



Community Pharmacy Roadmap Program Development Template

Program/Service Quadrant	Dose Administration Aids (DAAs) A- Prescribed Medicines- Services and Programs
1. Program/Service Description	
a) Background	<p>A DAA is a device designed to assist medication management for a patient by having their medications divided into individual doses and arranged into a dose schedule throughout the day. A DAA can either be a unit dose pack or a multi-dose pack.</p> <p>A systematic review of Dose Administration Aids (DAAs) published in the Bulletin of the World Health Organisation¹ concluded that DAAs significantly improve medication compliance and management of hypertension and diabetes. The published national and international evidence supports the use of DAAs in elderly patients and those on long-term therapy for several chronic conditions, patients with unintentional poor compliance requiring long-term medication for chronic conditions², and elderly patients or other patients showing signs of cognitive or physical impairment^{3 4 5}.</p> <p>In terms of the impact of the service in Australia, studies report a 26 per cent reduction in medication purchases⁶, a 4 per cent reduction in medication costs and an 8 per cent decrease in medication errors⁷ are due to the use of DAAs.</p> <p>In Australia, the use of DAAs complement a suite of Medication Management Programs that include:</p> <ul style="list-style-type: none">• Residential Medication Management Reviews• Medication Use Reviews• Home Medicine Reviews. <p>During the Fourth Community Pharmacy Agreement the Guild managed a DAA Program in which data was collected to evaluate the effectiveness of the Program to provide an opportunity for eligible patients to remain living effectively and confidently within their own homes. The DAA program aimed to reduce medication-related hospitalisation and adverse events through improving medication adherence for people in the community.</p> <p>An evaluation of the DAA Program was conducted by PricewaterhouseCoopers and the June 2010 report⁸ outlined a number of key non-adherence risk factors. These included:</p> <ul style="list-style-type: none">• Individuals on five or more medicines• Individuals aged 65 years and over

¹ Connor, J., N. Rafter, et al. (2004). "Do fixed dose combination pills or unit-of-use packaging improve adherence? A systematic review." Bulletin of the World Health Organization **82**: 935-939.

² Quality Medication Care Pty Ltd and Therapeutics Research Unit (2004). Effectiveness and cost effectiveness of dose administration aids (DAAs). Final Report. Brisbane, University of Queensland and Princess Alexandra Hospital.

³ Wong, B. and D. Norman (1987). "Evaluation of a novel medication aid, the calendar blister-pak, and its effect on drug compliance in a geriatric outpatient clinic." Journal of the American Geriatrics Society **35**(1): 21-26

⁴ Ware, G., N. Holford, et al. (1991). "Unit dose calendar packaging and elderly patient compliance." New Zealand Medical Journal **104**: 495-497.

⁵ Murray, M., J. Birt, et al. (1993). "Medication compliance in elderly outpatients using twice daily dosing and unit-of-use packaging." Annals of Pharmacotherapy **27**(5): 616-621.

⁶ Ware 1994 - full reference available on request

⁷ O'Borodovich - 1991 full reference available on request

⁸ PricewaterhouseCoopers, "Evaluation of the DAA/PMP Programs", Department of Health and Ageing. June 2010.

	<ul style="list-style-type: none"> • Individuals who do not have access to social support or live alone • Nature of the condition and complex medication regimens. <p>In the Fifth Community Pharmacy Agreement, the provision of DAAs to community based patients is being supported by a DAA Pharmacy Practice Incentive. Pharmacies must be accredited with QCPP (or equivalent) and register to be eligible to receive an incentive payment from Medicare Australia.</p> <p>A start up payment for accredited pharmacies will be available until 30 June 2011 and then an ongoing incentive will be paid from July 2011 to June 2015.</p>
b) Brief Description	DAA services involve the provision of compliance devices or packaging systems to community-based patients, where doses of one or more solid oral tablets or capsules are organised according to the time of administration. DAAs may include unit dose packing (where the dose [one or more tablets] of a single type of medication is packed in each compartment, blister or sachet), or multi-dose packing (where doses of more than one medicine can be packed in one compartment, blister or sachet).
c) Alignment with Government Policy	Australia's established and well accepted National Medicines Policy includes a national strategy on the quality use of medicines (QUM). QUM principles dictate that all medicines should be used judiciously, appropriately, safely and efficaciously. This is consistent with the benefits of providing patients with DAAs, as the organising of patients' medicines into blister packs is specifically designed to minimise the risk of medicine misadventure and maximise the appropriate use of these medicines.
d) Expected Outcomes for Government and Community Pharmacy	<p>The Government benefits from increased efficiency and budgetary savings resulting from improved QUM and medicine compliance. These services also help identify problems relating to medicine compliance before they become unmanageable.</p> <p>From a pharmacy perspective, there is a greater recognition of the role of community pharmacists as a member of the primary health care team. Such services provide community pharmacy with the opportunity to develop a viable business involving service provision as an adjunct to product supply. It also confers 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	Utilising the pharmacist's expertise in medicines to support QUM leads to more effective use of medicines, with reduced risk of patient misadventure and medication-related hospitalisations. Improving the management and control of a patient's condition, along with co-morbidities, can improve the patient's health outcomes as well as their quality of life. DAAs can also assist elderly patients to remain independent and delay admissions to aged care services.
f) Who Performs the Service?	<ul style="list-style-type: none"> • Pharmacists • Appropriately trained dispensary technicians
g) Collaboration with Other Health Care Professionals	<p><i>Will service delivery require any formal collaboration with other health care professionals?</i></p> <p>Formal collaboration may occur via direct requests from prescribers and health professionals eg aged care services. However, pharmacists may also initiate a DAA service based on their knowledge of the patients' need through, for example, a Medication Use Review or Home Medicine Review.</p>
2. Implementation and Enablers	
a) Stakeholder Consultation	<p><i>Representative bodies from the following areas will need to be consulted in order to further develop and implement a program:</i></p> <ul style="list-style-type: none"> • Consumer and carer organisations • Residential aged care facilities

	<ul style="list-style-type: none"> • Government bodies • GP organisations • Pharmacy organisations • Pharmacy software vendors • Relevant health related peak bodies • Manufacturers of DAA systems, eg, APHS, Healthstream, MPS, MTS, Persocare, and WebsterCare.
b) IT Requirements	<p><i>Is pharmacy software required to deliver this program?</i> Yes. There are special modules that can be used within most currently available dispensing programs that assist with DAA processing, along with special labelling. IT solutions should be part of ongoing program reviews with the aim of ensuring a more efficient and timely delivery of the service and enable reporting for the claiming of the DAA Pharmacy Practice Incentive.</p>
c) Infrastructure and Staffing	<p><i>Is a private consultation area required to deliver this program?</i> No.</p> <p><i>Is the program within the pharmacist's/pharmacy assistant's normal scope of practice?</i> Yes.</p> <p><i>Is an additional pharmacist likely to be needed?</i> To be determined according to particular pharmacy circumstances. 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 such as dispensing or the supply of Pharmacist Only Medicines.</p>
d) Training	<p><i>What additional formal training is required?</i> None</p>
e) Supporting Standards, Procedures and Templates / Checklists	<p><i>Will a QCPP standard be required?</i> To be determined. The QCPP contains requirements for packing DAAs under the current Standard 3 Checklist. These will be reviewed in 2011 as DAAs have been included under the Pharmacy Practice Incentives Program (PPI) under the Fifth Community Pharmacy Agreement</p> <p><i>Will professional guidelines and/or standards for pharmacists be required?</i> Yes.</p> <p><i>Are there any other national guidelines which need to be taken into account in developing the program to ensure consistency with best practice?</i> Any DAA service should align with the National Medicines Policy and associated guidelines, such as 'Guiding principles to achieve continuity in medication management'.</p>
3. Funding	
Funding Options	<p>A Pharmacy Practice Incentive will be paid to QCPP accredited pharmacies that deliver community based DAAs during the Fifth Community Pharmacy Agreement and the payment is for the delivery of a quality service to improve consumer's quality use of medicines. It is not a fee for service and does not attempt to reflect the cost of delivering the service.</p> <p>Additional funding options may include:</p> <ul style="list-style-type: none"> • Alternative Commonwealth Programs • User-pays (requires review of GST implications) • Private Health Insurance

4. Timelines

Timelines	<ul style="list-style-type: none">√ Established community pharmacy practice<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)
-----------	--