

PROJECT SCOPE

PROJECT TITLE: Pharmacy Service Development
Project Number:
Project Sponsor: Win Bennett
Customer: Service Planning & Funding Directorate, Capital & Coast DHB
Project Manager: Sue Scott

Project Overview:

This project will review the services currently provided by pharmacists and develop a strategy and model for the future delivery of pharmacy services in the Capital and Coast District Health Board (C&C DHB) district.

The vision is to better integrate pharmacy services into the full range of health services and make full use of pharmacists' skills to improve the health outcomes of the C&C DHB population. Simply put, we want to ensure that the people receive the right drug in the right dose at the right time.

Pharmacy services are provided by pharmacists in different settings, including the HHS, community pharmacies, PHOs, residential care facilities and residents' homes, either as employee pharmacists or as pharmacists working independently under contract.

The review will determine how current services fit with the needs of the population of the district, the C&C DHB Strategic Plan 2005/6-2011/12 and the resources available. It will analyse different models of pharmacy service provision that have been trialled within C&C DHB and nationally. This will inform the development of a strategy and models of practice which it is envisioned will encourage pharmacies and pharmacists to differentiate themselves by providing services that best meet the population that they serve and also encourage further clinical pharmacist initiatives in PHOs.

The focus of the strategy will be to utilise pharmacists' professional skills to provide patient-centred services, where they are needed, to:

- improve the management of medication, especially for the elderly, to reduce the cost of drug related morbidity and mortality, particularly drug-related admissions to the HHS and residential care
- improve management of chronic disease
- reduce disparities for disadvantaged groups in line with the C&C DHB Draft Strategic Plan
- improve integration of care in line with the Primary Health Care Strategy
- ensure adequate access to dispensing services.

The strategy will include a monitoring and evaluation plan to assess the improvement in the health of the district, and the need for any modifications to the strategy.

Following approval of the initial high level strategy by CPHAC, the strategy will be further developed in association with a Pharmacy Reference Group comprising stakeholders in pharmacy services within the region for C&C DHB Board approval.

Board approval of the detailed strategy and public consultation document will be followed by a public consultation process and report back to the Board.

The strategy will inform:

- future contracting and funding of pharmacists' services within the district
- integration of pharmacists' services into the continuum of care
- linkages of pharmacists' services with PHOs
- provision of pharmacists' services in line with the Primary Health Care Strategy and the Health of Older People Strategy
- management of people with chronic illness and linkages with Care Plus
- integration of pharmacists' services with the Care Coordination Centre and "Packages of Care".

Background:

Currently there is a Pharmacy Services Agreement for base pharmacy services (dispensing) plus some provider specific services including methadone dispensing and nicotine replacement therapy. This offers limited scope for the development of services that better utilise pharmaceutical expenditure to improve patient outcomes, for example, compliance improvement, medication management and chronic case management services. It also does not support integration of patient medication management between the HHS, PHOs and community-based pharmacist's services and limits innovation by only contracting with registered pharmacy owners.

This project is concordant with the community focus of the Primary Health Care Strategy and its key directions of co-ordinating care across service areas and developing the primary health care workforce. The Health of Older People Strategy Action 6.2 states "The Ministry will facilitate work by DHBs and service providers to assess and develop active approaches to care management." One of the key steps is to "facilitate extension of the pharmaceutical review service for people with chronic disease, taking multiple medications, or at risk of adverse pharmaceutical events". An identified research need was the extent of polypharmacy and its relationship to morbidity.

The Pharmacy Sector Action Group ten-year Vision for Pharmacy supports new models of pharmacists' services. Vision statement 7 describes a range of services that pharmacists will provide in addition to dispensing services. These include a health promotion and assessment service, collaborative prescribing roles, medication management services including chronic case management services, health assessment and monitoring. Vision statement 8 describes pharmacists providing services from an "evolving range of business entities" including pharmacist facilitators, multidisciplinary teams in health centres, secondary care or individual clinical pharmacist services as well as community pharmacies. The document "recognises the need to involve funder organisations and other health practitioners in implementing its vision".

The Pharmacy Guild of New Zealand draft "Blueprint for the Future of Community Pharmacy" proposes a three level structure for pharmacy services which is also consistent with the focus of this project.

In the context of C&C DHB strategic planning, this project fits well with the two priority population health goals of the draft District Strategic plan 2005/6-2011/12, ie chronic disease management and reduction of disparities. These goals are linked as most of the disparity between disadvantaged groups and the rest of the population is related to chronic disease. Chronic disease accounts for 70% of health expenditure.

The project also fits with DAP 05/06-06/07 key priorities of achieving integrated care and the implementation priority of progressing the Primary Health Care Strategy.

Medicines offer a comparatively cheap and effective method of treatment of many health conditions, however, the incidence of drug related morbidity and mortality, that is the additional illness and death associated with medication use, is becoming recognised as a major health problem. In the US, studies have indicated that it is the third most costly health problem after cardiovascular disease and cancer. Studies have indicated that the cost of the adverse effects of drug therapy exceed the cost of the original medicines. The adverse effects of medicines are responsible for up to 28% of hospitalisations of the elderly. Adverse effects such as falls and confusion account for many admissions of the elderly to residential care. Studies estimate that approximately half of these adverse effects are preventable by pharmacist's medication management initiatives.

Further, once it is assured that the right medicine is being provided to the right person at the right time, multi-faceted pharmacist initiatives can improve concordance with medication regimes. Non – concordance (or compliance to use the older term) averages at around 50% in studies. The study above found that 40 % of the hospitalisations in the elderly were related to non-concordance.

Scope:

The review will encompass community pharmacist services delivered to people who are resident within the C&C DHB.

Exclusions:

HHS pharmacy services for residents receiving inpatient treatment
Non C&C DHB providers of pharmacists' services
National contracts

Objectives:

1. To develop a strategy for the future supply of pharmacists services within C&C DHB.
2. To develop pharmacists' services which improve health outcomes, reduce disparities, reduce hospital and long term care admissions and enhance access and care in the community.
3. To ensure best use of resources.

Product Descriptions:

1. Completed review and approved strategy and model of pharmacists' services which includes:
 - 1.1 Drivers for a new model of pharmacy services
 - Government strategy
 - C&C DHB strategy
 - review of current pharmacy services
 - 1.2 New model and rationale covering
 - How pharmacy can assist DHB to achieve outcomes
 - Importance of new models to pharmacy
 - Dispensing models –mail order, electronic links to improve efficiency
 - Pharmacists advice with prescriptions
 - Medication management models
 - Pharmacist prescribing
 - Prescribing by other health practitioners
 - Linkages between HHS and the community
 - Linkages between PHOs and other primary care services
 - Demand driven strategies
 - Specialist prescribing
 - 1.3 Input from providers and consumers of pharmacy services
 - Pharmacy Reference Group views
 - 1.4 Business case
 - 1.5 Implementation of model
 - 1.6 Evaluation and monitoring of model
 - Paul Duignan will be contracted to help develop evaluation frameworks for the project and incorporation into the strategy
2. Public Consultation
3. Board Papers:
 - initial high level introductory paper for approval of project
 - paper describing the strategy and a public consultation document for approval
 - paper describing the outcome of public consultation to gain approval to proceed to service changes
4. Contracting and funding mechanisms and service specifications for the Pharmacy Services Agreement, informed by the review, approved strategy and business case

Timeline:

Objective	Measure	Completion Date
1. To develop a project outline	Approval by CPHAC	7 September for 15 September meeting
2. Pharmacy Reference Group constituted	Membership as per this document	First meeting September 05
3. To develop a proposed strategy & model for pharmacy services in C&C DHB	Approval by CPHAC	February 06 CPHAC meeting
4. To develop a proposed strategy & model for pharmacy services in C&C DHB and a public consultation document for approval	Approval by C&C DHB Board	15 February 06 for March 06 Board Meeting
5. To undertake public consultation on the proposed strategy & model	Completed public consultation	Consultation period of 6 weeks starting in April 06
6. To define the funding and contracting mechanisms for pharmacy services and develop service specifications for the agreed models of practice	To be confirmed following Board approval and consultation	To be confirmed following Board approval and consultation.

Constraints and Assumptions:

It is expected that new Pharmacy Services Agreement will be largely funded from the DHB funding pool for pharmacy services. This may need to be supplemented by new initiative funding.

It is expected that any funding increases will be covered by savings from improved use of medicines and reduced hospital and long term care admissions.

The current Pharmacy Services Agreement, which expires at the end of June 2006, will be rolled over for an appropriate period (anticipated to be 3-6 months).

Risk Assessment:**What risks have lead to this project being prioritised?**

Sub-optimal utilisation of C&C DHB expenditure on pharmacy services
Increased awareness of adverse events resulting from pharmaceutical use
The need to realign pharmacy services to fit with new arrangements such as PHOs and the integrated continuum of care for those with chronic illnesses and the elderly

Risk Identification (if project does not proceed)

Type of Risk	Description of Risk	Impact on DHB/Population/Patient	Current Controls/Treatment
Clinical risk	No improvement, or deterioration, in management of medications and subsequently chronic disease management. This will increase disparity for disadvantaged groups and be exacerbated by the aging population and the increasing complexity of medication regimes	Worsening of, or at least lack of improvement, in patient and population outcomes with increasing need for HHS and residential care	Prescriber-focussed initiatives and some trial medication management initiatives undertaken by pharmacists
Access risk	Loss of pharmacies in high need areas due to lack of viability of businesses with low income from retail sales	Reduced access to conveniently located pharmacies particularly for the chronically ill, low income and elderly	Community pharmacy medication management initiatives providing remuneration for services over and above dispensing, currently being trialled in suburban areas
Financial risk	Increasing expenditure on pharmacy services due to increasing drug costs and improved access to primary care, with no improvement in patient outcomes	Increasing gap between pharmacy expenditure and PBF funding (currently \$1.4 million)	Pharmac demand-side and supply-side initiatives
Financial risk	Opportunity cost of increasing drug-related morbidity and mortality	Escalation in health expenditure	Some medication management initiatives currently being trialled
Financial risk	Increasing use of hospital and residential beds resulting from inappropriate prescribing or poor concordance with appropriate regimes particularly in the aging population	Increasing expenditure on HHS and residential care	Prescriber prescribing initiatives eg BPAC and pharmacist facilitation initiatives and concordance related community pharmacy initiatives

Project Steering Group

Sponsor: Win Bennett
Project Manager: Sue Scott
Andrew Downes (technical advisor project management)
Michael Rains
Julia Carr, Primary Care Group

Pharmacy Reference Group

The Pharmacy Reference Group will comprise a representative from:

- PSNZ
- Pharmacy Guild
- Independent Pharmacists/ Clinical Advisory Pharmacists Association
- Hospital Pharmacy
- Clinical Pharmacologists
- Pharmacy Brands Pharmacies
- Radius Pharmacies
- Independent Community Pharmacists
- GPs
- PHOs
- Specialists
- DHBNZ/ Quality Use of Medicines (QUM) Project
- Consumers
- Maori
- Pacific.

Project Sign Off:

Business Manager/Clinical Director/Director.....Date:.....