Consumers Health Forum OF Australia

Submission

Pharmacists in 2030

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Consumers Health Forum of Australia (2023)
Submission to Pharmacists in 2030 consultation

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Overview

The Australian health system is under more pressure than ever before. It is facing significant challenges, including the evolving health needs of an ageing population, increasing cost-of-living pressures, technological advancements, and growing expectations from consumers and the broader health system. Many Australians are being left behind in a health system which increasingly disadvantages those who live outside of urban areas or cannot afford to fund their own health care. Wait times for access to medicines and health care services are getting larger – in both primary health and in hospitals. With an ageing population and an expectation of a dramatic increase in medicine use, initiatives to improve quality use of medicines and medicine safety become more important than ever before.

Pharmacists in 2030 is a consultation being undertaken by the Pharmaceutical Society of Australia (PSA) looking to build on their 2019 report *Pharmacists in 2023,* mapping out how the pharmacy sector can play a role in addressing these issues in the Australian healthcare system.

The Consumers Health Forum of Australia (CHF) is the national peak body representing the interests of Australian healthcare consumers and those with an interest in health consumer affairs, including health-based research. We have around 200 members reflecting a broad spectrum of organisations including state-based consumer peaks, condition-specific groups, volunteer patient groups, professional associations, Primary Health Networks (PHNs) and the research community. We work in collaboration with our members, national partners, and research collaborators to influence policy, programs, and services to ensure they are in the consumer and community interest.

CHF is pleased to make this submission in response to the PSA's *Pharmacists in 2030* consultation.

Note- this consultation was conducted as an online survey. This paper has been adapted from that format

Consultation Questions

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

N/A

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

In CHFs view, there are four other megatrends that will impact on all of healthcare delivery including pharmacy. In order of priority, they are:

1. Increasing acceptance of the need to centre and empower the consumer as the decision maker in their own healthcare, particularly in conjunction with efforts to improve general health literacy.
2. An increasing focus on both preventative care to 'keep consumers healthy' rather than 'help when they become sick' , and on multi-disciplinary healthcare teams that provide high-continuity-care.
3. Increases in general cost of living and increasing housing insecurity reducing the capacity of consumers to not only afford healthcare in general, but to be able to develop ongoing relationships with specific practitioners.
4. The effects of climate change and increasing demands for services to be delivered in a sustainable and environmentally green manner.

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

CHF is of the view that all health providers can, should and must contribute towards achieving the outcomes of the National Medicines Policy, in collaboration with consumers. This, of course, includes pharmacists. One example of where they could contribute is through promotion of medication literacy in consumers to improve the quality use of medicines as per the NMP.

In a broader sense, CHF believes that the following is needed to achieve the NMP outcomes:

- providers working together to provide multidisciplinary care that has a high degree of continuity.
- all stakeholders including providers supporting efforts to improve the health literacy of the general community.
- consumers being empowered through informed decision making (Pillars 1-3) and co-design (Pillar 4).

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

   You may wish to comment on regulatory barriers, workflows which are duplicative, inflexible funding arrangements, systems which are not effectively integrated, patients required to repeat health information frequently to different health providers, cultural barriers, limitations of funding models which prevent pharmacists preventing harm from medicine occurring etc.

In terms of the general health system, a major source of inefficiency is the lack of linkage between different providers (e.g. incompatible IT systems) that make data sharing or record linkage difficult.

Another inefficacy is the fee-for-service model of care, which drives high volumes of repetitive care for monetary reasons, rather than prioritising high-value care that effectively meets the consumers' healthcare needs

In regards to pharmacy specifically, CHF is of the view that evidence-based practice should be extended into the pharmacy sector. Currently, there is a lack of clear analysis of the cost-effectiveness and efficacy of many of the services pharmacies currently provide, meaning that there is a high likelihood of inefficiencies existing. Pharmacy must champion the cause of evidence-based funding - supporting evaluation of its output and outcomes - to ensure continuous quality improvement and value for the taxpayer.

Additionally, we believe that the lack of automation of some services, such as the PBS Safety Net, is a barrier that risks worse consumer health outcomes. Currently there are consumers who do not know that they have spent enough to qualify for the safety net pricing. This means more money spent on medicines. Given the current cost-of-living crisis, urgent reform is needed in this area.

Similarly, we believe that anticompetitive regulations that are unique to the pharmacy space, such as the ownership requirements and location rules, create inefficiencies in maintaining patient wellbeing through reducing both the accessibility and affordability of pharmacy services. From a recent roundtable we held with consumers in November 2023, we found that consumers are particularly concerned about individual pharmacists who own multiple pharmacies. Consumers believe this 'splitting' of the pharmacist's attention over multiple businesses diminishes their capacity to become familiar with the local community and provide high quality services at any one of the individual pharmacies they own.

5. What are some examples of these?

   For example:

   (a) funding models which exclude pharmacists from being remunerated to participate in chronic disease management case conferencing means medicine related problems are often not identified at times when key treatment plan decisions are made with patients and their families.

   (b) hospital discharge summaries are not routinely sent to a patient's community pharmacy, which may delay revision of the contents of a Dose Administration Aid, and potentially lead to patient harm

   (c) administrative burden of receiving faxed prescriptions, then the prescriber posting paper prescriptions to pharmacies and then reconciling prescriptions is time consuming and increases the risk of human error.

N/A- see previous response.

6. How do we sustainably design and fund equitable, universal access to pharmacists for all patients?

For example:

Unique and flexible funding and program design strategies are needed to promote vaccination and increase vaccination coverage and protection against vaccine-preventable diseases for people in vulnerable populations (see page15)

Concession pricing and a safety net exists for PBS prescriptions, but no similar system exists to support equity in access to other pharmacist-led health services, both within the community pharmacy sector or other settings where pharmacists practice.

CHF believes that pharmacists should be paid and resourced to deliver the healthcare services they provide, including indirect services such as general medicine education. We think it is critical that pharmacy services remain accessible to all Australians regardless of their financial position, and without pharmacists being made to provide unremunerated services. We also note the current fee-for-service model is a driver to the “warehouse” model of pharmacy, where consumers are not able to access the full suite of primary care services pharmacists can offer. While in other pharmacies consumers are charged extra for essential services in order to cross-subsidise other services that are not properly funded.

We believe the best way to solve these issues is a Commonwealth government subsidy and payment system for pharmacy services. Where funding through the progressive taxation system allows for the services to be properly remunerated while remaining accessible to consumers. Such a system would facilitate free-at-point-of-service, evidence-based pharmacy services that are renumerated at a sustainable rate. This could potentially be integrating pharmacy into the existing Commonwealth service funding structures or establishing a new standalone financing structure.

Concurrently integrating pharmacy into the MyMedicare system (or a similar non-fee-for-service model) would allow for consumer to access continuous care from pharmacists as part of multidisciplinary approach that is both affordable to consumers (free at the point of service) and sustainably funded via government to appropriately renumerate the work completed. We note that non-dispensing pharmacists have been shown to be important members of primary care teams. Integrating such pharmacists into these funding structures will allow for increasing consumer demand to be sustainably met.

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

As per the previous response, CHF believes that a Commonwealth government subsidy and payment system for pharmacy services needs to be developed to sustainable fund equitable and universal access to such services. Such a system would facilitate free-at-point-of-service, evidence-based pharmaceutical services that are renumerated at a sustainable rate. Incentives could then be incorporated into the system to encourage pharmacists to provide services that target priority populations. This could potentially be integrating pharmacy into the existing Commonwealth service funding structures or establishing a new standalone financing structure.

Concurrent integration of pharmacy into the MyMedicare system (or a similar non-fee-for-service model) would allow for consumer to access continuous care from pharmacists as part of multidisciplinary approach that is both affordable to consumers (free-at-point-of-service) and sustainably funded via government to appropriately renumerate the work

completed. Again, with additional incentives incorporated to encourage the delivery of services that target priority populations.

8. How do we sustainably expand access to pharmacist expertise to be available anywhere a medicine is prescribed, dispensed, supplied or administered?

As per the previous response, CHF believes that a Commonwealth government subsidy and payment system for pharmacy services needs to be developed to sustainably fund equitable and universal access to such services. Such a system would facilitate free-at-point-of-service, evidence-based pharmaceutical services that are renumerated at a sustainable rate wherever medicines are prescribed, dispensed, supplied, and administered.

Concurrent integration of pharmacy into the MyMedicare system (or a similar non-fee-for-service model) would allow for consumer to access continuous care from pharmacists as part of multidisciplinary approach wherever medicines are involved. This would be both affordable to consumers (free-at-point-of-service) and sustainably funded via government to appropriately renumerate the work completed.

9. How do we further empower pharmacists to lead medicine stewardship wherever there are medicines, such as in primary care, aged care and hospital-based roles (e.g. opioid stewardship, antimicrobial stewardship)?

N/A

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

From a consumer perspective, the primary medicine safety problem is the lack of information flow to and from consumers. For information flow *to* consumers, a key example is the inconsistent usage of physical resources (such as CMIs) and in-person medication consultations (such as Medication Reviews). This means that many consumers can only rely on word-of-mouth or online resources, which can be inconsistent and unreliable. Both CMIs and Medication Reviews need to be promoted more to consumer and potentially mandated in certain circumstances e.g. for new medications.

Similarly, the lack of established infrastructure to reliably and consistently notify consumers about adverse events, recalls or similar such events associated with their medication means that consumers risk being exposed to an unsafe medication for an unnecessarily long period of time. The lack of clear and promoted channels by which they can report issues such as adverse events resulting from their own medication usage is - on the other hand - a key example of a lack of information flow *from* consumers.

11. What are the most important scope of practice changes required for pharmacists to respond to these problems between now and 2030 to contribute to a sustainable health system?

Examples of scope of practice changes could include, but is not limited to:

- Greater role in administration of medicines, including injectable medicines

- Expanded legal authority to initiate or authorise use of medicines

- Greater role in dose adjustment or discontinuation of medicines where those medicines are harmful/no longer beneficial

CHF notes the currently ongoing *"Unleashing the Potential of our Health Workforce"* scope of Practice review and awaits the initial report from that review.

From a general legislative/regulatory perspective, we believe it is important for practitioners of all types to have the broadest possible safe scope of practice and for individual practitioners to be supported and encouraged to deliver their full scope to consumers, making healthcare and healthy living as accessible and affordable as possible.

12. What innovation in workforce training could be adopted to facilitate scope of practice changes?

N/A

13. What strategies are needed to attract future pharmacists to the profession?

N/A

14. What strategies are needed to retain current pharmacists in the profession?

N/A

15. What strategies are required to facilitate pharmacists' career progression?

N/A

16. What roles should pharmacy assistants take up or contribute to?

CHF supports pharmacy assistants and technicians being given expanded training and accreditation opportunities and requirements to allow them to contribute to a greater range of pharmacy services and provide better/more accessible services to consumers.

17. What strategies are required to support pharmacists' wellbeing?

For example:

- Employee Assistance Programs (EAP) can be used to support employee wellbeing

- Some health settings use patient ratios or other forms of safe work limits

- Some health settings have mandatory rest periods to support patient and staff safety

- Workplace modification can improve comfort, productivity, satisfaction and wellbeing

N/A

18. What information which is currently recorded can be better used to evaluate the value of health services pharmacists deliver?

CHF is not privy to what sort of service delivery information is and isn't recorded but we believe that the following is need:

- Comprehensive list/data of all the services that pharmacists and pharmacies currently offer.
    - Data as to what other providers/locations offer any of those services.
- Data around what proportion of the community is eligible to receive the different services that pharmacists/pharmacies offer.
    - Data around how often consumers are offered services they are or may be eligible for.
    - Data around reasons for refusal of services consumers are eligible for.
- Data around how often each of the services offered by pharmacist/pharmacies are consequently delivered to consumers.
    - Data around the cost breakdown for the delivery of each of these services.
    - Data around how the costs for each service were met, including but not limited to government funding, out-of-pocket payments and cross-subsidy by other services.
- Data around whether the delivery of the service resulted in (or contributed to) a change in the consumers' health or other intended benefit.
    - Data around whether the consumer was satisfied with the outcome or the service and the experience of receiving it.
    - Data around how that effectiveness compares to the cost of the treatment, and how that cost-effectiveness compares to the delivery of the same service through other mechanisms.

19. What information which is not currently recorded or reported is needed to evaluate the value of health services pharmacists deliver?

N/A- see previous response.

20. How do we further empower pharmacists to implement and monitor the delivery of professional services in their areas of practice?

N/A.

21. How can this be done without creating an unreasonable administration burden for pharmacists and their teams?

We believe the primary way to avoid unreasonable burden on pharmacists and their teams is to properly fund the collection and evaluation of data. Potentially as part of the CPA or through other avenues e.g. the Federal Budget, the Strengthening Medicare reforms etc.

Doing so will ensure it is built into the renumerated workload of pharmacists and pharmacy teams, including obtaining additional staff to distribute the work more reasonably between staff.

22. How might advancements in AI technologies enhance and transform the responsibilities and impact of pharmacists in Australia?

CHF notes that AI may in future become a tool that can provide suggestions or recommendations, highlight/synthesise key information, etc. that could help consumers and pharmacists collaborate in pharmacy healthcare delivery. For example, Discriminative AI may be able to assist with medication reviews and drug-drug interactions. However, given the difficulties people face attempting to verify AI outputs, it is essential that AI used for such purposes performs very well and that regular audits of AI output are in place.

Caution is particularly needed for Generative AI, where the AI generates the most plausible outcome based on provided prompts such a consumers health information. This type of AI can, for lack of a better term, “make things up” based on prompts and create an inaccurate yet highly plausible incorrect medical decision.

As such, we believe that all pharmacists will need some basic training in AI to ensure safe use. In addition, some pharmacists will need to specialise in the interface between human and AI-mediated clinical work to ensure that AI works with (and for) both pharmacy and health consumers. This will become increasing necessary over time should AI tools become more and more ubiquitous. Healthcare decisions should ultimately be an informed decision between the consumer and pharmacist. As we rely more on such tools it become critical that all parties know how to use them and what their limits/weaknesses are.

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.

N/A.

CHF is not familiar with what programs, if any, pharmacists are currently implementing to improve their environmental sustainability. However, in principle we would support programs that address all five of the suggested areas.