

Review of Pharmacy Remuneration and Regulation #130_ANON-58KW-N5XN-R

Review of Pharmacy Remuneration and Regulation – Interim Report

Dear Review Panel,

Thank you for the opportunity to respond to the Pharmacy Remuneration and Regulation – Interim Report.

This submission touches on a few aspects of the interim report.

THE ROLE OF COMMUNITY PHARMACY

The Review Panel notes in Section 3.1 that:

As an agent of government, the key role of community pharmacy is the dispensing of PBS medicines and the delivery of medicine-related services to promote quality use of medicines.

They state that this is consistent with the view of the Pharmacy Guild of Australia and reference the Pharmacy Guild's submission to the Review (no 486 p8).

From this statement can one also say that General Practitioners are also agents of Government? This would be regarded as contentious by the medical profession.

Pharmacists are *independent* healthcare practitioners. As part of the services provided in community pharmacies they dispense PBS medicines, but they also dispense private prescriptions which are not subsidised by the Government, they provide primary health care, preventive health services, triage services, education and counselling to patients, healthcare advice and management of minor ailments and assist patients in their quality use of medicines. These services are not subsidised by the government. Pharmacists offer many of these services in their professional capacity as healthcare practitioners. These services have traditionally not been funded. Price disclosure reforms have had an impact on the pharmacy bottom line which previously may have had a degree of flexibility to cover the clinical service provided that are not "funded" as such. The funding associated with dispensing a PBS medicine and the medication counselling and advice around this are separate to the services listed above. Certainly when dispensing a PBS prescription there are requirements for counselling and ensuring quality use of medicines but the role of pharmacists is broader than just PBS dispensing.

Discussions about pharmacy services should try to avoid the focus on existing silos that exist around the place of practice and see the professional role in its entirety across the continuum of care. The quality use of medicines must be realised across the health care continuum.¹

Pharmacists also practice across the continuum of care, outside of the community pharmacy "building" structure, delivering primary healthcare services. This may be through, for instance, independent accredited consultant pharmacists providing Home Medicines Reviews or Residential Medication Management Reviews or pharmacists working within General Practice or in Primary Health Networks delivering Quality Use of Medicine Services to patients/consumers or Community Liaison Pharmacists assisting patients as they

transition between and community and hospital care and on return to home or an aged care facility following a period of hospital care or pharmacists working in chronic disease clinics or Community Health Centres as part of the healthcare team.

Medication management services provided by pharmacists across the continuum of care need to be supported and funded to make these services affordable and accessible for consumers and sustainable for pharmacists to provide. It is a question of equity that pharmacists be treated equally as other health professionals who have an MBS number so that they can be remunerated for the medication management services they provide. These services can be audited by government/Medicare, as can those provided by other health professionals if there is a concern regarding the level and quality of service provision.

The reference to pharmacists as agents of the government is wrong. It is wrong from a legal perspective. There is no agency in the relationship between a pharmacist and the government. There is an implied contractual agreement to pay for certain medicines deemed to be a part of the healthcare system – the PBS. The provision of a service does not imply agency. It is surprising that the panel could make such a fundamental error. It would be desirable for the panel to correct this mistake. I note that the Pharmacy Guild has used the term agency. The Guild is also wrong. Individual pharmacists are health practitioners who are independent and no more an agent of the government than a doctor or a nurse. It would be prudent to check the legal definition of agency. One might begin by asking the Review Panel who is the principal of the agent?

2.6 LABELLING

The report notes that:

The label is a vital part of the supply of PBS medicines. It is relied on by patients and health professionals for the proper identification, dosage, categorisations and monitoring of medicines.

The report mentions that the “*selection of a medicine....requires the user to read the label*”. A research study² conducted in Victoria in 2004/5 which trialled a larger print font pharmacy dispensing label (14 point) in 10 community pharmacies within the Dandenong Casey region found that:

- Approximately 20% of consumers interviewed had difficulty reading the instructions on their traditional dispensed prescription labels
- Slightly less than half of consumers surveyed indicated they do not always read the instructions on the pharmacists’ label and
- Almost two in five consumers cannot always read their prescription medication labels.

After the introduction of the larger print font labels in the trial pharmacies, only 1% of consumers indicated they had difficulty reading the larger print label.

Trial pharmacies were also issued with an additional thermal label printer to allow for the option of using the larger print font label during the study.

A recommendation from this research was that “a larger print font size label should be available in all pharmacies to allow consumers to be able to read their prescription medication labels”. The labels that were trialled also allowed for the incorporation of cautionary and advisory warnings to be incorporated on the one label (also in 14 point font). This further enables consumers who have difficulty reading the small cautionary and advisory stickers to easily read these important warnings.

Option 2-4 given by the panel states that:

All PBS medicines provided to patients should be appropriately labelled and dispensed. Where there is a system in place that involves ‘remote’ dispensing or ‘bulk supply’ then this system will require appropriate monitoring to ensure the quality of medicine supply.

The panel should consider an option for a wider trial of these larger print font labels and an incentive for pharmacies to incorporate larger print font labels in their dispensing practices in community pharmacies to provide consumers with an option that can assist them to read their dispensed prescription labels more easily. With an ageing population and a growing burden of chronic conditions, this option needs to be available to assist patient health literacy.

HOME MEDICINE REVIEWS

The panel note that:

“The Australian Government should investigate options to optimise the current HMR program, with the aim of reducing medicine-related problems and avoidable hospital admissions. They continue. ...”Further, the government should investigate the potential benefits of opening the referral pathways to allow hospital staff to refer patients upon discharge”.

These suggestions are important and need to be progressed. If a patient is considered to be at risk of medication misadventure on discharge from hospital, then it is imperative that a hospital-initiated referral for a medication review be generated.

An additional consideration is that at the moment there is a cap of 20 HMRs per accredited pharmacist per month. This cap prevents accredited pharmacists from delivering needed HMRs to patients at risk. The panel needs to bear in mind that a single change to a medication regimen for an older patient on a complex medicine regimen can lead to a potentially avoidable medication error if there is any confusion regarding the change or the medicine prescribed. The important role pharmacists have in assisting patients to understand their medicines and how best to take them cannot be underestimated. Further confounding this is when patients are dispensed “generic” versions of medicines they have been prescribed in the past and where changes in “generic brands” lead to confusion.

The panel also considers the introduction of “a requirement for the HMR to be loaded into the MyHealth Record”. Will the GP upload this or the accredited pharmacist?

An additional consideration for the Review Panel is the accuracy of medication records on the Digital Health Record. There will be a greater need for pharmacists and GPs to review patient medication lists to ensure these are indeed accurate. A comprehensive review of what medicines are being taken, and this is not only prescribed medicines but over the counter and complementary medicines, will need to be conducted to ensure that the medicine list uploaded into the MyHealth record for all patients is indeed accurate. Otherwise it will be an incomplete document. Reviewing this list will take time and how will it be funded?

Consumer awareness and knowledge about available pharmacy services and the role of pharmacists requires education of consumers through the use of effective marketing strategies. If consumers do not have a good knowledge about the skills, education and training of pharmacists, how can they make an informed decision about the value of their services? Many consumers are unaware of pharmacists' clinical skills^{4,5} as they are only aware that they dispense their medicines and even then they do not fully understand what that entails. The government can assist through the recognition of the importance of pharmacists by providing them with MBS numbers for their non-dispensing services. This would provide a strong signal to consumers of the value of their local pharmacist. It is highly likely that it would also reduce the total cost burden placed downstream on doctors and hospitals from medication misadventure.

Thank you for the opportunity to respond to the interim report.

Kind regards,

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1. Australian Pharmaceutical Advisory Council. Guiding principles to achieve continuity in medication management. Canberra: Commonwealth of Australia; 2005 Australian Council on Healthcare Standards (ACHS).
2. Wilson SG. Can the patient read the label? The 3D labels project. The Society of Hospital Pharmacists of Australia (SHPA) 38th National Conference - Medicines Management 2012, 1- 4 November 2012 National Convention Centre, Canberra, ACT, Australia.
3. Sweet G and Wilson S. 3D Labels project. Dandenong District Division of General Practice, 2005. Third Community Pharmacy Agreement project. Available from <<http://6cpa.com.au/wp-content/uploads/3D-Labels-Dandenong-Division-of-General-Practice-final-report.pdf>>
4. SHPA Medicines in Focus Fact sheets: **Clinical pharmacy services - optimising patient health outcomes available from** Available from <<http://www.shpa.org.au/News/Fact-Sheets>>
5. The Society of Hospital Pharmacists of Australia, SHPA Committee of Specialty Practice in Clinical Pharmacy. SHPA standards of practice for clinical pharmacy services. J Pharm Pract Res 2013; 43 (suppl): S1-S69.