SHPA response to A New Program for In-Home Aged Care, November 2022

1. Which of the below do you identify as?

Peak Body

2. Please provide the name of your organisation:

The Society of Hospital Pharmacists of Australia (SHPA)

3. What are your views on Managing Services Across Multiple Providers? (Discussion Paper p. 19)

N/A

4. What are your views on Care Partners for Older Australians? (Discussion paper pp 20-21)

The Society of Hospital Pharmacists of Australia (SHPA) is the national, professional organisation for the 6,100+ Hospital Pharmacists, and their Hospital Pharmacist Intern and Hospital Pharmacy Technician colleagues 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.

The focus of SHPA's submission is on the design of an in-home aged care program that prevents medication-related harm and supports the safe and quality use of medicines in older people.

Recommendation 1: Hospital pharmacy departments should be engaged as care partners for older Australians receiving in-home clinical pharmacy services, to ensure robust clinical governance of pharmacy services.

SHPA believes that Care Partners must have a strong clinical governance framework to ensure residents receive safe and high-quality clinical pharmacy services and must provide adequate support to the pharmacists practicing in the community aged care setting. Care Partners must demonstrate compliance with sector standards including *SHPA's Standard of Practice in Geriatric Medicine for Pharmacy Services*[1], and the Aged Care Quality Standards, this includes having robust clinical governance structures. SHPA's *Standard of Practice in Geriatric Medicine for Pharmacy Services*[1] remains the only national standard of practice in Australia which describes comprehensively, the best practice pharmacy services patients in aged care should be receiving.

Hospital pharmacy departments have strong clinical governance structures in place and are mandatorily accredited to the National Safety and Quality Health Service (NSQHS) Standards for services they provide both inside and outside of the hospital, ensuring a high-quality service is being provided. This contrasts with non-mandatory accreditation arrangements for health services in the primary care sector. Hospital pharmacy departments are therefore well placed to be Care Partners for responsible for the delivery of clinical pharmacy services to older Australians receiving in-home care.

1. Elliott RA, Chan A, Godbole G, Hendrix I, Pont LG, Sfetcopoulos D, et al. Standard of Practice in Geriatric Medicine for Pharmacy Services. Journal of Pharmacy Practice and Research. 2020;50(1):82-97.

Recommendation 2: Outcome indicators measured should have a patient safety and satisfaction focus, and data collected reported back to relevant professionals in a meaningful way to drive behaviour change.

The Society of Hospital Pharmacists of Australia
PO Box 1774 Collingwood Victoria 3066 Australia
(03) 9486 0177 | shpa.org.au | shpa@shpa.org.au | ABN: 54 004 553 806

Outcome indicators that should be considered in addition to the Aged Care Quality Indicators for medication management, include:

- Medication-related emergency department presentations and hospital admissions/readmissions
- Medication-related falls
- Inclusion of and enforcement of cessation dates for high-risk medicines including but not limited to: antipsychotics, opioid medications, benzodiazepines, short course antibiotics
- Clear indications for use for each medicine recorded, especially for high-risk medicines
- Polypharmacy
- Dose review in relation to renal and hepatic function
- Collaboration with aged care teams
- Input and involvement in Medication Advisory Committees
- Patient consent where appropriate

Fundamentally, outcome indicators measured should give a clear picture as to whether the in-home aged care pharmacist's interventions are reducing harms and increasing quality of care for the individual, in line with their needs and satisfaction, and that of their carer's. The individual patient must be at the centre of all decisions made and care provided, and outcomes should be framed to measure the patient's safety, satisfaction, and quality of life.

The purpose of measuring each outcome indicator, and how the data collected will be used, must be clearly outlined so as not to risk collecting data that will not be useful in impacting on change. Outcome indicators are important in monitoring quality of care however, caution must be exercised to ensure they are not used as blunt instruments, but rather holistically in view of behaviours we want changed. For example, a degree of polypharmacy may be necessary when treating complex patients therefore, medication usage should be monitored in line with best practice guidelines to assess appropriate use rather than overall use. It is also essential that data gathered should be reported back to prescribers in a meaningful way that can be used to drive change in behaviour.

Outcome indicators reported should be gathered in a streamlined and automatic manner, where possible, so as not to be too time consuming and burdensome on staff, taking away time best spent on patient care. It is also essential that data is only collected once, i.e., if certain information is already available through other platforms e.g., Pharmaceutical Benefits Scheme usage etc., then there is no need for additional reporting.

Finally, it is important to recognise that most pharmacist interventions are only useful if the GP actions the changes suggested therefore, outcomes reported must be viewed with this understanding. Measures must be put in place that support GPs to provide a comprehensive clinical service to in-home aged care patients and hold them accountable to review and action pharmacist recommendations where appropriate. Without GPs having the time and willingness to do this, the in-home aged care pharmacist role will be extremely limited in the value it can provide.

5. What are your views on a funding model that supports provider viability and offers value for money? (Discussion Paper pp 22-26)

N/A

6. What are your views on Support that meets assessed needs but is responsive to changes over time? (Discussion Paper pp 27-28)

Recommendation 3: Geriatric Medicine Pharmacists must be integrated into all Aged Care Assessment Teams (ACATs) or equivalent, to ensure the medication-related support needs of older Australians receiving in-home care is aligned with their assessment needs and funding intensity.

Pharmacists are not routinely included in the ACATs who assess older peoples' care needs and their eligibility for aged care services, even though medication-related problems are highly prevalent in this cohort of older people and often contribute to the need for aged care services. Assessment by a Geriatric Medicine Pharmacist as part of a comprehensive multidisciplinary Aged Care Assessment would ensure people experiencing medication-related problems or at high risk of medication-related harms are identified and their support needs are appropriately aligned with their assessment service recommendations and funding intensity.

The Geriatric Medicine Pharmacist can assess the persons' ability to manage their medications, appropriateness of their medications, and risks of medication-related harm. The pharmacist can put appropriate measures in place to mitigate harm, optimise patient independence and prevent decline in health and function, ultimately improving the person's overall quality of life, which serves as a long-term cost-saving intervention.

A randomized comparative study[2] comparing various methods of facilitating a pharmacist-led comprehensive medication review for people referred to an ACAT, found that very few patients received a timely pharmacist review when the ACAT relied on the patients' GPs to organise a Home Medicines Review. In contrast, almost all patients received a pharmacist review when a pharmacist was integrated into the ACAT team. 77% of medication problems included in the ACAT pharmacist's reports were assessed as being associated with a moderate, high, or extreme risk of an adverse event. Over 92% of GPs who provided feedback reported that the pharmacist medication reviews were useful and more than 77% of ACAT clinicians agreed that pharmacist-led medication reviews should be a standard component of ACAT assessments.

2. Elliott RA, Martinac G, Campbell S, Thorn J, Woodward M. Pharmacist-Led Medication Review to Identify Medication-Related Problems in Older People Referred to an Aged Care Assessment Team. Drugs & Aging 2012; 29(7): 593-605.

Recommendation 4: Geriatric Medicine Pharmacists should be included in broader hospital-based multidisciplinary aged care outreach services, supporting older Australians receiving in-home care.

The medical needs, and hence medication regimens of older people continuously change as their conditions worsen and/or their kidney/liver functions decline. Hospitalisation following a significant health event such as an infection, fall, stroke, renal failure, or cardiac arrest, also results in significant changes to their medications. It is for this reason that the new program for in-home aged care must be dynamic and able to identify and appropriately support older people in a timely manner as their needs change.

The Royal Commission into Aged Care Quality and Safety: Final Report noted that the work of Geriatric Medicine Pharmacists employed in all settings where older people receive care, can significantly improve the use of medications and patient health outcomes. Clinical pharmacy services delivered post-discharge, commonly referred to as outreach services, aim to support older people transitioning from the hospital to the community setting and reduce their readmission risk. The Geriatric Medicine Pharmacist can assess the persons' ability to manage their medications, appropriateness of their medications, and risks of medication-related harm.

Geriatric Medicine Pharmacists working in interdisciplinary teams ensure that treatment is rational, safe, cost-effective and aligned with the person's healthcare goals and preferences. This model of care has the potential to be extended to outreach services where Geriatric Medicine Outreach Pharmacists can provide care to older Australians receiving in-home care, face to face or virtually via hospital-based telehealth services. The core service elements for a hospital-based geriatric medicine outreach pharmacist service are outlined in Table 1 of SHPA's *Geriatric Medicine Outreach pharmacist Services* Hospital Pharmacy Practice Update

(HPPU) and includes, comprehensive medication review, medication reconciliation, education to members of the interdisciplinary team, education to patients and/or carer(s), liaising with other members of the interdisciplinary team, liaising with community pharmacy, liaising with primary care prescribers, Quality Use of Medicines (QUM), policy setting, and ongoing follow up.

These services provided by a Geriatric Medicine Outreach Pharmacist will ensure changes to support needs of older Australians are identified in a timely manner and result in necessary adjustments to that person's budget.

7. What are your views on encouraging innovation and investment? (Discussion Paper pp 29-30)

N/A

8. What additional views do you have on reform to in-home aged care based on the Discussion Paper?

Recommendation 5: All in-home aged care programs must provide medication review services to patients to prevent medication-related hospital admissions.

Embedding medicine reviews in all in-home aged care programs would promote wider utilisation of the service resulting in better medication management and health outcomes for older people, whilst saving costs through deprescribing of unnecessary medicines and preventing hospitalisation due to falls or adverse drug events. Each year, there are 250,000 medication related hospital admissions costing the healthcare system $1.4 billion annually.

Recommendation 6: Geriatric Medicine Pharmacists must be represented in all in-home aged care teams delivering clinical care to older Australians.

Many older Australians receiving in-home care are left without access to regular comprehensive medication management services, and have limited access to federally funded medication programs such as the Home Medicines Review (HMR), as coordinated by their GP. Evidence shows that many triggers for deprescribing can only be identified by a medication review.[1] However studies of HMR uptake have found that only 5-10% of older people discharged from hospitals or referred to an Aged Care Assessment Service (ACAS) or a community nursing service or who reside in supported accommodation, receive an HMR.[2]

Embedding Geriatric Medicine Pharmacists in all in-home aged care teams ensures that necessary clinical pharmacy services, as outlined in SHPA's *Standard of practice in geriatric medicine for pharmacy services*[3], including comprehensive medication reviews, are conducted in a timely manner when the older person requires them.

SHPA acknowledges all the current programs that are already a part of the aged care system, and emphasises the need to prevent duplication in services and/or confusion in eligibility criteria of services that can unintentionally impede access for the older person.

1. *Jansen J, Naganathan V, Carter SM, et al. Too much medicine in older people? Deprescribing through shared decision making. BMJ 2016;353:i2893. doi:10.1136/bmj. i2893 pmid:27260319.*
2. *The Australian Team Approach to Polypharmacy Evaluation and Reduction (AusTAPER) study for older hospital inpatients; Trial registered on ANZCTR. (2018).*
3. *Elliott RA, Chan HY, Godbole G, Hendrix I, et al. Standard of Practice in Geriatric Medicine for Pharmacy Services. J Pharm Prac Res 2020; 50(1): 82-97*