



**Australian Government**

**Department of Health**

# **Consultation Survey on MSAC Application 1698**

## **Chronic Pain MedsCheck Trial**

Please use this template to prepare your feedback on the Chronic Pain MedsCheck Trial. You are welcome to provide feedback from either a personal or group perspective for consideration when the application is being reviewed.

The data collected will be used to inform the Medical Services Advisory Committee (MSAC) process to ensure that when proposed healthcare interventions are assessed for public funding in Australia, they are patient focused and seek to achieve best value.

You may also wish to supplement your responses with further documentation or diagrams or other information to assist the Department in considering your feedback.

Thank you for taking the time to provide valuable feedback.

### **Privacy**

**Responses may be provided to the MSAC, its subcommittees, a health technology assessment group and the applicant. Should you require de-identification please contact the HTA team (details below).**

While stakeholder feedback is used to inform the application process, you should be aware that your feedback may be used more broadly by the applicant. Responsibility for copyright in submissions resides with the author(s), not with the Department of Health.

Your submission and contact details will be stored in accordance with the Privacy Act 1988 and the Archives Act 1983. Should you have any concerns about the storage of your submission, or if you wish to gain access to make a correction, please contact [commentsMSAC@health.gov.au](mailto:commentsMSAC@health.gov.au) and cc: [pharmacy.trial.program@health.gov.au](mailto:pharmacy.trial.program@health.gov.au).

A copy of the Department's privacy policy is available on request. If you wish to make a complaint about the handling of your private information, you may contact the Department of Health Privacy Contact Officer and, if unsatisfied with the response, you may submit a complaint to the Office of the Australian Information Commissioner.

**Please reply to the HTA Team:**

**Email:** [CommentsMSAC@health.gov.au](mailto:CommentsMSAC@health.gov.au) and cc: [pharmacy.trial.program@health.gov.au](mailto:pharmacy.trial.program@health.gov.au)

**Postal:** MDP Level 9 South, GPO 9848 ACT 2601

# PART 1 – PERSONAL AND ORGANISATIONAL INFORMATION

**1. Respondent details**

Name:  
Email:  
Phone No:

**2. (a) Is the feedback being provided on an individual basis or by a collective group or organisation? (please select)**

- Individual
- Collective Group or organisation

**(b) If a collective group or organisation, please specify the name of the group/organisation.**

**3. How would you best identify yourself/your organisation?**

- General Practitioner
- Specialist
- Pharmacist
- Researcher
- Consumer/patient
- Care giver
- Other

**(a) If 'Other', please specify.**

# PART 2 – CLINICAL NEED AND PUBLIC HEALTH SIGNIFICANCE

4. The [Chronic Pain MedsCheck Trial](#) proposes an intervention comprised of an in-pharmacy, patient-centred service that focuses on reviewing participants’ medications and providing education and information to improve participants’ self-management of chronic pain. The pharmacist would conduct an intervention for patients with chronic pain, reviewing their medication and developing an action plan. The service also works towards preventing incorrect use and overuse of pain medication; increasing health literacy in relation to pain medication; and improving overall quality of life.

There are currently several other subsidised medication review and quality use of medicines support services available, including [Home Medicines Reviews](#), [MedsChecks](#) and [Residential Medication Management Review and Quality Use of Medicines](#).

Other support, specifically for Aboriginal and Torres Strait Islander peoples, is available through the [Indigenous Health Services Pharmacy Support](#) (IHSPS) Program (which replaced the [Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander People \(QUMAX\)](#) and [Section 100 Pharmacy Support Allowance](#).) Additionally, the [Workforce Incentive Program \(WIP\)](#) Practice Stream

provides financial incentives to engage a range of health professionals, including pharmacists in a non-dispensing role.

The proposed population for the intervention is adult individuals attending a community pharmacy who had suffered chronic pain for at least three months and who had not received a MedsCheck, Diabetes MedsCheck or Chronic Pain MedsCheck within the previous 12 months. Eligible patients were taking medication (prescription or over the counter) for their pain, but were not active clients of a recognised Pain Management Service.

**(a) Describe your/your organisation's experience with the medical condition (chronic pain), the proposed intervention and the service described in the Consultation Summary.**

**5. What do you see as the benefit(s) of the proposed service, in particular, for the person involved and/or their family and carers?**

**6. What do you see as the disadvantage(s) of the proposed service, in particular, for the person involved and/or their family and carers?**

**7. What other services do you believe need to be delivered before or after this intervention, eg. General Practitioner, Pathology etc?**

8. What other training or education do you believe would be useful for health practitioners delivering this intervention?

### **PART 3 – INDICATION(S) FOR THE PROPOSED SERVICE AND CLINICAL CLAIM**

9. Do you agree or disagree with the proposed population(s) for the proposed service as specified in the Consultation Summary?

The proposed population for the intervention includes adult individuals attending a community pharmacy who had suffered chronic pain for at least three months and who had not received a MedsCheck, Diabetes MedsCheck or Chronic Pain MedsCheck within the previous 12 months. Eligible patients were taking medication (prescription or over the counter) for their pain, but were not active clients of a recognised Pain Management Service.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Specify why or why not:

10. Do you agree or disagree with the comparator(s) to the proposed service as specified in the Consultation Summary? (ie. Comparator = baseline data collected at the initial consultation. Participants who received the intervention from Group A pharmacies also served as comparators for participants who received the intervention from Group B pharmacies, and vice versa.)

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Please explain:

11. Do you agree or disagree with the clinical claim made for the proposed service as specified in the Consultation Summary? (ie. that the Chronic Pain MedsCheck service can fill a gap in pain management services for patients suffering from chronic pain.)

- Strongly Agree
- Agree
- Disagree

Strongly Disagree

**Specify why or why not:**

## **PART 4 – COST INFORMATION FOR THE PROPOSED SERVICE**

12. Do you agree with the proposed service fee described at page 16 in the CPMC Consultation Summary?

Strongly Agree

Agree

Disagree

Strongly Disagree

**Specify why or why not:**

## **PART 5 – ADDITIONAL COMMENTS**

13. Do you have any additional comments on the proposed intervention and/or medical condition (disease) relating to the proposed service?

14. Do you have any comments on this feedback survey? Please provide comments or suggestions on how this process could be improved.

**Again, thank you for taking the time to provide valuable feedback.**