



Access to the Telehealth Initiative through Community Pharmacy

Position

The Pharmacy Guild of Australia welcomes the *Connecting Health Services with the Future: Modernising Medicare by Providing Rebates for Online Consultations' Initiative* (the telehealth initiative) to address some of the barriers to accessing medical services for patients in rural, regional and outer metropolitan areas.

The Guild believes that community pharmacy is an integral part of Australia's health infrastructure as the most accessible health service in Australia, with many community pharmacies located in areas with limited health service providers. As such, this unique position should be utilised to optimise equity of access to telehealth, for example, the network of over 5000 community pharmacies includes remote locations such as Winton, Thursday Island or Nhulunbuy.

The Guild highlights that the community pharmacy professional workforce has the requisite skills and connectivity for it to be considered for inclusion in the telehealth initiative, which will be strengthened by community pharmacies' involvement in the development and rollout of the Personally Controlled Electronic Health Record (PCEHR) system. Electronic prescriptions and the PCEHR should be integral to the telehealth consultations to achieve productive outcomes and to ensure the clinicians involved have the maximum amount of information regarding the patients' health care.

The Guild acknowledges that telehealth will generally be managed through a patient's general practitioner (GP) or other health care coordinator in order to maintain continuity of care. However, it should be recognised that in many circumstances, particularly in regional and remote Australia, the local community pharmacy may be the only available or most appropriate health service for conducting telehealth consultations.

As such, **the Guild strongly believes that community pharmacy should be viewed as an *'other health care facility'* in which a patient can access telehealth and video conference to a specialist or health care provider at another location.** This would be comparable to the exemption provided under the telehealth initiative to residential aged care services, Aboriginal Medical Service (AMS) and Aboriginal Community Controlled Health Service (ACCHS), which are able to provide telehealth consultations without a Medicare provider number, provided they are within an eligible telehealth area¹. This is of particular importance in the instance where the GP is removed geographically from both specialist and patient.

¹ Medicare Australia

National Secretariat

Level 2, 15 National Circuit, Barton, ACT 2600 Australia
PO Box 7036, Canberra Business Centre, ACT 2610 Australia
Telephone: + 61 2 6270 1888 · Facsimile: + 61 2 6270 1800
Email: guild.nat@guild.org.au · Internet: www.guild.org.au

The Guild also believes that when a community pharmacist is *involved* in the telehealth consultation as a health professional, they should be able to claim a rebate for participation similar to that provided to a GP or other health professional. This would be of particular value to the s100 Remote Aboriginal Health Services Program (s100 RAHSP) to enable the community pharmacy and community pharmacist servicing the Remote Aboriginal Health Service (RAHS) to provide additional Quality Use of Medicines support.

The QUM services that can be provided to a patient can include:

- Patient education by direct advice about their medicines, side effects, interactions with other drugs, alcohol and foods;
- Advice on when medicines should be taken and on how medicines should be taken e.g. DAAs;
- Medication reviews of chronic diseases and patient education to improve chronic disease management through lifestyle;
- Clinical interventions, compliance assessments and reviews; and
- Client recalls for prescription updates.

In addition, RAHS clinic staff such as Aboriginal Health Workers and nurses could be provided with 'on call' clinical support and be provided with training on medication matters.

Background

The 'Connecting Health Services with the Future: Modernising Medicare by Providing Rebates for Online Consultations' - Telehealth initiative

As part of its 2010 Federal election platform, the Government committed to providing, from 1 July 2011, Medicare rebates for online consultations across a range of medical specialties. The initiative is intended to address some of the barriers to access to medical services, and specialist services in particular, for Australians in rural, remote and outer metropolitan areas. Telehealth facilities located in general practices, aged care facilities, Aboriginal Medical Services and certain other, non-medical facilities, will be able to videolink patients in rural, remote and outer metropolitan areas with specialists in cities or major regional centres.

For the purposes of telehealth, an eligible area is a location that is outside an inner metropolitan area, with the telehealth boundaries consistent with the *More Doctors for Outer Metropolitan* program².

The exception to this is where a patient is:

- living in an eligible residential aged care service
- at an eligible Aboriginal Medical Service (AMS), or
- at an eligible Aboriginal Community Controlled Health Service (ACCHS).

² MBS online

There are a number of incentives available to medical professionals to support uptake of this initiative, including:

- a one-off lump sum 'On-Board' incentive of \$6,000 available after the first consultation claim³
- an ongoing quarterly payment based on the number of consultations, and
- a bulk billing incentive

Within four months of the initiative launch in July 2011, 2275 MBS item numbers were claimed, with more than two thirds general practices in rural areas.

Electronic prescriptions

Electronic prescribing of medicine is a key initiative of all Australian governments aimed at improving the delivery and quality of health care and achieving better health outcomes⁴.

Electronic prescribing and dispensing enables all stages of the prescribing, supply of medicine, and claiming process to be completed electronically, with secure transmission direct from the GP's desktop to the dispensing pharmacy. Commonwealth legislative barriers to electronic prescribing and dispensing of PBS medicine were removed by implementing changes to the *National Health (Pharmaceutical Benefits) Amendment Regulations 2006*, which became effective on 1 March 2007.

In July 2010 the National e-Health Transition Authority (NEHTA) released a draft of national specifications for the Electronic Transfer of Prescriptions (ETP) between GPs and community pharmacies⁵. The specifications address the foundations for a national electronic prescription system, and details the minimum specifications required to support the interoperable transfer of prescriptions in primary care settings within Australia.

The Personally Controlled Electronic Health Record (PCEHR)

Due for national rollout in July 2012, the PCEHR will allow Australians to choose to have a personal eHealth record, of particular importance to those living in rural and remote Australia, who may experience disjointed care at a number of locations that require substantial travel. This will assist in reducing the chance of medical errors and save patients from having to repeat their health history every time they visit a new health profession.

Community pharmacy is at the forefront in the development of the PCEHR, with the FRED IT MedView Project one of the nine implementation projects currently occurring in Geelong, Victoria, allowing clinicians to see, for the first time, a combined list of prescribed and dispensed medications regardless of how many different doctors and pharmacies the patient has attended.

Endorsed

National Council – March 2012

³ The On-Board incentive of \$6,000 is for 2011-2012 and decreases to \$3,300 in 2014-2015

⁴ 'Electronic prescribing and dispensing of medicines' Medicare Australia website

⁵ 'National Electronic Transfer of Prescriptions (ETP) specifications released' (July 2010) NEHTA media release

Date Reviewed

February 2012 – Policy and Regulatory Affairs Committee

February 2012 – Community Pharmacies for Rural and Indigenous Australia (CPRIA)