



Australian Government

Department of Health

Consultation Survey on MSAC Application 1679

Integrating Improved Medication Management for Aboriginal and Torres Strait Islanders Feasibility Study (IMeRSe Feasibility Study)

Please use this template to prepare your feedback on the IMeRSe Feasibility Study. 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? (please select below)

- 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 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 IMeRSe trial proposes a structured six-step medical management intervention with up to three potential sessions with the community pharmacist. The follow-up sessions if required are conducted by a community pharmacist, with a consumer participant (with family and/or support people) and an Aboriginal Health Worker or clinician as relevant. The trial proposed a number of possible referral pathways, including self-referral, as well as reimbursement for attendance by an Aboriginal Health Worker.

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

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

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):

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

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

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

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

8. To what extent do you agree with the proposed population(s) for the proposed intervention as specified in the [Supplemental Report Executive Summary](#)?

In summary the proposed population is:

- Self-identified Aboriginal and Torres Strait Islander Australians
- Aged 18 years and above,
- Living in the community with at least one chronic condition,
- At risk of medication-related problems (as identified by any treating health professional, family member or self-identified)

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

(a) Specify why or why not:

9. To what extent do you agree with the comparator for the proposed intervention as specified in the Executive Summary (ie. Comparator = usual care which includes adhoc medication management advice by a range of health practitioners. *Usual care does not include formal medication management review services such as Domiciliary Medicare Management Reviews (DMMR), Residential Medication Management Reviews (RMMR) Diabetes MedsChecks or MedChecks*)

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

(a) Specify why or why not:

10. To what extent do you agree with the clinical claim made for the intervention as specified in the Executive Summary (ie. that the proposed service used in Aboriginal and Torres Strait Islander health settings to promote integrated multidisciplinary management of medication safety in primary care may lead to improved medication adherence and fewer medical related problems)?

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

(a) Specify why or why not:

PART 4 – CULTURALLY APPROPRIATE SERVICES

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

12. How should Aboriginal Health Services be involved in providing the proposed intervention?

13. What would improve the culturally appropriate delivery of the proposed intervention by community pharmacists (including in conjunction with local AHS staff)?

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 agree with the proposed item descriptors presented in the [Supplemental Report Executive Summary](#)?

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

- (a) Specify why or why not:

16. What are your views on the proposed fees for pharmacists delivering the proposed service.

17. What are your views on the appropriate fee for Aboriginal Health Workers to attend a medication review?

18. What are your views on the proposed 'no referral fee' for GPs (GP fees are applicable for Home Medication Reviews under [MBS item 900](#))?

PART 6 – ADDITIONAL COMMENTS

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

20. 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.