



# EXPRESSION OF INTEREST (EOI):

## ***NON-DISPENSING PHARMACISTS IN GENERAL PRACTICE PROGRAM***

### 1. BACKGROUND

The WA Primary Health Alliance (WAPHA) has had several successful iterations of introducing non-dispensing pharmacists (GP Pharmacists) into practice. Each program has led to improvements in outcomes for patients and new sustainable service models in the practices who have continued the model. The work has been in partnership with the Pharmaceutical Society of Australia (PSA). Commissioned by the WAPHA this service aims to deliver more efficient and effective care, improved chronic disease management and health outcomes, enhanced workforce capacity, better patient experience, improved care quality and safety and enhanced use of clinical information systems.

The Program was initially made available to Comprehensive Primary Care Partnership Practices to facilitate the trialing of principles from the Quadruple Aim (now expanded to the [Quintuple Aim](#)) and the [10 Building Blocks of High Performing Primary Care](#).

#### **Quadruple Aim is now the Quintuple Aim**

The Patient Centred Medical Home (PCMH) is rapidly evolving to be the future of primary health care internationally. The model plays a pivotal role in achieving improved health of populations, enhanced patient experiences, health care financial sustainability and better support for health professionals to have more positive experiences of their role – also known as the Quadruple Aim. Recent developments have seen the addition and the recognition that Health Equity must be at the centre of our endeavours ([Quintuple Aim](#)).

#### **10 Building Blocks of High Performing Primary Care**

The '[10 Building Blocks](#) of high-performing primary care' is a conceptual model described by Bodenheimer et al. It identifies and describes the essential elements of primary care that facilitate exemplary performance. The non-Dispensing Pharmacy program specifically supports practices to improve the delivery of Building Block 4: Team Based Care. *Team based care* consists of general practices organising multidisciplinary teams to share responsibility for the health of their patients according to their needs. This is further supported by the work [Primary Health Care 10 Year Plan 2022-2032](#) and recent deliberations of the Strengthening Medicare Taskforce communiques [Strengthening Medicare Taskforce](#)

### 2. ROLES INCLUDED WITHIN THE PROGRAM

This model of care will provide a non-dispensing pharmacists, part time, to the Midwest Region; Southwest Region and the North and South Metro Regions (and will be allocated through a competitive process and

dependant on workforce availability). The non-dispensing pharmacists, as part of the care team, will deliver clinical pharmacy and education services to patients and staff of the practice through a coordinated, collaborative and integrated approach with an overall goal to improve patient health outcomes through Quality Use of Medicines.

To enhance other programs currently being rolled out by WAPHA, practices in the Midwest region and City of Armadale will be invited to focus on topics related to chronic heart failure (CHF) and will be supported by WAPHA's CHF Project upon implementation Scheduled for July 2023.

All practices are invited to focus on areas of high need – Aboriginal health; older adults, including residents in Residential Aged Care Facilities (RACFs); chronic disease; mental health; alcohol and other drugs and other vulnerable populations to ensure we are meeting goals for health equity.

The program will commence recruitment of non-dispensing pharmacists from January 2023 and the practice will have access to a non-dispensing pharmacists for approximately 15 hours per week, for the period until December 2023.

WAPHA has contracted PSA to deliver the Program. A non-dispensing pharmacists, as part of the practices' multidisciplinary teams, may conduct activities including:

- Provide in-practice medicine based consultations initiated by GP referral, practice nurse and other staff nominated within the practice, patient requests or identification by the non-dispensing pharmacists through patient record review;
- Provide education to patients, on an individual or group basis, on all medication related issues including disease prevention;
- Assist GPs to identify patients who would benefit from a Home Medication Review (HMR) and the generation of the referral through the practice systems. (Non-dispensing pharmacists, as part of the delivery of the Program are not to undertake an HMR as part of this Program because this is commonwealth funded program through WAPHA. The non-dispensing pharmacist can assist the referral process to community pharmacists who can conduct the HMR);
- Develop a medication management plan for patients where appropriate;
- Identify, document and follow-up with patients regarding adverse drug events;
- Identify and follow-up regarding issues related to patient discharge summaries from secondary and tertiary hospital services;
- Conduct Point-Of-Care testing (e.g. Blood glucose, International Normalised Ratio (INR), blood pressure) to support medication management;
- Conduct drug utilisation reviews and drug use evaluations to support improvements in clinical practice;
- Assist the practice to meet RACGP standards and accreditation, such as audits of data recording in clinical software. Some example records that could be assessed are medication reconciliations, medicines samples and disposal procedures for cytotoxins;
- Identify, initiate and conduct in-practice research activities;

- Deliver education sessions (including new evidence, guidelines and therapies) to clinicians and other staff at the practice;
- Respond to medicine information queries, including questions relating to medication formulas, medication availability and other specific medication concerns from GPs e.g. switching anticoagulants, antidepressants, opioid equivalence;
- Create linkages with community and hospital pharmacists to enhance medication reconciliation and management strategies during transitions of care; and
- Communicate with and generate referrals to community health service providers to provide care for patients in the management of their chronic disease.

The successful practices will complete the following tasks as part of their delivery of the Program:

- Development of sustainable models of care which will include analysis of the Workforce Incentive Payment and MBS and DVA items such as:
  - Item 723 - Team Care Arrangements
  - Item 900 – HMRs (See above on page 3; non-dispensing pharmacists, as part of the delivery of this Program will not undertake HMRs)
  - Item 735 – Case conferencing;
  - Item 731/732 – GP Management Plans; and
  - Item 7239 – Contribution to a GP Management Plan.
  - Contribution to medication management of DVA patients
- Evaluate the effectiveness of the non-dispensing pharmacists' interventions;
- Document quality improvement processes and outcomes as a result of the program;
- Provide ongoing support and supervision to the employed non-dispensing pharmacists
- Upload Event Summaries to My Health Record where appropriate.

### 3. PROGRAM DELIVERY

#### Access Criteria

Access to the non-dispensing pharmacists will require the following criteria:

- General practitioner and/or a clinician refers the patient to the non-dispensing pharmacists;
- Active patient of the practice; and
- Patient presenting with significant challenges regarding medications and particularly those with one or more chronic conditions.

#### Recommended intake activity

A whole of practice approach is needed to ensure success of the Program.

The referral must be made by a general practitioner, practice nurse or allied health professional or other nominated practice staff member and would benefit from a personal introduction to the non-dispensing

pharmacists. The non-dispensing pharmacists is likely to identify patients who would benefit from the Program through reviews of patient records.

The reception or administrative staff can alert clinicians within the practice to the possibility that the patient may need assistance from the non-dispensing pharmacists. A process will need to be established to ensure the communication of this information is appropriate.

The Practice should advertise the Program availability in a way that encourages the patients to engage in the Program.

## 4. COMMITMENTS

### WA Primary Health Alliance

In relation to this Program, WA Primary Health Alliance commits to:

- This model of care will provide a non-dispensing pharmacists, part time approximately 15 hours per week, in the Midwest Region ; Southwest Region and the North and South Metro Regions from January 2023 for the period until December 2023 (dependent on available workforce).
- Providing a dedicated team, including a Quality Improvement Coach, who will be the key WAPHA representative, and will work directly with the practice team to support the implementation of the Program and establish Quality Improvement processes in regards to the program;
- Treating information and de-identified data shared by the Participating Practice in the strictest of confidence. Shared data will only be used for quality improvement processes for the Program, and to inform the broader program;
- Establishing and facilitating regular meetings to inform the development of the Program; and
- Where relevant, integrate this service with other WAPHA funded initiatives, for example, the CHF project and Primary Sense data Reporting.

### Successful Partnership Practices

In relation to this Program, a successful practice commits to:

- Ensure the non-dispensing pharmacists allocated to the practice is included as part of the practice's care team and is utilised to their full potential, in line with the key responsibilities and core role;
- Ensure the non-dispensing pharmacists is allocated to a Clinical Lead (General Practitioner, Practice Principal or nominated clinical representative) who will provide guidance and advice in relation to the activities they undertake;
- Collect, maintain and share de-identified program data (as per the WAPHA and PSA evaluation requirements) with WAPHA for evaluation and quality improvement purposes;
- Acknowledge that any information provided by WAPHA and PSA to support the implementation of the Program, is confidential and agrees to keep such information confidential;
- Develop, implement and monitor PDSA cycles that clearly articulate the identified activities, timeframes and outcome measures delivered by the non-dispensing pharmacist;
- Ensure appropriate clinical governance is in place to ensure quality and safety of services;

- Participate in ongoing formal evaluations of the Program including provision of MBS data items as mentioned in Section 2 above – *ROLES INCLUDED WITHIN THE PROGRAM*;
- Provide appropriate workspace and clinical software access for the non-dispensing pharmacists to conduct their role;
- Attend, and participate, in regular meetings to inform the ongoing development of the Program. This will include Community practice forums for sharing of learnings from this Program
- Acknowledge the finite resources allocated to this Program by WAPHA, and therefore agree to the limited timeframe of access to the non-dispensing pharmacists and participate in the development of a model for sustainability for the Program in general practice;
- Ensure patients benefit from a personal introduction where possible, from the referring clinician to the non-dispensing pharmacists;
- Facilitate access for the non-dispensing pharmacists to patient records and allow the non-dispensing pharmacists to update patient records for the patients that they provide services to;
- Provide the non-dispensing pharmacists with an appointment schedule that allows for specific appointments to be made with them; and
- Meet the requirements set out in the *Pharmacists in General Practice Program - GP Practice Agreement* between the Participating Practice and the PSA.

## 5. PARTNERSHIP PRACTICE CONSIDERATIONS

When considering the completion of an EOI for this Program, it is important to consider and address the following:

- Does your practice have the physical space for a non-dispensing pharmacist for 15 hours per week?
- How will the Program assist your practice in improving the aspects of the Quintuple Aim including area/s of need to address health equity?
- How will your practice utilise the non-dispensing pharmacist to improve Team-Based (multidisciplinary) Care (Building Block 4)?
- How will your practice provide the non-dispensing pharmacists with the appropriate access to patient records for review and the ability to write notes on the patient's care?
- What actions will your practice take to ensure the non-dispensing pharmacists is embedded within the practice and referral pathways are established quickly? (for example, clinical meetings, team meetings)
- How will your Practice Clinical Lead (General Practitioner, Practice Principal or nominated clinical representative) ensure ongoing engagement with the non-dispensing pharmacist to embed Quality Improvement initiatives in the practice?

- How will your practice assess whether the ongoing employment of the non-dispensing pharmacist is a financially viable option for the practice beyond the funding period of 12 months? (A sustainable model of care)

## 6. SELECTION OF RESPONSES

There will be a panel who will make the selection of Partnership Practices to be involved in this Program. There will be a marking criterion established, which will ensure that the selection process is fair, equitable and transparent.

For respondents, an evaluation is made of each response to the response questions. A rating scale of 0-9 is used to evaluate each response. In considering the score to be given to a submission for each requirement, panel members will consider:

- The population needs, areas of disadvantage and gaps in services;
- The application of the practice in pursuit of the Quintuple Aim and Building Blocks;
- The commitment of the practice to Quality Improvement; and
- Your previous experience with WAPHA funded initiatives.

**If your practice has had a non-dispensing pharmacists, as part of a previous WAPHA Program, you can apply. Consideration of how you are building on the previous allocation of resources and what specific vulnerable population you are to focus on will be taken into consideration.**

***We expect a decision will be made by the end December 2022.***

## 7. CLOSING DATE

As this is a competitive process, please submit your response by email to [practiceassist@wapha.org.au](mailto:practiceassist@wapha.org.au) by COB 5 pm Monday 19 December 2022.

## 8. EOI RESPONSE

NOTE: The Partnership Practice Clinical Lead (General Practitioner, Practice Principal or nominated clinical representative) is responsible for providing guidance and advice in relation to the Program activities in the practice.

The word count below is a guide for the depth of response required. Scores will be determined on the content of these responses, and if it is too brief, scores are likely to be lower than those at the indicated quantity.

Business Details	
<b>Name of Practice</b>	
<b>Contact Details for Submission:</b>	Name : Position : Phone : Email :
<b>Partnership Practice Clinical Lead</b>	Name : Position :
<b>Please confirm your practice has submitted your EOI for installation of Primary Sense and will use Primary Sense as the data sharing tool with WAPHA</b>	Yes  No – The EOI is only open to practices who will use Primary Sense.
3.0	Response questions
3.1	Does your practice have the physical space for a non-dispensing pharmacists for 15 hours per week? Please add the specific location and advise how this will enable interaction with the practice team
3.2	How will the Program assist your practice in improving the five aspects of the Quintuple Aim (please consider all aspects)?
	<i>Patient Experience of Care (approx. 200 words)</i>
	<i>Quality and Population Health (approx. 200 words)</i>

<i>Improved Provider Satisfaction (approx. 200 words)</i>	
<i>Sustainable cost within your practice (approx. 200 words)</i>	
<i>Health Equity (approx.200 words) Please note WAPHA Needs Assessment will assist to identify areas of need <a href="#">WAPHA needs assessment</a> You will need to specifically address how you will utilise the non-dispensing pharmacist with your team in this area</i>	
3.3	How will your practice utilise the non-dispensing pharmacists to improve Team-Based (multidisciplinary) Care (Building Block 4)? <i>(approx. 200 words)</i>
3.4	How will your practice provide the non-dispensing pharmacists with the appropriate access to patient records and the ability to write notes on the patient's care? <i>(approx. 200 words)</i>



3.5	What actions will your practice take to ensure the non-dispensing pharmacists is embedded within the practice and referral pathways are established quickly? <i>(approx. 200 words)</i>
3.6	How will the Practice Clinical Lead (General Practitioner, Practice Principal or nominated clinical representative) ensure ongoing engagement with the non-dispensing pharmacist to embed quality improvement initiatives in the practice? <i>(approx. 200 words)</i>
3.7	How will your practice assess whether the ongoing employment of the non-dispensing pharmacists is a financially viable option for the practice beyond the funding period of 12 months? <i>(approx. 200 words)</i>

## Declaration

The Respondent declares that they have the necessary skills, knowledge and experience to comply with the requirements of this document.

The person signing this declaration purports that they are authorised to make this submission and has read, understood and accepts the conditions of the Expression of Interest and that the Practice will be engaged in the provision of the Program.

This declaration is intended as an expression of intentions, in good faith only, and must not be construed as creating legally binding or enforceable obligations. In the event of any dispute between the Participating Practice and WAPHA, the parties will co-operate with each other to resolve the dispute. With the agreement of both parties, either party may choose to dissolve this agreement, with immediate effect.

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Signed

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Dated

Name

Position