

RECOMMENDATIONS

Recommendation 1

2.19 The committee considers that to the extent that compliance with privacy laws and obligations can be maintained, Medicare Australia and DOHA should facilitate the release of information to parties requesting it to ensure that opportunities to understand the impact of the program are not wasted.

Recommendation 2

2.28 The committee recommends that the Commonwealth Government undertake an evaluation to ascertain whether the increased supply of PBS medicines provided by the program is having a clinical impact on the health of Aboriginal and Torres Strait Islander people in remote communities.

Recommendation 3

2.46 The committee recommends that the Commonwealth Government provide specific funding for remote area AHSs to be able to provide dose administration aids (DAAs) to their patients.

Recommendation 4

2.70 The committee agrees with submitters and recommends that program flexibility be implemented to give remote area AHSs increased and direct access to the services of a pharmacist. This could be done by AHSs engaging a pharmacist directly or in collaboration with other stakeholders or service providers. Options for funding and operating these services could include cashing-out existing program funding, access to alternative funding measures, expansion of the Practice Nurse Incentive Program to include pharmacists, remunerating remote pharmacists for services through the Medicare Benefits Schedule, and removal of legislative barriers that prevent the operation of pharmacy businesses in remote areas.

Recommendation 5

2.71 The committee recommends that the Commonwealth Government establish a consultative body of relevant stakeholders to develop proposals and options to increase direct access to pharmacists for remote area AHSs, consult program participants and others, and provide support to AHSs to allow them to make informed choices about options.

Recommendation 6

3.8 The committee is surprised to note that there is no universal system in place to provide for accurate and legible labelling and recording of medicines. The committee therefore recommends that the Commonwealth Government urgently support the development and introduction of efficient standardised systems for accurate labelling of medicines in remote area AHSs, and that these systems are developed to ensure accurate collection of medicine data and use.

Recommendation 7

4.31 The committee recommends that the Commonwealth Government publish information on the status of recommendations from previous reports, making it clear which recommendations will be implemented, timeframes and responsibility for implementation.

Recommendation 8

4.32 The committee recommends that the Commonwealth Government ensure that participants in the section 100 program have sufficient opportunities to participate in the implementation process.

Recommendation 9

5.11 The committee would like to see greater integration of existing programs to provide complementary services to patients of AHSs. The evidence the committee received during the course of this inquiry supports this. Therefore the committee recommends that DOHA develop a process for integrating existing programs, and that a clear policy and program logic is published to show how these programs will work together.

Recommendation 10

5.14 The committee recommends that the Commonwealth Government clarify the application of the section 100 supply program to remote aged care facilities, and advise operators of these facilities accordingly.