

29 July 2013

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## Re: Review of funding arrangement for chemotherapy services

The Society of Hospital Pharmacists of Australia (SHPA) is the national professional organisation for over 3,000 pharmacists, pharmacists in training, pharmacy technicians and associates working across Australia's health system. SHPA is the only professional pharmacy organisation with a strong base of members practising in public and private hospitals and other health service facilities.

SHPA is committed to facilitating the safe and effective use of medicines, which is the core business of pharmacists, especially in hospitals. SHPA supports pharmacists to meet medication and related service needs, so that both optimal health outcomes and economic objectives are achieved for Australians, as individuals, for the community as a whole and for healthcare facilities within our systems of healthcare.

SHPA has previously corresponded with the Department of Health and Ageing (DoHA) and made a submission to the Senate Committee regarding the funding of chemotherapy medicines.

We acknowledge that as part of this current review SHPA has had the opportunity to provide background information directly to DoHA and we believe that the essence of our position has been articulated during these discussions.

Rather than provide a detailed submission in response to the Department's request for stakeholder input SHPA would like to highlight the key points from our submissions to the Senate Committee and summarise the information provided to DoHA in response to this review.

### Key points from SHPA's submission to the Senate Committee

Contemporary cancer treatment demands complex protocols of multiple chemotherapy medicines administered both sequentially and in parallel, together with standard support therapies. All of these medicines must be used and considered along with the patients 'usual' medicines for their pre-existing medical conditions.

SHPA notes that revenue generated by hospital pharmacy services must cover the cost of providing chemotherapy medicines with an appropriate clinical pharmacy service and infrastructure as well as the cost of doing business with Medicare Australia.

Current business rules do not reflect contemporary cancer services and discriminate between patients based on the ownership of the pharmacy and the hospital where they are treated. SHPA therefore believes the funding for chemotherapy services and administrative processes should be designed to incorporate the following concepts.

#### 1. A revised and transparent model that clearly identifies the four component costs and is available to Section 90 and Section 94 pharmacies in private hospitals:

- 1.1 the **cost of the chemotherapy medicine** (payable for each medicine prepared) and the cost of all support medicines available through the PBS
- 1.2 the **cost of consumables/devices** (if any) used in the preparation of each medicine and, if required by the chemotherapy protocol, the cost of the delivery device (payable for each medicine prepared)

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1.3 a **preparation and reconstitution fee** (payable for each medicine prepared)

1.4 a **pharmacy professional services fee(s)** covering the

- pre-treatment interview with the patient and pre-treatment clinical pharmacy review undertaken with other healthcare professionals involved in the patient's care (payable per course of chemotherapy)
- clinical pharmacist review of each cycle of chemotherapy undertaken with other healthcare professionals involved in the patient's care (payable for each cycle of chemotherapy in the prescribed course of treatment).

## 2. A revision of the business rules for the claiming of PBS medicines via Medicare Australia.

The administrative burden for pharmacists has been entrenched in business rules for reimbursement since the inception of the PBS. An 'every day' issue across most public and all private hospitals (whether the patient is an inpatient, day patient or being discharged from the hospital) is that revenue generated must cover the cost of doing business with Medicare Australia. There are two business rules regarding the claiming of PBS medicines that substantially contribute to the administrative burden for pharmacists that provide chemotherapy services in private hospitals.

2.1 Timely access to many chemotherapy medicines is compromised in private hospitals due to onerous authority requirements. These issues had previously been addressed in the public sector through the **Chemotherapy Pharmaceuticals Access program (CPAP), and were carried through into the Efficient Funding of Chemotherapy for public hospitals program. This program should be offered to all private hospital pharmacy providers.**

2.2 The re-imbursement rules require or presume a 'no script no drug' approach. Doctors must complete and sign two orders for every medicine for a patient to receive that medicine through the PBS from a hospital and for the pharmacy to receive cost reimbursement through Medicare Australia. **All features of the Paperless Claiming Trial (initiated in July 1998 but currently available in only seven private hospitals) should be made available to all pharmacies licensed to supply PBS medicines in private hospitals irrespective of the medicine, type of hospital or care facility or the type of pharmacy service accessed by the patient.**

### Summary of information provided to DoHA in response to this review

The attached files were provided as background / further information following 16 July meeting between DoHA representatives and SHPA.

1. Updated (but not final) WCMICS literature review *Development and promulgation of safe handling and distribution guidelines for "new" anticancer molecules by hospital personnel including pharmacy, nursing and medical personnel*. This information is not for general / public release.
2. Powerpoint presentation which includes a variety of presentations given March 2013 including: *Public versus private practice in Australia* pages 20-23
3. Data from Peter Mac regarding the number of pharmacists and hospital pharmacy technicians who have completed the Peter Mac course regarding the compounding of chemotherapy medicines.

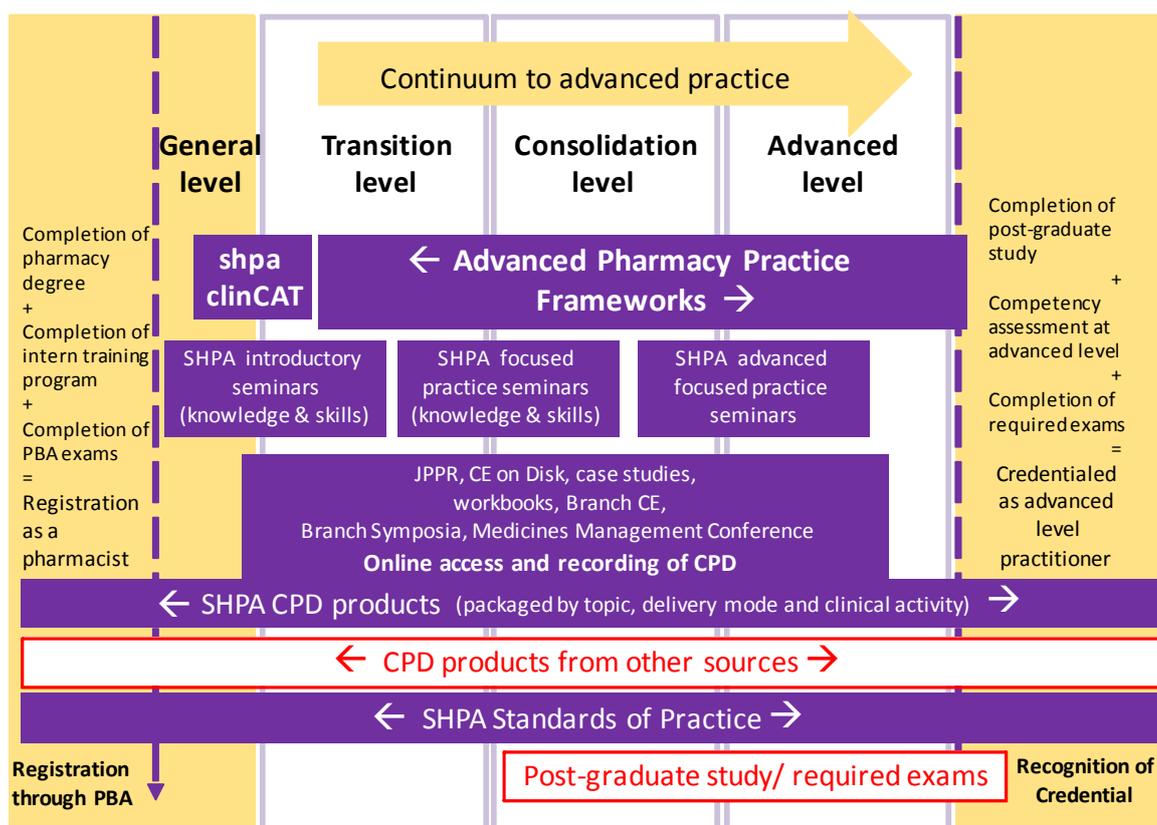
In addition SHPA regularly offers 2 day seminars to support the professional development of pharmacists with a clinical role / seeking to have a clinical role in cancer services.

- 378 pharmacists have attended the one of the annual introductory seminars between 2009-2013

- 217 pharmacists have attended the 3 advanced practice 2 day seminars that have been held between 2009-2012 (another is scheduled for October this year)
  - The COSA Cancer Pharmacists group also offers seminars relating to oncology practice – a similar number of pharmacists attend their seminars annually (accurate attendance figures would be available from their representatives)
4. Recently released *SHPA Standards of Practice for Clinical Pharmacy 2013*. The chapters most relevant to this discussion are:
- *Chapter 1: Medication reconciliation and Chapter 4: Medication management plan* – central to pre-treatment interview and treatment planning
  - *Chapter 2: Assessment of current medication management and Chapter 3: Clinical review, therapeutic drug monitoring and adverse drug reaction management* – both of these relate to the review of every dose of every chemotherapy medicine, medicines to manage symptoms and pre-medications
  - *Chapter 5: Providing medicines information* – providing information to patients about their medicines and other health professionals regarding use of medicines in individual patients
  - *Chapter 6: Facilitating continuity of medication management on transition between care settings* – central to discharge planning and ensuring patients have access to the medicines they require between admissions for chemotherapy
  - *Chapter 9: Staffing levels and structure for the provision of clinical pharmacy services* – which includes guidelines on reasonable workload: 22 same day patients per day and 15 overnight beds per day
  - *Chapter 15: Clinical competency assessment tool (shpaclinCAT version 2)*
5. A copy of the *SHPA Standards of Practice for Clinical Oncology services 2002*. (This document is provided for completeness. It will be updated in-line with the new *SHPA Standards of Practice for Clinical Pharmacy 2013*.)
6. The Cancer Care supplement to shpaclinCAT for pharmacists providing care to cancer patients that has been produced by Princess Alexandra Hospital. Please note that this particular document is not yet for general / publication release. As shown in the diagram below the shpaclinCAT is positioned at the general level / transition level of the advanced practice continuum. The Cancer Care supplement has closer alignment to the transition level.

For completeness SHPA can provide the *Advanced Pharmacy Practice Framework for Australia* (national document released October 2012) and earlier work based on a UK document that describes the transition, consolidation and advanced pharmacy practice levels in cancer services (which is referred to in the cancer care supplement to shpaclinCAT).

Together these documents highlight that as discussed the vast majority of pharmacists who provide services in specialised cancer units / organisations are not practising at a 'general' level. They have additional competencies, skills and knowledge which are required to ensure the safe and appropriate use of these high risk medicines and to support patients through the phases of cancer care (i.e. the use of medicines with different intents: curative, maintenance and palliative).



Although not discussed SHPA would like to highlight that as these pharmacists are not practising at a general level their remuneration is higher than pharmacists employed at a general level. At a minimum, pharmacists employed to provide clinical cancer care services would be remunerated at a 'grade 2' hospital pharmacist level and depending on the award in different jurisdictions, experience of the pharmacist and the level of cancer services provided at an individual hospitals many pharmacists are remunerated above this level. (For example the under the Victorian hospital pharmacy award pharmacists employed to provide cancer care services may be paid as grade 2,3 or 4 pharmacists)

7. Extract from the **draft** SHPA standard definitions document – not for general / public release. (A copy of the 1995 SHPA standards definition document can be supplied if required.) This extract covers the section relating to the preparation / compounding of medicines, that is:
  - management of preparation of pharmaceutical products
  - extemporaneous compounding including preparing chemotherapy medicines

If you would like to discuss the documents provided or require further information please contact either myself ([hvdowling@shpa.org.au](mailto:hvdowling@shpa.org.au)) or Karen O'Leary ([koleary@shpa.org.au](mailto:koleary@shpa.org.au) or 03 9486 0177).

Yours sincerely,

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 (BPharm, DipHospPharmAdmin, GDipQIHCare, FSHP, AICD)