

# Submission

## *Parliament of Tasmania: Review of Preventative Health Care*

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### Purpose

This submission is to inform the Parliament of Tasmania review in Preventative Health Care. The Pharmaceutical Society of Australia (PSA) welcomes this review and the role that pharmacists can play in addressing the glaring gaps in preventative health care delivery that are present.

### About PSA

PSA is the peak national professional pharmacy organisation representing Australia's pharmacists working in all sectors and locations. There are approximately 26,700 registered pharmacists<sup>1</sup>, of which approximately 80% work in the community sector. In Tasmania, there are approximately 590 registered pharmacists, of which 430 are members of the Pharmaceutical Society. In terms of membership, the PSA is the largest pharmacist membership body in the state and in Australia as a whole.

PSA's core functions include: providing high quality continuing professional development, education and practice support to pharmacists; developing and advocating standards and guidelines to inform and enhance pharmacists' practice; and representing pharmacists' role as frontline health professionals.

### Community Pharmacy

Pharmacists are one of the most accessible and trusted primary health care professionals. In Australia we have an extensive network of community pharmacies to support equitable access for Australians to health information and professional advice, in most cases without the need to make an appointment. Community Pharmacy helps reduce inequality by being able to give free primary health care advice, they are accessible and located in most communities, including those who may be limited by transport or low socioeconomic areas

With close to 5,000 community pharmacies around Australia, each pharmacy serves on average a community of 4,000 people. It has been quoted that every person in Australia visits a pharmacy

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<sup>1</sup> Based on Pharmacy Board of Australia data released in September 2012.

on average 14 times a year. In addition, those consumers with chronic disease frequent pharmacies more regularly than this, owing for their general increased need for medications.

## Equity and Pharmacy

Health equity is the focus on eliminating differences between health outcomes of people from different social or economic backgrounds. The pharmacy profession is well-placed to remove social determinants of health barriers such as locational disadvantage, with 140 pharmacies in Tasmania, providing equitable and free health advice to all Tasmanians, regardless of their background. Through the support of national Pharmaceutical Benefits Scheme, the pharmacy profession has become the conduit for equitable access to medications for all Australians, regardless of the person's economic or social background.

Community pharmacists have already been meeting the needs of populations adversely affected by the social determinants of health such as employment (by providing equitable access to concession-priced medications, supported by the PBS scheme), transport (by being a present and often active community member in many rural communities in Tasmania, and already a local health promotion and information hub), education and literacy (by actively including a health literacy component in undergraduate and continuing professional education for pharmacists, to help address the health needs of persons with low literacy and resulting low health literacy). The pharmacy profession has shown a commitment to fair and equitable health care service to Tasmanian people, and these highly-trained primary health professionals need to be utilised more in further preventative health efforts, with appropriate remuneration and incentives for services.

## Recommendations

*PSA provides the following recommendations:*

- 1. The State Government consider utilising on an active basis, community pharmacies as primary health promotion sites. This should be supported by education and training resources.*
- 2. The State Government support community pharmacies especially those in rural areas to promote healthy lifestyle messages to the community, schools and at risk groups.*
- 3. The State Government investigate the role of pharmacists as “health coaches” to assist consumers in achieving positive lifestyle changes.*
- 4. The State Government investigate the role of pharmacists based in the community setting assisting patients to better manage their health through self-management activities.*
- 5. The State Government support initiatives such as the Pharmacy Self-Care program to improve the prevention and treatment of disease such as obesity and advanced smoking cessation services.*
- 6. The State Government support screening activities for at risk patient groups such as cholesterol screening and blood pressure testing within community pharmacy*

*7. The State Government should actively support enhanced skills development of pharmacists in this state and mobilise an active but underutilised workforce to achieve significant gains in preventative healthcare.*

## **Social Determinants of Health**

The pharmacy profession supports the World Health Organisation's definition of health as a "resource for everyday life" (WHO 1986 *Ottawa Charter for Health Promotion*). Good health includes "physical, mental and social well-being" (Who 1986 *Ottawa Charter for Health Promotion*) and the prevention of ill-health lies across a number of areas and disciplines such as health care, employment, social services, housing education, and others. The social determinants of health have been shown to have a strong effect on population and personal health outcomes, but in thinking about prevention, it is nonetheless important to consider *health care* and healthcare professionals (particularly primary health care professionals) who also have a strong influence on health status of Tasmanians.

Published literature has shown that social gradients are closely linked with health outcomes and life expectancy. Most illnesses and risk factors and risk behaviours are more prevalent in populations with greater social and economic barriers. Pharmacy and pharmacists are likely already present in these communities which may have barriers to accessing other health professionals. In these communities, pharmacists are already addressing risk factors such as smoking (with quick interventions, or more in-depth consults), or illicit drug use (through harm reduction strategies of needle exchange, or opioid substitution therapy), or addressing chronic disease in terms of secondary and tertiary prevention, by assisting patients to manage their medications safely.

Here exists a workforce that is appropriately trained, already present and respected in the community, equitable and unfortunately largely underutilised in the support it can provide to preventative health efforts.

## **Quality Use of Medicines**

It is relevant to explain that pharmacy practice in Australia is firmly underpinned by, and aligned with, Australia's policy on Quality Use of Medicines (QUM). Two of the key elements of the QUM policy relevant to preventative healthcare are:

- Select management options wisely by: considering the place of medicines in treating illness and maintaining health; and recognising that non-drug therapies may be the best option for the management of many disorders.
- Choose suitable medicines, if a medicine is considered necessary, so that the best available option is selected by taking into account: the individual; the clinical condition; risks and benefits; dosage and length of treatment; any co-existing conditions; other therapies; monitoring considerations; and costs for the individual, the community and the health system as a whole.

## **Role of Pharmacists**

PSA firmly believes the pharmacy profession can play a much wider role in areas such as preventative health, chronic disease management and other initiatives involving the appropriate use (or non-use) and management of medicines. PSA would ask that the Parliament consider recommendations regarding the integration of pharmacists more widely in these areas as well as

other interdisciplinary health care models.

The Society also believes other enhanced professional services could be provided by pharmacists in an interdisciplinary care environment if appropriate remuneration was available. Examples include participation in case conferences and care planning for the management of obesity, and allied health services for people who are at risk of developing or exacerbating chronic conditions. The Society firmly believes the pharmacy profession can value-add considerably to the existing health care system by integrating pharmacists more widely in these areas as well as other interdisciplinary health care models around preventative health.

Pharmacists can contribute to preventative healthcare in a number of ways:

- Pharmacists are one of the most accessible and trusted health professionals. In Australia we have a solid and equitable network of community pharmacies. Consumers are able to access health information and professional advice in almost all cases without the need to make an appointment. PSA supports the principle of strengthening prevention and wellness as pharmacists have a vital role in providing assistance to consumers to maintain their wellness and prevent illnesses, and to promote health and wellbeing for the community. Pharmacists are involved in population level interventions through consumer education and awareness campaigns as well as interventions requiring behavioural changes by individuals, for example, in the areas of weight loss and smoking cessation. Hence, pharmacists are an effective and vital resource for disseminating community wide messages but then also are able to tailor those messages for individual consumers who seek advice.
- Pharmacists can participate in health education and health promotion activities, for example, provide healthy lifestyle information when consumers visit community pharmacies, or participate in public awareness campaigns promoted by the Society's Pharmacy Self Care program<sup>1</sup>.  
<sup>1</sup> The Pharmaceutical Society of Australia's Pharmacy Self Care (PSC) program is a membership based program for pharmacies providing education modules and health campaign tools for pharmacists and pharmacy assistants, and consumer health information resources. At present there are approximately 2,000 member pharmacies. The monthly publication, inPHARMatation magazine, which contains education modules for pharmacists and pharmacy staff, has a readership of 8,000 pharmacists and over 14,000 pharmacy assistants. There are almost 100 Tasmanian Pharmacy members of the Self-Care program out of a total of nearly 140 pharmacies. More information is available at: [www.psa.org.au/psc](http://www.psa.org.au/psc)
- Pharmacists can identify 'at-risk' consumers and provide information and advice tailored for the individual. This may range from providing advice on lifestyle changes (e.g. diet or physical exercise) and other strategies relating to preventative health care, to referral of high-risk consumers (including those with co-morbidities) to a medical practitioner or other relevant health professional (e.g. a dietician). Community pharmacies are a primary care provider and a key referral point for people in the community.

It is our experience that the expertise of pharmacists and their accessibility to consumers are regularly overlooked by health policy makers. One of the reasons may be that there is a general perception that the role of pharmacists is tightly locked into the traditional community pharmacy model of dispensing prescriptions and supplying medicines.

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One of the core functions of the Society is the provision of continuing education, training and practice support to pharmacists. The Society has previously been involved in a major initiative on weight management and smoking cessation initiatives where a range of resources for pharmacists including a medication supply protocol, professional education learning modules, journal articles and train-the-trainer kits were produced. These similar initiatives could be applied to consumers who are at risk of chronic disease. It is recognized that some new models of care may require additional training by pharmacists. The Society recognises its role in providing initial and ongoing education and other practice support tools which may need to be developed with the support of government and other payers.

Over the past few years, many community pharmacies have experienced great success with the implementation of comprehensive weight loss programs as part of their pharmacy business. Examples of programs include the Tony Ferguson Weight loss Program ([www.tonyferguson.com](http://www.tonyferguson.com)) and the Kate Morgan weight loss program ([www.katemorgan.com.au](http://www.katemorgan.com.au)). The success of these programs can be attributed in part to the accessibility of community pharmacies to consumers as well as the public's regard for community pharmacies as a place where a comprehensive health service is delivered. We note that these successes have prompted other potential business interests to be expressed as the community pharmacy sector is seen as an excellent environment to host such programs.

While the previous point provides information about the business side of community pharmacy, the key message for Governments and potential funding bodies is that the community pharmacy sector offers a cost effective vehicle for the dissemination of key public health messages because it combines local accessibility, access to a health professional advice, availability of therapeutic products, and professional service. The distribution of chronic disease related information and identifying and enrolling target group consumers into programs that assist in the management of chronic disease work well in the community pharmacy setting. The Society would strongly encourage Government to invest in cost effective delivery through community pharmacies on obesity related issues.

We further suggest that linkages to programs like the Pharmacy Self Care program would enhance the acceptability by consumers of such initiatives. Many consumers are familiar with and seek out those pharmacies who are members of the program. The Society through the Pharmacy Self Care program has worked with many Government departments and other stakeholders on various health campaigns covering topics such as generic medicines, pain management in palliative care, antibiotic resistance, pseudoephedrine diversion, and optimizing the use of medicines.

PSA also firmly believes that pharmacists based in community pharmacies can provide screening programs to reduce the burden of chronic disease by targeting and identifying markers of chronic disease early. Activities such as spirometry for consumers who are smokers, blood pressure and lipid screening and screening for bowel cancer are all initiatives which if supported could be implemented in a community pharmacy environment. Pharmacists should be recognised and widely encouraged to become active in providing these services so that their extensive network of pharmacies can become easily accessible for these types of services. What will be required includes recognition of pharmacy's capacity in this area and encouragement for pharmacists by being acknowledged partners in screening programs.

PSA also believes that the State Government needs to give consideration to workforce development opportunities in the area of preventative healthcare. Pharmacists as highly trained health professionals are able and willing to take on expanded roles in this area if supported to do this be policy driven from government. In summary, as outlined above, pharmacists are well

equipped to participate in the dissemination of important messages about chronic disease to the community and to follow-up with individual consumer-level interventions to complement the role of medical practitioners and other health professionals.

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