Submission No 250

INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO HEALTH AND HOSPITAL SERVICES IN RURAL, REGIONAL AND REMOTE NEW SOUTH WALES

Organisation: Pharmaceutical Society of Australia

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Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales

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About PSA

The Pharmaceutical Society of Australia (PSA) is the only Australian Government-recognised peak national professional pharmacy organisation representing all of Australia's 33,000 pharmacists working in all sectors and across all locations.

PSA is committed to supporting pharmacists in helping Australians to access quality, safe, equitable, efficient and effective health care. PSA believes the expertise of pharmacists can be better utilised to address the health care needs of all Australians.

PSA works to identify, unlock and advance opportunities for pharmacists to realise their full potential, to be appropriately recognised and fairly remunerated.

PSA has a strong and engaged membership base that provides high-quality health care and are the custodians for safe and effective medicine use for the Australian community.

PSA leads and supports innovative and evidence-based healthcare service delivery by pharmacists. PSA provides high-quality practitioner development and practice support to pharmacists and is the custodian of the professional practice standards and guidelines to ensure quality and integrity in the practice of pharmacy.

Scope of this submission

PSA welcomes the work being undertaken by the New South Wales (NSW) Legislative Council Committee Members and the opportunity to comment from the perspective of pharmacists.

PSA makes this submission to the Legislative Council with a focus on the following priorities in the terms of reference relating specifically to pharmacists:

- Access to health and medicines in rural, regional and remote NSW
- Staffing challenges/ workforce impacts
- Accessibility and availability of palliative care and palliative care services in rural, regional and remote NSW.
- Impact of health and hospital services on culturally and linguistically diverse (CALD) and indigenous communities
- Other related matters including:
    - transitions of care
    - integrated care and
    - digital transformation

PSA has received input from several pharmacist members in regional, rural and remote towns in NSW, with lived experience of working and living in these communities. Some of these insights are included in the submission.

Executive summary

The standard of health care in rural and remote areas should be equal to that available in metropolitan areas

The challenges of geographic spread, low population density, limited infrastructure, as well as the higher costs of delivering rural and remote health care, can affect access to health care.

Pharmacists in 2023 reveals 11 changes needed for healthcare evolution to deliver safety and quality improvements in the use of medicines, and better use of pharmacists to improve access to healthcare[1].

Action 9 of Pharmacists in 2023 highlights the importance of enabling greater flexibility in funding and delivery of pharmacist care to innovate and adapt to the unique patients' needs in all areas, with a specific focus on regional, rural and remote areas.

Approximately 29 per cent (7 million) Australians live in rural and remote areas, generally have a higher prevalence of chronic conditions, and often have poorer health and welfare outcomes compared to those who live in major cities[2]. This has been observed to decline with increasing remoteness. The prevalence of potentially avoidable deaths of people in very remote areas of Australia is 2.5 times greater than people living in major cities[2].

Medicine supply, pharmacy access, workforce/locum pharmacist availability and the challenge of remote professional development are just a few barriers that may prevent patients accessing the same healthcare benefits as their urban counterparts. Large geographical regions present a huge challenge to health service delivery with services often required to be provided to relatively small populations with significant health care needs across these areas.

People living outside Australia's metropolitan areas are more likely to have chronic health conditions such as diabetes, more likely to be overweight, more likely to smoke and more likely to die younger than Australians in urban areas. People living in rural and remote areas are less likely than those in cities to have a usual general practitioner (GP) or place of care, and more frequently report that there were times they needed to see a GP for a healthcare need, but could not because there was no available GP nearby.

As the most accessible health provider, pharmacists are well placed to deliver a much greater role in Australia's health system. In regional, rural and remote Australia, this greater role in the health system is especially valued, particularly where pharmacists may be the only health provider in a community.

The PSA holds concerns about the sustainability of pharmacy services within rural communities. PSA members, many of whom are community pharmacy owners in rural and remote Australia, report that workforce maldistribution, higher levels of socioeconomic disadvantage and lack of rural medical practitioners place further pressure on an already strained community pharmacy workforce.

In many rural communities, the only health services available to them are from a general practice (if a general practice exists) and a community pharmacy. Community pharmacies in rural and remote Australia are unique because they represent a private investment in health infrastructure that generally is not present through other allied health practitioners. This private investment provides a unique opportunity for rural pharmacy practitioners to do more, to be better integrated with general practice, and to strengthen Australia's rural community pharmacy network as a platform through which the workforce investment required to better manage the needs of rural and remote Australians can be affected.

Members of PSA have cited significant rural workforce maldistribution and highlighted concerns about attracting a sufficient rural workforce to adequately support rural and remote Australians in their communities. They are also significantly concerned about inadequate investment in the community pharmacy workforce in rural and remote Australia and inadequate maintenance of the rural community pharmacy network in a way that supports optimal health service delivery. The situation is dire – and our members strongly suggest the need for alignment of support services for the rural pharmacy workforce that is aligned strategically to those of other rural practitioners such as doctors and nurses.

There is a desire and ability to do more, however the trade-off is the current funding structure and workforce issues - high staff turnover rates, reduced pharmacist numbers, and reliance on temporary staff, which place great strain on both state health services and rural community pharmacies.

There must be an investment in building the pharmacist workforce in regional, remote and rural NSW to ensure ongoing medicine and health access to these communities.

Recommendations

PSA provides the following recommendations to the Legislative Council:

Recommendation 1 - Invest in implementing innovative rural-based models of care by allowing greater flexibility in funding and delivery of pharmacist care tailored to the unique health needs of rural and remote Australians

Recommendation 2 - Develop strategies to support and increase the pharmacist workforce in rural and remote Australia

Recommendation 3 – Invest in pharmacist stewardship of medicine management to improve outcomes and transitions of care

Recommendation 4 – Prioritise funding for palliative care services and training opportunities for pharmacists

Recommendation 5 – Integrate pharmacists into Aboriginal Community Controlled Health Organisations

Recommendation 6 – Further explore options to enable pharmacists to adopt and embrace digital transformation to improve the delivery of health care to rural and remote Australians in a timely, safe, equitable and collaborative manner.

Recommendation 1 - Invest in implementing innovative rural-based models of care by allowing greater flexibility in funding and delivery of pharmacist care tailored to the unique health needs of rural and remote Australians

Around 7 million people—about 29% of the population—live in rural and remote areas [2]. These Australians face unique challenges due to their geographic isolation, and they often have poorer health and welfare outcomes than people living in major cities. The proportion of adults engaging in behaviours associated with poorer health—such as tobacco smoking and excessive alcohol consumption—is higher in rural and remote areas than in metropolitan areas, as is (generally) the prevalence of chronic conditions. These poorer health outcomes may be due to factors such as disadvantage in education, employment opportunities, income and access to services [2].

To improve health service provision in rural and remote Australia, the existing community pharmacy network can be built upon to deliver primary healthcare services in these regions.

In rural and remote communities, particularly where there is limited access to GPs, pharmacists play important roles as primary healthcare professionals in providing assessment and management of minor conditions and advising on chronic disease management. Commonly in these pharmacies, it is observed that pharmacists deliver a wide range of health services (e.g. vaccination, screening, point of care services, harm minimisation services and clinical services aimed at quality use of medicines), and the pharmacy is regarded as an important health, social and community hub.

Rural pharmacists in community pharmacy Australia have an opportunity to significantly address the breadth of disadvantage afflicting many people living in rural and remote Australia. It is PSA's view that innovative models of care, available to rural practitioners, should be adopted and implemented as a matter of urgency. Rural pharmacists in the community should be supported to be better integrated with general practice and aboriginal health services thereby better addressing the primary health care and medication management needs of patients.

PSA calls for the establishment of rural-based models of care which will allow appropriately trained rural and remote pharmacists to deliver better integrated and impactful care.

These complex and chronic disease models delivered in partnership with general practice can provide exemplars for expansion into urban zones.

Specifically, the four system changes identified by PSA are as follows [1]:

- align the incentives for pharmacists to support rural and remote communities to those of other rural and remote health practitioners
- equip pharmacists with skills and knowledge to deliver closing-the-gap initiatives for Indigenous Australians
- increase flexibility and consumer access to emergency supply and continued dispensing of medicines, recognising poor access to medical care
- adopt and support a rural generalist training program for pharmacists.

There is a need to align the rural and remote health workforce measures for pharmacists to those that are in place for medical practitioners, nurses and other allied health professionals. To achieve better integration and coordination of healthcare in rural and remote Australia, the

incentives that are in place for other health professionals should equally be available to pharmacists. In addition, infrastructure incentives to support rural and remote community pharmacies should be developed to increase primary healthcare delivery as well as student supervision in rural and remote Australia.

There is an urgent need to address the considerable health disparities for Aboriginal and Torres Strait Islander peoples. Specific culturally appropriate programs for pharmacists within Aboriginal Health Services as well as within community pharmacies, must be developed to support healthcare delivery for Indigenous Australians.

Emergency supply and continued dispensing of medicines regulatory provisions are vital to ensure ongoing medicine supply to consumers where accessing a doctor for medical review is not possible. Challenges to accessing medical care are intense in some regional and rural locations. More flexibility in these locations to provide greater quantities, and a larger range of medicines under existing emergency supply and continued dispensing arrangements, is essential to allow ongoing supply of life-saving and illness-preventing medicines. This is an important initiative in helping reduce the health disadvantage experienced by people living in these areas. Challenges to accessing medical care are intense in many regional, rural and remote areas.

The current emergency supply and continued dispensing arrangements for medicines should remain permanently to ensure ongoing medicine supply to patients when there is no access or where there is a significant delay in accessing a medical practitioner.

"Sometimes you can wait at least two weeks before you can see a doctor. In even more remote towns, there may not be a doctor and the pharmacist is the only health care professional. Reducing barriers to medicines access [such as oral contraception for women] in these areas makes a huge difference to patients."

The overall rate of potentially preventable hospitalisations (PPHs) is highest for residents of remote and very remote areas (40 and 61 per 1,000 population, respectively), and lowest for residents of major cities (25 per 1,000 population) [3]. Residents of remote and very remote areas have the highest rates of PPHs followed by outer regional areas for all categories (vaccine preventable conditions, acute conditions, and total chronic conditions) [3].

Pharmacists may be one of the only primary care practitioners in rural and remote regions of Australia. Indeed, in some areas, the pharmacist may be the only accessible health practitioner. Development of a training and recognition program for rural practitioners that supports pharmacists in advanced care delivery in rural Australia would go a long way in helping to reduce health disparities, as well as improving access to quality care.

"Our pharmacy triages non-urgent care to the co-located GP clinic – this means we are able to prioritise health needs and service a larger proportion of patients. We do all of this with no remuneration, because we care for our community."

PSA recommends funding the redirection of non-urgent emergency department presentations to community pharmacists in regional, rural and remote areas.

This allows hospital resources and GPs to be utilised for more urgent and complex care.

Better utilisation of pharmacists to proactively tackle public population health priorities (such as mental health), increase vaccination rates and implement health prevention and treatment strategies must also be considered. These initiatives are important in a community setting and

can also be applied on visits to remote communities by pharmacists conducting medication reviews.

"Many of our patients have faced droughts, bushfires or loss of a loved one. Mental health is a serious issue and pharmacists are often the first point of contact given our accessibility".

Funding opportunities that support practitioner development for pharmacists are encouraged. State health scholarships for nurse vaccinators should also apply to pharmacist vaccinators to increase workforce capacity in these regions and ensure services remain viable and available to the community. This is exceptionally important during the COVID-19 pandemic to ensure both health practitioner workforce and communities in these regions are protected.

With the increasing prevalence of chronic conditions (e.g. cancer, mental health disorders, cardiovascular disease), neurological diseases (e.g. dementia, Alzheimer's disease), pharmaceuticals continue to be one an essential health service for rural and remote Australians [4]. Mental health and pharmacy services are also recognised as requiring increased provisions going forward [4].

In these rural, remote and regional communities, there will be a need for:

- additional health prevention and early intervention activities to minimise and respond to growth in rates of cancer, disorders of mental health and cardiovascular disease
- enhanced primary healthcare services and treatment services to respond to increases in chronic disease
- additional or amended support and incentives to bring numbers closer to the estimated required benchmark

The current remuneration structure does not take into consideration the more complex patient care situations that are routinely encountered in rural, regional and remote community, where there are already a lower proportion of pharmacists per head of population, and patients with lower socioeconomic determinants of health, lower health literacy and more complex chronic conditions.

Linking funding to quality, time and complexity of pharmacist care will allow more pharmacists to service these areas. This has the potential to substantially improve quality of life of patients in these communities, particularly those taking multiple medicines for multiple chronic conditions.

"We want to do more – more home medicine reviews, more residential aged care reviews, more vaccinations, more visits to remote and indigenous communities to provide health care and review medicines, but the costs associated with paying staff to provide these services in rural communities makes it impossible to stay viable. If we had integrated and coordinated care, remuneration that considered the time and complexity of the patient then we could afford to do more".

Recommendation 2 – Develop strategies to support and increase the pharmacist workforce in rural and remote Australia

Attracting and retaining pharmacists to rural and remote NSW remains a challenge. Many regional, rural and remote pharmacies rely on a fly-in fly-out model and locum pharmacists.

Feedback from PSA member pharmacists indicates that many rural and remote communities struggle to sustain a viable community pharmacy, despite rural allowances provided through successive Community Pharmacy Agreements (CPA). The Pharmacy Accessibility/Remoteness Index of Australia (PhARIA)[5] quantifies the degree of 'geographic and professional remoteness' of pharmacies, and was designed to aid the equitable distribution of financial assistance to rural and remote pharmacies as well as other rural programs under the CPA. However, the appropriateness of the PhARIA in supporting pharmacies fairly and equitably has been challenged previously.

There is a maldistribution of pharmacists in regional and rural areas compared to metropolitan areas. There are approximately 101 pharmacists per 100,000 people in major cities compared to 40–60 pharmacists per 100,000 people in remote and very remote areas[2]. There is also which indicates that rural and remote pharmacists have higher workloads – their average total hours of practice increased with remoteness from an average of 35.5 hours per week in major cities, to 40.3 and 39.7 hours per week in remote and very remote areas, respectively[6].

"When I first arrived in this small town I would travel 2 hours to do home medicines reviews and service hostels. Workload has increased so much that there is no time or staff available to deliver these services".

Thus, pharmacists in rural and remote parts of Australia face challenges in providing healthcare services to smaller populations, spread across large and diverse geographical areas, but with significant health needs.

A comprehensive review of rural health workforce support programs and initiatives to ensure equity of access to appropriate support for pharmacists, similar to medical and nursing professions must be undertaken.

PSA believes that incentives for pharmacists to support rural and remote communities should be aligned to those of other rural and remote health practitioners.

There is a need to align the rural and remote health workforce measures for pharmacists to those that are in place for medical practitioners, nurses and other allied health professionals. To achieve better integration and coordination of healthcare in rural and remote Australia, the incentives that are in place for other health professionals should equally be available to pharmacists. In addition, infrastructure incentives to support rural and remote community pharmacies should be developed to increase primary healthcare delivery as well as student supervision in rural and remote Australia.

Structured rural training and career pathways are needed along with more funded clinical placements for student and interns to increase exposure to working in these settings and attract pharmacists in longer term positions.

Community pharmacies in rural and remote Australia provide a unique environment for undergraduate and postgraduate clinical training. Yet, this is provided without structured support including funding from the government or education providers. Investment in the educational and preceptor infrastructure of community pharmacies to deliver structured training should be a high priority. This could further evolve into rural generalist qualifications within the community pharmacy setting.

PSA believes in quality experiential placements in pharmacy programs for all students across a variety of practice settings, geographies, and communities to provide a focus on emerging workforce priorities and changing healthcare needs. Consideration should also be given to the accessibility of alternate supervised practice sites such as Aboriginal Health Services and general practices.

Pharmacists may be one of the only primary care practitioners in rural and remote regions of Australia. Indeed, in some areas, the pharmacist may be the only accessible health practitioner. Development of

a training and recognition program for rural practitioners that supports pharmacists in advanced care delivery in rural Australia would go a long way in helping to reduce health disparities, as well as improving access to quality care.

PSA strongly suggests that a tailored rural pharmacy pathway to complement the National Rural Generalist Pathway for medicine and the rural allied health framework under consideration is warranted.

PSA welcomes the opportunity to identify options to design and progress a rural pharmacy pathway to improve the health of rural and remote Australians through the expertise of pharmacists.

"Many pharmacies rely on locums that stay for a short period of time. This is disruptive to the continuous care of the patient and a significant investment in time and money. Student and intern placements often lead to longer term arrangements, with most interns staying on for at least a year post graduation, which allows us to deliver more services that benefit the community".

PSA believes there should be a review of all government-funded scholarships and grants which are designed to support rural and remote health practitioners. Feedback has been provided to PSA that often pharmacists are not eligible to apply for such scholarships. Even when pharmacists are eligible to apply, PSA has received comments that information to ascertain eligibility is not always clear or transparent and some pharmacists have felt disadvantaged.

PSA suggests consideration to the allocation of funds to clinical placement scholarships for pharmacy students and interns.

Currently, placement positions in the community pharmacy sector are principally supported by pharmacists. Rather than relying on the private market, PSA suggests that pharmacy student clinical placements and internships could be funded appropriately by government to promote equity of access and increase learning opportunities through coordinated and collaborative multidisciplinary health care.

While attracting students and interns to rural and remote practice is one strategy to help build a sustainable rural workforce, PSA believes there should also be options to support mid-career pharmacists to transition to rural practice. PSA is not aware of any government support to promote structured career opportunities for pharmacists. This could be in the form of bonded rural scholarships or providing interns with a graded financial incentive according to remoteness.

Recommendation 3 – Invest in pharmacist stewardship to improve outcomes and transitions of care

Clinical handover of patients to and from hospitals is often suboptimal and this includes the communication and continuity of care around medicine management – this is magnified in regional, rural and remote communities where there are fewer resources both within the hospital and in the primary care setting.

Hospitals have varying arrangements when it comes to pharmacist resourcing, which creates difficulties in ensuring that pharmacists play a key role when reconciling medicines on admission and discharge from hospital.

PSA's Medicine Safety report highlighted the importance of medicine safety after discharge given[7]:

- 3 in 5 hospital discharge summaries where pharmacists are not involved in their preparation have at least one medication error

- For 1 in 5 people at high risk of readmission, timely provision of a discharge summary did not occur

- Only 1 in 5 changes made to the medication regimen during hospital admission were explained in the discharge summary

"It's a regular occurrence, people that I have seen being discharged from hospital either on the wrong medications or not given enough medications. They can go without some medicines for two weeks because they can't get an appointment to see a doctor".

Funding a pharmacist that works across multiple regional/remote practice sites such as community pharmacies, local hospitals, general practices, Aboriginal health services or residential aged care facilities, would reduce medication misadventure associated with transitions of care and establish more coordinated and integrated care.

Pharmacists can optimise the transfer of care, including through medicines reconciliation on admission and discharge, should be prioritised as a matter of urgency. Systems investment in electronic medicines management should also be prioritised within the hospital environment. Innovative and consistent application of expert pharmacist knowledge throughout a patient's healthcare journey would provide seamless and more effective care. Greater communication and enabling a shared-care approach to patient care will improve outcomes associated with transitions between care settings.

Transitions of care are times of high risk for medicine misadventure[7]. Empowering pharmacists to address these issues will reduce healthcare expenditure by minimising overuse and underuse of medicines, and preventing readmission to hospital after preventable medicine-misadventure events.

Pharmacists must be involved in clinical handover focused on medicine management at the point of admission and discharge from hospital. Appropriate investment in pharmacist resourcing within hospital settings must occur to ensure that these activities can be conducted within the hospital environment. Clinical handover at the time of admission by a hospital pharmacist with the usual care team can identify unique medication usage issues that are relevant during a patients stay in hospital.

Changes to medicine regimens within the hospital environment can be poorly communicated at times to primary care practitioners, including community pharmacists. Changes that occur should be clearly documented and communicated to the patient's primary care providers, and system changes should support clinical handover and medicines reconciliation within the community pharmacy environment.

Recommendation 4 – Prioritise funding for palliative care services and training opportunities for pharmacists

There is a reliance on generalists to provide palliative care, particularly in rural and remote regions where there is a shortage of specialists. Providing quality healthcare faces well-recognised challenges of a limited workforce, poor access, and vast geography. The involvement of a multidisciplinary palliative care team is paramount to delivering optimal and holistic palliative and end of life care, regardless of setting. The accessibility of community pharmacists and their role within the community means they are ideally placed to assist in the delivery of community based palliative care services. Community pharmacists however, are not widely recognised as members of the palliative care team and thus are often an underutilised resource.

Pharmacists have the ability to play a key role within the palliative care team by:

- Supporting the delivery of community-based palliative care, particularly medication management and de-prescribing

- Supporting people receiving palliative care at home along with their caregivers
- Providing advice on appropriate drug doses, alternative routes of administration of medicines when people are unable to tolerate oral medicines
- Reviewing current medicines to develop a medication plan considering the person's palliative care journey and goals of care
- Reducing the risk of medication misadventure
- Providing Home Medicines Reviews to rationalise medicines, and provide support and education for both the person and caregiver
- Ensuring the pharmacy is prepared to supply core medicines including injectable medicines that may be required during the terminal phase

In 2019, the Clinical Excellence Commission worked with pharmacy organisations, including the Pharmaceutical Society of Australia, to strengthen involvement and integration of community pharmacy in palliative care, leveraging the pharmacist's role as experts in medication management. This included the implementation of palliative care education and training specific to community pharmacists, as well as the establishment of the NSW Palliative Care Core Medicines List to facilitate end of life care in the home[8].

Access to core medicines for anticipatory care in palliative care patients is also challenging for people in regional, rural and remote areas. Carers may often drive hours to collect vital medicines and medicines supply can be delayed in remote communities – highlighting the importance of advanced care planning. Pharmacists are also well placed to educate and support carers on medicines and their administration.

Many community pharmacists feel ill-prepared to deal with patients under palliative care, due to a lack of knowledge both of the palliative care process and the medications used in palliative care. Access issues and barriers to stocking medications used in palliative care have also been identified.

Based on the high burden of long-term debilitating conditions and the need for access to important medicines for symptom management and anticipatory care throughout the stages of palliative care, there is a need to improve awareness and access to core medicines as well as multidisciplinary coordination of end of life care by building the pharmacist workforce capability to support medicines management in palliative care patients.

Research into the impact of the pharmacist's role in palliative care within Australia has indicated that the inclusion of a pharmacist in a community palliative care team leads to an increase in the medication-related knowledge and skills of its members, improved patient medication management, and minimised related errors.

PSA recommends funded training for pharmacists in these areas to increase awareness of the core medicines list in NSW in order create better access to these medicines as well as establish enhanced multidisciplinary care coordination with local health care providers.

Recommendation 5 – Integrate pharmacists in Aboriginal Community Controlled Health Services

Over two thirds of the indigenous population reside in regional, rural and remote NSW[9]. This increased to over 80% in very remote communities[9]. Indigenous Australians are more likely than other Australians to have mental health problems and chronic diseases such as respiratory and cardiovascular disease as well as diabetes and chronic disease. In addition, alcohol and illicit substance use plays a significant role in the gap between indigenous and non-indigenous Australians when it comes to life expectancy and health[10].

There is growing evidence that integrating pharmacists within Aboriginal Community Controlled Health Services (ACCHOs) [11] can help increase life expectancy, chronic disease management and health outcomes as well as improve uptake of medicine management reviews and improve relationships with community pharmacies both with the indigenous population and the health workers working collaboratively.

There is an urgent need to address the considerable health disparities for Aboriginal and Torres Strait Islander peoples. Specific culturally appropriate programs for pharmacists within Aboriginal Health Services as well as within community pharmacies must be developed to support healthcare delivery for Indigenous Australians. This requires support around coordination and also funding outreach services to very remote communities.

PSA believes pharmacists should be integrated in Aboriginal Community Controlled Health Services and equipped with skills and knowledge to deliver closing the-gap initiatives for Indigenous Australians

"Integrating a non-dispensing pharmacist in an Aboriginal Health Service has the potential to improve medication adherence, reduce chronic disease, reduce medication misadventure and decrease preventable medication-related hospital admissions to deliver significant savings to the health system."

Recommendation 6 – Further explore options to enable pharmacists to adopt and embrace digital transformation to improve the delivery of health care to rural and remote Australians in a timely, safe, equitable manner

Pharmacists in 2023 (Action 11) highlights the importance of embracing digital transformation to improve the quality use of medicines; supporting the delivery of safe, effective and efficient health care; and facilitating collaborative models of care[1,12].

PSA believes options for pharmacists to deliver services via telehealth are vital and must be funded. The use of telehealth through, for example, a multidisciplinary team arrangement will mean greater access to more comprehensive care for patients in rural and remote areas not serviced by local health management services.

Current telehealth arrangements for pharmacists conducting medication reviews must continue for patients in rural and remote settings in order to create more equitable access to health care and advice in these communities. This funding must be tied to local service providers who understand the complex needs of patients in these areas.

"Digital health funding for pharmacists embedded in different health settings, including a General Practice or Residential Aged Care Facilities (RACFs), to conduct medication management reviews to

remote communities via telehealth in conjunction with an Aboriginal Health Service would provide greater opportunities for medicine and chronic disease management and preventative care".

Pharmacists are genuinely excited about the evolution in digital technologies and the prospects of growth in digital health initiatives for the benefit of patients, carers and families, in particular, rural and remote Australians.

It is recognised that the My Health Record System will enable improved information access for patients and their caregivers. However, there is a need for improved point-to-point communication using secure message delivery between care settings and uploading of information by health care professionals.

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