



ACT Budget 2020-2021 submission

INTRODUCTION

Hospital pharmacists are patient-centred advocates for clinical excellence and quality medicines management working in healthcare services across the ACT including public and private hospitals. 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 in 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.

SHPA welcomes the opportunity to provide input to the 2020-2021 ACT Government Budget Consultation Process. SHPA's submission highlights key areas that require attention in order to achieve optimal health outcomes for Canberrans that are in line with Australian federal government objectives.

RECOMMENDATIONS

SHPA recommends the ACT Government prioritise six key areas in which to invest in the 2020-2021 ACT Budget, priced against the ACT Public Sector Health Professionals Enterprise Agreement 2018-2021 as outlined below:

- 1. Further investment to increase Canberrans access to specialty practice pharmacists in areas such as palliative care, mental health and peri-operative care to improve care and reduce waiting lists for elective surgery**

To address gaps in healthcare provision which contribute to patient delays such as the extended waiting time for elective surgery, reduced pharmacy support for palliative care and greater risk of medicine misadventure during the transition from hospital into community care^{1,2}.

Cost of investment: ~\$700,000 per annum for six (6) additional specialist pharmacists to provide medicines management in palliative care, peri-operative care and transitional care across two ACT public hospitals

- 2. Further investment in ACT hospital pharmacy internships to improve workforce retention and sustainability**

Due to the small clinical pharmacy workforce, ACT hospital pharmacy departments frequently experience difficulties in employing and retaining hospital pharmacists across generalist and specialist positions. Creating additional internship positions in ACT's public hospital system will increase the workforce capacity leading to greater capability to recruit for advanced positions and consistent high-quality medicine management for Canberrans in hospital.

Cost of investment: ~\$450,000 per annum for six (6) additional hospital pharmacy interns (three (3) additional hospital pharmacy interns at each ACT public hospital)



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3. Embedding Opioid Stewardship Pharmacists in public hospitals with surgical facilities to reduce opioid related harm and diversion in the community arising from opioid prescribing in hospitals

With each additional week of opioid use associated with a 44% increase in the rate of misuse among opioid-naïve patients³, this makes the hospital a key site of opioid initiation when opioid naïve patients are dispensed opioids for pain management at home post-surgery. Pharmacist-led opioid stewardship services in all ACT hospitals should be implemented to reduce the opioid-related harm by improving the quality and judicious use of opioid medicines and discharge management.

Cost of investment: \$300,000 per annum for the employment of two (2) Opioid Stewardship Pharmacist to operate stewardship programs in both ACT public hospitals

4. Investment in electronic medication management (eMM) pharmacists to inform planning, implementation and delivery of Digital Health Records

EMM pharmacists must be embedded in ACT hospitals as champions to provide strong leadership in relation to the implementation and design of ACT's upcoming Digital Health Record to achieve closed loop medication management systems. EMM pharmacists are essential to inform system design, provide clinician engagement and education. They can address workflow challenges by adapting technology and work practices to create a good fit between the system and users.

Cost of investment: \$200,000 per annum for two (2) eMM hospital pharmacists at Calvary Public Hospital

5. Ongoing funding to embed pharmacists in residential aged care as part of the ACT Health Plan, contingent on the successful implementation of the current ACT trial

SHPA's forthcoming Standard of Practice in Geriatric Medicine for Pharmacy Services recommends a ratio of one full-time equivalent pharmacist to 200 residents in aged care facilities to deliver an evidence-based, best practice, clinical pharmacy service, as reiterated in SHPA's submission to the Royal Commission into Aged Care Quality and Safety.

Preliminary Victorian evidence on a clinical pharmacy model in a home nursing service indicates a return on investment of \$1.54 for every \$1 spent is achieved through embedding pharmacists to improve medicines management. Medicines mismanagement has a key role in poor patient outcomes for aged care residents in the ACT as noted by the Royal Commission.

Cost of investment: \$1.6 million per annum recurrent funding for ~13 residential aged care pharmacists (1:200 residents) after Federal Government trial concludes.

6. 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 to provide pharmacy care that aligns with Australia's National Medicines Policy. This would entail providing Canberrans with one months' worth of discharge medicines under Pharmaceutical Benefits Scheme subsidies upon discharge.

POLICY DISCUSSION

1. Further investment to increase Canberrans access to specialty practice pharmacists in areas such as peri-operative care, palliative care and transitional care to improve care and reduce waiting lists for elective surgery

The rise in chronic diseases combined with an ageing population with complex medication regimens places a growing burden on the Australian health system. Despite recent expenditure there remains an increased and unmet demand for hospital services, such as clinical pharmacy services, putting current hospital pharmacist resources which are understaffed under immense strain and pressure to meet the demands of the system.

The SHPA Standards of Practice for Clinical Pharmacy Services⁴ recommend one hospital pharmacist to every 30 patients (1:30) to ensure safe high-quality medicines management. This includes providing inpatients with medication reconciliation on admission and discharge, daily medication chart review and patient counselling. The value of clinical pharmacy services is well documented in literature^{5,6}, with an Australian economic analysis indicating a \$23 return for every \$1 spent on clinical pharmacy services⁷.

More specifically, SHPA members in ACT have identified service gaps in speciality pharmacy services such as peri-operative care pharmacists, palliative care pharmacists and transition care pharmacists at both ACT hospitals.

- Peri-operative care pharmacists are involved with elective surgery planning, which would assist with ACT to reduce its wait times for elective surgery which is continually in the media as one of the nation's longest^{8,9}.
- Palliative care pharmacists are essential in developing individualised treatment regimens for each palliative care patient, ensuring they match the treatment goals of the patient whilst reducing costs and unnecessary medication use which can lead to adverse effects and toxicity.
- Transition care pharmacists are integral to providing post-discharge care to patients who are at risk of readmission to hospital. Over 90% of patient have as least one medication-related problem post-discharge from hospital¹⁰. Transition care pharmacists able to conduct outreach home medication review services to ensure patients are safely adjusting back to the community and are taking their new medicines safely.

SHPA commends the ACT government with its recent budget commitment of investing \$7.94 million towards the expansion of pharmacy services at The Canberra Hospital. Although this investment takes a positive step towards the right direction, further investment is needed to achieve the recommendations outlined.

Cost of investment: ~\$700,000 per annum for six (6) specialty pharmacists to treat patients in each of the palliative care, peri-operative care and transitional care services at both ACT public hospitals (6 pharmacists in total)

2. Further investment in ACT hospital pharmacy internships to improve workforce retention and sustainability

SHPA members in the ACT report that workforce retention remains an issue, with many pharmacist positions in both hospitals remaining difficult to fill due to the high demand for pharmacy expertise in clinical and non-clinical roles. To improve retention and investment in the clinical pharmacy workforce, more hospital pharmacy internships must be made available for pharmacy graduates to entice them into a career in hospital pharmacy. SHPA ACT Branch notes that whilst the last year has demonstrated a significant improvement in attracting hospital pharmacists to the ACT public hospital system, there are still many clinical pharmacist positions that are currently vacant, with opportunities for Specialist Pharmacist positions in general medicine, surgical medicine, women's health, youth and children, mental health, rehabilitation and aged care, and emergency and critical care currently being advertised.

Investing in intern pharmacists creates greater job stability and more opportunities for advancement for current pharmacy staff. It will also increase the pool for internal recruitment, thus reducing recruiting and training costs with a stronger internal pipeline that improves staff retention and advancement.

This workforce strategy has been effective in states such as Victoria, where hospital pharmacy internship positions are 60% funded by the state government. These intern positions have fostered growth in overall hospital pharmacy workforce and service development, with the majority of hospital pharmacy interns finding gainful employment in the public sector following completion of their internship.

Cost of investment: ~\$450,000 per annum for six (6) additional hospital pharmacy interns (three (3) at each Calvary Public Hospital and The Canberra Hospital)

3. Embedding Opioid Stewardship Pharmacists in public hospitals with surgical facilities to reduce opioid related harm and diversion in the community arising from opioid prescribing in hospitals

There is a need for pharmacist-led opioid stewardship programs to be integrated into standard practice across all ACT hospitals with surgical facilities in order to reduce harms to opioid naïve patients post-surgery. The misuse of opioids continues to cause harm in ACT with a rate of 1.6 unintentional deaths due to pharmaceutical opioids per 100,000 Canberrans¹¹. Opioid stewardship is an evidence-based program proven to reduce harms associated with opioids commenced in acute settings and is strategically aligned with the National Strategic Action Plan for Pain Management¹².

Hospital pharmacists are gatekeepers for the provision of opioids in a hospital setting. New findings have indicated that total duration of opioid use is the strongest predictor of opioid misuse. Hospitals therefore play a crucial role given they are a key site of opioid initiation when opioid naïve patients are discharged into the community post-surgery.

Opioid stewardship is a flexible model outlined in SHPA's Standard of Practice for Pain Management in Pharmacy Services¹³. It involves coordinated interventions that provide comprehensive management of prescribing of opioids including review, monitoring and de-escalation, and has shown great progress in reducing the harms caused by high-risk medicines^{14,15}. 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 doctors and nurses, as well as counsel patients to establish pain management goals and outline opioid de-escalation plans for both the patient and



their general prescriber. 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.

Cost of investment: \$300,000 for one (1) Opioid Stewardship pharmacist each at both ACT public hospitals (2 in total)

4. Investment in electronic medication management (eMM) pharmacists to inform planning, implementation and delivery of Digital Health Record

Health information technology implementation has been shown to improve the safety and efficiency of care, however, not considering all aspects of system implementation can lead to poor acceptance by system users, and the creation of new types of medication errors¹⁶. SHPA commends the ACT government's commitment to investing over \$100 million to implement a territory-wide Digital Health Record (DHR) to improve patient care and safety. The overarching aim to attain Healthcare Information and Management Systems Society (HIMSS) Analytics Electronic Medical Record Adoption Model (EMRAM) Level 6, which will enable closed loop medication management systems is strongly supported given the significant medication safety benefits and reduction of clinical transcription. Yet poorly designed applications and failure to appreciate the organisational implications associated with their introduction can introduce unexpected new risks in patient safety¹⁷.

An eMM pharmacist is an important stakeholder in eMM system governance structures, system design, clinician engagement and education. SHPA ACT Branch understands that ACT government has assigned a Chief Pharmacy Information Officer to coordinate the implementation of the DHR and funded eMM pharmacist positions at The Canberra Hospital. SHPA believes investment of two eMM pharmacists in the Cavalry Public Hospital, to inform the conceptual stages and providing planning, implementation, educational and delivery activities would complement this investment. Pharmacists are integral to the design process because of their knowledge of the medicines management cycle, medicines safety and the various pathways medicines are prescribed, charted, supplied and administered. Pharmacists have the technological knowledge and expertise of using multiple health information platforms, which can assist in the development and standardisation of medicines management by integrating health information technology solutions into patient care setting infrastructures. Extensive eMM system customisation and quality assurance are required in all sites implementing DHR technology.

Education and training of staff are also critical to successful user adoption of the DHR. The consequences of poor user activity include workarounds which result in delayed access to information, difficulty in accessing the necessary information in a digital system and incorrect information being entered into the system¹⁰.

An NSW incident in early 2018 is an example of where an incorrect patient chart was accessed, the wrong medicine charted and administered, and led to the death of a patient. The clinician ignored the system alerts and entered incorrect medication information by overriding the alerts. It was reported in the Coroner's Inquest that the clinician had only limited training¹⁸.

Cost of investment: \$200,000 per annum for two (2) eMM hospital pharmacists at Calvary Public Hospital

5. Ongoing funding to embed pharmacists in aged care as part of the ACT Health Plan, contingent on the successful implementation of the current ACT trial

SHPA's forthcoming Standard of Practice in Geriatric Medicine for Pharmacy Services recommends a ratio of one full-time equivalent pharmacist to 200 residents (1:200) in aged care facilities to deliver an evidence-



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based, best practice, clinical pharmacy service, as reiterated in SHPA's submission to the Royal Commission into Aged Care Quality and Safety. With 2,630 residential aged care places in ACT, this equates to the employment of an additional 13.15 aged care pharmacists, based on the assumption that all the places are occupied.

SHPA anticipates positive results from the ACT's first research trial into embedding pharmacists into residential aged care conducted at Goodwin Aged Care Services¹⁹, which complements the \$3.7 million investment by the Federal Government to embed pharmacists in aged care facilities across the ACT. This is based on recent Australian evidence that highlighted that embedded clinical pharmacist services in aged care homes can reduce medication-related problems, polypharmacy and adverse medication event, while also being cost-effective²⁰. Preliminary Victorian evidence on a clinical pharmacy model in a home nursing service indicates a return on investment of \$1.54 for every \$1 spent is achieved through embedding pharmacists to improve medicines management²¹.

Clinical pharmacist services can improve medicines management through a range of patient-focused services that aim to minimise the inherent risks associated with medicines, ensure medicines are used appropriately and optimise health outcomes of the elderly. Most aged care facilities do not currently employ a pharmacist on staff or a pharmacist who is available to spend significant time with patients as required for good medicines management. Pharmacists are contracted primarily for the dispensing of medicines, which can exacerbate poor medicines management, rather than the regular and ongoing clinical review that is needed. For example, post-discharge medication reviews are frequently delayed or do not occur, and only 1 in 5 home care clients receive an HMR²².

Older Australians deserve high quality care during their stay in a residential aged care facility. The ACT government should strongly consider the employment of an additional 13 pharmacists to ensure the older Australians in the Australian Capital Territory have access to safe and high-quality medicines management in order to enjoy optimal quality of life in their later years.

Cost of investment: \$1.6 million per annum recurrent funding for ~13 residential aged care pharmacists (1 pharmacist to 200 residents) after Federal Government trial concludes

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

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. The Pharmaceutical Benefits Scheme is a fundamental pillar of health care in Australia that was initially developed to enable access to affordable medicines for patients in the community setting. Over time, PBS has evolved to respond to patient needs by providing access to affordable medicines in the hospital setting. Patients in non-signatory states such as ACT are not able to access PBS subsidised medicines in public hospitals for a range of serious condition or at discharge from hospitals, with a typical supply of only two to three days supply rather than 30 days. The current procurement model in ACT public hospitals involves accessing the NSW state contracts for medicines. There are minimal local contracting arrangements in place. The lack of local contracts means there is potentially a lack of access to some antibiotics and life-saving drugs can be compromised. Contractors have a financial incentive to fulfil their contract obligations with NSW hospitals in the first instance, and so supply to the ACT is deprioritised²³. This results in patients not having an adequate supply of



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medicines due to poor transitions-of-care arrangements after serious health episodes in ACT as their public hospitals' continued exclusion from the Pharmaceutical Benefits Scheme.

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.

For more information about any of these recommendations:

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