



Community Pharmacy Roadmap Program Development Template

Program/Service Quadrant	Clinical Interventions A- Prescribed Medicines – Services and programs
1. Program/Service Description	
a) Background	<p>A Drug Related Problem (DRP) refers to any situation where the desired outcome of medicine therapy is actually or potentially interfered with. This includes medication errors, adverse events (including medicine interactions) and medication adherence problems. DRPs are a major burden on the Australian health care system, resulting in a large number of hospital admissions each year. It has been estimated that more than 190,000 hospital admissions in Australia per year are attributable to DRPs, with an associated cost of \$660 million.¹</p> <p>A significant proportion of DRPs are avoidable. Community pharmacists are highly trained health professionals who can detect and resolve DRPs, as well as identify consumers who are at high risk of such problems. For the purposes of this document, the detection, resolution process and recommendations relating to DRPs is called a “Clinical Intervention”.</p> <p>Studies conducted in Australia and overseas have found that the clinical intervention rate in pharmacies varies from 0.09% (approximately one intervention every 1000 prescriptions) to over 2.5% (approximately one intervention every 40 prescriptions).² Many of the studies noted that little or no documentation of these interventions occurs.</p> <p>From July 2011, Clinical Interventions is one of six priority areas funded by the Commonwealth under the Fifth Community Pharmacy Agreement’s (5CPA) Pharmacy Practice Incentives Program (PPIs). Under this program, an incentive payment is paid four times per year to eligible community pharmacies providing a Clinical Intervention service that meet the program requirements and QCPP accreditation requirements. Program requirements include use of a specified classification/documentation system and the recording of specified data when providing Clinical Interventions.³</p>
b) Brief Description	<p>A Clinical Intervention is a professional activity by the pharmacist directed towards improving the quality use of medicines by patients. It may result in a recommendation for a change in the patient’s medication therapy, means of administration and/or medication-taking behaviour. The aim of the program is to improve health outcomes for patients, promote quality use of medicines, reduce unnecessary expenditure and free up scarce health care resources by increasing the number of interventions performed and recorded in community pharmacy.</p>
c) Alignment with	<p>The objectives of this service are closely aligned with the key objectives of Australia’s</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>

² As calculated in the Final Report: Documenting Clinical Interventions in Community Pharmacy: PROMISE III . The report analysed data from 28 papers reporting clinical interventions to reach this figure. See Page 7:
www.guild.org.au/iwov-resources/documents/The_Guild/PDFs/CPA%20and%20Programs/4CPA%20General/2007%2008-09/RFT0809_FinalReport.pdf

³ For more detail, see Page 7: www.5cpa.com.au/iwov-resources/documents/5CPA/Initiatives/PPI/Program_Specific_Guidelines/Pharmacy%20Practice%20Incentives%20Program%20Specific%20Guidelines.pdf

Government Policy	<p>continuing health reform agenda. Reports from the Preventative Health Taskforce, National Primary Healthcare Strategy and National Health and Hospitals Reform Commission emphasise the themes of prevention, and strengthening primary care through better use of primary health care providers, including pharmacists.</p> <p>Additionally, Australia's established and well accepted National Medicines Policy includes a national strategy on Quality Use of Medicines (QUM), which states that medicines should be used judiciously, appropriately, safely and efficaciously. Pharmacists are the most regularly visited primary health care providers, and have been identified as integral to ensuring QUM. Consistent with this, the then Federal Health Minister Nicola Roxon stated in 2009: "...We should be reducing medication-related errors, and reducing avoidable hospital admissions. And pharmacists, with [their] particular skills in medicines, should be playing a big part in this."⁴</p>
d) Expected Outcomes for Government and Community Pharmacy	<p>The Government will benefit from increased efficiency and budgetary savings resulting from improved QUM and reduced medicine misadventure. Clinical Interventions help identify problems relating to medicines and their use before the patient's health is impacted.</p> <p>From a pharmacy perspective, there will be a greater recognition for the role of community pharmacists as a member of the primary health care team. This also helps community pharmacy to further develop viable business models, involving increased service provision as an adjunct to product supply. Expanding community pharmacy services also means a greater capacity to effectively utilise the increased number of new pharmacy graduates in a manner that benefits both pharmacy practice and the community. This, in turn, should contribute to pharmacy graduates having a positive outlook for community pharmacy as a career, supporting the viability of pharmacy education providers.</p>
e) Consumer Benefits	Utilising the pharmacist's expertise in medicines to support QUM will see more effective use of the medicines, with reduced risk of misadventure. Improving the management and control of a patient's condition along with co-morbidities should improve health outcomes as well as quality of life for the patient and their families.
f) Who Performs the Service?	Pharmacists.
g) Collaboration with Other Health Care Professionals	<p><i>Will service delivery require any formal collaboration with other health care professionals?</i></p> <p>Whilst formal collaboration with other health care professionals is not stipulated, improved health outcomes for patients may require collaboration with carers, GP's and other health care professionals. For Clinical Interventions under the 5CPA, the recording of any communication with other health care professionals is part of the required data collection.</p>
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 and Carer organisations • Residential Aged Care Facilities • Government bodies • GP organisations • Pharmacy organisations • Pharmacy software vendors • Relevant health related peak bodies
b) IT Requirements	<p><i>Is pharmacy software required to deliver this program?</i></p> <p>No.</p> <p>Under the 5CPA, either an electronic or paper based system may be used to record Clinical Interventions. This can be facilitated by available software, such as the 'Guildcare' suite of</p>

⁴ See:

http://parlinfo.aph.gov.au/parlInfo/download/media/pressrel/3WfV6/upload_binary/3wfv60.pdf;fileType=application/pdf

	programs, which allows for recording of Clinical Interventions in accordance with the requirements of the 5CPA.
c) Infrastructure and Staffing	<p><i>Is a private consultation area required to deliver this program?</i> No. A private consultation area is not mandatory for carrying out Clinical Interventions. However, such an area might be considered appropriate by the pharmacist, or may be requested by the patient.</p> <p><i>Is the program within the pharmacist's/pharmacy assistant's normal scope of practice?</i> Yes- pharmacist.</p> <p><i>Is an additional pharmacist likely to be needed?</i> In delivering the program, consideration needs to be given to staffing resources. There may be a need for another pharmacist to manage other professional activities within the pharmacy at the time of consultation, such as dispensing or the supply of Pharmacist Only Medicines.</p>
d) Training	<p><i>What additional formal training is required?</i> None- Clinical Interventions can be provided by registered pharmacists.</p>
e) Supporting Standards, Procedures and Templates / Checklists	<p><i>Will an amendment to the QCPP requirements be necessary?</i> Yes. A Clinical Interventions policy and checklist under element 2 of the Standard has been developed and will continue to be reviewed as part of the ongoing review process. Under the 5CPA, incentive payments will be paid to eligible pharmacies performing a Clinical Intervention who meet the accreditation requirements of an approved pharmacy accreditation program, such as QCPP.</p> <p><i>Will professional guidelines and/or standards be required?</i> Yes. The PSA 'Standard and guidelines for Pharmacists performing Clinical Interventions' applies. The D.O.C.U.M.E.N.T. classification system, as outlined in the PSA Professional Practice Standards and Guidelines, must be used when recording Clinical Interventions for the purposes of the PPI Program under the 5CPA.</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> With the potentially broad scope of Clinical Interventions, a number of relevant national guidelines and publications are applicable, depending on the nature of the program. These include the National Strategy for the Quality Use of Medicines and relevant NHMRC national guidelines.⁵</p>
f) Legislation/ Regulation Implications	None.
3. Funding	
Funding Options	The Fifth Community Pharmacy Agreement (5CPA) includes funding from July 2011 for the provision of Clinical Interventions, as one priority area under the Pharmacy Practice Incentives Program.
4. Timelines	
Timelines	<input checked="" type="checkbox"/> Established practice <input type="checkbox"/> Immediate to short-term implementation (< 30 June 2015)

⁵ See www.health.gov.au/internet/main/publishing.nsf/Content/nmp-pdf-natstrateng-cnt.htm and www.nhmrc.gov.au/guidelines

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| | <ul style="list-style-type: none"><input type="checkbox"/> Medium-term implementation(1 July 2015 to 30 June 2020)<input type="checkbox"/> Longer-term implementation (> 1 July 2020) |
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