

Sharing dispensing data improving patient care

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Community pharmacies across the Bay of Plenty have been sharing dispensing information with primary and secondary healthcare providers, in a bid to provide patients more efficient and safe care.

Bay of Plenty DHB introduced the information-sharing system, BOP MEDCheck, in March to provide community pharmacists access to patients' records.

Community pharmacies that have signed up can view records, such as discharge summaries and lab test results, and hospital clinicians can view medicines dispensed to patients.

BOP MEDCheck has annual running costs of \$21,000, funded from the DHB's operational resources, general manager information management Owen Wallace says.

Forty-five of the 52 community pharmacies in the region are signed up to BOP MEDCheck, clinical applications specialist Mark Gardiner says.

The service uses patients' dispensing information that the pharmacist has entered into a dispensing system.

The information is then automatically transferred to the DHB's clinical data repository, Éclair, so it can be accessed by clinicians.

Clinicians and pharmacists have provided positive feedback about the service, Mr Gardiner says.

Hospital clinicians have previously found it difficult to obtain patients' dispensing information from community pharmacists because pharmacists are generally available only during normal business hours, Mr Gardiner says.

But BOP MEDCheck provides immediate access to patient information, which can make a world of difference in an emergency, Mr Gardiner says.

"Late at night, if a patient in ED needs to be resuscitated, they're not going to be able to tell anyone what medication they are on," he says. They [clinicians] are not going to be able to get hold of their GP or pharmacy."

This sharing of information allows for coordination among health professionals to provide the best care for patients, Mr Gardiner says.

About 20 pharmacies have enlisted in BOP MEDCheck during the past six weeks.

BOP MEDCheck has resulted in fewer phone calls from the DHB to pharmacies because medication reconciliation can occur on-the-spot by checking Éclair, Mr Gardiner says.

Patients can opt-out of information sharing

Patients must provide permission for dispensing-information to be shared to protect their privacy, Mr Gardiner says.

When a patient gets their prescription from a pharmacy signed



Mark Gardiner

up to BOP MEDCheck, patients are automatically enlisted, but they can opt out, he says. Posters and leaflets about BOP MEDCheck are available for patients at the pharmacy.

After their medication has been dispensed and paid for, they will be given a receipt which includes a note about the automatic opt-in, and an information line to call for further details or to opt-out.

For patients who opt-in, their privacy is in the hands of healthcare providers, Mr Gardiner says.

"We don't restrict what NHI [National Health Index] community pharmacies can look at," Mr Gardiner says. "We rely on their professional ethics."

However, the DHB is undertaking audits to prevent trawling, or pharmacists who look up the information of patients who aren't their regular customers, Mr Gardiner says.

Information alerts keep pharmacists up to date

Community pharmacies enlisted in BOP MEDCheck have access to the Clinical Health Information Portal (CHIP), which allows pharmacists to view patient event information, including when they have been admitted to hospital or discharged.

CHIP access also provides pharmacists with other information, such as a heads-up on a patient who has died, Mr Gardiner says.

"Often, a community pharmacy will find out a patient has died when their partner comes in with their expired medication," he says.

"With the CHIP system, a patient's death is alerted immediately.

"If a patient's medication has been set aside for a while, the pharmacy can go into CHIP to see whether the patient has passed away."

Doctors save time through information sharing

With BOP MEDCheck, doctors don't have to have lengthy conversations with pharmacists, or waste time trying to get hold of them, Mr Gardiner says.

"Previously, the doctor had to call the pharmacy and ask what medications a patient was on.

"The pharmacy had to fax it through, whereas now, the information is available on the database."

Healthcare professionals have told Mr Gardiner of its benefits.

"A cardiologist has said he doesn't have to waste 15 to 20 minutes of his time working out what medication the patient is on, what pharmacy it came from, and who it was prescribed by," Mr Gardiner says.

"So, it offers quite a few efficiencies on both sides." **SB**
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ARRIVALS & DEPARTURES



Comvita business leader moves up ranks to chief executive role

Comvita's deputy chief executive Scott Coulter has been promoted to chief executive of the global natural health company.

Mr Coulter takes over from Brett Hewlett who steps down after 10 years with the company, but who will continue to provide advice on strategy projects and later join the board, according to a 29 September NZX announcement.

In 2013, Mr Coulter became one of 10 business people to win a Prime Minister's Business Scholarship and, in 2014, he completed the Advanced Management programme at the Harvard Business School.

He joined Comvita in 2003 as sales and marketing manager following senior management roles in sales and marketing with Dominion Salt and Tetra Pak.

In 2007, he became Comvita's chief marketing officer. In 2012, he became chief operating officer and deputy chief executive.

The board believes Mr Coulter will help Comvita become a \$400 million-sales company by 2020.

Mr Hewlett will remain a director of Derma Sciences, which Comvita has a commercial partnership with, as well as an advisor to the board. **MN**
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Auckland DHBs name contractor for regional meds disposal service

MICHELLE NORTON

Auckland Metro DHBs have announced a provider that will offer a single regional medicines disposal service for pharmacies.

In November 2014, Waitemata, Auckland and Counties Manukau DHBs consulted with pharmacists about having a regional contract for collection and disposal of unused or expired medicines returned by patients (*Pharmacy Today*, July).

The Auckland DHBs have now appointed International Waste Limited to provide the service, which will cover the collection of pharmaceuticals, sharps and cytotoxic waste from approximately 350 pharmacies in the region.

Only two companies applied for the contract, and the DHBs are now entering negotiations with their preferred supplier.

"Currently, community pharmacies are individually funded to make their own arrangements for managing the disposal of waste products," deputy director of funding Tim Wood says in a statement.

"This inevitably leads to a range of different models being in place across the region which are difficult to monitor and lack the economy of scale that a single regional contract offers," Mr Wood says.

"The new system is also designed to mitigate risks of harm to patients and to the environment."

The DHBs expect the new service will start in February 2016.

However, as a result of this new service, Auckland DHBs are cancelling their service development fee to pharmacists, which also includes an information payment to support initiatives such as Testsafe.

In 2013/14, the DHBs allocated

a total of \$2.21 million for these services, according to information provided to *Pharmacy Today* (*Pharmacy Today*, October 2014).

Pharmacists will stop receiving a payment from this fund at the end of January.

"Those pharmacies which have used the funding for the intended purpose will find the change is revenue-neutral and, in fact, lifts a significant ongoing operational burden from them," Mr Wood says.

"Now that the DHBs are establishing and funding a single regional community pharmacy waste-management service, there is no basis for continuing payment of the fee. The DHBs will reallocate the service development funds to directly meet the regional service costs," he says.

Pharmacists have raised concerns about the lack of a nationally consistent pharmaceutical waste disposal



A regional contractor will collect old drugs from Auckland Pharmacists

system increasing the risk of medicines being flushed down drains, ending up in the water people drink and also harming the environment (*Pharmacy Today*, July).

The Pharmacy Guild, the Pharmaceutical Society and the Community Pharmacy Leaders Forum have been advocating for a national system for removing pharmaceutical waste. **MN**
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Canty pharmacy group manager Kim Lischner resigns

Canterbury Community Pharmacy Group (CCPG) general manager Kim Lischner has resigned, after five months in the role, citing personal reasons.

Ms Lischner stepped down on 30 October, having started on 28 April. "I am going to be taking a considerable break away from any work to pursue personal interests and then reconsider my options," she says in an email.

"At this point, I have no plans, but I suspect that pharmacy ownership again in the future might be on them."

Ms Lischner took over from Graeme Smith, who left after almost three years in the role (*PharmacyToday.co.nz*, 'News', 11 February).

Newly appointed clinical lead Gareth Frew has stepped in as interim general manager. **MN**
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