Review of the delivery and utilisation of Consumer Medicine Information by Gold Coast community pharmacists

BACKGROUND

The delivery and utilisation of Consumer Medicine Information (CMI) is an issue that has recently been under the spotlight. CMI is written brand specific information, regarding prescription and pharmacist only medicines, which is targeted towards consumers.\(^1,2\) CMI handouts are designed to inform patients about the intended use and the possible side effects of the medication. Recently there has been increased demand for medicine information by consumers.\(^3,4\) However, research has indicated that the majority of patients did not receive CMI handouts from pharmacists.\(^5\)

Since 1 December 2005, incentive payments for the provision of CMI have been included in the Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) dispensing fees at the rate of ten cents per subsidised claimable prescription.\(^6\) However, research has indicated that this fee has not increased the delivery of CMI by pharmacists.\(^7\)

Pharmacists in recent times have received criticism for not proactively assisting in the delivery of CMI to consumers.\(^8\) Pharmacists, in defence, have raised concerns about the side effects listed in a CMI causing anxiety to consumers and leading to non-compliance.\(^8\) Pharmacists have also expressed frustration that the information is not readily available on dispensing software.\(^8\) A need was therefore identified to obtain information regarding pharmacists’ opinions on CMI.

METHODS

A survey was designed that consisted of seven sections and varying numbers of sub-sections, covering the following areas:

- Familiarity with the Pharmaceutical Society of Australia (PSA) practice guidelines for provision of CMI
- Percentage of prescriptions estimated to be accompanied by CMI
- Systems for recording CMI provision
- Situations when CMI supply occurs
- Impact of financial incentive on delivery of CMI
- Facilitators that aid CMI delivery
- Barriers to provision of CMI

Surveys were faxed to 107 Gold Coast pharmacies during March 2009. A response rate of 63% was obtained (n=67). The majority of pharmacists (70%; n=47) indicated that the incentive payments for supply of CMI with PBS/RPBS scripts have made no difference to the frequency of supply of CMI.

RESULTS

A response rate of 63% was obtained (n=67). The majority of pharmacists (70%; n=47) indicated that the incentive payments for supply of CMI with PBS/RPBS scripts have made no difference to the frequency of supply of CMI.

Additionally, barriers to provision of CMI were identified as contributing to non-supply, with 45% of pharmacists (n=30) agreeing that Irrelevance of CMI to the patient (prescribed for an indication other than those listed in the CMI) was a barrier to provision of CMI in practice. Further, when questioned regarding the potential barrier Concern of CMI resulting in patient non-compliance, 66% (n=44) of pharmacists agreed, that this acts as a barrier to delivery of CMI.

CONCLUSION

The study showed that there were discrepancies between best and actual practice for provision of CMI in community pharmacies. However, Gold Coast pharmacists identified various barriers to delivery of CMI that prevent effective distribution of written medicines information to patients. While pharmacists are encouraged to comply with best practice guidelines, these differences seem to indicate that they reserve the right to express professional judgement regarding when to supply CMI to their patients. Improved systems for creating more efficient ways to supply accurate medicines information in an easily understandable manner to patients would assist in narrowing the gap between actual and best practice.

References available on request