ACT Budget 2019-20 submission

INTRODUCTION

In order to produce better health outcomes for Canberrans, and a greater return on ACT's health budget, The Society of Hospital Pharmacists of Australia (SHPA) ACT Branch believes that funding for medicines and pharmacy services should focus upon the achievement of health outcomes, rather than volumetric measures of the delivery of services. SHPA members are well aware of the pressures of health funding and believe that poor integration of pharmacy care between hospital and community care contributes to this expense.

SHPA welcomes the opportunity to provide input to the 2019-2020 ACT Government Budget Consultation Process. SHPA's submission outlines specific areas that require attention in order to achieve optimal health outcomes for Canberrans that are in line with Australian federal government objectives.

Hospital pharmacists are patient-centred advocates for clinical excellence and quality medicines management. The SHPA is the national, professional, for-purpose organisation for leading pharmacists and pharmacy technicians working across Australia's health system, advocating for their pivotal role improving the safety and quality of medicines use. Embedded in multidisciplinary medical teams and equipped with exceptional medicines management expertise, SHPA members are progressive advocates for clinical excellence, committed to evidence-based practice and passionate about patient care.

If you have any further enquiries on the following proposals or would like to engage SHPA on costing estimates, please contact Johanna de Wever, General Manager – Advocacy & Leadership (jdewever@shpa.org.au)

RECOMMENDATIONS

SHPA recommends the ACT Government prioritise six key areas in which to invest in the 2018-2019 ACT Budget, as outlined below:

1. **Increased funding into clinical pharmacy service resourcing to ensure that a ratio of one hospital pharmacist to a maximum of 30 patients is available**

   To ensure that Canberrans receive safe and quality pharmacy care in ACT hospitals, increased funding for clinical pharmacy services should be allocated to hospital pharmacy departments. This will aid in achieving a ratio of one clinical pharmacist to a maximum 30 patients in hospitals so that clinical pharmacists can provide the most optimal care and full suite of clinical pharmacy services to ACT inpatients, such as medication reconciliation on admission, daily medication chart reviews and medication counselling on discharge. This 1:30 ratio applies to patients with lower care needs such as geriatric evaluation and management, rehabilitation and ear, nose and throat patients. Whereas general medical, chemotherapy and cardiology units are recommended to have one pharmacist to every 20 patients, and one pharmacist to 25 patients in surgical beds. This consistency in care allows for a safer patient journey through the hospital journey thereby minimising unnecessary readmissions after discharge.

2. **Bridge the gap in the delivery of clinical pharmacy services by supporting the provision of clinical pharmacy services across seven days**

   SHPA supports the delivery of clinical pharmacy services across seven days as a matter of clinical safety, recognising that traditionally hospital pharmacies provide very limited services after traditional business hours, on weekends and public holidays, particularly in regional and rural areas. As key members of the clinical multidisciplinary team, it is essential that pharmacy services, including bedside clinical pharmacy services, are delivered consistently to all patients who require them regardless of the time and/or day of their admission into hospital.

3. **Improve access to discharge medicines in ACT by becoming a signatory to the Public Hospitals Pharmaceutical Reforms Agreement**

   The ACT government is encouraged to become a signatory of the Public Hospitals Pharmaceutical Reforms Agreement so that Canberrans are able to receive one months' supply of discharge medicines with Pharmaceutical Benefits Scheme subsidies upon discharge. This would aid ACT hospitals to provide pharmacy care that is more in line with Australia's National Medicines Policy, and also reduces the urgency of recently discharged patients to see their local GP (usually within 3 days) to continue their medicines regimen and aid their transition of care. Overall, this improves medication adherence and treatment success where recently discharged patient are most at risk of medication adverse events and readmission back into hospital.

4. **Improve the quality and safety of care delivered in ACT hospitals by embedding specialty clinical pharmacists as part of clinical teams to ensure that national standards are met**

   All clinical hospital pharmacists practice medication safety. Providing access to specialty clinical pharmacists who are embedded into ACT hospitals as part of a multidisciplinary team would provide safer specialty care, reduce medication-related harm and provide an integrated support system for patients. This will ensure that ACT public hospitals can deliver the highest level of safety and quality in pharmacy care to help reduce the ACT's contribution to the annual 230,000 medication-related hospitalisations which cost the healthcare system $1.2 billion annually.

5. **Investment in opioid stewardship services in all ACT hospitals with surgical facilities to address opioid prescription and supply**

   With the increasing trend of misuse of prescription opioids in the ACT, an opioid stewardship program in ACT hospitals provides great potential for reducing harm when supported by adequate funding and management. This is timely as international research has indicated that while the majority of prescribing of opioids occurs in the community, 70% is initiated in hospitals with 17% of patients continuing opioid use long-term[1].

6. **Supporting innovative approaches to embedding pharmacists into aged care facilities to enable a collaborative, patient-centred clinical pharmacy model that addresses the needs of patients**

   With an aging population and the ongoing introduction of new medications, the risk of polypharmacy and medication mismanagement is more of a concern. Current programs are insufficient to address the complex needs of this group of patients who require consistent and regular monitoring[2]. Clinical hospital pharmacy services aim to assist in filling the current gap by encompassing a range of patient-focused services and full medication reviews whilst a patient is in hospital. The aim is to minimise the inherent risks associated with the unnecessary and inappropriate use of medicines in the elderly. In turn this improves patient health and quality of life as well as savings for the PBS.

POLICY DISCUSSION

1. Increased funding into clinical pharmacy services to ensure that a ratio of one hospital pharmacist to a maximum of 30 patients is available

The current dynamics of Australian hospitals consists of an increase in the number of elderly patients in hospitals, the acuity of patient conditions, the complexity of medicines regimen and the length of stay in hospitals. This creates a demand for hospital services such as clinical pharmacy services. SHPA understands that some healthcare facilities in the ACT have pharmacist to patient ratios that are less than the recommendations outlined in the SHPA *Standards of Practice for Clinical Pharmacy Services*[3] of one hospital pharmacist to a maximum of 30 patients. This ensures clinical pharmacists can provide the most optimal care and full suite of clinical pharmacy services to ACT inpatients, such as reconciliation on admission, daily medication chart reviews and medication counselling on discharge. This 1:30 ratio applies to patients with lower care needs such as geriatric evaluation and management, rehabilitation and ear, nose and throat patients. Whereas general medical, chemotherapy and cardiology units are recommended to have one pharmacist to every 20 patients, and one pharmacist to 25 patients in surgical beds. For outpatient clinics, a ratio of 1:22 is recommended, as there is significant and complex workload for hospital pharmacists in outpatient clinics, including managing off-label prescribing, individual patient usage applications and navigating Drugs and Therapeutic Committees approval processes.

Hospital pharmacists strive to uphold the National Medicines Policy through their daily work, of which the Quality Use of Medicines is a central objective. Hospital pharmacists aim to provide safe and quality care by providing inpatients with medication reconciliation on admission, daily medication chart reviews and medication counselling on discharge. These primary core activities are unattainable in facilities where pharmacists are not adequately supported. Investing in clinical pharmacy will aid in re-establishing adequate staffing levels with the recommended ratio. The value of clinical pharmacy services is well documents in literature[4,5], with an Australian economic analysis indicating a $23 return for every $1 spent on clinical pharmacy services[6]. These core activities should be available to all patients admitted into hospital to ensure optimal health outcomes. It cannot be achieved for all patients however, if there is not enough staff to accommodate the service. For example, patients not counselled on any changes to their medication regimen during admission (new medications started, medications ceased or important follow up required), increases their risk of not understanding their new medicine regimen when they go home and risk having an adverse medication event, doubling up or missing medications and increases their chances of being readmitted.

2. Bridge the gap in the delivery of clinical pharmacy services by supporting the provision of pharmacy services across seven days

ACT hospitals should provide clinical pharmacy services to Canberrans across seven days, given there are more emergency department presentations on the weekend[7] and higher mortality rates than during the week[8]. Pharmacists are an underutilised pillar of the healthcare system across ACT and on a national scale. Unlike medical and nursing staff, hospital pharmacists do not routinely work weekends in many hospitals hence fewer or no clinical services are provided to weekend patients, increasing the risk of medicine-related issues. The current provision of clinical pharmacy services in Australian hospitals is inadequate in meeting patients' needs, indicated by a study which showed that approximately 20% of patients experience a significant delay in medicine administration upon arrival at the facility and that

12% of missed doses were considered high risk[9]. The implementation of a seven-day service would avoid compromising patient care and safety thereby improving the patient experience[10].

Seven-day pharmacy services would allow the consistent delivery of bedside clinical pharmacy services, collaboration with doctors and nurses on wards, routine medication reconciliation and medicines safety consultations as well as the dispensing of medicines for patients to take home for continuous treatment. A seven-day clinical pharmacy service has already been successfully implemented in the UK by the NHS[11] which observed a reduction in missed doses and prescription errors; greater medication reconciliation and fewer patients experiencing a delayed discharge or discharge without medicines for home use.

Australian research presented from a seven-day model trial in a large metropolitan health service in Victoria demonstrated improved outcomes for high-risk patients. A fully comprehensive solution would involve a seven-day service available for hospital services, with outpatient appointments on weekends as well. The seven-day practice will allow hospital pharmacists to meet SHPA's *Standards of Practice for Clinical Pharmacy Services,* as well as Australian Commission on Safety and Quality in Health Care's *National Safety and Quality Health Service Standards*.

3. Improve access to discharge medicines in ACT by becoming a signatory to the Public Hospitals Pharmaceutical Reforms Agreement

The Pharmaceutical Benefits Scheme (PBS) is an important aspect of health care in Australia. It has been in existence for over 50 years during which time it has evolved from a scheme for the provision of drugs for life-threatening conditions to a scheme for the provision of timely, reliable and affordable access to necessary and cost-effective medicines. Patients in non-signatory states such as ACT are not able to access PBS-supported medicines in public hospitals for a range of serious conditions or medicines on discharge, typically receiving medicine supply for only 2–3 days rather than the standard 30 days.

This results in patients not having an adequate supply of medicines leaving hospital as they continue to be excluded from the Pharmaceutical Benefits Scheme available to other states.

Since the adoption of the Public Hospital Pharmaceutical Reforms in the signatory states and territories, public hospital patients receiving care as an outpatient, including chemotherapy, are able to access a months' worth of their discharge medicines with PBS subsidy post discharge. This ensures a consistent standard of care for vulnerable people and reduces the need for individuals to immediately seek an appointment with their general practitioner on discharge from the hospital. SHPA feels strongly that ACT patients would receive safer, better quality care if the ACT government makes signing up to the PBS Public Hospital Pharmaceutical Reforms a priority.

Furthermore, hospital pharmacies are recognised as Section 94 pharmacies under the National Health Act and attract an uncapped 11.1% mark-up on PBS medicines, which generates revenue for the hospital pharmacy and can be used to invest in clinical pharmacy resources.

4. Improve the quality and safety of care delivered in ACT hospital by embedding specialty clinical pharmacists as part of clinical teams to ensure that national standards are met

Hospital pharmacy services play a key role in ensuring hospitals meet their Medication Safety accreditation requirements to provide safe and high-quality care for patients taking medicines. Notably, it was reported earlier this year that Canberra Hospital faced accreditation issues

due to breaches under the national standards[12]. SHPA recommends embedding specialty clinical pharmacists as part of the clinical teams into ACT hospitals to further improve medication safety systems as a fundamental to every health organisation's risk management strategy.

Medication safety requires the involvement of a multidisciplinary team with leadership, sponsorship and governance from the organisation's executive. All clinical hospital pharmacists practice medication safety to varying levels of experience as do medical, nursing and other allied health staff. As part of a multidisciplinary team and together with patients and carers, active participation in medication safety programs should be encouraged.

To support this, the implementation of career development programs and pathways for specialised clinical pharmacy roles is required, and necessary to ensure workforce retention in the ACT hospital pharmacy sector, which uniquely faces competition from public service agencies that are much less apparent outside of the ACT. This can be achieved by expanding and supporting the SHPA Residency Program, as well as the SHPA Advanced Training Residency Program which will begin from 2019. The SHPA's Advanced Training Residencies intend to diversify hands-on learning by sharpening focus on specialty pharmacy skills in disciplines such as cardiology, geriatric medicine, infectious diseases and mental health, and other specialty areas in future.

Ideally, medication safety programs, conducted within and external to a hospital pharmacy, should be led by a pharmacist supported by other pharmacists, technicians and other staff within the department and hospital. This will allow ACT hospitals to comply with Standard 4: Medication Safety of the National Safety and Quality Health Services Standards. In addition, hospital pharmacy services need to assess their ability to comply with the *SHPA Standards of Practice for Medication Safety*.

5. Investment in opioid stewardship services in all ACT hospitals with surgical facilities to address opioid prescription and supply

The misuse of opioids continues to cause harm in the ACT with a rate of 2.7 deaths due to pharmaceutical opioids per 100,000 Canberrans[13]. International research has indicated that while the majority of opioid prescribing occurs in the community, 70% is initiated in hospitals with 17% of patients continuing opioid use long-term[1]. The ACT government should invest in dedicated programs committed to reducing harm from opioid initiation occurring in hospitals by improving the prescribing and discharge processes. Opioid Stewardship programs, based on the Antimicrobial Stewardship approach, provides comprehensive management of opioid prescribing including reviews, monitoring and de-escalation plans. They will also greatly leverage off benefits provided by the real-time prescription monitoring system to be introduced in the ACT in March 2019, and synergistically reduce opioid-related harm and dependence in the community.

Opioid stewardship involves coordinated interventions to improve, monitor and evaluate the use of opioids in patients with acute and chronic pain as well as acute episodes on chronic pain. Hospital pharmacists are well placed to take an active role in patients' pain management and to reduce the risk of patients developing opioid dependence through harm reduction programs.

Hospital pharmacists are experts in medicines management and utilise their knowledge to recommend appropriate pain therapies and dosing to all medical and allied health staff, as well as counsel patients to establish pain management goals and opioid de-escalation plans. From a systems level, hospital pharmacists are also able to conduct drug use evaluations on opioids within their health service, monitor prescribing patterns and identify trends and strategies to improve the quality of opioid prescribing and their use.

A pharmacist-led program has been trialled in Victorian and Queensland hospitals with successful outcomes obtained. An audit after 2 years of implementation in Victoria demonstrated lower quantities of oxycodone dispensed to patients and increased analgesic weaning in hospital and inclusion in medical discharge summaries. Pharmacist-led opioid de-escalation in orthopaedic patients was shown to reduce opioid requirements by 25% without adversely impacting pain scores, with is being extended to the Plastics and Trauma units, where opioid use was high[14]. The Opioid Prescribing Toolkit developed in Queensland further highlights the success of an opioid stewardship where the average number of oxycodone tabs decreased from 19.9 to 11 tablets. This coincided with an increase in the proportion of patients having a de-escalation plan handed over to their general practitioner[15].

6. Supporting innovative approaches to embedding pharmacists into aged care facilities to enable a collaborative, patient-centred clinical pharmacy model that addresses the needs of patients

Clinical pharmacy services are able to fill the current gap by encompassing a range of patient-focused services provided by hospital pharmacists that aim to minimise inherent risks associated with medication mismanagement. This ensures medicines are used appropriately and to optimise health outcomes of the elderly.

There are approximately 2,600 patients in ACT aged care facilities that are facing multiple chronic conditions with the added risk of polypharmacy and medication mismanagement impacting mortality and quality of life[16,17]. Older people residing in aged care facilities have additional social and organisational factors which further complicate medicines use. Current services are inadequate to address the needs of elderly patients as evidence highlights that 20% to 30% of all admissions in the population aged 65 years and over are estimated to be medication-related[10]. Services in place include the Residential Medication Management Review (RMMR) program that involves accredited pharmacists reviewing residents in aged care facilities who are at risk of medication misadventure. However, the service is insufficient in meeting the complex needs of this vulnerable patient group as it is reported that less than 50% of RMMRs have case conferencing conducted[18].

Integrating an onsite clinical pharmacist into aged care facilities has the opportunity to improve quality use of medicines in this setting. There is evidence from a pilot program trialled in Canberra which highlighted that clinical pharmacy services can reduce medication-related problems, polypharmacy and adverse drug events and may be cost-effective[19]. Preliminary Australian evidence indicates that embedding pharmacists into care teams for older Australians delivers benefits in quality of care and safety, returning $1.54 per $1 of investment[20]. Offering an onsite clinical pharmacist, as opposed to a visitational role currently provided by RMMR pharmacists, will enable the onsite pharmacist to more efficiently follow up with residents, general practitioners, nursing, and care staff involved in resident care, as required. Onsite integration would aid in better rapport-building which is crucial in assessing the complex illnesses for complex patients, including behavioural and psychological symptoms of dementia, and to develop the trust and communication, necessary in peer relationships for carers and nurses, to share the implementation of the medication plan.

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