Australian Government
Department of Health and Aged Care

Aged care on-site pharmacist measure

Consultation Paper

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Introduction

The Australian Government intends to implement a new measure to embed pharmacists in residential aged care homes to improve medication management and safety. Through this new measure, aged care homes will receive Government funding to enable them to employ or engage pharmacists to:

- provide clinical services on-site
- meet the needs of individual residents and the facility as a whole.

This measure responds directly to the Royal Commission into Aged Care Quality and Safety (Royal Commission), Recommendation 38 and Recommendation 64.

Where a residential aged care home has an on-site pharmacist, Quality Use of Medicines (QUM) and Residential Medication Management Review (RMMR) Program services funded under the Seventh Community Pharmacy Agreement (7CPA) will be replaced (i.e. not able to be offered concurrently to avoid duplication).

Key features

Through this new measure, the on-site pharmacist at the aged care home will be uniquely placed to:

- be readily available to aged care staff and residents, building collaboration with the health care team, including local general practitioners and community pharmacy
- provide continuity in medication management, such as day-to-day monitoring of residents' medication, including resolution of medication issues with local general practitioners and the community pharmacy that manages the supply of medicines
- assist with medication management and communication during transitions of care, such as between hospital and the aged care home
- undertake whole-of-facility quality use of medicines activities, such as drug use evaluation and implementation of changes to improve the use of psychotropics and antimicrobials and other high-risk medication

- advise, attend and report to the Medicines Advisory Committee (MAC) as part of governance and oversight in the residential aged care home, and help set up a Medicines Advisory Committee (MAC) where one is not established.

There are different potential implementation approaches under consideration. For instance, a residential aged care home could be directly funded to employ or engage pharmacist/s to tailor medication management to best meet the needs of its residents, which may vary based on complexity of resident needs and the size of homes. An alternative implementation approach would be for Primary Health Networks (PHNs) to co-ordinate on-site pharmacists to regularly rotate between aged care homes in their catchments.

On-site pharmacists will be required to have completed additional training specific to medication management in older people, in addition to being a registered pharmacist. In recognition of this additional training, on-site pharmacists would be remunerated based on the grade 2 hospital pharmacist award. It is envisaged that the new measure will support growth of this relatively new career opportunity for the pharmacy profession.

It is important to note that, in keeping with the intention for pharmacists to be regularly on-site providing clinical services, under this measure medicine or medical device supply or delivery (e.g. from a pharmacy to the aged care home) or medicine re-packaging is not funded. The measure would fund one full time pharmacist per 250 beds, pro-rated based on the size of the facility.

It is envisaged that an on-site pharmacist would advise, attend and report to the residential aged care home/local region MAC regarding quality use of medicines issues at the aged care home/s where they work and on quality improvement outcome indicators, to be developed. Existing residential aged care home MACs will be given formal responsibility for monitoring and evaluating service delivery and outcomes against agreed Aged Care Quality Standards and Quality Outcome Indicators on medication management developed in relation to this measure, which will be reported to Government. Such metrics may include inappropriate psychotropic and antimicrobial use, anticholinergic load, falls and hospitalisations from medication related adverse events. This will build on quality use of medicines issues potentially being addressed by MACs. Residential aged care homes or PHNs would also be required to report to Government on use of funding (e.g. pharmacist/s employed, hours worked per week).

This new measure will be supported by the ongoing introduction of digital capabilities, including electronic national residential medication charts (eNRMC) and digital transfer of

care summaries through the My Health Record to support aged care residents presenting at hospitals and returning from hospitals. To access Government funding for an on-site pharmacist, aged care homes participating in the new measure will be required to adopt the eNRMC. The use of these digital tools by pharmacists working in residential aged care homes will better support improved resident outcomes through more accurate information sharing between clinicians, residents, and carers.

Implementation is proposed to commence in 2023, with Government funding approved for the first four years. RMMR and QUM Program services will be gradually phased down where on-site pharmacists replace these services. Where there is an on-site pharmacist in an aged care home, RMMR/QUM Program services will not be funded. This measure aims to have pharmacists on-site in 30 percent of residential aged care homes in the first year of implementation, increasing to 60 percent in the second year and 80 percent during the third year.

Background

Royal Commission into Aged Care Quality and Safety Final Report

On 1 March 2021, the Royal Commission into Aged Care Quality and Safety (Royal Commission) released its Final Report, which included 148 recommendations designed to deliver high quality and safe aged care.

The Royal Commission considered the current arrangements for medication management reviews in residential aged care homes, which are delivered through external GPs and pharmacists, are not well coordinated.

The Royal Commission stated that, “Between January and March 2020, the most frequent complaints made to the Aged Care Quality and Safety Commission were about medication management.”[1]

The Royal Commission also concluded that, “There should be a much greater involvement of pharmacists in aged care, particularly residential aged care, to ensure that people do not have adverse events related to poor medication management”.[2]

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[1] Royal Commission into Aged Care Quality and Safety, *Final Report: Care, Dignity and Respect*, *Volume 2: The Current System*, Commonwealth of Australia 2021, p.121.
[2] Ibid., p.79.

In emphasising the importance of regular medication reviews for aged care residents to reduce chemical restraint and other inappropriate use of medications, the Royal Commission considered that "Given their high use of medicines, people receiving aged care services, particularly in residential aged care, have inadequate access to pharmacists and medication reviews".[3]

The Royal Commission's findings are consistent with recent reports which indicate "high rates of inappropriate prescribing and medication use in aged care facilities, which contribute to residents' adverse health outcomes"[4]; and "98 per cent of residents in residential aged care facilities have at least one medicine-related problem and over half are exposed to at least one potentially inappropriate medicine".[5]

The Royal Commission's Recommendation 38 was that aged care homes should improve medication management by actively seeking to employ allied health practitioners, including pharmacists, in accordance with residents' individual care plans.

The Royal Commission's Recommendation 64 specifically related to the Residential Medication Management Review (RMMR) Program and recommended that changes be made to the eligibility, frequency, and quality oversight.

Themes and consultation questions

Model for employment of on-site pharmacists

Funding to employ pharmacists to work on-site in aged care homes may be provided directly to residential aged care homes or alternatively PHNs may be considered to co-ordinate on-site pharmacists in aged care homes in their catchment.

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[3] Ibid., p.79.

[4] Kosari S, Koerner J, Naunton M, Peterson GM, Haider I, Lancsar E, Wright D, Niyonsenga T, Davey R. Integrating pharmacists into aged care facilities to improve the quality use of medicine (PiRACF Study): protocol for a cluster randomised controlled trial. Trials. 2021 Jun 11;22(1):390. doi: 10.1186/s13063-021-05335-0. PMID: 34116708; PMCID: PMC8193166.

[5] Pharmaceutical Society of Australia 2019. *Medicine Safety: Take Care*. Canberra: PSA, p.4.

What do you think? (consultation question 1):

1. Do you believe funding should be provided directly to residential aged care homes or utilising PHNs to co-ordinate on-site pharmacists in their catchment's aged care homes would be a preferable model and why?

Theme 1: **Developing and defining the role of the on-site pharmacist**

It is envisaged the on-site pharmacist would provide clinical services including day-to-day monitoring of residents' medications, including resolution of medication issues with local general practitioners, nursing and care staff and the community pharmacy managing the supply of medicines. The pharmacist would also undertake whole-of-facility quality use of medicines activities, such as drug use evaluation of the use of psychotropics and antimicrobials and other high-risk medicines and implement changes to improve the use of medicines in response to facility drug use evaluation findings. The on-site pharmacist would be available to support residents during transitions of care, including medication review and provision of information on residents' medications when they enter aged care homes, are admitted to hospital and upon re-entry to aged care homes.

The on-site pharmacist would be readily available to aged care staff and residents, building collaboration with the health care team, including local general practitioners and the local community pharmacy that manages the supply of medicines. It is also expected that the on-site pharmacist would advise and attend the MAC, report to the MAC on residential aged care home medicines issues and work with the MAC on resolving/improving these issues.

This measure does not provide for setting up of a pharmacy in the aged care home, funds for medicines or medical devices, re-packaging of medicines (such as in a dose administration aid), nor delivery of medicines.

What do you think? (Consultation questions 2-6):

2. What would you see as the key role requirements/responsibilities of the on-site pharmacist in the aged care home? Please also consider the role in relation to the MAC/residential aged care home clinical governance.
3. How could residential aged care homes or PHNs be supported in engaging pharmacists to work on-site? What approaches are suggested for rural and more remote locations?
4. How would this relatively new role be promoted to pharmacists to encourage uptake?

5. How can the on-site pharmacist best collaborate with the aged care home health care team (including residents and their families, other aged care staff, the local general practitioner and pharmacy) in regard to transitioning between health care settings?
6. How should continuing professional development, mentoring and networking of on-site pharmacists be supported and maintained?

Theme 2: **Training requirements for pharmacists**

It is expected that registered pharmacists would undergo additional training specific to their role as a specialist aged care pharmacist. It is expected that the new training would need to prepare pharmacists for the clinical issues of medication management with older people, whole of facility quality use of medicines strategies and clinical governance management, supporting residents' transitions of care and the collaborative nature of the role. Transition of those pharmacists accredited to undertake medication reviews will also be developed.

The organisation/s providing training, oversight of training quality and monitoring of training/continuing professional development also requires development and implementation.

What do you think? (consultation questions 7-9):

7. What training currently exists that could be adapted to meet these essential training requirements? Can they be upscaled if required?
8. What would be the model/provider of national oversight of the training to ensure the ongoing quality of the training, consistency of training across all training providers and maintenance of currency of knowledge once training is completed?
9. How would accredited pharmacists make the transition into the role of an on-site pharmacist in a residential aged care home?

Theme 3: **Development of health outcome indicators and associated reporting**

For quality oversight of medication use by the aged care home and assessing the impact of the on-site pharmacist, quality indicators will be developed. Regular reporting will be required against these indicators. These indicators will be in addition to the Aged Care Quality Indicators (QIs) for medication management of the number of care recipients who were prescribed nine or more medications and care recipients who received a psychotropic medication National Aged Care Mandatory Quality Indicator Program Manual | Australian Government Department of Health. It is noted that the aged care QIs also include other QIs

that may relate to medication use, such as care recipients who experience a fall during the quarter and unexpected weight loss.

The on-site pharmacist's role will be to advise, attend and report to the MAC regarding quality indicators and other medication issues in the facility. The QI indicators will be reported nationally on a regular basis, similar to the requirement for the aged care QIs reporting. The on-site pharmacist will also advise the MAC and residential aged care home on responding to issues identified through the QI indicators.

What do you think? (consultation questions 10 - 11):

10. What outcome indicators should be included in addition to the aged care QIs for medication management, e.g. specific indicators on inappropriate antimicrobial use, anticholinergic load reduction?
11. Are there any barriers to the on-site pharmacist working with the MAC, and if so, how can they be addressed?

Theme 4: **Transition from services funded under the Seventh Community Pharmacy Agreement (7CPA) Pharmacy Programs**

Under this measure, the on-site pharmacist will replace and expand on the services to residential aged care homes funded under the 7CPA Pharmacy Programs. RMMRs and the QUM Program services will not be funded in addition at aged care homes that have access to an on-site pharmacist, as this would be a duplication of activities.

What do you think? (consultation questions 12-13):

12. What support will facilities require with this transition, in addition to the on-site pharmacist?
13. What is the optimum period of time required for the transition, i.e. how long do you think the RMMR and QUM services funded under the 7CPA Pharmacy Programs should continue at aged care homes that engage an on-site pharmacist?

Glossary

Definition of terms

MAC: Medicines Advisory Committee

Primary Health Networks (PHNs): 31 independent organisations funded by the Department of Health and Aged Care to coordinate primary health care in their region.

Residential aged care homes: or aged care homes are organisations approved by the Secretary of the Department of Health and Aged Care to provide residential aged care under the *Aged Care Act, 1997*

RMMR: Residential Medication Management Review funded under the Seventh Community Pharmacy Agreement Pharmacy Programs (pharmacists) and via the Medical Benefits Schedule for General Practitioners for permanent residents of a residential aged care facility.

QUM Program: Quality Use of Medicines Program funded under the Seventh Community Pharmacy Agreement Pharmacy Programs

7CPA Pharmacy Programs: Pharmacy Programs funded under the Seventh Community Pharmacy Agreement

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All information in this publication is correct as at July 2022