SHPA's response to the Post-market Review of Opiate Dependence Treatment Program Medicines – Submitted via online survey, September 2021

TOR 1: Describe and compare essential elements of models of service delivery for opioid dependence treatment (ODT) in Australia (and internationally) including best practice guidelines and current models (including models developed in response to the COVID-19 pandemic) that support timely access to ODT medicines through both pharmacy and non-pharmacy settings*.

***Non-pharmacy settings include a range of service settings where ODT medicines are delivered in Australia including, but not limited to, correctional facilities, hospitals, public and private clinics, Aboriginal Community Controlled Health Organisations, general practices and specialist clinics.**

The Society of Hospital Pharmacists of Australia is the national professional organisation for more than 5,000 pharmacists, pharmacists in training, pharmacy technicians and associates working across Australia's health system. SHPA is committed to facilitating the safe and effective use of medicines, which is the core business of pharmacists, especially in hospitals.

Whilst the majority of opioid dependence treatment programs (ODTP) are delivered in the community setting, patients involved in these programs need to be appropriately supported when transitioning between primary and tertiary care settings. Hospital healthcare professionals treating patients engaged in ODTPs, need to have timely access to accurate information on the patient's opioid dependence treatment (ODT) to facilitate continuity of care in a safe and timely manner during high-risk transitions between healthcare settings.

When patients on ODT are admitted to hospital, significant time is currently required to ascertain the patient's usual care arrangements in the community; their prescriber, their community pharmacy, their dosing quantity and schedules, their adherence and other clinical information that will enhance and tailor the quality of care provided in the hospital setting. During an acute admission to the emergency department, it is critical to determine if a patient has received their ODT dose that day from their community pharmacy, to ensure the patient is not double-dosed or misses a dose. This requires significant clinician capacity to contact carers and community pharmacies, and the challenge is amplified if the patient is not known to the hospital, their community pharmacy is closed after-hours, or they are unable to provide information due to being incapacitated.

Digital health solutions such as a National Real-Time Prescription Monitoring (RTPM) systems and My Health Record, have the capacity to be better utilised and developed to streamline this process and support the delivery of safe and effective clinical care and medication management during transitions of care. However, this requires significant engagement by consumers and clinicians, which at this point in time is a limiting step in its meaningful use for this patient cohort. Much of the transitions of care provided at the moment differs greatly between hospitals, depending on the level of hospital pharmacy resourcing available, the time of discharge and what local arrangements exist between the hospital and community pharmacies. More consistent frameworks and care models that are specifically funded, would begin to address these issues.

A number of patients with substance use disorders initiate ODT treatment in the hospital setting when they have an unplanned admission for both dependence-related health issues or after a significant health event. As with all patients on ODT, this requires dose titration and close monitoring until patients are stabilised, and robust and safe handover must be provided to their community care providers upon discharge from hospital. This also often includes hospital pharmacists identifying community pharmacies who have capacity to take on a new ODT patient. Once again, digital health solutions such as a National RTPM system and My Health Record have the capacity to facilitate the timely transfer of information that in turn supports continuity of care

upon discharge, however more consistent frameworks and care models, as well as greater engagement from all clinicians in acute and primary care settings is required.

Fundamentally, patients being discharged from hospital have generally experienced a significant health event and have been acutely unwell, often requiring analgesic therapy. Discharge planning is even more challenging when providing care for patients participating in, or initiating, an ODTP and requires significant and expert pharmacy involvement, and complex logistical management.

TOR2: Examine the consumer experience, focussing on equity of access, geographical barriers to access, cultural safety, and affordability of ODT medicines across the different models of service delivery. This will include consideration of access to ODT for at risk population groups including people living in rural and remote areas, Aboriginal and Torres Strait Islander peoples and other populations who may have limited access to health care services, including ODT.

Patients on ODTPs who live in rural and remote areas, experience difficulties in accessing prescribers, often having to travel several hours for an appointment. This becomes increasingly problematic for patients who miss doses and require a new prescription. SHPA members practicing in emergency departments have informed us that these patients often present to hospital emergency departments for dosing as a last resort.

As discussed above, in the absence of robust platforms for exchange of clinical information, requires significant clinician capacity to contact carers and community pharmacies to ascertain all relevant clinical information in a timely manner, to ensure the patient receives the correct dose, and is not unintentionally double-dosed. This situation was exacerbated by COVID-19 and has revealed that greater focus must be placed on equity of access to health services in rural and remote areas, and that hospitals providing this service must be well supported.

Recently, the use of long-acting injectable buprenorphine has been used, particularly in correctional facilities, where incidence of adverse reactions on dose titrations has been observed to have been higher than patients being dosed daily. This often results in requiring an admission to hospital given the complexity of the patient and their potential overdose and withdrawal symptoms.

TOR 3: Explore the utilisation of PBS ODT medicines in Australia, including funding, benefits (health system and societal) and costs incurred in the supply and dispensing of Opiate Dependence Treatment Program (ODTP) medicines in pharmacy and non-pharmacy settings. This will include examination of current PBS restriction criteria and the impact of listing of modified release buprenorphine injections on the PBS ODTP.

N/A

TOR4: Propose improved service delivery arrangements for access to ODT medicines, with an aim of identifying an ODTP that is equitable, timely, reliable and affordable for consumers and stakeholders involved in the supply and delivery of ODT medicines and cost-effective for the Australia Government.

As highlighted in our response to TOR 1, the time and resources required from pharmacists supporting patients participating in or initiating an ODTP during the transitions of care process is extensive. SHPA recommends that to provide equity for ODTP patients and their clinicians in various health settings, the clinical services required should also be appropriately funded to at a minimum, facilitate cost-recovery for hospital and community practitioners.

If you have any queries or would like to discuss our submission further, please do not hesitate to contact Jerry Yik, Head of Policy and Advocacy on jyik@shpa.org.au.