

AMA Victoria submission to the Department of Health's *Public Consultation on Authority Required Medicines for the Post-market Review of Authority Required PBS Listings*

AMA Victoria welcomes the opportunity to provide input into the *Public Consultation on Authority Required Medicines for the Post-market Review of Authority Required PBS Listings*. This is an important review as the current Authority Prescribing service significantly impacts upon doctors' ability to treat their patients.

Background

The AMA has long been lobbying to remove the requirement which mandates that doctors phone a clerk to attain approval to prescribe a PBS medicine.

The PBS Authority system is archaic, time consuming and research suggests it does not improve prescribing practices.

We believe that the scheme should be scaled down and eventually removed so that doctors no longer have to waste precious time seeking approval to prescribe clinically indicated medicines for their patients.

An AMA survey found that around 17 per cent of General Practitioners (GPs) who sought permission to prescribe certain medicines had to wait 10 or more minutes a day to get through to a Department of Human Services clerk, while 3 per cent reported having to wait half an hour or more every day.

Even in its more streamlined form, the PBS Authority system creates significant amounts of extra work for doctors with no demonstrable benefit to patients. In 2008-09, 6.4 million calls were made to the Authority service, of which only 2.8 per cent of requests were denied¹.

Consensus from AMA Victoria members is that the PBS Authority system is inefficient and burdensome, and therefore should be scrapped.

Effectiveness

AMA Victoria is in good company in our belief that the system is unnecessary and should be scrapped. In 2006 the Productivity Commission recommended removing the PBS Authority approval requirement or to allow GPs to re-use an authority number for a repeat prescription where a patient's condition is unlikely to change². Their 2009 *Review of Regulatory Burdens on Business: Social and Economic Infrastructure Services* reaffirmed this recommendation and identified the PBS Authority system as an unnecessary administrative burden for medical practitioners and recommended it be removed³.

¹ Senate Community Affairs Committee, Answers to questions on notice, Health and Ageing Portfolio, Question: E09-187, 21 October 2009.

² Productivity Commission: Rethinking Regulation - <http://www.pc.gov.au/research/regulation-taskforce/report>, p xlvii, 24

³ Productivity Commission: Review of Regulatory Burdens on Business: Social and Economic Infrastructure Services 2009 http://www.pc.gov.au/data/assets/pdf_file/0003/91344/social-economic-infrastructure.pdf, p xxliii-xliv

A 2009 Department of Health review of the streamlined prescribing system⁴ found that there has been no appreciable change in prescribing trends for PBS streamlined medicines. This evidence highlights that medical practitioners adhere to the PBS prescribing requirements and that forcing them to comply with unnecessary systems and processes simply lowers productivity without achieving any real cost savings within individual health programs.

The time doctors' waste attaining authority to prescribe medications equates to more than 25,000 consultations every month across Australia: removing the Authority requirement would significantly increase patients' access to health services.

Key concerns

Whilst our members appreciate the need to restrict access to some medication, the current system is burdensome and inefficient.

As detailed above the phone system is slow and antiquated and often consumes a lot of a doctor's time, particularly where a doctor has multiple patients requiring authorities. It is not unusual for a doctor to have to try to get through to a clerk more than once for the same patient.

Over the last couple of years there has been a noticeable drop in resourcing to the service which is impacting upon doctors' ability to treat patients. Whilst up to 17 per cent of doctors report waiting ten minutes or more it is not unusual for a doctor to spend at least 3-5 minutes (one-fifth to one-third of a standard consultation) waiting for a response from the Authority line. This is time that could be spent engaging with the patient.

Many medicines are long term. The requirement to get Authority for each prescription is an unnecessary burden on the doctor and the Authority service. It would be sensible to, initially, streamline repeat prescriptions to reduce the administrative burdens.

The PBS Authority is impractical when it comes to dose and repeat prescriptions. The restrictions on the amount that can be prescribed and the number of repeats differ between public and private settings. Some drugs accessed through the public system can only be dispensed at a hospital pharmacy one month at a time with a maximum of three months on the script. Whereas, with a private script a patient could get two months at a time with a script for at least six months. Many medicines, such as Atenolol and SSRIs, also have a usual dosing of up to twice the amount allowed by the PBS Authority meaning scripts last half as long as they should. This lack of uniformity can create confusion amongst patients, practitioners and dispensers, increase the costs to the patient and health system, and is another administrative burden for the doctor.

Rigid time-frames requiring some medications to be prescribed for set periods of time before they can be streamlined under continuing treatment provisions impedes clinical judgement as well as increasing administrative burdens for

⁴ Department of Health Streamlined Authority Initiative Review 2009 - <http://www.pbs.gov.au/reviews/streamlined-authorities/streamlined-authorities-12-month-review-2009.pdf;jsessionid=jsdcm8w02kww69zg019sn9lq/>



doctors and the Authority service. Furthermore this adds costs to the patient and the health system through additional appointments and prescriptions, and may mean that the drug is prescribed for longer than is deemed clinically necessary.

The current system also jeopardises patient privacy. Contrary to the principles of privacy that are inherent in the health system, a doctor is forced to divulge the patient name and diagnosis to a third party before they can prescribe a clinically indicated medicine. This requirement is highly inappropriate and, in any other situation, would constitute a serious breach of patient privacy.

The only value our doctors see in the PBS Authority system is as a way to monitor access to potentially abused drugs (stimulants, quetiapine, benzodiazepines) as the current system identifies when the last script was written. However, given the significant administrative and cost burdens on doctors and the Authority service, AMA Victoria argues that this money would be better spent implementing a national real-time prescription monitoring system that allows checking from the doctors' office or the pharmacy to prevent 'doctor shopping', forgery or misuse of pharmaceuticals.

Conclusion

Time spent by doctors waiting on a phone line equates to less time for patient care. For every hour that a GP is tied up doing paperwork, about four patients miss out on seeing their local GP.

AMA Victoria supports the multiple recommendations that the inefficient, burdensome system be scrapped. In the short term, whilst the system is wound down, repeat prescriptions for the majority of medicines should be streamlined to reduce the significant administrative burdens placed on doctors and additional clerical resources need to be made available to improve telephone waiting times for doctors.