

Shooting for the Stars - the future of Medication Management in aged care.

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A funding model that supports choice and promotes the highest possible quality of care.

The Interim and Final Royal Commission reports highlighted the significant harm medications are causing older Australians living in aged care and made several recommendations with respect to improving access to and the quality of medication management in aged care services. Both reports acknowledged the significant role accredited clinical pharmacists play in improving medication safety for vulnerable older Australians.

However, there is still much to be done. We must not rest we must shoot for the stars and not accept mediocre funding models.

Past Funding Models

In the past, design of the funding models for medication management services in aged care have been ad-hoc. There have been minimal robust evidence-based approaches to determining remuneration for the time and resources required to deliver the highest quality of service possible. There has also been no transparency to services provided or accountability for the quality of these services. Historically, this was driven by services being provided through community pharmacies which provided limited aged care services as they were providing multiple community pharmacy programs.

Current Funding Models

The Australian government currently fund Residential Medication Management Reviews (RMMRs) and Quality Use of Medicines (QUMs) activities in residential aged care. Early in 2020, the funding was increased to allow accredited clinical pharmacists to conduct two follow-up reviews, after initial review, to support prescribers to manage medication harm. This was later ratified in the 7th Community Pharmacy Agreement (7CPA) which is currently undergoing a 12-month review by the Pharmacy Guild of Australia and the Department of Health.

In June 2020, the 7CPA committed \$1.2bn in funding to community pharmacy programs over 5 years. Only \$96.4m was confirmed to be allocated to medication management programs (a sub-category of 'community pharmacy programs') in Year 1 with silence as to funding for years 2-5 of the agreement. It is essential that these medication management programs are not only retained at the same level as Year 1 but enhanced to meet the increasing needs of a growing older population.

Future Funding Models

To ensure sustainable services of the highest possible quality, the future funding model of medication management services in residential aged care must support:

1. *Aged Care Provider Choice*

The current medication management program rules support aged care providers' ability to choose a medication management service provider to match their needs. Maintaining 'customer' choice will ensure market forces prevail with aged care providers selecting the

most appropriate service provider for their circumstances. The aged care sector is a diverse and complex system. Providers of aged care services range from small privately-owned companies to large national groups. To meet the needs of this diverse sector, a range of medication management service providers types are necessary. Under the current program rules, aged care providers can choose between three business models of medication management providers:

- Independent Medication Management Companies
- Aged care home's retail supply pharmacy
- Independent accredited clinical pharmacist contractors

When assessing their organisational requirements, aged care providers balance several potentially competing priorities including:

- Independence of medication management services from supply of medications to avoid conflict of interest
- Accredited clinical pharmacists deliver individualised care on-site or by Telehealth in specific circumstances
- Consistency and transparency of service delivery across multiple homes
- Geography of the aged care service
- Existing relationships
- Availability of data for benchmarking, accreditation, and quality improvement activities

Aged care providers should continue to have a choice to select the medication management provider which best meets their needs and has similar organisational values. An advantage of independent medication management companies/contractors for aged care providers include the delineation between the roles of review and supply preventing any potential conflict of interest with respect to reducing the use of harmful medications in aged care. Their focus is solely on optimising medication safety for older Australians.

Large independent medication management companies have the advantage of being able to provide provider-wide innovations and data to support quality assurance, accreditation, reporting and training. This is important for aged care groups with multiple homes spanning several states. These large groups also benefit from the consistency of service which can be delivered when all homes are serviced by one provider.

In contrast, there will be instances where an aged care provider may need to prioritise other factors and the choice of a 'supply linked' medication management provider is best suited to their needs.

2. Access to funding for Collaborative Care Services and additional duties.

Consideration should be given to funding accredited clinical pharmacists to participate in case conferencing. This will allow them to practice to their full scope and enhance collaboration with prescribers.

Both the Medical Benefits Scheme taskforce and the Pharmaceutical Society of Australia recommend that the Commonwealth Government should ensure that pharmacists are remunerated to participate in case-conferencing for residents within aged care facilities.

The recent program enhancements in the 7CPA added several new responsibilities & tasks for the clinical pharmacist to complete when conducting RMMRs, with no corresponding increase in remuneration for the service. These include managing *consent* for each RMMR (historically managed by the aged care provider) and uploading medication reports to *My Health Record*. Recognition of this extra workload must be reflected in an increase in remuneration.

3. *Support accredited clinical pharmacists to deliver the highest quality of care.*

The funding model should retain the current pharmacist credentialing to provide specialist knowledge in what is a complex and nuanced area of medicine. To enhance the accredited clinical pharmacist workforce skillset, the implementation of structured peer review and mentoring programs should be considered.

In the current system, specialist clinical pharmacists are required to be accredited to undertake HMRs and/or RMMRs. This process is essential to ensure that providers of HMR and RMMRs have a high clinical skill level and contemporary knowledge in medication management for older Australians in the context of complex medication regimens and multiple chronic diseases.

A formal peer review program which involves critical appraisal of medication review reports should be implemented. Good quality medication review reports are essential for clinical credibility with prescribers and optimising outcomes for individuals.

To further enhance the workforce, the introduction and government support of structured mentoring programs for accredited clinical pharmacists working in an aged care setting should be considered. Similar programs are available to hospital clinical pharmacists. These could be provided by existing industry bodies.

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| Credentialing is essential to achieving the highest quality clinical services and should be enhanced to include regular peer review and robust mentoring programs. |
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4. *Investment in a long-term strategy of using data to support accountability, inform policy and to assist providers to meet the highest possible quality of care.*

The Australian aged care sector is currently facing a very real crisis. Responses to this crisis need to be immediate and supported by investment in a long-term strategy which will future proof the industry for further generations.

Currently assessing and reporting the appropriate use of medications in Australian residential aged care is challenging due to inconsistent health care management systems, lack of electronic record keeping and inconsistent data capture. These factors lead to high variability in the quality of data captured and reported.

There needs to be consideration of an evidenced-based economic model to support the ongoing provision of these services to their highest standard and to achieve proposed objectives. Future analysis must include the infrastructure and resources required to deliver a timely high-quality service including data collection and reporting, continuous professional development, travel, and administration. In addition, the current program auditing

requirements, whilst necessary, are not funded, do not focus on outcomes and a lack of process maturity distracts from quality of care.

Providers of medication management services to aged care should be involved in cost data reviews and consideration should be given to the time required to transmit cost data including audit data.

All medication management providers within the sector should be accountable for the quality of services they deliver. To ensure accountability for the quality of services delivered to aged care, evidenced-based medication related quality of care indicators (MRQOC) with mandatory and transparent reporting should be developed.

Standardised reporting of the processes and outcomes of medication management services with transparency to the community will improve consistency of service provision and encourage provision of high-quality services. Enforcing accountability across the sector will enable collection and analysis of comprehensive data. This information can then inform policy, ensuring best practice care for Australia's most vulnerable.

Future Proofing the Medication Management Funding Model

In summary, unless we have a funding model which supports equity, choice, highly qualified clinicians to practice to full scope and accountability, we will never achieve the highest possible quality of care for older Australians living in aged care.

Future funding models for medication management should be equitable and available to all medication management providers regardless of their business model to ensure all accredited pharmacists can work to their full scope of practice and maximise access to services for older Australians.