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Media release

Changes to Community Pharmacy Agreement programs

Changes to the arrangements for medication management programs funded under the Community Pharmacy Agreement are aimed at ensuring these important services continue to be available for patients who need them most.

The Australian Government and the Pharmacy Guild of Australia have agreed to significant changes to Home Medicines Reviews (HMRs), Residential Medication Management Reviews (RMMRs), and MedsCheck/Diabetes MedsCheck to ensure that the funding available for these services is put to the best possible use for patients.

The Australian Government and the Guild are strong supporters of these pharmacy professional services that promote quality use of medicines. The agreed new arrangements, to take effect from 1 March 2014, will ensure the ongoing viability of these programs over the duration of the Fifth Community Pharmacy Agreement (5CPA) so that patients most in need can continue to benefit from these important primary health care services.

The changes to the programs include:

- Ensuring patients are receiving reviews in a more timely manner by limiting the life of a HMR referral to three months
- Ensuring that subsequent HMR and RMMR services are based on patient need rather than on a routine basis
- Ensuring the ongoing sustainability of the programs by introducing service caps for HMRs (20 per month per service provider) and MedsCheck/Diabetes MedsCheck (10 total combined per month per s90 pharmacy)
- Continuing collaborative work between the Department and the Guild to ensure HMRs are targeted to those patients at greatest risk

These changes have been agreed between the Guild and the Department of Health in the interests of patients, community pharmacy, the pharmacy profession, and taxpayers. All the professional programs are to be closely managed to ensure they remain within budget for the rest of the

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Agreement, through to the end of June 2015. The changes will also enable the phased implementation of a hospital referral pathway to proceed in 2014.

As part of the new arrangements, the Guild will assume responsibility for the administration of 5CPA Programs that currently are managed by the Department of Human Services (i.e. HMR, MedsCheck, RPMA, S100 Support Allowance & RMMR) including registration, claiming and payment functions from 1 March 2014. The Department of Human Services will continue to accept claims up to this Friday 14 February. The new claiming system will be operational from 1 March 2014.

This change is aimed at cutting red tape and streamlining processes by moving to an electronic claiming and payment system to be available via the 5CPA website.

The Department has also confirmed arrangements for a new incentive payment to eligible community pharmacies to boost the uptake of electronic prescriptions.

The Electronic Prescription Scanning Incentive (ePSI) is an allocation from the existing Electronic Transfer of Prescriptions (ETP) budget in the Agreement to better drive the uptake and rates of scanning of electronic prescriptions.

Under the ePSI, at least \$800 will be payable to community pharmacies on meeting a target of 15% of original prescriptions electronically scanned from a Prescription Exchange Service (PES) by March 2014, and at least \$1200 being payable based on meeting a 30% scanning target by September 2014.

The measure will encourage more pharmacies to adjust their workflow to facilitate the scanning of barcodes on all electronic prescriptions, producing safer and more efficient dispensing for patients.

To qualify for the ePSI, pharmacies will need to be eligible for the Pharmacy Practice Incentive (PPI) Community Services Support priority area. The achievement of the required scanning rate for each ePSI payment will be determined automatically through data transmitted via PBS Online.

The two PESs, eRx Script Exchange and MediSecure, will receive direct funding of 17c per eligible electronic prescription (reduced from 35 cents in 2012-13) capped to a combined maximum of \$900,000.

The National President of the Guild, George Tambassis, welcomed the changes to the Community Pharmacy Agreement arrangements.

“The new capping arrangements for some medication management programs are necessary to ensure that the programs stay within budget and do not compromise the range of other important programs and services funded through the Fifth Agreement,” Mr Tambassis said.

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“All of these changes are about making the best use of available funds to deliver the best possible services to patients who most need them,” he said.

“The Guild and the Government have worked constructively to deliver an outcome that maintains these medication management programs and the professional value of pharmacists’ work.

“The electronic prescription scanning incentive is an important and cost effective step towards boosting the use of electronic prescription technology, reaping tangible benefits in terms of accuracy, efficiency, and patient medication management,” Mr Tambassis said.

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