



INFORMATION STATEMENT



COMMUNITY PHARMACY IN HEALTH CARE HOMES TRIAL PROGRAM

Your Health Care Home recommends that you would benefit from a coordinated medication management service to be delivered by a pharmacy of your choice. The information presented in this Information Statement should be considered as additional to the “Health Care Homes – Patient Information Statement” provided by your Health Care Home and signed by you at the time of your enrolment in the Health Care Homes program¹.



WHAT SERVICES DOES THE COMMUNITY PHARMACY IN HEALTH CARE HOMES TRIAL PROGRAM OFFER ME?

Under the Community Pharmacy in Health Care Homes Trial Program your pharmacist will:

- Assess your eligibility to receive the service;
- Obtain informed consent from you to take part; and
- Undertake an initial and regular review of your medicines in consultation with your doctor.

This means that the pharmacist will sit down with you and develop an up-to-date medication list that is accessible to all relevant health professionals involved in your care. The pharmacist can also discuss any concerns you have about your medicines, including problems with your medicines, questions about what your medicines do, or anything else you would like to talk to the pharmacist about.

You will work with the pharmacist to develop a plan for your ongoing medication management (referred to as your Medication Management Plan), which will be communicated to your doctor. The plan may include health services provided by the pharmacist.

Your pharmacy and Health Care Home will work together to deliver your Medication Management Plan and provide support in achieving your medication goals.

The Australian Government will pay the pharmacy to deliver this service. Payments will be made to the pharmacy through an Administrator engaged by the Department of Health. You will not be charged by your pharmacy for the development of your Medication Management Plan. However, if your Health Care Home or pharmacist suggests the use of an optional Dose Administration Aid, an additional fee may be charged, at the discretion of your pharmacy.

In addition, the costs of any medicines prescribed by your Health Care Home will be in accordance with your entitlement under the Pharmaceutical Benefits Scheme. This means, you may have to pay the relevant patient co-payment amount or other charges.

More information about the Community Pharmacy in Health Care Homes Trial Program can be found at: www.health.gov.au/internet/main/publishing.nsf/Content/health-care-homes.

¹ See www.health.gov.au/internet/main/publishing.nsf/Content/HCH-patient-information-and-consent-form for a copy of this Patient Information Statement.



DO I HAVE TO PARTICIPATE IN THE COMMUNITY PHARMACY IN HEALTH CARE HOMES TRIAL PROGRAM?

It is up to you whether you would like to participate in the Community Pharmacy in Health Care Homes Trial Program and receive the services of a pharmacy as described above. Your decision does not impact on your participation in the Health Care Homes program operated by your medical practice.



PRIVACY AND YOUR DETAILS

What will my pharmacy do with my personal information?

If you consent to participating in the Community Pharmacy in Health Care Homes Trial Program, your pharmacy will collect, use or disclose personal information, including health information, at your first and subsequent appointments with your pharmacist for the purpose of:

- determining your eligibility for the Community Pharmacy in Health Care Homes Trial Program;
- developing your Medication Management Plan;
- making a claim for payment to the Administrator for the services provided to you; and
- complying with the compliance and evaluation requirements of the Community Pharmacy in Health Care Homes Trial Program.

If you do not provide your consent to the collection of your personal information, your pharmacy will not be able to assess your eligibility for the service and you will not be able to access a funded Community Pharmacy in Health Care Homes Trial Program service.

What will the Administrator do with my personal information?

Your consent is also sought for the disclosure of your personal information, including health information, to the Administrator of the Community Pharmacy in Health Care Homes Trial Program. From 1 December 2019, the program has been administered collaboratively by The Pharmacy Guild of Australia and the Pharmacy Programs Administrator.

Examples of the kind of personal information being disclosed are:

- details about your eligibility for the service;
- services you received;
- medications you are taking; and
- other health information.

A subset of your personal information will also be disclosed to the evaluator of the Community Pharmacy in Health Care Homes Trial Program for the purpose of evaluation (see below for further information).

What information will be provided to the Community Pharmacy in Health Care Homes evaluator?

Health Policy Analysis Pty Ltd (HPA) will be undertaking the evaluation of the Community Pharmacy in Health Care Homes Trial Program. The Administrator will provide de-identified data to HPA for this purpose.



'De-identified' means that personal information such as your name, address, date of birth and Medicare card number has been removed from the data. All due process and care is taken to minimise the risk of de-identified data being used to identify patients.

As a separate process, the Administrator will also disclose your contact details, including your name, residential address, email address and phone number, as well as your year of birth and gender, to HPA to allow the evaluators to invite you to respond to a survey or participate in an interview or focus group. This data will not be linked to your health information. Only a sample of patients will be invited to participate in these activities. If you do not wish to take part in these activities, you do not have to. You can simply decline the invitation to participate if you receive one. Choosing not to participate will not affect the health care provided to you in any way.

Providing your personal information to the Department of Health

Your personal information may also be disclosed to the Department of Health by a pharmacy or the Administrator for the purpose of monitoring the Community Pharmacy in Health Care Homes Trial Program and for audit purposes.

Where will my information be stored?

Your personal information will be stored in Australia and not overseas by the Administrator, the Department of Health or the evaluators of the Health Care Homes program. You should talk to your pharmacy about how and where your pharmacy stores your personal information.

Further Information on the Community Pharmacy in Health Care Homes Trial Program

The Department can be contacted at healthcarehomes@health.gov.au for further information on the Community Pharmacy in Health Care Homes Trial Program.

The Pharmacy Guild of Australia can be also contacted by telephone on 1300 555 262 or email at healthcarehomes@6cpa.com.au.

Changing your details or making a complaint

To access, correct or make a complaint about personal information held by any of the entities referred to in this document, you can contact the Department of Health at healthcarehomes@health.gov.au for information about how to do this.

Complaints about the ethical conduct of this evaluation should be made in writing to the ACT Health Human Research Ethics Office at ethics@act.gov.au

Alternatively, you may obtain the privacy policies for the organisations referred to in this document directly, as set out below:

- The Pharmacy Guild of Australia – there is a privacy policy in relation to the Sixth Community Pharmacy Agreement which you can find at <http://6cpa.com.au/privacy-policy/>;
- the Pharmacy Programs Administrator – there is a privacy policy in relation to how personal information is collected, which you can find at <https://www.ppaonline.com.au/privacy-policy>; and
- The Department of Health – go to the privacy policy at www.health.gov.au/privacy.



WRITTEN CONSENT

Full name of participant:

Acknowledgement

I have read, or had explained to me, and understand the contents of the Community Pharmacy in Health Care Homes Trial Program Information Statement – July 2020.

Consent

I consent to receive the services provided under the Community Pharmacy in Health Care Homes Trial Program and in doing so I consent to the collection, use and/or disclosure of my personal information as outlined in the Information Statement.

I understand that de-identified data will be used to evaluate the program.

I understand that I may be contacted by the Health Care Homes evaluators on behalf of the Department of Health to participate in a survey, interview or focus group in relation to my participation in the Community Pharmacy in Health Care Homes Trial Program. I understand that I do not have to participate in these activities if I do not want to.

Signature of Participant / authorised representative Date and Time

Full Name of Participant/ authorised representative

If you are signing on behalf of the Participant, please indicate your relationship to the Participant:

- Parent, carer, or guardian
- Other - specify the applicable number from one of the categories below here: _____
 - 1) *Enduring Guardian, recognised by a relevant State or Territory law*
 - 2) *Enduring Power of Attorney, recognised by a relevant State or Territory law*
 - 3) *A person recognised by a relevant State or Territory law.*



VERBAL CONSENT

Full name of participant:

Full name of person taking consent:

Relationship to participant:

Date and time of seeking consent:

Duration of call:

Acknowledgement

I have read and explained the contents of the Community Pharmacy in Health Care Homes Trial Program Information Statement and Consent form – July 2020 with the participant / carer.

I have provided the participant with the opportunity to ask questions and have answered all questions from the participant / carer.

Declaration

I declare that the participant / carer has consented to receive the services provided under the Community Pharmacy in Health Care Homes Trial Program and in doing so consented to the collection, use and/or disclosure of their personal information as outlined in the Information Statement.

I declare that the participant /carer understands that de-identified data will be used to evaluate the program.

I declare that the participant / carer understands that they may be contacted by the Health Care Homes evaluators on behalf of the Department of Health to participate in a survey, interview or focus group in relation to their participation in the Community Pharmacy in Health Care Homes Trial Program. The participant/carer understands that they do not have to participate in these activities if they do not want to.

Signature of pharmacist

Date

Full Name of pharmacist