



## SHPA response to the Effectiveness Review of General Practice Incentives, December 2023

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.

SHPA welcomes the opportunity to provide feedback to the *Effectiveness Review of General Practice Incentives* undertaken by the Department of Health and Aged Care (the Department) in response to the recommendations of the *Strengthening Medicare Taskforce report*<sup>1</sup>. SHPA commends the Australian Government on its commitment to enhancing collaborative, multidisciplinary care in general practices, to improve Australia's primary healthcare system whose limitations have placed undue pressures on the already stretched acute care system.

In this submission, SHPA discusses the multifaceted benefits of General Practice Pharmacists (GPPs) in improving patient health outcomes and **recommends the establishment of dedicated funding for the integration of GPPs in the Australian primary care sector**. Funding is imperative to better utilise this highly skilled workforce in general practices across Australia, improving access to timely and quality medicines-related care for all.

As discussed in SHPA's recent response to the *Unleashing the Potential of our Health Workforce – Scope of Practice Review*<sup>2</sup>, current funding models in the primary care sector do not support collaborative care models. They 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.

SHPA supports collaborative care in all healthcare settings to achieve best patient health outcomes. A key theme in *SHPA's Pharmacy Forecast Australia 2023* report<sup>3</sup> is on expanding pharmacists and pharmacy technician's scope of practice to support safer, more efficient, and cost-effective healthcare delivery. This includes adopting the successful multidisciplinary collaborative care models of practice used in the acute care settings to non-dispensing and clinical pharmacists working in general practices.

GPPs practising at full scope within multidisciplinary teams play a significant role in medicines optimisation and patient safety. Their integration into primary care teams is crucial to addressing the increasing barriers that patients face in accessing GP services, leading to delayed diagnoses and subsequent advanced disease progression.

An estimated 250,000 hospital admissions in Australia are medication related, with an annual cost of AUD \$1.4 billion to the healthcare system, and two-thirds of medication-related hospital admissions are potentially preventable.<sup>4</sup> This is largely reflective of the current shortfalls of primary care service delivery and the existence of legislative and funding barriers in the delivery of effective primary care and preventative care, including the integration of GPPs in primary health.

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 [yyik@shpa.org.au](mailto:yyik@shpa.org.au).



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## **SHPA recommends allocation of dedicated funding to support the integration of General Practice Pharmacists (GPPs), who are non-dispensing and clinical pharmacists, in general practices across Australia.**

In Australia around 10% of patients seeing a general practitioner (GP) have experienced an adverse medication event in the previous 6 months. Approximately 2-3% of all hospital admissions, 12% of all medical admissions and 20-30% of admissions in patients aged 65 years and over are medication related.<sup>5</sup>

Pharmacists in GP practices support GPs through diverse roles to minimise the risks associated with the use of medications and optimise their use. Existing literature have demonstrated that the co-location of pharmacists within GP practices improves the delivery of collaborative patient care in primary health to improve health outcomes.<sup>6,7</sup> Furthermore the positive effects of clinical pharmacist interventions are enhanced with increasing degree of pharmacist integration into GP practices. A systematic review investigating the relationship between the degree of integration of non-dispensing pharmacists in primary care practice and the impact on health outcomes showed that for the provision of patient-centred clinical pharmacy services, the percentage of improved health outcomes for none, partial, and fully integrated non-dispensing pharmacists was 55%, 57%, and 70% respectively.<sup>8</sup>

When enabled to work to their full scope of practice, GPPs can further support GPs by undertaking roles such as collaborative prescribing to medications to improve health outcomes and meet medication management goals. GPPs alleviate the pressures on GPs and increase the capacity of the primary healthcare system to accommodate more patients. The distribution of responsibilities will reduce primary care wait times and improve consumer access to timely healthcare.

An independent analysis undertaken for the Australian Medical Association (AMA) by Deloitte Access Economics in 2015 showed that embedding pharmacists within general practices would deliver net savings to the Australian health system of \$545 million over four years, primarily through fewer avoidable hospital admission and a reduction in the utilisation of medications.<sup>9</sup>

### **Benefits of GPPs in supporting comprehensive medication management**

GPPs support comprehensive medication management through increased communication and collaboration between pharmacists and GPs, identification and resolution of potential medication related issues, and improved medication adherence for patients enrolled at the general practices.<sup>6</sup> Key feedback from several qualitative studies reviewing Australian GP perspectives showed GPPs enhanced medication safety, strengthened shared decision making and improved tackling of polypharmacy in the management of their patients.<sup>10,11</sup> This expertise aids in deprescribing unnecessary medications and ensures that the patient is on the most appropriate medication regimen.<sup>12</sup>

### **Benefits of GPPs in chronic disease management**

GPPs, equipped with an in-depth understanding of pharmacotherapy, complement the work of GPs in managing chronic conditions like diabetes, hypertension, and asthma, often leading to more optimised therapy and improved patient outcomes. A systematic review assessing the role of pharmacists in primary care services showed that pharmacist interventions led to positive effects on measures of blood pressure, diabetes, cholesterol, cardiovascular risk scores, and reduced inappropriate prescribing and medication-related issues.<sup>13</sup>

### **Benefits of GPPs in promoting preventative care to reduce hospitalisation**

Public hospital emergency departments saw the highest number of presentations ever recorded across Australia in 2020-21, and since 2016-17, the increase in presentations (14%) exceeded population growth (5%).<sup>14</sup> In future, acute health services are unlikely to be able to cope with this increasing influx of patient flow through emergency departments and hospital wards, given the ageing population, current and forecast healthcare worker shortages to meet the needs of an ageing population.



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GPPs offer immunisation services, advice on lifestyle modifications, and preventative health screenings, thereby playing a significant role in preventive care, which is an essential focus of primary care. An evaluation into the clinical, economic, and organisational impact of pharmacist-led clinical activities including preventive care services in eight general practices in the Australian Capital Territory (ACT) showed that 50% of clinical activities had the potential for a moderate or major positive clinical impact on patients and 63% of activities had potential to decrease healthcare costs.<sup>15</sup>

### Benefits of GPPs in reducing medication related harm at transitions of care

GPPs also support medication management at key transitions of care such as between the primary and acute care setting. This is a time when patients are at a high-risk of medication misadventures, as recognised by the Australian Commission on Safety and Quality in Health Care (the Commission) in their report on *Safety Issues at Transitions of Care*<sup>16</sup>. Changes made to a patient's medications during their hospital stay, which are often communicated to the patient and/or their carer at the point of discharge, can be an information overload at a time when the patient is vulnerable and recovering from their admission. GPPs ensure patients understand these changes and are taking their medications as intended upon discharge from hospital. A systematic review and meta-analysis looking at the impact of community placed pharmacists during transitions of care showed 40% reduction in 30-day readmissions, with more active pharmacist involvement having a greater effect on 30-day readmission rates.<sup>17</sup>

*SHPA's Standards of Practice for Clinical Pharmacy Services*<sup>18</sup> and *Standard of Practice in Geriatric Medicine for Pharmacy Services*<sup>19</sup> describe key roles and responsibilities of GPPs, which include but are not limited to:

- Identifying high-risk patients in consultation with the interdisciplinary team and arrange appropriate follow-up for the immediate post-transfer period, e.g., GP appointment Home Medicines Review (HMR), outpatient or non-admitted review,
- Undertaking medication reconciliation after care transition,
- Developing a medication management plan after care transition in line with recommendations made in patient's hospital discharge summary,
- Undertaking a comprehensive interdisciplinary medicine review,
- Ensuring patients have an up-to-date medication list post-hospital discharge,
- Providing patient education and medicines information, reiterating medication changes,
- Ensuring patients have up-to-date emergency action plans, e.g., asthma, COPD, angina, heart failure,
- Ensuring discharge medicines are reconciled with general practice records,
- Following up communication with patients, community pharmacists, hospital pharmacists and prescribers to clarify medication-related problems or discrepancies or communicate medication changes post care transition.

### Funding barriers to integration of GPPs in general practices

Current funding models for community pharmacists do not incentivise them to perform core quality use of medicines activities, including clinical interventions, deprescribing and counselling, which are the most value-adding components of pharmacy services. Currently the bulk of community pharmacy remuneration in Australia directly correlates with the activities related to the supply of medicines. Therefore, quality use of medicines activities which at times include deprescribing by pharmacists, are not only unremunerated but negatively impact community pharmacy funding. These perverse incentives are barriers to delivering safe and quality, patient-centred care.

Furthermore, GPP roles are often reliant on Primary Health Network (PHN) pilot funding which changes from year to year, with the hope that the ongoing role would be funded via the Medicare Benefits Schedule (MBS) payments to clinics for multidisciplinary chronic disease management plans. Fundamentally, 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. SHPA therefore, recommends that a dedicated funding stream should be allocated for the integration of GPPs in the primary care sector, in recognition of the expanding role and scope of GPPs in improving access to timely and quality medicines-related care for all Australian patients.



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