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藥劑連線 Pharmacists Connect

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Suggestions to Proposed Private Healthcare Facilities Bill

Dear Sir/ Madam,

Pharmacists Connect is a voluntary, non-profit and independent organization founded in 2017, consisting of young, frontline pharmacists committed to enhancing health and medication literacy of the population of Hong Kong, through the development of the pharmacy profession.

In order to enhance the quality and safety of care provided by private healthcare facilities (PHF), we have detailed several points of concern that should be addressed in the proposed Private Healthcare Facilities bill [1] (hereafter referred to as “the bill”).

Definition of Medical Treatment (Part 2, Clause 12, p.12)

The definition provides a broad scope of medical treatment and notes several exemptions, specifically exempting pharmacists who dispense a poison or medicine. However, this exemption for pharmacists is overly narrow and may inadvertently impact the scope of pharmacist practice in Hong Kong.

Pharmacists practise to promote health and prevent and treat diseases, dysfunctions and disorders through proper drug therapies and non-drug decisions. They routinely provided treatment advice and recommend drug therapies to healthcare professionals and patients.

The proposed definition could negatively restrict the abilities of all registered pharmacists working in private healthcare facilities, since much of pharmacist’s current (and future) work could be classified as “medical treatment”. We suggest that an exemption be added so that “the practice of pharmacists” or alternatively to be consistent with the other exemptions “treatment given in the practice of pharmacists”, be included as an exemption.

Risks to Patients in Private Health Facilities that Dispense Medicines or Poisons

The current bill has not taken medication management into account for patient safety, economical and sustainability implications, especially for those who are multimorbid and under sophisticated medications. In Hong Kong, currently > 42.5% elderly take more than 5 types of chronic medications [2]. The harms associated with polypharmacy include an increased risk of experiencing adverse drug events (ADEs), multiple drug-drug interactions, non-adherence to medications, and increased drug costs [3].

1. Pharmaceuticals make up of 14.5% of the total domestic health expenditure in the private health sector and 20% of the private household out-of-pocket health expenditure [4].

    a. We note that there is no clause to ensure medication safety and patient outcomes within the bill and it does not specify the need for a registered pharmacist to carry out duties such as dispensing medicine and provide medicine related advice to patients, who may be at risk of experiencing an adverse outcome related to their medication therapy.

       Bates et al found that adverse drug events were common and that serious adverse drug events were often preventable. They further found that medications harmed patients at an

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overall rate of about 6.5 per 100 admissions in large US teaching hospitals with clinical pharmacist present, although most resulted from errors at the ordering stage. The research was based on self-reports by nurses and pharmacists and daily chart review, is a conservative figure because **doctors do not routinely self-report medication errors** [5]**.**

2. Regulatory control of PHF has not addressed the implications of the conflict of interests and risks of dispensing doctor has on patients. Physicians in private healthcare drive the demand for care, since they benefit from the repeat patients and the markup of drug prices as a major source of revenue. We hope to see greater price transparency in the costs charged to patients for medicines.

   A study in Malaysia demonstrated the markup price difference between the public sector, private retail pharmacies and dispensing doctors. The results showed that the markup by dispensing doctors can be doubled or even tripled as compared with retail pharmacies [6]. Local data is lacking but worth investigating.

   It has been documented that dispensing doctors can fill an important gap in the provision of pharmaceuticals for their patients especially where health workforce shortages exist. There is evidence that the dispensing role of doctors influences prescribing [7]. Evidence indicates that dispensing doctors prescribed **more pharmaceutical items** and **less often generically** than non-dispensing doctors which in turn would increase costs and risk over-medicating patients [8].

   With regards to the above evidence, we suggest the followings to prevent dispensing doctors to charge for prescription writing if requested by patients for outside dispensing.

   a. All costs to patients should be itemised clearly in order for the patient to understand the cost breakdown.

   b. Provide a transparent markup percentage of drug prices to protect patients' interests and to ensure affordable access to healthcare.

3. Over the past few years, numerous medication incidents involving PHF have attracted public attention. Some notable examples in Hong Kong are as follows:

   a. 18/8/2017- The injection of an expired vaccine to children
   b. 16/8/2017- A physician convicted for the prescription of antibiotics to penicillin allergic patient
   c. 29/7/2017- A patient died due to diagnosis and prescription error of a thyroid medication. The wrong medication was prescribed at a dose 100 times more than the usual dose. The same physician was found with illegal morphine and also previously injected expired vaccines to children.

4. In the current PHF ordinance, it does not regulate the PHF in terms of patient outcomes, yet the government promotes the expansion of the private healthcare market with no evidence on monitoring their quality of care.

The objective would be to formulate more stringent regulations on drug prescribing and dispensing to ensure enhanced patient safety. Possible legislative solutions could include the following:

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1. Each PHF should have a committee or responsible healthcare professional other than the prescribing physician, to monitor overall medication management; dispensing and compounding practice and adherence to dispensing guidelines as established by the appropriate authority.

2. Separate drug prescribing and dispensing from dispensing doctors to minimise overprescribing of drugs and healthcare expenditure.

3. Regulate that only registered pharmacists oversee and manage the operations of dispensary.

4. Pharmacists to be fully in-charge of the dispensary from procurement to supervision of dispensing, compounding and provision of advice.

    a. Studies on a pharmacist-led interventions and trainings in different settings including family medicine clinic, community pharmacies, primary care providers found that pharmacists were effective in reducing prescribing errors among physicians [9] [10] [11].

PHF who choose to dispense medicines and poisons should be required to have a registered pharmacist to oversee their medication management system. We also believe that PHF who dispense medications directly to patients should not be exempted from the bill. No matter the size of the clinic or facility, there are always risks involved when medicines are dispensed and pharmacists are uniquely positioned to enhance medication safety in PHF.

Where it is not feasible to employ a registered pharmacist, PHF should consider separating out the task of medication dispensing This would separate prescribing and dispensing and provide a valuable **independent** second check on all prescriptions written in PHF. This is the same standard that currently occurs in public and private hospitals, where the majority of physician and dentist prescriptions are check by registered pharmacists.

Thank you for taking this submission into consideration and we look forward to ongoing discussions with FHB to improve patient safety and to build a better regulated private healthcare market. Please do not hesitate to contact us to discuss any points from this submission.

Yours Faithfully,

Pharmacists Connect (Policy Research Group)

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