QUALITY USE OF MEDICINES (QUM) FRAMEWORK: WORKING WITH PRIMARY HEALTH NETWORKS

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Contents:

QUM FRAMEWORK

Background

The key objective of Primary Health Networks (PHNs) is to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time. They assess the healthcare needs of their community and commission services to reduce gaps in care and strengthen the healthcare system.[1]

Quality use of medicines (QUM) is often described as the appropriate and safe use of medicines. This means choosing management options wisely, considering the role of medicines in management of health conditions and maintaining health, and recognising that there may be better ways than medicine to manage many clinical conditions.[2]

Supporting PHNs to deliver programs and services that address QUM issues can be an enabler for PHNs in improving healthcare for consumers in primary care.

Incorporating QUM into PHN programs supports the delivery of healthcare that improves:[3]

- ▷ health outcomes that matter to consumers.
- ▷ experiences of care.
- ▷ experience of care provision.
- ▷ efficacy and efficiency of care.

This document outlines how to embed QUM as part of PHN programs.

The purpose

The purpose of this Framework is to improve consumer health outcomes by supporting the integration of QUM principles and activities into PHN programs. This framework is intended to be used primarily by PHNs. However, this framework can also be used by health professionals and consumers to understand how it intends to support clinical care and consumer health outcomes.

Table 1. The purpose and proposed outcomes of the Framework

The purpose of the Framework is to:	Framework helps to contribute to these outcomes
- Highlight how QUM activities can support achievement of PHN priorities and objectives as set out in the PHN Performance and Quality Framework[4]. - Demonstrate how QUM programs and principles can be integrated into PHN programs and activities. - Support general practice participation in Practice Incentives Programs (PIP) quality improvement (QI) through participation in QUM programs.	- Providing safe, appropriate and quality care to improve health outcomes. - Delivering value to the Commonwealth and taxpayers. - Incorporating quality improvement within primary care. - Improving health literacy. - Improving shared decision-making. - Reducing preventable hospital admissions and emergency department presentations. - Utilising data to improve patient care and ultimately health outcomes. - Improving health outcomes for people with complex chronic conditions.

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[1] Department of Health, What Primary Health Networks Do
[2] Commonwealth of Australia. *Quality Use of Medicines (QUM)*. Last updated 05 March 2020.
[3] NSW Health Valued based care. Last updated 10 July 2021.
[4] Department of Health, PHN Program Performance and Quality Framework

How the success of the Framework will be measured

Success of the Framework depends on the integration of QUM into PHN programs and their commissioning work. This can be measured using existing PHN Performance indicators and/or through the use of additional indicator sets (see Figure 1 below).

PHN performance indicators[5]

▷ Health system improvement and innovation.
▷ Support provided to general practices and other healthcare providers.
▷ Rate of GP team care arrangements/case conferences.
▷ Rate of potentially preventable hospitalisations.
▷ Rate of Medicare Benefits Schedule (MBS) services provided by primary care providers in residential aged care facilities (RACFs).

QUM collective impact indicators (in development)

▷ Harm to consumers from their medication use is minimised.
▷ The benefits of medications use are optimised.
▷ Health literacy around QUM is improved.
▷ Sustainable partnerships are formed to drive the QUM agenda.

New indicators to measure success of QUM

Incorporating QUM as part of PHN programs will build capacity within PHNs which could be measured via new indicators such as:

▷ improvement in general practice data quality measured by improvement in data quality in primary care data sets used by PHNs (e.g., MedicineInsight data).
▷ preventable hospitalisations due to medication misuse.
▷ creation of a new QUM indicator component for PIP QI.
▷ data sharing between organisations to support program development such as:

- PHN QI data insights are incorporated into NPS MedicineWise process for selection of future QUM programs.
- MedicineInsight data on QUM, highlighting national trends and emerging issues is provided to PHNs to assist in planning and program development.

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[5] Department of Health, PHN Program Performance and Quality Framework

PHN performance indicators

Health system improvement and innovation	Support provided to general practices and other health care providers	Rate of GP team care arrangements/case conferences	Rate of potentially preventable hospitalisations	Rate of MBS services provided by primary care providers in RACFs

QUM activities

Health literacy

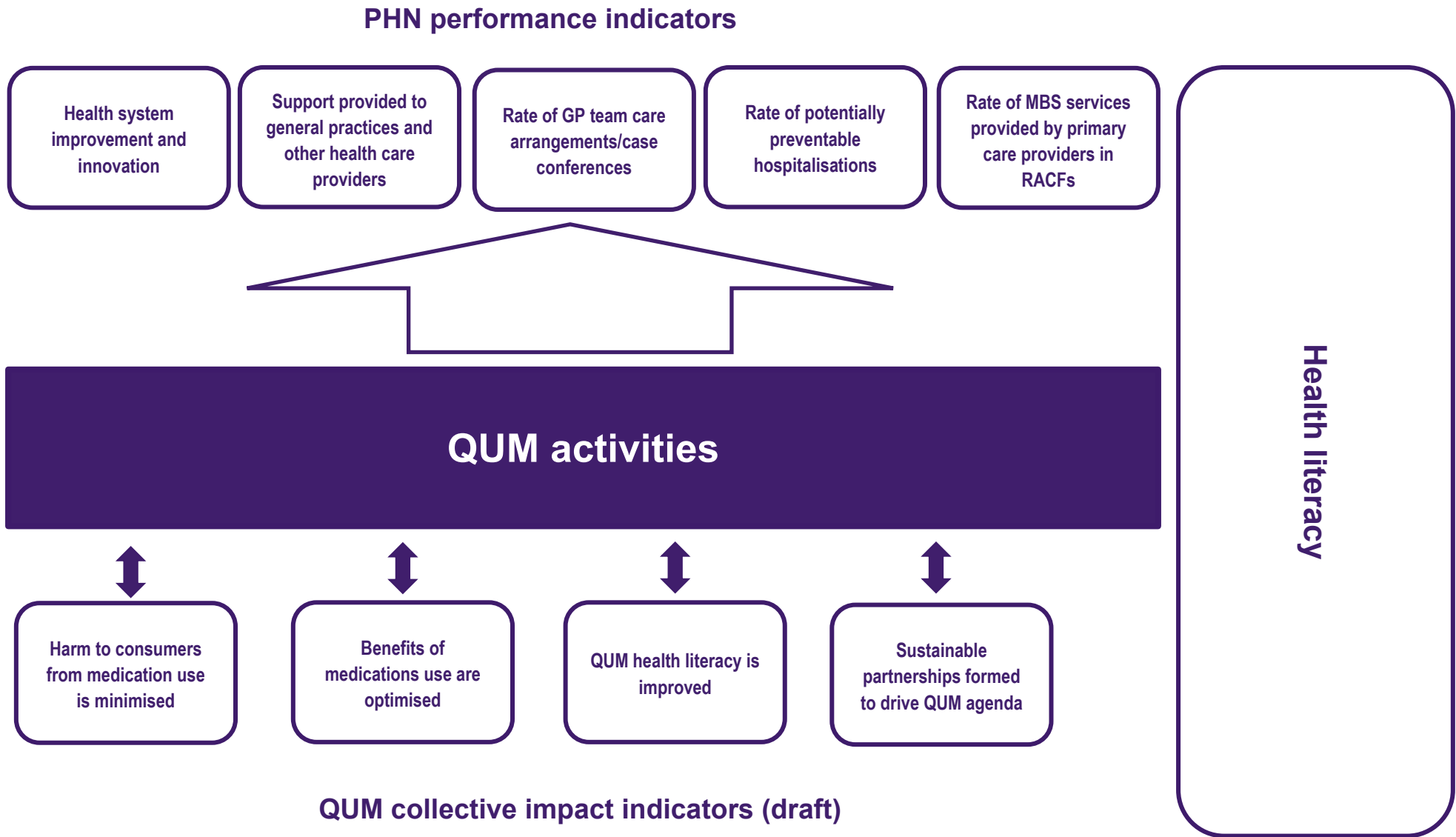| Harm to consumers from medication use is minimised	Benefits of medications use are optimised	QUM health literacy is improved	Sustainable partnerships formed to drive QUM agenda

QUM collective impact indicators (draft)

Figure 1. QUM Framework and how this supports PHN performance indicators and draft QUM collective impact indicators

Common objectives of the QUM Framework

NPS MedicineWise develops multifaceted national programs focused on priority QUM issues. These programs aim to improve overall clinical management, reduce hospitalisations and ultimately provide better patient outcomes through:

▷ supporting for health professionals to implement guideline recommendations.
▷ addressing common barriers associated with clinical practice for relevant health conditions.

Programs align with many of the PHN priorities as highlighted in Table 2 below.

Table 2. Key areas of alignment between PHN priorities and NPS MedicineWise QUM Programs

Priority area	Shared objectives identified between PHN and QUM Programs	Common focus areas	NPS MedicineWise QUM resources and supports

Preventable hospital admissions	Continuing professional development (CPD) for primary care healthcare staff to help with chronic disease management (especially medication management) and improve health outcomes.
	
	Reducing hospital admissions by improving chronic disease management in primary care.
	
	Working with health professionals to improve the health literacy of consumers and shared decision-making.
	
	Improving the quality of medication and patient information in clinical information systems.
	
	Embed high quality healthcare principles within systems to reduce burden of unnecessary treatments for consumers.
		• Chronic disease management.
		• Data-driven quality improvement.
		• General practice data quality improvement.
		• Health literacy.
			Supports
			• Local insights into general practice and primary care through educational visiting workforce.
			• Expertise – health condition specialists, research, and data analysis skills.
			• Expertise in quality improvement activities for general practice and primary care.
			• Information resources for health professionals and consumers that can be adapted to suit local needs.
			
			Resources
			• Formative research reports.
			• Health professional resources, including CPD accredited activities:
			  o Webinars and podcasts.
			  o Audit and feedback intervention resources e.g., general practice data reports.
			• Consumer information resources:
			  o Factsheets, web content, videos, and podcasts.

Medication management (across different health care settings)	Improving medication management during transitions of care (e.g., from hospitals or mental services back to the community).	• Medicines safety and management in aged care settings and hospitals.	Supports

	Working with health professionals to ensure that there is effective communication (and referrals where required) between specialist services and hospital settings to prevent possible emergency department presentations. Working with primary care to ensure that digital health technologies are utilised where possible to ensure seamless transfer of data and accurate records.	• Medicines management at transitions of care such as discharge planning. • Health literacy.	• Expertise on medicine management and follow-up care in general practice. • Expertise in research and data analysis skills. • Expertise in quality improvement activities for general practice and primary care. • Information resources for health professionals and consumers that can be adapted to suit local needs. Resources • Heath professional resources, including communication videos and medication checklists. • Audit and feedback intervention resources e.g., general practice data reports. • Consumer information resources. • Choosing Wisely Australia.

Medicines misuse	CPD for primary care healthcare staff.	• Medication management of chronic non-cancer pain.
		
		• Management of behavioural and psychological symptoms of dementia in aged care.
		
		• Health literacy.
			Supports
			
			• Expertise in prescription medicines misuse research and implementation of programs.
			
			• Expertise in research and data analysis skills.
			
			• Information resources for health professionals and consumers that can be adapted to suit local needs.
			
			Resources
			
			• Health professional resources, including CPD accredited activities:
			
			   o Videos, webinars, and podcasts.
			
			• Audit and feedback intervention resources e.g., general practice data reports
			
			• Consumer information resources:
			
			   o Factsheets, web content, videos, and podcasts.

Safety in RACFs (medicines, falls, dementia management)	CPD for primary care healthcare staff.	• Management of mental health in people aged ≥65 years.	Supports • Expertise in aged care and dementia care training.

RACFs		• Medication management and safety including polypharmacy and falls risks.
		• Management of behavioural and psychological symptoms of dementia.
			• Expertise in medication management and safety.
			• Local insights and connections with RACFs.
			• Expertise in using data to identify and manage patients at risk of polypharmacy
			• Information resources for health professionals and consumers that can be adapted to suit local needs
			
			Resources
			• Health professional resources for staff in primary care and in aged care settings, including CPD accredited activities:
			    ○ Videos, webinars, podcasts
			    ○ Consumer information resources:
			    ○ Factsheets, web content, videos, podcasts

Improving access to care and addressing health issues for high-risk and vulnerable populations
 	
CPD
	CPD for primary care healthcare staff.
	Providing consumer resources that are mediated by health professionals to improve health literacy.
	Aiding health professionals to work with consumers to understand how to manage their health condition to improve health outcomes.
		• Management of youth mental health.
		• Medication management and safety including polypharmacy and falls risks.
		• Prescription medicine misuse.
		• General practice data quality improvement.
		• Health literacy.
			Supports
			• Expertise in developing programs that target high-risk populations.
			• Expertise in using data to identify consumers at high-risk.
			• Local insights through the educational visiting workforce.
			• Information resources for health professionals and consumers that can be adapted to suit local needs.
			Resources
			• Health professional resources, including CPD accredited activities:
			    ○ Videos, webinars, and podcasts.
			• Audit and feedback intervention resources e.g., general practice data reports.
			• Consumer information resources:
			    ○ Factsheets, web content, videos, and podcasts.

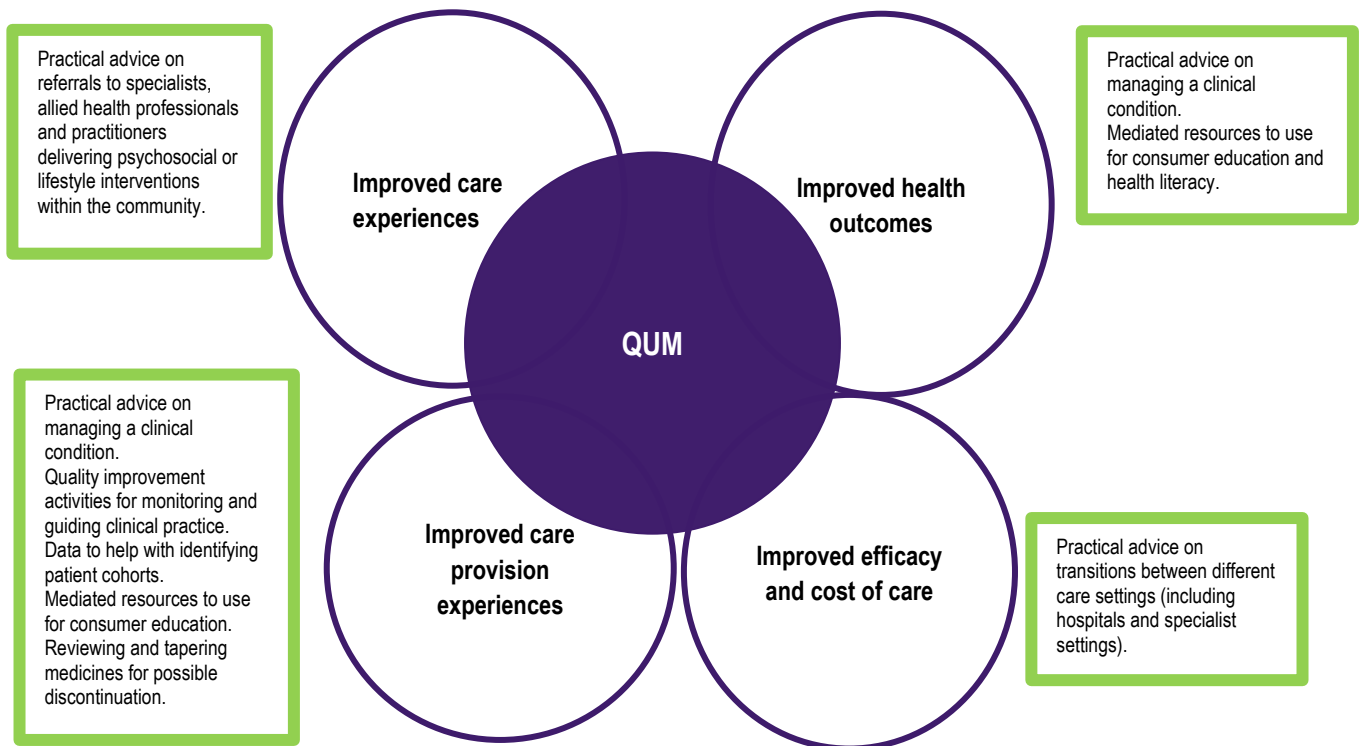|			
Improving physical health and functioning in those with chronic conditions	CPD for primary care healthcare staff. Increasing awareness and access to psychosocial interventions to help improve functioning and quality of life for patients. Increasing awareness and access to local allied health services to prevent hospital admission and invasive interventions.	• Management of musculoskeletal conditions including lifestyle and exercise approaches.	Supports • Experience in developing programs that include non-pharmacological interventions. • Local insights to allied health services through the educational visiting workforce. • Information resources for health professionals and consumers that be adapted to suit local needs.
Improving consumer awareness and health literacy	Working with consumers to improve health literacy. Working with consumers to help navigate healthcare systems, using telehealth and other digital health technologies. Working with consumers to understand their choices when intervention is being considered. Working with consumers to understand the cost of treatments or other interventions.	• Enable consumers to be more engaged in the management of their health with improved health literacy. • Increase consumer confidence to self-manage their health via increased health literacy.	Supports • Expertise in direct consumer engagement and increasing awareness among consumer groups. • Established partnerships with key consumer organisations around QUM. • Local insights and connections with community services. • Information resources for health professionals and consumers that can be adapted to suit local needs.
Quality improvement in general practice and primary care	Working with health professionals to use data to support their management of patients and their chronic diseases (e.g., diabetes, COPD), immunisation and modifiable risk factors. Supporting health professionals to identify patients that would benefit from preventative interventions. Supporting health professionals to recall patients with specific health conditions to ensure that they are receiving safe and effective treatment(s). Supporting health professionals to ensure that high-risk patients are reviewed and monitored regularly as part of their agreed management plans. Supporting health professionals to work with consumers to better understand their health needs and how to manage their conditions. Working with health professionals to use data to identify patients with risk factors that may require early intervention and prevention to avoid a chronic disease diagnosis.	• Data driven quality improvement in the prevention and management of chronic diseases. • General practice data quality improvement.	Supports • Expertise in audit and feedback tools used in general practice. • Expertise in providing clinical context for specific clinical conditions to support quality improvement activities in general practice. • Audit and feedback intervention resources e.g., general practice data reports and assistance in interpretation of practice data. • General practice database that supports QUM and quality improvement.

QUM AND IMPROVED PRIMARY CARE

QUM and clinical care

QUM includes the overall management of a clinical condition, including initial assessment and diagnosis (using medical tests), initial therapy, long-term management, review and monitoring, and where appropriate discontinuation of therapies as part of ongoing management.

QUM programs and activities support health professionals (across multiple health settings) to:

- ▷ help reduce the burden of unnecessary treatments for patients.
- ▷ ensure that non-medicine strategies are considered as part of overall management.
- ▷ increase access to psychosocial and other lifestyle interventions by allied health professionals (where required).
- ▷ ensure that if a medicine is required, the right medicine is used and at the right dose.
- ▷ discontinue (or switch) therapies when they are no longer effective or required.

Figure 2 describes how QUM supports health professionals in primary care by improving clinical decision-making.

Practical advice on referrals to specialists, allied health professionals and practitioners delivering psychosocial or lifestyle interventions within the community.

Improved care experiences

Improved health outcomes

Practical advice on managing a clinical condition.
Mediated resources to use for consumer education and health literacy.

QUM

Practical advice on managing a clinical condition.
Quality improvement activities for monitoring and guiding clinical practice.
Data to help with identifying patient cohorts.
Mediated resources to use for consumer education.
Reviewing and tapering medicines for possible discontinuation.

Improved care provision experiences

Improved efficacy and cost of care

Practical advice on transitions between different care settings (including hospitals and specialist settings).
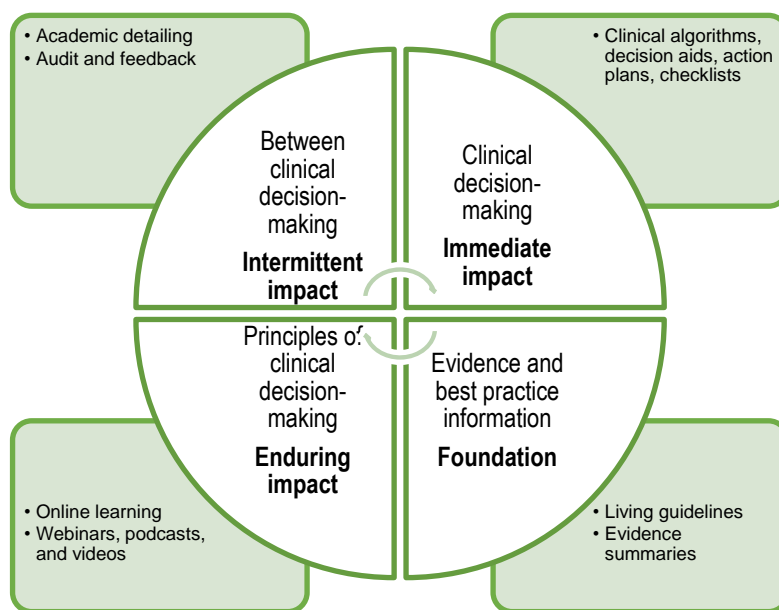
Figure 2. QUM and improved clinical decision-making and consumer health outcomes.

Supporting health professional knowledge and decision-making

QUM Program resources and tools can be readily adapted to fit local regions and/or address certain population needs (see Figure 3 below).

These resources support clinical decision-making in primary care by providing evidence-based information. Some examples of these resources are highlighted in the Figure 3 below.

Figure 3. QUM and improved clinical decision-making and consumer health outcomes.

Data supporting clinical practice and improving patient care

Data is an integral part of QUM and supports quality clinical care by helping to identify and improve the monitoring of patients, particularly those who are considered high risk and with multiple comorbidities. It is a core requirement of accreditation standards and general practice CPD requirements.

The collection and review of general practice data is increasingly a key enabler to improve patient outcomes at a population level. Review and discussion of practice data enables practices to manage their patients more efficiently, improve clinical practice, and drive quality improvement in their general practice.

Furthermore, the collection of general practice data enables data-informed decisions on policy, health programs, and research improving outcomes for patients and the wider community.

Data-driven quality improvement can support QUM and overall improvement in delivering quality healthcare. Interpreting and analysing data to better manage patients with chronic clinical conditions helps health professionals working within general practice and primary care to:

▷ determine the proportion of patients that require different levels of intervention.
▷ understand what tests and procedures are required as part of the intervention.
▷ understand the medicines being used to manage the chronic clinical conditions.
▷ understand how to manage patients who fall within in certain categories.
▷ review and monitor particular cohorts of patients for additional support or other management options.

These snapshots can be further broken down to subsets of the population to better understand:

▷ preventative health – immunisation rates, cancer screening, obesity, smoking cessation, alcohol and other drugs, lifestyle factors.
▷ chronic clinical conditions – mental health, asthma, diabetes, cardiovascular disease, osteoporosis, osteoarthritis, metabolic disorders.

There are various QUM programs currently available to general practice that help health professionals to identify patient cohorts and better understand their clinical population. QUM programs use MedicineInsight primary care data insights to demonstrate/reinforce key messages.

MedicineInsight

MedicineInsight is a national quality improvement program developed and managed by NPS MedicineWise with funding from the Australian Government Department of Health. MedicineInsight is a nationally representative, longitudinal, granular dataset enabling insights into quality use of medicines and medical tests, via quality improvement activities and post market monitoring and enables primary care research and policy.

MedicineInsight drives better health outcomes using practice data to facilitate discussions on patient management and clinical practice. Participating practices are provided with customised reports where practice data is presented in the context of the latest evidence and guidelines on various patient cohorts. The reports provide an opportunity for health professionals to reflect on prescribing patterns and patient care alongside their peers and against national averages. It highlights strengths in clinical practice, identifies opportunities for improvement and provides insights that improve medicines use and safety.

Facilitated in-practice educational visits provide an opportunity for a practice to discuss, interpret and reflect on their clinical data. Practice reports are supplemented with patient lists which may assist with identification of patients who will benefit from follow up or review.

Participation in MedicineInsight is free and available to all general practices and Indigenous health services using Best Practice or Medical Director software nationwide.

Quality improvement in primary care

The accuracy and quality of patient health records are crucial for the provision of safe, effective, and personalised patient care.[6] Their quality supports communication, enabling better clinical handover and continuity of care between healthcare providers across the healthcare spectrum from primary, secondary, and tertiary services with the introduction of My Health Record and other digital tools (such as clinical decision support) and systems. Furthermore, primary care data is increasingly used to inform research, planning and policy.

High-quality patient records impact the safe and effective use of medicines by general practitioners in the management of their patients. Accurate records are required for best practice prescribing and help to reduce incidences of adverse events from medication interactions, side effects and incorrect dosage. General practice data is also used to manage patients at a cohort level to improve patient care in an efficient manner as well as identifying areas for improvement. Improving data quality is a demonstration of achieving accreditation standards and practice incentive programs and helps general practice prioritise accurate patient record management.

RACGP standards

The RACGP 5th edition Standards for General Practices[7] include clinical indicators to encourage all active patients to have a current health record in acknowledgment of the importance of data quality in providing safe and effective patient care. This is seen in Criterion QI2 and Criterion 7.1.

Practice Incentives Program (PIP) [8]

Embedding QUM into programs will help general practices to reflect on their patient care and improve patient health outcomes feeding into the QI cycle while qualifying for PIP. PIP QI requires general practice to show improvement in the recording of ten specified measures. General practice review and reflection on QUM on the ten measures will help improve patient health outcomes and achievement of National Performance Indicators,[9] such as reduced hospitalisations. Review of patient care in light of QUM can trigger changes in patient health summaries will support practices in qualifying for the eHealth PIP, providing opportunities to upload health summaries to My Health Record as patient care is reviewed.

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[6] RACGP. Improving health record quality in general practice
[7] RACGP. Standards for general practices 5th edition
[8] Commonwealth of Australia. PIP QI Incentive guidance. Last updated: 10 November 2021
[9] Commonwealth of Australia. Primary Health Networks (PHN) performance and quality framework

LEVERAGING QUM OUTPUTS FOR PRIORITY SETTING

Research and data reports produced as outputs of QUM programs

QUM programs can provide insights to help inform the overall management of a clinical condition. These reports can vary between a summary of the current barriers affecting clinical practice, health professional attitudes and behaviours, or in-depth analysis of prescribing trends and drug utilisation within primary care. These reports can be used to inform QUM priority setting and can sometimes have wider implications for policy and decision-making, and/or management of clinical conditions.

Formative research and design report

Formative research reports are available for QUM programs. QUM program development is a rigorous, systematic process drawing information from an assessment of QUM gaps. Targeted research is undertaken to provide insights on:

- ▷ MBS and Pharmaceutical Benefits Scheme (PBS) utilisation data.
- ▷ prioritisation of common clinical issues from key health stakeholders and key opinion leaders.
- ▷ common barriers to clinical practice for health professional and consumer audiences.
- ▷ key International and Australian clinical guidelines to help inform program priorities.

MedicineInsight data report

Customised reports can be generated as part of QUM activities to present practice data in the context of the latest evidence and guideline of a particular clinical condition with a breakdown of various patient cohorts. The reports provide an opportunity for health professionals to reflect on prescribing patterns and clinical care alongside peer health professionals and against national averages. It highlights strengths in clinical practice, identifies opportunities for improvement and provides insights that improve medicines use and safety.

Briefing papers

Briefing papers focused on particular clinical conditions are published on the insights gathered around QUM issues of clinical conditions. These papers highlight concerns within the overall sector and emphasise key policy changes that may affect QUM. Sharing the data and insights gathered on clinical conditions can help inform future planning and priority setting for QUM programs.

Priority setting for program development

Information sharing

NPS MedicineWise uses a systematic approach to identify potential national program topics by drawing on multiple resources. This includes horizon scanning, expert advisors, and key stakeholders to provide context around issues relevant for topic areas. The inclusion of PHN consultation in this process is one key way to influence the development of future QUM programs that address PHN priorities.

Health literacy

The World Health Organisation (WHO) define health literacy as the "personal knowledge and competencies, and available organisational structures and resources which enable people to access, understand, appraise, and use information and services in ways which promote and maintain good health and wellbeing for themselves and those around them."[10]

Health is affected by many things beyond understanding alone. It is affected by attitudes and beliefs, confidence, access, cost, social factors. Having an accurate understanding is the key first step and

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[10] WHO. Health promotion glossary of terms 2021

influences, attitudes and beliefs which are important predictors of behaviour. Supporting health literacy among consumers ultimately aims to improve health outcomes for consumers, while aiming to empower individuals about the choice of therapies and the cost of these therapies. Individual health literacy is also impacted by organisational and system health literacy. There are ten attributes to a health literate organisation.[11] Health literacy is a key priority of QUM programs.

Supporting PHNs to build health literacy

NPS MedicineWise is committed to improving health outcomes for patients, families and carers through improving health literacy. There are a number of QUM resources that support health literacy among consumers including:

▷ Consumer information on the nps.org.au website.
▷ Patient factsheets, decision-aids, and action plans (mediated through health professionals).
▷ Videos and podcasts that aim to increase awareness around health conditions, medicines, and medical tests.
▷ Telephone services that consumers can access to ask questions about their medicines – Medicines Line (1300 MEDICINE) or report adverse drug events to the Adverse Medicine Events Line.
▷ The MedicineWise App to support consumers to better manage their clinical condition and therapies including medicines.

Figure 4 describes how QUM supports improving the health literacy of patients, families and carers and ultimately helping to improve shared decision-making between health professionals and consumers. Supporting health literacy among consumers aims to improve health outcomes for consumers, while aiming to empower individuals about the choice of therapies and the cost of these therapies.
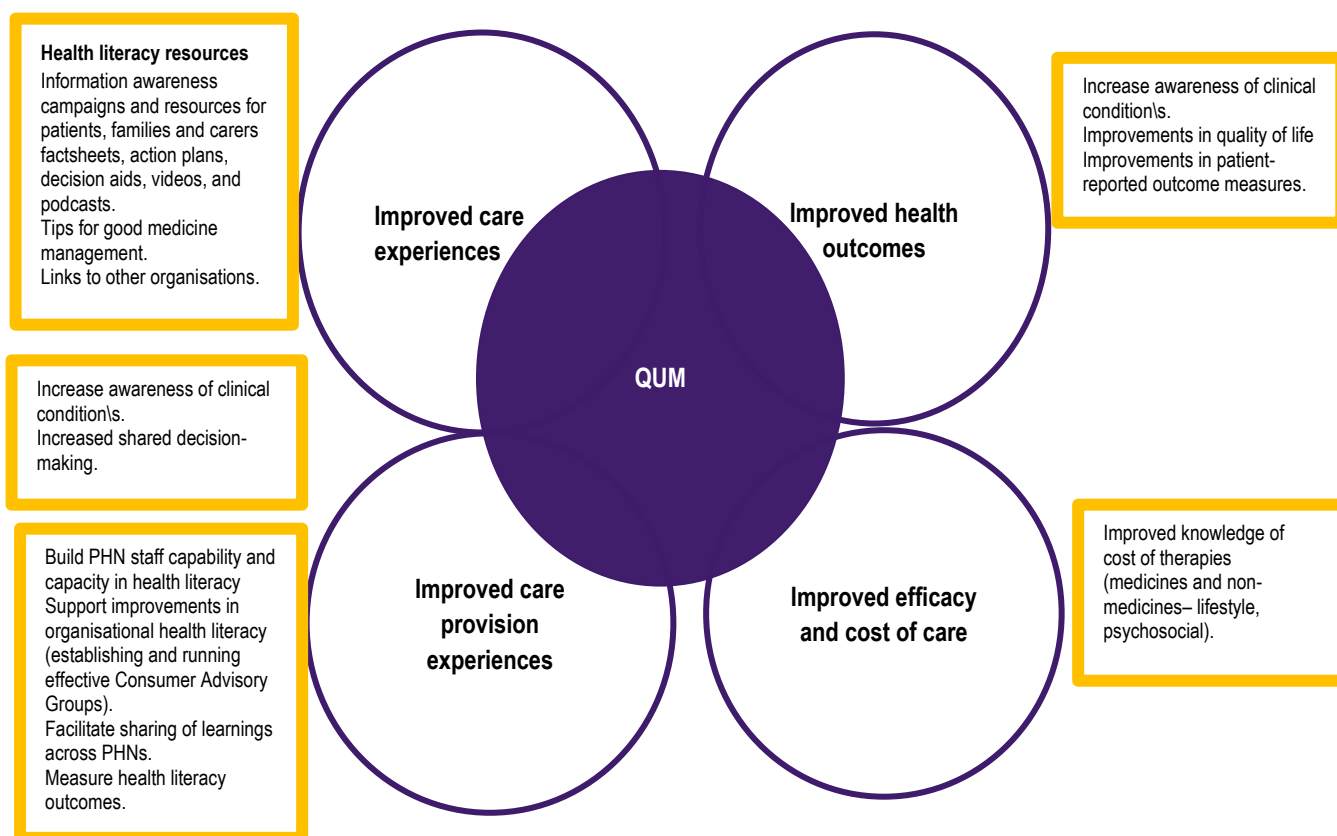

Figure 4. QUM supports health literacy among patients, families, carers, and other supports.

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[11] Brach et al., 2012. Ten Attributes of Health Literate Health Care Organizations.

Example of partnership and collaboration – Pilot program between the Consumers Health Forum (CHF) and NPS MedicineWise supporting health literacy

A current collaboration between NPS MedicineWise, CHF and PHNs aims to support improvements in health literacy to improve quality use of medicines by

1. Defining the role of PHNs in supporting improvements in health literacy.

2. Using a strengths-based approach to identify existing work and defining successes, gaps and opportunities.

3. Delivering a road map outlining a core set of agreed goals and strategies to deliver.

CHF's Report, Supporting Primary Health Networks to build health literacy to improve QUM in their communities (the Report, yet to be published), sets out multiple recommendations that can facilitate the sharing of information and further improvements for PHNs to deliver against their health literacy objectives. These recommendations span amendments to policy and funding models through to supporting education and training, capacity and capability building and incentives for monitoring.

Choosing Wisely Australia and quality improvement in primary care

Choosing Wisely Australia is part of a global initiative to challenge the way we think about healthcare and questions the notion that "more is always better". The program encourages consumers and health professionals to have active conversations about tests, treatments, and procedures where evidence shows they provide no benefit or lead to harm in some cases.

The initiative includes various specialist health professional colleges, societies, and associations to develop lists of recommendations of tests, treatments, and procedures to question. A key consumer resource "*5 questions to ask your doctor or other healthcare provider*" empowers consumers to start these conversations with their healthcare provider.

NPS MedicineWise can support PHNs by providing Choosing Wisely Australia resources that can be included in programs and promoted via HealthPathways.