Inquiry into the roles and opportunities for community pharmacy

29th June 2014

Secretary,
Legal and Social Issues Legislation Committee,
Parliament House
East Melbourne, Vic 3002

Pharmacists are underutilised health professionals

Dear Secretary,

I wish to make a submission on the role of community pharmacy and pharmacists in primary and preventive care in Victoria. I have broad experience within the pharmacy sector: as a clinical pharmacist; in hospital and community pharmacy practice; within Divisions of General Practice (now Medicare Locals) as a researcher, project officer, quality use of medicines facilitator and delivering educational visiting services to General Practitioners; as an accredited pharmacist able to conduct Home Medicine Reviews; and in healthcare service and pharmacy practice research.

Pharmacists provide medication management and review services to consumers across the continuum of care: in hospitals, community pharmacies, in the patients home, in aged care facilities, within Community Health Centres, in interdisciplinary clinics and in new practice settings such as in General Practice settings supporting the General Practitioner and other healthcare providers in optimising medicine use and ensuring safe and effective use of medicines for consumers.

Community pharmacy has an important role in primary and preventive healthcare – not just in dispensing/supply of medicines. The distribution and accessibility of pharmacists in the community places them in an ideal position to work closely with consumers/patients, and as part of their healthcare team, to optimise medicine use and overall healthcare. Community pharmacists, outreach pharmacists and accredited pharmacists are front line healthcare professionals. They are easily accessible for consumers to access information, healthcare advice, medication and support for their healthcare needs. Pharmacists provide triage to appropriate health care professionals and services based on consumer needs.

Medicines are the most common treatment used in healthcare and are known to be associated with a higher incidence of errors and adverse events than other healthcare interventions. A recent literature review into Medication Safety in Australia notes that the proportion of medication-related hospital admissions remains at about 2-3% of all admissions. The review notes that “there were 9.3 million separations from Australian hospitals in 2011-2012 which would suggest a medication hospital admission rate of 230,000 annually”. The suggested annual cost of medication related admissions is $1.2 billion considering an average cost of separation in 2011-12 of $5,204. Approximately 50% (range 32-77%) are potentially preventable.

Adverse events associated with medicines can occur at all interfaces of care. Non-adherence to therapy presents a significant challenge in health care. It is estimated that 50% of patients with chronic disease do not take their medicines as prescribed.

In addition to their dispensing/supply role, pharmacists provide clinical pharmacy services that are delivered to minimise the inherent risks associated with the use of medicines, increase patient safety at all steps of the medication management pathway and optimise health outcomes for patients. These clinical pharmacy services include amongst others: medication reconciliation and review, assessment of current medication management, clinical review, adverse drug reaction management and providing medicines information to consumers and other healthcare practitioners.
The medication review services that pharmacists provide assess the patient’s medication use and aim to optimise medication use. The following is a list of some of the more common services pharmacists provide:

- conducting medication reconciliation and review
- assessing adherence to therapy and identifying barriers to compliance
- assessing emerging medication-related issues
- optimising medication use
- resolving medicine-related problems and offering recommendations on how medicine-related problems can be addressed
- patient education and counselling
- providing input into treatment/management decisions.

The Committee needs to take into account the following:

1. Pharmacists are experts in medicine use and safety. Their education, knowledge and skills enable them to provide critical support to patients and the healthcare team in both hospitals and the community/primary care sector.

2. Pharmacists are able to provide medication management and review services to consumers across the continuum of care: in hospitals, community pharmacies, in the patients home, in aged care facilities, within Community Health Centres, in interdisciplinary clinics and in new practice settings such as in General Practice settings supporting the General Practitioner and other healthcare providers in optimising medicine use and ensuring safe and effective use of medicines for consumers.

3. Pharmacists can assist in healthcare service planning and design within Medicare Locals/Primary Healthcare Organisations and in Government and can work with/alongside their healthcare colleagues in delivering efficient, patient focused healthcare. The “patient-centred medical home” is a model of primary care now being described that provides a team based approach to health care that is coordinated and integrated around the needs of the patient. This model supports chronic care management and can incorporate medication management services provided by pharmacists.

4. Pharmacists provide a critical link in patient care between hospitals and the community/primary care sector by providing medication management and review services that support continuity of care for patients as they transition between the various care sectors. This can be through pharmacists in hospitals providing liaison services or outreach medication review services, pharmacists working within Medicare locals connecting services between the hospital and community/primary care sectors - the GP and community pharmacy, accredited pharmacists providing medication review services within primary care and in aged care facilities and pharmacists practising as independent practitioners with a MBS number for their services (such as other allied healthcare practitioners) delivering medication management and review services to consumers no matter where they are: be it in the consumers home, within a General Practice, in a community pharmacy or community health centre or in an interdisciplinary clinic.

5. Pharmacists are able to provide cost effective services as part of the healthcare team but to do this the funding for their medication management and information services – their clinical services, needs to be separate to what they receive for dispensing medicines through the PBS.

6. Traditionally funding for pharmacy services in Community Pharmacies has been linked to dispensing under the Pharmaceutical Benefits Scheme (PBS). However, the existing funding model for community pharmacy has changed due to the reduction in PBS funding for medicines and is no longer sufficient for remunerating pharmacists for their clinical and non-dispensing services.

7. Pharmacists should have a provider number and a Medicare Benefits Schedule (MBS) number for the clinical pharmacy (non-dispensing, medication management) services they provide to
individual consumers. Currently this is not available to them even though other allied health practitioners receive access to the MBS and are acknowledged as a provider.

8. At present limited funding is available through the Community Pharmacy Agreements for pharmacist provided medication review services such as Home Medicine Reviews (HMR) (provided in the consumers home), Residential Medication Management Review (RMMR) (in Aged Care Facilities) and MedsCheck and Diabetes MedsCheck (offered within Community Pharmacies). However, funding rules for these services do not provide ongoing review and eligibility for these services is generally limited to one HMR or RMMR in 24 months. This is inadequate for patients who for instance have chronic medical conditions, who may be managing complex medication regimens, who are at high risk of medication misadventure and the elderly.

9. Patients with chronic medical conditions frequently take complex medication regimens. At present pharmacists are not included in multidisciplinary care plans, GP management plans and Team Care Arrangements. Governments and healthcare planners need to consider including pharmacists within these care plans so they can contribute to the quality of care provided to these patients.

10. Pharmacists are also uniquely placed to provide healthcare customers with an integrated medication record management system. This happens right now in community pharmacy where customers go to their regular pharmacist who has a comprehensive knowledge of their medications, their family history and their life style and health needs.

Adding pharmacists to the list of health practitioners with provider numbers could actually reduce government expenditure in health. How can this be? Pharmacists can reduce costs by helping prevent medication related misadventure and hospital admissions. It may seem at first sight counter-intuitive but prevention of errors in the health care system can generate a major reduction in health care costs.

But to achieve these benefits pharmacists need to be recognised as a member of the healthcare team and an integral part of the provision of healthcare services. They require a provider number and a new model of funding to support this.

Dr. Sally Wilson BPharm, Grad Dip Hosp Pharm, PhD

This submission draws on work and papers that I have prepared in my previous roles. Detailed references to sources can be provided if so desired by the Committee.
Dr. Sally Wilson