VICTORIAN DIVISIONS FORUM

THE GP-PHARMACY INTERFACE: COMPETITION OR COOOPERATION?

1/05

Report to Divisions

The first GPDV forum for 2005 attracted a record crowd, keen on exploring the potential for cooperation between pharmacists and GPs. The event also provided an opportunity to consider the tensions that have surfaced with recent discussion about the extension of the role of community pharmacists as well as consumer advertising to ask pharmacists for health advice relating to chronic disease and lifestyle choice.

BACKGROUND

Medication management issues have gained prominence in recent years, with increasing evidence being published of avoidable medication misadventure in both acute and community settings. It is estimated that the failure to manage medication effectively leads to 2–4% of all hospital admissions in Australia and up to 30% for patients over 75.[1] Furthermore, expenditure on pharmaceuticals in Australia has been increasing at an average rate of 14% per annum in the past 10 years[2] and consumer medication profiles are increasingly complex due to the high prevalence of chronic disease and an ageing population.

GPs and community pharmacists have the opportunity to combine their skills in order to address these problems. However, conflict between the two professions has arisen due to a lack of shared understanding of the each other's roles. Pharmacists are health professionals who provide primary care and who are called upon by consumers to provide advice and assistance in understanding their medicines. Concerns about the perceived overstepping of professional boundaries have caused disquiet within general practice.

SPEAKER PRESENTATIONS

Mr Bill Scott (Victorian President and National Vice-President, Pharmacy Guild of Australia) started by pointing out that, in a business sense, pharmacists face similar problems to those of GPs: increasing workforce pressures and declining incomes as well as threats by "mega retailers". From the patient perspective the Guild is interested in advancing collaborative GP-pharmacist systems of care to

- improve adherence to medications
- advance patient self-management of disease
- help avoid medication misadventure.

Mr Scott nominated IT as the most likely catalyst for better profiling of patients' medications, and said that the Guild is fully committed to the rollout of Health*Connect* (within which is Medi*Connect*, an electronic record of information about the medicines that people use that can be accessed, with patient consent, by hospitals, GPs and pharmacists). He concluded by saying that inter-professional collaboration needs to be cultivated for the benefit of patients.

Dr John Meaney (Dandenong & District Division and Chair, GPDV) stated that the average GP has limited knowledge of what goes on in pharmacy regarding standards of care and continuing professional development. This makes it difficult for GPs to pass sensitive information about patients to pharmacists that they know little about and may have never met. This culture of mistrust is sometimes exacerbated by articles in the medical press. In his division, however, the MMR facilitator (a pharmacist, Graham Sweet) has been highly successful in assisting with Home Medicines Reviews and is also conducting research on improving the readability of labels on packaging to assist consumers.

Dr Jeff Jenkinson and Debbie Norton (GP Chair, and Pharmacist Consultant, West Vic Division of General Practice) shared the division's innovative approach to improving professional relationships between GPs and pharmacists. GP–Pharmacy Liaison work evolved from issues in workforce, acknowledgement that pharmaceutical services were essential to sustaining rural general practice and the willingness to auspice and conduct pharmacy projects.

The division has addressed QUM and workforce issues through joint CPD events, a regional

[1] Runciman WB, Roughead EE, Semple SJ & Adams RJ, 'Adverse drug events and medication errors in Australia', *International Journal of Quality in Health Care*, 15:149–159, 2003

[2] Australian Institute of Health and Welfare, *Australia's health 2004*, Canberra: AIHW, 2004

pharmacy working group, a QUM policy group, and the employment of a pharmacist on staff. The outcomes have been the maintenance of pharmacy services within the division (no additional depots), a shared vision and approach between the professions and the ability to tackle national QUM programs. Hints for other divisions wishing to progress in this manner are to build relationships, to find 'quick wins' locally, and to ensure Board involvement and endorsement with every step. For more information on the approach, see www.westvicdgp.asn.au then "Projects" and "GP-Pharmacy Liaison".

PANEL DISCUSSION POINTS

Led by Ms Kris Honey
Panel: Bill Scott, John Meaney, Jeff Jenkinson, Debbie Norton, Bill Newton

1. Issues between the professions

- Continuity of care - difficult when pharmacists give conflicting advice to GPs, or when there is brand substitution during the prescription phase. Pharmacists will be more aware of GP decisions when information via Health*Connect* is available.
- There are Pharmaceutical Society standards and protocols relating to brand substitution for pharmaceuticals.
- There needs to be work to further tease out the main issues by professional bodies representing the professions.
- Due to the decline in bulk-billing, consumers are presenting more frequently to pharmacists for health advice. This presents a challenge for CPD for pharmacists & assistants, which is being reviewed at present.

2. Draft MoU between the Guild and ADGP

- The MoU is about the two organisations cooperating with each other and recognising each other's expertise.
- It was felt that such discussion between peak bodies should be more inclusive eg: include the Pharmaceutical Society of Australia and the hospital pharmacists.
- GPs were keen to sight a copy of the MoU as soon as possible, and for GPDV to collate a Victorian response.

3. Divisional work to promote QUM

- GPDV should continue to support divisions in their local work including the promotion of exchange of ideas between divisions & GPDV about existing work and possible strategies/activities.
- MMR facilitator (pharmacy) positions in divisions are likely to continue to be funded, but we won't know until the finalisation of the 4th Guild/Government agreement on 1 July.

PEAK PHARMACY ORGANISATIONS

Pharmacy Guild of Australia (PGA)
National employers' association representing the owners of retail community pharmacies.

Pharmaceutical Society of Australia (PSA)
The national professional organisation for Australian pharmacists.

Australian Association of Consultant Pharmacists (AACP)
Provides training, assessment and accreditation of pharmacists wishing to provide medication management review services.

Society of Hospital Pharmacists
The national professional organisation for hospital pharmacists and pharmacist technicians.

Pharmacy Board of Victoria
Approves pharmacy curriculum, registers pharmacists and premises, and investigates allegations of professional misconduct.

HOT TOPICS

National Primary Care Collaboratives Program

The key concern was whether participating divisions should sign the contracts, given funding and other limitations. Some divisions have decided to join in the first wave; some are waiting for developments in the contracts; and others have decided to pull out altogether. The orientation session for the program was held in Melbourne on 7 March. GPDV has copies of the speaker presentations: contact Peter Larter at p.larter@gpdv.com.au

NEXT FORUM

~ May 2004 ~

The next GPDV forum will be held on Sunday, 15th May, 10am – 1pm in Melbourne.

The topic will be announced shortly.

Further details and this report are available at www.gpdv.com.au under "Events".