



Australian Government

Department of Health

Consultation Survey on MSAC Application 1678

Integrating practice pharmacists into Aboriginal Community Controlled Health Services (The IPAC Project)

Please use this template to prepare your feedback on the IPAC Project. 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 and cc: 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 and cc: 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 collective group or organisation, please specify the name of the group/organisation.

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

- Aboriginal Community Controlled Health Service or employee thereof
 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 [IPAC Project](#) proposes integration of a registered, non-dispensing and culturally trained pharmacist as part of the primary health team of Aboriginal Community Controlled Health Services (ACCHOs). The pharmacist would facilitate access to medication-related expertise and assessments, towards improved services and quality use of medicines.

There are currently several subsidised medication review and quality use of medicines support services available, including [Home Medicines Reviews](#), [MedsChecks](#), [Diabetes MedsChecks](#), [Residential Medication Management Review and Quality Use of Medicines](#), and support through the [Indigenous Health Services Pharmacy Support \(IHSPS\)](#) Program and the previous programs: [Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander People \(QUMAX\)](#), [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 Aboriginal and Torres Strait Islander patients attending ACCHOs (considered regular clients), who have a clinical need for pharmacist support

(irrespective of age) either because of chronic disease and/or being at high risk of developing medication-related problems.

Describe your/your organisation's experience with using these services for, or as an Aboriginal and Torres Strait Islander person.

5. Do the current services meet the needs of Aboriginal and Torres Strait Islander people?

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

(a) Specify why or why not. If not, in what ways are current services not meeting the needs of Aboriginal and Torres Strait Islander people (including barriers to access):

6. What benefits do you see the proposed intervention can make to participants involved, and/or their family and carers?

7. What do you see as the disadvantage(s) of the proposed intervention, in particular for the people involved and/or their family and carers?

8. What other considerations do you think are important for this intervention in rural and remote areas?

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

9. To what extent do you agree with the proposed population(s) for the proposed intervention as specified in the [IPAC Summary Document](#)?

The proposed population for the intervention is Aboriginal and Torres Strait Islander patients attending ACCHOs (considered regular clients), who have a clinical need for pharmacist support (irrespective of age) either because of chronic disease and/or being at high risk of developing medication-related problems

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

(a) Specify why or why not:

10. To what extent do you agree with the comparator(s) to the proposed intervention as specified in the [IPAC Summary Document](#) (ie. Comparator = usual care in ACCHS without the presence of an integrated pharmacist)?

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

(a) Specify why or why not:

11. To what extent do you agree with the clinical claim made for the intervention as specified in the [IPAC Summary Document](#) (ie. that integrated pharmacists embedded into usual care can improve the control of a number of conditions in patients with Type 2 diabetes mellitus, and reduce CVD risk in Aboriginal and Torres Strait Islander adults with chronic disease)?

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

(a) Specify why or why not:

PART 4 – CULTURALLY APPROPRIATE SERVICES

12. How can medication management services be improved to better meet the health needs of Aboriginal and Torres Strait Islander people?

13. What would improve the culturally appropriate delivery of the proposed intervention by pharmacists?

14. Do you have any comments on the proposed intervention from a consumer group perspective? What would help your consumers to get the most out of the proposed intervention?

PART 5 – COST INFORMATION FOR THE PROPOSED SERVICE

15. Do you have any comments on the level of pharmacist resourcing (for example pharmacist hours per week) for each ACCHO? Should the level of pharmacist resourcing be based on the number of clients attending the health service (for example number of pharmacist hours per week per 1,000 clients)?

PART 6 – ADDITIONAL COMMENTS

16. Do you have any additional comments about medication reviews or pharmacy services for Aboriginal and Torres Strait Islander people?

17. 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.