PHARMACISTS IN 2030

Asthma Australia Survey Response, November 2023

ABOUT ASTHMA AUSTRALIA

Asthma is a respiratory condition that affects 2.7 million Australians, with children being the most impacted. Asthma is responsible for at least one Australian death every day, making it a serious health concern. More than 30,000 people are hospitalised each year due to asthma, yet 80% of these hospitalisations are considered potentially avoidable.

Despite the prevalence of asthma, it is often misunderstood, causing fear and anxiety for those living with the condition. Asthma Australia has been the leading charity for people with asthma and their communities for over 60 years.

The challenges of climate change, unhealthy air, and health inequity make it more important than ever for people with asthma to have a voice. We search for new and progressive approaches to challenge the status quo. Our work is grounded in evidence and centered on the experiences of people affected by asthma. We believe by listening to those living with asthma, designing solutions with them, and influencing change, people with asthma can live freely, unrestricted by their asthma.

RESPONSE TO CONSULTATION SURVEY

Asthma Australia responded to all relevant questions in the consultation survey as set out below.

1. What do you think has been the biggest achievement / progress of Pharmacists in 2023? Why is this achievement so important?

As acknowledged in the Consultation Paper, the health system is under tension owing to issues such as an ageing population, increasing prevalence of multimorbidity, economic pressures, technological advances and the ongoing repercussions of COVID-19. Meeting these pressures requires a system and workforce that is innovative, collaborative and open to try new approaches, and in our experience, pharmacists are responding to new challenges in these ways. Asthma Australia has experience of working with community pharmacists and we have found that local pharmacists have a strong appetite to work with us to improve consumer outcomes. We have provided examples below. Through this work, we also know that consumers value pharmacists and regard them as a highly trusted and accessible cornerstone of the primary health care system. We hope to continue working with pharmacists to find new solutions to ongoing and emerging issues.

ASTHMA AUSTRALIA'S WORK WITH PHARMACISTS

- **The Culture Well Project (Adelaide and Brisbane)**

We partnered with the World Wellness Group and One Health Organisation to deliver the Culture Well Pilot. Funded by the Australian Department of Health the pilot's aim was to work with three communities (Arabic, Samoan and Vietnamase-speaking) to better understand their perspectives on health and wellbeing, identify barriers and enablers to their engagement with local health services and test interventions to support good health.[1] Results of the co-design research process with members of the three communities demonstrated the need for **two-way community and healthcare professional training** – e.g. the community educates healthcare professionals about their unique needs, experiences and barriers to support, and healthcare professionals educate the community about their role in supporting them within the healthcare system.

The **Arabic-speaking community members identified community pharmacies** as a principal healthcare service that they regularly access and a two-way cultural capability training program for the pharmacy setting was designed by the project team. Fifteen pharmacists delivered and received training sessions with the Arabic-speaking community in Adelaide and Brisbane. Of the 184 community members who attended the sessions 90% felt more confident about asking pharmacists for advice after the session.

Pharmacists who attended the cultural capability training stated that it had improved their knowledge about accessing interpreters, effectively utilising translation services and translated materials and referring culturally and linguistically diverse consumers to appropriate services.

- **Pharmacy Assistant Masterclass (Tasmania)**

We partnered with the Pharmacy Guild of Australia's Tasmanian branch to trial a pharmacy asthma masterclass for pharmacist assistants, with 64 attending in total in August and September

2021 and September 2022. Pharmacy assistants were selected as the target audience as they tend to have more time for patient consultations and as Pharmacy Guild information suggests that 90% of consumer interactions in store are with pharmacy assistants.

The Masterclass involved a non-clinical presentation designed to raise awareness of asthma symptoms and management amongst pharmacy staff, to optimise consumer interactions with pharmacy, increase the potential for pharmacies to add value to their asthma support services and instore referrals to Asthma Australia support services.

Pharmacist assistants who attended the training reported significant improvements in their knowledge of asthma first aid and how to manage asthma symptoms. The trial identified that attendance would be improved if the masterclass was appropriately accredited.

2. Are there other megatrends which should be considered in the formation of Pharmacists in 2030?

Asthma Australia notes in the Consultation Paper that PSA has identified 'digitisation and integration' as a megatrend. We too have recognised this megatrend as an opportunity and share our work in this area given the important role pharmacists play in supporting people with asthma in the community and with the view that this work will include pharmacy.

OUR DIGITAL JOURNEY

Asthma Australia understands the broader digital health landscape in Australia and is supportive of the Australian Digital Health Agency's development of the Interoperability Plan for Digital Health in Australia. Asthma Australia is in the process of establishing a Digital Health Advisory Group comprised of experts to help steward our focus on digital health. This is in preparation of our technology and data infrastructure becoming compliant with Fast Healthcare Interoperability Resource (FHIR), in readiness for interoperability of health systems in Australia.

Asthma Australia's current work in this area includes building an integrated suite of digital platforms that will enable people with asthma and their carers to store, engage and track information about their asthma health. It will build on the work of our retiring Kiss myAsthma App. The functionalities will include:

- Input of key health information (e.g., triggers, symptoms, medication type and tracking, reminders)
- Digitisation of Asthma Action Plans (AAPs, which are a key tool for improving asthma control that are developed through consultation between a consumer and their healthcare professional).
- Integration of Bluetooth enabled devices, allowing for accurate tracking of inhaler device technique, for example, and medication adherence.
- Air quality data to flag poor air quality events/days and what actions to take as a result.
- Correlation of data to provide warnings about increasing asthma symptoms and information about next step actions as well as about worsening asthma symptoms and poor air quality.
- General information and resources about common asthma triggers, risk factors and the optimum approaches to prevention and management of symptoms.

- Mood logging and the integration of other health apps.

With consumer consent, we also aim to enable the sharing of this information with third parties such as carers, healthcare professionals, schools and community groups to provide centralised access to, and understanding of, personalised, asthma data.

In addition, we would like to highlight the following as megatrends for PSA's consideration: 1) e-cigarettes and the emerging new public health crisis amongst young generations and, 2) climate change and its impact on the health of our homes and communities.

- **E-cigarettes and the emerging public health crisis**

Asthma Australia has been a strong advocate of reforms to the Therapeutic Goods Administration regulation of vapes to help curb the spiraling prevalence of vaping amongst younger generations. Most recently, we welcomed the Federal Government's planned prohibition of the importation of all vapes, excluding those supplied by prescription for therapeutic use. Our advocacy on this issue stems from our deep concern about the adverse health impacts of e-cigarettes which are supported by strong evidence.[2]

As state governments review their policy and legislation to increase enforcement and compliance in relation to the illegal retail of vapes, we hope that pharmacists will play an important part in ensuring e-cigarettes are only accessed by people with a prescription. To this end, we are supporting the Cancer Council's recommendation that e-cigarette device components only be made available when accompanied by a prescription for e-liquid. Currently, consultation papers suggest that device components are likely to be available without a prescription yet vape devices are much more liable to misuse than other medical devices, with it not being uncommon for mod/tank devices to be used to inhale other drugs.[3] Further, we advocate that pharmacies should be required to store such devices behind the counter and out of sight.

- **Climate change and its impact on health**

There are numerous climate change pathways that can cause and exacerbate asthma in Australia, including air pollution from bushfires, exposure to mould caused by heavy rainfall and flooding events, increased ground level ozone, increased pollen production, thunderstorm asthma epidemics, and extreme heat events.[4] This means people with asthma, and those at risk of developing the condition, are particularly vulnerable to the risks associated with climate change. Furthermore, pharmacies are often the first place people with asthma will go to find solutions to mitigate these risk factors and triggers. Hence, we ask that pharmacies consider what medicines and equipment will be in greater demand in response to climate driven events.

For example, during periods of sustained poor air quality caused by bushfires, people with asthma may require additional preventer medication, use of a reliever medication or more systemic corticosteroids and it is important that pharmacies in areas likely to be impacted by fires have sufficient stocks of these medications to manage and treat asthma. In addition, equipment such as P2 or N95 masks, air purifiers (HEPA), white vinegar for treating mould and natural pest control methods can be helpful for people with asthma to access at their local pharmacy (depending on their location and climate).

3. How can pharmacists contribute to the achievement of the intended outcomes described in the revised National Medicines Policy?

Pharmacists are a key enabler to the achievement of the National Medicines Policy (NMP), and particularly for people with asthma. Asthma is a chronic condition that affects one in nine Australians or 2.7 million people. It is an inflammatory condition of the airways, restricting airflow and can be fatal. There is no cure, but most people with asthma can experience good control. Asthma is primarily self-managed by the individual or their carer using medicines and devices under the guidance of a healthcare professional, making **access to medicines key to asthma treatment and control.** Asthma medicines can help prevent escalating symptoms and life-threatening flare-ups, and thereby reduce the need for people with asthma to access healthcare or emergency services.

In addition, 1.6 million (59%) people with asthma have comorbidities,[5] making them much more likely to need to access a range of medicines to support their health. Management of comorbid conditions often also supports asthma control as obesity, mental illness, allergic rhinitis and obstructive sleep apnoea detrimentally affect asthma control and the risk of flare-ups.[6]

However, we know that many people with asthma are currently not benefiting from the full range of medicines and interventions that are proven to work to help control their asthma and avoid escalated symptoms and healthcare needs. For example:

1. **Australian data shows that less than 20% of consumers are being dispensed preventer medicine at a rate consistent with therapeutic use**.[7] Regular inhaled preventer medication is the most important medication intervention in asthma, which reduces the risk of asthma attacks and the need for emergency care and improves overall health and quality of life.[8] Consumers need more education about the importance of preventers in their control of asthma and overall health and wellbeing.
2. **Up to 90% of people with asthma do not use their inhaler correctly and hence will deliver little to none of the medicine to their lungs**.[9] Inhaled asthma medicines are only effective if they are used properly. However, inhaler devices can be challenging to use and require instruction and review to ensure that they are being used correctly. This high margin for error in asthma medicine administration is unique and is too often overlooked by healthcare professionals supporting people with asthma, many of whom do not know how to teach correct inhaler device technique.[10]
3. **There is an over-reliance on reliever medicine to the detriment to consumers' health.** Reliance on short-acting reliever therapy (Short-acting beta-agonists, SABAs) is common among people with asthma. While for most people with asthma, relievers are an important medicine to temporarily relieve asthma symptoms and help gain control of asthma, their overuse increases the risk of an asthma attack, and is a risk factor for hospitalisation and death for people with

asthma.[11]Evidence suggests that using just 3 or more SABA inhalers a year increases flare-ups, and 6 or more increases the risk of death.[12] Consumers require more education about the appropriate use of SABAs.

4. **Only 28% of people with asthma have a written asthma action plan**.[13] An asthma action plan is evidenced as one of the most effective interventions to support people with asthma by guiding their actions in response to a change in their asthma control and condition.[14] All healthcare professionals need to be aware of the importance of asthma action plans so they can help support consumers to appropriately consult it when their symptoms escalate.

At the heart of these issues is **quality use of medicine,** a central pillar of the NMP (pillar 3) with many related intended outcomes. Pharmacists have significant potential to help address these issues: as gatekeepers of medicines with crucial access points to consumers at teachable moments (e.g. when their asthma symptoms escalate), as trusted healthcare professionals who can provide advice and education on appropriate medicine use and inhaler and device technique, and through signposting and referring consumers on to other parts of the healthcare system as necessary. In doing so, they would help to achieve the following intended outcomes under pillar 3 of the NMP [15]:

- 'Individuals, their families and/or carers are empowered to actively participate in shared decision-making in relation to the safe and quality use of medicines and medicines-related services in the prevention, management and treatment of a specific health condition or indication and for the maintenance of good health.'
- 'Adopting a person-centred approach, health professionals commit to, are trained and proactively supported to implement programs and initiatives to achieve the safe and quality use of medicines.'

4. Where do current health systems create inefficiencies or barriers to pharmacists working effectively within the healthcare team to support patient wellbeing?

While there have been improvements in recent years through the provision of telehealth consultations and electronic prescriptions, digital health is an area that could be further developed to deliver efficiencies and address barriers to pharmacists working effectively within the healthcare system. For example, My Health Record has significant potential to help improve the quality of the care journey and experience that consumers have in the healthcare system (while noting that some consumers choose not to have a record). However, My Health Record has yet to fulfill its potential as currently healthcare professionals and consumers do not use it optimally. For pharmacists, this includes a lack of information relating to a consumer's prescription and dispense records, which means My Health Record cannot be used currently by pharmacists to monitor quality use of medicine (e.g. in the stewardship of oral corticosteroids, see more on this issue in our response to question 10), and for example, flag when it might be beneficial for a consumer to attend a review with their GP given their pattern of medicine use.

My Health Record could also be used to store data in relation to over-the-counter medicines, such as Short-Acting Beta Agonist (SABA) asthma reliever medicines, which are frequently overused. Reliance on SABAs can prevent a consumer achieving good asthma control through using preventer inhalers (please see more on this issue in our response to question 10).

In addition, consumers have to keep records of their dispensed prescriptions as evidence that they have met the PBS safety net. If dispensing information was accurately stored on My Health Records, it could replace the need for consumers to keep such records, which can prove difficult for people who visit many different pharmacies, have low health system literacy or have competing priorities to juggle in their busy lives.

7. How can pharmacists contribute to equitable access to healthcare, particularly for priority populations?

Supporting pharmacists to use their full scope of practice through projects like the Culture Well Project, as outlined in our response to question 1, can enable pharmacists to contribute to equitable access to healthcare. Developing projects that respond to the needs of consumers in this way, whether they be priority populations or in areas with more limited access to other healthcare services, can help pharmacists understand the needs of their community better and equip them with the skills and knowledge to tailor their education and support accordingly.

10. What are the most significant medicine safety problems pharmacists should be focussed on addressing? Examples of medicine safety problems include, but are not limited to:

- Prescribing, dispensing and administration errors
- Emergency department presentations or hospital admissions due to adverse effects of medicines
- Medicine non-adherence resulting in an adverse health event
- Overuse or unnecessarily prolonged use of antipsychotic medicines or sedative medicines
- Unavailability of 'rescue' medicines such as adrenaline, salbutamol, naloxone or nitrates in an emergency

For most people with asthma, asthma symptoms can be effectively managed using inhaled corticosteroid (ICS) preventer medicines. Indeed, ICS medicines are the most important medication intervention in asthma that improves health, reduces risk of asthma attacks, reducing the risk of urgent health care use, and improves quality of life (AAH, 2023).[16] However, consistent with findings across the world**, too few consumers in Australia regularly use ICS preventer medicines as a control for their asthma,**[17] with less than 20% of consumers being dispensed preventer medicine at a rate consistent with therapeutic use.[18] This 'undertreatment' results in reduced control of asthma symptoms and increased risk of asthma attacks at great cost to the individual's health and quality of life, and the healthcare system.

Healthcare professionals and consumers often seek to control the resulting, escalating asthma symptoms from ICS inhaler underuse by using rescue medicines, including oral corticosteroids and SABA. Asthma Australia would like to see pharmacists play a role in reducing the safety issues that the overuse of both of these rescue medicines presents. In both instances, pharmacists could help reduce these issues through providing increased consumer education on the effectiveness of ICS preventer medicines to people with asthma.

- **Overuse of Oral corticosteroids (OCS)**

OCS can be life-saving and remain the cornerstone of managing acute asthma attacks until symptom control has been regained. Some people with severe asthma require OCS daily to maintain asthma control. However, while OCS provide fast-acting relief of asthma symptoms, they have significant adverse effects, including increased risk of heart disease, renal impairment, cardiovascular disease, blood clots, diabetes, obesity, stomach ulcers, osteoporosis, cataracts, mood disorders and decreased bone density leading to fractures.[19] The risk of developing these toxic side effects have been shown to significantly increase after a cumulative lifetime dose of 1000 mg prednisolone-equivalent (some as low as 500 mg).[20] Additionally, the adverse effects of OCS are associated with significant healthcare costs, with cost estimates increasing with the severity of asthma.

Significant caution should therefore be taken when prescribing and using OCS. However, PBS dispensing data demonstrates overuse of and overreliance on OCS for asthma management in Australia.[21] In view of this data, in 2022, Asthma Australia conducted a consumer survey with more than 1,500 respondents about their experience of oral corticosteroids in asthma care in partnership with Asthma WA, the Thoracic Society of Australia and New Zealand and the Centre for Excellence in Treatable Traits. The findings from this survey are being used to underpin a project we are leading on OCS stewardship for asthma in adults and adolescents in Australia, which aims to improve how these medicines are prescribed and taken given the harmful side effects associated with long-term use and their common mis/overuse. We hope to work with pharmacy on this project in the near future.

- **Overuse of SABA**

As discussed in our response to question 3, **an over-reliance on SABAs is common among people with asthma**, with frequent use of SABAs being a risk factor for poor asthma control, increased asthma attacks and death.[22] SABA can be purchased in pharmacies over-the-counter, without a prescription in Australia, presenting an opportunity for pharmacists to provide education and guidance about preventer and reliever use to consumers at a teachable moment during their asthma care journey. Following the end to the TGA's removal of restrictions to SABA as a result of the COVID-19 pandemic, we note that PSA has recently updated the treatment guideline on asthma relievers in acknowledgement of the risks of SABA overuse.[23] This revision is welcome and appropriately acknowledges that pharmacists should use their professional judgment when dispensing SABA to consumers and provide advice and guidance on appropriate quality use of medicine for their asthma control, and referral to other healthcare services and support as necessary.

23. How does pharmacy as a profession improve its environmental sustainability? For example:

(a) initiatives or measures to reduce the profession's carbon footprint
(b) measures or initiatives which improve air quality
(c) how to improve waste management and use of single use packaging
(d) educate and support patients and the public to embrace and implement sustainability practices
(e) agitate for policymakers to consider environmental sustainability into regulatory processes for medicine registration

The health care system's carbon footprint has been estimated to be around 7% of Australia's total carbon emissions, 18% of this total is attributable to medicines.[24] Asthma inhalers contribute significantly to medicine-related carbon emissions, with different inhalers having vastly different footprints. For example, pressurised metered dose inhalers (pMDIs) have large carbon footprints with a Ventolin Evohaler™ having a carbon footprint of 28kg per inhaler while a dry powder inhaler (DPI) has a carbon footprint of less than 1kg per inhaler.[25] Some pMDIs, such as Flutiform® and Symbicort®, use a particularly damaging type of hydrofluorocarbon, giving them a far greater carbon footprint.[26]

As a pivotal part of the healthcare system for people with asthma, pharmacists will be integral to helping to reduce healthcare-related emissions relating to medicines through:

- ensuring that medicines are used effectively by **providing person-centred and tailored consumer education** on their use to reduce medicine waste and the demand for health services that results from this waste. This is particularly important in relation to effective inhaler use given their high emissions, high incidence of incorrect inhaler use and likely consumer shift towards using DPIs instead of PMIs, which require a different technique.
- **acting as recycling points**, and using this as **opportunity to engage with consumers** about their medicine use to ensure QUM and good device technique, and
- **driving reductions in packaging** related to medicine use through using their **purchasing power** (e.g. through favouring medicine and medical products and all other products in store that have minimal and recyclable packaging).

Pharmacists can also help to protect consumers from the detrimental effects of climate change through ensuring they are stocked with essential medicines and medical equipment (e.g. in preparation for and during extreme weather events).

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