

Pharmacy Partnerships

Presented by Chris Messina





- The Statistics
- Current state-of-play (pharmacy-government programs)
- Pharmacy & Diabetes Care Services
- NADC Objectives
- NADC in support of pharmacy
- Benefits of Pharmacy Accreditation
- Steps to becoming Accredited
- Acknowledgements





- Currently 125 pharmacists are ADEA members
- ▶ 40 are CDEs
- ► 65 are enrolled in grad cert diabetes education & management (ADEA -2017)
- 24,544 registered practicing pharmacists (AHPRA June 2017)
 - ► Approximately 50% are between the age of 25-35 years
 - ▶ 61% female
- Nationwide Community Pharmacy Network of approximately 5,500 pharmacies (majority of these being NDSS access points)





Trial is comparing the clinical and cost effectiveness of three pharmacy-based Diabetes Screening interventions:

- 1) AUSDRISK assessment tool alone,
- 2) AUSDRISK assessment with additional POC testing of HbA1c when score >12,
- 3) AUSDRISK assessment with small capillary blood glucose test when score >12
- ▶ 363 pharmacies across Australia will be involved with 10,240 patients per arm
- Outcomes are pending

Diabetes MedsChecks

- ▶ A pharmacy-based medicine review for eligible patients according to specific criteria
- ► Remunerated at \$97.05 (expected duration of service = 1 hours patient action plan & medicine list must be provided)
- NDSS provision of pump consumables new addition





Pharmacy & Diabetes Care

- Diabetes related services offered by independent pharmacies and banner groups:
- ► Eg. Discount Drug Store, Terry White Chemists, Priceline Pharmacy













Pharmacy & Diabetes Care







- Position Statement (2009)
- Guide for implementing diabetes services

Position Statement

February 2009

The role of the pharmacist in providing care for people with type 2 diabetes

This document represents the current, official position of the Pharmaceutical Society of Australia (PSA) in relation to the role of the pharmacist in caring for people with type 2 diabetes.

Background

It has been estimated that 7.4% of Australians aged 25 years and over have type 2 diabetes and that half of those are currently undiagnosed. The number of Australians with diabetes is increasing, with one new case per 450 people each year.^{1,2}

Diabetes and its associated complications, which include cardiovascular, kidney and eye diseases, compromise the quality of life of a large number of Australians. ^{3,1} The scope of the problem is much greater in Indigenous Australian populations as diabetes is two to four times more prevalent than in the non-Indigenous population and is the greatest contributor to morbidity and mortality. Diabetes and its complications also constitute a sharply increasing component of health costs, and this increase is likely to continue as the population ages. ³

In recognition of the burgeoning health threat posed by diabetes, Australian Health Ministers declared it the fifth National Health Priority Area in 1996. Published evidence suggests that even with the availability of well defined evidence-based therapeutic targets to guide treatment many patients with type 2 diabetes are not achieving these targets.

The effective management of a chronic disease such as diabetes in an ageing population is a major challenge to our government and to society Resources are scarce and ensuring access to effective and continuing health care for chronic diseases is a high priority.

Pharmacists are recognised as providers of continuing care for people with diabetes and are well placed to assist the Australian health care system cope with the burden of type 2 diabetes and its intensive management. Pharmacists can contribute by using their expertise to deliver professional services and information to support and assist people with diabetes over the entire ocurse of the disease. To optimise patient outcomes, pharmacists should also be active members of the diabetes care team and collaborate effectively with other health care professionals.

The positive contribution of diabetes disease state management (DSM) services delivered by pharmacists has been clearly established by research in both the clinic. 11 and community pharmacy settings ¹²⁻¹⁴ in the USA and Australia. Specific services offered by pharmacists have included the following:

- Providing diabetes education and coaching to assist in empowerment of the patient. 9-14
- Monitoring and promoting patient adherence with medication and other components of selfmanagement. ^{13,14}
- Ensuring evidence-based use of medications in the complete management of the patient's diabetes, including the prevention of diabetic complications ⁹⁻¹⁴
- Monitoring and documenting easily measurable key clinical indicators such as blood glucose levels, glycated haemoglobin (HbA1c), blood pressure, urinary albumin excretion and lipid levels. ⁵⁻¹⁴
- Reminding patients of the importance of regular examinations for the presence of diabetic complications (eg. eye and feet examinations). ¹²⁻¹⁴

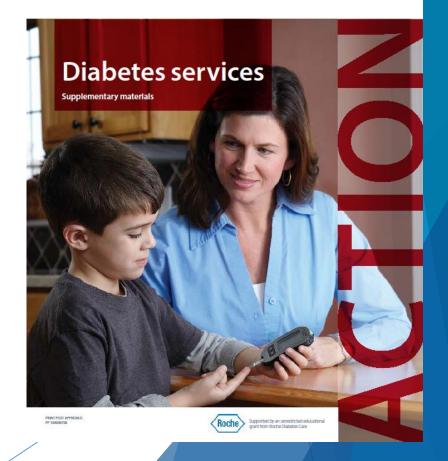
The Pharmaceutical Society of Australia (PSA) is training and supporting pharmacists to implement the Diabetes Medication Assistance Service (DMAS) funded by the Fourth Community Pharmacy Agreement. The DMAS is a national roll out of a pharmacy based diabetes disease state management service and encompasses many of the services listed above.

Position

The PSA advocates that pharmacists take a proactive role in diabetes by engaging in both public health activities and individual care through the delivery of high quality services to the community. The public health role may encompass involvement in public health campaigns such as Diabetes Week, other health promotion events, community education and/or patient advocacy.

- 1. All pharmacists should be involved in:
- a) Primary prevention activities including:
- Early identification and referral of people at risk of diabetes to their general practitioner (GP) or a dietician by using readily available checklists of risk factors for type 2 diabetes, identifying minor symptoms suggestive of diabetes or following case detection procedures based on the National Health





NADC Objectives

- Nationa of Diab
- To increase access to information and networking opportunities among diabetes services that are focussed on the provision of quality care for people with diabetes.
- ► To promote higher standards of care: benchmarking, quality assurance, research, accreditation
- To develop policies and procedures in delivering the highest quality of care and education
- ► To encourage and support specialist diabetes services to work with non-diabetes health professionals to optimise the delivery and standards of diabetes care.
- To provide support for *smaller diabetes services in regional*, *rural and remote communities*
- ▶ To provide support to primary care, *pharmacy* and allied health practitioners.

Quality Improvement and Benchmarking National Association of Diabetes Centre

Sustainability

Collaboration

and Education

Leadership, Policy and Direction

Community Pharmacy can help the NADC achieve its objectives

NADC in support of pharmacy



- Why should the NADC get involved?
 - ▶ To improve the standard of care and services to people with diabetes received via their community pharmacy
 - ▶ To create standards for diabetes services in community pharmacy
 - ▶ To achieve its objectives

Pharmacies are already playing in this space - we want to do it right!

- What has the NADC been doing in this space?
 - Expanded its membership base now includes Pharmacy
 - Created a Pharmacy Accreditation Committee (9 members)
 - NADC accreditation standard developed and adapted to the community pharmacy environment
 - Available for access online as of today!!!
 - ▶ DA state & territories have supported NADC with the standard. PSA have been consulted on the standards
- Pharmacy can help too
 - ▶ On average, there are more than 14 visits to a community pharmacy per year for each man, woman and child in Australia
 - ▶ 5.5 million Australians ask their pharmacist for health-related advice every year

The benefits of Pharmacy Accreditation



- Status & Reputation NADC certification as a high-quality diabetes service
- Recognition as a best practice service meeting stringent quality and safety standards
- Knowledge-sharing ability to leverage knowledge from other accredited services to improve service delivery and care
- Quality Improvement be part of a broader goal to improve health services nation-wide by mentoring and educating smaller services
- Benchmarking opportunity to compare performance against peer services and to identify opportunities for improvement
- Business Expansion opportunity to broaden your service's reputation and consumer base
- Service Improvement opportunity to utilise the evidence gained from the accreditation process to lobby for increased funding and resourcing in areas where your service can be enhanced

Steps to becoming Accredited



- 1. <u>www.nadc.net.au</u> follow the Pharmacy link under the "membership" tab
- 2. Become a NADC Pharmacy Diabetes Service member (submit application form)
- 3. Once a member, submit EOI form for Pharmacy Accreditation Program (via the Pharmacy Accreditation link www.nadc.net.au/pharmacy-accreditation/
- 4. On acceptance by the NADC an accreditation package is sent to the pharmacy
- 5. Pharmacy has 2 months to finalise application
- 6. Application assessed by Pharmacy Accreditation Committee
- 7. Application approved or issued with feedback requiring action
- 8. Accreditation maintained for 4 years





PHARMACY ACCREDITATION STANDARDS WORKBOOK

Edition 1 2017

Promoting excellence in diabetes care



SUMMARY

- NADC Pharmacy Accreditation Standards offers a major step forward in fostering an environment for community pharmacy to provide excellence in diabetes care
- Promotes collaboration
- Pharmacy is now officially recognised as a valued player in diabetes care
- ► The role of community pharmacy and the pharmacist will continue to grow and improve with increased numbers of CDE-Pharmacists becoming available in the near future

Acknowledgements



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- Members of the NADC Pharmacy Accreditation Committee
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Questions?