Australian Government
Department of Health and Ageing

The Pharmacy Guild of Australia

5th Community Pharmacy Agreement

Professional Collaboration

Researchers: *Caitlin Francis, PwC*
John Cannings, PwC
Rebecca Jessop, PwC
Sarah Thew, PwC
Jessica Li, PwC
Professor S.I. (Charlie) Benrimoj, University of Technology Sydney

Research & Development

EXECUTIVE SUMMARY

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Executive Summary

A strong and integrated primary health care sector is key to achieving healthy communities. Current primary health care reforms in Australia are aimed at a more effective health care system through better coordination (Australian Government Department of Health and Ageing, 2010). The success of these reforms will require better professional collaboration among primary health care professionals.

The *Professional Collaboration* project ('the project')[1] aimed to identify a model of best practice for collaboration between community pharmacists and other health professionals in the Australian primary health care setting that will bring positive benefits to the health care system and consumers.[2] Research suggests that a lack of collaboration and communication can result in patient-related adverse events such as unexpected side effects and interactions of medicines, creating costly and avoidable pressure on the hospital system, as well as inefficiency in the primary health care system through duplication of services.

The findings of the project were complex and mostly interdependent:

- Policy and strategic oversight – There is currently a lack of a shared vision for primary health care between professional groups, both at a national and regional level (e.g. Medicare Locals). Effective leadership and support for collaboration across organisations at the national and regional levels was identified as a key way to enable professional collaboration.
- Governance – Many health professional peak bodies operate independently and in isolation from each other without a shared vision for collaboration. Similarly, at an individual level, not all health professionals share the same understanding of the potential benefits of collaboration.
- Funding – Under the current model, general practitioners (GPs), specialists and pharmacists are reimbursed for their services under the Medicare Benefits Scheme and Pharmaceutical Benefits Scheme. This current fee-for-service funding model was often cited as a key barrier to collaboration as it provides no incentive to health professionals to participate in collaborative efforts outside of their time spent with the consumer.
- Measures – Data on collaborative practice is rarely collected and there is currently no standardised set of measures for evaluating collaboration. The National Health Performance Authority has recently released performance measures for primary health care that can be used and adapted for this purpose.[3]
- Roles and responsibilities – While health professionals reported a willingness to collaborate, there was a general lack of understanding of, and respect shown for, the roles and responsibilities of other health professionals (particularly among GPs). These issues were less apparent where health professionals are located in close proximity or where collaboration is necessary to deliver effective health care, such as in rural and remote areas.
- Communication – Timely and effective communication between all stakeholders is a necessary factor to enable collaboration (though not sufficient on its own). Communication among health professionals is generally perceived as ad hoc and slow unless there is "something in it" for them. A lack of time was cited as the main barrier to effective communication.
- Education and training – Education is currently delivered according to each profession with little interaction between professions at the undergraduate level.[4] Further support and training around collaborative practices, including interdisciplinary undergraduate training in subjects common to all health professionals, was reported as necessary. Interdisciplinary clinical placements were also identified as an opportunity to encourage the greater understanding of professional roles and capabilities across primary health care professionals.

The common foundation of all of these findings is the importance of the consumer. There was agreement among stakeholders and health professionals that collaboration is ultimately for the benefit of the consumer and that the consumer should be at the centre of care. There is clear evidence of the benefits to consumers and their families when health professionals and organisations work together to coordinate services; this makes a compelling case to coordinate care around the needs of people and populations (Ham and Walsh, 2013). Internationally, health systems that have successfully integrated health care services have done so by keeping the consumer at the heart of the system.

All of the themes identified above – formed from evidence collected across the project – provided the foundations of the proposed model described below.

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[1] The project was carried out across five phases of work, including stakeholder consultations, a literature review and mapping exercise, a national survey of primary health professionals, and a national Design Forum to gain shared vision and agreement between 61 primary health care stakeholders and to develop a recommended model of professional collaboration.

[2] 'Health professionals' in the context of this report refers to both 'health practitioners' and 'health service managers' working in a primary care setting.

[3] The most recent version of these measures is available from the NHPA website: http://www.nhpa.gov.au/internet/nhpa/publishing.nsf

[4] It is noted that some universities are already exploring these opportunities within their own campuses, but the practice is not widespread or consistent across Australia.

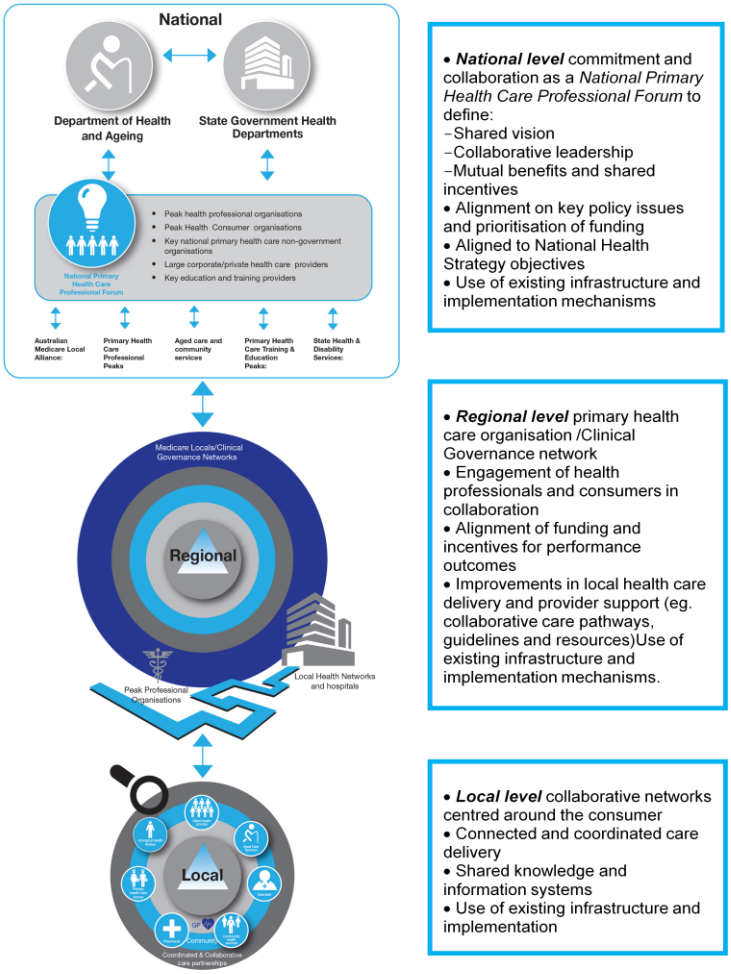
A model of professional collaboration

In the current context of health system reform, all professionals are being asked to take a systems-thinking approach to the delivery of care, i.e. to consider the Australian health care system as one system, with multiple sub-systems (e.g. state-based, acute care, primary care) that influence the overall outcome. Looking at the primary health care system in this way provides the opportunity to reassess what it means to be a primary health care professional within a primary health care team, and to understand where each set of health care skills is used best to benefit consumers of the health care system.

The model proposes:

- A three-tier model comprising national, regional and local levels (see Figure 1). This is in line with international literature on integration occurring at the micro, meso and macro levels (Pim et al., 2013).
- The formation of a *National Primary Health Care Professional Forum* to provide overarching leadership and strategic vision for the role and function of each of the key players involved. In order to achieve collaborative care, identifying a common purpose between different professions and organisations, and shared arrangements for leadership and governance are key. The principles on which the Forum is based can then pass onto the regional level via Medicare Locals and then to the local practice levels of the model through a range of activities such as case conferencing.
- A structure that encourages change in behaviour and attitude, facilitated by a range of key agreed principles.
- Engagement of front-line health professionals through transparent and real 'bottom-up' and 'top-down' communication. As such, throughout the implementation of the model, experiences at local and regional level will help inform the national approach to collaboration. Medicare Locals will play a key role in linking communication and initiatives from the local and national levels.

Figure 1: Overview of the model of professional collaboration



Importantly, the model leverages and builds on existing infrastructures (e.g. Medicare Locals), partnerships (e.g. Lead Clinicians Group) and models (e.g. the Home Medicines Review program and multidisciplinary chronic disease programs) wherever possible and does not attempt to create further layers of complexity or bureaucracy. As such, the *National Primary Health Care Professional Forum* can build on the National Primary Healthcare Partnership (who already gather on a regular basis), but should also include peak bodies that currently do not participate in it, such as the Australian Medical Association and the Royal Australian College of General Practice. Participants will demonstrate leadership in establishing the best possible role model and environment for professional collaboration.

The key objective of the regional and local parts of the model is to have a central focus on the needs of the consumer as facilitated through a local collaborative care partnership. In this model, the consumer can enter a '*Primary Health Care Collaboration Partnership*'[5] through any primary health care professional, where every consultation with a primary health care professional is an opportunity for better health outcomes, and each consumer can be advised and/or referred on the basis of clinical need to the most appropriate source and location for care. There is a real potential to improve care at the local level in this way by involving all stakeholders necessary to deliver effective and quality care.

[5] '*Primary Health Care Collaboration Partnership' is a working definition/title* referring to a defined group of local primary health care providers that opt in to participate in collaborative care arrangements.

In this model, Medicare Locals are accountable for making progress on collaboration between primary health care providers at the regional and local levels, both within and between professions. They therefore have a vested interest in supporting local providers to form collaborative partnerships. In order to establish a functioning model at this level, regional stakeholders will need a collective understanding of the key barriers and enablers to collaborative relationships and care; the services and skills available (and any gaps) within the region; the roles and scope of practice of health care providers in the regions (building on the work of the *National Primary Health Care Professional Forum*); and existing opportunities for integrating services and locating them together.

Recommendations

Collaboration between health care professionals in Australia is challenging but the benefits of collaboration to the Australian health care system are clear: the better delivery of effective and quality health care to the Australian consumer. Collaboration requires the commitment of individuals and the peak body organisations that represent them. It needs to be driven from the ground up while at the same time, health care professionals and peak bodies come together to move forward a positive shared vision for primary health care.

The key recommendations for implementing the model of professional collaboration are to be carried out at the same time at both the local and national level:

1. The Pharmacy Guild of Australia should endorse and implement the model at the national governance level. This includes: (a) seeking endorsement of the model by primary health care peak bodies; (b) initiating discussions between key primary health care professional bodies about what areas to align to deliver more integrated and multidisciplinary care, and to identify existing agreement on policies; (c) the Department of Health and Ageing to endorse the proposed model (or a further version of this model as agreed by the relevant peak bodies) including the formation of the *National Primary Health Care Professional Forum*. The first activity of the forum will be to establish terms of reference and create and endorse a charter for professional collaboration; and (d) the *National Primary Health Care Professional Forum* to drive changes in training, education and clinical placements through universities – including how to work as an interdisciplinary team, and core subjects for all health professionals such as ethics, privacy and leadership.
2. The Department of Health and Ageing should commission an assessment of change readiness and develop a leadership programs across the primary health care sector. Change of this magnitude will require leadership and continuous commitment from all participants. It will also require effective change management in order to drive real and sustainable change, and this will require an understanding of stakeholders' willingness and readiness. While this project has demonstrated a range of stakeholder views and their readiness for change, a full assessment would provide the basis for a more detailed and strategic approach.
3. Health professionals and consumers should drive change from the bottom-up by leveraging the infrastructure and support of Medicare Locals. In order to drive change at a local and regional level, health professionals and consumers at a local level should: (a) proactively engage with their Medicare Locals to better understand their plans for integrating services in the local region - as professional collaboration will be a first key step on this path to integration; (b) volunteer to be on the Board or Advisory Committees of their Medicare Locals to help shape the direction of local services; as demonstrated by the Gold Coast Medicare Local, there are real opportunities for primary health care professionals to work collectively together to identify local health solutions and ways of working; (c) seek information from their Medicare Locals on local population health needs (e.g. chronic disease, mental health, after-hours services) identified as a priority and the strategy for addressing them; proposals for collaborative services will be better received and supported if they align with the identified needs of the population; (d) establish practice standards that are created and relevant at the local level, based on the nationally agreed charter/code of collaborative practice standards; each Medicare Local has the mandate to establish stronger clinical governance processes and collaboration should form a key part of practice standards to be upheld; and (e) identify any regional-level barriers to collaboration that can be addressed with clinician-led local solutions or low-cost investments. This may include open and facilitated meetings between GPs, specialists and pharmacists in the region to improve local access, diagnostic or referral issues.
4. Primary health care professionals should build better local relationships. Of all the enablers to collaboration identified in the *Professional Collaboration* project, strong relationships and communication were the most significant. Based on this, all primary health care professionals should: (a) identify opportunities to engage with health professionals in the local region; this may include face-to-face meetings with fellow health professionals and not just communicating via email or fax; and (b) reach out to other professions to discuss collaborative initiatives that address local health issues; this may include establishing multidisciplinary groups or committees on areas of common interest, such as paediatric or diabetes special interest groups.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