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Time for pharmacy funding rethink

PHARMACISTS should be paid for their service skills rather than the speed at which they can dispense medicines, researchers believe.

In an article published on *The Conversation*, Monash University Faculty of Pharmacy and Pharmaceutical Sciences researcher, John Jackson, and University of North Carolina Research Assistant Professor, Ben Urick, said the current pharmacy remuneration model encouraged pharmacies to maximise their revenue by focusing on dispensing volumes ahead of patient care.

"Rather than fast dispensing, it would be better for patients and the health-care system if the funding model paid pharmacists for improving the use of medicines, not just for supplying them," they said.

Jackson and Urick noted that dispensing was more complicated than some mainstream commentators may believe, with pharmacists required to review

prescriptions to ensure they are legal and appropriate, and to provide counselling about the medicines they dispense.

"For the vast majority of Pharmaceutical Benefits Scheme (PBS) prescriptions, a pharmacy receives the same basic dispensing fee, currently \$7.39," they said.

"If you have a medicine dispensed for the first time, if it has a complicated dose, or it carries particular risks such as side effects or interactions, a pharmacist is professionally obliged to provide counselling matched to the risk.

"The more detailed the counselling, the greater the time needed.

"However, at present, the dispensing fee to the pharmacy does not change depending on the level of counselling you need.

"Indeed, the current funding model is a disincentive for the pharmacist to spend time with you explaining your medicine.

"That's because the longer they



spend counselling, the fewer prescriptions they can dispense, and the fewer dispensing fees they receive.

"We propose dispensing fees should be linked to the effort pharmacists make to promote improved use of medicines.

"This is based on the principle that counselling means people are more likely to take their medications as prescribed, which improves their health.

"In other words, pharmacists would receive higher dispensing fees when more counselling is required or if counselling leads to patients taking their medications as prescribed."

Today's issue of PD

Pharmacy Daily today has three pages of news plus full pages from:

- Sigma Healthcare
- Healthed
- Healthed

Robber charged

QUEENSLAND Police have charged a 32-year-old in connection with an armed robbery at a Toowoomba East pharmacy on Wed.

The suspect is alleged to have entered the Margaret St store at 5.45pm, with a cover over his face, and threatened staff with a knife before leaving with a quantity of prescription medicines.

He has been charged with disguising his face with intent to commit an offence, armed robbery, entering premises intending to commit an indictable offence and assault.

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Corum lands Pharmacy Alliance

PHARMACY software provider, Corum Group Limited will act as an approved software and IT solutions provider to the Pharmacy Alliance network under a new partnership deal.

In a statement to the Australian Securities Exchange (ASX), Corum said that Pharmacy Alliance's confidence in its suite of software solutions and the ability of a multi-store management system to assist members to operate their pharmacy effectively, were key to the agreement.

"The deal will leverage Corum's latest dispensing solution Corum Clear Dispense (CCD), its well-regarded LOTS Point Of Sale (LOTS POS), and its unsurpassed backup, disaster recovery and monitoring solution SafeGuard Plus," the statement said.

"Underpinning this pharmacy solution set is Corum's capability



in the head office solution space with its widely adopted and successful RPM Head Office application and its plans to evolve this platform into SaaS (Software as a Service) environment – providing Pharmacy Alliance a powerful, reliable and scalable head office solution to meet the needs of their members."

Compare the pair: Guild

TRIALS need to be undertaken to establish the cost-effectiveness of embedding pharmacists in residential aged care facilities compared to community pharmacy outreach services, the Pharmacy Guild of Australia believes.

In its submission to the Aged Care Royal Commission, released on Fri, the Guild flagged concerns over proposals to embed non-dispensing pharmacists in care homes.

"The service roles should not be duplicated, and patient care must not be fragmented by employment of embedded pharmacists," the submission said.

"The best way to integrate community pharmacy with residential aged care facilities is by an outreach program using local community pharmacists via facility-based pharmacy aged care packages.

"The government-funded trials of embedding pharmacists in residential aged care facilities should assess the cost-effectiveness, economic benefit



and outcomes from a patient, and workforce perspective on various options including a comparison with a community pharmacy outreach model."

The Guild also called for the Residential Medication Management Review (RMMR) and Quality Use of Medicines (QUM) programs to be replaced by "a more holistic and flexible funding model through facility-based pharmacy care packages, which is based on clinical need," due to "the complexity, inefficiencies, fragmentation and costs" of the current review programs.

Ireland plans to free contraception

IRISH pharmacists are set to be dispensing free oral contraceptives within two years, under plans announced by the country's Health Minister, Simon Harris, last week.

Harris said a number of legislative reforms needed to be enacted to pave the way to make the oral contraceptive available free of charge.

However, he noted that negotiations had been ongoing with the Irish Pharmacy Union to establish the fees pharmacists



would be paid to deliver the service at no cost to patients.

"It is my policy to make contraception free in 2021, and that is what I would like to see happen," he said.

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Dispensary Corner

WHITECOAT hero and pharmacy manager, Raj Modi, from Whaley Bridge, Derbyshire, in the UK has been honoured by the NHS this month, for his efforts to maintain medicines supplies during floods in Aug (PD 07 Aug).

The pharmacist, who runs The Well Pharmacy, received a visit from NHS England's Deputy Chief Pharmaceutical Officer, Dr Bruce Warner, who thanked him for his "inspiring work".

During the Aug floods, the village of Whaley Bridge was evacuated, as authorities feared a local dam would collapse threatening to wash the village away, however, Modi was able to identify at-risk patients and arrange for the safe delivery of their medicines.

"Raj really cares about his patients and local community, putting his own safety to one side to care for those who needed it most at a very difficult time," Warner said.

The NHS leader said Modi embodied the best of the NHS.

However, the humble hero told British pharmacy website, *Chemist&Druggist* "any pharmacists in my position would have done what I did".

"[It] felt like an obvious thing to do for all of us [at the pharmacy] and we're pleased our actions could help so many," he said.

Modi's reward from the NHS was the honour of providing another life-saving service, administering Warner's annual flu vaccination.

Pharmacy staff face homicide investigation

GERMAN police are investigating two pharmacy employees in relation to a negligent homicide case in the city of Cologne.

A 28-year-old mother-to-be, and her unborn child, died after taking a glucose solution prepared in the Heilig-Geist-Apotheke, or Holy Spirit Pharmacy, which was supposed to be for a standard diabetes test (PD 30 Sep).

Senior Public Prosecutor, Ulrich Bremer, noted that the glucose was stored in a similar container to the toxic substance, lidocaine hydrochloride, which was found to have contaminated the compounded solution.

"The accused have given information about their activities and the organisational procedures in the pharmacy in very extensive interrogations," Bremer said.

"There is no evidence that leads in the direction of intent."

The State of North Rhine Westphalia and Regional Council closed the pharmacy, and two other stores managed by the same



operator, in response to the deaths.

However, the stores have been allowed to reopen, but have been prohibited from dispensing medicines compounded in the pharmacies, by the German Ministry of Health.

Bremer said the ban will remain in place until measures have been taken to prevent such contamination in the future.

A second woman was reportedly hospitalised after taking the product, but was released the following day.

Zantac recall

GSK has clarified that although it has initiated a pharmacy/retail level recall of all Zantac products globally (PD 11 Oct), GSK is no longer linked to the brand in Australia.

[CLICK HERE](#) for a sponsor list.



Weekly Comment

Welcome to Pharmacy Daily's weekly comment feature. This week's contributor is



Aaron Dentamaro, Financial Controller, Razor Group.

Payroll Compliance. Is outsourcing the answer?

THE story is all too familiar. Companies being caught out underpaying their staff, resulting in embarrassment and reputational damage. From Bunnings to George Calombaris, we hear the same thing happening again and again. So how do you stop it happening to you?

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Razor Group has skilled and qualified experts in their fields who have access to top of the line technology. We help improve operational efficiency and ensure your business consistently complies with evolving government regulations like Single Touch Payroll, which, as of September 30, all businesses should be complying with (are you?).

Outsourcing is not just a one size fits all solution either. At Razor Group we offer a tailored solution that aligns with your own strategic direction and works in tandem with your business.

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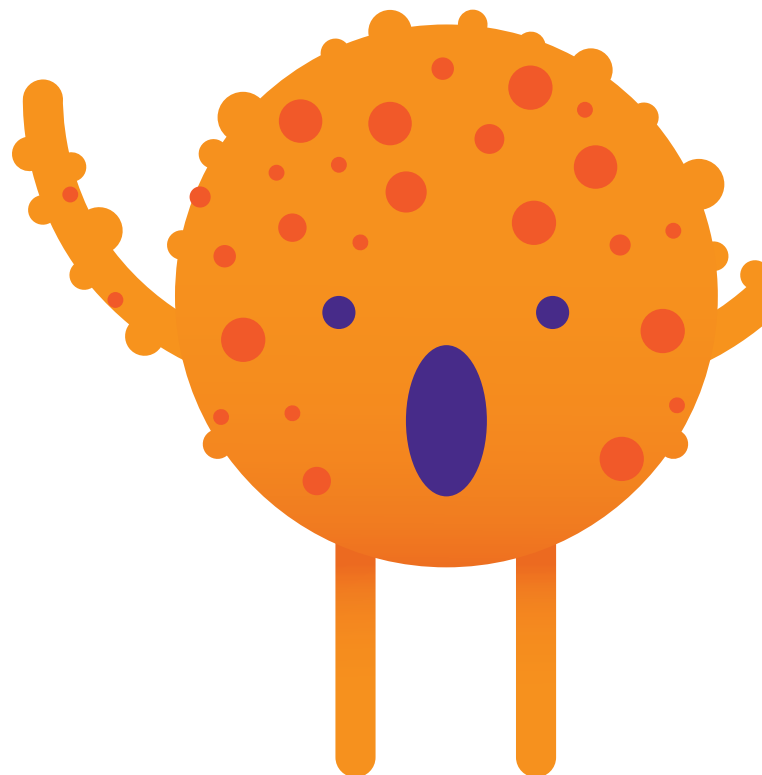
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Q Fever in GP – Recognition, Treatment and Prevention



Prof Andrew Lloyd

Infectious Diseases Physician, Prince of Wales Hospital, Sydney; Academic researcher, Kirby Institute, University of NSW; Practitioner Research Fellow, National Health and Medical Research Council Centre

Accreditation Number: A1910HED2*

Q Fever is an emerging zoonotic infection worldwide, and presentations are non-specific, variable and often misdiagnosed. In this presentation, Prof Lloyd discusses the issues faced by medical practitioners in testing patients for Q Fever, its clinical features – which may present as acute or chronic infection or the post-Q Fever fatigue syndrome, and treatment and prevention.

*This activity has been accredited for 1.5 hrs of Group 1 CPD (or 1.5 CPD credits) suitable for inclusion in an individual pharmacist's CPD plan which can be converted to 1.5 hrs of Group 2 CPD (or 3 CPD credits) upon successful completion of relevant assessment activities. All Australian pharmacists can convert their group one credits to group two credits by completing the assessment component of this activity on the Australian College of Pharmacy (ACP) website: <http://www.acp.edu.au>. The assessment will be accessible via the ACP website once registered as a complimentary member (non-member) for free.

Is there an Opioid Epidemic in Australia?



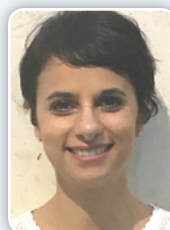
Prof Stephan Schug

Professor and Chair of Anaesthesiology and Pain Medicine, University of WA; Former Director of Pain Medicine, Royal Perth Hospital

Accreditation Number: A1910HED2*

Is there an opioid crisis in Australia? While the situation here is not yet at the levels seen in the USA, there is cause for concern. Prof Schug presents facts and observations suggesting that we need to take steps now to prevent a similar crisis on our own doorstep.

The Significant Impact of Cancer on the Family – What Can GPs Do About It?



Ms Sandy Cham

Clinical Psychologist Registrar; General Manager, CanTeen

Accreditation Number: A1910HED2*

GPs often see families at the beginning of their cancer experience, and this provides an invaluable opportunity to support not only the patient, but the entire family unit in coping better with the journey ahead. This talk addresses the primary needs of families going through a cancer experience: information, how to talk about cancer, and connection with peers who understand.



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Dr Wendy Norton, GP; Royal Melbourne Hospital

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Dr Lisa Beecham, GP, Gold Coast Primary Health Network

COPD Inhaler Devices – Common

User Errors: Prof Hubertus Jersmann, Respiratory and Sleep Physician, The Royal Adelaide Hospital

Safe and Responsible Use of Traditional Opioids: Prof Milton Cohen, Pain Specialist, St Vincent's Hospital

Understanding the Atypical Opioids:

Prof Stephan Schug, Pain Management Specialist Physician

Enzyme Supplements and Chronic

Pancreatitis: Dr Andrew J Metz, Gastroenterologist, Royal Melbourne Hospital

Non-Insulin Injectables: A/Prof Neale Cohen, Baker Heart and Diabetes Institute

New Therapeutic Guidelines for Mild Asthma – Symbicort vs Ventolin:

Dr Christopher Worsnop, Respiratory Physician, Austin Hospital, Melbourne

Schizophrenia in General Practice – 1st, 2nd, 3rd generation Antipsychotics:

Prof David Castle, Professor of Psychiatry, St Vincent's Health

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