



**Community Pharmacy Roadmap Program Development Template**

<b>Program/Service</b>	<b>Controlled Drugs Real-Time Monitoring</b>
<b>Quadrant</b>	<b>A – Prescribed Medicines – Services and Programs</b>
<b>1. Program/Service Description</b>	
a) Background	<p>The abuse/misuse of prescription medicines, including controlled drugs (Schedule 8 medicines) such as opioid pain relievers, is becoming a significant public health concern in Australia. This includes chronic use by those who have developed addictions, illicit ‘recreational’ use, and those engaged in criminal re-sale of these medicines on the black market. In the absence of real-time monitoring systems, individuals abusing/misusing controlled drugs are able to ‘doctor-shop’ and ‘pharmacy-shop’ to procure large amounts of these medicines. This is because, in most cases, a health professional has no way of knowing what medicines have been obtained elsewhere. The Guild and other health bodies continue to call for real-time, confidential, integrated electronic systems to monitor the prescribing and supply of these medicines, in an effort to address this issue.</p> <p>Consistent with these concerns, The National Pain Strategy, which was the final outcome of the National Pain Summit of March 2010, has included the development of a real-time monitoring and auditing system for opioid prescriptions and codeine containing medicines as one of its ‘high priority’ strategic actions.<sup>1</sup> The Summit brought together Australia’s leading authorities in pain medicine, other health professionals and consumer groups, to finalise a national strategy for this pressing health issue.</p>
b) Brief Description	<p>A system known as Controlled Drugs Rx (CDRx), currently under development by the Guild owned company <i>InnovationRx</i>, is a real-time web-based electronic system to monitor the supply of controlled drugs. The system will be designed initially for pharmacists when dispensing these medicines, but could be expanded to include prescribers when writing prescriptions for these medicines. The system acts to electronically ‘link’ health professionals, such that they can see a record of prescriptions and supply for a particular person in real-time, thereby helping to determine if prescribing or supplying the medicine is appropriate. CDRx is a powerful decision-support tool for health professionals. CDRx data could be accessible to State and Territory chief pharmacists to facilitate monitoring and planning in the use of these medicines.</p> <p>A real-time electronic controlled drugs register could also be incorporated into the system, which would allow for the electronic recording of movements and balances of stocks held in narcotic registers, as instances of supply occurred (i.e. in real-time), and include both supply from wholesaler to pharmacy, pharmacy to patient/health outlet and would also be accessible to State and Territory chief pharmacists.</p>
c) Alignment with Government Policy	<p>CDRx, and real-time monitoring in general, correlates strongly with the goals of Australia’s National Drug Strategy, which is concerned with ‘preventing the uptake of harmful drug use and reducing the harmful effects of licit and illicit drugs in our society’.<sup>2</sup> The strategy points out that significant harm from drug use continues to occur in Australia and new trends are emerging, including the misuse of licit substances (such as pharmaceuticals, and performance and image enhancing substances).</p> <p>As outlined above under ‘Background’, The National Pain Strategy includes real-time monitoring as one of its high priority actions, to ensure Quality Use of Medicines and improve</p>

<sup>1</sup> See National Pain Strategy <http://www.painsummit.org.au/strategy>

<sup>2</sup> See Australia’s National Drug Strategy 2010-2015 – Consultation at <http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/consult>

	<p>systems to detect and manage unsanctioned use. The Strategy is designed to align with Commonwealth Government initiatives for health reform, particularly in relation to preventative health and the management of chronic disease.<sup>3</sup></p>
d) Expected Outcomes for Government and Community Pharmacy	<p>The outcomes of a CDRx system will be significant, both financially and in terms of public health. The data-collection element of such monitoring systems will provide governments and health bodies with the evidence to inform future decision-making in the area of medicines regulation. Where appropriate, information and data can also be made available to law enforcement agencies.</p> <p>The decision support tool would mean fewer cases of prescription and supply, as health professionals would be able to identify cases where prescription/supply was inappropriate. With many Controlled drugs being subsidised by government through the PBS, this would result in financial savings.</p> <p>The same principle applies to the number of appointments to see prescribers. As awareness of real-time monitoring of controlled drugs spread, appointments for the purposes of ‘doctor-shopping’ would be reduced, meaning lower costs to the Commonwealth through the subsidising of these appointments via the Medicare Benefits Schedule (MBS).</p> <p>Real-time monitoring will improve the quality use of these medicines as it will allow health professionals to check if an individual has recently been supplied with a particular medicine by another pharmacist or doctor. That is, it links health professionals electronically, providing an extra tool in consultations and helping them to determine whether a sale or prescription is appropriate.</p>
e) Consumer Benefits	<p>Real-time monitoring systems ensure continued access to legitimate patients who need these medicines, while effectively addressing misuse. It should also facilitate more efficient use and monitoring of controlled drugs for legitimate patients should they travel interstate. There may also be a greater opportunity for effective medicines that have a high abuse/misuse risk to be registered and subsidised for use in Australia knowing that there would be risk management systems in place.</p> <p>Real-time monitoring would assist in addressing the societal cost of addiction, drug abuse and criminal re-sale of these medicines. In cases where health concerns are apparent, such as drug-seeking behaviour due to addiction, pharmacists and doctors can then further counsel patients and assist them to access treatment before it leads to genuine criminal behaviour.</p>
f) Who Performs the Service?	<p>Pharmacists</p> <p>All community pharmacies will utilise the CDRx system, along with the chief pharmacist for each of the States and Territories. Ideally, prescribers from all localities, including general practice, hospitals and specialist centres, would also be integrated with the system so that both prescribers and dispensers have the support of a reliable decision support tool.</p>
g) Collaboration with Other Health Care Professionals	<p><i>Will service delivery require any formal collaboration with other health care professionals?</i></p> <p>Yes</p> <p>Formal co-operation and collaboration between prescribers and dispensers of controlled drugs would be required.</p>
<b>2. Implementation and Enablers</b>	
a) Stakeholder Consultation	<p><i>Representative bodies from the following areas will need to be consulted in order to fully develop and implement a program:</i></p> <ul style="list-style-type: none"> <li>● Addiction care organisations</li> <li>● Consumer organisations</li> <li>● Funders</li> <li>● Government and regulatory bodies</li> </ul>

<sup>3</sup> See Pain: A National Healthcare Policy Initiative at <http://www.painsummit.org.au/>

	<ul style="list-style-type: none"> <li>• GP organisations and other prescriber bodies</li> <li>• Law enforcement agencies – Commonwealth and State</li> <li>• Pain management organisations</li> <li>• Pharmacy organisations</li> <li>• Pharmacy software vendors</li> <li>• Professional insurers</li> </ul>
b) IT Requirements	<p><i>Is pharmacy software required to deliver this program?</i> Yes CDRx will be integrated with existing pharmacy and prescribing software, with linkages that will allow it to function as a powerful decision-support tool. The IT infrastructure used for the Project STOP system<sup>4</sup> could be readily and cost-effectively developed to meet these requirements.</p>
c) Infrastructure and Staffing	<p><i>Is a private consultation area required to deliver this program?</i> No</p> <p><i>Is the program within the pharmacist's/pharmacy assistant's normal scope of practice?</i> Yes</p> <p><i>Will an additional pharmacist likely to be needed?</i> No</p>
d) Training	<p><i>What additional formal training is likely?</i> Apart from introductory instruction for pharmacists and pharmacy assistants in relation to system use and relevant protocols, there should be no special training needs.</p> <p>Pharmacy graduates should be trained in pain management and substance abuse support to a level where they can confidently provide support services upon registration. Registered pharmacists should participate in relevant professional development activities to ensure services remain aligned with current clinical guidelines. Such activities could be inter-disciplinary, enhancing collaboration between prescribers and pharmacists.</p>
e) Supporting Standards, Procedures and Templates/Checklists	<p><i>Will a QCPP standard be required?</i> Modification of the existing standard or development of a new sample procedure and template/checklist may be required.</p> <p><i>Will professional guidelines and/or standards be required?</i> Yes</p> <p><i>Are there any national guidelines which need to be taken into account in developing the program to ensure consistency with best practice?</i> A controlled drugs real-time monitoring service will need to align with Australia's National Medicines Policy<sup>5</sup> and Quality Use of Medicines principles. In addition, it will also need to align with Australia's National Drug Strategy.</p>
f) Legislation/Regulation Implications	<p>The system will need to comply with relevant State and Territory legislation regarding supply, recording and reporting of controlled drugs.</p>
<b>3. Funding</b>	
Funding Options	<p><i>Possible funding options include:</i> Community Pharmacy Agreement Alternative Commonwealth Program – e.g. Attorney General's Department State/Territory Government</p>

<sup>4</sup> <http://www.projectstop.com.au/>

<sup>5</sup> <http://www.health.gov.au/internet/main/publishing.nsf/Content/National+Medicines+Policy-1>

	<p>User-pays Private health insurers</p> <p><i>Has any funding for this program been secured?</i> Yes – funding has been allocated under the Fifth Community Pharmacy Agreement to support the development of a system to collect and report data relating to controlled drugs, to address the problems of forgery, abuse and doctor shopping.</p>
<b>4. Timelines</b>	
Timelines	<p><input type="checkbox"/> Established community pharmacy practice</p> <p><input checked="" type="checkbox"/> Immediate to short-term implementation (&lt; 30 June 2015)</p> <p><input type="checkbox"/> Medium-term implementation(1 July 2015 to 30 June 2020)</p> <p><input type="checkbox"/> Longer-term implementation (&gt; 1 July 2020 )</p>