

To whom it may concern,

My Name is Robert DiSipio and I am an Accredited Consultant Pharmacist.
I have been performing medications reviews in the community for the last sixteen years.

Both the HMR and RMMR programs have allowed closer collaborative relationships between GPs and Pharmacists and patients have benefited tremendously in terms of reducing medication misadventure and hospital admissions.

Other QUM (Quality Use of Medicine) benefits like education around non-pharmacological interventions in chronic disease management have also been an upside when delivering the HMR and RMMR services.

I can provide hundreds and hundreds of examples where a HMR/RMMR resulted in averting possible serious consequences to a patient's health status and/ or reducing the need for hospital admission. For example:

- issues around generic medications and patient's doubling up on the same medication;
- drug interactions and adverse effects when using alternative therapies and prescribed medications;
- Patients taking medications prescribed by more than one GP or Specialist and the usual GP not being aware of this;
- Informing GPs of non-adherence and non-compliance with prescribed medications;
- Informing GPs of Current guidelines and Best Practise around certain chronic diseases to optimise patient care.
-and the list of examples could go on and on.

In the early years of the program uptake of these programs was quite slow and GPs were very reluctant to be involved. However over the years the programs have evolved and developed and the uptake of these programs has now exceeded expectations.

In an attempt to try and limit expenditure the Pharmacy Guild has introduced a limit or cap of 20 on the number of Home Medicine Reviews an individual Accredited Pharmacist can perform in a month (effective 1/3/2014). The sudden introduction and manner in which this was handled was unconscionable. The financial and professional stress this created and still continues to create is obviously of little to no concern to official Government Policy makers. Prior to this imposed monthly, there was no cap or limit imposed on an Accredited Pharmacist.

This monthly cap only applies to the Accredited Pharmacist and not to the GP.

The initiation of these HMR medication review referrals is by the GP -yet the Accredited Pharmacist is limited to perform only 20 HMRs in a month- irrespective of how many HMR referrals are being received. This is both a ludicrous and ridiculous situation. Accredited Pharmacists like me are forced to try and either source other Accredited Pharmacists to do the work or simply advise the GP that the HMR cannot be performed. This is placing patients at potential health risks due to unnecessary delays in performing a medication review.

It doesn't make sense, from any perspective, that GPs can continue initiating the HMRs and be paid through Medicare ...yet an Accredited Pharmacist can only perform 20 per month, irrespective of how many more referrals the GPs are forwarding to the Accredited Pharmacist.

The situation needs to be addressed as a matter of urgency.

Yours Sincerely,

Review of Pharmacy Remuneration and Regulation
Submission #47; 9-Sep-2016; Robert DiSipio

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