

Medicines and the patient experience – Practical solutions workshop summary

Opening session May 16 2007

Hon Peter Dunne – (full text available.)

Over 90 submissions were received on the discussion document about the New Zealand Medicines Strategy, said Associate Minister of Health Peter Dunne in his speech opening the workshop.

The consultation document proposed three objectives for the medicines strategy – quality, safety and efficacy; access (including who and how to set priorities for funding), and optimal use of medicines. The latter topic received many submissions and is one area where real health gains can be made, said Mr Dunne, and referred to the Wise Use of Antibiotics campaign, now in its 10th year.

He said he was encouraged by the amount of dialogue both before after the release of the discussion document and heartened by the support from all the stakeholders in pursuing the Strategy.

First night debate

Are we popping too many pills?

Lifting his own and everyone's energy level, Les Toop (leading the affirmative team) kicked off the first-night formal debate with a vigorous assault on Direct-to-consumer advertising using entertaining anecdotes. He described the 'headlong flight to pharmaceuticalisation' leading to disease creation. 'Les, I think you forgot your soap-box' said cardiologist Hamid Ikram at the beginning of his laid-back and factual presentation of clinical and statistical case for the negative. Canadian David U's follow up to Les offered an international perspective and Andrea Mant played up her trans-Tasman experience: 'A well-informed patient is an asset; a misinformed one is double jeopardy.' After some critical comments of both sides from the floor, each team leader summarized their case, the audience responded with partisan acclamation and chair Peter Moodie of Pharmac declared the result to be a draw.

Day 1: Workshop summary

Priorities – what do we need to do by next Tuesday?

Key areas:

1. Communication – doctor/patient, patient/system, between health professionals, secondary/primary care (especially at discharge/admission).

2. Information – (1) personal - good records, access to records, updatable/current data, silos, compatible IT, nationally-consistent, patient-held (eg. smart cards) 'solution-centred' information.
(2) About medicines – compatibility or dangerous combinations; combinations eg. natural/alternative, OTC, prescribed; access to/reporting of adverse reactions; pharmaco-vigilance; packaging risks.
3. Patient/consumer – care relationships, safety practices, identifying/relating to at-risk patients, coordination of care, placing patient at centre (empowerment).

Steps to make change:

1. Consumer experience: Kathy to speak to health care agencies, DHBs; Consumer forum, feedback – offer patients feedback mechanism.
2. Medicine reconciliations: information/question list for patients about medicines, get ambulance staff to bring in medications, home visits, involve pharmacists.
3. Website on medicine safety for consumers.
4. Ban DTCA (phone your MP); give GPs skills to deal with patient demands.
5. Reviews – identify patients, treatment, risks, adverse events
6. Improve drug labeling, eliminate dangerous similarities, clear generic name
7. Ask DHBNZ about centralized data gathering.
8. Develop a single patient medication e-record.
9. Get out of your silo and meet another health professional, establish a new relationship.
9. Involve, inform and get to know your patients; follow up a week after hospital discharge.
10. Share best practice template, Waitemata please.

Day 2 Workshop summary

Solutions for an error-free Thursday.

The workshop produced a host of practical ideas around the following themes

1. Primary/secondary interface – intake and discharge processes, protocols, follow-up and ways to check and confirm. Particular emphasis on compatibility of medications, include OTC and alternative – information needed.

2. Prescribing procedures – checks, confirmations etc. esp around the LA/SA medications
3. Community dispensing – ditto.
4. Patients - education sessions in groups, domiciliary visits
5. Health professional interaction .
6. Communication – between health professionals, with patients. Emphasis on allowing time to tackle new or single issues.
7. IT – especially bar-coding and the electronic signature issue.

Scribe-Julia Stuart, 22 May 2007