RACGP
Royal Australian College *of* General Practitioners

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15 October 2021

Health Technology Assessment Team
Via email. commentsMSAC@health.gov.au
pharmacy.trial.program@health.gov.au

Dear Health Technology Assessment Team,

Re: MSAC 1677 – Pharmacy Diabetes Screening Trial

The Royal Australian College of General Practitioners (RACGP) thanks the Department of Health (DoH) for the opportunity to respond to the MSAC 1677 Pharmacy Diabetes Screening Trial evaluation.

Whilst the RACGP supports efforts to improve the identification and management of people with diabetes, we have some serious concerns with the evidence base underpinning the screening protocol in this trial and the potential for the model to fragment patient care and reduce the comprehensiveness of care. These specific concerns about the trial are outlined below:

General comments regarding the trial

- The proposed screening protocol within the trial[1] using the AUSDRISK differs significantly to the evidence-based recommendation of screening with AUSDRISK every three years as set out in the RACGP Management of type 2 diabetes: A handbook for general practice and Guidelines for preventive activities in general practice, 9th Edition.
- In an evaluative study by Siu, one reported barrier to successful diabetes screening implementation within the Pharmacy Diabetes Screening Trial (PDST) was the limited interaction between pharmacy and the patient's general practice. [2] The PDST encourages one-off, opportunistic screening for a single medical condition without the background biopsychosocial information of the patient and without the history of previous screening. It therefore fragments patient care.
- The trial protocol does not address the needs of people at higher risk of type 2 diabetes such as the Aboriginal and Torres Strait Islander populations, and also emerging populations such as younger persons with type 2 diabetes as the AUSDRISK has a lower age cut-off at 35 years.

Lack of reported data and concern about the study design

- 55% of the AUSDRISK only group were referred, presumably because they were deemed high risk and therefore this two-stage screening process is very inefficient.
- It was not possible to ascertain the false positive, false negative, screening positive, screening negative predictive values as much of the information was redacted.
- The trial did not identify how many people had been effectively screened for diabetes by their GP. The information provided indicated 55 patients already had diabetes diagnosed but were still engaged in the research. Only 136 undiagnosed diabetes patients out of 14,000 participants were identified in the trial. Pharmacists are unlikely to adequately identify which patients have previously been tested for diabetes as part of GP-requested pathology. Asking patients about their medical history will not necessarily provide comprehensive and robust answers.
- The trial had no control group.

- There was no reference to peer reviewed research, so it is not possible to determine the level of evidence provided by the cluster randomised trial.

Almost 90% of the Australian population visit their GP each year, with an average of 6 visits per year.[3] A more efficient model would be to conduct HbA1c screening in general practice directly rather than introducing the step of opportunistic screening in pharmacy.
GPs provide comprehensive patient care and have available relevant biopsychosocial information for assessing the risk of diabetes for each patient. For example, the patient's family history; previous blood tests; history of gestational diabetes; information about ethnicity; and Aboriginal and Torres Strait Islander status; diagnoses of Polycystic Ovary Syndrome (PCOS); knowledge of antipsychotic medication use.

Pharmacies can only provide this service if they have two trained pharmacists on duty, and a private room. Thus, it provides an inequitable model of care with access barriers depending on pharmacy staffing. This limits the availability of the service and will further fragment patient care.

Thank you again for the opportunity to provide feedback. If you have any queries please contact Mr Stephan Groombridge, National Manager, eHealth and Quality Care on (03) 8669-0544 or at stephan.groombridge@racgp.org.au

Yours sincerely

Dr Karen Price

President

[1] Krass I, Carter R, Mitchell B et al. Pharmacy Diabetes Screening Trial: protocol for a pragmatic cluster-randomised controlled trial to compare three screening methods for undiagnosed type 2 diabetes in Australian community pharmacy. BMJ Open 2017;7:e017725. Doi: 10.1136/bmjopen-2017-01775

[2] Siu A, Krass I, Mitchell B, McNamara K. Implementation of diabetes screening in community pharmacy – factors influencing successful implementation. Research in Social and Administrative Pharmacy 17 2021 1606-1613.

[3] AIHW (Australian Institute of Heath and Welfare) Primary health care snapshot 2020. Https://www.aihw.gov.au/reports/australias-health/primary-health-care