



POSITION STATEMENT

Patient Health Care

Position

While the Pharmacy Guild of Australia (the Guild) recognises the value of general practice as a critical element of a person's primary health care team, the Guild believes that no one profession should be a gate keeper for other primary health services and providers. Patient health care must be a team-based approach determined by patient needs and guided by patient preferences. The Guild agrees that the future role of general practitioners (GPs) should be more focused on managing complex health problems, leaving the management of acute problems and many of those that have already been diagnosed to nurses, paramedics, pharmacists and other health professionals.¹

There is a paradigm shift in healthcare in Australia as all health practitioners are being encouraged and supported through legislation and education to work to their full scope of practice. At the same time, the Australian public is becoming more health literate and aware of health service options available to them. Health technology is also advancing rapidly, improving connectivity between providers and providing the public with ever improving devices to assist in managing their health.

Given the ease of access to a community pharmacy, availability to consult a community pharmacist and extended trading hours for many pharmacies, it is understandable why Australians are using their preferred community pharmacy for many of their health care needs. As community pharmacy practice and communication between health provider teams and patients evolves, the Guild believes community pharmacists will be more involved in providing holistic health care for patients. Community pharmacists will not only be helping people with acute common ailments but will be more involved in helping people to self-manage long-term health conditions. Community pharmacists will also be involved in helping people to focus more on wellness. Community pharmacists will assist with preventive health options to improve a person's health and well-being – guiding and supporting them with lifestyle and behaviour changes and preventive treatment options. Community pharmacists will also be more involved with screening and early diagnosis of illnesses requiring more intensive care and treatment.

Patient-Directed Care

With patient-directed care, patients are empowered to make decisions regarding WHERE and HOW they address their health care needs, and are not disadvantaged in any way based on that choice. The Guild strongly believes that patient-directed care is a fundamental tenet of healthcare in Australia. Patients must always be informed and have the right to choose between appropriately qualified healthcare providers for health care advice, services and provision or sale of health-related products and technologies. The Guild is opposed to arrangements which preclude patient choice for health services by putting commercial conditions of exclusivity of health provider, or arrangements which otherwise limit a patient's ability to self-select between appropriately qualified healthcare providers. For example, if a patient requires vaccination, they have the option to attend a range of service providers such as a community pharmacy, a general practice, a community care centre, or even as part of a workplace

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program. They will make a decision that suits their needs with consideration of factors such as convenience, cost and/or appointment availability.

As technology evolves and digital and distant health service provision becomes more available, accessible, and often preferred by patients, it is the position of the Guild that all health regulations, policies and program design should have patient-directed care embedded as a key principle. Patient CHOICE on HOW & WHERE they access care is critical. It is essential that health service innovation, including digital health, prioritises informed patient choice at the centre of care, and does not inadvertently remove choice from the patient through design of technologies, regulations or programs, or driven by convenience or advantage to a select group of providers. Existing patient protection laws should be strengthened to clearly prohibit any exclusive or channelling arrangements between health care providers that diminishes patient choice, including via online and digital platforms.

Patient-Centred Care

The Guild believes the GP-centric model of healthcare in which the GP is the gatekeeper to the patient accessing specialists and other subsidised health services is no longer appropriate. The provision of ANY health service must be patient centred with the patient integrally involved in making informed decisions about their own care, being fully informed of care options and with shared decision making between the patient and all of their health care providers.

The patient must be at the heart of everything we do and be an active participant in determining the management and treatment of their ailments and/ or health prevention strategies to optimise their health and well-being. Patient-centred care means respecting and responding to individual patient's care needs, preferences, and values in all clinical decisions.² It also requires clinicians to provide patients with culturally safe and appropriate care.

As health policy and health technology evolve, we must ensure the patient remains empowered to manage their own health care with the support from their full health care team. Health technology must enable private, secure and timely communication between the patient and any of their health care providers as needed, including access to health records, referrals and reports between providers. All health providers must be encouraged to upload health records centrally where possible to facilitate communication and shared care and avoid unnecessary duplication of services. The patient should have ready access to all their health care records at any time (e.g. via an APP) that can be added to/accessed by all care providers.

The Guild supports improving the health literacy of patients and their carers so they can be more actively involved in their own care.

Government Subsidisation

Primary Health services are mostly funded by the Australian Government through Medicare (i.e. the Medicare Benefits Schedule or MBS). Medicare was established in 1984 to provide patient benefits for a wide range of health services including consultations, diagnostic tests and operations. While it commenced as a funding arrangement for services provided by medical practitioners, it has evolved to also subsidise services from other health practitioners. As it and other Government programs evolve, the Guild believes that subsidies should be determined by health outcomes rather than provider type. As an example, subsidisation for the administration of a vaccine should be the same irrespective of whether administered by a medical practitioner, a nurse or a pharmacist.

Background

Health care and support systems are moving away from a paternalistic, doctor-knows-best approach with consumers now playing more active roles in their care.³

Gatekeeping

Gatekeeping is the term used to describe the role of general practitioners in authorising access to specialty care, hospital care, and diagnostic tests. Gatekeeping was developed as a response to a shortage of specialists and a desire to control healthcare spending.⁴ In Australia, access to government-subsidised services by private specialists or allied health care providers is generally only possible after a referral from a GP. This creates extra pressures for the patients and the hospital system if only one health care provider is able to engage with and offer referrals.

Service Access

The Australian primary care health sector comprises a range of services provided by health practitioners who are generally university qualified and with specialised expertise in preventing, diagnosing and treating a range of conditions and illnesses. Examples of health care professions include GPs, pharmacists, nurses, psychologists, optometrists and physiotherapists.

Medicare remains the most significant national program in Australia to fund government-subsidised primary health services. In 2021–22, there were around 270 million Medicare-subsidised primary care services in Australia, including, but not limited to⁵:

- GP attendances (189 million)
- allied health attendances (25 million)
- services provided by nurses, midwives and Aboriginal health workers (4.1 million)

In 2021–22, 90% of Australians received at least one Medicare-subsidised GP service. This has increased due to the expansion and uptake of Medicare-subsidised telehealth and COVID-19 vaccination. In the same period, 37% of Australians received at least one Medicare-subsidised allied health service.⁶

Pharmacists are not subsidised under Medicare, however there are a range of pharmacy services that continue to be subsidised by the Australian Government as part of the Community Pharmacy Agreements.

In addition to Medicare-subsidised services, primary care health services may be accessed and funded through other arrangements, such as private health insurance, workers compensation, state-based health programs as well as user-pay.

Wellness versus Illness

The Australian Health System has been set up to respond to illness by managing symptoms and complaints when they arise. While we have a substantive immunisation program in Australia to prevent vaccine-preventable diseases, there has been little focus to date on wellness and prevention. Hospitals and Medicare are set up more to manage illness rather than wellness. Research shows that investment in prevention programs yields better health and cost-effectiveness outcomes than focusing solely on treatment. The challenge remains on how to increase funding for prevention for the future, whilst still paying for today's treatment needs.⁷ The Government's National Preventive Health Strategy outlines opportunities to build a sustainable prevention system for the future – building on previous success and momentum, addressing the increasing burden of disease, reducing health inequity and increasing preparedness for emerging health threats.⁸

Patient-Directed Care

Patient-directed care involves the patient determining their preferred health care provider when it comes to acute and chronic health conditions. It is enabling patient choice in a way that does not discriminate i.e. access and costs to patients are the same regardless of where they choose to seek their care. Patient-directed care is about patients being enabled to play an active role in their care as they access all the resources available to them and seek care within recommended clinical guidelines.⁹ The obvious health services that an informed and activated patient will be involved in are recommended preventative

services; self-management of common chronic illnesses such as diabetes, hypertension, and asthma; behaviour change such as smoking cessation and weight loss; and arranging for minor acute care.¹⁰

Patient-directed care does not mean that there are no controls in the care patients can get. It operates under clinical guidelines and program eligibility and represents care recognised by the provider and payer (which may be a funder of subsidised services or the patient themselves).¹¹

Patient-Centred Care

Patient-centred care is about treating a person receiving healthcare with dignity and respect and involving them in all decisions about their health. A central component of patient-centred care is a therapeutic relationship between the patient and the team of healthcare professionals. Indications are that patient-centred care may contribute to improved outcomes for patients, better use of resources, decreased costs and increased satisfaction with care.¹²

This type of care may also be called 'person-centred care'. It is an approach that is linked to a person's healthcare rights.

When healthcare professionals and services provide patient-centred care (including shared decision-making consultations), it puts the patient at the 'centre' of their healthcare by:

- treating them with dignity, respect and compassion
- understanding what matters most to them i.e. their ideas, concerns and expectations of their condition, treatment plan, and all biopsychosocial elements
- communicating and coordinating their care between appointments and different services over time
- tailoring the care to suit their needs and what they want to achieve
- supporting them to understand and learn about their health
- helping them find ways to get better, look after themselves and stay independent
- empowering them to make informed decisions
- involving them in their healthcare decisions at all times.¹³

Related Statements

- Medicines Access Programs

Authority

Endorsed

National Council – December 2023

Reviewed

Practice, Policy and Regulation Committee – October 2023

References

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- ⁶ Ibid; AIHW
- ⁷ [The future of health in Australia \(pwc.com.au\)](#); accessed 30Aug2023
- ⁸ [National Preventive Health Strategy 2021-2030](#); accessed 30Aug2023
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- ¹⁰ Ibid Scherger
- ¹¹ Ibid Scherger
- ¹² Patient-centred care: improving healthcare outcomes; Heather Gluyas 2015; [Patient-centred care: improving healthcare outcomes - PubMed \(nih.gov\)](#)
- ¹³ Adapted from [Patient-centred care explained - Better Health Channel](#)