SHPA response to the Unleashing the Potential of our Health Workforce: Scope of Practice Review – Issues Paper 1, March 2024

The Society of Hospital Pharmacists of Australia (SHPA) is the national, professional organisation for the 6,100+ Hospital Pharmacists, and their Hospital Pharmacist Intern and Hospital Pharmacy Technician colleagues working across Australia's health system, advocating for their pivotal role improving the safety and quality of medicines use. Embedded in multidisciplinary medical teams and equipped with exceptional medicines management expertise, SHPA members are progressive advocates for clinical excellence, committed to evidence-based practice and passionate about patient care.

Legislation and regulation

What do you believe are the key legislative and regulatory reforms which have the potential to most significantly impact health professionals' ability to work to full scope of practice?

SHPA is broadly supportive of the potential policy solutions outlined in the Issues Paper, that seek to address the legislative and regulatory settings underpinning the authority and ability of health professionals to work to their full scope of practice.

Harmonising Drugs and Poisons legislation across states and territories

SHPA strongly endorses the proposal to harmonise the Drugs and Poisons legislation across states and territories. This legislative reform would support pharmacists to work to their full scope of practice whilst reducing inequalities across the country.

The Pharmacy Board of Australia (PBA) regulates the scope of practice of pharmacists at a national level, however, the significant disparities in Drugs and Poisons legislation across states and territories impact on the ability of pharmacists to practice to their full scope. These discrepancies not only lead to inconsistencies and pose challenges for pharmacists practicing across various jurisdictions, particularly those with workplaces spanning borders, but also limit the ability of pharmacists to undertake activities that they are skilled and credentialed to do.

For example, in their *Pharmacist prescribing – Position statement* released in 2019, the PBA states that under the National Law, there are no regulatory barriers in place for pharmacists to prescribing via a structured prescribing arrangement or under supervision within a collaborative healthcare environment.[1] However, current state and territory Drugs and Poisons legislations do not authorise pharmacists to prescribe in collaborative care environments.

Given the strong evidence of the economic and health benefits that can be derived from collaborative pharmacist prescribing, some states and territories have made certain concessions or put measures in place to enable pharmacists to prescribe. For example:

- Victoria - the Victorian Medicines and Poisons Regulation unit allows for a medical officer to provide a credentialed Partnered Pharmacist Medication Charting (PPMC) Pharmacist with an administration authority via a declaration in a patient's record. This declaration is a component of the patient's medication management plan and authorises nurses to administer medications charted by accredited pharmacists without requiring a doctor's authorisation on the medication chart. There has not, however, been any amendments made to the Victorian regulations.
- South Australia - a licence is issued by the SA Minister for Health and Wellbeing's delegate for credentialed pharmacists under the Partnered Pharmacist Medication Prescribing (PPMP) pilot to

collaboratively prescribe Schedule 2, 3, and 4 medicines without requiring a doctor's authorisation on the medication chart.

- Australian Capital Territory (ACT) - PPMC is being implemented as a tiered medication ordering model. Credentialed pharmacists charting under Tier 2 will require all medication orders to be co-signed by a medical officer, however those charting under Tier 3 will be issued a permit by the Chief Executive Officer, Canberra Health Services authorising them to chart any medication without requiring a doctor's co-signature.

These workarounds, which aim to improve care and efficiencies, create confusion and lead to further inequities in the services being delivered by equally skilled and credentialed pharmacists across the country.

In addition, the scope of practice of pharmacy technicians is also being impacted by the variations in the definitions of the terms 'supply' and 'dispensing' across state and territory legislations. These differing definitions directly impact what roles and responsibilities technicians can perform in various jurisdictions, also creating confusion and inequities.

SHPA supports a nationally consistent approach to legislative changes to authorise credentialed pharmacists to prescribe in collaborative care settings and to enable pharmacy technicians to undertake technician-led medication dispensing and supply practices. Pharmacists should also be granted authorisation to write a prescription for the supply of a pharmaceutical benefit under the National Health Act, to enable equitable and affordable access to medications prescribed by credentialed pharmacists through collaborative prescribing arrangements.

Regulating the allied health assistant workforces

Workforce shortages and excessive workload pressures are significant barriers preventing health professionals working to their full scope of practice. Allied health assistant workforces, such as pharmacy technicians, play a pivotal role in addressing these barriers. However, not regulating these workforces has contributed to their underutilisation, steaming from a lack of confidence in their abilities.

By establishing clear standards, qualifications, and scopes of practice for allied health assistants, regulatory bodies can ensure that these professionals are appropriately trained, supervised, and accountable for their roles within the healthcare team. Effective regulation not only safeguards patient safety but also enhances the efficiency and effectiveness of healthcare delivery by enabling allied health assistants to contribute to their full potential.

Moreover, regulating the allied health assistant workforces promotes consistency and coherence across healthcare settings, facilitating seamless collaboration and coordination among multidisciplinary teams. This reform empowers health professionals and employers to delegate tasks appropriately, and for health professionals to focus on complex clinical activities, optimising their scope of practice, and ultimately improving patient outcomes and enhancing the quality of care provided.

To what extent do you think a risk-based approach is useful to regulate scope of practice (i.e., one which names core competencies, skills or knowledge capabilities required to authorise a health professional to perform a particular activity, rather than named professions or protected titles)?

A risk-based approach to regulating scope of practice offers several advantages over traditional methods based solely on named professions or protected titles. These benefits include:

Enhanced regulatory flexibility

A risk-based approach enables regulators to adapt more effectively to evolving healthcare needs and emerging roles within the workforce. Rather than being constrained by rigid definitions tied to professional titles, regulators can assess the risk associated with particular activities and tailor authorisation requirements accordingly. This allows for a more dynamic and responsive regulatory framework that can accommodate innovations in practice and new models of care delivery.

The unprecedent challenges faced by the healthcare system at the peak of the COVID-19 pandemic is an example of when it was necessary to rapidly mobilisation all health professionals to effectively respond to the crisis. During this time pharmacists rapidly upskilled to support the vaccine roll out, including the set-up and operation of mass vaccination hubs and the preparation and administration of Australia's multiple vaccine candidates. Vaccinating, which was once a non-traditional service for pharmacists in Australia, became a requirement. These regulatory adjustments enabled pharmacists to play a more active role in the pandemic response, contributing to vaccination efforts and supporting community health initiatives.

A risk-based approach would have provided a flexible and adaptive framework for mobilising the health workforce during the COVID-19 pandemic, enabling authorities to swiftly deploy resources where they were most needed, optimise the utilisation of existing expertise and infrastructure, and ensure a coordinated and effective response to the crisis.

Interprofessional collaboration

By focusing on core competencies and capabilities, rather than specific professions, a risk-based approach encourages interdisciplinary collaboration and teamwork. Healthcare delivery is increasingly reliant on collaborative practice models involving multiple professions working together to address complex patient needs. By recognising and authorising individuals based on their demonstrated competencies, regardless of their professional title, regulators can foster confidence in the scope of practice of all healthcare professionals, which will facilitate seamless collaboration and optimise the utilisation of each team member's skills and expertise.

For some medical professionals, the expanded scope of practice of pharmacists in medication management and prescribing can be alarming. However, in acute care settings where collaborative pharmacist prescribing is common practice, it is well supported by hospital doctors and medical departments. Hospital doctors often express a high level of confidence in the prescribing pharmacist's abilities. This practice has fostered a collaborative and multidisciplinary relationship, built on trust and mutual respect for each other's expertise.

This example highlights the value of a risk-based approach, as it shows the importance of recognising and authorising health professionals to perform tasks based on their demonstrated competencies, irrespective of their professional titles, facilitating seamless collaboration and maximising each team member's skills and expertise to address complex patient needs.

Specialisation of non-medical professionals

A risk-based approach also offers the benefit of recognising specialisations within non-medical professions, leading to enhanced care outcomes. By focusing on core competencies and capabilities rather than rigid professional titles, regulators can recognise the diverse skill sets and expertise that non-medical professionals bring to the healthcare team. This recognition allows for the identification and utilisation of specialised knowledge in areas such as pharmacy, nursing, allied health, and administration.

For example, within the field of pharmacy, specialised roles may include pharmacotherapy experts, medication safety officers, or clinical pharmacists with expertise in specific therapeutic areas. By formally recognising and authorising individuals based on their specialised competencies, regulators enable pharmacists to contribute their unique skills to patient care, leading to more tailored and effective interventions.

The recent launch of The Australian and New Zealand College of Pharmacy (ANZCAP), a landmark recognition program delivered by SHPA, demonstrates the breadth of advanced specialty skills provided by the pharmacy workforce. ANZCAP currently recognises the advanced clinical and non-clinical skills of pharmacists and pharmacist technicians across 46 specialty areas as shown in Figure 1.

Figure 1: The 46 specialty disciplines recognised by ANZCAP

Whilst there are numerous benefits to a risk-based approach, it is essential to recognise that its implementation requires careful consideration of various factors, including defining standardised competencies, establishing robust assessment mechanisms, and ensuring ongoing monitoring and evaluation of authorised individuals' performance. Furthermore, regulatory frameworks must prioritise patient safety and quality of care by mitigating risks associated with delegating tasks to healthcare professionals based on their competencies.

Professional associations, such as SHPA, play a crucial role in defining scope of practice. SHPA has been setting standards that drive best-practice across all healthcare settings, for over two decades. The Standards of Practice Series includes over 20 Standards developed by SHPA across a range of clinical and non-clinical disciplines.

SHPA's renowned Standard of Practice for Clinical Pharmacy Services[2] is supported by a range of speciality Standards that define practice across specific disciplines in healthcare. These speciality Standards are imperative to the delivery of high quality- specialised care and are designed to be read in conjunction with the Standard of Practice for Clinical Pharmacy Services.

Standards drive quality and set the baseline standard of care to ensure safety is prioritised at all times, whilst also promoting the highest level of quality care health practitioners and organisations should aspire to provide.[3] A fundamental component of Standards is to describe essential services, which are defined as services that reflect the full scope of contemporary practice, but to also define innovative, future-focused services and models of care.[4]

It is, therefore, essential that professional associations are called upon to support the mapping of competencies within a risk-based approach to regulation. These associations often represent the interests and expertise of their respective professions, providing valuable insights into the knowledge, skills, and capabilities required for effective practice. By collaborating with regulators, educators, and other stakeholders, professional associations can contribute to the development of comprehensive competency frameworks that reflect current best practices and emerging trends in healthcare.

What do you see as the key barriers to consistent and equitable referral authorities between health professions?

The proposal to introduce greater harmonisation in referral authority between primary healthcare professions presents an opportunity to enhance collaboration and streamline patient care pathways. However, there are a number of barriers that need to be addressed to achieve consistent and equitable referral authorities between health professionals. These include:

Lack of awareness

Without a clear understanding of the roles, responsibilities, and capabilities of different healthcare providers, there may be misconceptions or underutilisation of certain professions within the healthcare team. Healthcare providers may not recognise when it is appropriate to refer patients to other professionals for specialised care or services.

In addition to a risk-based approach, ongoing education and professional development initiatives, to increase awareness and understanding of the roles and contributions of various healthcare professionals within the interdisciplinary team, may assist in addressing this barrier.

Funding

Current funding models do not incentivise collaborative care arrangements. In fee-for-service models, healthcare providers are reimbursed for each service rendered, which may discourage collaboration and referral to other professionals. As non-medical health professionals, such as pharmacists, are enabled to work to their full scope of practice, there is a potential for overlapping competencies with other professionals. However, without appropriate incentives to refer patients to the most suitable provider, some healthcare professionals may opt to perform tasks themselves to receive remuneration, even if it may not be within their area of expertise.

For example, general practitioners (GP) have traditionally managed medications for their patients, including prescribing and monitoring medications, with this process not being collaborative. While the emergence of GP pharmacists and collaboration between doctors and pharmacists is welcomed, this is still only in a minority of primary care services.

With pharmacists increasingly taking on expanded roles in medication management, the GP may encounter situations were referring a patient to a pharmacist for medication management or optimisation would be more appropriate and beneficial for the patient. However, the current entrenched fee-for-service model where the GP is financially incentivised to perform these tasks themself, may disincentivise referral of the patients to a pharmacist, even if it aligns with best practice and improves patient care outcomes, and/or reduces any delays in access to care.

This creates an environment where healthcare professionals may prioritise financial considerations over patient-centred care and collaboration. Without addressing these funding barriers and establishing alternative payment models that reward collaborative care and appropriate referrals, the potential benefits of non-medical health professionals working to their full scope, and harmonisation of referral authority between primary healthcare providers, may not be fully realised.

Funding models to facilitate collaboration and inter-professional referrals are required to support the largely siloed primary care sector in reaching a collaborative model of care that the acute care sector has championed for a long time.

Access to patient health records

Access to comprehensive patient health records is critical for making informed referral decisions and coordinating care effectively across healthcare settings. However, barriers related to data sharing and interoperability may limit healthcare providers' ability to access relevant patient information when making referrals.

For example, a pharmacist managing a patient’s medications is unable to make a timely and appropriate referral for pathology tests or for specialist review without having access to the patient's health records. The

pharmacist will need access to several pieces of information including, when the last set of pathology tests were done, their results, the patient's medical conditions, any recent changes to their medication regimens, and their treatment goals/plan. The lack of access to this information can lead to duplication of services or gaps in care.

Addressing this barrier requires investment in health information technology infrastructure and data-sharing agreements that enable seamless access to patient health records across different care settings and healthcare systems.

Employer practices and settings

What changes at the employer level would you like to see to enable health professionals to work to full scope of practice? (For example, changes to credentialling, practice standards, clinical governance mechanisms or industrial agreements)

Health service employers have a significant role to play in enabling health professionals to practice to their full scope. Here are a few changes employers could make to facilitate advanced scope of practice and inter-professional collaboration:

Recognising specialisation

In the past, community healthcare typically focused on medical conditions, while complex disease states were handled in acute care settings by specialist physicians. However, as the healthcare landscape has evolved significantly since then, there is a growing imperative for specialisation in primary care professionals to effectively manage complex diseases within the community. Specialisation in primary care will reduce unnecessary referrals to specialist physicians, saving time and significant costs incurred by additional consultations for consumers, whilst also reducing the financial burden on the health system associated with specialist physician referrals.

As discussed earlier, ANZCAP currently recognises and nationally endorses the advanced clinical and non-clinical skills of pharmacists and pharmacist technicians across 46 specialty areas as shown in Figure 1 above, empowering pharmacists to become leaders in medicine stewardship in all healthcare settings.

There are many specialty areas in Figure 1 that are relevant to the scope of this consultation as it is focused on primary care settings, most importantly, Transitions of Care is an area that is increasingly recognised around the world as specialty practice area. While the fundamentals of transitions of care are essential for all healthcare practitioners, the increasingly complex patient profiles and disease burden, coupled with an acute healthcare system experiencing capacity issues that focuses a lot on patient flow, means patients are transitioning back into community from the acute setting requiring greater handover care at transition to ensure they do not have any adverse events and end up back in hospital. There are already hundreds of pharmacists in Australia working in dedicated transitions of care roles in acute and primary healthcare settings, and this will only increase into the future. One particular Medical Research Future Fund research grant announced last year which SHPA is involved in, is the *Timely post-discharge medication reviews to Improve Continuity – the Transitions Of Care stewardship (TIC TOC) study in rural and regional Australia,* which will employ Transitions of Care Stewardship (ToCS) Pharmacist to provide pharmacy services designed to reduce re-admission risk to recently discharged patients.

Employers of health services should recognise the credentialling of pharmacists through ANZCAP allowing them to deploy these highly skilled professionals to practice to their full scope in roles that align with their areas of expertise. This leadership will facilitate a culture of interprofessional trust and enhance multidisciplinary collaboration.

It is, however, essential that employers ensure that industrial agreements accurately recognise and support the specialised skills and expertise of the healthcare professionals within their workforce.

Aligning of staffing ratios with professional practice standards

Reduced staffing levels often leads to decreased scope of practice, limiting health professionals' ability to provide comprehensive care and potentially compromising patient safety. Employers should endeavour to align with the recommended workforce ratios of pharmacists per speciality outlined in SHPA's Standards of Practice Series. These ratios support pharmacists to practice safely to their full scope and deliver quality care to their patients.

Aligning with these standards ensures adequate resources and support for healthcare teams. It also demonstrates the employer's commitment to promoting safe and effective healthcare practices and fostering environments where health professionals can thrive and contribute meaningfully to patient care.

Utilisation of allied health assistant workforces

It is imperative for employers to leverage allied health assistant workforces, such as pharmacy technicians, to enable health professionals to work to their full scope of practice. By harnessing the skills and expertise of allied health assistants, employers can alleviate workload pressures on health professionals that can otherwise result in sub-quality care and burnout.

As the role of pharmacists continues to evolve in hospitals, pharmacy technicians are increasingly participating in clinical roles under the supervision of pharmacists, as outlined in SHPA's *Standard of Practice for Pharmacy Technicians to support Clinical Pharmacy Services*[5]. Pharmacy technicians can document allergy statuses on medication charts and complete Best Possible Medication Histories (BPMH) for newly admitted patients in hospitals, allowing pharmacists to prioritise clinical tasks such as reconciling these medications and assessing them for appropriateness. The benefits of a pharmacy technician completing BPMHs has been successfully demonstrated for surgical patients through a perioperative clinical support technician (PCST) role. Time taken for the pharmacist to complete a BPMH was shown to reduce by 25% if a PCST was involved.[6]

Establishing models of multidisciplinary care teams

Pharmacists are highly skilled in medication management and are vital to the safe and quality use of medicines in patient care. The design of health services should incorporate the expertise of pharmacists across all settings where medications are used. With increased recognition of the importance of clinical specialisation and pharmacists becoming leaders in clinical stewardship, pharmacists embedded within collaborative teams across multiple specialties can help improve patient health outcomes and improve universal access to all patients. This is particularly relevant for priority areas such as Aboriginal health, aged care, and mental health, where specialist pharmacists with a defined role description, such as deprescribing stewardship pharmacists and Aboriginal Health Services pharmacist, can play a key role in medicines optimisation and deprescribing.

Strengthening clinical governance

Robust clinical governance frameworks are crucial for ensuring the delivery of safe, effective, and high-quality patient care. By implementing rigorous clinical governance structures, employers can establish clear policies, protocols, and standards of practice that guide health professionals in their clinical decision-making and practice. This not only promotes consistency and standardisation in care delivery, but also reduces risks and enhances patient safety.

Additionally, effective clinical governance fosters a culture of continuous quality improvement, encouraging health professionals to engage in reflective practice, evidence-based decision-making, and ongoing professional development. By investing in and prioritising clinical governance, employers create environments where health professionals feel supported, empowered, and equipped to deliver optimal care within their full scope of practice, ultimately leading to improved patient outcomes and satisfaction.

It is also essential that primary healthcare services endeavour to meet National Safety and Quality Primary and Community Healthcare Standards[7] developed by the Australian Commission on Safety and Quality in Health Care (ACSQHC). These Standards aim to protect the public from harm and improve the quality of health care delivered by describing a nationally consistent framework, which all primary and community healthcare services can apply when delivering health care.

Australian hospitals undergo a robust mandatorily accreditation process to the National Safety and Quality Health Service (NSQHS) Standards[8], ensuring that healthcare facilities meet established national standards for safety and quality for services they provide both inside and outside of the hospital. As the scope of practice of health professionals continues to expand it is imperative that primary healthcare service also undergo mandatory accreditation to safeguard the quality of care and ensure national consistency across all care settings.

Which particular activities or tasks within health professionals' scope of practice would you particularly like to see increased employer support for?

As discussed above, with Australia's ageing population and increasingly complex conditions being managed by the primary care sector, there is a growing need for primary healthcare professionals to develop specialised skills and expertise in addressing the evolving healthcare needs effectively. Employers can play a pivotal role in supporting health professionals in acquiring specialised training and certifications to enhance their knowledge and proficiency in speciality areas such as geriatric care, cardiology, oncology, mental health, and palliative care.

Pharmacists working in primary care settings should be supported by their employers to advance their knowledge and skills in clinical specialty areas of interest and build a recognition portfolio through ANZCAP, allowing them to be recognised as a Resident, Registrar or Consultant in their chosen field. Employers should also ensure that health professionals with specialised skills are remunerated accordingly.

Fundamentally, encouraging specialisation in primary care will allow health professionals to confidently work to their full scope, cultivating a culture of interprofessional trust and enhancing multidisciplinary collaboration.

How can multidisciplinary care teams be better supported at the employer level, in terms of specific workplace policies, procedures, or practices?

Employers seeking to promote multidisciplinary care teams in delivering comprehensive and patient-centred care, should prioritise the following workplace policies, procedures, and practices.

- Establish clear roles and responsibilities for each team member, outlining their scope of practice and expectations within the team. This ensures that all professionals understand their contributions and can work cohesively towards common goals. It also supports inter-professional collaboration as there is greater awareness and trust in the roles and responsibilities of other health professionals in the team.
- Facilitate multidisciplinary care through the implementation of regular team meetings or case conferences that promote information sharing, problem-solving, and care planning.
- Foster a culture of mutual respect, trust, and open communication within the team promoting effective teamwork and enhancing patient care outcomes.
- Provide access to technology and resources for electronic health records and communication platforms facilitating seamless collaboration and information exchange among team members.
- Offer training and professional development opportunities that focus on interdisciplinary collaboration, cultural competency, and conflict resolution skills to support the ongoing growth and effectiveness of multidisciplinary care teams.

Education and training

What are the key barriers health professionals experience in accessing ongoing education and training or additional skills, authorities or endorsements needed to practice at full scope?

There are a range of barriers that health professionals experience in accessing ongoing education and training, or additional skills, authorities or endorsements needed to practice at full scope. These include:

Clinical educators

Clinical educators play a crucial role in shaping the professional development of health professionals undertaking advanced training, providing guidance, imparting clinical knowledge, and fostering a culture of excellence. Without adequate financial support for educators, health services may struggle to provide high-quality training opportunities, hindering professionals' ability to expand their skills and knowledge.

Funding to undertake ongoing education and training

Adequate funding is crucial as it enables health professionals to access resources necessary for ongoing education and training, ultimately promoting continuous professional development and improving patient care outcomes. Disparities in industrial awards exacerbate inequities in accessing professional development opportunities. While doctors often receive professional development allowances, other health professionals may receive minimal or no allowance, creating inequities in support for continuing education.

Recognition of speciality practice and credentialing

The lack of recognition of specialty practice poses a significant barrier to further education and training. Without formal recognition of specialised expertise, health professionals may encounter challenges in accessing advanced training programs or securing endorsements for expanded scopes of practice. Addressing this barrier requires establishing clear pathways for specialty recognition nationally and providing support for professionals seeking to advance their skills in specialised areas.

Additionally, the absence of remuneration aligned with increased expertise gained through further credentialing presents a significant disincentive for health professionals to pursue additional training or qualifications. Without financial incentives or recognition for their enhanced skills, professionals may be deterred from investing in further education and training, limiting their ability to practice at their full scope.

How could recognition of health professionals' competencies in their everyday practice (including existing or new additional skills, endorsements or advanced practice) be improved?

Developing well-established and embedded training pathways is essential to facilitate the growth of professionals throughout their careers. These pathways should offer clear progression routes, incorporating structured education, mentorship, and practical experience to support skill development and advancement. By formalising these pathways, professionals can access consistent and structured opportunities for growth, ensuring that their competencies are recognised and valued within the healthcare system.

ANZCAP is an example of a program designed to provide a pathway for pharmacists seeking recognition for their competencies, skills and expertise, from Residency through to Consultancy. ANZCAP's recognition program enables the achievements of practitioners to be clearly and concisely understood by their employers and peers, by healthcare colleagues and, most importantly, by the patients in their care.

Additionally, there needs to be a clear alignment between a person's capabilities and the role they undertake within the healthcare workforce. This involves accurately assessing and acknowledging individuals' competencies and matching them to appropriate roles and responsibilities. Employers and regulatory bodies should implement robust systems for assessing and validating professionals' skills and qualifications, ensuring that they are deployed in roles that align with their capabilities and expertise. By ensuring this alignment, health professionals can work to their full potential, contributing effectively to the delivery of high-quality patient care while feeling valued and recognised for their contributions.

Funding policy

How could funding and payment be provided differently to enhance health professionals' ability to work to full scope of practice, and how could the funding model work?

Funding and payment models should be restructured to better align with value-based care and incentivise quality outcomes to enhance health professionals' ability to work to their full scope of practice. Specifically for pharmacists, funding models should incentivise pharmacists to perform core quality use of medicines activities, including clinical interventions, deprescribing and counselling, which are the most value-adding components of pharmacy services. Having pharmacists independently employed in primary care clinics, without remuneration being reliant on the number of medicines they supply, prescribe or cease, is key to reducing the number of Australians being harmed by medications each year.

The restructuring of funding models should tie payments to the achievement of patient outcomes and goals. By linking payments to measurable outcomes, such as medication adherence rates, adverse drug event reductions, and disease management outcomes, funding models can support health professionals to work to their full scope of practice whilst promoting accountability and encouraging a patient-centric approach to care delivery.

Funding should also be adjusted as a means of reducing harm and risks. Hospitals are penalised with funding adjustments for hospital-acquired complications (HACs). This approach provides funding signals so that hospitals can take action to reduce systemic risks related to the delivery of care.[9] This funding adjustment based on harms incentivises health professionals, including pharmacists, to prioritise patient safety and wellness while ensuring that resources are allocated effectively to activities that drive meaningful improvements in patient health.

In hospitals, pharmacists are core to medication management and optimising the safe and quality use of medicines, whilst also contributing to systemwide governance activities to reduce medicine complications and HACs stemming from medications. The role of hospital pharmacists in health services are highlighted in 12 out of the 16 HAC information kits published by ACSQHC.

Furthermore, funding models could incorporate incentives for preventative care, recognising the value of early intervention and proactive health management in reducing healthcare costs and improving patient wellbeing. Pharmacists, for example, can play a vital role in promoting preventative care through services such as immunisations, health screenings, and lifestyle counselling. By providing funding incentives for these preventative services, healthcare systems can encourage proactive approaches to health maintenance and disease prevention, ultimately leading to better long-term health outcomes and reduced healthcare expenditures.

Which alternative funding and payment types do you believe have the most potential to strengthen multidisciplinary care in the primary health care system?

Among the alternative funding and payment types, bundled funding and value-based care hold the most promise for strengthening multidisciplinary care in the primary health care system. Bundled funding encourages collaboration among different health professionals and settings by incentivising coordinated care delivery focused on achieving positive patient outcomes. However, this funding model requires flexibility to accommodate the appropriate range of healthcare professionals necessary to form a collaborative team capable of effectively managing the individual patient's diverse care needs.

Similarly, value-based care aligns financial incentives with patient outcomes and care quality, promoting collaborative, patient-centred approaches to care delivery. This model encourages multidisciplinary teams to work together effectively to improve patient outcomes while also addressing healthcare disparities and promoting equitable access to high-quality care.

As scopes of practice expand and overlap, there might be a risk of tension or conflict among different healthcare professionals about roles and responsibilities. This is less evident in the acute care setting as

individual member contributions is not tied to personal remuneration, therefore a greater focus is placed on achieving best patient health outcomes as a team, leveraging the unique skills of each team member. A similar funding approach is required to embed inter-disciplinary collaboration in primary care.

What risks do you foresee in introducing alternative funding and payment types to support health professionals to work to full scope of practice, how do these risks compare to the risks of remaining at status quo, and how might these risks be managed?

There are a range of risks associated with unintended consequences, such as incentivising volume over value in care delivery or creating financial disincentives for certain services or patient populations. For example:

- **Block funding** may risk incentivising providers to limit the services they provide in order to stay within budget constraints, potentially compromising patient care quality or access to necessary services.
- **Capitation** payment models may incentivise providers to avoid high-cost patients or complex cases to minimise. financial risk, potentially leading to disparities in care delivery and inequitable access to care.
- **Bundled funding** and **blended funding** models, also have risks and may introduce complexity in determining fair payment allocations among multiple providers involved in a patient's care, potentially leading to disputes or inefficiencies in resource allocation.
- **Value-based care** introduces the risk of focusing too heavily on metrics and targets, potentially leading to "gaming" of the system or neglecting patients with complex needs who may not fit within standard quality metrics.
- **Program grants** may create dependence on external funding sources, posing a risk if funding is not sustained or if priorities shift.

Another risk is potential push-back from certain professional groups who may resist changes to establishing funding models that could impact their income or autonomy. However, remaining at the status quo also carries risks, including perpetuating inefficiencies, disparities, and fragmentation in care delivery.

The current fee-for-service funding model is not sustainable and risks incentivising providers to deliver unnecessary services to increase their income. In addition, this model does not incentivise collaborative team-based care which should be the basis of all healthcare to achieve best patient healthcare outcomes. Current funding models also do not incentivise pharmacists to perform core quality use of medicines activities, including clinical interventions, deprescribing and counselling, which are the most value-adding components of pharmacy services.

Some of the proposed solution explored in the Issues Paper, would be built on the existing and unsustainable fee-for-service model. So, whilst funding episodes of care regardless of profession may support health professionals to work to their full scope and improve access to care, it risks duplication of care and will place additional pressure on an already overstretched and unsustainable fee-for-service funding model.

This solution also does little in the way of incentivising and enhancing collaboration and team-based care which we have identified as essential in the changing primary care landscape. While decisions and/or trials are undertaken to explore alternative funding models that are linked to healthcare outcomes, transitional arrangements can be made to current fee-for-service funding models via the Medicare Benefits Schedule (MBS), to incentivise and fund pharmacists to participate in collaborative care, such as the Team Care Arrangements within Chronic Disease Management (CDM) items.

Enabling non-medical professionals to make referrals is another proposed solution that is founded on the existing fee-for-service model, requiring changes to the Medicare Benefits Schedule (MBS) payment rules. Whilst we agree that there is an overreliance on GPs to manage all referrals in the primary care setting, and that better utilisation of the highly skilled non-medical workforce in making referrals is necessary, it is essential to consider whether a fee-for-service model is the most appropriate means of doing so. Both bundled and value-based funding models can also be utilised to enable referrals by non-medical professionals.

Careful consideration must be given to selecting appropriate funding models that align incentives with desired outcomes, facilitating health professionals to operate at their full scope, fostering collaboration, and guaranteeing equitable access to high-quality care. The complexity of transitioning to new funding models and the potential for disruptions in care delivery or financial instability for healthcare organisations can be mitigated with careful planning and implementation and allow a safe transition towards healthcare professionals working to their full or expanded scope. It is also essential to consider developing a strategic workforce plan to sustain these evolving models of care and ensure they are distributed across all health settings, including rural and remote locations.

Technology

How do you think technology could be used better or differently in primary health care settings to enable health professionals to work to full scope?

- Technology could be utilised more effectively in enhancing communication and coordination among multidisciplinary care teams.
- Digital platforms and telehealth solutions can facilitate real-time collaboration, allowing professionals from different disciplines to communicate seamlessly, share patient information, and coordinate care plans more efficiently.
- Access to electronic health records can provide health professionals with comprehensive insights into patients' medical history, treatments, and ongoing care needs, thereby enabling more informed decision-making and personalised care delivery.
- Clinical decision support tools integrated into electronic health record systems can further enhance the capabilities of health professionals in primary care settings by providing evidence-based guidelines, alerts for potential medication interactions or contraindications, and recommendations for diagnostic and treatment options, thereby aiding in clinical decision-making and promoting adherence to best practices.
- Leveraging predictive analytics and artificial intelligence algorithms can help identify at-risk patients, optimise treatment plans, and prevent adverse events, thereby enhancing patient outcomes and reducing healthcare costs.
- Mobile health applications and remote monitoring devices can empower patients to actively participate in their care management, enabling health professionals to extend their reach beyond traditional clinical settings and provide ongoing support and guidance to patients in their homes.

Overall, by harnessing the capabilities of technology, primary healthcare settings can enhance collaboration, improve patient care quality, and enable health professionals to work to their full scope more effectively.

If existing digital health infrastructure was to be improved, what specific changes or new functions do you think are most necessary to enable health professionals to work to full scope?

Interoperable electronic health record systems across care settings

The implementation of interoperable electronic health record systems that allow seamless and real-time exchange of patient information across different healthcare settings and platforms would significantly improve health professionals' capability to work to full scope. This interoperability ensures that health professionals have access to comprehensive and up-to-date patient data, regardless of where the patient receives care, enabling more informed decision-making and holistic care delivery.

This digital health solution has the potential to mitigate some of the issues experienced at transitions of care. Transitions of care are a high-risk part of the healthcare journey[10], as episodes typically involve complex care arrangements, involve multiple care providers and interdisciplinary teams at various stages of care. Safely transitioning from primary to acute care, and back to primary care following a significant health event, relies on clear, accurate and timely communication between healthcare providers in both sectors, and with the patient and/or carer. Often, it is the lack of clear, accurate and timely communication that leads to medication-related errors and adverse events.

Secure messaging and digital referral platforms

Introducing secure messaging and digital referral platforms are paramount in transitions of care, ensuring seamless communication and coordination between healthcare providers across different settings while safeguarding patient privacy and data integrity. This too will have a large impact on the high-risk transitions of care process, ensuring timely information transfer to all necessary providers.

Telehealth and remote monitoring capabilities

Integrating telehealth and remote monitoring capabilities into digital health infrastructure is critical for expanding access to care and enabling health professionals to provide timely interventions and follow-ups, particularly for patients in remote or underserved areas.

Advanced decision support tools

Enhancing the functionality of electronic health record systems to include advanced decision support tools is essential. These tools can provide real-time clinical guidance, alerts for potential medication errors or adverse events, and recommendations for evidence-based treatment options, thereby supporting health professionals in making informed and effective clinical decisions.

Data analytics and artificial intelligence

Incorporating data analytics and artificial intelligence capabilities into digital health systems can facilitate predictive modelling, population health management, and personalised patient care strategies. These tools enable health professionals to identify high-risk patients, optimise resource allocation, and tailor interventions to individual patient needs, ultimately improving health outcomes and reducing healthcare costs.

What risks do you foresee in technology-based strategies to strengthen primary health care providers' ability to work to full scope, and how could these be mitigated?

There are a range of risks in technology-based strategies that must be considered. These include:

- An overreliance on technology is certainly a risk which may lead to decreased face-to-face consultations.
- Data breaches and privacy violations, especially when dealing with sensitive patient information in electronic health records and digital communication platforms.
- Technological disparities among healthcare providers and patients may exacerbate existing inequalities in access to care and health outcomes. Despite accelerated advancement in telecommunication platforms in recent years and their utility in healthcare, 9.4% of Australians remain "highly excluded" from digital services.[11]
- Lack of investment in interoperable infrastructure and technologies.

Some of the measures that can be explored to mitigate these risks include:

- Prioritisation of user-friendly design and comprehensive training programs to ensure that healthcare providers can effectively utilise technology while maintaining patient-centred care.
- Fostering a culture of collaboration and teamwork, both within healthcare teams and across different organisations, can help mitigate the risk of overreliance on technology by emphasising the importance of human interaction and communication in patient care.
- Robust cybersecurity measures, including encryption, access controls, and regular audits, are crucial for safeguarding patient data and preventing unauthorised access.
- Promoting digital literacy among both healthcare providers and patients can help bridge the gap in technological disparities and ensure equitable access to digital health solutions.
- Concerted efforts to develop and implement interoperability standards, protocols, and infrastructure that accommodate the diversity of healthcare systems and stakeholders. This may involve promoting the adoption of open standards and interoperability frameworks, incentivising collaboration and data sharing among healthcare providers, and investing in interoperability infrastructure and technologies.
- Fostering a culture of data stewardship and collaboration among healthcare organisations, policymakers, technology vendors, and regulatory bodies is essential for overcoming interoperability barriers and realising the full potential of digital health solutions in improving patient care and outcomes.

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