



australian healthcare &  
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**Review of the Quality Use of Medicines  
Program's Delivery by the National Prescribing  
Service (NPS MedicineWise)**

Submission to the Commonwealth  
21 January 2019



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## OUR VISION

A healthy Australia, supported by the best possible healthcare system.

## OUR MISSION

To conduct research, educate and influence the healthcare system to achieve better health outcomes, improved patient and provider experience, greater equity and sustainability.

## OUR GUIDING PRINCIPLES

Healthcare in Australia should be:

- Effective
- Accessible
- Equitable
- Sustainable
- Outcomes-focused.

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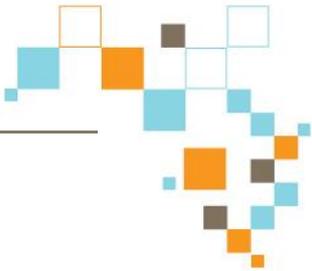
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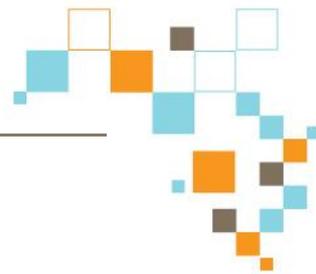
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## INTRODUCTION

The Australian Healthcare and Hospitals Association (AHHA) is pleased to provide this submission to the *Review of the Quality Use of Medicines Program's Delivery by the National Prescribing Service (NPS MedicineWise)*.

### WHO WE ARE

AHHA is Australia's national peak body for public hospitals and healthcare providers. Our membership includes state health departments, Local Hospital Networks and public hospitals, community health services, Primary Health Networks and primary healthcare providers, aged care providers, universities, individual health professionals and academics. As such, we are uniquely placed to be an independent, national voice for universal high-quality healthcare to benefit the whole community.

### SCOPE OF REVIEW

The scope of the review, as defined in the Terms of Reference, covers:

- Governance, transparency and accountability issues, including the impact of the QUM Grant Program on NPS MedicineWise's commercial arm VentureWise;
- NPS MedicineWise's delivery of the QUM Grant Program and NPS MedicineWise's long-term sustainability; and
- The evaluation of programs delivered by NPS MedicineWise including savings evaluation methodology and reporting of broader health outcomes.
- Options to inform the efficient, flexible and innovative delivery of the QUM Grant Program as well as a robust evaluation of its outcomes and savings.

### OVERARCHING VIEW

AHHA recommends that the Australian Government's investment in the Quality Use of Medicines Program:

- Be nationally unified and regionally responsive;
- Be evidence informed, and transparently and independently monitored; and
- Provide an integrated experience, with consistent messaging in health and healthcare, for consumers and clinicians.

Feedback has been provided according to the following three areas:

1. Transparency
2. Recognition of a changed landscape and national reforms
3. Evaluating quality use of medicines to inform investment.



## 1. TRANSPARENCY

Beyond the Department of Health Budget Statements, there is little current information freely available about the Australian Government's QUM Grants Program or the objectives/services for which the National Prescribing Service (NPS MedicineWise) is engaged. This reflects a challenge in responding to the Review of the Quality Use of Medicines Program's Delivery by NPS MedicineWise.

It is understood that when NPS MedicineWise was originally established, while an independent non-profit company, the entity's revenue was solely received from the Australian Government. While the entity still relies heavily on this funding, the NPS MedicineWise Board identified that relying on a sole funding source is too high a risk for any company. As noted in their 2018 Annual Report<sup>1</sup>, NPS MedicineWise is pursuing other opportunities, including establishing VentureWise as a small wholly-owned subsidiary to work with non-government clients (clients who may have conflicting interests with the investments of the Australian Government).

While NPS MedicineWise promotes strict independence requirements and a requirement for alignment with their mission in relation to funded projects, the expansion in activity does draw attention to the way transparency, independence and accountability in the use of Australian Government funds are managed, monitored and evaluated. Concerns have also been expressed about how data collected through their government-funded initiative MedicineInsight is used by their commercial subsidiary VentureWise, and the lack of transparency in data governance.

Further, the activities of the NPS MedicineWise cut across a broad range of stakeholders, with many entities also receiving funding from the Commonwealth for activities associated with the quality use of medicines. As funding agreements are renewed, roles and responsibilities shift. This can lead to uncoordinated activities, inefficiencies, duplication and waste if not adequately managed.

**Recommendation:** In order to best utilise, and effectively and independently evaluate the value from, the Australian Government investment in the QUM Grants Program, AHHA recommends that:

- Objectives and performance indicators for the Australian Government agreement with NPS MedicineWise be publicly available, including how value for funding is determined
- There be transparent requirements regarding intellectual property associated with government-funded activities and commercial activities, including clear data governance requirements, restrictions in access to and use of patient and provider data (particularly for commercial ventures), and open and transparent availability of government-funded data mapping
- Relationships with key stakeholders, including expectations for integration and coordination of activities by NPS MedicineWise, are explicitly defined and publicly available
- Reports on evaluation and monitoring against performance indicators are published in a timely manner.

<sup>1</sup> [https://cdn0.scrvt.com/08ab3606b0b7a8ea53fd0b40b1c44f86/3354f441ee61bf70/a0bf99cee437/NPS2109\\_2018\\_Annual\\_Report.pdf](https://cdn0.scrvt.com/08ab3606b0b7a8ea53fd0b40b1c44f86/3354f441ee61bf70/a0bf99cee437/NPS2109_2018_Annual_Report.pdf)



## 2. RECOGNITION OF A CHANGED LANDSCAPE AND NATIONAL REFORMS

In 1992, implementation of the National Strategy for Quality Use of Medicines began, and in 1997 approximately \$22 million in funding was allocated to establish a national prescribing centre to support prescribers.<sup>2</sup>

The landscape in which medicines are used in Australia has changed substantially since NPS MedicineWise was first established. Without roles, responsibilities and synergies explicitly defined, these changes bring risks of uncoordinated and inconsistent activities, inefficiencies, duplication and waste.

- **Regionally-responsive and community-inclusive approaches.** In July 2015, Primary Health Networks (PHNs) were established to increase the efficiency and effectiveness of medical services for patients and improve coordination of care (replacing the previous 61 Medicare Locals, and before that, the 120 Divisions of General Practice). As independent, regionally-based organisations they can take a more agile and community-inclusive approach to fulfilling their role. They achieve their objectives by addressing health needs and service gaps; integrating services; and supporting general practice. Their boundaries are aligned (somewhat) with Local Hospital Networks (LHNs) to enhance integration across sectors.

Around the time of the establishment of NPS MedicineWise, commentary<sup>3</sup> reflected on devolution contributing to its success: *'The key to the long-term survival of the NPS may lie in devolution. If the philosophy of partnership is extended to the local level, such as Divisions of General Practice, the NPS will be more likely to create its own momentum. Instead of a national centre, there will be many local centres encouraging and helping health professionals and consumers to improve the quality use of medicines. The cumulative effect of locally developed initiatives may exceed the response to imposed interventions.'*

The intent for regional responses to local community needs aligns with the structures and objectives established in the PHN Program. However, the July 2018 evaluation<sup>4</sup> of the PHN Program identified that one of the key challenges for the PHN Program will be *'developing levers to encourage LHNs, state and territory health departments and other agencies, to more actively engage in regional planning and support integrated service delivery at the local level'*.

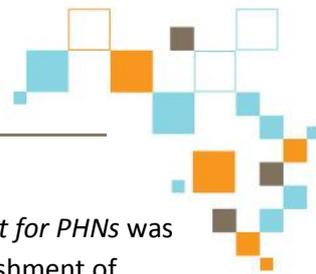
It has been noted that prior to the establishment of PHNs, formal partnerships with Medicare Locals (ML) to provide regionally-integrated medicine and quality improvement support with ML practice support teams, were withdrawn by NPS MedicineWise. This contributed to a siloed approach in supporting quality use of medicines locally, with confusion and duplication of effort at the general practice level.

<sup>2</sup> Dowden JS. The National Prescribing Service. Australian Prescriber 1998;21:30-1.

<sup>3</sup> Dowden JS. The National Prescribing Service. Australian Prescriber 1998;21:30-1.

<sup>4</sup>

[http://www.health.gov.au/internet/main/publishing.nsf/Content/69C162040CFA4F7ACA25835400105613/\\$File/PHN%20Evaluation%20Final%20Report.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/69C162040CFA4F7ACA25835400105613/$File/PHN%20Evaluation%20Final%20Report.pdf)



With the establishment of PHNs, NPS MedicineWise noted a *Needs Assessment for PHNs* was developed,<sup>5</sup> although this does not appear to be publicly available. The establishment of formal agreements with a number PHNs has also been noted<sup>6</sup> (eight formal memorandums of understanding and agreements with four PHNs at 30 June 2017<sup>7</sup>).

It would be preferable if NPS MedicineWise activities were planned at a regional level in collaboration with PHNs, with funds allocated according to regional needs.

- **Data and performance information.** While AIHW was established in 1987, it increasingly provides stronger evidence to promote discussion and make decisions on health and welfare services. With substantial expertise in development, analysis and reporting on data, AIHW releases data at a range of geographies, including by areas smaller than states and territories (e.g. PHN areas and statistical area geographical classifications) and with consistent and comparable performance information (e.g. MyHospitals, MyHealthyCommunities, GEN aged care data) – allowing a better understanding for the local community, clinicians, policymakers and researchers.

In 2011, NPS MedicineWise took on a role in this area, receiving funding from the Australian Government Department of Health to establish MedicineInsight. The funding was provided to collect general practice data to support quality improvement in Australian primary care and post-market surveillance of medicines. MedicineInsight allows GPs to reflect on their own patterns of prescribing and patient care, and compare these with other GPs in their practice as well as benchmarked at local, regional and national levels. NPS Medicine Wise offers customised quality improvement activities that support alignment with best practice and key areas for improvement.

NPS MedicineWise is currently progressing work on how the MedicineInsight dataset can provide a better understanding of general practice activity at local, regional and national levels and inform policy development and health care decisions. In 2017, a working paper<sup>8</sup> exploring how data from the MedicineInsight program can be reported was published from data extracted from the clinical information systems of 475 general practices (**5.9% of all general practices in Australia**) relating to encounters from 1 July 2016 to 30 June 2017 for 2.1 million patients (10.2% of general practice patients). Medicines data for reporting are currently restricted to those where a GP uses their CIS to print a prescription for a patient, and whether the patient had an encounter with a GP on the same day the prescription is recorded. The paper notes, however, that MedicineInsight data can be used to supplement other sources of general practice data (e.g. PBS and MBS data).

<sup>5</sup> <https://cdn0.scrvt.com/08ab3606b0b7a8ea53fd0b40b1c44f86/19d8cd9ad437659a/29f2efb142f9/NPS-MedicineWise-Annual-Report-2015-16.pdf>

<sup>6</sup> <https://cdn0.scrvt.com/08ab3606b0b7a8ea53fd0b40b1c44f86/19d8cd9ad437659a/29f2efb142f9/NPS-MedicineWise-Annual-Report-2015-16.pdf>

<sup>7</sup> <https://cdn0.scrvt.com/08ab3606b0b7a8ea53fd0b40b1c44f86/f679f78c2db94702/61e24b8fdaa8/NPS-MedicineWise-Annual-Report-2016-17.pdf>

<sup>8</sup> [https://cdn0.scrvt.com/08ab3606b0b7a8ea53fd0b40b1c44f86/63df68106933b7b1/100a108a779c/GPIR-2016\\_17\\_FinalVersion13-Dec.pdf](https://cdn0.scrvt.com/08ab3606b0b7a8ea53fd0b40b1c44f86/63df68106933b7b1/100a108a779c/GPIR-2016_17_FinalVersion13-Dec.pdf)



Collecting and reporting data to support continuous improvement in general practice is also an objective of the PHNs. It is currently estimated that approximately **46% of all general practices** are providing data to PHNs for quality improvement advice<sup>9</sup>. This is already much greater than the proportion participating in MedicinesInsight. PHNs support quality improvement in general practice through improving data quality, analysing the practice's data and identifying areas for improvement, assisting with goal setting and improvement activities, and providing progress reports and feedback.

In further contrasting the duplicated roles, it is understood that:

- The value to general practices participating in data collection through PHNs is solely associated with the insight they receive to support their own quality improvement, while those participating through MedicinesInsight receive a fee. Consideration is needed as to whether financial payments undermine the intent for participation if the focus of participation is financially motivated.
- Data collection through PHNs is supported through vendors with online business intelligence capability, while MedicinesInsight provides downloadable reports. Any funding provided for an online portal as is achieved through the PHN arrangement would only duplicate an existing system.

In 2018, AIHW began the process of developing a National Primary Health Care Data Asset. The Data Asset will contain detailed and selected high-quality data about primary health care which will assist in creating a more comprehensive understanding of the patient's journey and experiences within the primary health care system, including their reason for an encounter with a clinician, diagnosis, treatment and outcomes. It will also enable the reporting of key primary health care indicators. Data sources currently being considered include general practice data from electronic health records, and PBS, MBS and immunisation data.

- **Safety and quality initiatives.** The Australian Commission on Safety and Quality in Health Care was established in 2006 to lead and coordinate national improvements in safety and quality in health care. There is significant focus on defining and supporting quality care and reducing unwarranted variation, including medicines use, e.g. through Clinical Care Standards, publishing the Australian Atlas of Healthcare Variation. One of the areas of the Commission's work is in improving the safety and quality of medication use in Australia, leading and coordinating national initiatives to reduce medication errors and harm from medicines. Another area of the Commission's work stems from recognising inefficiencies, waste, duplication and even conflict in clinical practice guidelines. A national framework to promote the efficient production of trustworthy clinical practice guidelines is being pursued.

In 2015, in addition to its health professional and consumer information and learning activities, NPS MedicineWise launched the Choosing Wisely initiative<sup>10</sup>, a clinician-led process

<sup>9</sup>

[http://www.health.gov.au/internet/main/publishing.nsf/Content/69C162040CFA4F7ACA25835400105613/\\$File/PHN%20Evaluation%20Final%20Report.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/69C162040CFA4F7ACA25835400105613/$File/PHN%20Evaluation%20Final%20Report.pdf)

<sup>10</sup> <http://www.choosingwisely.org.au/home>



aimed at identifying and reducing investigations and treatments that are of proven low value. Recommendations are developed to guide clinicians in their practice.

- **Digital health.** Consumers and clinicians use a combination of channels in directing their health and healthcare – face-to-face, phone, Internet, web chat and social media. Consumers will have greater access to their own health records with the MyHealthRecord opt-out period ending early in 2019. There is increasing engagement through digital channels and increasing demand for a seamless experience.

Consideration of the roles, responsibilities, expertise and synergies of these entities will improve accountability, transparency and performance from NPS MedicineWise through the QUM Grants Program, and reduce duplication and inefficiencies.

**Recommendations:** Investment in the approach to quality use of medicines implemented should:

- Be nationally unified and regionally responsive;
- Be evidence informed, and transparently and independently monitored; and
- Provide an integrated experience, with consistent messaging in health and healthcare, for consumers and clinicians.

Moving forward, funding for the Quality Use of Medicines Program should not be given in a manner that creates segregation or duplication of the roles, expertise and scope of existing entities (e.g. in data, general practice quality improvement and support).

Work commissioned by the Australian Government to NPS MedicineWise should be explicitly and formally integrated and coordinated with the work of other entities funded by governments, leveraging expertise held by other entities and minimising inefficiencies and duplication.

PHNs should be instrumental in the implementation of the Quality Use of Medicines Program to address local needs. Plans for implementation at the regional level should be agreed and monitored with the respective PHN, with a transparent understanding of the resources being allocated by NPS MedicineWise. This would support evaluation of investment and impact at the PHN level.

The scope of NPS MedicineWise's work needs to be sharpened such that it provides strong, independent leadership in policy and advocacy for models of care that support the quality use of medicines, and associated funding mechanisms. There should be reduced focus in areas that are the responsibility of other Commonwealth-funded agencies and organisations. With the changed environment and alternate vendors available, the use of open tenders for procuring services may also be appropriate in a number of these areas.



### 3. EVALUATING QUALITY USE OF MEDICINES TO INFORM INVESTMENT

When the *National Strategy for Quality Use of Medicines*<sup>11</sup> was implemented, a *Manual of Indicators* was developed to monitor its implementation and effect nationally. The indicators included process measures, impact indicators and outcome indicators. The first report of the measurement of the indicators was published in 1998 and the second report<sup>12</sup> in 2004.

It is not apparent that there has been any further review of, monitoring or publishing against the *Manual of Indicators* since these reports were published. However, in 2014, the Australian Commission on Safety and Quality in Health Care published *National Quality Use of Medicines Indicators for Australian Hospitals*<sup>13</sup>. These are designed primarily for use by clinicians in hospitals and are not currently promoted for making comparisons between institutions or for accountability purposes. However, most indicators are considered potentially useful for inter-hospital comparisons following ongoing validation to ensure they are sensitive and reliable enough to measure variation over time. They may inform the development/review of indicators that can be used beyond the hospital environment.

It is also understood that there has been no independent evaluation of the activities of NPS MedicineWise since it was established. In 2017, the NPS conducted an evaluation of its own activities, focussing on high level reporting of the collective social and economic impact of its programs. An Executive Summary<sup>14</sup> of the evaluation is available on their website, however it provides no detail on how results were established. A more transparent and independent evaluation is warranted.

**Recommendations:** In order to effectively and independently evaluate the value from the Australian Government investment in the QUM Grants Program, AHHA recommends that:

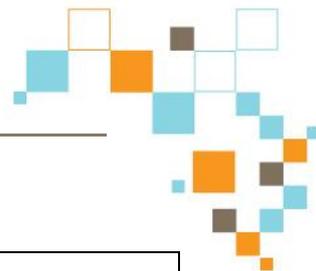
- the Australian Commission on Safety and Quality in Health Care lead development of National Quality Use of Medicines Indicators for the community (beyond Australian hospitals);
- the measurement of these indicators be published consistent with the Australian Atlas of Healthcare Variation and be used to inform the investment in the Quality Use of Medicines Grants Program and activity of NPS MedicineWise at the national level, as well as the collaborative activity at jurisdictional and PHN level.

<sup>11</sup> [https://www.health.gov.au/internet/main/publishing.nsf/Content/8ECD6705203E01BFCA257BF0001F5172/\\$File/natstrateng.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/8ECD6705203E01BFCA257BF0001F5172/$File/natstrateng.pdf)

<sup>12</sup> <http://www.health.gov.au/internet/main/publishing.nsf/Content/nmp-pdf-qumnmp-cnt.htm>

<sup>13</sup> <https://www.safetyandquality.gov.au/our-work/medication-safety/quality-use-of-medicines-in-hospitals/>

<sup>14</sup> <https://cdn0.scrvt.com/08ab3606b0b7a8ea53fd0b40b1c44f86/b6a876e2ec037b9d/c76fd29f3724/NPS-Annual-Evaluation-Report-2017-v11-Exec-Summary.pdf>



## SUMMARY OF RECOMMENDATIONS

Investment in the approach to quality use of medicines implemented should:

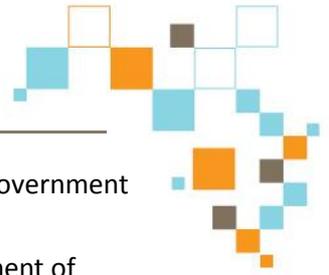
- Be nationally unified and regionally responsive;
- Be evidence informed, and transparently and independently monitored; and
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1. In order to best utilise, and effectively and independently evaluate the value from, the Australian Government investment in the QUM Grants Program, AHHA recommends that:
  - Objectives and performance indicators for the Australian Government agreement with NPS MedicineWise be publicly available, including how value for funding is determined
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  - Relationships with key stakeholders, including expectations for integration and coordination of activities by NPS MedicineWise, are explicitly defined and publicly available
  - Reports on evaluation and monitoring against performance indicators are published in a timely manner.
2. Moving forward, funding for the Quality Use of Medicines Program should not be given in a manner that creates segregation or duplication of the roles, expertise and scope of existing entities (e.g. in data, general practice quality improvement and support).

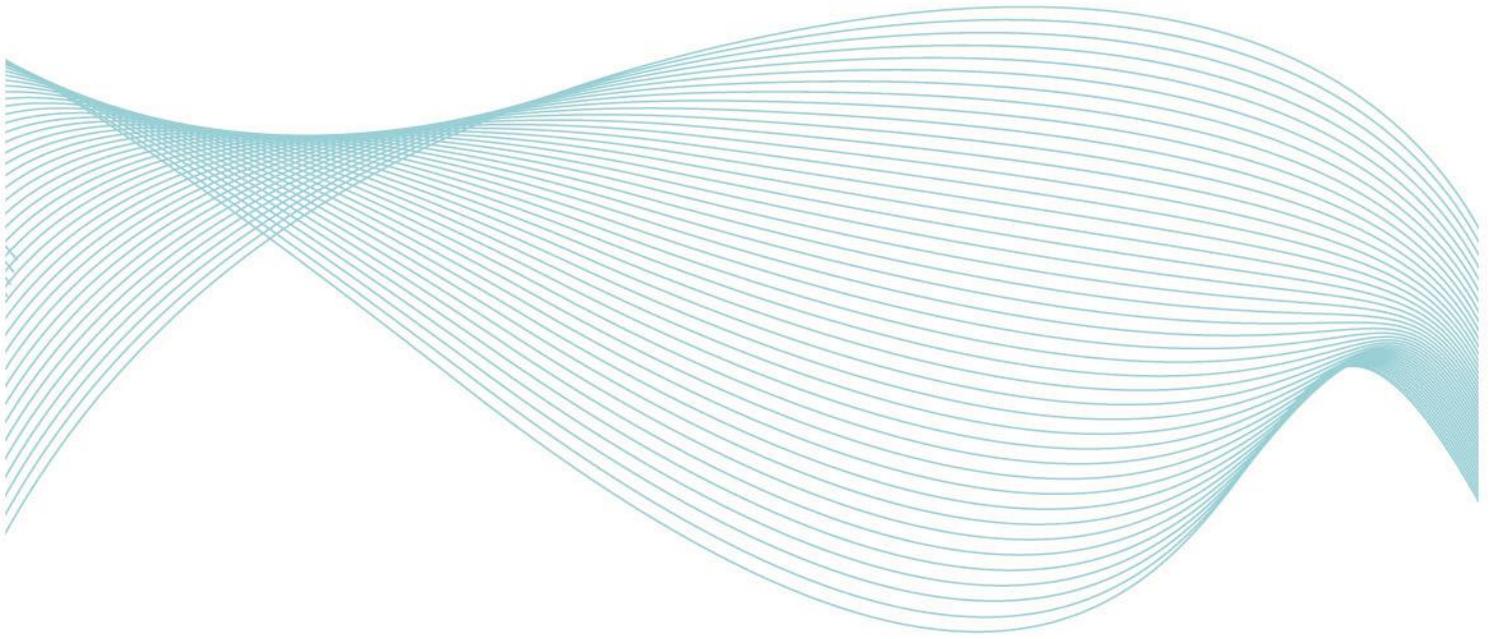
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The scope of NPS MedicineWise's work needs to be sharpened such that it provides strong, independent leadership in policy and advocacy for models of care that support the quality use of medicines, and associated funding mechanisms. There should be reduced focus in areas that are the responsibility of other Commonwealth-funded agencies and organisations. With the changed environment and alternate vendors available, the use of open tenders for procuring services may also be appropriate in a number of these areas.



3. In order to effectively and independently evaluate the value from the Australian Government investment in the QUM Grants Program, AHHA recommends that:
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