



Aged Care Association Australia

Submission

HMA

**Review of the Existing Arrangements of PBS Medicines
in Residential Aged Care Facilities and Private
Hospitals**

21 January 2009

General Comment

Process

Aged Care Association Australia (ACAA) would like to convey our disappointment that a project of this nature which has four significant stakeholders only involves one of the four stakeholders as the originator and manager of the review process.

ACAA is pleased that HMA has consulted widely and that the views of many stakeholder and representatives have been gathered and reflected in the Discussion Paper.

Unfortunately however, the Discussion Paper gives the overall impression of reflecting a Pharmacy and a Pharmacist's view which is in our opinion, a lost opportunity to address this issue from a broader and more inclusive perspective.

That said, we would add the following comments:

Consumer Choice

ACAA considers that the service and quality provision achieved through the contracted service arrangements between community pharmacies and Residential Aged Care Facilities (RACFs) to be considerably superior to the ad hoc services provided by open ended consumer driven arrangements with General Practitioners (GPs).

This is not meant to denigrate the professionalism and competence of GPs attending RACF, but to reflect the reality that many GPs are expected to provide a service to an RACF in unrealistic and certainly non commercial circumstances.

From an RACF perspective, this often leads to poor quality medical services, lack of availability, non existent out of hours service and regular administrative burden attached to the issue of outstanding prescriptions and with many health professions acting illegally as they are either administer or dispense medications outside approval timeframes and without medical practitioner authorization.

ACAA considers that consumer choice and quality service though not mutually exclusive, are often competing to achieve a similar outcome and must be viewed from a balanced perspective with the quality care of the resident being the primary determinant.

Resident Transfers

There are approximately thirty three thousand admissions from hospitals to RACFs per annum, additional work needs to be done in looking at solutions for medication information flow from the acute setting to the RACF at the time of admission.

In addition, the Review appears to ignore the needs of acute hospital staff to receive timely information from the RACF about a resident transferring from an RACF into hospital.

Information Technology

ACAA believes many of the Reviews suggested process improvements rests substantially on the adoption of an integrated IT solution which connects GPs, Pharmacies and RACFs through a virtual resident record.

ACAA believes that the RACF medication chart should form the core of an electronically enabled eprescribing system with the GP generating through the electronic chart instructions for dispensing and administration.

The Pharmacist would dispense based on the authorization generated by the GP through the electronic medication chart.

The RACF would administer based on the instructions from the GP contained in the electronic medication chart. RACF staff would also use the electronic medication chart to record medication administration activity.

ACAA is of the opinion that if a major improvement in the efficient prescribing, dispensing and administration functions for the residents of RACFs is to be achieved, the fundamental driver to achieve that change must be the deployment of an integrated IT solution that services the three primary stakeholders.

Medication Renewal Timeframes

ACAA agrees that the problem of PBS Medications with different dose requirements, pack sizes and renewal is an administrative nightmare for all parties involved, but especially RACF and community care service provider staff as they usually need to monitor these differences and discrepancies to ensure changes to drug regimes are corrected and appropriate administration occurs.

The issue is then exacerbated if repeat prescriptions are involved.

Other Health Professionals Prescribing Rights

The Review touches on the issue of Nurse Practitioners however fails to mention what provision may need to be made in the future for other health professionals with limited prescribing rights.

Legislation

The Review does not address the different legislative frameworks that impact upon RACFs especially the obligations imposed by the accreditation system and the various obligations placed on RACFs by the Principles attached to the Aged Care Act 1997.

Medication Profiles

The Review refers constantly to 'resident medication charts' and makes no reference to medication profiles other than the discussion in option 6 which appears to be referring to a different type of medication profile.

RACFs make considerable use of medication profiles especially in conjunction with DAA systems.

The Options

Option 1

ACAA would generally support the proposition outlined in Option 1 with the proviso outlined above, that the core of a system which converts the medication chart to the authorizing instrument for prescribing purposes, dispensing purposes and administration must be electronically enabled.

Option 1 should include provision for a medication profile as part of the electronic enablement of the medication chart.

Option 2

ACAA could support Option 2 provided further detail works is completed around the issues of authorization processes, recording processes, work flow and accountability. We would also be interested to learn how the pharmacist will be reimbursed for this function.

Option 3

ACAA could support Option 3 provided further detail works is completed around the issues of authorization processes, recording processes, work flow and accountability. We would also be interested to learn how the pharmacist will be reimbursed for this function.

Option 4

ACAA considers this proposal needs elaboration and detailed consideration around how this proposition would work.

ACAA would have difficulty supporting Option 4 until these issues are clarified.

Option 5

ACAA would be supportive of Nurse Practitioners employed by RACFs being granted prescribing rights. The authorization, recording, dispensing and administration systems would not need any change from existing arrangements especially if the medication chart becomes the authorizing instrument and is electronically enabled.

Option 6

ACAA believes that the existing PMP service could be extended however is only part of the picture.

If Option 1 is fully adopted then the generation of a form of discharge summary from an RACF to a hospital should be deliverable as part of that process.

Accordingly, though the PMP service could add to the information available on transfer, it should only be seen as a component of a larger improvement in the information transfer between RACFs and hospitals.

Option 7

ACAA supports Option 7 as there is a general recognition that the number of GPs prepared to service RACFs is in decline. The current arrangements where as many as twenty five practitioners might service a seventy five bed RACF, makes the RACF a very unattractive environment for many GPs.

ACAA believes a new service contract model is part of the solution to GP servicing and that RACFs will need to be funded to ensure a retainer or suitable contract provision can be entered into by both parties.

A contract model could also have the benefit of making deployment of the IT systems needed to achieve Option 1 more likely within a reasonable timeframe.