

14 March 2017

Mr Richard Townley
Chief Executive
Pharmaceutical Society of New Zealand

Via email: r.townley@psnz.org.nz

Dear Mr Townley

An Integrated Health Care Framework for Pharmacists and Doctors

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback on the proposed integrated health care framework for Pharmacists and Doctors from the Pharmaceutical Society of New Zealand (PSNZ) and the New Zealand Medical Association (NZMA).

The RACP works across more than 40 medical specialties to educate, innovate, and advocate for excellence in health and medical care. Working with our senior members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our members to develop policies that promote a healthier society. By working together, our members advance the interest of our profession, our patients and the broader community.

Feedback

The RACP supports improving the health system so it is innovative and adaptable with the ability to meet the health needs of New Zealanders, and to do so by encouraging medical practitioners, including specialists, and pharmacists to work better together.

- We note that the framework uses “doctors” nearly synonymously with “general practitioners,” and does not differentiate the roles of physicians/specialists from the role of general practitioners. This risks the framework omitting the different role and expertise of specialists and risks reducing the potential benefits to patients of multidisciplinary teams working in an integrated way. Patients likely to benefit most from integrated care are those with chronic and/or multiple conditions who receive care from multiple health service providers often in a very fragmented and episodic way, and those who make frequent presentations to an Emergency Department. These patients are likely to be seeing at least one physician or paediatrician, whether in a hospital setting or at a community-based practice.
- For example, the “patient journey” on p. 31 describes a patient on a number of medications having their medications reduced and/or ceased by a pharmacist acting in accordance with this Framework. Although deprescribing is an important

therapeutic intervention, it is unsafe if the patient's lead doctors are not guiding and monitoring that process. It is also fragmentary rather than 'integrated' for other health practitioners to change a management plan of the lead doctor without discussion, making it difficult for the GP/physician to manage a patient's care. Deprescribing requires a knowledge of the patient's medical conditions (which require knowledge of physiology and pathophysiology), patient preferences, and relative risk and benefits. There is a broad reference to "other MDT team members," but it would be a rare patient who "wishes she wasn't on so many medicines and doesn't really know what they're all for anyway" yet has none of these medicines prescribed by a specialist.

- Physicians specialising in generalist disciplines, such as geriatricians, rehabilitation physicians, general medicine physicians and paediatricians, have particular training and expertise in the longitudinal care of patients with multiple and complex conditions. They especially play a critical role where there are complex health issues at play, psychosocial problems, and difficulties with determining and effectively planning care in the face of conflicting health priorities.
- As experts in their disciplines, physicians are ideally placed to provide appropriate support, coaching and advice to other healthcare professionals and patients. Physicians play a critical role in supporting skills transfer to general practitioners and other health professionals by providing education and clinical updates and information on the emerging evidence-base. Upskilling primary care health professionals and supporting them to work at the top of their scope of practice can help to promote higher quality care in community settings, and prevent unnecessary hospitalisations or inappropriate use of resources.
- Conversely, a physician's knowledge of a particular patient's situation or condition can be limited, as they are usually not the person's main or regular healthcare provider. This lack of available information has adverse impacts upon patient care, and it is important that specialists are supported to access all necessary information when a patient has been referred to them. Physicians rely on providers such as general practitioners and pharmacists and can provide better care when these two groups are working together, but it needs to be recognised that integrated care must take a truly multidisciplinary team approach and not just focus on connecting two of the providers involved.
- The Framework could also clarify the different roles of the general pharmacist and the hospital pharmacist, both of which have a bearing on integrated care in different ways.
- We acknowledge that it's more challenging to extend this integrated care Framework across the full expanse of specialties/professions, yet this is what truly integrated care requires. Although the Framework states that ("[t]his Integrated Health Care Framework can be applied to the development of any innovation, health service or model of care"), it's not clear how this future additional integration could occur. The testing and sustainability sections on p. 14 do suggest this, but without detail. We

would observe that the Framework forms the basis for more detailed conversations between these two professional groups rather than itself being a model of integrated care for care teams, clinical services, or health systems.

- Technology must play a role—not just in record keeping and communication, but in improving access to care, prescribing/dispensing-tracking, medicines safety, adverse outcome reporting, and other areas that affect patient safety and quality improvement. For example, the pharmacists' potential to assist medical specialists with adherence data is keenly acknowledged, and technological ways in which this could occur with minimal added workload would directly benefit patient care.
- The RACP is of the view that a well-integrated health system includes a way of measuring the effects of integration on outcomes. The Framework would benefit from incorporating this element. How will we know if the framework has succeeded in contributing to a better integrated system? How will this affect patient outcomes?
- The RACP also acknowledges the importance of whānau and cultural context to successful integrated care. The framework seems very person (individual)-centred, to the possible detriment of culturally important determinants of health. It is not clear if Ngā Kaitiaki o Te Puna Rongoā (Māori Pharmacists' Association) has been involved in developing this work, and we would recommend adopting or incorporating its whānau-centred approach where relevant.

The RACP thanks PSNZ and NZMA for the opportunity to provide feedback on this consultation. To discuss this submission further, please contact the NZ Policy and Advocacy Unit at policy@racp.org.nz.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Jonathan Christiansen', with a large initial 'J' and a horizontal line extending to the right.

Dr Jonathan Christiansen
New Zealand President
The Royal Australasian College of Physicians