

# PROGRAM RULES

## Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander People (QUMAX)

July 2019



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## DEFINITIONS

Term	Definition
<b>6CPA</b>	Sixth Community Pharmacy Agreement
<b>ACCHO(s)</b>	Aboriginal Community Controlled Health Organisation(s). Funded by the Indigenous Health Division for the provision of primary health care services to Aboriginal and Torres Strait Islander peoples, and that employs general practitioners able to prescribe medicines to clients of that organisation
<b>DAA</b>	Dose Administration Aid. A tamper evident adherence device which divides Patient medications into individual doses and arranges them according to dosage schedule throughout the day
<b>Department</b>	Australian Government Department of Health
<b>Form A</b>	QUMAX DAA Agreement. Formalises negotiated arrangements between the ACCHOs and Community Pharmacies for the provision of DAA packs and other QUM services if required
<b>IHD</b>	Indigenous Health Division of the Australian Government Department of Health
<b>NACCHO</b>	National Aboriginal Community Controlled Health Organisation. The national peak Aboriginal health body representing Aboriginal Community Controlled Health Services (ACCHOs) throughout Australia
<b>QUMAX</b>	Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander People
<b>QUM</b>	Quality Use of Medicines. QUM means: <ul style="list-style-type: none"> <li>• Selecting medicine management options wisely;</li> <li>• Choosing suitable medicines if a medicine is considered necessary; and</li> <li>• Using medicines safely and effectively.</li> </ul>
<b>QUMAX Work Plan</b>	Localised QUMAX Program objectives developed annually by each ACCHO. The objectives are formulated using the approved QUMAX Work Plan template.
<b>RCTI</b>	Recipient Created Tax Invoice. An agreement allowing the Pharmacy Programs Administrator to issue a tax invoice on behalf of a Community Pharmacy. This allows the Pharmacy Programs Administrator to make DAA payments to a Community Pharmacy based on the QUMAX DAA Agreement.

## 1 INTRODUCTION

**QUMAX is part of the suite of Aboriginal and Torres Strait Islander Specific Programs funded under the Sixth Community Pharmacy Agreement (6CPA) to support quality use of medicines services that are designed to reduce adverse events and associated hospital admissions or medical presentations.**

This document outlines the Program Rules governing the Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander People (QUMAX) Program. This document must be read in conjunction with the *Pharmacy Programs Administrator General Terms and Conditions* (General Terms). Definitions in the General Terms apply in these Program Rules.

### 1.1 Background

As part of the Fourth Community Pharmacy Agreement (4CPA), the Pharmacy Guild of Australia and the National Aboriginal Community Controlled Health Organisation (NACCHO) jointly developed the QUMAX Program in consultation with the QUMAX Reference Group (QRG).

The QUMAX Program was originally funded as a two-year pilot to 30 June 2010. Due to the success of the Program, it was later approved for a transition year outside the 4CPA and for a further four years under the 5CPA Quality Use of Medicines (QUM) Framework to Support Rural and Urban Aboriginal and Torres Strait Islander Peoples. The Program was continued under the 6CPA.

### 1.2 QUMAX Program Definition

The QUMAX Program is a QUM support initiative that aims to improve health outcomes for Aboriginal and Torres Strait Islander people. The focus of the QUMAX Program is to improve QUM through a range of support services provided by participating Aboriginal Community Controlled Health Organisations (ACCHOs) and Community Pharmacies in rural and urban Australia. The QUMAX Program will be supported by the Pharmacy Programs Administrator and NACCHO.

#### Who is eligible?

The QUMAX Program is intended to benefit Aboriginal or Torres Strait Islander people of any age who present to participating ACCHOs and are assessed by prescribers to be at risk of adverse health outcomes from medication misadventure.

### 1.3 QUMAX Personnel/Roles

**NACCHO QUMAX Coordinator** – Support ACCHOs in initial eligibility assessment and enrolment; provide ongoing support to identify medicines needs and develop Work Plans; provide support for program reporting and other requirements per the NACCHO Work Plan.

**Pharmacy Programs Administrator QUMAX Program Officer** – Liaise with the NACCHO QUMAX Coordinator to discuss current QUMAX cycle progress, provide day-to-day operational support to Community Pharmacies and ACCHOs participating in the QUMAX Program where required.

## 1.4 QUMAX Support Categories

To achieve the aim of the QUMAX Program, funding is allocated amongst participating ACCHOs on a yearly basis. Once funding is allocated, each ACCHO will complete an annual QUMAX Work Plan, outlining local QUM objectives for each QUM support category.

The QUMAX Work Plan includes seven QUM support categories detailed below:

### 1. Dose Administration Aid (DAA) arrangements

Aim: Reduce the financial barriers to access DAA services provided by Community Pharmacy.

### 2. QUM Pharmacy support<sup>1</sup>

Aim: To facilitate additional Community Pharmacy involvement and support in areas such as QUM planning, policies, protocol development, medicine quality assurance and appropriate Safety Net utilisation.

### 3. Home Medicines Review (HMR) models of support

Aim: Reduce the cultural and logistical barriers to accessing HMRs by ACCHO clients.

### 4. QUM devices

Aim: Reduce the financial barriers to access to QUM devices to improve overall delivery of medicines and management of chronic disease, i.e. asthma and diabetes.

### 5. QUM education

Aim: Reduce financial barriers to access to QUM education and health promotion for ACCHO employees and their clients. This category may also help ACCHOs to access current medicine resources, thus promoting suitable, safe and effective medication management for ACCHO clients.

### 6. Cultural awareness

Aim: Improve access to and delivery of cultural awareness resources and training for Community Pharmacy in order to promote culturally safe pharmacy environments and service delivery.

### 7. Transport

Aim: Reduce barriers to access to medicines and Community Pharmacy services by providing transport support.

The Work Plan categories enable ACCHOs to develop local QUM objectives and negotiate with their preferred Community Pharmacy (or Pharmacies) to establish QUMAX DAA Agreements and any other support, based on the identified needs of their community. ACCHOs may consult with the NACCHO Coordinator to identify medicine needs for their service, understand the pharmacy services available and develop a Work Plan that meets their needs.

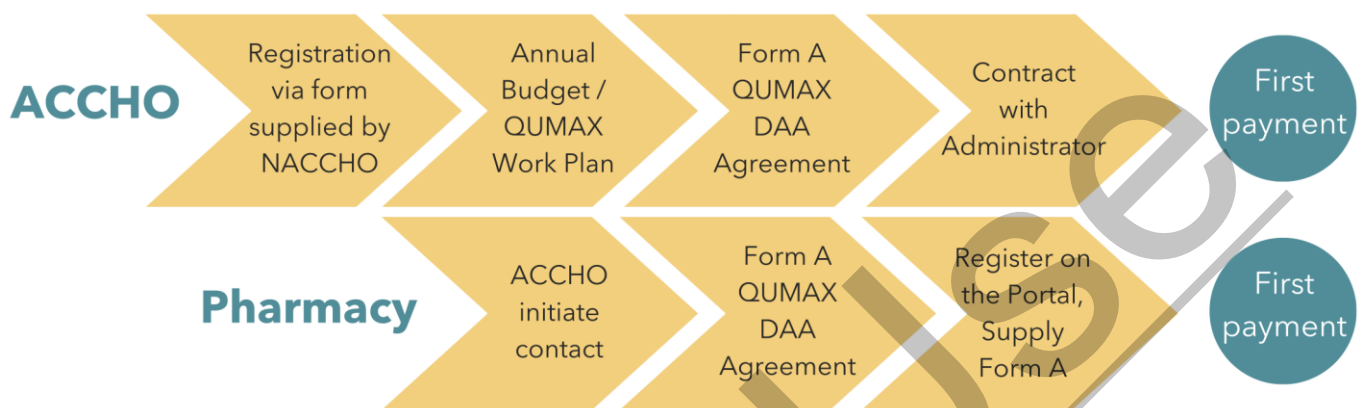
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<sup>1</sup> In exceptional circumstances, where a Community Pharmacy (or Pharmacies) confirms they are unable to provide this support, the ACCHO may use the Work Plan to recommend alternative arrangements to the Pharmacy Programs Administrator and NACCHO, who will jointly provide a recommendation to the Australian Government Department of Health for consideration.

## 2 QUMAX PARTICIPATION

Participation in the QUMAX Program involves a collaborative process between the ACCHO and the Community Pharmacy supplying QUMAX services and/or DAAs, as illustrated below.

**Figure 2-1: QUMAX Participation**



### ACCHO Eligibility

To be eligible, ACCHOs need to:

- Employ a General Practitioner(s);
- Be located in a non-remote location (i.e. Rural, Remote and Metropolitan Areas (RRMA) classification of 1–5, 1991 Census Edition);
- Not be currently eligible for the Section 100 Pharmacy Support Allowance;
- Agree to the QUMAX Program Specific Guidelines; and
- Be funded by the Australian Government Department of Health’s (the Department) Indigenous Health Division (IHD) for the provision of primary healthcare services to Aboriginal and Torres Strait Islander peoples.

### Community Pharmacy Eligibility

To be eligible, a Community Pharmacy must agree to the *QUMAX Program Specific Guidelines* and be a Section 90 Approved Pharmacy.

## QUMAX

### 2.1 Registration and Contract Execution

#### 2.1.1 ACCHO Registration

To participate, ACCHOs are required to complete an annual registration form. The registration form requires authorisation by the ACCHO Chief Executive Officer (CEO). Previously registered ACCHOs will be advised of the annual registration period by the NACCHO Coordinator and registration will only be accepted during this time.

#### 2.1.2 ACCHO Annual Budget and QUMAX Work Plan

Once registrations close, an annual QUMAX budget will be allocated to each participating ACCHO based on a budget algorithm (see Appendix A). The budget allocated for each ACCHO will be embedded in the Excel worksheet supplied by NACCHO.

Upon allocation of a budget, ACCHOs will be required to develop an annual **QUMAX Work Plan** which involves distributing the annual budget and defining local objectives and activities for each of the QUM support categories. NACCHO can provide support and guidance to ACCHOs in identifying needs and developing the Work Plan. ACCHOs can allocate funding to any or all of the support categories.

The **QUMAX Work Plan** will define the following information:

- Who is responsible for providing services under each QUM support category;
- What activities are planned for each QUM support category; and
- The funding amount for each negotiated support category.

Once completed, ACCHOs will submit the **QUMAX Work Plan** to NACCHO for approval. Approved plans will then be provided to the Pharmacy Programs Administrator and the Department for final approval.

#### 2.1.3 Form A (QUMAX DAA Agreement)

ACCHOs will negotiate with their preferred Community Pharmacy/s for the provision of local DAA services for eligible clients. This arrangement will be documented by both parties on a **QUMAX DAA Agreement (Form A)**.

The form is available from the Pharmacy Programs Administrator website:

<https://ppaonline.com.au>

**Please note** – ACCHOs have the choice of:

- **DAA Agreement** – Formal arrangements between the ACCHO and individual Community Pharmacy to negotiate local-level service arrangements with pricing for DAAs for clients. The DAA Agreement (Form A) must be signed by both the ACCHO and the Pharmacy. The Pharmacy will be responsible for DAA reporting.
- **DAA Flexible Funding** – Flexible funding arrangements with multiple Community Pharmacies, in which case the ACCHO will be responsible for DAA reporting. In these cases, the ACCHO will receive DAA-related funding and disburse to the Community Pharmacies per their local-level arrangements.

### 2.1.4 ACCHO Contracts with the Pharmacy Programs Administrator

In order to participate in the QUMAX program, ACCHOs will be required to enter into a contract with the Pharmacy Programs Administrator. A standard contract has been developed in consultation with NACCHO and approved by the Department.

Following approval of the QUMAX Work Plan, the Pharmacy Programs Administrator will provide two original copies of the contract to the ACCHO for signature. The ACCHO is to return the two signed contracts, approved QUMAX Work Plan and, if applicable, the Form A (DAA Agreement) to the Pharmacy Programs Administrator for contract execution.

The contracts will be renewed annually in line with registration and Work Plan updates. The ACCHO CEO and the Pharmacy Programs Administrator will be required to sign both copies of the contracts and each party will be forwarded a copy for their records.

### 2.1.5 Community Pharmacy Registration on the Pharmacy Programs Administrator Portal

In order for payments to be made to a participating Community Pharmacy with a formalised DAA Agreement, the Pharmacy will be required to **register on the Pharmacy Programs Administrator Portal**.

Community Pharmacies can supply their **banking details and agree to receive Recipient Created Tax Invoices** by registering for the QUMAX Program on the Pharmacy Programs Administrator Portal at <https://ppaonline.com.au>.

## 3 PAYMENT SCHEDULES

### 3.1 ACCHO Payment Schedule

Payment will be made to ACCHOs on a six-monthly basis, in line with the Work Plan.

#### Initial payment

The Pharmacy Programs Administrator will make an initial payment upfront for half of the yearly allocation for all non-DAA Agreement QUM categories. This payment will be made on receipt of the approved **Work Plan**, two original signed copies of the **contract** and the **DAA Agreement (Form A)**, if applicable.

#### Subsequent payment

The Pharmacy Programs Administrator will make the subsequent payment within 30 days of receiving the first **approved Progress Report (see Reporting below)**. No payment is attached to the second Progress Report.

### 3.2 Community Pharmacy Payment Schedule

The Pharmacy Programs Administrator will make advance payments for DAA arrangements to Community Pharmacy on a four-monthly basis, in line with the negotiated **QUMAX DAA Agreement (Form A)**. Please note that Community Pharmacies may not claim payments for DAAs where a subsidy has already been provided through another 6CPA Program.



## Initial payment

The Pharmacy Programs Administrator will make the initial DAA payment upfront to Community Pharmacy on receipt of the signed **QUMAX DAA Agreement (to be uploaded to the Pharmacy Programs Administrator Portal)**, and finalisation of the contract with the ACCHO.

## Subsequent payments

All subsequent DAA payments will be made on a four-monthly basis, within 30 days of receiving and accepting a **DAA Report in any given cycle (see Reporting below)**. No payment is attached to the third DAA Report.

## 4 REPORTING

### ACCHO reporting requirements

Participating ACCHOs will be required to provide the Pharmacy Programs Administrator and NACCHO with six-monthly **Progress Reports**, including progress and financial reporting (as appropriate) against the QUM support categories outlined on the reporting template in the QUMAX Work Plan (approved by the QUMAX Reference Group). A reporting spreadsheet and support for ACCHOs is available from NACCHO. Reporting may involve the ACCHO specifying for each QUM support category:

- The amount spent versus the allocated budget;
- How the funding was spent (i.e. what was purchased); and
- The number of Patients that have benefited.

### Community Pharmacy reporting requirements

Participating Community Pharmacies will be required to provide the Pharmacy Programs Administrator with evidence of the number of DAAs and/or patients (dependent on negotiated arrangement with ACCHO) who have accessed the DAA service. Reports will need to be submitted via the Pharmacy Programs Administrator Portal in line with the following reporting dates:

**Table 4-1: Community Pharmacy reporting requirements**

Report	Due date
First Report	15 November (Reporting period 1 July to 31 October)
Second Report	15 March (Reporting period 1 November to 28 February)
Third Report	15 July (Reporting period 1 March to 30 June)

Community Pharmacies are also required to provide reports to the relevant ACCHO on DAA utilisation and expenditure of any QUM categories. Reports must be in the format agreed with the ACCHO.

## 5 SUMMARY OF DOCUMENTATION AND DELIVERABLES

The following table details all documentation and deliverables associated with the QUMAX Program.

**Table 5-1: QUMAX documentation and deliverables**

Program stage	Documentation/deliverable	Submitted by	Submitted to (due date)
Registration	ACCHO Registration Form	ACCHO	NACCHO (31 May)
	QUMAX Work Plan		NACCHO (30 August)
	Signed DAA Agreement	Community Pharmacy	Pharmacy Programs Administrator Portal (prior to contract execution)
Contract Execution	Approved QUMAX Work Plan	ACCHO	Returned to Pharmacy Programs Administrator within 20 days of receipt of contract
	QUMAX DAA Agreement (Form A) <sup>2</sup>		
	Signed QUMAX Contract (x2)		
Reporting	ACCHO Progress Reports	ACCHO	NACCHO (31 January and 31 July)
	DAA Reports	Community Pharmacy	Pharmacy Programs Administrator Portal (15 November, 15 March and 15 July)

## 6 PROGRAM SUPPORT

The Pharmacy Programs Administrator and NACCHO are responsible for the overall support of the QUMAX Program.

### Education and Training Resources

Online educational and training resources about the QUMAX Program are available on the Pharmacy Programs Administrator website (<https://ppaonline.com.au>) or the NACCHO QUMAX Program website (<https://www.naccho.org.au/programmes/qumax-program/>).

If you require any assistance or support in regard to the QUMAX Program, please contact the NACCHO QUMAX Coordinator on 02 6246 9300 or [gumax@naccho.org.au](mailto:gumax@naccho.org.au), or the Pharmacy Programs Administrator Support Team on 03 9663 1950 or [support@ppaonline.com.au](mailto:support@ppaonline.com.au).



**CONTACT THE SUPPORT CENTRE:** 1800 951 285 | [support@ppaonline.com.au](mailto:support@ppaonline.com.au)

<sup>2</sup> A QUMAX DAA Agreement (Form A) is only required if an ACCHO has a formalised agreement with a Community Pharmacy to supply DAA services.

## APPENDIX A QUMAX FUNDING ALGORITHM

**QUMAX budget per ACCHO = \$10,000 + [a/b x (\$d – c10,000)]**

Where:

- a = Number of current registered QUMAX clients attending ACCHO (i.e. total number QUMAX clients in previous 12 months)
- b = Total number of registered QUMAX clients across all participating ACCHOs
- c = Number of ACCHOs registered to participate in the QUMAX Program
- d = Total annual QUMAX budget allocated to QUMAX Work Plan support.

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