

The expanding role of pharmacists in primary healthcare

Position Statement

Preamble

The RACGP is the key representative body for Australian General Practitioners (GPs). It is the national leader in setting and maintaining the standards for quality clinical practice, education and research in general practice. To achieve best outcomes in health, the RACGP supports a collaborative model between GPs, patients and other healthcare providers.

General practice contributes to an effective health system by providing person-centred, continuing and comprehensive care to individuals and the community. Due to their extensive medical training and a focus on whole-person care, GPs are best positioned to be the leaders of multidisciplinary teams responsible for patient care coordination.

The RACGP believes that quality general practice is the foundation of an integrated and efficient primary healthcare system.

The purpose of this document is to communicate to members and external stakeholders RACGP's views on the expanding role of pharmacists in the primary healthcare sector.

RACGP position

The RACGP welcomes and encourages the participation of other healthcare providers' contribution to patient care coordination. However, general practice must be at the centre of any multidisciplinary healthcare model as it is the most appropriate hub for the provision of coordinated quality medical care.

There is an inherent conflict of interest in pharmacists delivering general practice services. One of the great strengths of medication prescribing in Australia is the high degree of separation between the prescriber and the medication dispenser. This enables more objective prescribing, free of pecuniary interests and leads to better allocation of resources.

The RACGP has significant concerns regarding the expanding role of pharmacists. The RACGP believes that:

- access to primary healthcare, including preventative health interventions, should be provided within the general practice setting to avoid fragmentation of care
- fragmentation of care invariably causes wasted resources
- pharmacists do not have the appropriate diagnostic skills to identify all potential health issues that arise from a consultation
- a model of pharmacy-based preventative care programs (including pharmacist-administered vaccination) will lead to fragmentation of care and an increased risk of adverse events
- task/role delegation in primary care is already undertaken where appropriate, notably by practice nurses working in the general practice setting.

Background

The Australian Government, together with States and Territories, signed the National Health Reform Agreement (NHRA) in August 2011. The document recognises the need to provide patients with a primary healthcare system that is better integrated and more responsive to the needs of the population. This includes identifying new and expanded roles within the clinical workforce to fill gaps in current service delivery, including a greater role in the provision of preventative services.ⁱ

In response, the peak organisations representing the pharmacy profession in Australia provided recommendation on how to expand the role of community pharmacists.

Both the Pharmaceutical Society of Australia (PSA) and the Pharmacy Guild of Australia (PGA) regard the community pharmacy sector as an ideal environment to host preventative health initiatives, including the delivery of immunisation services and conducting screening activities for National Priority Areas.^{ii, iii}

Evidence shows that general practice is the most efficient component of primary care.^{iv} It provides core preventive, curative and health promotion activities to the population under a whole-person approach to care. Such is its importance that the National Primary Health Care Strategic Framework recognises the need to place general practice in the centre of patient care management.

Community pharmacies make an important contribution to patient care, which includes the management of medication therapy in collaboration with GPs and the provision of triage services for a range of community health concerns. However, while the RACGP recognises the benefits of community pharmacies, it recommends that care is coordinated at the general practice level.

Issues

Fragmentation of care

Conducting primary healthcare activities outside general practice contributes to the erosion of an integrated and coordinated health system.

Continuity of relationships is an important element in the delivery of efficient and effective primary healthcare strategies. It builds trust and increases the practitioner's knowledge of the patient, resulting in improved user satisfaction and health outcomes.^v GPs are best positioned to provide continuity and comprehensive patient care due to their high-developed expertise in whole-person care. Their specialist training enables understanding of the implications of disparate pieces of information received and integrating these to individual care from physical, psychological, and social perspectives.

A visit to the general practice, even if ostensibly for a flu vaccination, provides an opportunity for advice and enquiry regarding health promotion activities and other aspects of the patient's health. This includes delivering a wide range of preventive activities during a standard consultation. When individuals present to their usual general practice for routine services, they also benefit from the advantages of a coordinated and integrated system that ensures appropriate follow-up over substantial periods.^{vi}

When care is not coordinated by a GP, there is a risk that patient records and service data, such as administration of vaccination or uptake of a health check, may not be reported to the patient's usual practice. This results in fragmentation of information and increases the chance of health risks to go undiagnosed, potentially causing future adverse events.

Risk to a collaborative model of care

Quality of patient care is at risk when models of care delivery have no link to a GP. When coordination of care is undertaken within the same practice, patients benefit from streamlined communication and shared responsibility among members of the practice team.^{vii} Models that do not facilitate the provision of collaborative arrangements contribute to breaks in care continuity and inconsistent messages delivered to patients and families.

Health checks performed outside the general practice setting hinder the achievement of an integrated health system. Considering that a growing number of Australians have chronic conditions and demand a number of providers to manage their care, one-off checks will not meet their care needs. GP health checks, on the other hand, are done in the context of holistic care. GPs are trained to not only detect health risk but initiate preventative measures, arrange investigations, act as coordinators of care and refer patients to other health providers when required.

Role and task substitution are unlikely to address workforce shortages and improve health outcomes. Instead, there is a risk of imposing further demands on professionals who are already in high demand in their usual roles. Training to provide enhanced roles may have unintended resource implications, pulling much needed workforce supply from one setting to another.

Quality general practice, encompassing the medical home, raises the opportunity to increase primary health system efficiency with greater collaboration among health providers. This model recognises that although GPs may have the most expertise in professional oversight and integration of specialty care, other members may be needed to support patients and families in other aspects of care coordination.ⁱⁱ

Ultimately, such a collaborative model places GPs in a central role of minimising the negative impact of fragmented care, which includes adverse patient outcomes and poly-pharmacy from multiple prescribers.

Risk to quality of care

General practice has a long tradition of ensuring that primary care services focus on the long-term health of an individual instead of the provision of episodic care. Its focus on both the individual and community allows GPs and practice staff to identify health problems in broader sectors of society, modify practice procedures and monitor the overall impact of implemented changes. This reflective approach to practice, based on evidence-based medicine, is crucial to support quality and safety.

To safeguard patient safety, there must be a separation of commercial interests and dispensing roles. Otherwise, there is a risk that prescribing is not evidence-based and is influenced by financial factors.

Preventive care is another core component of quality general practice. Evidence shows that primary care helps to prevent illness and death. However, preventive health checks performed outside of general practice lack the evidence to support their effectiveness in avoiding disease and reducing mortality.^{vii}

Integration of pharmacists in general practice

Continuity of care is based on a long-term physician-patient partnership and facilitated by a GP-led, team-based approach to healthcare. As noted above, the RACGP supports integrated and coordinated care across all elements of the health system and the community. However, there is opportunity for community pharmacists to be better integrated through:

- incorporating clinical pharmacists into general practice settings to focus on high risk patients. This would include medication safety initiatives, such as the management of practice drug surveillance systems and systems to enhance medication safety
- medication management services, such as identifying and monitoring medication use and safety in partnership with GPs
- collaboration with patient's health care professionals to optimise medication therapy and achieve treatment goals
- support for GPs in health literacy promotion, empowering patients to work on medication self-management goals and share decision-making with their GPs.

The RACGP believes that quality general practice, encompassing the medical home, ensures compliance with best practice, prevents the occurrence of adverse events and maintains continuity of patient care.

Conclusion

RACGP's position on the expanding the role of community pharmacists is based on concerns that services and care provided outside general practice will adversely impact on the health outcomes of Australians. While there is argument that community pharmacists are well placed to play a greater role in the provision of preventative care services and improve access to care by reducing medical workforce shortages, it is the RACGP's view that this proposal will lead to fragmentation of patient care and the delivery of quality care will be compromised.

The RACGP does not support primary care initiatives in the community pharmacy that have no link to general practice. Pharmacists and GPs have long held strong professional relationships to ensure optimal health outcomes for patients. This can be further enhanced under the leadership of a GP, who appropriately integrates limited resources to deliver the most effective patient- and family-centred care.

References

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