RACGP
Royal Australian College of General Practitioners

Healthy Profession.
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16 February 2024

Health Technology Assessment Team

Via email: commentsMSAC@health.gov.au

cc: pharmacy.trial.program@health.gov.au

Dear Health Technology Assessment Team,

Re: MSAC 1677.1 – Pharmacy Diabetes Screening Trial

The Royal Australian College of General Practitioners (RACGP) thanks the Department of Health and Aged Care for the opportunity to respond to MSAC application 1677.1 Pharmacy Diabetes Screening Trial (PDST).

The RACGP supports efforts to improve the identification and management of people with diabetes. However, as detailed in our previous feedback, the RACGP has serious concerns with the evidence-base underpinning the screening protocol in this pharmacy trial and the potential for the model to fragment patient care and reduce the comprehensiveness of care.

Under the proposed pharmacy service, community pharmacists would perform opportunistic screening using the AUSDRISK questionnaire and point of care HbA1c testing before referral to the GP for a diagnostic assessment. As GPs are usually the first point of contact in the health system, rather than introducing the step of opportunistic screening in pharmacy, a more feasible and efficient model would be to further promote the use of the AUSDRISK in general practice and to directly conduct HbA1c screening in general practice.

Opportunistic screening in pharmacy also creates another cost pillar and potential duplication of services. In addition, opportunities to emphasise lifestyle interventions, screen for cardiovascular risks and case-find for mental illness are lost if the person does not see their GP.

Results from the trial have been recently published[1,2], and we provide specific comments regarding the trial as outlined below.

Concerns about the trial design and outcomes

- The participants considered in the PDST were adults aged between 35-74 years, who did not have a history of diabetes or prediabetes and had not been screened for diabetes in the past 12 months. This implies that people could be screened every year, more often than recommended by evidence based guidelines. For example, this differs significantly to the evidence-based recommendation of screening with the 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. Any screening activities for diagnosing type 2 diabetes need to be consistent and aligned with current evidence.

- The PDST service encourages one-off, opportunistic screening for a single medical condition without the background biopsychosocial information of the individual and history of previous screening. The proposed pharmacy service model has the potential to fragment patient care. In contrast, GPs provide comprehensive patient care and have access to relevant biopsychosocial information for assessing the risk of diabetes for each patient.

The Royal Australian College of General Practitioners Ltd
100 Wellington Parade, East Melbourne VIC 3002
Tel **1800 4RACGP** | 1800 472 247 Fax (03) 8699 0400 Email racgp@racgp.org.au
racgp.org.au ACN 000 223 807 ABN 34 000 223 807

- There was no comparison to usual or standard care that would have been provided in primary care for diabetes risk assessment and/or case findings and screening.
- It is unclear how many participants who were engaged in the PDST may have already been known by the GP, had a recent diabetes test and were engaged in regular monitoring. This is important in determining whether costs and services are being duplicated.
- The pick-up rate for diabetes screening was quoted at 0.6-1.5%[1] of participants depending on the method of pharmacy screening. The AUSDRISK mean score was 12.6 seems elevated compared to what is expected in the general population. This suggests selection bias as the participants engaged in the screening were already at moderate risk compared to the general population.
- The survey response rates of the referred and non-referred participants from the trial were low at 16 and 17% respectively [2]. As a result, it is difficult to draw robust conclusions about the acceptability of the service.
- Some of the reported qualitative responses about the trial were obtained from the pharmacist 6-week follow-up telephone call. It is likely that respondents would provide positive feedback about their experience when approached by the pharmacist that introduced the service. independent qualitative research would provide more reliable feedback and will be less likely to be impacted by social desirability bias and acquiescence bias.

Thank you again for the opportunity to provide feedback. For any enquiries regarding this letter, please contact Stephan Groombridge, National Manager, Practice management, Standards and Quality Care on (03) 8699 0544 or stephan.groombridge@racgp.org.au.

Yours sincerely

Dr Nicole Higgins
President

[1] Krass I, Carter R, Mitchell B et al. Pharmacy diabetes screening trial (PDST): Outcomes of a national clustered RCT comparing three screening methods for undiagnosed type 2 diabetes (T2DM) in community pharmacy. Diabetes Research and Clinical Practice. https://doi.org/10.1016/j.diabres.2023.110566

[2] Krass I, Carter R, Mitchell B et al. Participant and GP perspectives and experiences of screening for undiagnosed type 2 diabetes in community pharmacy during the Pharmacy Diabetes Screening Trial. BMC Health Services Research 2023, 23(1337), https://doi.org/10.1186/s12913-023-10269-1