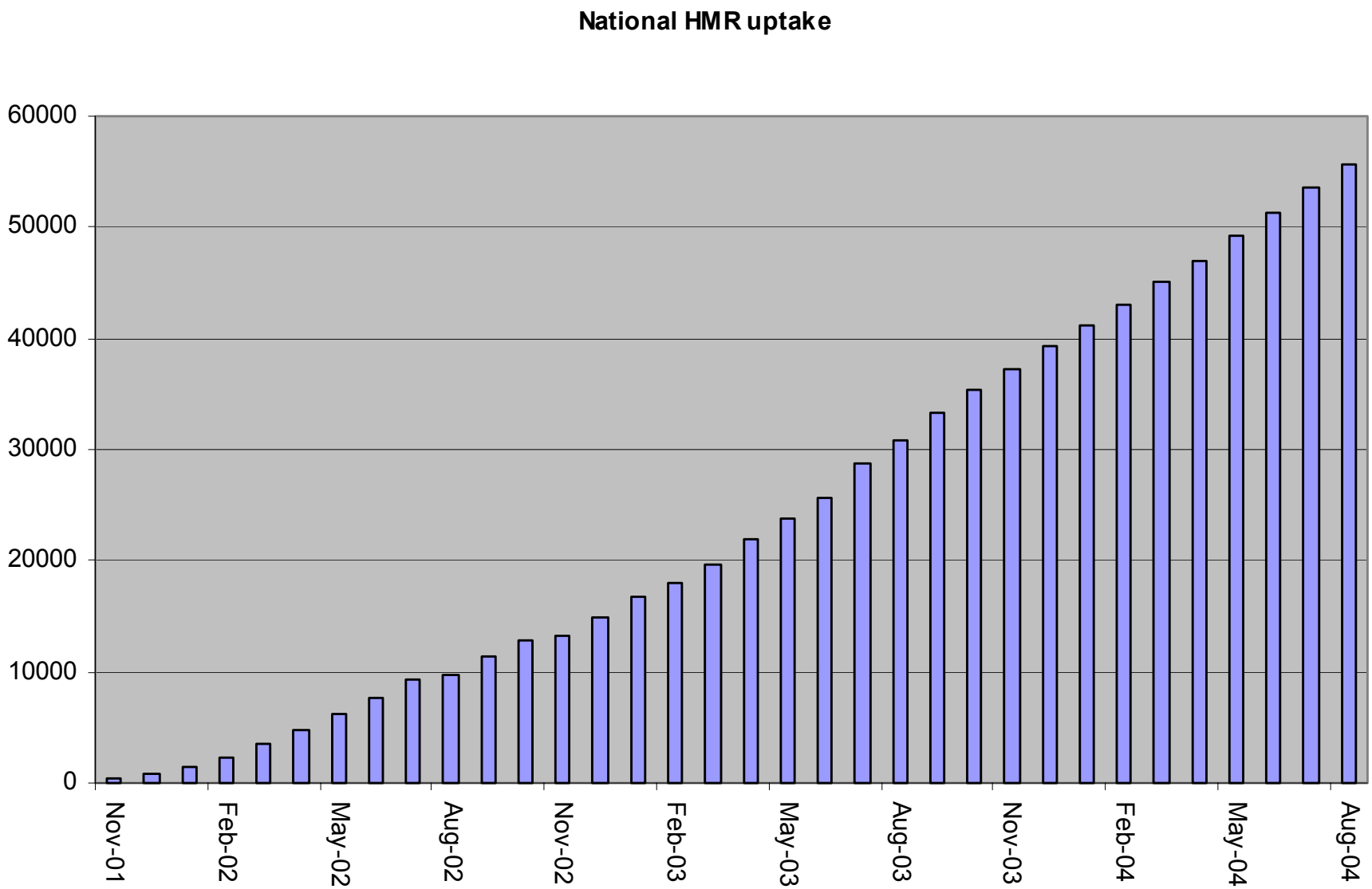
Dr Kable said that an evaluation of health outcomes must be undertaken before the program is allowed to continue.

"The concept of medication review received Commonwealth Government support on the basis of original research that seemed to link a reduction in the number

2000 / 2001

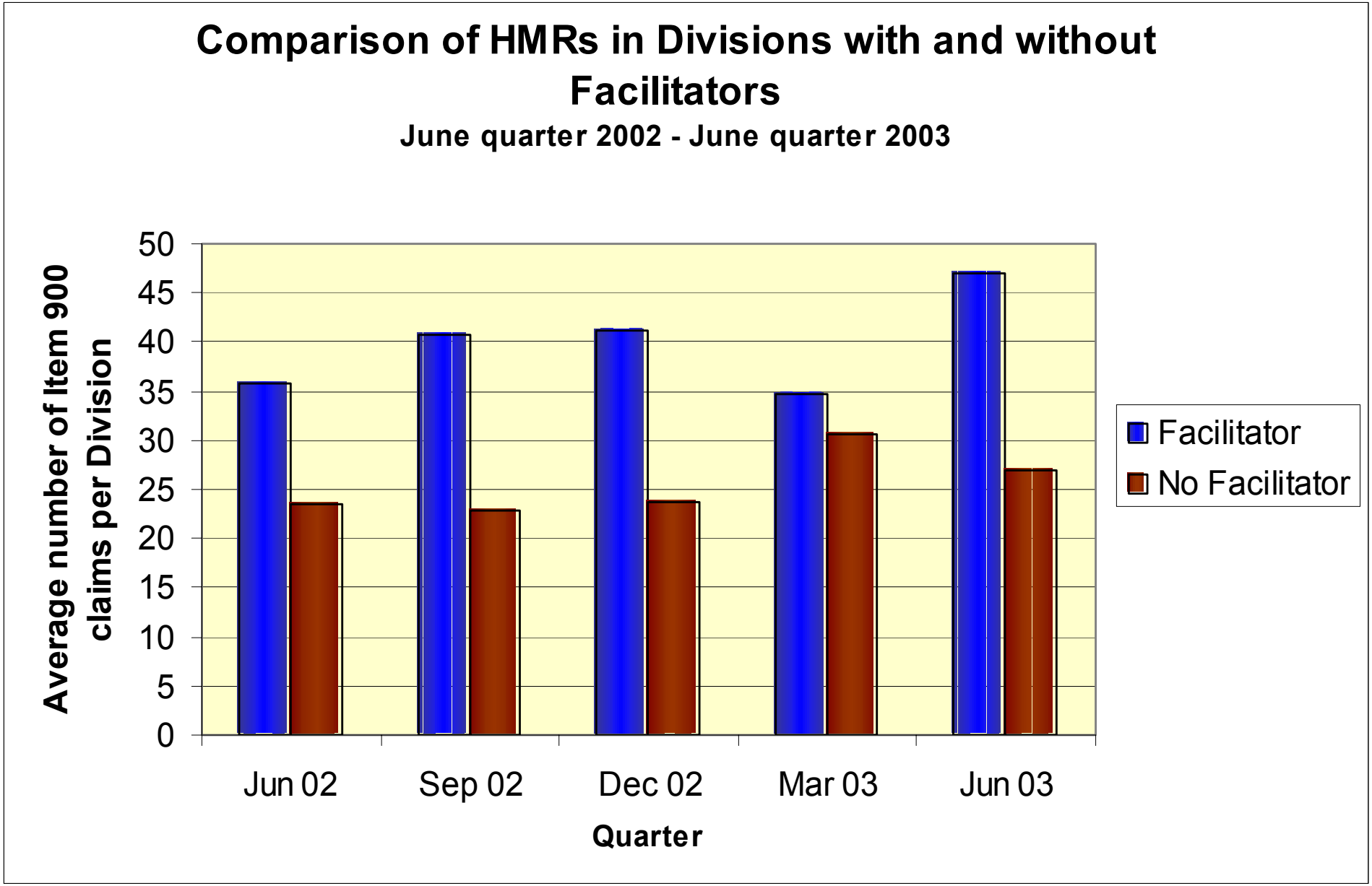
The PHA

Where are we now - HMRs?



Where are we now - HMRs

Is the MMR facilitator scheme working?



HMRs – a success?

- MMR facilitators successful
- How to measure success of HMRs?
  - GP / pharmacy / economic evaluation?
  - Patient satisfaction?
  - Comparison with EPC uptake?
- First truly collaborative pharmacy / GP program
- Template for future collaboration

What about RMMRs?

- ISG involvement in service definition
- November 2004 launch of new GP item?
- Pharmacy side (in terms of final service model and $$) not yet developed
- MMR facilitators role will be critical

The future – new professional services?

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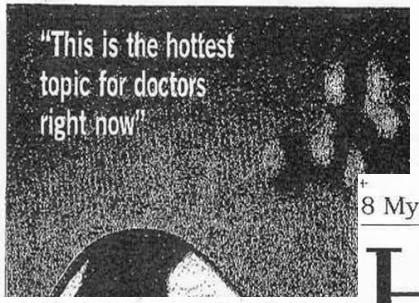
Alarm over pharmacy pu is growing

PHARMACY
Push for power

by Annie White

THE AMA is calling for discussions with the Pharmacy Guild and the federal governm lowing the call for tend another program in whic macists will offer health s – this time continence car

"This is getting sillier and sillier," AMA Council of General Practice chair Dr David Rivett said. Pharmacists "dabbling" in areas such as this was "not good for Australia's health", and GPs were "up in arms".



Pharmacists bid for right to prescribe

by Deb Richards

PHARMACISTS may soon be able to prescribe certain medicines, with federal government-funded research exploring whether the move will improve patient access to medications, and cost effectiveness.

Both the AMA and ADGP have labelled the move as "dangerous", with ADGP chair Dr Rob Walters warning that pharmacists are taking further

"It would be very dangerous to go too far down that track"

PBS prescriptions for routine repeat medications for chronic conditions.

• Clinical Management: Pharmacists could be delegated responsibility by a doctor to implement an agreed patient-specific plan.

Abbott tempers turf tussle

JANET GRIST

Health Minister Tony Abbott says he doesn't envisage pharmacists doing any further fee-based work than they currently perform under the PBS.

IN AN exclusive interview with *Pharmacy News*, Mr Abbott said he was happy with the existing health care pro-

much as an adjunct to pharmacy practice rather than a separate fee-based exercise of its own. I'm very happy to see a

8 My Career | Thursday, May 2[illegible]004 smh.com.au

Health&Science

Pharmacy test is bitter pill to swallow

STEVE DOW

Maroubra pharmacist Ian Abrams has found over the years that the number of tests, X-rays and appointments his ageing customers have to undergo has risen steadily.

To offer a point of difference to other pharmacists and to reduce the number of consultations some of his customers have to attend, Abrams joined a University of Sydney study examining the role of the pharmacist in managing people who are on anticoagulant medicines such as warfarin.

The study, coordinated by Dr Andrew McLachlan, a senior lecturer in the university's pharmacy faculty, foresees pharmacists and GPs working closely together to monitor the blood-clotting status of patients in the pharmacy using a portable device.

Pharmacists are reimbursed $150 a patient as part of the study, and GPs get $50. This money comes from a $150,000, two-year research grant from a joint Federal Government-Pharmacy Guild of Australia fund set up to give pharmacists a bigger slice of patient care.

The $150 payment to pharmacists in the trial "sends a signal to say 'This is worth something'," McLachlan says. "In the future, we hope it might be worth more."

The university is also involved in studies of pharmacists managing customers who have asthma and diabetes. The Pharmacy Guild's director of professional services and research,

A meeting of the GP Representatives Group in Sydney tomorrow, which includes representatives of the AMA and the Royal Australian College of GPs, among other bodies, will raise its concerns in a later meeting with the Federal Health Minister, Tony Abbott.

Instant testing is now available for people on warfarin but "it looks like it's not going to be allowed to come through to GP land, but that it's going to be given the thumbs-up in pharmacy land," Haikerwal says.

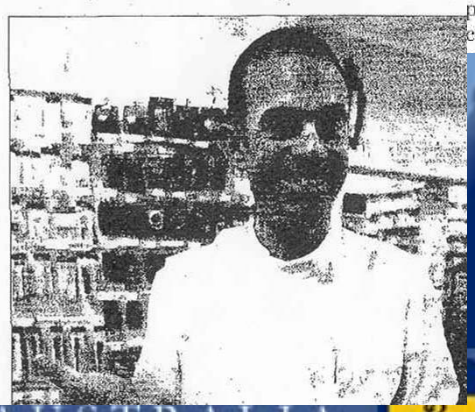
The guild's Lance Emerson says pharmacists are keen to co-operate with doctors in a range of professional services. The pharmacists, to some extent, are seeking greater career fulfilment.

"There's a degree of frustration by a lot of pharmacists who may be involved in day-to-day dispensing, and don't get to utilise the full extent of their skills," Emerson says.

For Abrams's part in the Sydney University trial, six of his customers come in regularly to the pharmacy, perhaps have a cup of coffee while they wait and get a blood test to ensure their anticoagulation medication is working.

Abrams phones or faxes the result to the customer's doctor, and the two professionals work in tandem to treat the patient. At least, that's the theory. Abrams concedes it is "quite difficult to get doctors comfortable with the idea".

Doctors' greatest concerns are whether the test will be accurate, he says, because testing laboratories, which in some cases have been cut out of the picture – are bringing pressure to bear.



put-
care

The media – don't believe all you read

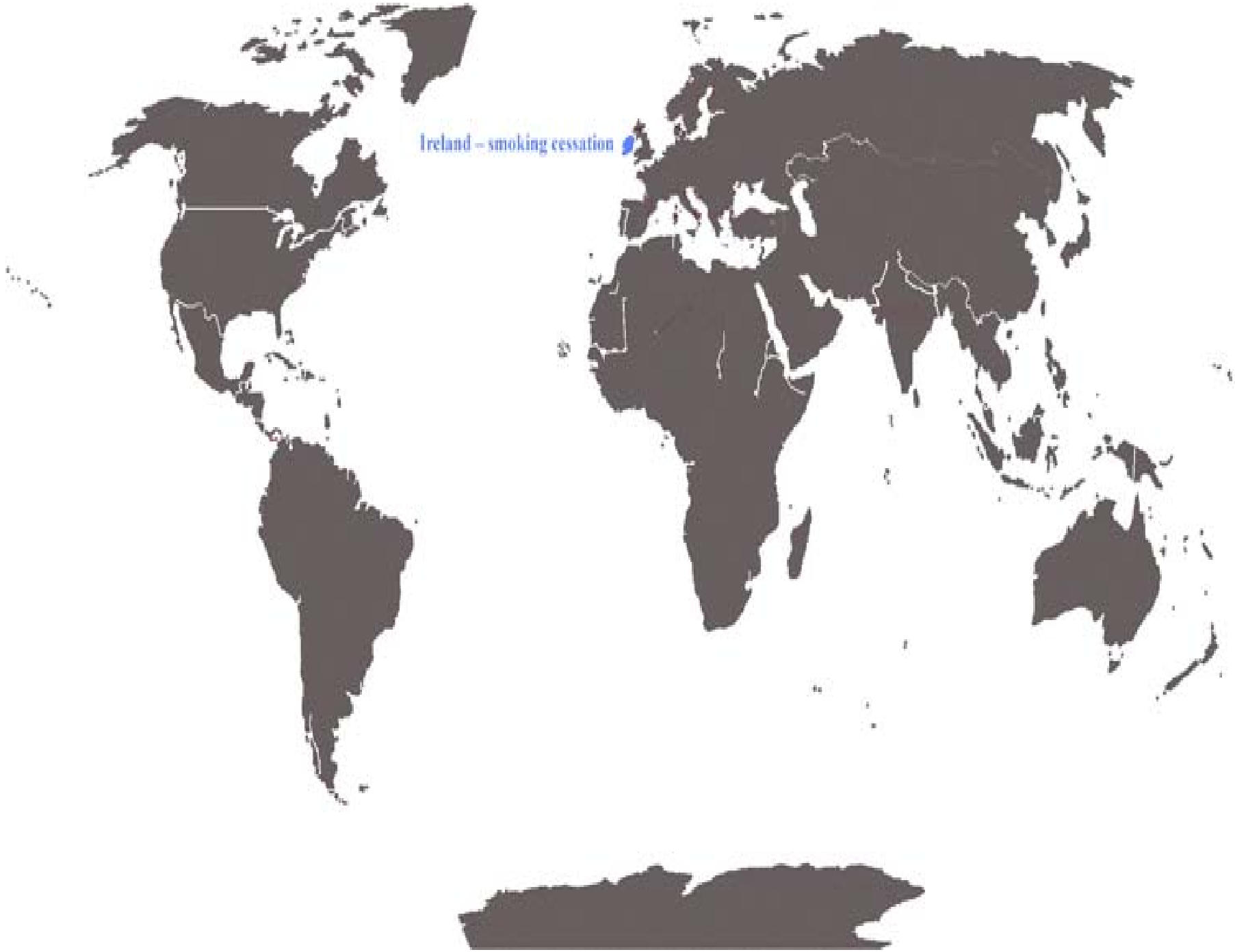
"Transported to a surreal landscape, a young girl kills the first woman she meets and then teams up with three complete strangers to kill again".

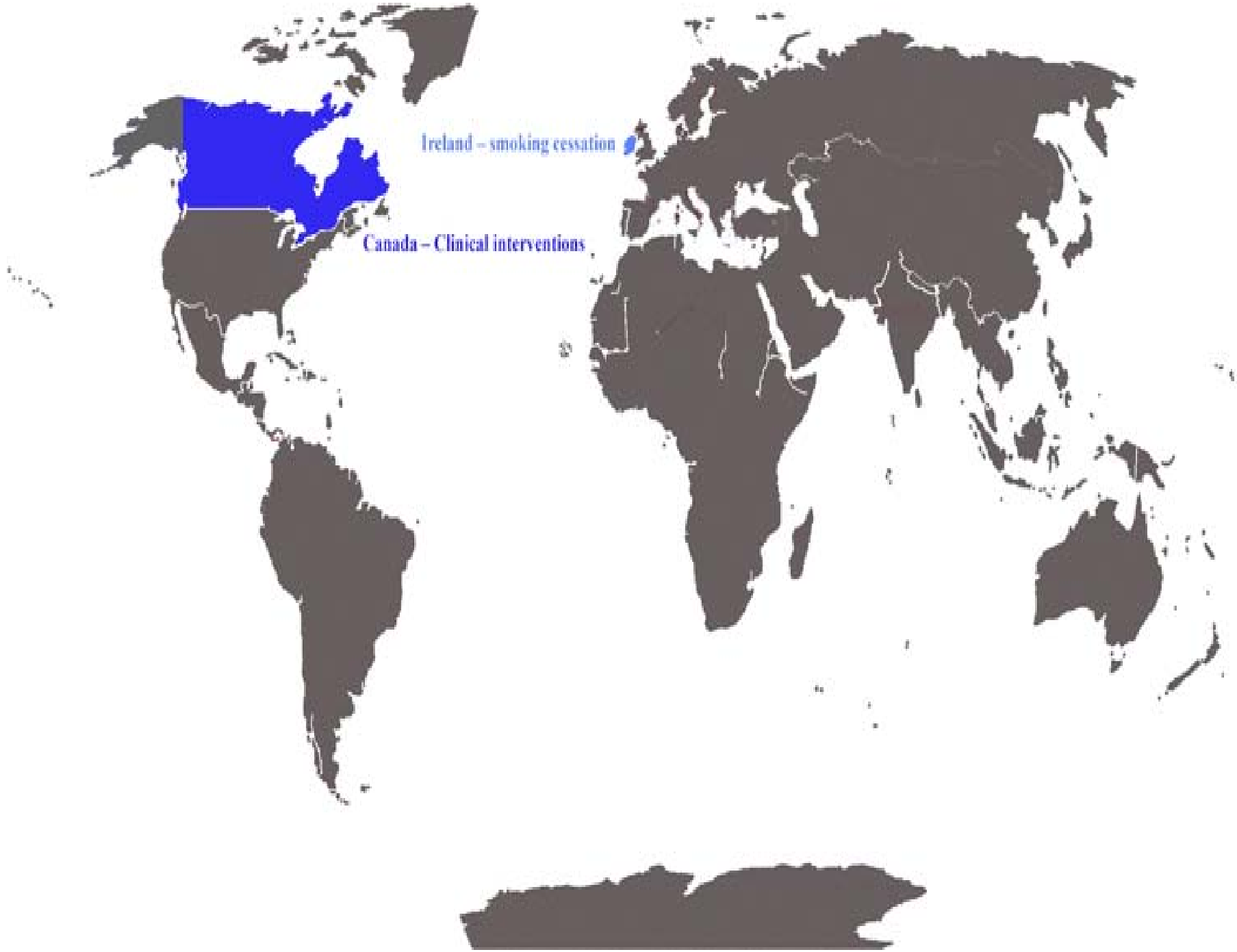
(Marin County newspaper's TV listing, June 2001)

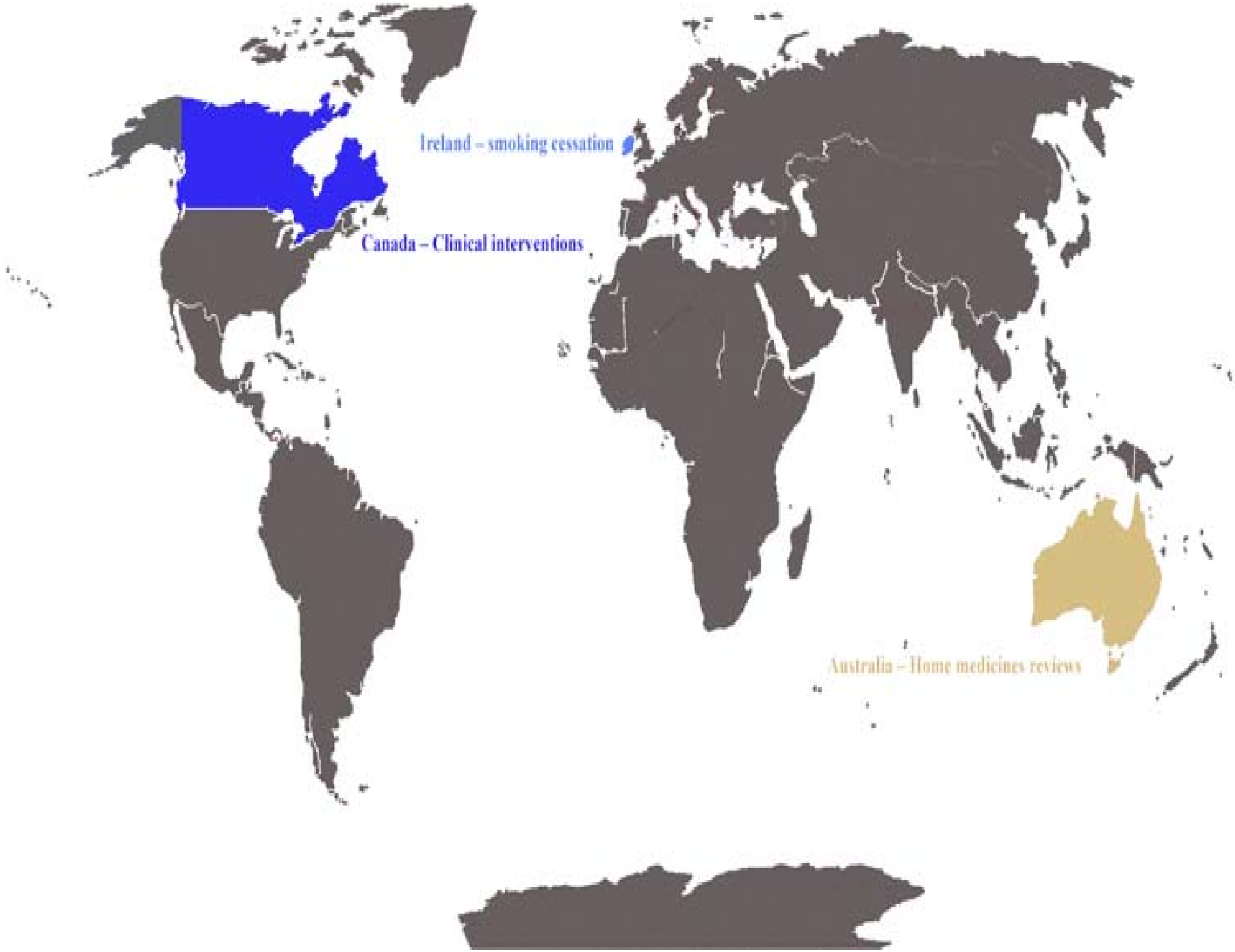
What movie?

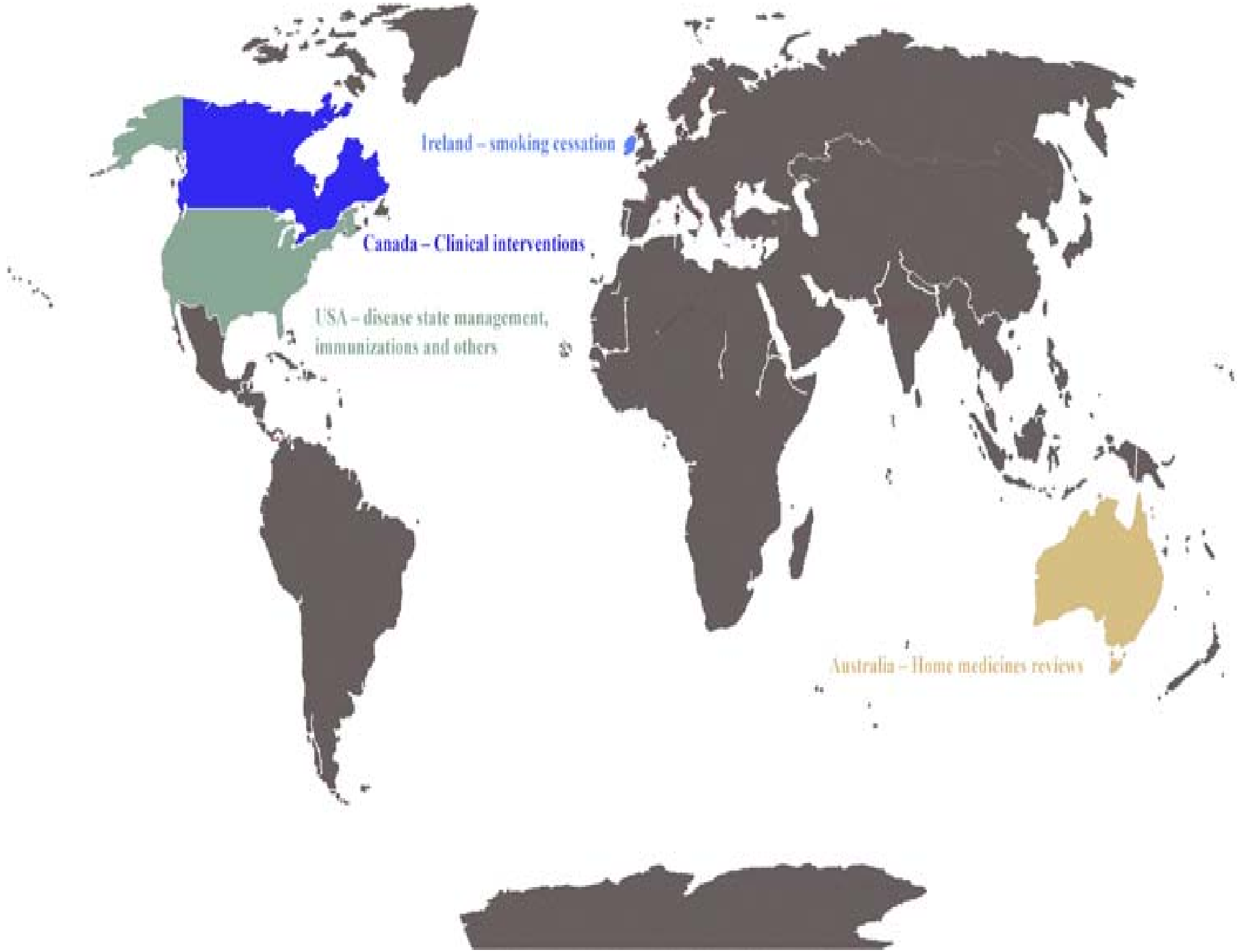
Why new professional services?

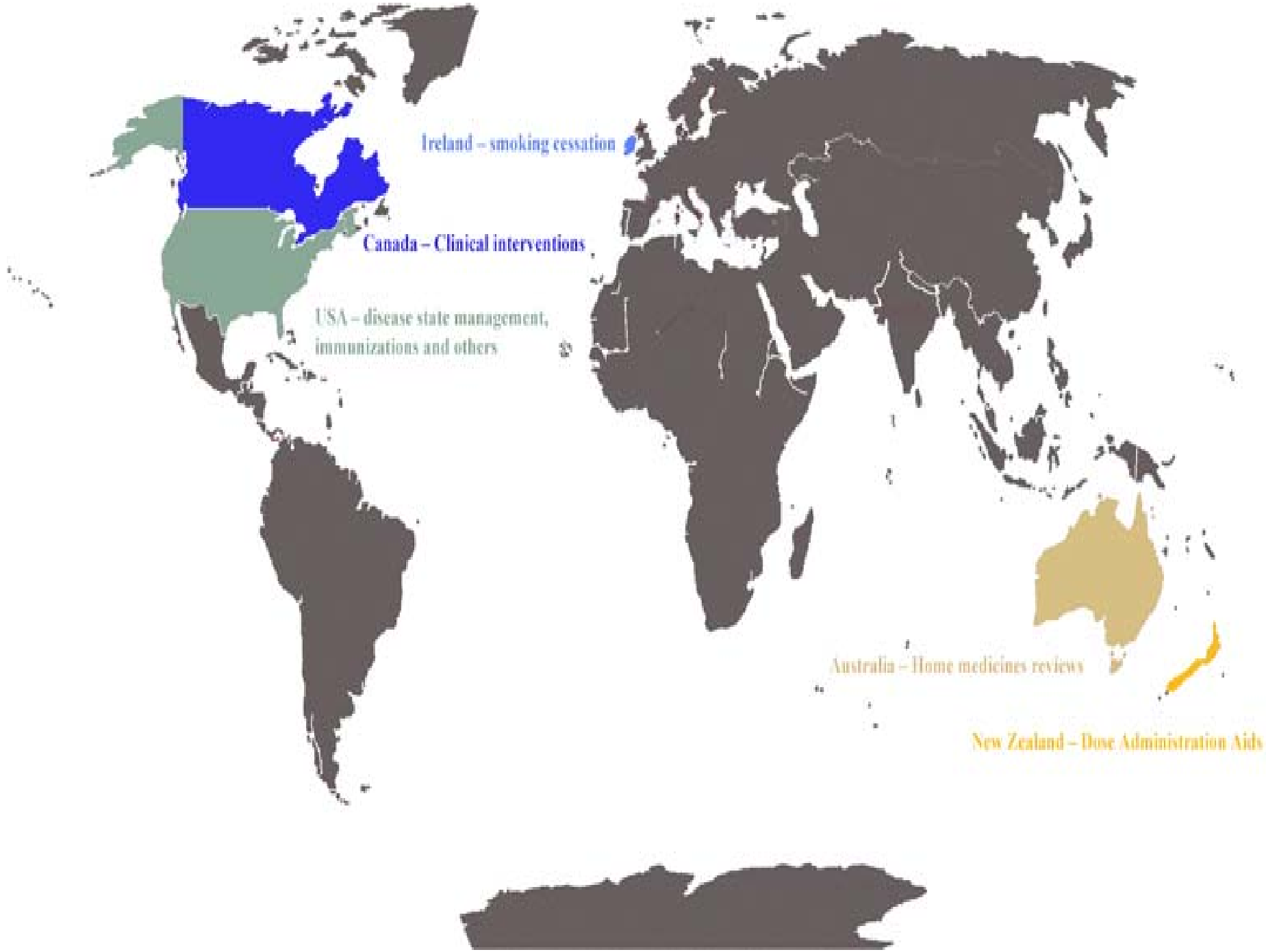
- International movement towards evidence based practice – driven by evidence based purchasing

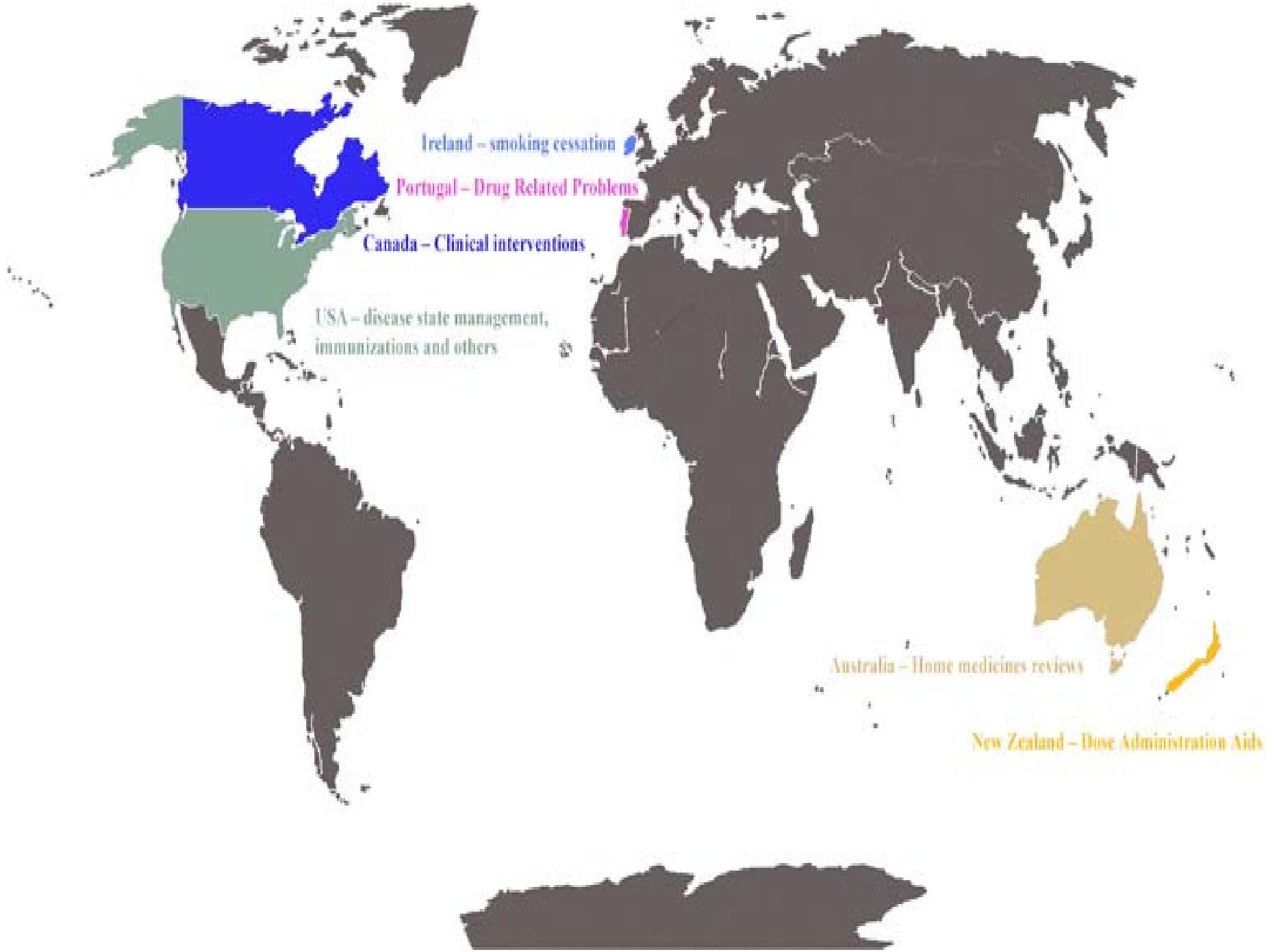

Ireland – smoking cessation

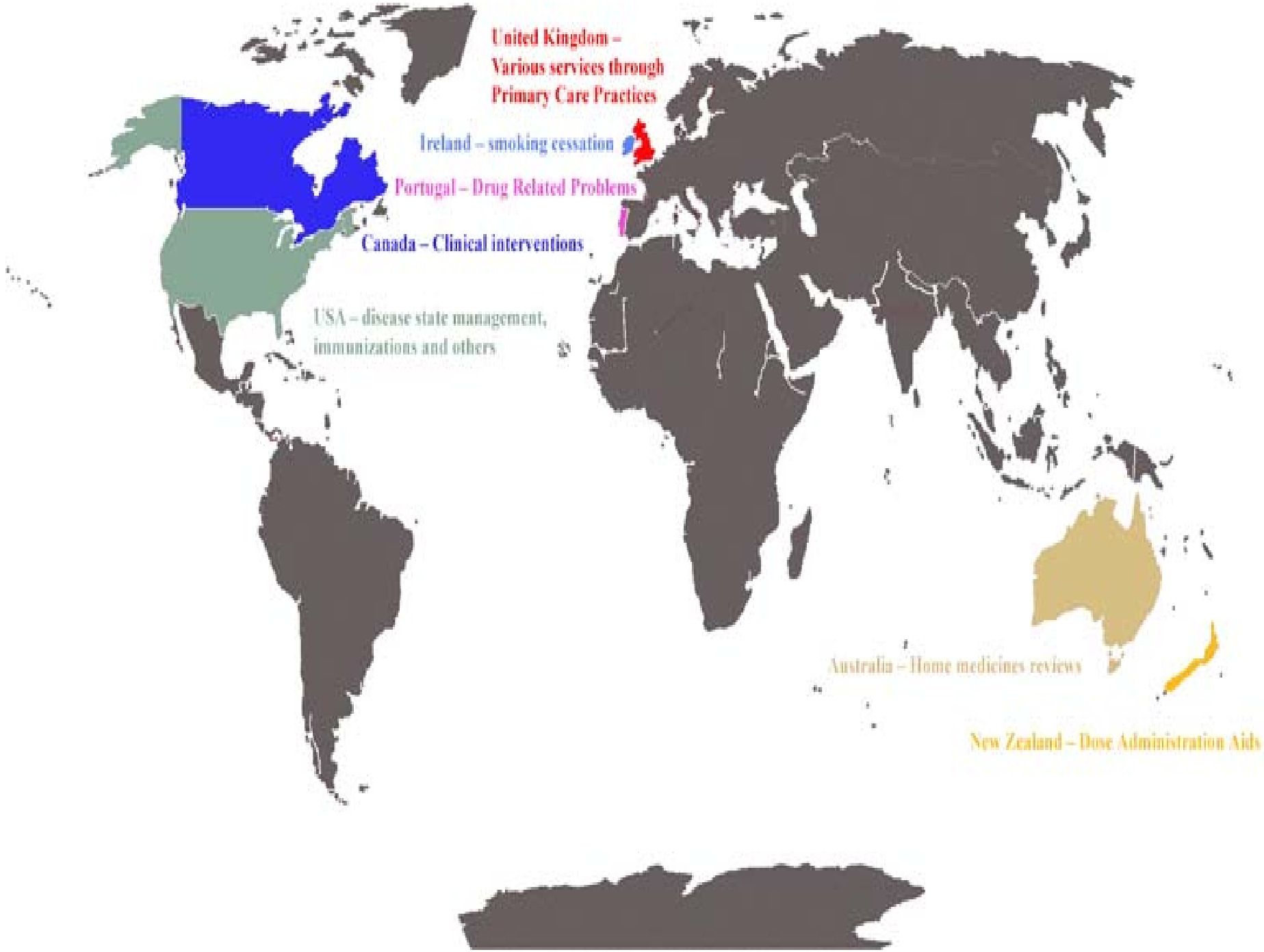

Ireland – smoking cessation
Canada – Clinical interventions


Ireland – smoking cessation
Canada – Clinical interventions
Australia – Home medicines reviews


Ireland – smoking cessation
Canada – Clinical interventions
USA – disease state management, immunizations and others
Australia – Home medicines reviews


Ireland – smoking cessation
Canada – Clinical interventions
USA – disease state management, immunizations and others
Australia – Home medicines reviews
New Zealand – Dose Administration Aids


Ireland – smoking cessation
Portugal – Drug Related Problems
Canada – Clinical interventions
USA – disease state management, immunizations and others
Australia – Home medicines reviews
New Zealand – Dose Administration Aids


United Kingdom –
Various services through
Primary Care Practices
Ireland – smoking cessation
Portugal – Drug Related Problems
Canada – Clinical interventions
USA – disease state management,
immunizations and others
Australia – Home medicines reviews
New Zealand – Dose Administration Aids

Why new professional services?

- Also – internationally there is growing clinical evidence on the role of community pharmacy health outcomes.
- Review of international literature has been undertaken by Quality Use of Medicines and Pharmacy research Centre (Drs Roughead, Semple & Vitry) *"The value of Pharmacists professional services – a systematic review of the literature 1990 – 2002"*
- Report available www.guild.org.au

Professional Service	level 1 studies	level 2 studies
• Pharmacist care services	20	6
• Education to patients or consumers	16	1
• Education for health care professionals	9	9
• Continuity of care services	9	1
• Medication review in aged care facilities	3	2
• Smoking cessation services	3	0
• Pharmacist clinic services	2	5
• Medication review for repeat prescriptions	2	0
• Medication review in the outpatient setting	2	0
• Participation in therapeutic decision making	2	0
• Pharmacist advocacy for immunisation services	2	0
• Monitoring of disease states	2	0
• Involvement in non-prescription medicine use	1	0
• Pre-admission clinics	0	1
• Drug information, Vaccines, Hospital in the home, Clinical interventions or Drug Related Problems, Screening.	0	0
Total	73	25

Conclusion of literature review

"There is clear evidence across a number of different settings for the effectiveness of pharmaceutical care services, continuity of care services post-hospital discharge, pharmacist education services to consumers, pharmacist education services to health practitioners for improving patient health outcomes of medication use …"

Pharmacy Guild funded Research

- 2 programs – the R&D grants scheme:
  - Commisioned projectes
  - "Left field" Investigator Initaated projects
- The Rural Pharmacy Infrastructure scheme
- Totaling around $17m over 5 years
- What is being funded?

Current research

- Collaborative “disease-based” interventions (around 30) :
  - diabetes, asthma, continence, immunisation, CHD, asthma, diabetes, thrush, INR, palliative care, etc..
- Pharmacy only services (around 10):
  - Dose Admin Aids, Clinical Interventions, internet advice, Large medication labels, Methadone, Smoking cessation / NRT, etc ..
- Evaluations (6):
  - QCPP, Workforce, S2/S3, HMR software, HMR evaluation, MIC, etc ..
- Support / infrastructure (30):
  - Pharmacy Assistants, R&D support centre, Change Management, competency standards, mentoring, graduate tracking, census survey of recruitment factors, curriculum for preceptors, locum support arrangements, re-entry scholarships, promoting career options to school students, Aboriginal Health Worker medicines reference, etc..
- **Full details on www.guild.org.au**

The process of collaborative service development

Collaboratively undertake Research
(identify clinical evidence)

↓

Collaboratively review findings

↓

Collaboratively develop policy

↓

Collaboratively implement

Example – HMRs

PGA/AMA/ADGP/RACGP
study at St George DGP

↓

Sharing / discussion of results

↓

Formation of MMR-ISG

↓

Funding GPs / Pharmacies &
MMR facilitators

The process of collaborative service development

Collaboratively undertake Research
(identify clinical evidence)

↓

Collaboratively review findings

↓

Collaboratively develop policy

↓

Collaboratively implement

Example – Immunization

ADGP/PGA/PSA/CHF/CDHA

↓

Sharing / discussion of results
(meeting next few weeks)

Report concludes "*immunisation coverage has increased dramatically … mechanisms should be established so community pharmacists can contribute .. by promotion of vaccination and education ..".* No mention / support for administration.

↓

Where to now??

Conclusion - Collaboration between PGA/ADGP

- MMR facilitator network a success - need to extend collaboration
- For R&D – it needs to work both ways
  - E.g. EDQUM – role of community pharmacy?
  - E.g Primary care collaboratives program?
- HMR uptake largely limited by GP involvement (only 1200 GPs participating per quarter)
- Need solutions for managing change in General Practice - joint approach to Gvnt?
- MOU??