



The Pharmacy Guild of Australia

The Future of Community Pharmacy

December 2017

The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 6000 members, and branches in each state and territory. DAA is a leader in nutrition and advocates for food and nutrition for healthier people and healthier nations. DAA appreciates the opportunity to respond to The Pharmacy Guild of Australia regarding the future of community pharmacy to 2025 (CP2025 project) and beyond.

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DAA interest in this consultation

As the leading nutrition and dietetic organisation in Australia, the Dietitians Association of Australia recognises the important role that community pharmacies play in the health of communities. Accredited Practising Dietitians work with pharmacists to help Australians achieve and maintain good health and wellbeing.

Response to CP2025 Project Questions

1. **Changes to Australia's health system:** DAA anticipates the most profound changes to Australia's health system between now and 2025 will be the evolution of technology to support the self-management of disease. As outlined in the Guild consultation paper, a more coordinated and integrated approach to health care delivery will be enabled by a variety of technological advances, with a particular focus on remote diagnosis, treatment and monitoring, electronic health records, advance analysis of health data, and the increasing personalisation of health driven by the patients' genetic make-up and predictive computing technologies.

With in-patient hospital costs continuing to be the most unsustainable part of the health system, there will be an increased focus on prevention, primary and out-of-hospital care. This will provide community pharmacies with an opportunity to become broader health care destinations, providing consumers with access to evidence-based screening services, as well as support and products for chronic disease prevention and management. Incorporating or utilising the services of health care professionals like Accredited Practising Dietitians (APDs), diabetes educators and nurses in the community pharmacy model will help to achieve the vision of having community pharmacies as a broader health care destination.

2. **Consumer expectations of their community pharmacy in 2025:** In a world where information-rich consumers are taking increasing control of their own health care, it is anticipated that consumers will expect to receive professional, evidence-based products and services from their community pharmacy, to meet their needs and wants related to health and lifestyle. As highlighted above, incorporating or utilising the services of health care professions in the community pharmacy model to assist in the prevention and management of disease, is one way to meet the heightened expectations of consumers now and into the future.
3. **Provision of medicines and medication management:** No response.
4. **Additional patient services that community pharmacies will likely deliver in 2025:** In addition to advice and support provided in-store to consumers by pharmacists and health care professionals (e.g. dietitians, diabetes educators, nurses), it is anticipated that with technological advances and a heightened community need, such support will be made available to consumers remotely (e.g. via telephone or video consultations, patient support programs or group education sessions

delivered via skype etc). DAA supports the harnessing of technology, telehealth and digital technology to provide flexible, accessible health services that are responsive to individual needs. Dietetic services are well suited to the medium of telehealth, as demonstrated by the inclusion of telehealth in the pilot of the Coordinated Care for Diabetes reform. There is evidence that telephone counselling by a dietitian achieves dietary behaviour change¹⁻⁴ and improves metabolic parameters in individuals with metabolic syndrome⁴. DAA is continuing to advocate for provisions for telehealth services extended to Accredited Practising Dietitians (under MBS Dietetics Item 10954) and other allied health practitioners, as an alternative to face-to-face services, so as to help improve chronic disease management in rural and remote areas.

References:

1. Eakin EG, Lawler SP, Vandelanotte C, Owen N. Telephone interventions for physical activity and dietary behaviour change. *Am J Prev Med* 2007; 32: 419-434.
 2. Graves N, Barnett AG, Halton KA, Veerman JL, Winkler E et al. Cost-Effectiveness of a Telephone-Delivered Intervention for Physical Activity and Diet. *PLoS ONE*; 2009; 4(9): e7135.
 3. Dennis SM, Harris M, Lloyd J Powell Davies G, Faruqi N, Zwar N. Do people with existing chronic conditions benefit from telephone coaching? A rapid review. *Aust Health Review* 2013; 37: 381-388.
 4. Fappa E, Yannakoulia M, Ioannidou M, Skoumas Y, Pitsavos C, Stefanadis C. Telephone counselling intervention improves dietary habits and metabolic parameters of patients with the metabolic syndrome: a randomized controlled trial. *Rev Diabet Stud*. 2012 Spring; 9 (1): 36-45.
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5. **Major workforce and skills requirements:** In the quest for community pharmacies to become broader health care destinations, it will be important for community pharmacists and other pharmacy staff to build and continually update their evidence-based knowledge and skills for chronic disease, aged care, mental health, disability and disease prevention. Community pharmacists can look to professionals such as APDs to collaborate in training programs to ensure pharmacists (and their staff) have the skills necessary to provide basic nutrition advice to consumers and know-how on when to refer to professionals such as APDs for assistance with individual nutrition requirements.
 6. **Integrating with the broader health system:** Moving towards 2025, it will be important for community pharmacies to integrate with the community through government led programs (e.g. Health Care Homes, Primary Health Networks, Commonwealth funded services like My Aged Care, and state-based community services). It will also be important for community pharmacies to strengthen connections with allied health providers (e.g. dietitians, exercise physiologists, physiotherapists, occupational therapists etc) in private practice, or employ such professionals so as to offer customers a broader range of healthcare services.
 7. **Technological advances and data:** Technological advances will very likely have a big impact on community pharmacy practice moving towards 2025. As mentioned in the response to question 1, technological advances will enable a more coordinated and integrated approach to health care delivery, with a particular focus on remote diagnosis, treatment and monitoring, electronic health records,

advance analysis of health data, and the increasing personalisation of health driven by the patients' genetic make-up and predictive computing technologies.

Technological advances will also assist pharmacy staff with their need for continued professional development, including updating evidence-based knowledge and skills for chronic disease, aged care, mental health, disability and disease prevention, so as to support patients with their diagnosis, monitoring and self-management of disease.

8. **Pharmacy retailing:** No response.

9. **Community pharmacy regulation in 2025:** No response.

10. **Pharmacy professional practices changes:** In order to secure the future of community practice in 2025, DAA considers it important for pharmacist professional practice to more clearly delineate between retail imperatives and the ethical sale of products. One major concern is the sale and promotion of 'slimming' products and diets that are not evidence-based. Such products have the potential to do more harm than good, hence moving forward, DAA would like to see more emphasis on evidence-based products and services in the community pharmacy setting.

11. **One recommended change to community pharmacy by 2025:** Same response as to question 10.