Pharmacy Programs Administrator

# PROGRAM RULES

## Community Pharmacy in Health Care Homes Trial Program

July 2020

Australian Government
Department of Health

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# 1 INTRODUCTION

This document outlines the Trial Program Rules governing Community Pharmacy in Health Care Homes (the Trial Program). This document must be read in conjunction with the *Pharmacy Programs Administrator General Terms and Conditions* (General Terms) and the *"Guidelines for Community Pharmacists participating in the Community Pharmacy in Health Care Homes Trial Program"* by the Pharmaceutical Society of Australia (PSA).

Definitions in the General Terms apply in these Trial Program Rules.

This initiative is funded by the Australian Government under the Sixth Community Pharmacy Agreement (6CPA), as part of a package of measures to support new and expanded 6CPA Community Pharmacy Programs including incorporation of medication management programs within Health Care Homes. In December 2018 the Government announced the extension of the Health Care Homes program for an additional eighteen months to 30 June 2021. From 1 December 2019 the program has been administered collaboratively by the Pharmacy Guild of Australia (Guild) and the Pharmacy Programs Administrator.

Health Care Home patients can benefit from patient-centred, coordinated medication management services delivered by their community pharmacy of choice in conjunction with their Health Care Home. This includes an initial reconciliation of their medications and development of a collaborative Medication Management Plan. This will be supported by regular follow-up reviews by the community pharmacy to maximise continuity of care and improved chronic disease management.

Community Pharmacy and the Health Care Home care team will work together to deliver the Medication Management Plan, to ensure that the patient's medication goals are achieved and to support their patients in change management and lifestyle approaches.

Community Pharmacies participating in the Trial Program will be required to collect and provide data (where patient consent has been obtained) on patients that receive services under this Trial Program. Data will be required to be provided following an initial medication reconciliation, and at each regular follow up review.

Payments will be made to the Community Pharmacy of the eligible patient's choice and will be allocated and capped on a per patient basis (see section 5). There are three levels of payment, with the amount paid linked to each eligible patient's level of complexity and need, i.e. their Health Care Home Tier.

# 2 BACKGROUND

During the stage one trial of Health Care Homes, up to 200 general practices and Aboriginal Community Controlled Health Services (ACCHS) around Australia will be providing Health Care Home services to eligible patients with chronic and complex conditions. The stage one trial commenced on 1 October 2017 and will conclude on 30 June 2021.

Health Care Homes are existing general practices or ACCHS which provide better coordinated and more flexible care for up to 12,000 Australians living with chronic and complex conditions.

The Health Care Homes model is designed to help Australians better manage their conditions by giving them access to coordinated, integrated care, tailored to their needs.

Community pharmacies, together with other primary health professionals have a key role to play in the success of Health Care Homes and will be important members of the care team.

A central element of the Health Care Homes model is the development of a tailored and electronic shared care plan with the patient, which will be implemented by a team of health care providers. This plan will:

- Outline the patient's agreed current and long-term goals and approaches to achieve these goals;
- Identify coordination requirements and who is responsible for each activity (including community pharmacy);
- Coordinate care with these providers; and
- Include strategies to help each patient manage their conditions and improve their quality of life.

Patients, all members of the care team within the Health Care Home and providers outside the Health Care Home can electronically access the shared care plan.

In addition to a shared care plan, most Health Care Homes-enrolled patients will have a My Health Record and all health professionals involved in the patient's care are encouraged to up-date the patient's record with relevant and appropriate information.

## 2.1 Benefits for patients

Better experience of care for patients through:

- Patient-centred care based around an individual patient's needs and preferences.
- Improved coordination of services, including links with hospitals, primary and allied health and other community care providers.
- Improved personalised care through a more formal link with the patient nominated clinician (usually a GP) leading the care team developing and delivering their tailored care.
- Improved access to services, including remote support such as phone, email or video conference where clinically appropriate.
- A long-term approach to disease management, support, prevention and health promotion to improve health outcomes.

There are no mandatory training requirements for a Registered Pharmacist to provide medication management services as part of this Trial Program.

Ten online training modules and an operational training workshop have been developed collaboratively by the PSA and the Guild to support pharmacists' involvement in the Trial Program. They are available on the Guild's GuildEd learning platform and the PSA's 6CPA Resource Hub at https://guilded.guild.org.au and https://my.psa.org.au/s/article/Health-Care-Homes-Trial-Program.

# 3 PARTICIPATION

## 3.1 Registration

- Community Pharmacies will be required to submit a Health Care Homes registration form (a copy can be found at www.6cpa.com.au) or by contacting healthcarehomes@6cpa.com.au

- Community Pharmacies who are approved to participate in the Trial Program will receive access to the Health Care Homes recording platform for the purpose of recording health outcome data, service details and receiving payments.
- Community Pharmacies who are approved to participate in the Trial Program will also receive access to education and training modules to support delivery of the Trial Program.

## 3.2 Requirements for Participation

For Community Pharmacies to be eligible to become a Service Provider and participate in the Trial Program, a pharmacy must:

- Be approved to dispense pharmaceutical benefits as part of the Pharmaceutical Benefits Scheme (PBS) defined in Section 90 of the National Health Act 1953 (Cth) (Section 90 pharmacy).
- Abide by the General Terms available from www.ppaonline.com.au.
- Undertake to provide services under this Trial Program in accordance with these Trial Program Rules and relevant professional standards and Pharmacy Board of Australia guidelines.
- Be accredited by an approved Pharmacy Accreditation Program or be in the process of attaining Accreditation within six (6) months of lodging the application to become registered to participate in the Trial Program. The Commonwealth may waive the requirement to hold or be seeking accreditation in order to ensure patients can access the Trial Program.
- Undertake to obtain appropriate consent from the patient for the provision of services under the Trial Program prior to providing the services. A copy of the patient information statement and consent form is available online at www.6cpa.com.au.
- Register and connect to the My Health Record system, and contribute up-to-date clinically relevant information to the patient's My Health Record as appropriate.
- Ensure that services delivered under the Trial Program are carried out by a Registered Pharmacist in an area of the community pharmacy approved premises that is physically separated from the retail trading floor so that the privacy and confidentiality of the patient is protected. The area must meet the following requirements:
  - be appropriately furnished with facilities to allow the patient and the pharmacist to sit down together;
  - be of sufficient size and appropriate layout to accommodate efficient workflow, including adequate room for the patient, their carer and the pharmacist as well as all the consumables, equipment and documentation required for the service;
  - allow the patient and the pharmacist to talk at normal speaking volumes without being overheard by any other person (including pharmacy staff);
  - be clearly sign posted as a private consultation area; (Note: script in and out counters (including those with privacy screens) do not meet the consultation area requirements). When participating community pharmacies are providing services to patients in remote locations they may be provided via community pharmacy outreach into an alternative private space or via videoconference.
- When a Community Pharmacy is closed to members of the public, services under the Trial Program can be carried out in a public area of the pharmacy as long as the conversation between the Registered Pharmacist and the patient cannot be overheard by any other person (including pharmacy staff).

- Agree to accept the payment received under this Trial Program as full payment and provide any services under the Trial Program at no cost to patients; with the exception of Dose Administration Aids (DAA) (see section 4.4 for patient eligibility).
  - Service Providers may apply an additional consumer charge for a DAA service at their own discretion.

## 3.3 Videoconferencing services during COVID-19

In response to the COVID-19 pandemic, video conferencing services have been temporarily expanded to include where a Patient meets the following eligibility criteria.

• Meets the current national triage protocol criteria for suspected COVID-19 infection after consultation with either the national COVID-19 hotline, state COVID-19 hotlines, a registered medical or nursing practitioner or COVID-19 trained health clinic triage staff;

• people aged over 70;

• identify as Aboriginal and Torres Strait Islander people aged over 50;

• people with chronic health conditions or who are immunocompromised; or

• parents with new babies and people who are pregnant.

Videoconferencing services are the preferred approach for substituting a face-to-face consultation. However, if video is not available, Service Providers will also be able to offer audio-only services via telephone.

In the case where a Patient is isolating themselves at home on the advice of a medical practitioner for confirmed COVID-19 cases, it is recommended that the referring medical practitioner be contacted to confirm whether or not a service is still clinically appropriate and, if so, the service may be undertaken remotely. It should be noted that a patient's ability to participate in a service may be impacted and this should be taken into consideration.

Patients living in remote locations who do not meet the above criteria may still continue to be offered services via videoconferencing if required, as per Section 3.2.

## 3.4 Patient eligibility criteria

The Service Provider must receive an invitation from a Health Care Home identifying a patient who is:

- A Tier 1 enrolled Health Care Homes patient, as confirmed by the patient's Health Care Home or a Shared Care Plan invitation to the patient's preferred community pharmacy, who requires a Medication Management Plan as part of their Shared Care Plan; or
- A Tier 2 enrolled Health Care Homes patient, as confirmed by the patient's Health Care Home or a Shared Care Plan invitation to the patient's preferred community pharmacy, who requires a Medication Management Plan as part of their Shared Care Plan; or
- A Tier 3 enrolled Health Care Homes patient, as confirmed by the patient's Health Care Home or a Shared Care Plan invitation to the patient's preferred community pharmacy, who requires a Medication Management Plan as part of their Shared Care Plan; and
- Patient information, including their tier level, can be found within the Shared Care Plan or within referral information provided by the Health Care Home.

### 3.4.1 Change in patient Tier status

Throughout the Health Care Homes stage one trial, patients may move across Tiers (up or down) as their health improves or declines. The following circumstances will impact on the patient's ongoing eligibility to receive Services as part of this Trial Program:

- Tier 2 or Tier 3 patient transitions to a Tier 1 status – the patient can still access review services under the Trial Program, but is no longer eligible to receive additional medical adherence and medication management services under the Trial Program (see section 4.4 below);
- Tier 1 patient transitions to a Tier 2 or Tier 3 status – the patient is now eligible to commence receiving additional medical adherence and medication management services under the Trial Program in addition to their review services (see section 4.4 below).

If in any doubt about a patient's eligibility to receive these services, the pharmacist must contact the patient's Health Care Home and confirm eligibility status with the coordinating General Practitioner or practice staff. The relevant eligibility information can be found within the patient's electronic Shared Care Plan.

## 3.5 Frequency of service

Once only:

- Initial medication reconciliation and development of a collaborative Medication Management Plan.

Ongoing basis:

- All patient Tiers are eligible for three (3) follow-up reviews conducted by the Service Provider in consultation with the patient/carer and Health Care Home, until the end of the trial (30 June 2021). Review Observations must be reported to the patient/carer and the Health Care Home.
- Patients enrolled and commencing Trial Program services before 1 July 2019 are also eligible for an additional fourth follow-up review to reflect their longer participation in the Trial Program, until the end of the trial (30 June 2021).
- The timeframes between the initial medication reconciliation and subsequent follow up reviews is based on the needs of the patient and is at the discretion of the Health Care Home and the Pharmacist. It is recommended that medication management plan reviews are scheduled regularly (e.g. every six months).

## 3.6 Patient consent

The Service Provider must obtain appropriate consent from the patient prior to providing the Trial Program services using the patient information statement and consent form provided at www.6cpa.com.au.

Note: in line with the broader Health Care Homes trial, patients cannot receive the services provided under the Trial Program unless they consent to the collection, use and/or disclosure of their personal information as outlined in the Patient Information Statement and Consent Form.

Where services are conducted remotely via videoconferencing, patient consent must still be obtained for any new patients referred to the Trial Program (patients who previously consented to receiving services under the Trial do not need to re-consent). This may be either written or verbal consent. If verbal consent is provided, pharmacists should establish a consent log and record details for each patient from whom verbal consent is being sought.

Pharmacies should also keep a log of patients that the pharmacy communicates the Information Statement and Patient Consent to that subsequently do not provide consent.

# 4 PROGRAM ELEMENTS

## 4.1 Initial reconciliation of the patient's medications

Service Provider collaborates with patient/carer and Health Care Home care team to:

- Conduct a medication reconciliation and assess patient's medicines regimen (including over-the-counter and complementary medicines), how currently managed (including adherence);
- Identify any potential medication-related issues and agree on medication management goals (assign responsibilities);
- Collect the patient registration health outcome data;
- Collaboratively develop a Medication Management Plan (including Medication List); and
- The Medication Management Plan should be uploaded to the patient's Shared Care Plan (the Shared Care Plan is developed by the Health Care Home with the patient). All identified members of the patient's care team will be able to access the Shared Care Plan via web browser.

## 4.2 Minimum information required for the Medication Management Plan

The following information should be incorporated into the patient's Medication Management Plan:

- Goals of medication therapy (proposed plan of action);
- Person(s) responsible for action;
- Medication adherence and medication management services to be delivered by the pharmacist as part of the Medication Management Plan;
- Medication Profile/List; and
- Next review date.

## 4.3 Medication Management Plan reviewed and progress reported at regular intervals

In partnership with the patient/carer and Health Care Home, conduct regular follow up reviews to:

- Observe if patient medication goals have been achieved;
- Measure and report on patient health outcomes; and
- Monitor prescription and non-prescription use, including OTC and complementary medicines use.

Observations must be reported to the patient/carer and Health Care Home.

This is expected to involve participating in Health Care Home team care meetings and case conferences (for relevant patients) to evaluate patient progress.

## 4.4 Deliver supporting services (flexible category)

The flexible category services are available for all Tier 2 and Tier 3 patients.

The following medication adherence and medication management services are examples of the types of supporting services that should be offered to Tier 2# and Tier 3# Health Care Homes' patients to support achievement of their medication goals as identified in the Medication Management Plan:

- Dose Administration Aid (DAA) (weekly);
- Blood glucose monitoring;
- Blood pressure monitoring;
- Developing an asthma management plan including asthma control test (also referred to as an asthma score) and device training (ideally reviewed every 3 months).

#Tier 1 patients are not eligible to receive these supporting services.

These services are to be delivered by Community Pharmacy in agreement with the patient and their Health Care Home and may or may not coincide with the regular follow up reviews. The Service Provider may identify other supporting services, in consultation with the Health Care Home that could assist with achievement of the patient's medication goals.

A separate claim for services delivered to Tier 2 and Tier 3 patients as part of the flexible category (including DAA service) must not be submitted, as these services form part of the overall payment.

The payment amounts are paid according to the patient's tier level and it is anticipated that all medication adherence and medication management services associated with the patient's chronic and complex conditions (apart from services in 4.5 below), should be funded through the capped Trial Program payment.

## 4.5 Deliver medication management services not included in the Trial Program services (based on patient's clinical need and eligibility)

During development of the Medication Management Plan, the Service Provider and Health Care Home may identify other medication management services that would be of benefit to eligible Health Care Homes' patients[1]. This may include:

- Home Medicines Review (HMR)[2]; and/or
- Staged Supply.

The patient must satisfy the mandatory eligibility criteria for the relevant program/s, as specified in the Program Rules available at www.ppaonline.com.au.

A Service Provider may submit a separate claim (in addition to the Trial Program payment) to the Pharmacy Program Administrator for providing one or more of the non-Trial Program services listed above as per the usual claim process.

## 4.6 Health Outcomes Data Collection

Information must be collected to monitor the Trial Program's delivery of health outcomes for patients.

### 4.6.1 Initial Reconciliation

Service Providers are required to collect health outcomes data in accordance with the list outlined in the Health Outcomes Data document. A copy of this document can be found at www.6cpa.com.au. This data will be collected on the Health Care Homes recording platform and will be provided by the Trial Program Administrator to the Trial Program evaluator (Health Policy Analysis Pty Ltd) to inform the evaluation of the stage one trial of Health Care Homes.

### 4.6.2 Regular follow-up reviews

Service Providers are required to collect health outcomes follow up data at each review of the Medication Management Plan (as specified at section 4.1) in accordance with the list outlined in the Health Outcomes Data document. A copy of this document can be found at www.6cpa.com.au.This data will be collected on the Health Care Homes recording platform and will be provided by the Trial Program Administrator to the Trial Program evaluator (Health Policy Analysis Pty Ltd) to inform the evaluation of the stage one trial of Health Care Homes.

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1 Patients are not eligible to receive MedsCheck or Diabetes MedsCheck services for the duration of their participation in the Trial Program.

2 It is unlikely that both a HMR and the Trial Program services would be clinically necessary for most patients. However, in the event that a GP determines it is clinically appropriate for a Health Care Homes patient to receive services under the Trial Program in circumstances where a HMR has been conducted previously (i.e. there has been significant medication changes or the patient's condition has substantially changed since they received the HMR), then the patient is not excluded from participating in the Trial Program. The results of the HMR must be shared with the patient's nominated pharmacist who will deliver the Trial Program services, so that this information can be considered as part of the medication reconciliation and inform development of the Medication Management Plan.
If a patient is already receiving services under the Trial Program, and as these services are being offered over a series of four sessions with ongoing assessment of the patient's medicines, it is unlikely that a HMR would be clinically necessary in this instance.

# 5 PAYMENT

The following payments are payable by the Trial Program Administrator for provision of Trial Program services.

**Table 5-1: Trial Program Administrator payments**

| Tier category | Maximum per patient capped payment from commencement of Trial Services (1 Dec 2018 to 30 Jun 2021) | Inclusions |
|---|---|---|
| **Tier 1** | $515.35 | Initial Medication Management Plan and data collection ($128.95); up to four follow up reviews* (subject to patient eligibility) and data collection ($96.60/follow-up review); |
| **Tier 2** | $1,707.85 | Initial Medication Management Plan and data collection ($367.45); up to four follow up reviews* (subject to patient eligibility), supporting services (flexible category) and data collection $335.10/follow-up review); |
| **Tier 3** | $2,405.35 | Initial Medication Management Plan and data collection ($434.95); up to four follow up reviews* (subject to patient eligibility), supporting services (flexible category) and data collection ($402.60/follow-up review); |

**Note: Fourth follow up review is only available to patients enrolled for Trial Program services before 1 July 2019.*

No additional patient charges may be levied by the Service Provider, with the exception of the provision of DAAs for patients in Tier 2 and Tier 3 (see section 4.4).

Payment for the Trial Program services will be allocated to the Service Provider of the patient's choice, for the duration of the patient's enrolment in the Health Care Homes trial (provided that the patient remains classified as a Health Care Homes patient). Payment will be split into instalments as detailed below:

- First instalment – a proportion of the maximum payment will be made following the development of a collaborative Medication Management Plan and collection of the patient registration Health Outcome Data on the Health Care Homes recording platform; and
- Three subsequent instalments – a proportion of the maximum payment will be made after each review of the Medication Management Plan and collection of follow up Health Outcome data on the Health Care Homes recording platform.
- A fifth instalment – a proportion of the maximum payment will be made where the patient is eligible to receive a fourth follow-up review and the pharmacist has delivered this service.

Payments for these services will be made from information recorded on the Health Care Homes recording platform (see www.6cpa.com.au for more information on payments). Payments will be made by the Pharmacy Programs Administrator.

Delivery of the additional medication adherence and medication management services (flexible category) may coincide with the scheduled reviews but may also be undertaken at other time points. Payment for these additional services, however, is encompassed within the payment instalments.

Note: Patients will still be required to pay to obtain the medicines that may be provided through the Service including the PBS co-payment (if applicable) when medications are dispensed.

There is no limit to the number of eligible patients that a Service Provider can provide Services for under this Trial Program, unless otherwise advised by the Trial Program Administrator based on funding availability.

### 5.1 Supporting Documentation

The following information will be retained in the Health Care Homes recording platform for seven (7) years to support any payment made under these Trial Program Rules:

a. Section 90 number at the time of the provision of the service;
b. Pharmacy Accreditation ID at the time of the provision of the service;
c. Patient's Medicare/Department of Veterans' Affairs Card number;
d. Patient's date of birth;
e. Full details of the Registered Pharmacist undertaking the service including name and Australian Health Practitioner Regulation Agency registration number;
f. Copy of the patient consent;
g. Patient's name and address;
h. Date of patient consultation for the initial development of the Medication Management Plan and each follow-up review; and
i. A copy of the Medication Management Plan developed as a result of the Trial Program.

The Supporting Documentation must be recorded in the Health Care Homes recording platform by the Service Provider.

## 6 AUDIT REQUIREMENTS

Service Providers must retain all records for seven (7) years to demonstrate that they have complied with the 6CPA General Terms and Conditions and these Trial Program Rules when providing and claiming for the Trial Program.

Service Providers may be subject to audits by the Australian Government to ensure Services are provided in accordance with the Pharmacy Programs Administrator General Terms and Conditions and these Trial Program Rules, including that services included in the Trial Program payment are not also claimed under the Pharmacy Programs.

Service Providers that do not provide Services in accordance with the Pharmacy Programs Administrator General Terms and Conditions and these Trial Program Rules may no longer be able to participate in the Trial Program or be eligible to receive Trial Program payments and repayment may

be required. Under section 137.1 of the Criminal Code Act 1995, giving false and misleading information is a serious offence.

If an audit is to be conducted, Service Providers will be required to produce documentation within a specified timeframe.

# 7 RESOURCES

Information about Health Care Homes, and associated resources, are available for download at www.health.gov.au/internet/main/publishing.nsf/Content/health-care-homes-professional and www.6cpa.com.au.

# 8 CONTACT

Community Pharmacy in the Health Care Home Trial Program Administrator

PO Box 310

Fyshwick ACT 2609

Phone: 1300 555 262

Email: healthcarehomes@6cpa.com.au