

MEDICATION CONTINUANCE

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T There has never been a more important time for community pharmacists to have the legislative authority and support to practise at their full scope. The importance relates to improving patient accessibility and utilisation of health services to contribute to health outcomes. This is critical not only at times of immediate crisis but also over the longer term, especially to address challenges posed by the ageing population through health sector innovation.



At its broadest, full scope of practice entails the professional activities and services that a community pharmacist is competent, qualified and authorised to perform. Full scope of practice for community pharmacists spans competencies in medication supply and dispensing, prescribing, reviewing medications, disease management, administering injections/vaccinations and the ordering and interpreting of laboratory tests.

Medication continuance as one element of full scope of practice

While the competencies entailed in full scope of practice are far reaching, legislative authorisation to practise to this full scope is more restrictive and varies by competency and jurisdiction. Yet recent history has demonstrated the need and value to patients of community pharmacists being utilised to their full scope in areas such as medication continuance. Medication continuance encompasses 'emergency supply' of medicines and 'continued dispensing'. Emergency supply falls under State and Territory regulations and is where pharmacists can, in an emergency and in the absence of a prescription, supply a small quantity (generally 3 days' worth) of a prescription-only medicine to a patient to ensure continuity of therapy. Continued dispensing is under the Commonwealth's jurisdiction and is the supply of an eligible medicine to a person by an approved pharmacist where there is an immediate need for the medicine and where it is not practicable to obtain a valid PBS prescription.

The succession of bushfires in 2019–20 and the COVID-19 pandemic created environments where, for many patients, accessibility to health services—including prescription medicine—was unexpectedly curtailed. This was especially problematic for patients with chronic health conditions who found themselves inadvertently without their medicine or a valid prescription. There were medication continuance arrangements in place prior to the recent bushfires and COVID 19, but in the case of continued dispensing, these were limited to only eligible oral contraceptives and lipid-lowering medicines (statins).

To the credit of governments (both Federal and States/Territories) across Australia, medication continuance measures were expanded during the recent bushfires in 2019–20 and the COVID-19 pandemic. States and Territories put in place expanded but temporary emergency supply arrangements, with most allowing for supply of a standard maximum quantity of the medicine, which is usually one month's supply. The Commonwealth also put in place expanded but temporary continued dispensing arrangements. The expansion relates to a list of eligible medicines that can be obtained as a continued dispense. The Commonwealth Government has recently further extended the continued dispensing emergency arrangements until 31 December 2021.

The expanded medication continuance measures have benefitted patients through the period of the bushfires and COVID-19. In the case of continued dispensing, this is evident by the take up illustrated in Chart 1 which presents a sample of around 450 pharmacies from GuildData® on the number and percentage of continued dispenses over the course of January 2019 to January 2021.

Chart 1 shows that under continued dispensing arrangements in place prior to the recent bushfires and COVID 19, the number of continued dispenses was averaging only a few hundred a month. With the onset of bushfires and COVID-19 and as the Government responded with emergency continued dispensing arrangements, the number of continued dispenses accelerated to over 5000 per month for the sample of pharmacies, enabling patients to continue with their medication adherence. Moreover, the continued dispensing arrangements were utilised to the benefit of patients across the nation, as illustrated in Chart 2. The expanded but temporary emergency continued dispensing arrangements are in place for the rest of 2021 as part of a multi-pronged strategy to deal with COVID-19.

As for emergency supply, the GuildData® sample illustrated in Chart 3 shows the spike in emergency supply during the peak of the COVID-19 pandemic restrictions in March 2020. Since then, with a gradual easing of restrictions, the number of emergency supplies has averaged around 1000 a month for the sample of pharmacies.

Chart 1: Number and percentage of all dispenses issued as a continued dispense January 2019 – January 2021

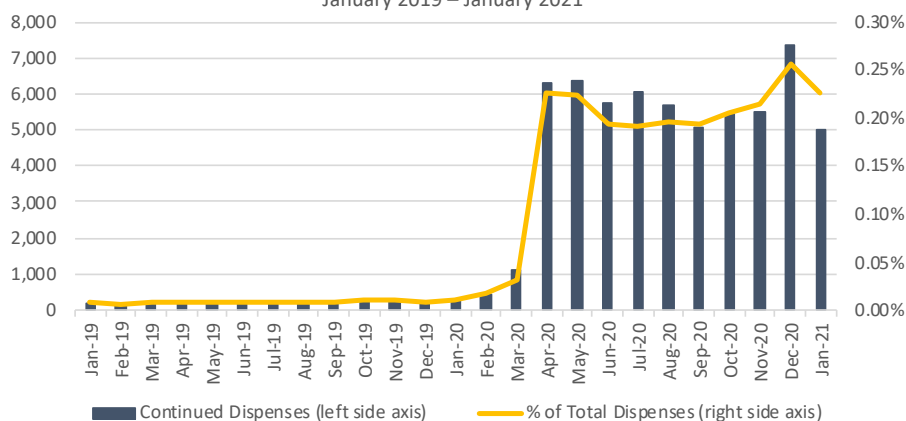
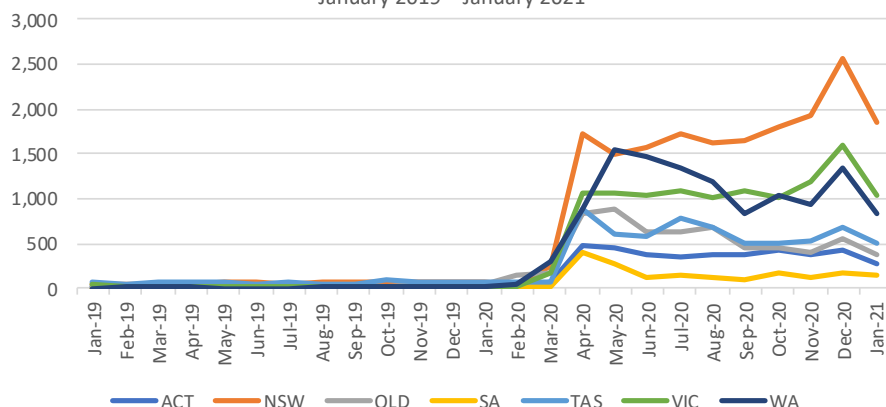


Chart 2: Number of continued dispenses by jurisdiction January 2019 – January 2021



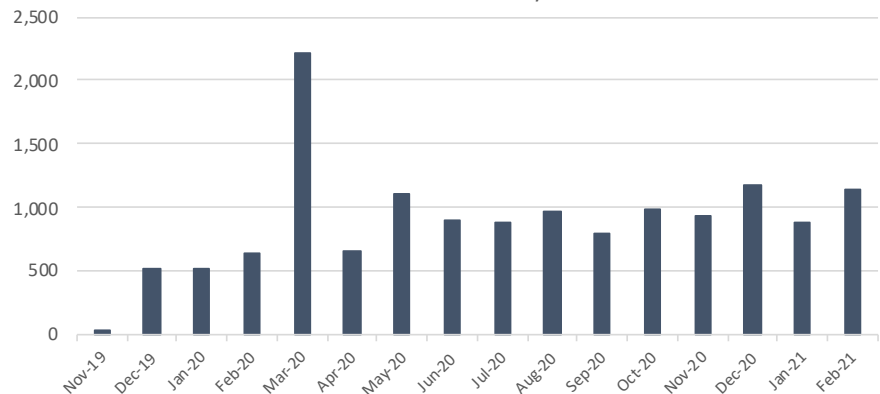
What is the future for medication continuance measures and why shouldn't these expanded arrangements become a permanent feature of the scope of practice of community pharmacists?

Naysayers will point to the perceived risk that medication continuance arrangements would mean less contact between patients and medicine prescribers. But that ignores the strict requirements in place even under the expanded arrangements—for example, in the case of continued dispensing, only one supply of the medicine being provided in a 12-month period and professional guidelines requiring community pharmacists to, amongst other things, ensure the patient has an immediate need for the medicine and it is safe and appropriate. Moreover, while the take-up of continued dispensing over the past year has accelerated, it remains only around 0.23 per cent of total dispenses by the sample of pharmacies. Emergency supply measures are also limited in the quantity and period for which supply can occur.

Another potential criticism is that such measures are intended to be only for times of crisis and that as we overcome COVID-19 we should return to 'normal' practice.

However, a closer look at Chart 1 suggests continued dispensing was as prevalent in the months when lockdowns had mostly been lifted (such as December 2020) as when there were strict lockdowns across most of Australia (such as March 2020). This suggests expanded but permanent medication continuance arrangements have

Chart 3: Number of emergency supplies issued
November 2019 – February 2021



a place in the health system in 'normal' times. This also addresses crises that do not fit in to 'disasters' or 'pandemics' such as domestic violence situations, where a pharmacist can use their professional judgement to ensure continuity of treatment in times of personal upheaval. More extensive medication continuance arrangements have been in place for many years in overseas jurisdictions.

innovation in managing chronic health conditions to reduce more costly health care such as hospital admissions. The agenda entails meeting consumer preferences through greater recognition of the skills of health professionals. Governments need look no further than highly trained community pharmacists to contribute to all aspects of the health reform agenda through full scope of practice measures such as medication continuance. Now is the time for the Federal Government to implement expanded and permanent continued dispensing arrangements and States and Territories to do likewise with their emergency supply provisions as tangible health sector reforms for the long-term betterment of patients.

Conclusions

In the wake of COVID-19, health sector reform and innovation are again receiving attention. In the words of the Productivity Commission, the reform agenda is about

