



HEALTHCARE MANAGEMENT ADVISORS

Funding Model Options for Dispensing of Pharmacotherapies for Opioid Dependence in Community Pharmacy

Appendices to Final Report

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Ageing as part of the Third Community Pharmacy Agreement through the Third
Community Pharmacy Agreement Research and Development Grants Program and
managed by The Pharmacy Guild of Australia**

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APPENDIX 1

Key Stakeholders

KEY STAKEHOLDERS CONSULTED

ACT Health - Drugs and Alcohol	Kevin Foreman
Drug and Alcohol Services Association, Alice Springs, NT	Joanne Griggs
Australian Injecting and Illicit Drug Users' League, ACT	Annie Madden
Broadbent Pharmacy, Croydon, SA	Michael Broadbent
Department of Health & Human Services Tasmania	David Jackson
The Australian Government Dept Health and Ageing	Klaus Klaucke
Department of Health, Western Australia	Trish Heath
Department of Health, South Australia	Geoff Anderson
Department of Human Services, Victoria	John McCormick
Drug and Alcohol Services Council, Warinilla, SA	Paul Williamson/Martin Hurley
Midnight Pharmacy, Adelaide, SA	Peter Angelos
Newton Pharmacy, Kensington, Victoria	Irvine Newton
Department of Health, NSW	Mark Anns
Department of Health, Queensland	Alun Richards
SA Voice of IV education (SAVIVE), Norwood, SA	Carol Holly
The Pharmacy Guild, New South Wales Branch	Denis Leahy
Turning Point Alcohol and Drug Centre, Melbourne, Victoria	Peter Minison
Department of Health, Queensland	William Loveday
Pharmaceutical Society of Australia, Carlingford, NSW	Ron Natoli

Member organisations of the Australian Injecting and Illicit Drug Users' League in each state and territory also provided invaluable advice during the course of the project.

APPENDIX 2

Scoping Studies Pharmacies Data Collection Form



HEALTHCARE MANAGEMENT ADVISORS

PHARMACY GUILD OF AUSTRALIA

Development, Implementation and Evaluation of Funding Model Options for Dispensing of Pharmacotherapies for Opioid Dependence in Community Pharmacy

SCOPING STUDY FRAMEWORK FOR PHARMACIES

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4 May 2005

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1

Introduction

The Pharmacy Guild of Australia (the Guild) has appointed Healthcare Management Advisors (HMA) to:

- *develop options for a best practice funding model for the subsidisation of pharmacotherapy dispensing costs within the community pharmacy setting to achieve optimal health outcomes for the clients;*
- *these options are to be trialled and evaluated in a range of pharmacies;*
- *the plan for evaluating the model(s) will need to include parameters for assessing efficiency and effectiveness (including health outcome indicators).*

This project will provide an important opportunity to obtain quantitative and qualitative data that can be utilised to fully understand the costs of service provision, resource utilisation and satisfaction of community pharmacists with respect to the dispensing of opioid substitution pharmacotherapies. The key objective will be to collect a wide range of baseline data that will be used to develop future funding model options (for the provision of methadone and buprenorphine). These model(s) will be trialled and evaluated from the perspective of both community pharmacists and consumers. Considering these funding options will necessitate a range of complex issues impacting upon pharmacist providers and consumers to be addressed to ensure the funding model options to be developed are capable of supporting improved health outcomes and funding equity.

This research project will provide an important opportunity to obtain quantitative and qualitative data to better understand the costs of dispensing, resource utilisation, and satisfaction of providing opioid substitution pharmacotherapies, from the perspective of community pharmacy providers and consumers.

1.1 PROJECT METHODOLOGY

HMA has proposed a program of action research which will involve a number of integrated stages including:

- (1) **Situation analysis.** A comprehensive situation analysis which describes the existing operational and funding arrangements relating to the provision of pharmacotherapy services in Australia and overseas has been completed.
- (2) **Baseline data collection (Current Stage).** This stage involves the design and collection of baseline data using a scoping study approach involving 12 community pharmacies located in the Australian Capital Territory, New South Wales, South Australia, Tasmania and Victoria. The views of consumers will also be sought through an interview process with consumer advocacy groups that have been established in each of the above states. We are proposing to collect baseline data from each of these community pharmacies and selected consumer advocates as follows:

- participating scoping study community pharmacies will be approached to provide information regarding costs of service provision, resource utilisation, retention rates and satisfaction with the current service model; and
 - consumers will be invited to provide information regarding a range of issues such as retention rates, missed doses, dose refusal, level of debt, client satisfaction, health status, financial and other significant issues that have an impact on the consumer group.
- (3) **Funding options.** The formulation of best practice funding model options includes a financial impact assessment of each model option.
 - (4) **Funding Model Trials.** The design of a trial evaluation methodology and conduct trials of preferred funding models in nine community pharmacies and involving approximately 117 consumers.
 - (5) **Evaluation of trials.** The evaluation of trial outcomes (involving the nine community pharmacies and 117 consumers) to assess the effectiveness, efficiency and cost benefit of the trialled funding models.

1.2 PURPOSE OF THIS DOCUMENT

This document represents the scoping study framework to guide discussions with the 12 pharmacies that have agreed to participate in the scoping study component of this project and define the range of data and documentation we will seek to collect. The document is intended to allow participating stakeholders to consider the issues we will seek to discuss in advance of the visit and ensure that a relatively uniform range of information is collected from all sites.

2

Purpose of the scoping studies

The purpose of undertaking the scoping study visits to the 12 pharmacies is to fully understand the activities, costs and other operational arrangements issues involved in the dispensing of pharmacotherapy treatments. This Chapter provides an overview of the purpose of visiting each site and outcome of the data collected.

2.1 SITE VISITS TO COMMUNITY PHARMACIES

One to two of our consultants will spend up to one day at each of the selected scoping study pharmacies. We will be careful to ensure our visit does not create an undue burden for staff. Our visits to pharmacies will include:

- obtaining high level details on the clients serviced by the pharmacy including number of clients and information on the process of dispensing methadone;
- collecting details on pharmacy administration of the program including hours of service and staff involved;
- identifying the information collected and reported to state health jurisdictions, the Pharmacy Guild and other organisation as part of the program;
- discussing the financial management of the pharmacy in respect to the dispensing of pharmacotherapy, with attention also paid to bad debts incurred;
- ascertaining the training and support provided to pharmacies participating in the program and identify the further requirements;
- identifying current arrangements between the community pharmacies and General Practitioners/other service providers in the care for clients receiving pharmacotherapy treatment; and
- discussing the features of the current model (key activities, time taken and associated costs) and with a view to identifying areas of best practice and those areas in need improvement.

Chapter 3 outlines the information to be collected together with the issues that will be discussed during our visit to pharmacies.

2.2 TASKS TO BE UNDERTAKEN

A summary of the key tasks to be undertaken are provided below.

2.2.1 Data collection

Quantitative and qualitative data will be collected with respect to current community pharmacy practice including the costs of service provision, cost utilisation profiles and data relating to the appropriateness of the current funding model arrangements. These data will be combined with that collected from consumers and the literature review to identify common principles and approaches considered to be indicative of best practice funding models. In particular, will be emphasis on:

- variations in the dispensing practices around Australia (including pre-preparation of doses, demanding dosing and brief interventions¹ etc) and the possible impact this may have on developing funding options;
- identification of key elements of best practice funding models that have been currently implemented, in particular those that better lend themselves to replication;
- opportunities for improving the current funding arrangements that will lead to better outcomes for clients and ensure equitable funding for services provided by pharmacists;
- possible drivers for, and barriers to, changing (enhancing) existing funding systems;
- funding incentives and subsidies that might be used;
- cost impacts of any changes in implementing future funding options; and
- impact of any of the identified opportunities on existing services.

We will identify areas where there are opportunities and/or barriers to further improvement and recommendations for developing options for best practice funding to enhanced client outcomes.

2.2.2 Activity based cost estimation

Our activity based costing methodology is based on a bottom-up costing approach which requires the pharmacy services to pharmacotherapy clients to be partitioned into discrete activities over a specified period of time. Data can be collected for a specific “window” of time (eg a week, a month or 12 months). In order to minimise potential activity and cost distortions our costing methodology is based on the collection of activity and costs data for the 2003/04 financial year. The cost of methadone and buprenorphine doses will be derived by using time taken to perform the designated activities to allocate costs against each activity. Data collected from the 12 pharmacies involved in the scoping study will be utilised to develop an activity based costing model for pharmacy. This will be undertaken as follows:

- (1) **Client activity and dosing data.** Client activity and dosing data relating to both methadone/buprenorphine clients will be collected for the financial year 2003/04.
- (2) **Pharmacy activity data.** The time taken by pharmacies to undertake specific tasks for the dispensing of pharmacotherapy services to clients will also be collected for the financial year 2003/04. For the purposes of the costing study, there will be seven (7) activity types that will be included in the pharmacy cost modelling process:
 - pre-preparation of doses (including back office time);
 - on-demand preparation of doses;
 - dispensing of doses to clients (eg supervision of dose taking);
 - information recording for dose dispensing (eg dispensing pump);
 - client information recording (computerised and manual processes) required under legislation);
 - counselling and brief interventions; and
 - other activities not identified above.
- (3) **Financial data.** Financial data relating to the operating costs (inclusive of overheads) of the pharmacy for the financial year 2003/04 will be collected.
- (4) **Cost reconciliation.** The activity and costs data will be reconciled to source data provided by participating pharmacies to ensure the validity of the results obtained.

¹ A brief intervention is a one-to-one consultative approach and involves making the most of any opportunity to raise awareness, share knowledge and get a person thinking about making changes to improve their health. It can be done for any behaviour which affects health (such as use of illicit drugs). Intervention is part of what health professionals do in primary health care and other health and community settings.

- (5) **Verification of preliminary costing results.** The preliminary costing models will be discussed with each scoping study pharmacy to ensure that they have face validity thereby allowing any anomalies to be corrected.
- (6) **Assessment of variations.** An assessment of significant variations in the component costs between pharmacies will be investigated with a view to identifying the key factors that drive cost variations (eg number of clients serviced, geographic location etc).
- (7) **Estimation of unit costs.** The findings from the scoping studies will be extrapolated to estimate the unit level and total cost for all pharmacies dispensing pharmacotherapies in Australia.

2.2.3 Service and funding model descriptions

An analysis of the scoping study findings will be undertaken in order to formulate a comprehensive description of the various service models and funding arrangements that currently exist. We will also undertake content analysis of the interviews with pharmacotherapy consumer groups, which will provide an insight into their perceptions regarding needs and the extent to which particular models of service delivery and funding meet their perceived needs. This consumer perspective is expected to highlight areas for future development that may not be evident from the literature review or may have been overlooked by service providers.

2.3 SITE VISITS WITH COMMUNITY PHARMACIES

As mentioned previously HMA will be visiting 12 pharmacies from the Australian Capital Territory, New South Wales, South Australia, Tasmania and Victoria.

3

Issues to be discussed with Pharmacies

This Chapter provides an overview of the key issues that will be discussed with pharmacies involved in the scoping studies. The issues have been categorised under the following subject areas:

- client management;
- pharmacy management;
- information collection and reporting;
- financial management;
- pharmacy support and training;
- integration with General Practitioners and other service providers;
- operational issues;
- current cost model structure (including activities undertaken, time taken to perform each activity and associated costs); and
- areas for future improvement.

3.1 CLIENT MANAGEMENT

This section deals with activities that are undertaken with respect to the management of registered clients on the treatment program. The following information will be sought²:

- (1) In what year did your pharmacy commence participating in the program?
- (2) How many clients were registered for treatment during 2003/04?

Drug Type	In-store Dosing Clients	Take-home Clients	Total Clients
Methadone			
Buprenorphine			
Total			

- (3) How many clients moved from your pharmacy during 2003/04

Drug Type	In-store Dosing Clients	Take-home Clients	Total Clients
Methadone			
Buprenorphine			
Total			

² For a complete list of tabular data to be collected please see Appendix A.

- (4) What are the limitations for dosing clients?
- 4(a) Is there a legal limit for the number of dosing clients?
- 4(b) Is there a physical capacity limit?
- 4(c) What is the optimum number of dosing clients?
- (5) How many doses were provided to clients during 2003/04?

Drug Type	Total In-store Doses	Total Take-home Doses
Methadone		
Buprenorphine		
Total		

- (6) How many clients registered for dosing in 2003/04 had a Health Benefit Card?

Drug Type	Clients with Health Benefit Card
Methadone	
Buprenorphine	
Total	

- (7) Please provide a copy of the contract/agreement that is entered into with dosing clients.
- (8) How does your pharmacy manage difficult clients?
- (9) How many clients discontinued dosing in 2003/04 due to contract/agreement breaches (eg refusal to pay, drug diversion, intoxication or other reasons)?

Drug Type	Refusal to pay	Drug Diversion	Intoxication	Other Reasons ⁽¹⁾
Methadone				
Buprenorphine				
Total				

(1) Other reasons to be specified

- (10) Do you feel that enough is done to promote the program to potential clients?
- (11) What methods are in place to deal with serious breaches of participation in the program (ie selling take-home doses)?
- (12) Are there any other issues you wish to raise regarding client management that particularly impact on the cost of service delivery?

3.2 PHARMACY MANAGEMENT

This section deals with activities that are undertaken with respect to the management of pharmacy operations. The following information will be sought:

- (1) What are the store hours and are clients able to access pharmacotherapy dispensing for the whole day or are there set times?

Day of Week	Store Hours	Time Pharmacotherapy is Available
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

- (2) As at the 30th June 2004, how many staff (full time equivalents (FTEs)) were involved in the program be it dispensing, counselling or any other contact with the clients?

Employment Type	Pharmacists FTEs	Pharmacy Assistants FTEs	Front of Shop/ Administration FTEs	Security FTEs	Other FTEs	Total FTEs
Full-time						
Part-time						
Casual						
<i>Total</i>						

- (3) What have been the costs incurred due to adjustments to the pharmacy (eg video surveillance and shop front changes) as a result of participating in the program?

Description of Pharmacy Alterations	Cost of pharmacy alterations
Video Surveillance	
Shop front alterations	
Computerised dispensing system	
Special dosing area	
Other adjustments (please specify)	
Total pharmacy alterations	

- (4) Are there any other issues regarding pharmacy management that you wish to discuss that particularly impact on the cost of service delivery?

3.3 INFORMATION MANAGEMENT

This section deals with activities that are undertaken with respect to the collection and reporting of information related to the dispensing of pharmacotherapy treatments. The following information will be sought:

- (1) What type of information management systems is in place (ie manual or electronic) to keep track of client records? If electronic, is a specific software package used or is it a pharmacy developed database?
- (2) What are the reporting requirements to the state's health jurisdiction (eg type and frequency of data reported)?
- (3) What are the reporting requirements to the Pharmacy Guild (eg type and frequency of data reported)?
- (4) Are there any other organisations that your pharmacy reports pharmacotherapy related data to?
- (5) In the reporting of data back to health jurisdictions, the Pharmacy Guild or other organisations do you receive any form of compensation?
- (6) Are there any other issues regarding information management that particularly impact on the cost of service delivery?

3.4 FINANCIAL MANAGEMENT

This section deals with activities that are undertaken with respect to the financial management relating to the dispensing of pharmacotherapy treatments. The following information will be sought:

- (1) What is the dispensing fee charged to clients receiving methadone or buprenorphine?
- (2) What are the dosing payment arrangements (eg daily, weekly and line of credit that may be extended)?
- (3) During 2003/04, how many clients withdrew from the program due to non-payment of doses?
- (4) What is the critical number of clients to make participation in the program financially viable?
- (5) Do pharmacotherapy clients form a significant portion of your revenue or are they just another client that makes no impact whether they come to your pharmacy or not?
- (6) Has participation in the program had any sort of effect on the financial management of the pharmacy as whole?

- (7) Are there any other issues you wish to discuss regarding financial management?

3.4.1 *Bad debt management*

One of the key financial issues impacting upon pharmacists relates to the management of bad debts. Information will be sought with respect to:

- (1) What is the pharmacy's bad debt management strategy?
- (2) What were the bad debt expenses for 2003/04?
- (3) As at the 30 June 2004 how many clients incurred bad debts?

Drug Type	Clients 1 week in advance	Clients 1 week behind	Clients 2 weeks behind	Clients 4 weeks behind
Methadone				
Buprenorphine				
<i>Total clients</i>				

- (4) Has the level of bad debt caused your pharmacy to reconsider participating in the program?
- (5) How many clients who incurred bad debts during 2003/04 were refused dosing at the pharmacy?
- (6) Are there any other issues regarding bad debts you wish to raise?

3.5 PHARMACY SUPPORT AND TRAINING

This section deals with level of training and support that is required for pharmacies involved in dispensing pharmacotherapy treatments and the extent to which these requirements are being met. The following information will be sought:

- (1) What strategies have been implemented by the state health jurisdiction, Pharmacy Guild and other relevant organisations to encourage pharmacy participation in the program?
- (2) Are information/resources readily available to pharmacies on the program? If yes, how are these information/resources accessed and are they adequate?
- (3) Do you feel that there are adequate training opportunities available to your pharmacy in regards to participating in the program? If yes, what training opportunities are in place and do you and are there any associated costs?
- (4) What is the level of support provided by the state health jurisdiction in regards to pharmacy participation in the program?
- (5) What is the level of support provided by the Pharmacy Guild in regards to pharmacy participation in the program?
- (6) Are there specific training and support requirements that are currently not being addressed which would encourage increased participation of pharmacies in the program?
- (7) Is the level of undergraduate training sufficient to dispense pharmacotherapies?
- (8) Are there any other issues regarding pharmacy support and training that you wish to raise?

3.6 INTEGRATION WITH GPs AND OTHER SERVICE PROVIDERS

This section deals with level of integration of pharmacy activities with GPs and other service providers in the context of providing pharmacotherapy treatment services. The following information will be sought:

- (1) Do you feel that there is an adequate level of communication between your pharmacy and GPs involved in referring clients to your pharmacy and are there any areas for improvement?
- (2) What are the key features of the pharmacotherapy treatment model that you have an involvement with (eg shared care, level of integration with other service providers etc)?
- (3) Are there any service providers you feel should be involved in providing support services to meet the needs of pharmacotherapy treatment clients?
- (4) Are there any other issues regarding the level of integration with GPs and other service providers that you wish to raise?

3.7 OPERATIONAL ISSUES

This section addresses a number of operational issues impacting upon pharmacies participating in the program. The following information will be sought:

- (1) What are the positive aspects of being part of the program?
- (2) Have there been any negative aspects to participating in the program?
- (3) If you could make any changes to the existing service model what would they be and why?

3.7.1 Diversion of therapies

Based on our initial consultations with pharmacies the issue of therapy diversion has been identified as a time consuming element and dosing and a key driver of cost. We will be seeking information will respect to:

- (1) What strategies do you have in place to deal with potential dose diversion for methadone?
- (2) What strategies do you have in place to deal with potential dose diversion for buprenorphine?
- (3) What are the management and costing implications of these strategies (for methadone and buprenorphine)?
- (4) Are there any other issues regarding therapy diversion that you wish to raise?

3.8 CURRENT COST MODEL STRUCTURE

This section seeks information relating to the costs of dispensing pharmacotherapy treatments to clients. The data collected will be used to develop an activity based costing model for each pharmacy participating in the scoping study based on 2003/04 activity and costs data. The following information will be sought:

- (1) What were the initial set up costs incurred by the pharmacy to enable dispensing of pharmacotherapy treatments (eg shop front modifications, video surveillance etc)?

Cost Description	Total Cost
<i>Total set up costs</i>	

- (2) What were the salaries and wages costs incurred by the pharmacy for the financial year 2003/04?

Cost Type	Pharmacists	Pharmacy Assistants	Front of Shop/ Administration	Security	Other	Total
Salaries and Wages						
Salaries and Wages - Oncosts						
<i>Total</i>						

- (3) What were the goods and services costs incurred during the 2003/04 financial year.

Goods and Services Expenditure – 2003/04	Total Cost	Costs related to pharmacotherapy dispensing
Equipment costs		
<i>Dispensing pumps</i>		
<i>Computers/ software</i>		
<i>Other equipment</i>		
Consumables		
Administration costs		
Other goods and services		
Overhead costs		
Other costs		
<i>Total</i>		

- (4) Are there any other issues you wish to raise regarding the costs to the pharmacy relating to the dispensing of opioid pharmacotherapies?

3.8.1. Total revenue received during 2003/04

This section seeks information relating to the total revenue received by the pharmacy during the 2003/04 financial year relating to the dispensing of pharmacotherapy treatments

- (1) What was the total government incentive payments received for participating in the program during 2003/04?
- (2) What were the total dispensing fees (by way of patient contributions) received during 2003/04?
- (3) Are there any other issues you wish to raise regarding the costs to the pharmacy relating to the dispensing of opioid pharmacotherapies?

3.8.2. Time involved in providing service

Information regarding the types of activities that are undertaken by pharmacies in dispensing pharmacotherapies and the associated time for undertaking these activities will be sought as follows:

- (1) What is the average time (minutes) per client to complete key **methadone** dosing activities?

Task	Pharmacists	Pharmacy Assistants	Total minutes
Pre-preparation of doses (including back office time)			
On demand preparation of doses			
Dispensing of doses (eg supervision of dose taking)			
Information recording for dose dispensing (eg dispensing pump)			
Client information recording (computerised and manual)			
Counselling and brief interventions (refer item (3) below)	Data to be collected over 2 week period		
Other			
Total minutes			

- (2) What is the average time (minutes) per client to complete key **buprenorphine** dosing activities?

Task	Pharmacists	Pharmacy Assistants	Total minutes
Pre-preparation of doses (incl. back office time)			
On demand preparation of doses			
Dispensing of doses (eg supervision of dose taking)			
Information recording for dose dispensing (eg dispensing pump)			

Client information recording (computerised and manual)			
Counselling and brief interventions (refer item (3) below)	Data to be collected over 2 week period		
Other			
<i>Total minutes</i>			

- (3) **Collection of data for counselling and brief interventions.** Based on our literature review findings and preliminary discussions with stakeholders, the time spent by pharmacies in providing brief interventions and counselling to pharmacotherapy treatment clients is an activity that has been progressively increasing. In an effort to collect data regarding the time involved in this area, we are requesting that scoping study pharmacies participate in a short prospective data collection exercise over a two week period. The information that is collected will be used to derive an average unit of time for this component of service that is provided. A data collection template for the purposes of this prospective study is provided in Appendix A.
- (4) Are there any other issues regarding the time taken in providing the pharmacotherapy doses that you would like to raise?

3.9 AREAS FOR IMPROVEMENT

This section outlines the information that will be required to describe best practice arrangements for the dispensing of pharmacotherapy treatment that have been implemented within the current service model and key areas for improvement.

- (1) What elements of the current service model are reflective of best practice?
- (2) Do you believe that the current model is best suited support the state's harm minimisation strategy³? If not, do you think there is a better solution?
- (3) What are the opportunities for improving the current model?

³ The principle of harm minimisation has formed the basis of Australia's Drug Strategy since 1985 and refers to policies and programs designed to reduce drug-related harm. Harm minimisation aims to improve health, social and economic outcomes for both the community and the individual and encompasses a wide range of approaches, including:

- supply-reduction strategies designed to disrupt the production and supply of illicit drugs;
- demand-reduction strategies designed to prevent the uptake of harmful drug use, including abstinence-oriented strategies to reduce drug use; and
- a range of targeted harm-reduction strategies designed to reduce drug-related harm for individuals and communities.

4

Scoping Study Format

Each scoping study will involve a site visit to the participating pharmacies, which will be undertaken by one to two HMA consultants.

Meet with pharmacists. As the pharmacist is the main contact for clients receiving opioid pharmacotherapies we aim to discuss over the day the various aspects involved. This will include the cost of providing the doses, the time taken (both dispensing and paperwork), the relevant issues and any areas they perceive could be improved.

Meet with other personnel. While preliminary discussions have made it clear that only the pharmacists dispenses the opioid pharmacotherapies we are still interested in discussing with other staff members their involvement (ie greeting clients) in the process and any views and areas for improvement they may have.

Observe dispensing process. As part of the site visit we will discretely observe and time the process of dispensing opioid pharmacotherapies to clients. This will enable us to determine the average time as well as any other issues that may arise in dispensing process.

Collect data. To develop the cost model data is required from the participating pharmacies. The types of data to be collected (costs, time, perspectives) are detailed in Chapter 3.

We understand that the pharmacist(s) and other staff members will have other obligations during the day and we will endeavour to fit ourselves around these in order to make the visit as easy as possible.

This agenda will evolve further at each site, as appropriate, through discussion with HMA's Project Manager:

Lilian Lazarevic

Director

Healthcare Management Advisors

Within two weeks of completing each scoping study, a summary will be provided to the pharmacy for comment. Our aim in doing this is to ensure that we have understood the issues raised with us, and allow participants to provide additional information where it is considered appropriate.

APPENDIX A

TEMPLATE OF DATA TO BE COLLECTED FROM PHARMACIES

This template is provided for the use of pharmacies involved in the scoping studies to provide the information that is required to undertake this research study. The provision of these data items will be discussed during the course of the pharmacy site visits.

1.3 CLIENT MANAGEMENT

How many clients were registered for treatment during 2003/04?

Drug Type	In-store Dosing Clients	Take-home Clients	Total Clients
Methadone			
Buprenorphine			
<i>Total</i>			

Comments:

How many clients moved from your pharmacy during 2003/04?

Drug Type	In-store Dosing Clients	Take-home Clients	Total Clients
Methadone			
Buprenorphine			
<i>Total</i>			

Comments:

How many doses were provided to clients during 2003/04?

Drug Type	Total In-store Doses	Total Take-home Doses
Methadone		
Buprenorphine		
<i>Total</i>		

Comments:

How many clients registered for dosing in 2003/04 had a Health Benefit Card?

Drug Type	Clients with Health Benefit Card
Methadone	
Buprenorphine	
<i>Total</i>	

Comments:

How many clients discontinued dosing in 2003/04 due to contract/agreement breaches (eg refusal to pay, drug diversion, intoxication or other reasons)?

Drug Type	Refusal to pay	Drug Diversion	Intoxication	Other Reasons ⁽¹⁾
Methadone				
Buprenorphine				
<i>Total</i>				

(1) Other reasons to be specified

Comments:

1.4 PHARMACY MANAGEMENT

What are the store hours and are clients able to access pharmacotherapy dispensing for the whole day or are there set times?

Day of Week	Store Hours	Time Pharmacotherapy is Available
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Comments:

As at 30 June 2004, how many staff (full time equivalents (FTEs)) were involved in the program be it dispensing, counselling or any other contact with the clients?

Employment Type	Pharmacists FTEs	Pharmacy Assistants FTEs	Front of Shop/ Administration FTEs	Security FTEs	Other FTEs	Total FTEs
Full-time						
Part-time						
Casual						
<i>Total</i>						

Comments:

What have been the costs incurred due to adjustments to the pharmacy (eg video surveillance and shop front changes) as a result of participating in the program?

Description of Pharmacy Alterations	Cost of pharmacy alterations
Video Surveillance	
Shop front alterations	
Computerised dispensing system	
Special dosing area	
Other adjustments (please specify)	
<i>Total pharmacy alterations</i>	

Comments:

1.5 FINANCIAL MANAGEMENT

1.5.1 Bad debt management

As at the 30 June 2004 how many clients incurred bad debts?

Drug Type	Clients 1 week in advance	Clients 1 week behind	Clients 2 weeks behind	Clients 4 weeks behind
Methadone				
Buprenorphine				
<i>Total clients</i>				

Comments:

1.6 CURRENT COST MODEL STRUCTURE

What were the initial set up costs incurred by the pharmacy to enable dispensing of pharmacotherapy treatments (eg shop front modifications, video surveillance etc)?

Cost Description	Total Cost
<i>Total set up costs</i>	

Comments:

What were the salaries and wages costs incurred by the pharmacy for the financial year 2003/04?

Cost Type	Pharmacists	Pharmacy Assistants	Front of Shop/ Administration	Security	Other	Total
Salaries and Wages						
Salaries and Wages - Oncosts						
<i>Total</i>						

Comments:

What were the goods and services costs incurred during the 2003/04 financial year.

Goods and Services Expenditure – 2003/04	Total Cost	Costs related to pharmacotherapy dispensing
Equipment costs		
<i>Dispensing pumps</i>		
<i>Computers/ software</i>		
<i>Other equipment</i>		
Consumables		
Administration costs		
Other goods and services		
Overhead costs		
Other costs		
Total		

Comments:

1.6.1 Time involved in providing service

What is the average time (minutes) per client to complete key methadone dosing activities?

Task	Pharmacists	Pharmacy Assistants	Total minutes
Pre-preparation of doses (including back office time)			
On demand preparation of doses			
Dispensing of doses (eg supervision of dose taking)			
Information recording for dose dispensing (eg dispensing pump)			
Client information recording (computerised and manual)			
Counselling and brief interventions	Data to be collected over 2 week period		
Other			
Total minutes			

Comments:

What is the average time (minutes) per client to complete key buprenorphine dosing activities?

Task	Pharmacists	Pharmacy Assistants	Total minutes
Pre-preparation of doses (including back office time)			
On demand preparation of doses			
Dispensing of doses (eg supervision of dose taking)			
Information recording for dose dispensing (eg dispensing pump)			
Client information recording (computerised and manual)			
Counselling and brief interventions	Data to be collected over 2 week period		
Other			
<i>Total minutes</i>			

Comments:

1.7 DATA COLLECTION FORM – TIME SPENT PROVIDING COUNSELLING AND BRIEF INTERVENTIONS

Pharmacy Name:				Start Date:		
				End Date:		
Date	Client	Bup (Y/N)	Counselling Time (mins)	Brief Intervention Time (mins)	Other Time	Total Time

Please copy if further space is needed

Please return by fax to (08) 8150 5599 after the two week study period

For further information please contact: Lilian Lazarevic (Project Manager)

Krystyna Parrott

1.8 ANY OTHER COMMENTS

APPENDIX 3

Scoping Studies Consumer Data Collection Form



HEALTHCARE MANAGEMENT ADVISORS

PHARMACY GUILD OF AUSTRALIA

Development, Implementation and Evaluation of Funding Model Options for Dispensing of Pharmacotherapies for Opioid Dependence in Community Pharmacy

SCOPING STUDY FRAMEWORK FOR CONSUMERS

Healthcare Management Advisors Pty Ltd

ACN 081 895 507

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1st Floor, 65 Henley Beach Road, Mile End SA 5031
Phone (08) 8150 5555 Fax (08) 8150 5599

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4 May 2005

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Introduction

The Pharmacy Guild of Australia (the Guild) has appointed Healthcare Management Advisors (HMA) to:

- *develop options for a best practice funding model for the subsidisation of pharmacotherapy dispensing costs within the community pharmacy setting to achieve optimal health outcomes for the clients;*
- *these options are to be trialled and evaluated in a range of pharmacies;*
- *the plan for evaluating the model(s) will need to include parameters for assessing efficiency and effectiveness (including health outcome indicators).*

This project will provide an important opportunity to obtain quantitative and qualitative data that can be utilised to fully understand the costs of service provision, resource utilisation and satisfaction of community pharmacists with respect to the dispensing of opioid substitution pharmacotherapies. The key objective will be to collect a wide range of baseline data that will be used to develop future funding model options (for the provision of methadone and buprenorphine). These model(s) will be trialled and evaluated from the perspective of both community pharmacists and consumers. Considering these funding options will necessitate a range of complex issues impacting upon pharmacist providers and consumers to be addressed to ensure the funding model options to be developed are capable of supporting improved health outcomes and funding equity.

This research project will provide an important opportunity to obtain quantitative and qualitative data to better understand the costs of dispensing, resource utilisation, and satisfaction of providing opioid substitution pharmacotherapies, from the perspective of community pharmacy providers and consumers.

1.1 PROJECT METHODOLOGY

HMA has proposed a program of action research which will involve a number of integrated stages including:

- (1) **Situation analysis.** A comprehensive situation analysis which describes the existing operational and funding arrangements relating to the provision of pharmacotherapy services in Australia and overseas has been completed.
- (2) **Baseline data collection (Current Stage).** This stage involves the design and collection of baseline data using a scoping study approach involving 12 community pharmacies located in the Australian Capital Territory, New South Wales, South Australia, Tasmania and Victoria. The views of consumers will also be sought through an interview process with consumer advocacy groups that have been established in each of the above states. We are proposing to collect baseline data from each of these community pharmacies and selected consumer advocates as follows:
 - participating scoping study community pharmacies will be approached to provide information regarding costs of service provision, resource utilisation, retention rates and satisfaction with the current service model; and

- consumers will be invited to provide information regarding a range of issues such as retention rates, missed doses, dose refusal, level of debt, client satisfaction, health status, financial and other significant issues that have an impact on the consumer group.
- (3) **Funding options.** The formulation of best practice funding model options includes a financial impact assessment of each model option.
- (4) **Funding Model Trials.** The design of a trial evaluation methodology and conduct trials of preferred funding models in nine community pharmacies and involving approximately 117 consumers.
- (5) **Evaluation of trials.** The evaluation of trial outcomes (involving the nine community pharmacies and 117 consumers) to assess the effectiveness, efficiency and cost benefit of the trialled funding models.

1.2 PURPOSE OF THIS DOCUMENT

This document represents the scoping study framework to guide discussions with the consumers that have agreed to participate in the scoping study component of this project. The document is intended to allow participating consumers to consider the issues we will seek to discuss in advance of the visit and ensure that issues can be discussed in a consistent manner.

Purpose of the scoping studies

One of the key objectives of undertaking this scoping study is to fully understand the impact of the current funding arrangements for the dispensing of opioid dependent pharmacotherapy treatments on consumers. This Chapter provides an overview of the purpose of the consumer consultations and outcome of the data collected.

2.1 CONSULTATION WITH CONSUMERS

As part of our scoping study we have arranged consultations with pharmacies and consumer representatives in five (5) States (New South Wales, Victoria, South Australia, Australian Capital Territory and Tasmania). The objective of the interviews with consumers will be to obtain a their views regarding a number of key issues that need to be considered as part of developing funding model options that are supportive of consumer needs. These interviews will be based on the scoping study framework (this document) and will cover a range of issues including:

- the cost of doses to the consumer and how that impacts on their life;
- the time required to access the doses and the effect it has on the consumer's life;
- costs to consumers in accessing treatments (eg transport etc);
- the level of integration between the consumer's GP and the pharmacy proving their doses, as well as any other service providers involved in their treatment;
- consumer perceptions of the current cost model;
- the level of satisfaction consumers have with the program and the aspects would they change; and
- areas of unmet need.

2.2 TASKS TO BE UNDERTAKEN

A summary of the key tasks to be undertaken are provided below.

2.2.1 Data collection

Data will be collected with respect to current pharmacotherapy dispensing practice including the costs to consumers, availability of services in the consumer's area and other issues relating to the current cost model. These data will be combined with that collected from community pharmacies and the literature review to identify common principles and approaches considered to be indicative of best practice funding models. In particular, will focus on:

variations in dispensing practices around Australia and the possible impact this may have on developing funding options;

variations in consumer needs in accessing the required services;

- identification of key elements of best practice funding models that have been currently implemented, in particular those that better lend themselves to replication;
- opportunities for improving the current funding arrangements that will lead to better outcomes for clients and ensure equitable funding for services provided by pharmacists;
- possible drivers for, and barriers to, changing (enhancing) existing funding systems;
- funding incentives and subsidies that might be used;

- cost impacts of any changes in implementing future funding options; and
- impact of any of the identified opportunities on existing services.

We will identify areas where there are opportunities and/or barriers to further improvement and recommendations for developing options for best practice funding to enhanced client outcomes.

2.2.2 Service and funding model descriptions

An analysis of the scoping study findings will be undertaken in order to formulate a comprehensive description of the various service models and funding arrangements that currently exist. We will also undertake content analysis of the interviews with consumer representatives, which will provide an insight into their perceptions regarding unmet needs and the extent to which particular models of service delivery and funding meet their perceived needs. This consumer perspective is expected to highlight areas for future development that may not be evident from the literature review or may have been overlooked by service providers.

Issues to be discussed with Pharmacies

This Chapter provides an overview of the key issues will be discussed with consumers involved in this component of the research project. The issues have been categorised under the following subject areas:

- consumer background;
- pharmacy background;
- costs of the service;
- time involved accessing the service;
- integration with General Practitioners and other service providers;
- current cost model structure; and
- program satisfaction.

3.1 CONSUMER PROFILE

This section deals with the consumer's history of participation in the methadone/buprenorphine program. The following information will be sought:

- (1) What are the reasons for participation in the program?
- (2) What is the accessibility of take-home doses?
- (3) What are the reasons for discontinuation of treatment?

3.2 PHARMACY PROFILE

This section deals with the pharmacies that provide consumers with their doses. The following information will be sought:

- (1) What are the key issues concerning access to dosing at pharmacies?
- (2) Are there any consumer related issues with respect to the agreement/contract that is entered into with the pharmacies?
- (3) Is there adequate consumer support provided by pharmacies and are there areas for improvement?
- (4) Would it be more beneficial to consumers if there were more pharmacies participating in the program?
- (5) Are there any other issues regarding pharmacy dispensing you wish to discuss?

3.3 COSTS OF DOSING

This section deals with costs to the consumers in relation to obtaining their dosing treatments. The following information will be sought:

- (1) What are the dispensing fees paid for doses?
- (2) What is the cost of take-home doses?
- (3) What is the method of payment for doses (eg daily, weekly, monthly)?
- (4) Are doses generally affordable and what are key issues impacting upon consumers who have financial difficulties?
- (5) What is the level of credit that is available at the pharmacy for dosing;
- (6) How can the management of bad debts be improved?
- (7) Are there any other issues you wish to discuss regarding financial management?

3.4 TIME INVOLVED ACCESSING SERVICE

Information regarding the amount of time spent for the purposes of dosing will be sought as follows:

- (1) How long on average (in minutes) does it take for a consumer to obtain dosing?
- (2) What are the key factors impacting on consumers that require dosing at community pharmacies (eg travel time, time off work etc)?
- (3) How can the time involved in dosing be improved?
- (4) Are there any other issues regarding dosing time you would like to raise?

3.5 INTEGRATION WITH GPS AND OTHER SERVICE PROVIDERS

This section deals with the consumer perspective on the level of integration between GPs, pharmacies and other service providers in meeting consumer needs for opioid dependent pharmacotherapy treatment services. The following information will be sought:

- (1) How often do consumers generally consult with their GPs for the purposes of prescribing methadone or buprenorphine?
- (2) Do you feel that there is an adequate level of communication between the GP, pharmacist and other community services providers to meet consumer needs?
- (3) Where can services be enhanced to meet consumer needs and improve program outcomes (eg GP, pharmacy and community based services)?
- (4) Aside from the pharmacy and GP, what community based services are accessible to support consumers?
- (5) Are there any other issues regarding the level of service integration that you wish to raise?

3.6 CURRENT SERVICE MODEL STRUCTURE

This section seeks information relating to the community pharmacy dosing model structure. The data collected will be used assist in the development of the funding model options. The following information will be sought:

- (1) What are your views regarding the appropriateness of the current community pharmacy service model in meeting the needs of consumers?
- (2) What are your views regarding the availability of methadone/buprenorphine program information?
- (3) Are there opportunities for improving program promotion to increase client participation in the program?
- (4) Are there opportunities for improving the retention rate amongst those clients already participating in the program?
- (5) Are there any other issues you wish to raise regarding the current service model for dispensing of pharmacotherapy treatments for opioid dependence?

3.7 PROGRAM SATISFACTION

This section seeks information from consumers relating to their satisfaction with the program. The following information will be sought:

- (1) What are the positive aspects of being part of the program?
- (2) Have there been any negative aspects to participating in the program?
- (3) What are the opportunities for changing the existing service model that would meet the needs of consumers and improve outcomes?

Scoping Study Format

As previously discussed, we will conduct face-to-face meetings with key consumer groups in New South Wales, Victoria, South Australia, Australian Capital Territory and Tasmania. These meetings will focus on a range of issues impacting on consumers that are involved in receiving pharmacotherapy treatment for opioid dependence and to gain their perceptions on the appropriateness of the current service model.

We anticipate that this proposed framework will evolve further at the time of consultation with consumers. If there are any areas of interest that consumer representatives would like to discuss they are invited to contact HMA's Project Manager:

Lilian Lazarevic

Director

Healthcare Management Advisors

APPENDIX 4

Enhanced Care Forms

TRIAL CLIENT ISSUES IDENTIFICATION AND SUPPORT FORM

Community Pharmacy Buprenorphine/Methadone Treatment

This form should be completed by the pharmacist in consultation with the client. Both parties should sign the form.

A copy of this form should also be sent to the researchers and will be stored without the identifying data on this page. This is to allow researchers to assess whether the forms are useful.

PATIENT'S NAME _____	PRESCRIBER'S NAME _____
MAIN PHARMACIST'S NAME _____	PRESCRIBER'S ADDRESS _____

Client trial ID code _____

Date of form completion _____

Pharmacy stamp or label

Treatment with:

Methadone ☐

Buprenorphine ☐

ATTENDANCE FOR DOSING

1. Has the client been attending the pharmacy regularly for dosing?

Yes ☐

No ☐

If no, what have been the main reasons for non-attendance in the last 3 months?

2. Does the client have a need for additional support to assist regular attendance for dosing?

Yes ☐

No ☐

If yes, what kind of support is required?

SIDE EFFECTS OF DOSING MANAGEMENT

3. Has the client experienced problems with any side-effects from regular methadone/buprenorphine use?

- Yes ☐
- No (*go to question 4*) ☐
- Unable to answer (*go to question 4*) ☐
- Prefer not to answer (*go to question 4*) ☐

If yes, the client has reported the following side effects:

- ☐ sleep disturbance
- ☐ aches and pains
- ☐ headaches
- ☐ dental problems
- ☐ constipation
- ☐ reduced libido
- ☐ excessive sweating
- ☐ other (Specify _____)

The client has requested the following support in the first instance for the above identified side effects:

- ☐ information about the issue
- ☐ practical advice from the pharmacist
- ☐ referral to the client's prescriber
- ☐ referral to external services (if available)

OTHER ISSUES RELEVANT TO CLIENT HEALTH

4. Has the client faced any recent issues which may be relevant to their treatment eg. health, social, financial, family or emotional problems?

- Yes ☐
- No (*go to next section*) ☐
- Unable to answer (*go to next section*) ☐
- Prefer not to answer (*go to next section*) ☐

If yes, which of the following types of issues have been reported?

- ☐ health issues
- ☐ financial/money issues
- ☐ parenting issues
- ☐ relationship issues
- ☐ family problems
- ☐ mental health
- ☐ emotional issues
- ☐ pregnancy
- ☐ housing issues
- ☐ social security issues
- ☐ legal/criminal justice issues
- ☐ employment/work issues
- ☐ alcohol or other drug use issues (besides methadone/buprenorphine)

Client trial ID code _____

The client has requested the following support in the first instance for the above identified issues:

- ☐ information about the issue
- ☐ practical advice from the pharmacist
- ☐ referral to the client's prescriber
- ☐ referral to external services (if available)

NEW ACTIONS SINCE LAST ASSESSMENT

This is the first assessment, actions pending.

Yes ☐

No ☐

Dimension of health/care	Date	New actions	Responsible for action
Attendance for dosing			
Side effects of dosing management			
Other issues relevant to client health			

DATE: _____

PHARMACIST'S NAME _____

PHARMACIST'S SIGNATURE: _____

Pharmacist's telephone number: _____

DATE: _____

CLIENT'S NAME: _____

CLIENT'S SIGNATURE: _____

CLIENT CONSENT FOR THE “CLIENT ISSUE IDENTIFICATION AND SUPPORT FORM” TO BE SENT TO THE CLIENT’S PRESCRIBER

Your pharmacist has legal obligations to provide a duty of care to you as a client receiving methadone or buprenorphine from this pharmacy. At times to fulfil these legal obligations your pharmacist may need to communicate with your prescriber about aspects of your health and your methadone or buprenorphine program. This is not part of the trial and your pharmacist will continue his or her normal practice around these matters.

I confirm that:

I have been shown a copy of the completed “Client issues identification and support form” completed on ___ / ___ / ____ and my signature on the form indicates that I have participated in completing the form.

I authorise:

My pharmacist to provide a copy of the “Client issues identification and support form” that I have signed to my prescriber (along with this consent form).

Yes ☐

No ☐

My pharmacist to be involved in a prescriber initiated care plan (if my prescriber separately obtains my consent to prepare such a plan).

Yes ☐

No ☐

My pharmacist to be involved in a case conference with my prescriber and/or clinical support from other health services as appropriate (if I have separately given my consent for these activities).

Yes ☐

No ☐

My pharmacist to provide my prescriber with information about my current methadone or buprenorphine dose, since I have been on a varying dosage prescription.

Yes ☐

No ☐

DATE: _____

CLIENT’S NAME: _____

CLIENT’S SIGNATURE: _____

FOR PHARMACIST:

If the client has given consent at point 4 above, please indicate the client’s current dose of methadone or buprenorphine.

Current dose _____

DATE: _____

PHARMACIST’S NAME _____

PHARMACIST’S SIGNATURE: _____

CLIENT CONSENT FOR THE “CLIENT ISSUE IDENTIFICATION AND SUPPORT FORM” TO BE SENT TO OTHER SERVICE PROVIDERS

Your pharmacist has legal obligations to provide a duty of care to you as a client receiving methadone or buprenorphine from this pharmacy. At times to fulfil these legal obligations your pharmacist may need to communicate with your prescriber about aspects of your health and your methadone or buprenorphine

program. This is not part of the trial and your pharmacist will continue his or her normal practice around these matters.

I confirm that:

I have been shown a copy of the completed “Client issues identification and support form” completed on ___ / ___ / ___, and my signature on the form indicates that I have participated in completing the form.

I authorise:

- (1) My pharmacist to provide a copy of the “Client issues identification and support form” that I have signed to the following support services (along with this consent form)

Service _____	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
Service _____	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
Service _____	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
Service _____	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

- (2) My pharmacist to be involved in a case conference with my prescriber and/or clinical support from other health services as appropriate (if I have separately given my consent for these activities).

Yes ☐
No ☐

DATE: _____

CLIENT'S NAME: _____

CLIENT'S SIGNATURE: _____

APPENDIX 5

Client Recruitment and Trial Management

NATIONAL RESEARCH PROJECT

HOW MUCH ARE YOU PAYING FOR YOUR DOSE EACH WEEK?

DID YOU KNOW THAT PEOPLE ARE PAYING BETWEEN \$15 AND \$50 PER WEEK FOR DOSING DEPENDING ON WHICH STATE OR TERRITORY THEY LIVE IN?

HAVE YOU EVER EXPERIENCED PROBLEMS PAYING FOR YOUR DOSE?

If you are interested in these issues, then you would be interested in the...

"FUNDING MODEL OPTIONS OF DISPENSING PHARMACOTHERAPIES FOR OPIOID DEPENDENCE IN COMMUNITY PHARMACY RESEARCH PROJECT"

Yes it's a long name but a very important project for people who are currently on either the methadone or buprenorphine program who are dosed at pharmacies.

Some of the issues this research project will look at are:

- the different dosing costs in NSW, Victoria and South Australia;
- whether people experience problems paying for their doses;
- the possible negative impacts of people not being able to pay for their dose; and
- different models for paying for methadone and buprenorphine dosing.

If you are reading this flyer it means that your pharmacy has been selected to participate in the above research project. If you are a regular client of this pharmacy, that is, you have received the majority of your doses from this pharmacy recently, then you may be eligible to take part in the trial.

As part of the trial, regular clients will receive a subsidy to assist payment for doses for three months.

Please call the researcher directly on

1800 208 486

to discuss the trial and your eligibility.



HEALTHCARE MANAGEMENT ADVISORS

March 3rd 2006

Dear [name],

Thank you for your willingness to participate in the upcoming pharmacotherapy funding trial.

I am pleased to advise you of the pre trial interview details

Location: [name and address of location]

Date: [date]

Time: [time]

The interview should take approximately 45 minutes.

Please bring the documents we have sent you to your interview.

If you have any further queries please contact Dana on 1800 208 486

Yours sincerely,

Director

Healthcare Management Advisors

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Directors

Joe Scuteri
Paul Zadow
Lilian Lazarevic
Angela Cook
Wayne Kinrade

EXPLANATORY LETTER FOR CLIENTS IN NEW SOUTH WALES

1 March 2006

RE: FUNDING MODEL OPTIONS OF DISPENSING PHARMACOTHERAPIES FOR OPIOID DEPENDENCE IN COMMUNITY PHARMACY.

We would like to invite you to take part in a research project that will be conducted by an Adelaide based health consultancy organisation, Healthcare Management Advisors (HMA) for the Pharmacy Guild of Australia. This letter explains a number of important issues that relate to the client interviews that are to be undertaken as part of this research project.

1. Who are the research investigators?

The research investigators for this project are as follows:

Title	Telephone
Professor of Clinical Pharmacy Monash University Department of Pharmacy Practice	(03) 9276 2408
Director Healthcare Management Advisors	1 800 208 486
Managing Consultant Healthcare Management Advisors	1 800 208 486
Consultant Healthcare Management Advisors	1 800 208 486

2. What is the research project about?

This research project is about gaining a better understanding of the costs of providing methadone or buprenorphine to clients by community pharmacies, and to develop and examine potentially better ways of paying for this service. The aims of the project are to examine a range of issues including:

- the different costs of this service in studied states;
- whether people experience problems paying for their doses;
- the possible impacts of people not being able to pay for their dose; and
- to trial different methods for paying for methadone and buprenorphine dosing.

A major part of this project is to look at how effective and acceptable are different methods of paying for the methadone and buprenorphine. Therefore, people taking part in the trial will have some of their current costs for methadone or buprenorphine paid for during the three months of the trial (known as a dose subsidy). After the three months of the trial, the costs of methadone and buprenorphine will return to what you currently pay.

Clients will be asked to take part in an interview lasting approximately 45-60 minutes before the trial starts, and again after the end of the three month trial. These confidential interviews will ask questions about your sex, age and other basic characteristics, as well as about your history of drug and alcohol abuse, your health and well-being, and details of your methadone or buprenorphine treatment. We will also ask questions about your satisfaction with the service provided by pharmacy, any problems you may have with the treatment program, and what impact the trial has had on various aspects of your life.

Clients will receive reminder notices from the pharmacy indicating when clients will change back to the non-subsidised prior payments for doses. These reminder notices will be handed out to clients one month before the subsidy stops, and again one week before the subsidy stops. It will be important to discuss with your pharmacist any questions you may have about the ongoing payment arrangements, or concerns you may have prior to the subsidy stopping.

In addition to the dose subsidy, clients participating in the trial in New South Wales will have an additional voluntary option to participate in an enhanced pharmacy care model that will be tested. This enhanced care involves clients working together with their pharmacist to complete a “Client Issues Identification and Support Form” once at the start and once at the end of the three month trial, which is aimed to allow your pharmacist to provide you with the information you need, or to refer you to other health providers if necessary. Copies of this form will be provided to you prior to you giving consent for this optional extra part of the study. It is expected that it may take up to 30 minutes to complete this form each time.

These forms are confidential records to be kept by your pharmacist, who will also provide a copy to the researchers which will be stored as de-identified data. You will always be asked to sign a separate consent form before the Client Issues form is sent to any other service providers, including your prescriber. After the trial, your pharmacist will advise you if they will continue to complete these forms, or whether they will continue to provide support and identify issues you may face according to their usual practice.

3. Who can participate in client interviews?

There are six pharmacies around Australia that have been selected for the trial. We are seeking 117 people across Australia who are regular clients of these six pharmacies receiving methadone or buprenorphine doses. Only current, regular customers nominated as such by the selected pharmacies will be invited to take part in the trial. A current, regular customer is someone registered with the pharmacy, who has in recent times received the majority of their doses from the pharmacy.

People who agree to be part of this project will be interviewed in a mutually convenient location with privacy (such as in a private area of the pharmacy, or in a nearby community centre).

4. Are there any benefits to participating in this study?

There are a number of benefits for you to participate in this study including:

- if you take part in the interviews at the commencement of the trial and at the end of the trial, you will be entitled to:
 - a subsidy payment of \$2.50 for each methadone or buprenorphine dose for the three months of the trial only; and
 - a \$20 single payment to meet the basic costs of attending both the interviews (to be paid at the second interview);
- if you take part in the enhanced pharmacy care component of the study, you will benefit from having focussed review of the issues you are facing, and information or referrals to assist you with managing these issues; and
- the other benefits to participating in this study is that the data collected may result in a change in the way dosing is paid for and may reduce the cost of the doses in the future for others.

5. Other information relating to this study

Confidentiality assured. The information that you provide during the interview will remain confidential and interviews will not be tape-recorded. Your name will not be identified at any time. In addition:

- at the completion of the study any identifiable data will be de-identified;
- the information collected will be kept in a locked filing cabinet at the Healthcare Management Advisors office by the Project Manager;
- I may access the data recorded about me on request to the researchers, or to my pharmacist for data they have recorded;
- data collected will be securely maintained for at least five (5) years; and
- neither a person’s name nor descriptions that could identify a particular person will be referred to in the final report.

Healthcare Management Advisors

Voluntary participation. Participation in this project is entirely voluntary and if you decided not to take part or decide to withdraw from the study you can do so at any time and this will have no affect on any future services that are received. If you withdraw during the period of the trial, the \$2.50 subsidy payment will stop after you withdraw and you will return to the prior payment arrangements for your doses that you had with the pharmacy.

Duty of care to clients. In the event that you become concerned or distressed as a result of taking part in the study, you will be offered the opportunity and means to contact independent peer support or drug and alcohol services, or to discuss your concerns with a trusted support worker. Contact details of the appropriate referral services can be obtained from the researchers indicated at the end of this document, or the researchers conducting the interviews.

Project results. The report of the trial of funding models is scheduled for completion in August 2006. The Pharmacy Guild will make this report available to pharmacies via its web page. In addition, a summary report of the trial evaluation after acceptance of the final report will be forwarded to your pharmacy which will be made available to you on request.

Participants who do not speak English. For those clients who wish to participate in the project and who do not speak English well, an interpreter service can be provided. This interpreting service can be arranged as a telephone service. It will also be arranged that the interpreter will not need to know their name as part of this process. Clients may also have a family member present to assist interpreting, or to provide support during the interviews.

Complaints. Should you have any complaint concerning the manner in which this research (Project Number 2005/361) is conducted, please do not hesitate to contact the Monash University Standing Committee on Ethics in Research Involving Humans at the following address:

The Secretary The Standing Committee on Ethics in Research Involving Humans (SCERH) Building 3D Research Grants & Ethics Branch Monash University VIC 3800		
Tel: +61 3 9905 2052	Fax: +61 3 9905 1420	Email: scerh@adm.monash.edu.au

6. How do I register my interest in being part of this project?

If you would like to be part of this study, all you need to do is to telephone either of the following researchers who will be involved in conducting the interviews.

Title	Telephone
Associate Consultant	1 800 208 486
Healthcare Management Advisors	

At this point the researcher will discuss the project with you and to answer any questions that you may have. They will also arrange a mutually agreeable time and location for the first interview. Should you have any issues concerning how this research project is conducted please do not hesitate to discuss them with the Project Manager, or any of the investigators listed on page 1 or the Monash University Standing Committee on Ethics in Research Involving Humans.

This information sheet is for you to keep. We will also give you a copy of the signed consent form if you decided to join the study.

Thank you
Director
Healthcare Management Advisors



EXPLANATORY LETTER FOR CLIENTS IN SOUTH AUSTRALIA

1 March 2006

RE: FUNDING MODEL OPTIONS OF DISPENSING PHARMACOTHERAPIES FOR OPIOID DEPENDENCE IN COMMUNITY PHARMACY.

We would like to invite you to take part in a research project that will be conducted by an Adelaide based health consultancy organisation, Healthcare Management Advisors (HMA) for the Pharmacy Guild of Australia. This letter explains a number of important issues that relate to the client interviews that are to be undertaken as part of this research project.

1. Who are the research investigators?

The research investigators for this project are as follows:

Title	Telephone
Professor of Clinical Pharmacy Monash University Department of Pharmacy Practice	(03) 9276 2408
Director Healthcare Management Advisors	1 800 208 486
Managing Consultant Healthcare Management Advisors	1 800 208 486
Consultant Healthcare Management Advisors	1 800 208 486

2. What is the research project about?

This research project is about gaining a better understanding of the costs of providing methadone or buprenorphine to clients by community pharmacies, and to develop and examine potentially better ways of paying for this service.

The aims of the project are to examine a range of issues including:

- the different costs of this service in studied states;
- whether people experience problems paying for their doses;
- the possible impacts of people not being able to pay for their dose; and
- to trial different methods for paying for methadone and buprenorphine dosing.

A major part of this project is to look at how effective and acceptable are different methods of paying for the methadone and buprenorphine. Therefore, people taking part in the trial will have some of their current costs for methadone or buprenorphine paid for during the three months of the trial (known as a dose subsidy). After the three months of the trial, the costs of methadone and buprenorphine will return to what you currently pay.

Clients will be asked to take part in an interview lasting approximately 45-60 minutes before the trial starts, and again after the end of the three month trial. These confidential interviews will ask questions about your sex, age and other basic characteristics, as well as about your history of drug and alcohol abuse, your health

and well-being, and details of your methadone or buprenorphine treatment. We will also ask questions about your satisfaction with the service provided by pharmacy, any problems you may have with the treatment program, and what impact the trial has had on various aspects of your life.

Clients will receive reminder notices from the pharmacy indicating when clients will change back to the non-subsidised prior payments for doses. These reminder notices will be handed out to clients one month before the subsidy stops, and again one week before the subsidy stops. It will be important to discuss with your pharmacist any questions you may have about the ongoing payment arrangements, or concerns you may have prior to the subsidy stopping.

In addition to the dose subsidy, clients participating in the trial in New South Wales will have an additional voluntary option to participate in an enhanced pharmacy care model that will be tested.

This enhanced care involves clients working together with their pharmacist to complete a “Client Issues Identification and Support Form” once at the start and once at the end of the three month trial, which is aimed to allow your pharmacist to provide you with the information you need, or to refer you to other health providers if necessary. Copies of this form will be provided to you prior to you giving consent for this optional extra part of the study. It is expected that it may take up to 30 minutes to complete this form each time.

These forms are confidential records to be kept by your pharmacist, who will also provide a copy to the researchers which will be stored as de-identified data. You will always be asked to sign a separate consent form before the Client Issues form is sent to any other service providers, including your prescriber.

After the trial, your pharmacist will advise you if they will continue to complete these forms, or whether they will continue to provide support and identify issues you may face according to their usual practice.

3. Who can participate in client interviews?

There are six pharmacies around Australia that have been selected for the trial. We are seeking 117 people across Australia who are regular clients of these six pharmacies receiving methadone or buprenorphine doses. Only current, regular customers nominated as such by the selected pharmacies will be invited to take part in the trial. A current, regular customer is someone registered with the pharmacy, who has in recent times received the majority of their doses from the pharmacy.

People who agree to be part of this project will be interviewed in a mutually convenient location with privacy (such as in a private area of the pharmacy, or in a nearby community centre).

4. Are there any benefits to participating in this study?

There are a number of benefits for you to participate in this study including:

- if you take part in the interviews at the commencement of the trial and at the end of the trial, you will be entitled to:
 - pay nothing for your dose for the full length of the trial (approximately 3 months); and
 - a \$20 single payment to meet the basic costs of attending both the interviews (to be paid at the second interview).

the other benefits to participating in this study is that the data collected may result in a change in the way dosing is paid for and may reduce the cost of the doses in the future for others

5. Other information relating to this study

Confidentiality assured. The information that you provide during the interview will remain confidential and interviews will not be tape-recorded. Your name will not be identified at any time. In addition:

- at the completion of the study any identifiable data will be de-identified;
- the information collected will be kept in a locked filing cabinet at the Healthcare Management Advisors office by the Project Manager;
- I may access the data recorded about me on request to the researchers, or to my pharmacist for data they have recorded;
- data collected will be securely maintained for at least five (5) years; and
- neither a person's name nor descriptions that could identify a particular person will be referred to in the final report.

Healthcare Management Advisors

Voluntary participation. Participation in this project is entirely voluntary and if you decided not to take part or decide to withdraw from the study you can do so at any time and this will have no affect on any future services that are received. If you withdraw during the period of the trial, the \$2.50 subsidy payment will stop after you withdraw and you will return to the prior payment arrangements for your doses that you had with the pharmacy.

Duty of care to clients. In the event that you become concerned or distressed as a result of taking part in the study, you will be offered the opportunity and means to contact independent peer support or drug and alcohol services, or to discuss your concerns with a trusted support worker. Contact details of the appropriate referral services can be obtained from the researchers indicated at the end of this document, or the researchers conducting the interviews.

Project results. The report of the trial of funding models is scheduled for completion in August 2006. The Pharmacy Guild will make this report available to pharmacies via its web page. In addition, a summary report of the trial evaluation after acceptance of the final report will be forwarded to your pharmacy which will be made available to you on request.

Participants who do not speak English. For those clients who wish to participate in the project and who do not speak English well, an interpreter service can be provided. This interpreting service can be arranged as a telephone service. It will also be arranged that the interpreter will not need to know their name as part of this process. Clients may also have a family member present to assist interpreting, or to provide support during the interviews.

Complaints. Should you have any complaint concerning the manner in which this research (Project Number 2005/361) is conducted, please do not hesitate to contact the Monash University Standing Committee on Ethics in Research Involving Humans at the following address:

The Secretary The Standing Committee on Ethics in Research Involving Humans (SCERH) Building 3D Research Grants & Ethics Branch Monash University VIC 3800		
Tel: +61 3 9905 2052	Fax: +61 3 9905 1420	Email: scerh@adm.monash.edu.au

6. How do I register my interest in being part of this project?

If you would like to be part of this study, all you need to do is to telephone either of the following researchers who will be involved in conducting the interviews.

Title	Telephone
Associate Consultant Healthcare Management Advisors	1 800 208 486

At this point the consultant will discuss the project with you and to answer any questions that you may have. They will also arrange a mutually agreeable time and location for the first interview. Should you have any issues concerning how this research project is conducted please do not hesitate to discuss them with the Project Manager, or any of the investigators listed on page 1 or the Monash University Standing Committee on Ethics in Research Involving Humans.

This information sheet is for you to keep. We will also give you a copy of the signed consent form if you decided to join the study.

Thank you.

**Director
Healthcare Management Advisors**



EXPLANATORY LETTER FOR CLIENTS IN VICTORIA

1 March 2006

RE: FUNDING MODEL OPTIONS OF DISPENSING PHARMACOTHERAPIES FOR OPIOID DEPENDENCE IN COMMUNITY PHARMACY.

We would like to invite you to take part in a research project that will be conducted by an Adelaide based health consultancy organisation, Healthcare Management Advisors (HMA) for the Pharmacy Guild of Australia. This letter explains a number of important issues that relate to the client interviews that are to be undertaken as part of this research project.

1. Who are the research investigators?

The research investigators for this project are as follows:

Title	Telephone
Professor of Clinical Pharmacy Monash University Department of Pharmacy Practice	(03) 9276 2408
Director Healthcare Management Advisors	1 800 208 486
Managing Consultant Healthcare Management Advisors	1 800 208 486
Consultant Healthcare Management Advisors	1 800 208 486

2. What is the research project about?

This research project is about gaining a better understanding of the costs of providing methadone or buprenorphine to clients by community pharmacies, and to develop and examine potentially better ways of paying for this service.

The aims of the project are to examine a range of issues including:

- the different costs of this service in studied states;
- whether people experience problems paying for their doses;
- the possible impacts of people not being able to pay for their dose; and
- to trial different methods for paying for methadone and buprenorphine dosing.

Healthcare Management Advisors

A major part of this project is to look at how effective and acceptable are different methods of paying for the methadone and buprenorphine. Therefore, people taking part in the trial will have some of their current costs for methadone or buprenorphine paid for during the three months of the trial (known as a dose subsidy). After the three months of the trial, the costs of methadone and buprenorphine will return to what you currently pay.

Clients will be asked to take part in an interview lasting approximately 45-60 minutes before the trial starts, and again after the end of the three month trial. These confidential interviews will ask questions about your sex, age and other basic characteristics, as well as about your history of drug and alcohol abuse, your health and well-being, and details of your methadone or buprenorphine treatment. We will also ask questions about your satisfaction with the service provided by pharmacy, any problems you may have with the treatment program, and what impact the trial has had on various aspects of your life.

Clients will receive reminder notices from the pharmacy indicating when clients will change back to the non-subsidised prior payments for doses. These reminder notices will be handed out to clients one month before the subsidy stops, and again one week before the subsidy stops. It will be important to discuss with your pharmacist any questions you may have about the ongoing payment arrangements, or concerns you may have prior to the subsidy stopping.

3. Who can participate in client interviews?

There are six pharmacies around Australia that have been selected for the trial. We are seeking 117 people across Australia who are regular clients of these six pharmacies receiving methadone or buprenorphine doses. Only current, regular customers nominated as such by the selected pharmacies will be invited to take part in the trial. A current, regular customer is someone registered with the pharmacy, who has in recent times received the majority of their doses from the pharmacy.

People who agree to be part of this project will be interviewed in a mutually convenient location with privacy (such as in a private area of the pharmacy, or in a nearby community centre).

4. Are there any benefits to participating in this study?

There are a number of benefits for you to participate in this study including:

if you take part in the interviews at the commencement of the trial and at the end of the trial, you will be entitled to:

a subsidy payment of \$2.50 for each methadone or buprenorphine dose for the three months of the trial only; and a \$20 single payment to meet the basic costs of attending both the interviews (to be paid at the second interview);

the other benefits to participating in this study is that the data collected may result in a change in the way dosing is paid for and may reduce the cost of the doses in the future for others.

5. Other information relating to this study

Confidentiality assured. The information that you provide during the interview will remain confidential and interviews will not be tape-recorded. Your name will not be identified at any time. In addition:

at the completion of the study any identifiable data will be de-identified;

the information collected will be kept in a locked filing cabinet at the Healthcare Management Advisors office by the Project Manager;

I may access the data recorded about me on request to the researchers, or to my pharmacist for data they have recorded;

data collected will be securely maintained for at least five (5) years; and

neither a person's name nor descriptions that could identify a particular person will be referred to in the final report.

Voluntary participation. Participation in this project is entirely voluntary and if you decided not to take part or decide to withdraw from the study you can do so at any time and this will have no affect on any future services that are received. If you withdraw during the period of the trial, the subsidy payment will stop after you withdraw, and you will return to the prior payment arrangements that you had with the pharmacy.

Duty of care to clients. In the event that you become concerned or distressed as a result of taking part in the study, you will be offered the opportunity and means to contact independent peer support or drug and alcohol services, or to discuss your concerns with a trusted support worker. Contact details of the appropriate referral

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services can be obtained from the researchers indicated at the end of this document, or the researchers conducting the interviews.

Project results. The report of the trial of funding models is scheduled for completion in August 2006. The Pharmacy Guild will make this report available to pharmacies via its web page. In addition, a summary report of the trial evaluation after acceptance of the final report will be forwarded to your pharmacy which will be made available to you on request.

Participants who do not speak English. For those clients who wish to participate in the project and who do not speak English well, an interpreter service can be provided. This interpreting service can be arranged as a telephone service. It will also be arranged that the interpreter will not need to know their name as part of this process. Clients may also have a family member present to assist interpreting, or to provide support during the interviews.

Complaints. Should you have any complaint concerning the manner in which this research (Project Number 2005/361) is conducted, please do not hesitate to contact the Monash University Standing Committee on Ethics in Research Involving Humans at the following address:

The Secretary The Standing Committee on Ethics in Research Involving Humans (SCERH) Building 3D Research Grants & Ethics Branch Monash University VIC 3800		
Tel: +61 3 9905 2052	Fax: +61 3 9905 1420	Email: scerh@adm.monash.edu.au

Title	Telephone
Associate Consultant Healthcare Management Advisors	1 800 208 486

6. How do I register my interest in being part of this project?

If you would like to be part of this study, all you need to do is to telephone either of the following researchers who will be involved in conducting the interviews.

At this point Dana will discuss the project with you and to answer any questions that you may have. Dana will also arrange a mutually agreeable time and location for the first interview. Should you have any issues concerning how this research project is conducted please do not hesitate to discuss them with the Project Manager, Neil Formica on 1 800 208 486, or any of the investigators listed on page 1 or the Monash University Standing Committee on Ethics in Research Involving Humans.

This information sheet is for you to keep. We will also give you a copy of the signed consent form if you decide to join the study.

**Thank you
Director
Healthcare Management Advisors**

INFORMED CONSENT FORM IN NEW SOUTH WALES

Informed Consent Form

I _____ hereby
consent to take part in the research project entitled:

“Funding model options for dispensing of pharmacotherapies for opioid dependence in community pharmacy”

- (6) The nature and purpose of the research project has been explained to me. I understand it, and agree to take part.
- (7) I am aware that participation in this project is entirely voluntary and that if I decided not to take part or decide to withdraw from the study you can do so at any time and this will have no affect on any future methadone/buprenorphine services that are received.
- (8) I understand that by participating in two (2) interviews I will receive a benefit by way of a subsidy for each dose that I receive from the pharmacy for the 3 month period of the trial only, and a single payment of \$20 for expenses in attending the interviews to be paid at the second interview.
- (9) I acknowledge that the possible discomforts and inconveniences, as outlined in the Information Sheet, have been explained to me.
- (10) I understand that any information I provide is confidential, and that no information that could lead to the identification of myself will be disclosed in any reports on the project, or to any other party.
- (11) I understand that the two (2) interviews that I take part in will be used to provide the research data, however, I may chose not to discuss an issue.
- (12) I am aware that I should retain a copy of the Consent Form, when completed, and the Information Sheet.
- (13) I consent to the information relating to the research study cited above being used in any other research project, provided the project has the approval of the Monash University Research Ethics Committee.
- (14) I understand that I have the option of consenting to an enhanced pharmacy care part of the trial, which is not associated with any additional interviews, or subsidy or payment. I indicate my consent to taking part in this additional part of the trial through ticking the final tick box on this consent form.

Please tick the appropriate box:

- ☐ The information I provide can be used in further research projects which have ethics approval as long as my name and contact information is removed before it is given to them.
- ☐ The information I provide cannot be used by other researchers without asking me first.
- ☐ The information I provide cannot be used except for this project.
- ☐ I consent to participating in the main part of the project, but I do not consent to participating in the additional enhanced pharmacy care part of the trial.
OR
- ☐ I consent to participating in the main part of the project, and in the additional enhanced pharmacy care part of the trial.

Signed:.....

Dated:.....

I wish certify that I have explained the study to the participant and consider that he/she understands what is involved.

Signed: **Title:**

INFORMED CONSENT FORM –[SOUTH AUSTRALIA/VICTORIA]

Informed Consent Form

I _____ hereby
consent to take part in the research project entitled:

“Funding model options for dispensing of pharmacotherapies for opioid dependence in community pharmacy”

- (1) The nature and purpose of the research project has been explained to me. I understand it, and agree to take part.
- (2) I am aware that participation in this project is entirely voluntary and that if I decided not to take part or decide to withdraw from the study you can do so at any time and this will have no affect on any future methadone/buprenorphine services that are received.
- (3) I understand that by participating in two (2) interviews I will receive a benefit by way of a subsidy for each dose that I receive from the pharmacy for the 3 month period of the trial only, and a single payment of \$20 for expenses in attending the interviews to be paid at the second interview.
- (4) I acknowledge that the possible discomforts and inconveniences, as outlined in the Information Sheet, have been explained to me.
- (5) I understand that any information I provide is confidential, and that no information that could lead to the identification of myself will be disclosed in any reports on the project, or to any other party.
- (6) I understand that the two (2) interviews that I take part in will be used to provide the research data, however, I may chose not to discuss an issue.
- (7) I am aware that I should retain a copy of the Consent Form, when completed, and the Information Sheet.
- (8) I consent to the information relating to the research study cited above being used in any other research project, provided the project has the approval of the Monash University Research Ethics Committee.

Please tick the appropriate box:

- ☐ The information I provide can be used in further research projects which have ethics approval as long as my name and contact information is removed before it is given to them.
- ☐ The information I provide cannot be used by other researchers without asking me first.
- ☐ The information I provide cannot be used except for this project.

Signed:.....

Dated:.....

I wish certify that I have explained the study to the participant and consider that he/she understands what is involved.

Signed: Title:

Dated:

*"FUNDING MODEL OPTIONS OF DISPENSING PHARMACOTHERAPIES FOR
OPIOID DEPENDENCE IN COMMUNITY PHARMACY RESEARCH PROJECT"*

Dear client,

This is a reminder to you that the trial that you have been participating in will be finishing on 11th June 2006.

After this date, the trial subsidy that has been provided during the three months of the trial will stop and **we will return to the normal payment arrangements** that existed before the trial.

Please start preparing for this change, and if you have any concerns or are unsure of the ongoing arrangements, please discuss with your pharmacist as soon as possible.

The researchers conducting the trial will be contacting you in the next couple of weeks to arrange for the post trial interview, which will be conducted in a very similar manner to the interview at the start of the trial. It will again take between 30-60 minutes.

At this interview the researchers will give you \$20 to contribute to basic expenses you may have incurred through attending the interviews.

Thank you



HEALTHCARE MANAGEMENT ADVISORS

*"FUNDING MODEL OPTIONS OF DISPENSING
PHARMACOTHERAPIES FOR OPIOID DEPENDENCE IN
COMMUNITY PHARMACY RESEARCH PROJECT"*

«Title» «First_Name» «Surname»
«Address_line_1»
«Suburb» «State» «Post_code»

[Date]

Dear «First_Name»,

Thank you for your participation in the trial on funding model options for dispensing of pharmacotherapies for opioid dependence in your community pharmacy over the past three months.

Following the reminders you have received from your community pharmacy over the past few weeks, the trial is ending on **11th June 2006**. After this date, the trial subsidy that has been provided during the three months of the trial will stop and **you will return to the normal payment arrangements** that existed before the trial.

Following the contact researchers conducting the trial have made with you, your post trial interview has been booked. This interview will be conducted in a very similar manner to the interview at the start of the trial. Again, it will take between 30-60 minutes. At this interview the researcher will give you \$20 to contribute to basic expenses you may have incurred through attending the interviews.

The details for your post trial interview are below.

Location:«Interview_location»
Date: «Posttrial_Interview_Date»
Time:«M__interview__time»

If you are unable to keep this appointment or have any further queries, telephone me on 1800 208 486.

Yours sincerely,
HMA Associate Consultant

**Healthcare Management
Advisors Pty Ltd**
ACN 081 895 507

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Web: www.hma.com.au

Directors
Paul Zadow
Angela Cook
Wayne Kinrade

APPENDIX 6

Trial Client Questionnaires

**PART A - BRIEF TREATMENT OUTCOME MEASURE – CONCISE
(BTOM-C) V1.0 –METHADONE/ BUPRENORPHINE TREATMENT**

Please check the following **prior to commencing the interview**:

- ☐ Client has received explanatory letter
- ☐ Client has returned and signed appropriately the informed consent form
- ☐ NSW only – client has consented to subsidy only (no enhanced care)
- ☐ NSW only – client has consented to subsidy AND enhanced care option

At the end of the interview, please check the box indicating the **interview outcome**:

- ☐ All parts of interview completed
- ☐ Partial completion of interview

Reason for non-completion

*Client code: _____

Date of interview:

TIME _____

_____/_____/_____
day month year

Interviewer name: _____

*Date of commencement:

_____/_____/_____
day month year

(Please note that date of commencement of treatment refers to the date of first dose on the methadone/buprenorphine program.)

****Note: tick one box only for each question, unless stated otherwise**

Section A: Client Details

The questions in this section provide us with some background information.

Tick only one box for each question, unless otherwise stated.

Note: Questions shaded in grey do not need to be completed at follow-up interview.

1. Sex

Male ☐ 1

Female ☐ 2

Not stated/inadequately described ☐ 99

2. What is your date of birth?

____/____/____
day month year

3. Are you of Aboriginal or Torres Strait Islander origin?

Yes, Aboriginal ☐ 1

Yes, Torres Strait Islander ☐ 2

Yes, Aboriginal & Torres Strait Islander ☐ 3

Not stated ☐ 99

4. In what country were you born?

Australia ☐ 1

Other ☐ 98

If other, please specify _____

5. What language do you prefer to speak?

English ☐ 1

Other ☐ 98

If other, please specify _____

6. What is your main source of income?

Full-time employment ☐ 1

Part-time employment ☐ 2

Temporary benefit (e.g. sickness, unemployed) ☐ 3

Pension (e.g. aged, disability) ☐ 4

Student allowance ☐ 5

Dependant on others ☐ 6

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- | | |
|---|-----------------------------|
| Retirement fund | <input type="checkbox"/> 7 |
| No income | <input type="checkbox"/> 8 |
| Other | <input type="checkbox"/> 98 |
| Not stated/not known/inadequately described | <input type="checkbox"/> 99 |

7. Who do you live with?

- | | |
|--|-----------------------------|
| Alone | <input type="checkbox"/> 1 |
| Spouse/partner | <input type="checkbox"/> 2 |
| Alone with child(ren) | <input type="checkbox"/> 3 |
| Spouse/partner and child(ren) | <input type="checkbox"/> 4 |
| Parent(s) | <input type="checkbox"/> 5 |
| Other relative(s) | <input type="checkbox"/> 6 |
| Friend(s) | <input type="checkbox"/> 7 |
| Friend(s)/parent(s)/relative(s) and children | <input type="checkbox"/> 8 |
| Other | <input type="checkbox"/> 98 |
| Not stated/not known/inadequately described | <input type="checkbox"/> 99 |

8. Do you usually live in a:

- | | |
|--|-----------------------------|
| Rented house or flat (public or private) | <input type="checkbox"/> 1 |
| Privately owned house or flat | <input type="checkbox"/> 2 |
| Boarding house | <input type="checkbox"/> 3 |
| Hostel/supported accommodation services | <input type="checkbox"/> 4 |
| Psychiatric home/hospital | <input type="checkbox"/> 5 |
| Alcohol/other drug treatment residence | <input type="checkbox"/> 6 |
| Shelter/refuge | <input type="checkbox"/> 7 |
| Prison/detention centre | <input type="checkbox"/> 8 |
| Caravan on serviced site | <input type="checkbox"/> 9 |
| No usual residence/homeless | <input type="checkbox"/> 10 |
| Other | <input type="checkbox"/> 98 |
| Not known | <input type="checkbox"/> 99 |

Section B: Drug and alcohol use and related behaviours

In this section you will be asked about your use of drugs and alcohol in the last 3 months, unless specified. Please refer to Chart 1 on Page 12. Note: This does not include methadone maintenance treatment, but may include “street methadone” or “diverted doses”.

Note: Questions shaded in grey do not need to be completed at follow-up interview.

9. What drug has led you to seek treatment from this pharmacy?

- | | |
|--|-----------------------------|
| Heroin | <input type="checkbox"/> 1 |
| Methadone (street or diverted methadone) | <input type="checkbox"/> 2 |
| Other | <input type="checkbox"/> 98 |
| If other, please specify _____ | |

10. How do/did you usually take this drug?

- | | |
|-----------------------------------|-----------------------------|
| Ingest (eat, drink, swallow) | <input type="checkbox"/> 1 |
| Smoke | <input type="checkbox"/> 2 |
| Inject | <input type="checkbox"/> 3 |
| Sniff (powder) | <input type="checkbox"/> 4 |
| Inhale (vapour) | <input type="checkbox"/> 5 |
| Other | <input type="checkbox"/> 98 |
| Not stated/inadequately described | <input type="checkbox"/> 99 |

11. What other drugs or alcohol have caused you concern?

Please specify (*one or more drugs – excluding the principal drug of concern, up to a maximum of 5*)

1. _____
2. _____
3. _____
4. _____
5. _____

12. Did you last inject/hit up any drug

- | | |
|---|--|
| In the last 3 months | <input type="checkbox"/> 1 |
| More than 3 but less than 12 months ago | <input type="checkbox"/> 2 (Go to Q. 15) |
| 12 months ago or more | <input type="checkbox"/> 3 (Go to Q. 15) |
| Never injected | <input type="checkbox"/> 4 (Go to Q. 15) |
| Not stated/inadequately described | <input type="checkbox"/> 99 |

Healthcare Management Advisors

13. How many times in the last 3 months did you use a needle and syringe after someone else had already used it (including your sex partner and even if it was cleaned)?

Please specify _____ times

14. In the last 3 months, did you share any spoons, filters, water, tourniquets, drug solution/mix, or swabs with anyone else?

No ☐ 0

Yes ☐ 1

15. How many times have you overdosed from any drug in the last 3 months?

Please specify _____ times

The next nine questions are about the drugs and alcohol you have taken in the last month. Please refer to Charts 2 & 3, page 18 of this BTOM-C questionnaire.

16. (a) How many days in the last month did you use tobacco?

Please specify _____ days

- (b) On average, how many cigarettes did you have on those days when you did use tobacco?

Please specify _____ cigarettes

17. (a) How many days in the last month did you drink alcohol? (beer, wine, spirits)

Please specify _____ days

- (b) On average, how many standard drinks did you have on those days when you were drinking? (please refer to standard drinks chart if required)

Please specify _____ drinks

18. How many days in the last month did you use heroin?

Please specify _____ days

19. How many days in the last month did you use another opioid-based drug (excluding heroin)? That is, morphine, pethidine, codeine or illegally obtained methadone?

Please specify _____ days

Healthcare Management Advisors

20. How many days in the last month did you use cannabis?

Please specify _____ days

21. How many days in the last month did you use cocaine?

Please specify _____ days

22. How many days in the last month did you use amphetamines?

Please specify _____ days

23. How many days in the last month did you use tranquilisers (benzos, valium, rohypnol)?

Please specify _____ days

24. How many days in the last month did you use another drug (please specify)?

No other drug used ☐ 1

Other drug used ☐ 2

(please specify) _____

Please specify _____ days

Section C: Health and Well-being

The questions in this section concern your general health and well-being.

25. How often in the last 3 months have you had any money problems, including arguing about money or not having enough for food or housing?

Never or almost never ☐ 0

Sometimes ☐ 1

Often ☐ 2

Always or nearly always ☐ 3

26. How often in the last 3 months have you had conflict with your partner/spouse? (*By conflict, I mean verbal abuse, serious argument or violence, not a routine difference of opinion.*)

Not applicable (that is, no partner) ☐ 9

Never or almost never ☐ 0

Sometimes ☐ 1

Often ☐ 2

Always or nearly always ☐ 3

27. How often in the last 3 months have you had conflict with your relatives?

- | | |
|---------------------------|----------------------------|
| No contact with relatives | <input type="checkbox"/> 9 |
| Never or almost never | <input type="checkbox"/> 0 |
| Sometimes | <input type="checkbox"/> 1 |
| Often | <input type="checkbox"/> 2 |
| Always or nearly always | <input type="checkbox"/> 3 |

28. How often in the last 3 months have you had conflict with your employer/school?

- | | |
|----------------------------|----------------------------|
| Not employed/not at school | <input type="checkbox"/> 9 |
| Never or almost never | <input type="checkbox"/> 0 |
| Sometimes | <input type="checkbox"/> 1 |
| Often | <input type="checkbox"/> 2 |
| Always or nearly always | <input type="checkbox"/> 3 |

29. How much of the time over the last 3 months have you lived with anyone who uses heroin or other illicit drugs?

- | | |
|-------------------------------|----------------------------|
| Do not live with a drug user | <input type="checkbox"/> 0 |
| Some of the time | <input type="checkbox"/> 1 |
| A lot of the time | <input type="checkbox"/> 2 |
| All or nearly all of the time | <input type="checkbox"/> 3 |

30. How much of the time over the last 3 months have you spent with friends who don't use heroin or other illicit opioids?

- | | |
|------------|----------------------------|
| Very often | <input type="checkbox"/> 0 |
| Often | <input type="checkbox"/> 1 |
| Sometimes | <input type="checkbox"/> 2 |
| Never | <input type="checkbox"/> 3 |

31. (a) How many times in the past 3 months have you been arrested?

Please specify _____ times

(b) How many of these arrests were for offences allegedly committed in the past 3 months?

Please specify _____ arrests

Healthcare Management Advisors

32. (a) Have you had any involvement with Child Protection Services, (e.g. DOCS) in the past 3 months?

No ☐ 0 (Go to Q. 33)

Yes ☐ 1

(b) If yes, did you receive supportive services? (e.g. housing assistance, food or other)

No ☐ 0

Yes ☐ 1

(c) If yes, has a child been restored to your care?

No ☐ 0

Yes ☐ 1

(d) If yes, has a child been removed from your care?

No ☐ 0

Yes ☐ 1

33. In the last 3 months would you say your health was

Excellent ☐ 1

Very good ☐ 2

Good ☐ 3

Fair ☐ 4

Poor ☐ 5

Section D: Treatment Specific Section

The questions in this section concern your current and previous treatment.

Note: Questions shaded in grey do not need to be completed at follow-up interview.

34. *Previous treatment:

(More than one box may be ticked)

Any types of alcohol and other drug treatment that the client has received prior to the current treatment episode

Counselling ☐ 1

Inpatient/residential withdrawal management ☐ 2

Outpatient withdrawal management ☐ 3

Residential rehabilitation activities ☐ 4

Day program rehabilitation activities ☐ 5

Naltrexone ☐ 6

Buprenorphine ☐ 7

Slow release oral morphine ☐ 8

Healthcare Management Advisors

Methadone	<input type="checkbox"/> 9
Acamprosate	<input type="checkbox"/> 10
Disulfiram	<input type="checkbox"/> 11
Other maintenance pharmacotherapies	<input type="checkbox"/> 12
Inpatient consultation	<input type="checkbox"/> 13
Outpatient consultation (excluding detoxification)	<input type="checkbox"/> 14
Support and case management only	<input type="checkbox"/> 15
Assessment only	<input type="checkbox"/> 16
Information and education	<input type="checkbox"/> 17
Other	<input type="checkbox"/> 98
No previous treatment	<input type="checkbox"/> 99
35. *Source of referral to treatment:	
Self	<input type="checkbox"/> 1
Family member/friend	<input type="checkbox"/> 2
General practitioner	<input type="checkbox"/> 3
Medical officer/specialist	<input type="checkbox"/> 4
Psychiatric hospital	<input type="checkbox"/> 5
Other hospital	<input type="checkbox"/> 6
Residential community mental health care unit	<input type="checkbox"/> 7
Residential AOD treatment agency	<input type="checkbox"/> 8
Other residential community care unit	<input type="checkbox"/> 9
Education institution	<input type="checkbox"/> 10
Non-residential community mental health centre	<input type="checkbox"/> 11
Non-residential AOD treatment agency	<input type="checkbox"/> 12
Non-residential community health centre	<input type="checkbox"/> 13
Other non-health service agency	<input type="checkbox"/> 14
Police diversion	<input type="checkbox"/> 15
Court diversion	<input type="checkbox"/> 16
Other criminal justice setting	<input type="checkbox"/> 17
Workplace (EAP)	<input type="checkbox"/> 18
Family and child protection service	<input type="checkbox"/> 19
Needle and syringe program	<input type="checkbox"/> 20
Medically supervised injecting centre	<input type="checkbox"/> 21
Other	<input type="checkbox"/> 98
Not stated/inadequately described	<input type="checkbox"/> 99

36. Other treatment types: (*More than one box may be ticked*). Do NOT include the “Main treatment type”

Any types of alcohol and other drug treatment that the client has received during the current treatment episode, in addition to the Maintenance Pharmacotherapy/Support (which is the main treatment type).

- | | |
|---|-----------------------------|
| Counselling | <input type="checkbox"/> 1 |
| Inpatient/residential withdrawal management | <input type="checkbox"/> 2 |
| Outpatient withdrawal management | <input type="checkbox"/> 3 |
| Residential rehabilitation activities | <input type="checkbox"/> 4 |
| Day program rehabilitation activities | <input type="checkbox"/> 5 |
| Naltrexone | <input type="checkbox"/> 6 |
| Buprenorphine | <input type="checkbox"/> 7 |
| Slow release oral morphine | <input type="checkbox"/> 8 |
| Methadone | <input type="checkbox"/> 9 |
| Acamprosate | <input type="checkbox"/> 10 |
| Disulfiram | <input type="checkbox"/> 11 |
| Other maintenance pharmacotherapies | <input type="checkbox"/> 12 |
| Inpatient consultation | <input type="checkbox"/> 13 |
| Outpatient consultation (excl detoxification) | <input type="checkbox"/> 14 |
| Support and case management only | <input type="checkbox"/> 15 |
| Assessment only | <input type="checkbox"/> 16 |
| Information and education | <input type="checkbox"/> 17 |
| Other | <input type="checkbox"/> 98 |
| No other services provided | <input type="checkbox"/> 99 |

37. Treatment Delivery Setting:

- | | |
|--|-----------------------------|
| Non-residential/outpatient/community setting | <input type="checkbox"/> 1 |
| Residential/inpatient setting | <input type="checkbox"/> 2 |
| Home | <input type="checkbox"/> 3 |
| Outreach setting | <input type="checkbox"/> 4 |
| Correctional setting | <input type="checkbox"/> 5 |
| Therapeutic community | <input type="checkbox"/> 6 |
| Other | <input type="checkbox"/> 98 |

38. *Pharmacotherapy drug:

Buprenorphine ☐ 0

Methadone ☐ 1

39. Client's current dose: ____ . ____ mg (**do not use ml**)

(if dosing has not commenced, please complete later)

40. The client's pharmacotherapy prescriber is a doctor in a:

Public clinic ☐ 1

Private clinic ☐ 2

General practice ☐ 3

Correctional centre ☐ 4

41. The client's dosing point is a:

Public clinic/hospital ☐ 1

Private clinic ☐ 2

Doctors surgery ☐ 3

Pharmacy ☐ 4

Correctional setting ☐ 5

42. If a friend was in need of similar help, would you recommend the community pharmacy methadone/buprenorphine program to him/her?

Definitely ☐ 1

Probably ☐ 2

Unsure ☐ 3

Probably not ☐ 4

Definitely not ☐ 5

Appendix

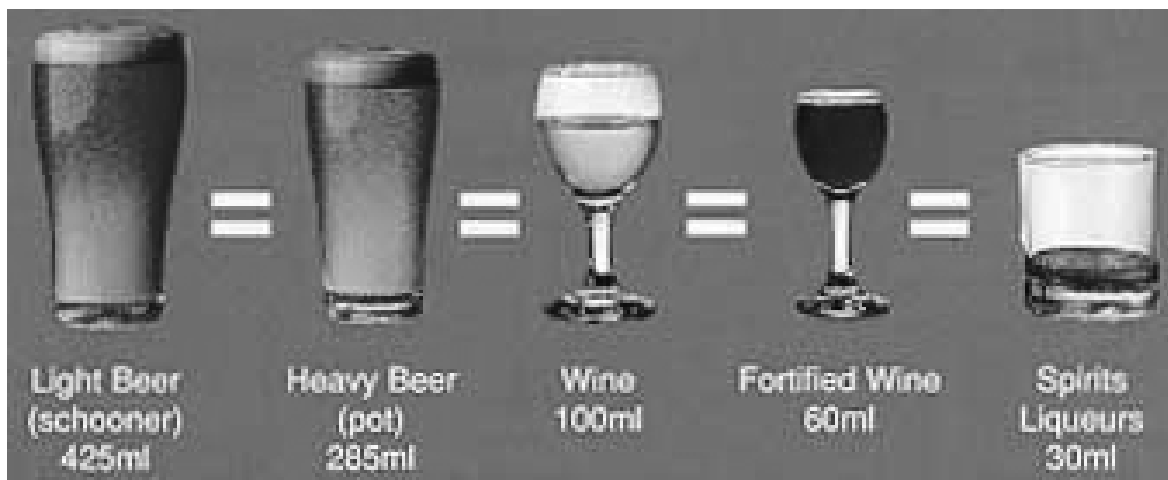
**Chart 1. Three month chart:
Days in the past three months**

Every day	90	Three times a month	9
Six times a week	77	Twice a month	6
Five times a week	64	Five days	5
Four times a week	51	Four days	4
Three times a week	39	Three days	3
Twice a week	26	Two days	2
Once a week	13	One day only	1
Four times a month	12		

**Chart 2. One month chart:
Days of estimated drug/alcohol use in the past one month**

Every day	30	Twice a week	9
Six times a week	26	Once a week	4
Five times a week	22	Three days	3
Four times a week	17	Two days	2
Three times a week	13	One day only	1

Chart 3. Standard drink chart



BRIEF TREATMENT OUTCOME MEASURE - CONCISE (BTOM-C) V1.0 SCORE SUMMARY SHEET

Interview date: ____/____/____
 day month year

Client code: _____

<u>BTOM-C SCORES</u>	<i>Baseline</i>	3 month	12 month	2 years	3 years
Date of interview (day/month/year)					
Drug using days (per month)					
Heroin					
Other opiates					
Cannabis					
Cocaine					
Amphetamines					
Tranquilisers					
Other: _____					
Occasions of drug use scale (ODUS) [<i>F = Frequency (a), Q = Quantity (b), T = Total</i>]					
BTOM-C SCORES	<i>Baseline</i>	3 month	12 month	2 years	3 years
	F Q T	F Q T	F Q T	F Q T	F Q T
Tobacco					
Alcohol					
BTOM-C SCORES	<i>Baseline</i>	3 month	12 month	2 years	3 years
Needle sharing frequency					
Overdoses frequency					
Polydrug use scale - illicit only/7					
Social functioning scale/18					
Arrests frequency (committed last 3 months)					
Health score					

GUIDE TO SCORING THE BTOM-C V1.0

Needle sharing frequency (Q.13)

Count the number of times the client has shared a needle and syringe.

Overdoses frequency (Q.15)

Count the number of times the client has experienced an overdose.

Occasions of drug use scale (Q.16-17)

Enter the frequency and quantity of alcohol and tobacco use.

Multiply them to get the total.

If the client has not used a class of drugs in the last month, their total for that class is 0.

Drug using days (Q.18-24)

Count the number of days the client has used a particular drug in the last month.

If the client has not used a class of drugs in the last month, their total for that class is 0.

Polydrug use scale – Illicits (Q.18-24)

If the client has taken the drug the question refers to on one or more days in the last month, they score 1 point for that question.

If the client has not taken the drug the question refers to in the last month, they score 0 points for that question.

Add up the client's points for questions 18-24 to get the polydrug score. The client receives a score out of 7.

Social functioning scale (Q. 25-30)

'Not applicable' responses are possible for questions 26-28. They are given the value '8', to indicate they are missing.

For the purposes of calculating this score, all responses to questions 25-30 that are not shown as being 'not applicable', are referred to as 'valid responses'.

The client receives a score out of 18.

- If the client has given no 'Not applicable' responses:
 - $\text{SFS score} = \text{Q25} + \text{Q26} + \text{Q27} + \text{Q28} + \text{Q29} + \text{Q30}$
- If the client has given one 'Not applicable' response:
 - $\text{SFS score} = (\text{sum of valid responses}) \times 1.2$
- If the client has given two 'Not applicable' responses:
 - $\text{SFS score} = (\text{sum of valid responses}) \times 1.5$
- If the client has given three 'Not applicable' responses:
 - $\text{SFS score} = (\text{sum of valid responses}) \times 2$

Arrests frequency (Q. 31b)

Count the number of times the client has been arrested for offences committed in the past three months.

Health score (Q. 33)

This is simply the numbered code for the box ticked in Question 33.

PART B - ADDITIONAL QUESTIONS FOR PRE TRIAL CLIENT INTERVIEW

Client code _____

- (1) Do you think the services you receive from pharmacy in relation to your drug treatment needs are appropriate?

Yes ☐1

No ☐2

Unable to answer (*go to question 2*) ☐3

Prefer not to answer (*go to question 2*) ☐4

(please select one and give reason(s) below if appropriate)

- (2) Are there any aspects of the service provided by the pharmacy that you think are inappropriate?

Yes ☐1

No ☐2

Unable to answer (*go to question 3*) ☐3

Prefer not to answer (*go to question 3*) ☐4

(please select one and give reason(s) below if appropriate)

- (3) What is the level of satisfaction with the service provided by community pharmacies in the following areas: *(tick best response)*

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
Dosing environment					
Operating hours					
Approachability, attentiveness and understanding of staff					
Timeliness of dosing					
Cost of doses					
Communication with my doctor					
Communication with my case manager (if has a current case manager)					
Assistance from pharmacy staff with access and referral to other services					

- (4) Do you think the current amount that you are charged for dosing is reasonable?

Yes ☐1

No ☐2

Unable to answer *(go to question 5)* ☐3

Prefer not to answer *(go to question 5)* ☐4

(please select one and give reason(s) below if appropriate)

Healthcare Management Advisors

- (5) Do you think the current payment conditions and the pharmacy credit policy are reasonable?

Yes ☐1

No ☐2

Unable to answer (*go to question 6*) ☐3

Prefer not to answer (*go to question 6*) ☐4

(please select one and give reason(s) below if appropriate)

- (6) What type of dose payment system would better meet your needs? (*please describe below*)

OR

Unable to answer (*go to question 7*) ☐1

Prefer not to answer (*go to question 7*) ☐2

- (7) What other services should the pharmacy provide to better meet your drug treatment needs? (*please describe below*)

OR

Unable to answer (*go to question 8*) ☐1

Prefer not to answer (*go to question 8*) ☐2

Healthcare Management Advisors

- (8) Do the current payment arrangements for dosing at pharmacies have an impact on your ability to stay with the program?

Yes ☐1

No ☐2

Unable to answer (*go to question 9*) ☐3

Prefer not to answer (*go to question 9*) ☐4

(*please select one and give reason(s) below if appropriate*)

- (9) How much time and cost is involved in travelling to and from the pharmacy to be dosed on a daily basis? (*please describe below*)

OR

Unable to answer (*go to question 10*) ☐1

Prefer not to answer (*go to question 10*) ☐2

- (10) Has being on the program had an impact on you financially?

Yes ☐1

No ☐2

Unable to answer (*go to question 11*) ☐3

Prefer not to answer (*go to question 11*) ☐4

(*please select one and give reason(s) below if appropriate*)

Healthcare Management Advisors

(11) Do you have any problems paying for your doses?

Yes ☐1

No ☐2

Unable to answer (*go to question 12*) ☐3

Prefer not to answer (*go to question 12*) ☐4

(please select one and give reason(s) below if appropriate)

(12) Are there any other problems you have in obtaining doses?

Yes ☐1

No ☐2

Unable to answer (*go to question 13*) ☐3

Prefer not to answer (*go to question 13*) ☐4

(please select one and give reason(s) below if appropriate)

(13) Do you have suggestions for improving the current dose payment arrangements?

Yes ☐1

No ☐2

Unable to answer (*go to question 14*) ☐3

Prefer not to answer (*go to question 14*) ☐4

(please select one and give reason(s) below if appropriate)

Impact of funding model options on social functioning and health

(Impact and qualitative assessment)

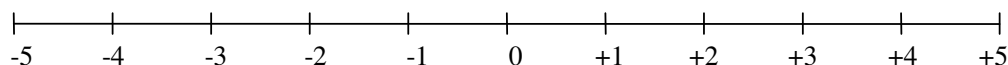
Please rate the *impact of being on the methadone or buprenorphine program through community pharmacies* in response to each of the statements below along a sliding scale, ranging from -5 to +5.

- a score of **+5** indicates that in your view there has been a **strong positive impact** (for example “I miss many less doses now”);
- a score of **0** indicates **no change**; and
- a score of **-5** indicates a **strong negative effect** (for example “my personal finances are worse”).

- (14) **Based on your experiences of being on methadone or buprenorphine dispensed through community pharmacies, how have the following points been affected by being on the program?**

(please mark on scale, where -5 = strong negative effect; 0 = no change; +5 = strong positive impact)

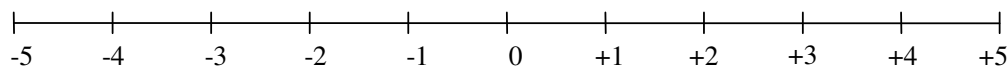
- (i) What has been the overall general impact on you of the service provided to you by the pharmacy?**



Score = ____ Or Unable to answer ____

Comments _____

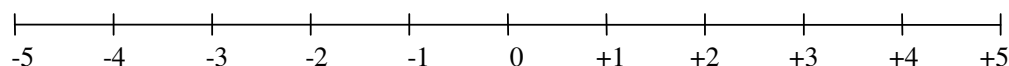
- (ii) What impact has being on the program had on your finances?**



Score = ____ Or Unable to answer ____

Comments _____

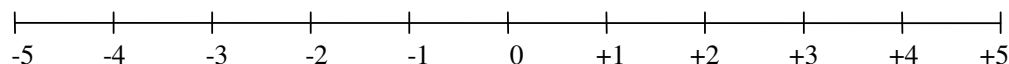
(iii) What impact has being on the program had on your overall quality of life?



Score = ____ Or Unable to answer ____

Comments _____

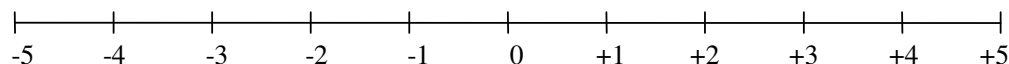
(iv) What impact has being on the program had on your social life?



Score = ____ Or Unable to answer ____

Comments _____

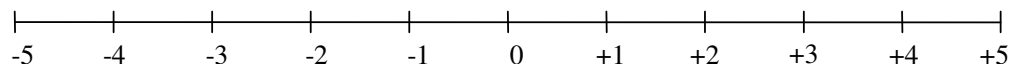
(v) What impact has being on the program had on your relationships with your family?



Score = ____ Or Unable to answer ____

Comments _____

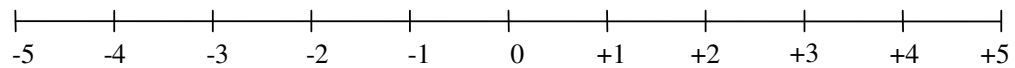
(vi) What impact has being on the program had on your employment opportunities?



Score = ____ Or Unable to answer ____

Comments _____

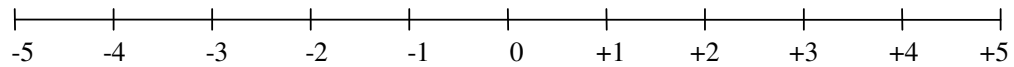
(viii) What impact has being on the program had on the quality of your accommodation?



Score = ____ Or Unable to answer ____

Comments _____

(ix) What impact has being on the program had on your general health?



Score = ____ Or Unable to answer ____

Comments _____

PART B - ADDITIONAL QUESTIONS FOR POST TRIAL CLIENT INTERVIEW

Client code _____

As part of the trial which has been undertaken at your pharmacy for the last 3 months, there have been some changes to the amount you pay for doses, and in some cases changes in the way that the pharmacy operates. The following questions are about these recent changes in the last 3 months.

- (1) What is the level of satisfaction with the service provided by your pharmacy in the following areas: (tick best response)

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
Approachability, attentiveness and understanding of staff					
Timeliness of dosing					
Cost of doses					
Communication with my doctor					
Communication with my case manager (if has a current case manager)					
Assistance from pharmacy staff with access and referral to other services					

- (2) Do you think the trial arrangements were better than the arrangements before the trial started?

Yes/ No/Don't know/Prefer not to comment (*please circle one and give reason(s) below*)

- (3) What were the main problems or negative features you experienced with the trial arrangements?

Or /Don't know/Prefer not to comment

- (4) What were the main benefits or positive features you experienced with the trial arrangements?

Or /Don't know/Prefer not to comment

- (5) What features of the trial arrangements would you change or improve?

Or /Don't know/Prefer not to comment

NSW SPECIFIC QUESTIONS TO ASSESS ENHANCED CARE

- (6) Did you take part in the enhanced care option for this trial (in NSW pharmacies)?

Yes/ No/Don't know/Prefer not to comment (*please circle one*)

If yes, please answer the following questions (7-9), if no, skip to question 10.

- (7) Did you complete a Client Issues Identification and Support Form with your pharmacist during the three month trial?

Yes/ No/Don't know/Prefer not to comment (*please circle one*)

If yes, how many times did you complete the form? _____

Healthcare Management Advisors

- (8) If the form was completed at least once, were there any actions that happened as a result of the form being completed (such as you receiving information from the pharmacist, or being referred to other service providers)?

Yes/ No/Don't know/Prefer not to comment (*please circle one*)

If yes, did these actions help you, and how did they help you?

- (9) What features of the enhanced care program would you like to change or improve?

Or /Don't know/Prefer not to comment

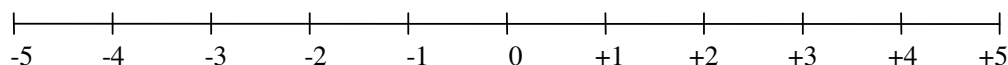
Impact of funding model options on social functioning and health (Impact and qualitative assessment)

Please rate the *impact of the funding model options* in response to each of the statements below along a sliding scale, ranging from -5 to +5.

A score of **+5** indicates that in your view there has been a **strong positive impact** (for example “I miss many less doses now”; a score of **0** indicates **no change**; a score of **-5** indicates a **strong negative effect** (for example “my relationship with pharmacy staff is much worse”).

- (10) **Based on your experiences over the last three months during the trial, how have the following points been affected by the funding trial?** *(Please mark on the scale, where -5 = strong negative effect; 0 = no change; +5 = strong positive impact)*

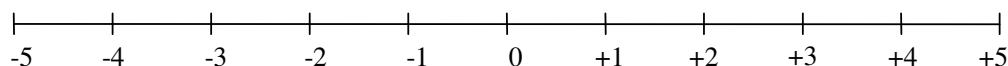
- (i) What has been the overall general impact of the trial on the service provided to you by the pharmacy?**



Unable to answer *(please circle if client is unable to answer)*

Comments _____

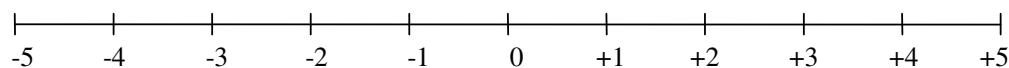
- (ii) What impact has the trial had on whether you miss doses?**



Unable to answer *(please circle if client is unable to answer)*

Comments _____

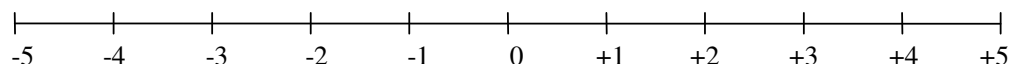
(iii) What impact has the trial had on your ability to continue on the methadone or buprenorphine program?



Unable to answer (*please circle if client is unable to answer*)

Comments _____

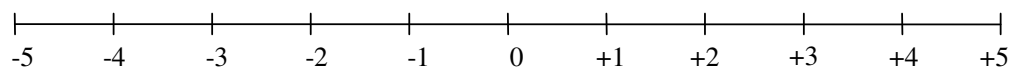
(iv) What impact has the trial had on your finances?



Unable to answer (*please circle if client is unable to answer*)

Comments _____

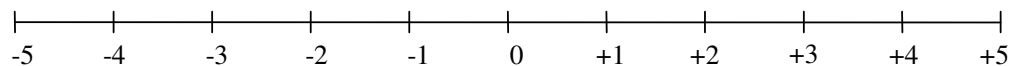
(v) What impact has the trial had on your overall quality of life?



Unable to answer (*please circle if client is unable to answer*)

Comments _____

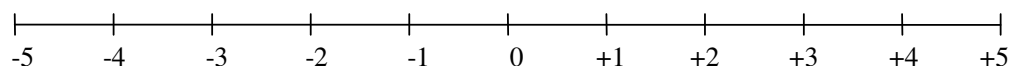
(vi) What impact has the trial had on your social life?



Unable to answer (*please circle if client is unable to answer*)

Comments _____

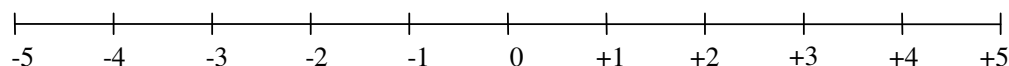
(vii) What impact has the trial had on your relationships with your family?



Unable to answer (*please circle if client is unable to answer*)

Comments _____

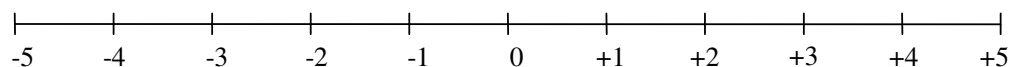
(viii) What impact has the trial had on your employment opportunities?



Unable to answer (*please circle if client is unable to answer*)

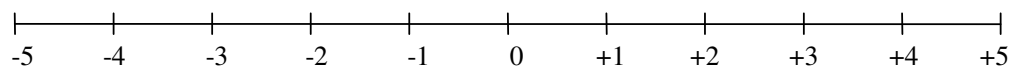
Comments _____

(ix) What impact has the trial had on the quality of your accommodation?



Comments _____

(x) What impact has the trial had on your general health?



Unable to answer (*please circle if client is unable to answer*)

Comments _____

APPENDIX 7

Pre Trial Pharmacy Data Collection Form

[PHARMACY NAME]

PRE TRIAL ACTIVITIES

1. COLLECTION OF COSTING DATA

This section presents an overview of the costing methodology that is designed to derive the component costs for a community pharmacy dispensing a dose of methadone and buprenorphine. Please note for the purposes of costing data, we are interested in collecting data for the last financial year (ie 2004-2005).

There are four steps to the costing methodology, as follows:

Determine time utilisation for the dispensing of methadone and buprenorphine and the associated activities (ie information management);

Identify all expenses associated with the treatment program: salaries and wages, consumables and overheads;

Apportion the costs to the treatment program. As it's expected most pharmacies will be unable to provide HMA with a breakdown of the costs, the following methodology will be used. Expenses directly related to staff (ie salaries and wages, uniforms) are allocated based on the estimated proportion of time spent each day on program related activities⁴ by all pharmacy staff, and all other expenses are allocated based on proportion of floor space the program area utilises in the pharmacy; and

Calculate the average cost per dose of methadone and buprenorphine by dividing the total expenses related to the program by the number of doses dispensed for the same time period.

Examples of the types of data HMA will collect at the initial site visit to assist in determining the cost per dose of methadone and buprenorphine for the pharmacy are provided below. Please note HMA will be available to assist you in the collection of this data, however it may be of use to undertake some preliminary data extraction prior to HMA's pre trial site visit.

⁴ This will be estimated based on the time activity data collection.

1.1 Floor Space and Initial set up costs

Please fill in the boxes using either sq feet or square metre

Please select	
sq feet/metre	Total pharmacy floor space
	<input type="text"/>
sq feet/metre	Total dosing area space
	<input type="text"/>
Dosing Area as proportion of pharmacy (%)	
<input type="text"/>	

1.8.1 Initial Set-Up Costs

Please provide details on the estimated initial set up costs for the pharmacy in order for a space within the pharmacy to be used to dispense methadone and/or buprenorphine

Cost Description	Total Cost
Total set up costs	

Staff Numbers and Salaries & Wages 2004-05

Position	FTEs*	S&W	Superannuation	Other Oncosts**	Total S&W
Pharmacists					
Pharmacy Assistants					
Total					

* **FTE**=Full Time Equivalent e.g the number of hours an employee is expected to work. Forty hours per week is full time or 1.0 FTE. Twenty hours per week is half time or .50 FTE.

** other costs associated with having employees, besides superannuation eg training programs, annual leave loading, workers compensation etc

1.8.2 Doses Administered at Pharmacy 2004-05

Drug Type	In-store	Take-home ^A
	Dispensing Fee per Dose*	Dispensing Fee per Dose*
Methadone		
Buprenorphine		
Total		

* dispensing fee charged by the pharmacy to clients

^A we are aware that clients that have take-home doses are also in-store clients

1.8.3 Consumables used from 2004-05

HMA is interested in the consumables that are specifically utilised in the dispensing of methadone and buprenorphine

Item	Description	Methadone				Buprenorphine				Total			
		Unit	Cost per Unit	Total Units	Total Cost					Unit	Cost per Unit	Total Units	Total Cost
Take-home supplies	Bottles												
	Labels												
	Other (please specify)												
Dosing supplies	Cups												
	Spoons												
	Other (please specify)												
Stationery	Paper												
	Toner												
	Other (please specify)												
After dose liquid	Cordial												
	Water												
	Other (please specify)												
Other (please specify)	1. Garbage bags												
	2. _____												
	3. _____												
	4. _____												
	5. _____												
Total Consumables													

Goods & Services and Overheads 2004-05

Overheads (are goods and services) that are incurred in the day to day running of the pharmacy but are not directly associated with a specific activity (as reported in the Profit and Loss Statement). Any costs associated with the delivery of the pharmacotherapy service should be identified in the following table. For example:

Expenditure	Description	Pharmacy Total		Pharmacotherapy Allocation	
		\$	%	\$	%
Equipment Costs	Computer - program specific				
	Computer - other				
	Software - program specific				
	Software - other				
	Other (please specify)				
Utilities	Electricity				
	Gas				
	Water				
	Rates				
	Telephone				
Administrative Costs	Accountancy				
	Advertising & promotion				
	Cleaning				
	Depreciation				
	Fees & charges				
	Insurance				
	Interest				
	Lease payments				
	Management fees				
	Motor vehicle costs				

Healthcare Management Advisors

	Printing & stationery				
	Rent				
	Repairs & maintenance				
	Security				
	Telephone				
	Office				
Staffing Costs	Locum fees				
	Registrations & subscriptions				
	Staff training/development				
	Uniforms				
	Other (please specify)				
Other expenditure (please specify)	1. Resource Material				
	2.				
	3.				
	4.				
Total Goods & Services & Overheads					

2. COLLECTION OF DATA ON CURRENT COMMUNITY PHARMACY PRACTICE MODEL

2.1 Client Management

This section deals with activities that are undertaken with respect to the management of registered clients on the treatment program. Data to be collected relating to client management involves the pharmacy providing details on:

The pharmacy's date of commencement on methadone/buprenorphine treatment program;

The clients on the program, 2004-05 as in Table 2.1;

Table 2.1: Number of clients in program, 30 June 2005

Drug Type	In-store Clients	Dosing	Take-home Clients	Total Clients
Methadone				
Buprenorphine				
Total				

The dispensing method (eg computerised or manual dispensing; doses prepared before client arrives at pharmacy or once client presents etc)

Client movement, 2004-05 (eg clients leave due to dissatisfaction of program; clients leave due to change of address; clients leave due to completion of the program etc);

Dosing limitations eg number of patients dosed per pharmacy is restricted by health department; physical limits etc;

The number of doses dispensed in 2004-05;

Difficult client management and details on the discontinuation of clients e.g. generally not a problem; difficulties arise due to inability of client to pay pharmacy etc;

The diversion of therapies eg system in place to minimise diversion; whether it's identified as a time consuming element of dosing.

2.2 Pharmacy Management

This section deals with activities that are undertaken with respect to the management of pharmacy operations. Data to be collected relating to pharmacy management involves the pharmacy providing details on:

Pharmacy operating times:

Table 2.2: Store hours

Day of Week	Store Hours	Time Pharmacotherapy is Available
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Pharmacy staffing numbers (FTEs). Provided as per Section 3.1.3; and

Healthcare Management Advisors

Initial set up requirements eg pharmacy alterations to accommodate a specific dosing area for clients; purchase of dispensing pumps for methadone; installation of a water cooler etc. Provided as per Section 3.1.2.

2.3 Information Management

This section deals with activities that are undertaken with respect to the collection and reporting of information related to the dispensing of pharmacotherapy treatments. Data to be collected relating to information management involves the pharmacy providing details on:

Information management system eg software used to record doses; manual system used etc;

Other reporting requirements eg review form that is sent to the prescribing doctor detailing the progress client and any issues arising since the last review.

2.4 Financial Management

This section deals with activities that are undertaken with respect to the financial management relating to the costs of service delivery and resource utilisation. Data to be collected relating to financial management involves the pharmacy providing details on:

Dispensing fees;

Subsidies paid;

Dosing payment arrangements e.g. what are the current arrangements; what are the preferred options;

Healthcare Management Advisors

Financial viability in the program; and

Bad debt management.

2.5 Pharmacy Support and Training

This section deals with level of training and support that is required for pharmacies involved in dispensing pharmacotherapy treatments and the extent to which these requirements are being met. Data to be collected relating to pharmacy support and training involves the pharmacy providing details on:

Program participation strategies eg run by State Health Department, Guild etc:

Training opportunities and support provisions and requirements e.g. staff trained by programs run from the Guild or State Health Departments.

2.6 Integration with GPs and other service providers

This section deals with level of integration of pharmacy activities with GPs and other service providers in the context of providing pharmacotherapy treatment services. Data to be collected relating to integration with GPs and other services involves the pharmacy providing details on:

Pharmacy interaction with GPs eg what interaction does the pharmacy have with client's GPs; what is the quality and satisfaction of this interaction; and

Healthcare Management Advisors

Pharmacy interaction with other service providers eg does the pharmacy interact with any other service providers like support and case management services.

2.7 Operational Issues

This section discusses the operational issues of the current dispensing model for pharmacotherapy. Data to be collected relating to operational issues includes details on:

Positive aspects of the current model;

Negative aspects of the current model;

Opportunities for improvement of the model.

3. TIME SPENT DATA COLLECTION –ROUND ONE

To determine whether the model trialled has impacted on the time load for pharmacies, relative to current practice, pharmacies are asked to complete the time data collection form (see over page) prior to the beginning of the trial. As the model does not involve additional activities of the pharmacy, we do not anticipate to see much variation between the time spent data collected pre trial compared to the time data collection collected in the first week of the last month of the trial. A copy of the time spent data collection form can be found in below.

Please note the time data collection form requires pharmacists and other staff to estimate the time spent on the program according to the following categories of direct⁵ and indirect⁶ time. These are defined as:

⁵ Direct time = any activities that involve staff interacting with the client.

⁶ Indirect time = any activities undertaken by staff on behalf of clients when the client is not in the pharmacy.

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Direct Pharmacist Counselling time: involves the total time it takes, in minutes, to dispense the opioid substitution therapy (ie methadone or buprenorphine) to the client. The counselling time is considered the normal dispensing process;

Direct Pharmacist Brief Intervention time: is when additional time (recorded in minutes per client) is needed to provide additional support/counselling to the client (such as addressing non-program related client health concerns, discussions with health service providers and so on);

Other Staff Direct time: any time spent by non-pharmacists on client supervision, or assisting clients with other activities (such as attending the bank), or any other client related time; and

Indirect time (all staff): any time spent by staff on behalf of clients when the client is not in the pharmacy (such as pharmacists preparing doses or entering prescriptions).

3.1 Time spent data collection form-round one

Pharmacy Name:			Start Date:			
			End Date:			
Date	Bup (B) Meth (M)	Direct Pharmacist Counselling Time¹ (mins)	Direct Pharmacist Brief Intervention Time² (mins)	Other Staff Direct Time³ (mins)	Indirect Time⁴ (all staff) (mins)	Total Time (mins)

¹ **Direct Pharmacist Counselling time:** involves the total time it takes, in minutes, to dispense the opioid substitution therapy (ie methadone or buprenorphine) to the client. The counselling time is considered the normal dispensing process.

² **Direct Pharmacist Brief Intervention time:** is when additional time (recorded in minutes per client) is needed to provide additional support/counselling to the client (such as addressing non-program related client health concerns, discussions with health service providers and so on).

³ **Other Staff Direct time:** any time spent by non-pharmacists on client supervision, or assisting clients with other activities (such as attending the bank), or any other client related time.

⁴ **Indirect time (all staff):** any time spent by staff on behalf of clients when the client is not in the pharmacy (such as pharmacists preparing doses or entering prescriptions).

Please copy if further space is needed

Please return by fax to [number] after one week of data has been collected

For further information please contact [name] on [number]

APPENDIX 8

Post Trial Pharmacy Data Collection Forms

PHARMACY STAFF CONSULTATION

At the conclusion of the three month trial period, a researcher will visit each of the six participating pharmacies to gain detailed contextual information regarding the findings of the trial of the funding models. As part of the trial evaluation, we will conduct face-to-face interviews with pharmacists and relevant staff involved in the trial. It is expected that this will involve a researcher spending a day at each pharmacy. This framework details questions that will be asked during the pharmacy staff consultation.

Following these interviews we will prepare a written summary of the information we have gained during the evaluation process. Where possible a summary of our research findings will be sent back to the participating pharmacy to seek confirmation of the accuracy of our findings.

Name of the pharmacy.....

Role of interviewee.....

Employment status

On average, what proportion of your work time do you currently spend on both the methadone and/or buprenorphine program?

.....

How many minutes per day is this

Based on your experiences over the last three months, what level of impact has the funding model trialled had on your pharmacy? (eg improved time management, improved relationships with clients, etc)

.....

What has been the impact on clients? (eg fewer missed doses, less diversion, improved debt management, improved health etc)

.....

Has the trial had an impact on your relationships with GPs and in what way?

.....

Has the trial had an impact on your relationships with other service providers such as case managers and in what way?

.....

What do you think were the positive aspects of the trial (for clients and/or the pharmacy)?

.....

.....

.....

.....

What do you think were the negative aspects of the trial (for clients and/or the pharmacy)?

.....

.....

.....

Do you think a similar funding model would be acceptable to staff in your pharmacy on an ongoing basis?

.....

.....

.....

Additional comments

.....

.....

.....

PHARMACY STAFF SURVEY

As part of the evaluation of funding options for dispensing of pharmacotherapies for opioid dependence in community pharmacy, we are seeking to **determine the impact of the funding model options on community pharmacy**. This survey seeks pharmacy staff's perceptions on the funding model trialled in this pharmacy. It is intended to be **qualitative** in scope, and will assess your general opinions about the funding model options and their impact in your pharmacy. Depending on the model that has been trialled in your pharmacy, you may or may not have noticed major changes to the way that the pharmacy operates.

Individual responses will be kept confidential. To assist in this process please insert your response in the attached envelope.

Please return the survey in the reply paid envelope by Friday 23rd June 2006 if your responses are to be included in the results.

Pharmacy details

Please complete the following details to help us determine whether issues are site-specific.

(1) What is the name of pharmacy at which you work? *(Please write below)*

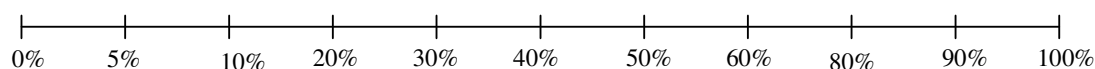
(2) What is your primary role at this pharmacy on the day you complete this survey?
(Please tick one)

- | | |
|-----------------------------------|-----------------------------|
| Managing pharmacist | <input type="checkbox"/> 1 |
| Salaried pharmacist | <input type="checkbox"/> 2 |
| Casual or locum pharmacist | <input type="checkbox"/> 3 |
| Senior pharmacy assistant | <input type="checkbox"/> 4 |
| Pharmacy assistant | <input type="checkbox"/> 5 |
| Pharmacy owner | <input type="checkbox"/> 6 |
| Other <i>please specify</i> _____ | <input type="checkbox"/> 98 |

(3) What is your employment status at this pharmacy? *(Please tick one)*

- | | |
|----------------------|----------------------------|
| Full-time employment | <input type="checkbox"/> 1 |
| Part-time employment | <input type="checkbox"/> 2 |

(4) On average, what proportion of your work time do you currently spend on both the methadone and/or buprenorphine program? *(Please mark on scale with a straight line)*

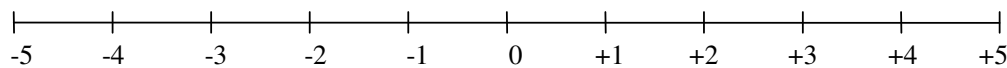


Assessment of Impact of the Funding Model Options on Pharmacies

- (5) Based on your experiences over the last three months, what level of impact has the funding model trialled had on your pharmacy? (Please mark the scale with a straight line. If unable to answer please tick the box below the line).

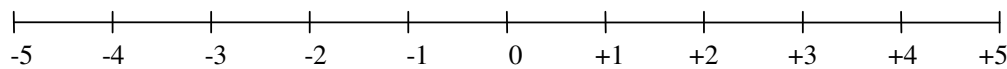
Please rate the **impact of the funding model options** in response to each of the statements below along a sliding scale, ranging from -5 to +5. A score of **+5** indicates that in your view there has been a **strong positive impact** (for example “clients miss many less doses” or “our relationships with our clients are much better”); a score of **0** indicates **no change**; a score of **-5** indicates a **strong negative effect** (for example “our relationships with our clients are much worse”).

- a) Overall general impact on pharmacy. (Please mark the scale with a straight line. If unable to answer please tick the box below the line).



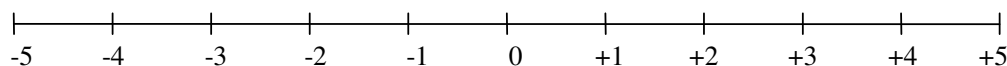
Or, please tick if you are unable to answer ☐ 99

- b) Overall general impact on clients. (Please mark the scale with a straight line. If unable to answer please tick the box below the line).



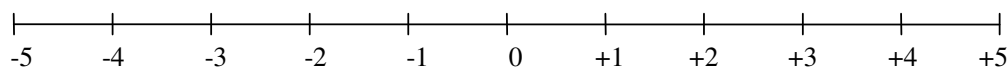
Or, please tick if you are unable to answer ☐ 99

- c) Impact on the proportion of clients missing doses (positive impact means less doses missed). (Please mark the scale with a straight line. If unable to answer please tick the box below the line).



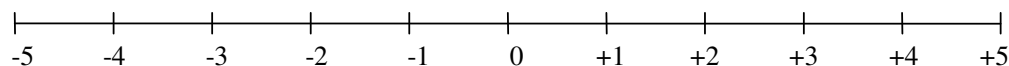
Or, please tick if you are unable to answer ☐ 99

- d) Impact on clients staying on the program (positive impact means clients are more likely to stay on the program). (Please mark the scale with a straight line. If unable to answer please tick the box below the line).



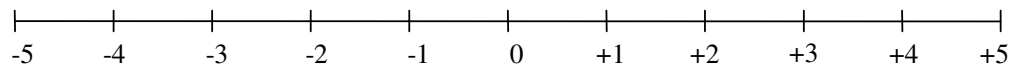
Or, please tick if you are unable to answer ☐ 99

e) Impact on the frequency of dose diversion (positive impact means less dose diversion). *(Please mark the scale with a straight line. If unable to answer please tick the box below the line).*



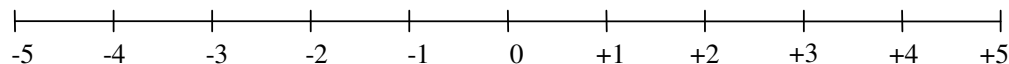
Or, please tick if you are unable to answer ☐ 99

f) Impact on client debt management. *(Please mark the scale with a straight line. If unable to answer please tick the box below the line).*



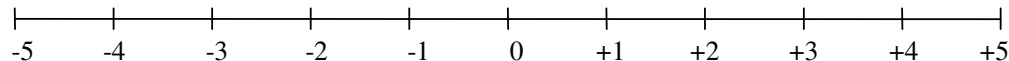
Or, please tick if you are unable to answer ☐ 99

g) Impact of pharmacy staff relationship with clients. *(Please mark the scale with a straight line. If unable to answer please tick the box below the line).*



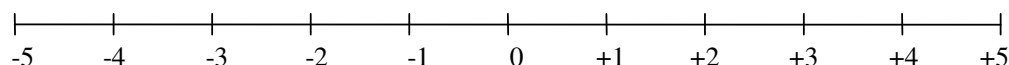
Or, please tick if you are unable to answer ☐ 99

h) Impact on pharmacy interaction with GPs. *(Please mark the scale with a straight line. If unable to answer please tick the box below the line).*



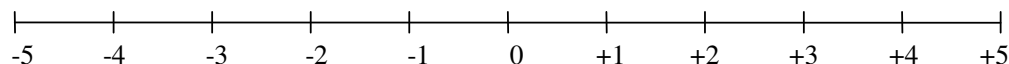
Or, please tick if you are unable to answer ☐ 99

i) Impact on pharmacy interaction with other service providers (such as case managers). *(Please mark the scale with a straight line. If unable to answer please tick the box below the line).*



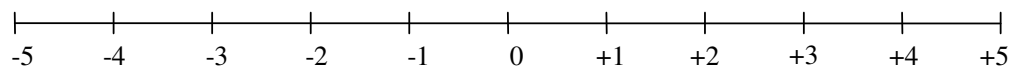
Or, please tick if you are unable to answer ☐ 99

j) Impact of general physical health appearance of clients. *(Please mark the scale with a straight line. If unable to answer please tick the box below the line).*



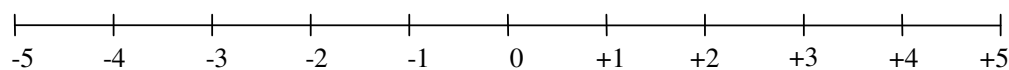
Or, please tick if you are unable to answer ☐ 99

k) Impact on reporting/information management requirements. *(Please mark the scale with a straight line. If unable to answer please tick the box below the line).*



Or, please tick if you are unable to answer ☐ 99

l) Impact on your average workload for the opioid program. *(Please mark the scale with a straight line. If unable to answer please tick the box below the line).*



Or, please tick if you are unable to answer ☐ 99

(6) What were the positive features of the model trialled for your pharmacy?

(7) What were the positive features of the model trialled for clients?

(8) What were the negative features of the model trialled for your pharmacy?

(9) What were the negative features of the model trialled for clients?

- (10) Feasibility: Do you think a similar funding model could be implemented in your pharmacy on an ongoing basis? (Please tick one and give reason(s) below)**

No ☐ 0
Yes ☐ 1
Don't know ☐ 99

- (11) Acceptability: Do you think a similar funding model would be acceptable to staff in your pharmacy on an ongoing basis? (Please tick one and give reason(s) below)**

No ☐ 0
Yes ☐ 1
Don't know ☐ 99

- (12) Suggested improvements: What improvements could you suggest to the funding model trialled in your pharmacy?**

- (13) Comments: Please provide any further comment that you feel would assist us in evaluating the funding model trialled at this pharmacy**
