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State or territory:	Australian Capital Territory
Organisation name: (Enter N/A if this does not apply to you)	Pharmaceutical Society of Australia
Your role: (Enter N/A if this question does not apply to you)	Chief Executive Officer
Which statement best describes your involvement with aged care?	I am from a professional college or association
What perspective do you represent?	Clinical workforce
If you work for a residential aged care provider, what type of organisation do you represent?	N/A
Are you located in a rural or remote area?	NULL
Are you a member of, or do you represent or provide specialist care to any of the following groups? (tick multiple)	N/A
Have you heard of the Independent Health and Aged Care Pricing Authority (IHACPA) or the Independent Hospital Pricing Authority (IHPA) prior to this public consultation?	Yes
How did you hear about this consultation?	Independent Health and Aged Care Pricing Authority email or letter

What, if any, may be the challenges in using the Australian National Aged Care Classification (AN-ACC) to support activity based funding (ABF) in residential aged care?	NULL
What, if any, concerns do you have about the ability of AN-ACC to support long-term improvement in the delivery of residential aged care in Australia that is efficient, sustainable and safe?	NULL
What, if any, additional factors should be considered in determining the AN-ACC national weighted activity unit (NWAU) weightings for residents?	NULL
What should be considered in developing future refinements to the AN-ACC assessment and funding model?	NULL
What, if any, changes do you suggest to the proposed principles to guide the development and operation of the Pricing Framework for Australian Aged Care Services?	NULL
What, if any, additional principles should be included in the pricing principles for aged care services?	NULL

What, if any, issues do you see in defining the overarching, process and system design principles?	NULL
What, if any, concerns do you have about this definition of a residential aged care price?	NULL
What, if any, additional aspects should be covered by the residential aged care price?	NULL
What, if any, concerns do you have about the proposed pricing approach and level of the residential aged care price?	NULL
How should 'cost-based' and 'best practice' pricing approaches be balanced in the short-term and longer-term development path of the Independent Health and Aged Care Pricing Authority (IHACPA)'s residential aged care pricing advice?	NULL
What should be considered in the development of an indexation methodology for the residential aged care price?	NULL
What, if any, additional issues do you see in developing the recommended residential aged care price?	NULL

<p>What, if any, changes are required to the proposed approach to adjustments?</p>	<p>NULL</p>
<p>What, if any, additional adjustments may be needed to address higher costs of care related to the resident characteristics?</p>	<p>The AN-ACC model utilises various instruments measuring ‘resident-related factors’, many of which measure issues such as mobility and cognition. It should be noted that the effects of certain medication can alter cognition and mobility, thus contributing to changes in the scores used to measure functioning, such as RUG-ADL, AKPS, Braden Scale, DEMMI, AM-FIM, which are included in the AN-ACC model. For example, the 2020 report by the Pharmaceutical Society of Australia, Medicine Safety: Aged Care (available at www.psa.org.au/wp-content/uploads/2020/02/Medicine-Safety-Aged-Care-WEB-RES1.pdf), found that: a. 40% to 50% of people living in aged care homes are on medicines that have the potential to cause sedation or confusion b. 50% of people with dementia are taking medicines with anticholinergic properties, which can worsen confusion and other symptoms of dementia c. one-fifth of people living in aged care are on antipsychotics; more than half use the medicine for too long d. up to one-third of people living in aged care are taking benzodiazepines; more than half use the medicine for too long. Thus, additional adjustments related to increased pharmacist involvement in aged care are important to consider. Adjustments to include the impact of aged care on-site pharmacist roles (a measure to commence in 2023 in response to Recommendations 38 and 64 from the Royal Commission into Aged Care Quality and Safety) will be important as pharmacists contribute to medicine safety and quality use of medicines to improve patient/resident safety, optimise health outcomes and potentially reduce healthcare costs.</p>

<p>What evidence can be provided to support any additional adjustments related to people receiving care?</p>	<p>There are various costs related to medicine use and medication management, for example, those associated with chemotherapy, non-prescription medicines such as vitamin and mineral supplements (separate from total parenteral nutrition), or any medication that could be considered high-risk (e.g. psychotropic medication), requiring frequent medication reviews. These types of medicines may all require consideration of additional adjustments. Evidence could be provided by calculating the cost of most commonly used medications or ascertaining the average number of medications used by people in care which can be used to calculate the cost per patient. As referred to in PSA's response under Q28, additional adjustments should also include consideration of increased pharmacist involvement. Evidence of the value added by pharmacists may be seen through, for example, reductions in medication misadventure, hospital admissions and medication costs. PSA's Medicine Safety: Aged Care report (2020) found that: a. over 95% of people living in aged care facilities have at least one problem with their medicines detected at the time of a medicines review; most have three problems b. one in six medicine-related problems are due to adverse medicine reactions c. over 6% of people living in aged care were administered at least one potentially hazardous medicine combination d. over half of all people living in aged care facilities are prescribed medicines that are considered potentially inappropriate in older people e. one in five unplanned hospital admissions among people living in aged care facilities are a result of taking medicines generally considered potentially inappropriate for older people.</p>
<p>What should be considered in reviewing the adjustments based on facility location and remoteness?</p>	<p>NULL</p>
<p>What evidence can be provided to support any additional adjustments for unavoidable facility factors?</p>	<p>NULL</p>

<p>How should any adjustments for quality and safety issues be considered in the long-term development path of AN-ACC and the associated adjustments?</p>	<p>'Quality use of medicines and medicines safety' was made Australia's 10th national health priority area in 2019 by the Council of Australian Governments (COAG). Medication misadventure is a significant issue in residential aged care facilities which impacts on health and aged care system costs, health workforce capacity and quality of life of residents. Increased pharmacist involvement through the aged care team will lead to improved medication safety and system efficiencies, resulting in decreased costs. This concept needs to be considered further, with the value added by pharmacists factored into any adjustments made. As such, there should be adjustments made to allow for e.g. a. establishing on-site aged care pharmacist roles b. providing Quality Use of Medicine (QUM) services within the residential aged care facilities c. funding for deprescribing medicines d. conducting regular and as-needed Medication Management Reviews e. adverse event monitoring, detection, resolution and reporting f. antimicrobial and opioid stewardship roles within residential aged care facilities.</p>
<p>Should hotel costs be incorporated into the AN-ACC funding model and what should be considered in doing this?</p>	<p>NULL</p>
<p>What should be considered in future refinements to the residential respite classification and funding model?</p>	<p>NULL</p>

<p>What are the costs associated with transitioning a new permanent resident into residential aged care?</p>	<p>People are particularly vulnerable to medicine-related problems when transitioning between care settings, which includes new admissions into residential aged care facilities. These issues can include incorrect medication histories being communicated, and changes to medication regimens. PSA's Medicine Safety: Aged Care report found that approximately 6% of people were using antipsychotics nine months prior to entering aged care facilities, which rose to over 20% of people using antipsychotics upon admission into the facilities. These findings indicate there may be increases in residents' medication regimens, which can lead to increased costs. Such issues can be avoided by increasing funding allocations to Residential Medication Management Reviews (RMMR) and Quality Use of Medicine (QUM) Services within aged care facilities, and ensuring there is sufficient funding for medication reconciliation to be undertaken routinely by a pharmacist. One study found pharmacist medication reconciliation reduced medication discrepancies by around 52%, which equates to a saving of around \$206 per patient, meaning that there are significant financial benefits associated with this service. (Reference: Najafzadeh M, Schnipper JL, Shrank WH, Kymes S, Brennan TA, Choudhry NK. Economic value of pharmacist-led medication reconciliation for reducing medication errors after hospital discharge. Am J Manag Care. 2016 Oct;22(10):654-661. PMID: 28557517.)</p>
<p>How might workforce challenges present in the implementation and refinement of AN-ACC for the aged care system?</p>	<p>PSA supports the IHACPA in monitoring ongoing changes around workforce in aged care, including the impact of various reform activities. The aged care on-site pharmacist measure is one such reform activity, scheduled to commence implementation in 2023, in response to Recommendations 38 and 64 from the Royal Commission into Aged Care Quality and Safety. PSA anticipates a phased rollout through residential aged care facilities. Aged care residents are particularly vulnerable to medicine-related problems in aged care settings, including prior to admission to a facility and when transitioning their care arrangements. PSA strongly suggests that progress and impact of the aged care on-site pharmacist measure warrant monitoring and future consideration through the work of the IHACPA.</p>
<p>What areas should be included in the proposed five-year vision for IHACPA's aged care pricing advice?</p>	<p>PSA supports the inclusion of Multipurpose services (MPS) for consideration in future work of the IHACPA.</p>
<p>What would be considered markers of success in IHACPA's aged care costing and pricing work?</p>	<p>NULL</p>

Other comments	NULL
Please indicate if there are specific sections of your submission that you wish to remain confidential and the reasons for this.	NULL
I consent to IHACPA contacting me for further information or clarification about my submission.	Yes, I consent
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