



Pharmacy Practice Research

An Australian perspective

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Summary of Presentation

- Background Australian Pharmacy and Pharmaceutical Benefits Scheme
- Community Pharmacy Agreements and Pharmacy Remuneration
- R & D in CPA
- Philos0 and Policy context for the research
- Research in 3rd CPA (2000-2005)
- Development of National Research Framework (2005-2010)
- Two Case studies on research impact
- Strategic Approach



Community Pharmacy in Australia



- Population 21 million
- 4992 community pharmacies
- Pharmacist ownership - no corporate pharmacies
- Restrictions on pharmacy locations
- Average turnover AU\$2.4 million
- Gross margin 25-32%
- Government-subsidised prescriptions 168.5 m
- Ratio of prescriptions: other goods 70:30
- 5 year CPA Agreements with Government
- Payments for professional services

Sources: Australian Institute of Health and Welfare, *Australia's Health 2008*. www.aihw.gov.au; Pharmacy Guild of Australia. *Guild Digest 2007*; Benrimoj SI and Roberts AS. *Providing patient care in community pharmacies in Australia*. *Ann Pharmacother* 2005; 39: 1911-1917



PBS Prices after PBS Reform (1 August 2008)

- Pharmacists payments comprises a Dispensed Price Maximum Quantity (DPMQ) :

ex-manufacturer price

+

wholesaler mark-up (7.52%)

+

pharmacist mark-up (various 15%)

+

dispensing fee (\$5.99) include nominal 11c for the provision of patient information leaflet (CMI)





PBS Prices after PBS Reform (1 August 2008)

- Pharmacist mark-ups are
 - 15% mark-up up to \$30 (price to pharmacist)
 - Fixed at \$4.50 from \$30.01 to \$45.00
 - 10% mark-up from \$45.01 to \$180.00
 - Fixed at \$18 from \$180.00 to \$450.00
 - 4% mark-up from \$450.01 and \$1750.00
 - Fixed at \$70 over \$1750.00
- Additional 0.40c for each prescription processed using PBS Online
- Additional \$1.50 incentive to dispense substitutable, premium-free brands
- Dispensing fee: \$5.99 including nominal 11c for the provision of patient information leaflet (CMI)



Patient Contributions

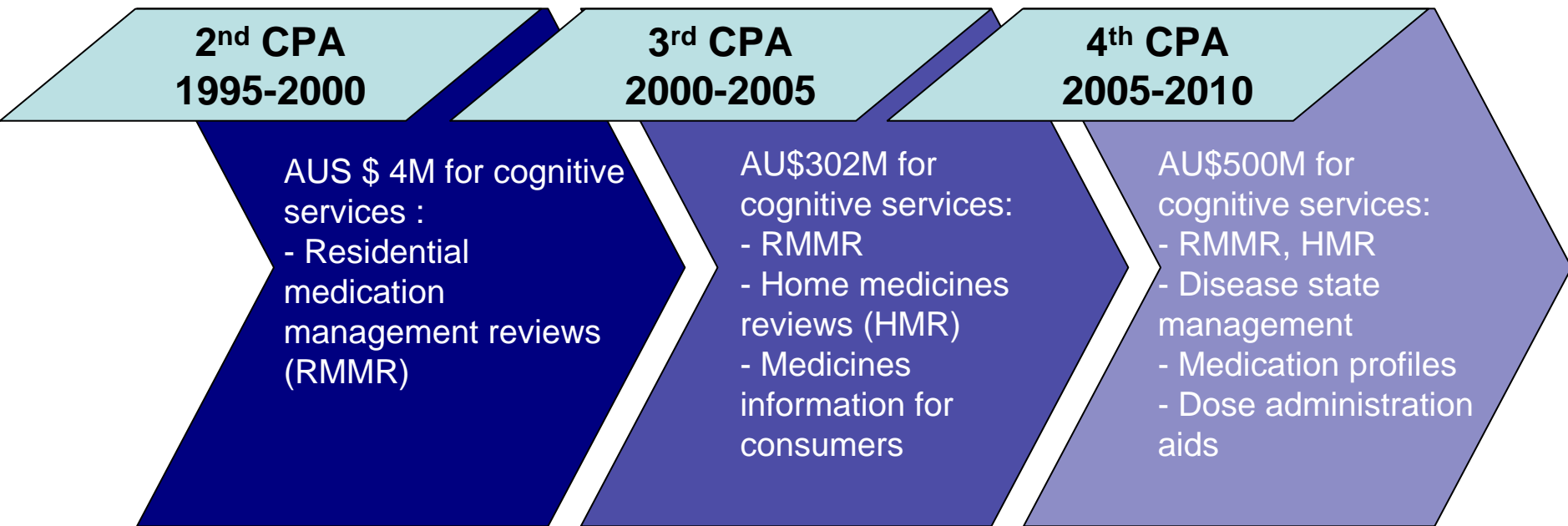
- General patients
 - Contribution: \$31.30
 - Safety net : \$1141.80 (approx 57 Rx)
 - Contribution after reaching safety net: \$5.00
- Concession patients
 - Contribution: \$5.00
 - Safety net - \$290 (approx 58 Rx)
 - Contribution after reaching safety net – Nil
- Brand price premiums (for original brands)
- Premiums on certain groups of drugs if there is a more appropriate treatment in another group

Source: <http://www.medicareaustralia.gov.au/provider/pubs/mediguide/section7/safety-net.jsp>



Community Pharmacy Agreements (CPA)

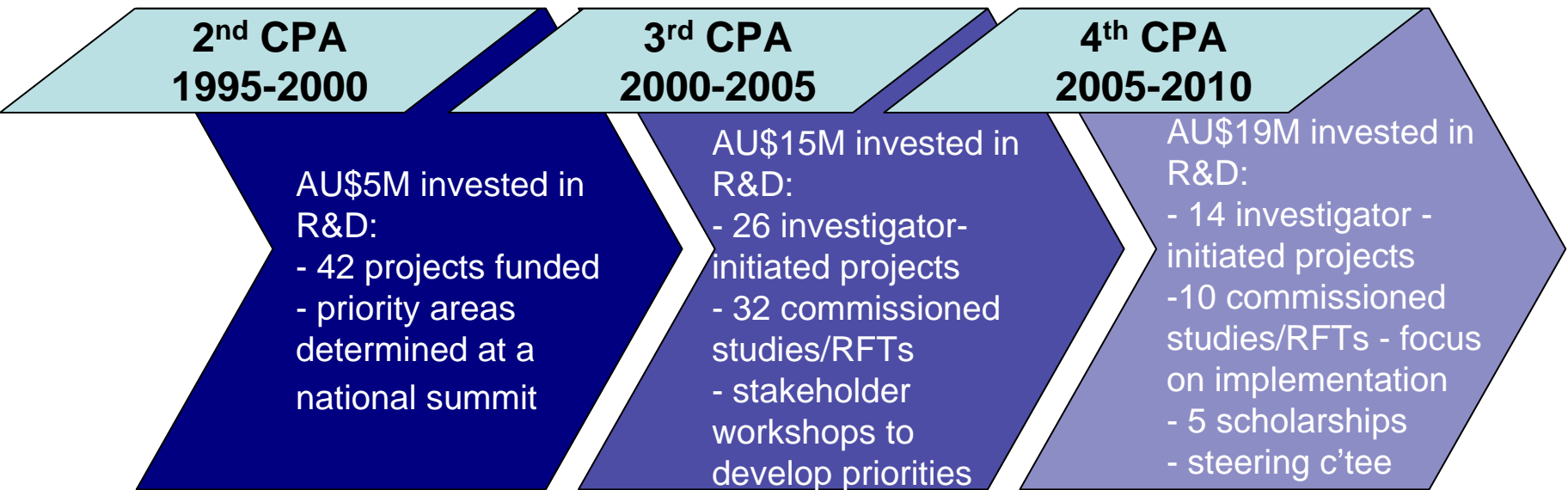
- Signed between the Pharmacy Guild of Australia and the Commonwealth Government
- The Fourth Agreement provides an estimated \$11.1 billion in payments for the dispensing and supply of PBS medicines
- Increasing shift towards cognitive services





Research and Development in the CPAs

- Increasing amounts invested
- Shift in focus from trial to pilot to large-scale implementation
- Changing role of stakeholders in development of priority areas
- R&D Steering Committee (sub-committee of PPSAC)





Policy and Philosophy of Research

- Policy Context
- Place of research in the overall healthcare environment
- Impact of research on the role of the pharmacist
- Opportunities to influence policy and practice
- Assessing feasibility in a practice setting
- Assessing barriers and facilitators to uptake
- Outlining how known barriers will be overcome



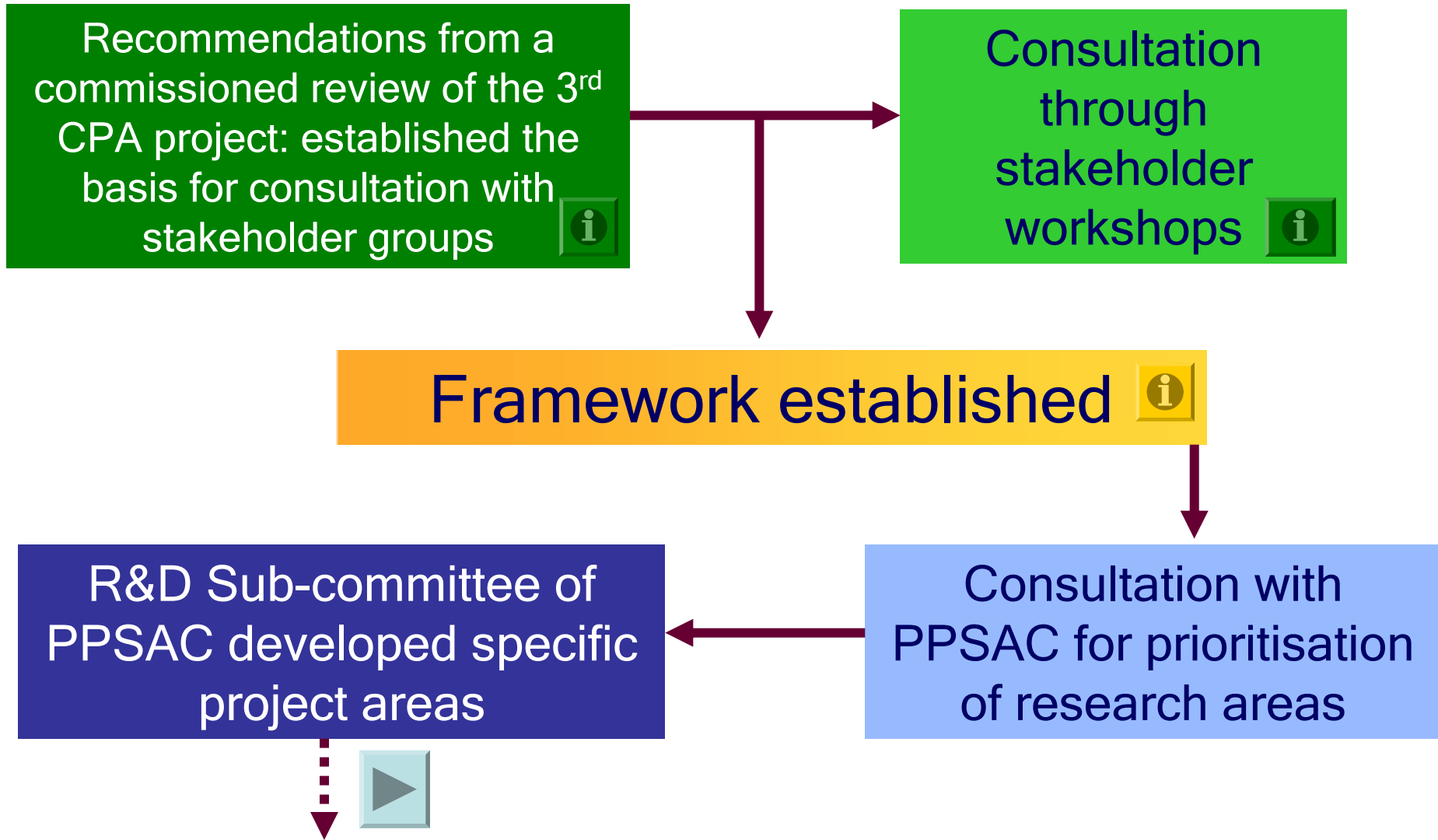


Priority areas in 3rd CPA (2000 -2005)

- Facilitating change processes within pharmacy practice to deliver higher quality and cost effective pharmacy professional services (3 projects funded)
- Continuing care across the health system (8)
- Quality use of medicines (14)
- Evaluation and development of existing community pharmacy services and programs (14)
- Facilitating change (3)
- Development of new cognitive services (12)
- Pharmacy workforce (2)
- Harm reduction for drug dependent people (2)



Development of 4th CPA Research Framework





Applicability and Sustainability Research

- Evaluation of 3rd CPA R&D program found “*limited activity focused on the provision of policy and practice information and application*”
- Pharmaceutical Society of Australia (PSA) now reviews
 - potential to translate research into policy and practice
 - the implementation of research findings in practice



Source: Calder, R. *Evaluation of the Third Community Pharmacy Agreement Research and Development Grants Program*. 2006. Nova Public Policy. Available at: www.guild.org.au/research



Applicability and Sustainability Research

- Including factors that have been identified to facilitate change, e.g.
 - strategy for implementation, including assessing readiness and planning for change
 - financial and human resources required
 - infrastructure required (e.g. private space)
 - payment for any services provided
 - communicating about the research/service to consumers and doctors
 - access to support (e.g. clinical, implementation support)
 - sustainability beyond the project period

Source: Roberts, A.S., S.I. Benrimoj, D. Dunphy, and I. Palmer, Community pharmacy: Strategic change management. 2007 Sydney: McGraw-Hill.





Determination of National Research Priorities for 4th CPA Research Funds

- Series of facilitated national stakeholder consultation workshops in 2006 resulted in development of themes and categories
- Ongoing consultation through steering committee

STEERING COMMITTEE MEMBERS:

- Pharmacy Professional Services Advisory Committee (Chair);
- Australian Government Department of Health and Ageing (Secretariat);
- Australian Association of Consultant Pharmacy;
- Australian Divisions of General Practice;
- Consumers' Health Forum of Australia;
- Heads of Pharmacy Schools of Australia and New Zealand;
- Pharmacist Academics at University Departments of Rural Health;
- Pharmaceutical Society of Australia;
- Society of Hospital Pharmacists of Australia;
- The Pharmacy Guild of Australia;
- A health economist; and
- An independent expert



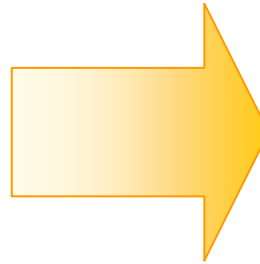


4th CPA R&D Framework

Themes:

- Quality use of medicines
- Collaboration
- Consumer focus
- Application

Requirement for projects to address ALL themes (to greater or lesser extent depending on the research)



Categories:

- Continuity of care
- Chronic disease management
- Primary care services
- Workforce development and capacity building

Research restricted to these categories, but projects can address more than one

Source: www.guild.org.au/research





Australian Government
Department of Health and Ageing

THE PHARMACY GUILD OF AUSTRALIA

The Fourth Community Pharmacy Agreement

Research and Development Program

THE RESEARCH AND DEVELOPMENT PROGRAM IS FUNDED BY THE AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH AND AGEING AS PART OF THE FOURTH COMMUNITY PHARMACY AGREEMENT

R&D Sub-committee of PPSAC

Establishment of Schedule of Projects to be Advertised for Tender & Investigator Initiated (II) Project

Pharmacy Guild of Australia: Research Project Administration

Request for Tenders

Open calls for II applications

Selection Panel

Tender Specific Panel:

- Pharmacist
- Consumer representative
- General Practitioner
- Specialist in research area
- Allied health representative
- Dept of Health representative
- Research expert

II-Project Specific Panel:

- Pharmacist
- Allied health representative
- Research expert
- Health economists
- Pharmacy Associations
- Dept of Health representative

Research Team

Advisory Groups:

- Steering committee
- Reference groups
- Stakeholder representative groups

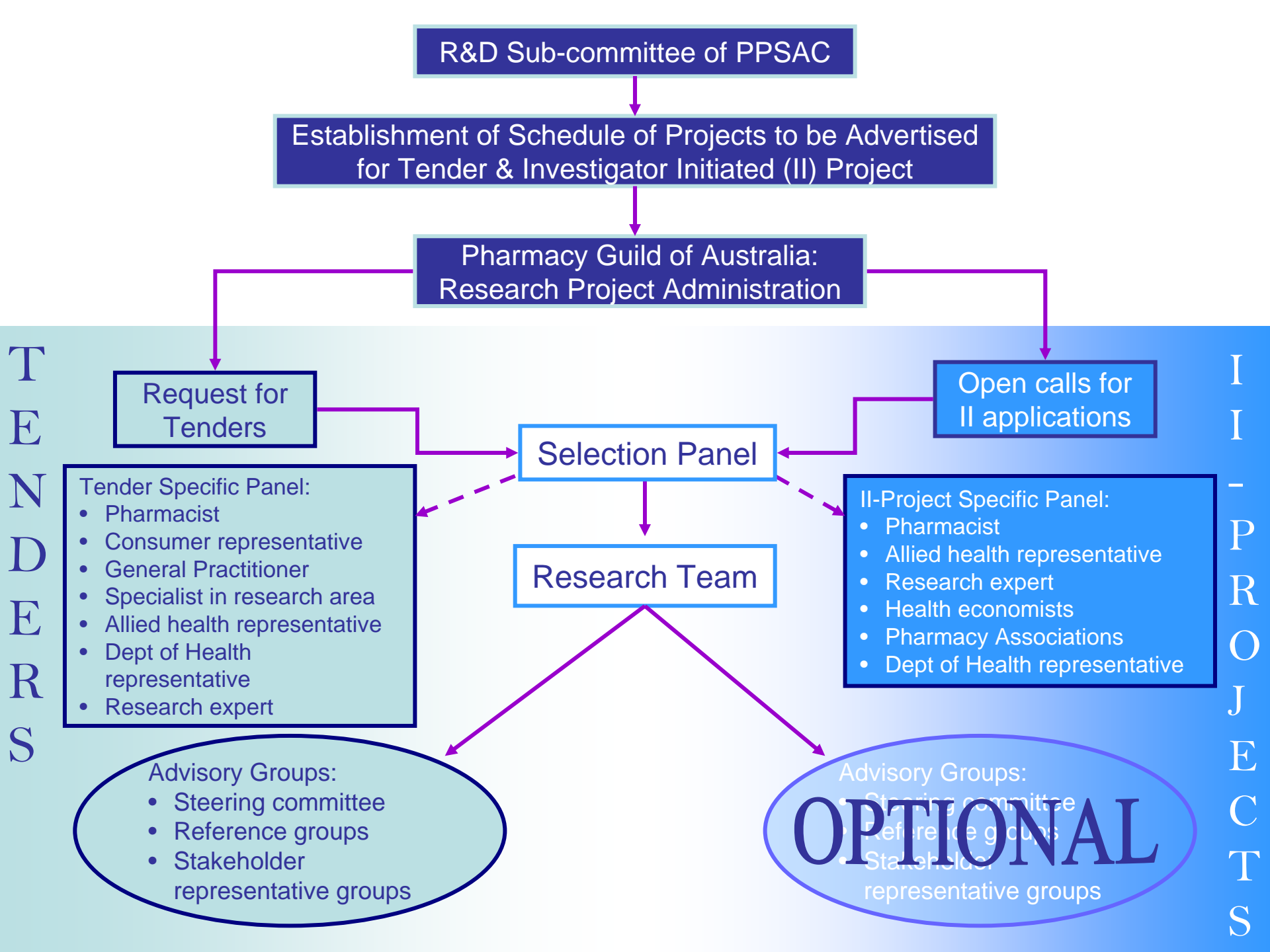
Advisory Groups:

- Steering committee
- Reference groups
- Stakeholder representative groups

OPTIONAL

TENDER

II-PROJECTS





R&D Funding from the 4th CPA

- Significant source of funding and capacity building for universities.
 - Investigator initiated grants up to \$200K
 - Commissioned studies from \$1M to \$4M
- Trend towards collaboration between universities – large consortia
- Increasingly private companies have competitively bid for tenders
- Changes to reporting and IP/commercialisation issues





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Fourth Agreement Funded Projects

2007/08-02	Commissioned	Collect and Analyse Data Relevant to the Scheduling of Pharmacy Medicines	In Progress	Mr Paul Zadow
2007/08-03	Commissioned	Consumer Medicines Information (CMI) Effectiveness	In Progress	Dr Parisa Aslani
2007/08-04	Commissioned	The Role of Community Pharmacy in Post Hospital Management of Patients Initiated on Warfarin	In Progress	Professor Greg Peterson
2007/08-05	Commissioned	A National Funding Model for Pharmacotherapy Treatment for Opioid Dependence in Community Pharmacy	In Progress	Ms Anne-Marie Feyer
2007/08-06	Commissioned	Palliative Care	RFT Closed	To be advised
2007/08-07	Commissioned	Managing Mental Illness and Promoting and Sustaining Recovery: The Role of Community Pharmacy	In Progress	Mr Wayne Kinrade



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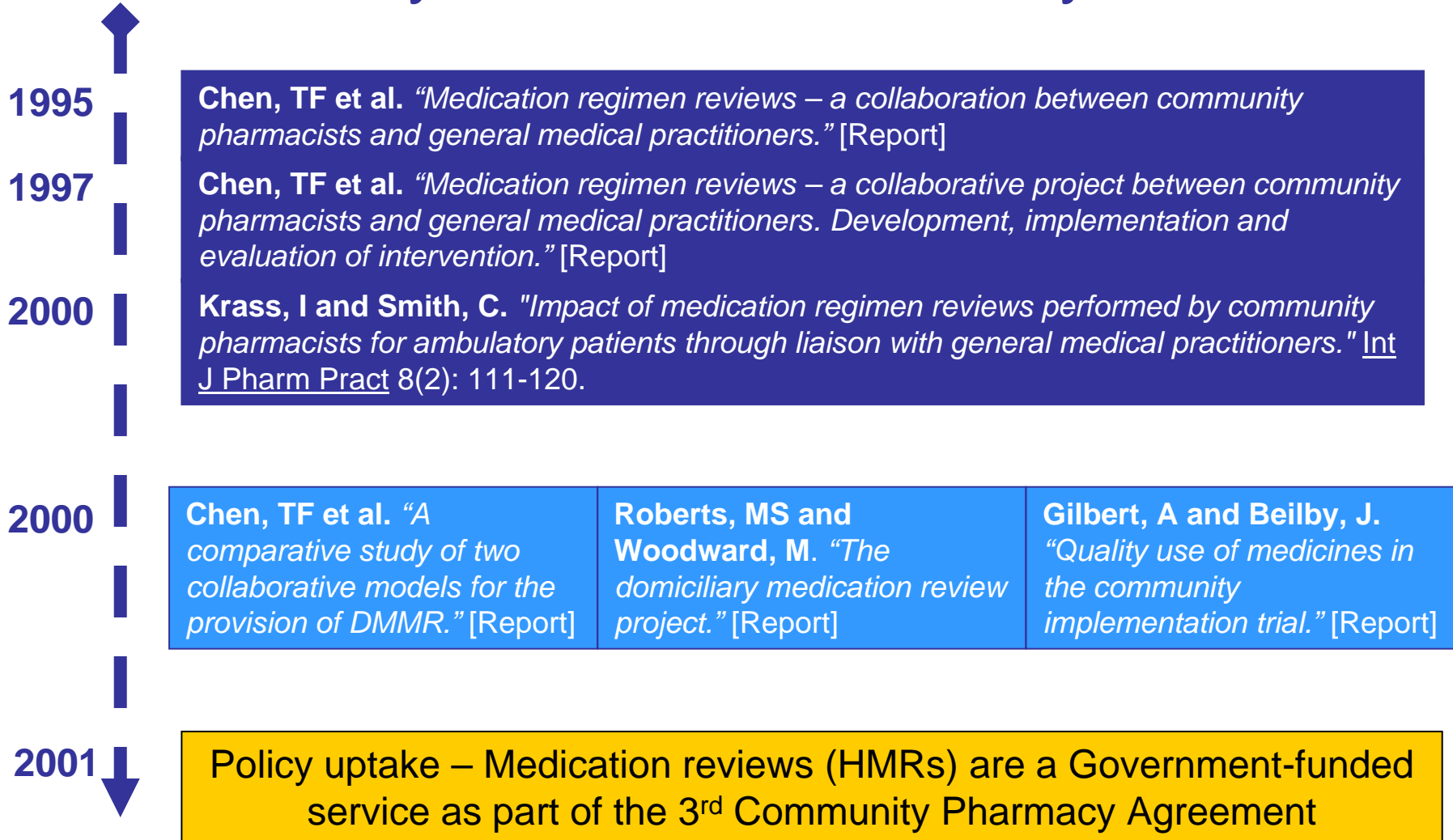
Fourth Agreement Funded Projects

		Practice		
IIG-019	Investigator Initiated Grant	Community Pharmacy Promoting Appropriate Sedative Use in Aged Care Facilities: the ReDUSE project	In Progress	Professor Greg Peterson
IIG-020	Investigator Initiated Grant	Pharmacy Dispensing Records to Identify and Educate Patients with Suboptimal Asthma Management	In Progress	Dr Shane Jackson
IIG-021	Investigator Initiated Grant	The Economic Value of Home Medicines Review (The VALMER Project)	In Progress	Mr Peter Tenni
IIG-022	Investigator Initiated Grant	Pharmacy-based Model Enabling Patient Self-monitoring of Warfarin: Development and Evaluation	In Progress	Dr Luke Bereznicki
IIG-036	Investigator Initiated Grant	Building Organisation Flexibility to Promote the Implementation of Primary Care Service in Community Pharmacy	In Progress	Professor Charlie Benrimoj

SITE SEARCH

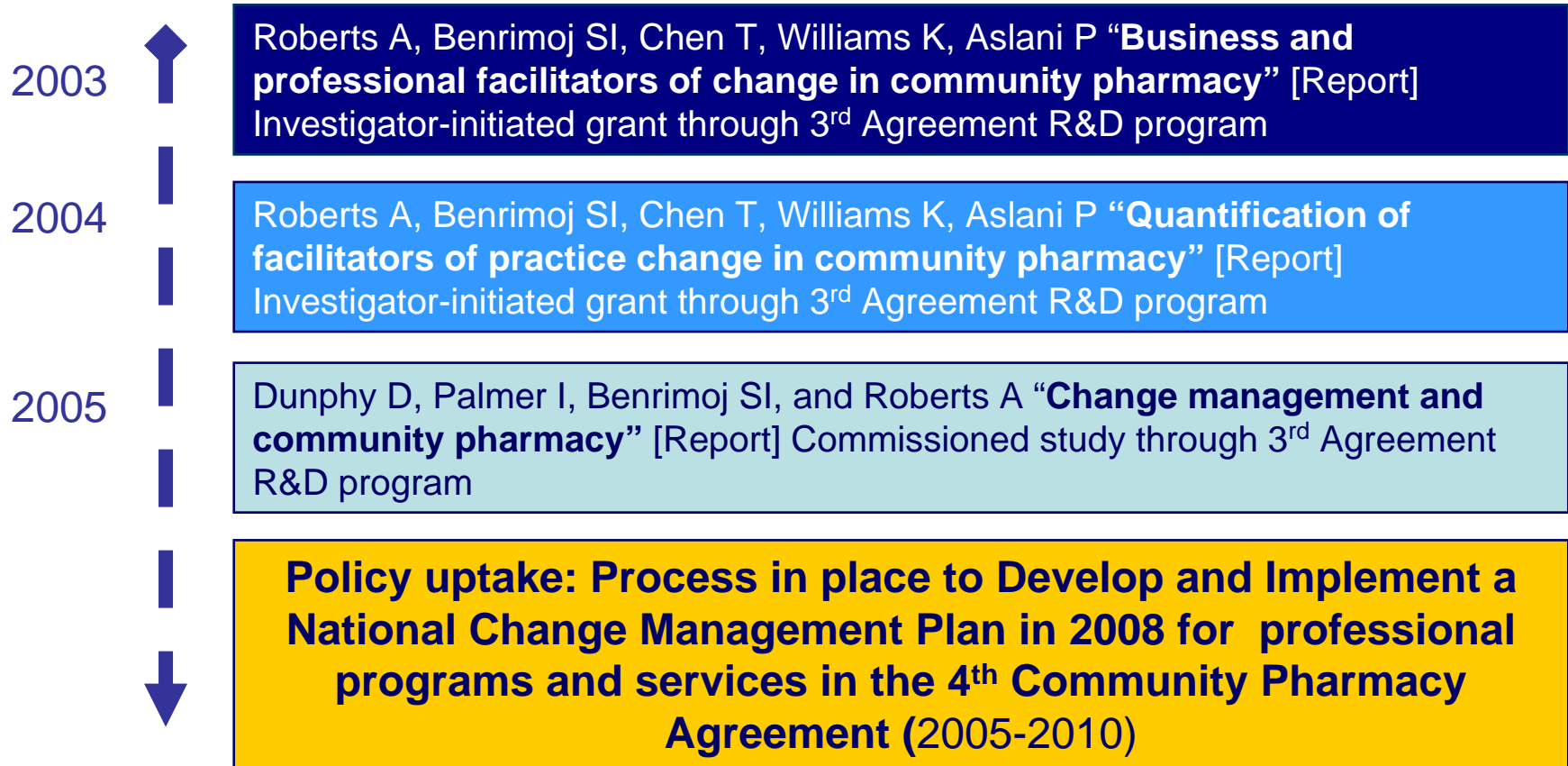


Case Study 1: Research to Policy and Practice





Case Study 2: Research to Policy and Practice



Source: www.guild.org.au/research

Strategic Approach





Conclusion

- Pharmacy Practice Research plays an important role in the future of delivery of national health care practice;
 - Feeding into policy and practice programs
 - Assisting the implementation process in optimizing patients outcomes
 - Assists on the integrations of pharmacy into the health care team
- Funding for R&D - positive return on investment
 - \$15M generated \$500M in funding for services in 3rd CPA
 - \$19M will generate in 4th CPA for 5th CPA 2010-2015 ?
- National Approach Critical



Community Pharmacy Agreement

Business

Guild

- Negotiates head contracts
- Sub-contracts PSA
- Administers and manages programs

Practice

PSA

- Advises and negotiates at joint committee level
- Councillors given authority to negotiate and commit PSA
- Develops Practice Standards and Guidelines
- Develops and implements training and practice support



Department of Health & Ageing

