



**SUBMISSION TO THE SENATE SELECT COMMITTEE ON
MEN'S HEALTH BY THE
PHARMACEUTICAL SOCIETY OF AUSTRALIA**

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BACKGROUND

1. The Pharmaceutical Society of Australia (PSA) is the peak national professional organisation representing pharmacists in all areas of professional practice. PSA works to influence attitudes, opinions and policies through representation, networking, consultation, continuing education, practice support, standards, guidelines and a range of publications and health promotion programs and resources.

THIS SUBMISSION

2. PSA welcomes the Inquiry by the Senate Select Committee on Men's Health and is pleased to provide the following submission. The submission addresses primarily Terms of Reference 2 and 4:

- a. adequacy of existing education and awareness campaigns regarding men's health for both men and the wider community; and
- b. the extent, funding and adequacy for treatment services and general support programs for men's health in metropolitan, rural, regional and remote areas.

3. PSA regards pharmacists as a key member of the primary care team, however it continues to be concerned that the role that pharmacists play as frontline health professionals is often not well understood by many policy makers. Independent surveys consistently rate pharmacists as one of the most accessible and trusted health professionals and PSA believes that considerable scope exists to expand the capacity of pharmacists to assist men better manage their health.

RECOMMENDATIONS

4. PSA recommends that:

4.1. The Committee support an expanded role for pharmacists in the provision of health services to men. While the majority of pharmacists work in a community setting, considerable numbers of pharmacists can also be found in hospitals, mental health services, clinics and other settings. There are therefore a wide variety of opportunities for pharmacists to engage men, discuss their health issues, provide appropriate professional health advice and refer men for follow-up services where necessary. However, under current policy settings, this contact tends to be ad hoc rather than systematic.

4.2. The implementation of the Pharmacy Self Care (PSC) program in Australia's 5,000 community pharmacies represents a cost-effective opportunity to provide consumers with access to a consistent base of health promotion and health advice activities across all pharmacies in Australia. PSA has previously proposed to the Government that this

national rollout of the PSC program could be achieved under the National Preventative Health Strategy. PSA believes that a national roll-out of the men's health components of the PSC program should be incorporated into the proposed National Men's Health Strategy.

4.3. The impact of the recently launched Men's Health Information Services Tasmania Alliance (MISTA) program should be monitored over the next two years, with a view to a systematic national roll-out of the program with the Australian Government as an active partner.

4.4. The Committee support a 12 month trial of team-based, patient-focussed care provision for men with specific chronic and ongoing diseases/conditions. Service provision will be led/coordinated by a general practitioner, supported by a multidisciplinary team. Funding will be on the basis of improvement in patient outcomes rather than the services provided. PSA would be happy to work with the Committee and interested stakeholders in the further development of this proposal, which builds upon and provides greater tailoring of the current care planning and team care arrangements.

4.5. The development and fast-tracking of a electronic patient health record should be an immediate priority for the Committee and governments.

THE PHARMACY PROFESSION

Quality use of medicines (QUM) policy

5. Pharmacy practice in Australia is firmly underpinned by Australia's policy on Quality Use of Medicines (QUM).¹ Briefly, the elements of the policy are to:

- a. select management options wisely by: considering the place of medicines in treating illness and maintaining health; and recognising that non-drug therapies may be the best option for the management of many disorders;**
- b. choose suitable medicines, if a medicine is considered necessary, so that the best available option is selected by taking into account: the individual; the clinical condition; risks and benefits; dosage and length of treatment; any co-existing conditions; other therapies; monitoring considerations; and costs for the individual, the community and the health system as a whole; and**
- c. use medicines safely and effectively to achieve the best possible results by: monitoring outcomes; minimising misuse, over-use and**

¹ Australian Government Department of Health and Ageing. The national strategy for quality use of medicines: Executive summary. Canberra: Commonwealth of Australia, 2002.

under-use; and improving people's ability to solve problems related to medication, such as adverse effects or managing multiple medicines.

6. In the context of this policy, the role of pharmacists relates not only to medicines use and management but also in providing advice on non-drug management where appropriate, providing support and information, and working across the whole spectrum of health from maintenance of good health to management of ill health. These are critically important ways in which pharmacists assist men to better manage their health. That said, there is considerable scope for an enhanced role for pharmacists in the provision of health services to men.

HOW PSA AND PHARMACISTS CAN ASSIST THE COMMITTEE'S INQUIRY

Pharmacists are an accessible professional health resource for men

7. Pharmacists are one of the most accessible and trusted health professionals.² While their primary expertise revolves around medication management issues, pharmacists also have training and good grounding in broader health and scientific issues. Pharmacists are ideally placed to offer professional health services to men, not only when dispensing their prescriptions but also when dealing with requests for non-prescription products or treatment of minor ailments.

8. Australia has a well established network of community pharmacies to support equitable access for Australians to medicines, health information and professional advice, in most cases without the need to make an appointment. There are approximately 5,000 community pharmacies with each pharmacy serving on average a community of 4,000 people. It has been estimated that the average person in Australia visits a pharmacy around 14 times a year. This equates to several hundred million intervention opportunities per year. At these visits, pharmacists and their staff regularly perform brief interventions which can involve general health advice but also more in-depth discussions on many health topics.³ Many communities that lack a medical practitioner may have a community pharmacist who offers a wide range of professional services.

9. It is PSA's experience that the expertise of pharmacists and their accessibility to consumers, including men, are often overlooked by health policy makers. One of the reasons for this may be the perception that the role of pharmacists is locked into a community pharmacy model of dispensing prescriptions and supplying medicines.

10. The role of pharmacists is extremely diverse as they are involved in population level education and awareness campaigns as well as targeted or

² Roy Morgan. Images of professions [survey]. 8 April 2008.

³ See for example: www.pharmacyhealthlink.org.uk

tailored interventions for individuals. Pharmacists can engage and interact with men about a wide spectrum of health care needs ranging from prevention, early detection and screening stages through to treatment and palliation.

11. It should also be recognised that while the majority of pharmacists work in a community setting, considerable numbers of pharmacists can also be found in hospitals, mental health services, clinics and other settings. There are a wide variety of opportunities for pharmacists to engage men, discuss their health issues, provide appropriate professional health advice and refer men for follow-up services where necessary, however, under current policy settings this contact tends to be ad hoc rather than systematic.

Professional Support for Pharmacists

12. One of PSA's core objectives is to ensure the skills of pharmacists are utilised widely and appropriately in all aspects of pharmaceutical use, medication management, health promotion and illness prevention. PSA has a well-established Branch network providing education, training, mentoring and practice support to pharmacists. PSA has an excellent track record in delivering comprehensive, high quality resources in a timely manner.

13. PSA's primary role is to provide initial and ongoing education, training and practice support tools for pharmacists and pharmacy staff. PSA has the expertise to provide information and resources for all pharmacists providing basic interventions, as well as higher level education, training and support for initiatives which may require credentialing of pharmacists.

14. PSA conducted a Clinical Professional Development weekend on Men's and Women's Health in October 2008 which covered topics such as testicular cancer, prostate cancer, urinary incontinence, erectile dysfunction and Men's health promotion. PSA will run further Professional Development sessions on Men's health issues during 2009, including an overview of prostate cancer; and prostate hypertrophy and incontinence.

15. The PSA's monthly professional journal, *Australian Pharmacist*,⁴ has highlighted men's health issues on a number of occasions. For example, the December 2004 issue featured a cover story on testicular cancer and a Continuing Professional Development article on disorders of the prostate. In addition, the journal devoted its January 2008 issue to men's health issues. As well as a variety of useful articles, the issue included several Continuing Professional Development articles on: Prostate Specific Antigen test; erectile dysfunction; targeting men's health in the pharmacy; and assistance for men who are losing their hair. Copies of these issues of *Australian Pharmacist* are available on request from paul.mackey@psa.org.au.

⁴ Australian Pharmacist has an audited circulation in excess of 11,200 (September 2008)

16. PSA is a recognised Registered Training Organisation under the Australian Government Department of Education, Employment and Workplace Relations and provides nationally recognised courses such as Certificate II and III in Community Pharmacy and Diploma of Management. PSA is also the first Australian pharmacy organisation to be authorised by the Australian Pharmacy Council to accredit providers of continuing professional development.

17. As such, PSA is well-placed to assist in the transfer of evidence-based care and advice into everyday pharmacy practice. However, current funding models restrict the capacity of pharmacists to build such evidence-based care and advice into their patient encounters, including encounters with men.

18. PSA is aware that many university pharmacy courses include modules that focus on men's health, canvassing such areas as mental health, sexual health, cardiovascular disease prevention and general health issues.

Men's Health in the Pharmacy: PSA's Pharmacy Self Care (PSC) Program

19. One of PSA's programs which recognises and supports the value and opportunity for pharmacists to encourage consumers to better manage their own health is the reputable Pharmacy Self Care (PSC) program.⁵ This is a voluntary membership-based program for pharmacies. The program recognises that the whole pharmacy (not just individual pharmacists) and health care team have a role in self care and self management.

20. The PSC program provides education modules and health campaign tools for pharmacists and pharmacy assistants, as well as health information resources for consumers. At present there are approximately 1,800 member pharmacies. The monthly publication, *inPHARMation* magazine, which contains education modules for pharmacists and pharmacy staff, has a readership of 8,000 pharmacists and over 14,000 pharmacy assistants. PSC resources are also made available to pharmacy students thereby integrating training on preventative health issues early in their careers and to assist the future workforce.

21. The PSC program has highlighted men's health issues recently. For example, the October 2008 issue of *inPHARMation* was devoted to Men's health and featured a range of articles and fact sheets, including:

- a. practice points for pharmacists to note on key conditions and diseases affecting men; and
- b. practical advice for both pharmacists and pharmacy assistants in engaging men, discussing their health issues, providing appropriate

⁵ More information is available at: www.psa.org.au/psc

professional health advice and referring men for follow-up services where necessary.

In addition, Factcards (consumer health information leaflets) on Prostate Cancer; Erectile Dysfunction; and Men's Health have been distributed to PSC Pharmacies during February 2009. Copies of these Factcards and the October issue of *inPHARMation* are available on request by contacting paul.mackey@psa.org.au.

22. While the delivery of core materials and initiatives is limited to PSC member pharmacies, the program's infrastructure and expertise can be, and have been, used to deliver key health messages, education and resources to all 5,000 community pharmacies. For example, PSA has worked in partnership with the Australian Government and the pharmaceutical industry to deliver messages on topics relevant to men's health such as alcohol and health, weight management, smoking cessation, and chronic obstructive pulmonary disease.

23. PSA has proposed to the Australian Government that the implementation of the PSC program in Australia's 5,000 community pharmacies represents a cost-effective opportunity to provide consumers with access to a consistent base of health promotion and health advice activities across all pharmacies in Australia. PSA has proposed to the Government that this national rollout of the PSC program could be achieved under the National Preventative Health Strategy. PSA believes that a national roll-out of the men's health components of the PSC program should be incorporated into the proposed National Men's Health Strategy.

PSA and Men's Health: the MISTA Program⁶

24. The Men's Health Information Services Tasmania Alliance (MISTA) was launched in 2008. The outcome of a collaboration between the Pharmaceutical Society of Australia (Tasmanian Branch), the Australian Medical Association Tasmania Foundation and the Royal Automobile Club of Tasmania (RACT), the aim of MISTA is to enhance health literacy by raising awareness of issues impacting on males of all ages and to advocate on their behalf in order to promote their health and well-being in a holistic sense covering physical, mental, emotional, social and spiritual components.

25. A core activity of MISTA is raising key men's health messages, covering smoking, blood pressure, weight and physical activity, family relationships, drugs, alcohol, cancer, mental health, cardiovascular disease, workplace issues, diabetes and age-related diseases.

26. In the first of what is hoped to be several initiatives, PSA Tasmania is currently discussing with a large employer of a male-dominated workforce ways of distributing the MISTA material to its workforce.

⁶ More information on MISTA is available from: <http://www.psa.org.au/site.php?id=2996>

27. Smoking cessation is a current focus of MISTA. Under the program, PSA Tasmania has recently conducted free smoking cessation education workshops for pharmacists and pharmacy assistants and will shortly screen a television advertisement throughout Tasmania encouraging smokers to consult their community pharmacist and pharmacy staff for assistance and advice on quitting smoking.

28. One of the strengths of the MISTA program is that it is underpinned by a spirit of partnership, which is reflected in one of the program's key messages—that men need to work in partnership with a pharmacist and GP for better health.

29. PSA believes that the effectiveness of MISTA should be monitored over the next two years, with a view to a systematic national roll-out of the program with the Australian Government as an active partner.

SHORTCOMINGS OF AUSTRALIA'S HEALTH SYSTEM FOR MEN'S HEALTH

30. Australia's silo-based approach to the funding and delivery of health services has arguably failed men badly. High rates of suicide, poorer health, earlier death, poor medication compliance are all indicators that we can and should do better from our \$94 billion health system.⁷ One of the key shortcomings is the focus of current funding models, which are built around the notion of service-provision, not patient outcomes. While there may have been historic justification for this approach, it reflects neither the current care needs of men nor the available skills of modern health professionals. These funding models do little to facilitate (and may even discourage) the provision of team-based, patient-focussed care. To make a genuine difference, we need multidisciplinary teams, including pharmacists, working together to improve the health outcomes of men.

31. One possible initiative worthy of trial could see the general practitioner as the team leader/coordinator for the care of men with specific chronic and ongoing diseases/conditions, together with a team of health professionals (pharmacists, nurses, physiotherapists, podiatrists etc) who would be jointly responsible for improving the health of the patient cohort. The members of the team would be selected by the GP depending on the care needs of the particular patient. The GP could be funded on a fee-for-service basis as per current arrangements and the team could be funded from a capitated payment on the basis of improvements in health outcomes for the patient. This proposal builds upon and provides greater tailoring of the current care planning and team care arrangements.

32. Another aspect of Australia's health system that has failed men is the lack of progress in e-health, most notably, the extremely slow progress on

⁷ Australian Institute of Health and Welfare. Health Expenditure 2006-07. Canberra, AIHW, 2008.

electronic health records for patients. As disparate users of health services, men are disadvantaged by the lack of an electronic patient record and this also hampers the achievement of genuinely team-based care for men. PSA believes the development and fast-tracking of a electronic patient health record should be an immediate priority for the Committee and governments.

CONCLUDING COMMENTS

33. PSA regards pharmacists as a key member of the primary health care team, however it continues to be concerned that the role that pharmacists play as frontline health professionals is often not well understood by many policy makers. Independent surveys consistently rate pharmacists as one of the most accessible and trusted health professionals and PSA believes that considerable scope exists to expand the capacity of pharmacists to assist men better manage their health.

34. Arguably, the silo-based approach to the funding and provision of health care that has proven so enduring in Australia has failed men badly. PSA believes that the Committee's Inquiry affords an excellent opportunity to highlight the ways in which the health system can better meet the needs of men. Pharmacists represent a trusted and accessible professional health resource and with appropriate funding and support they can make a cost-effective difference to men's health.

35. PSA welcomes the increased focus on primary care and health literacy included in the Interim Report of the National Health and Hospitals Reform Commission⁸ and believes that these and other proposals have the potential to improve men's health. However, PSA is very concerned that the key role played by pharmacists in primary care (and its significant potential for expansion) appears to have been overlooked by the Commission. PSA looks forward to further refinement of the proposals canvassed in the report.

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⁸ National Health and Hospitals Reform Commission. A healthier future for Australians: interim report. Canberra, the Commission, December 2008.