Pharmaceutical Society of Australia

CHF Consumers Health Forum OF Australia

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NPS MEDICINEWISE

MONASH University

Medicine safety forum:
Informing Australia's 10th National Health Priority Area

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This report presents a consolidation of views and experiences which were outcomes from a consortium-run, multi-stakeholder workshop in December 2019. It is intended to help inform actions that may arise from the Quality Use of Medicines and Medicines Safety (10th National Health Priority) discussion paper (August 2020) from the Australian Commission on Safety and Quality in Health Care.

Consortium partners

This report and its recommendations have been endorsed by the Medicine Safety Forum consortium partners:

- The Consumers Health Forum of Australia (CHF)
- The Pharmaceutical Society of Australia (PSA)
- The Society of Hospital Pharmacists of Australia (SHPA)
- NPS MedicineWise

Academic partners

The consortium acknowledges the support of academic partners in the Medicine Safety Forum:

- Faculty of Pharmacy and Pharmaceutical Sciences, Monash University
- Sydney Pharmacy School, University of Sydney

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Executive summary

Medicines are the most common intervention in health care.[1] Medicines are a modern miracle, but can also cause harm. More than 250,000 Australians are admitted to hospital each year because of problems related to their medicines at a cost in excess of $1.4 billion annually to the health system.

In October 2019, the Council of Australian Governments (COAG) Health Council agreed to make the Quality Use of Medicines and Medicines Safety the 10th National Health Priority Area (NHPA). In doing so all state, territory and federal governments recognised Australia's medicine safety problem. We all need to play our part in tackling medicine safety to improve the health of all Australians.

The time for action is now.

Achieving medicine safety is focussed on one thing; reducing preventable harm caused by medicines. This means drastically reducing avoidable deaths, hospitalisations and quality-of-life impacts caused by medicines. An overhaul of clinical governance in primary care and aged care is needed to achieve this – supported by transparent, objective and clear national medicine safety targets, quality indicators and benchmarks.

Improving effectiveness and quality use of medicines requires more informed and empowered consumers and health professionals. Effectively engaging all partners and turbocharging use of digital health technology is needed to achieve this. Similarly, improving health literacy is the key to empowering consumers.

While too many incidents still occur, Australia has done well to reduce the harm caused by medicines inside our hospitals. These gains have been achieved through long-term system and cultural changes.

However, the overwhelming majority of harm occurs from medicine use in the community and in aged care. These environments lack accountability in medicine safety systems and lack effective performance improvement systems. This causes unnecessary harm, most significantly at transitions of care – including at hospital discharge, and to people from culturally and linguistically diverse backgrounds and Aboriginal and Torres Strait Islander people.

Despite an objective of the National Medicines Policy[2] being to focus first on people's needs for over 20 years, Australia has not achieved patient-centred care, and this causes unnecessary harm and poor outcomes in health care.

As a consortium of Australia's health care partners – consumers, health professionals, industry and academic – we recommend the following actions as the way to prevent unnecessary harm caused by medicines, and save lives.

Recommendations

Whole-of-health system changes needed

1. Co-design national **medicine safety targets, quality indicators, and benchmarking,** reported frequently, which extend across population health, hospitals, aged care and primary care providers.

2. Significantly enhance **clinical governance in primary care and aged care,** particularly in relation to developing, monitoring and improving performance against:

    - medicine safety/quality measures
    - incident/near miss reporting
    - pharmacovigilance
    - health literacy.

3. Accelerate and expand Australia's program of **digital health medicine safety initiatives.**

Priority areas for implementation

The National Health Priority Area should:

4. initially focus on addressing medicine-related harm in **aged care.** Priority should be given to the highest risk medicines areas of:

    - psychotropic medicines, including antipsychotics and benzodiazepines
    - opioid analgesics
    - inappropriate polypharmacy.

5. focus on **populations at higher risk** of harm from medicines, including:

    - Aboriginal and Torres Strait Islander people
    - culturally and linguistically diverse people
    - people living with mental ill-health
    - older vulnerable people in aged care
    - people who have recently been discharged from hospital or had a significant change to living arrangements.

Characteristics of system changes

System changes identified in Recommendations 1 to 2 should:

6. prioritise implementation of a **national reporting system for medicine safety** indicator data in **primary care** and **transitions of care,** initially focussed on high-risk medicines, vulnerable consumers and high-risk process measures.

7. drive **health-system-wide reform which prioritises consumer experience,** particularly continuity-of-care, convenient and affordable access to care and instant access to up-to-date health records.

8. include **direct input of patient-reported experience** and **patient-reported health outcome measures** by consumers and their carers in reporting systems for medicine safety and quality use of medicines.

9. provide significant **additional investment in effective sustained change management** strategies to shift consumers and health professionals to a new digital-health normal.

10. invest in **health literacy strategies** which improve clarity and safety of medicines information provided to consumers at an individual patient and population level.

Introduction

Medicines are the most common intervention in health care.[1] When used safely, medicines transform peoples' health, whether through treating infectious or other diseases, reducing likelihood of health events such as heart attacks and strokes, or providing temporary symptom relief, such as relief from debilitating pain. However, medicines can also cause harm.

The concept of medicine safety describes the use of medicines free from accidental injury during the course of use. It also describes activities to avoid, prevent, or correct adverse drug events which may result from the use of medicines.[3]

Medicine safety is a global concern. It represents one of the most significant causes of harm and injury within health systems around the world and is estimated to cost around $US 42 billion annually.[4–6]. The World Health Organisation's (WHO) third Global Patient Safety Challenge *Medication Without Harm* has identified inappropriate polypharmacy, high-risk medicines and high-risk situations (such as transitions of care) as key areas of focus to reduce preventable medicine-related harm by 50% over 5 years.

In Australia, the Pharmaceutical Society of Australia's (PSA's) *Medicine Safety: Take care*[1] report revealed stark figures on the harms associated with medicines use nationwide:

- 250,000 Australians are admitted to hospital each year because of problems related to their medicines at a cost of $1.4 billion to the health system. This is an underestimate as it does not include emergency department presentations, or the healthcare costs of increased GP visits or visits to community pharmacy.
- An additional 400,000 Australians present to an emergency department because of problems related to their medicines.
- More than 95 per cent of residents in a residential aged care facility have at least one medicine-related problem and over 50 per cent are prescribed potentially inappropriate medicines.

This report built on the Society of Hospital Pharmacists of Australia's (SHPA) report *Reducing opioid-related harm*[7] which identified inappropriate safety issues with stewardship of opioids in Australian hospitals.

At the COAG Health Council Meeting in Perth on Friday 31st of October 2019, Health Ministers agreed to make the Quality Use of Medicines and Medicines Safety the 10th NHPA.

To inform the response of all Australian governments to the NHPA, a consortium of interested and experienced organisations held a high-level strategic stakeholder forum in Canberra on 9 December 2019. This report contains the outcomes and recommendations of this landmark event.

About the forum

The one-day forum brought together stakeholders from a wide range of sectors including (but not limited to): consumers groups, individual health consumers, regulatory bodies, medical, nursing, pharmacy and allied health organisations, aged care organisations, the commission(s) for safety and quality in health care and in aged care, academics and clinicians with expertise in medicines safety and quality use of medicines.

The objective of the forum was to identify key changes needed to improve medicine safety and the quality use of medicines in Australia.

Through identifying these changes, recommendations were formed on how to deliver success on the Quality Use of Medicines and Medicines Safety NHPA to improve the health of all Australians.

This report presents a consolidation of views and experiences which were outcomes from this forum. This report is intended to help inform actions arising from the Quality Use of Medicines and Medicines Safety (10th National Health Priority) discussion paper (August 2020) from the Australian Commission on Safety and Quality in Health Care.

Medicines safety and quality: What consumers need

The concept of patient-centred care is not new. However, despite this being a stated objective of health systems for many decades, consumers continue to report the health system and the care they are provided as being clunky, difficult to navigate and often difficult to understand.

During the forum, consumers communicated the challenges the health system must respond to if the goal of safer, more effective use of medicines is to be realised:

- **Consumer interests are bigger than all other interests;** after all, the health system is there to support the health and wellbeing of all Australians.
- **Medicines literacy and fit-for-purpose information matters;** the ability and want to use medicines in a way which is safe and effective is not a nice to have – it is fundamental to a good outcome for a person's wellbeing. Consumers are currently being let down by the written information they are provided.
- **Levels of consumer literacy and activation is not one-size-fits-all;** Health literacy of Australian consumers is highly variable, complex and often overestimated by health professionals. Consumers report health professionals generally overestimate the likelihood a consumer with questions or poor understanding will proactively seek answers from them. Conversely, consumers with high health literacy or high-care needs report repetitive advice in a transactional system of care which does not evolve and build patient capacity within a cycle of care.
- **The future patient is different from the patient of the past:** Consumers expect to be partners in care and no longer solely trust health professionals as a key source of healthcare knowledge. Rather they see health professionals as interpreters and guides in processing the plethora of health information available to them.
- **'Quality use of medicines' needs renewed vigilance and 21st century responses;** people and societies evolve with the times. The health system too often resists change.
- **'Quality use of medicines' cannot be achieved when there are barriers blocking the path;** aspects of our health system, which limits its universality, lead to poorer health outcomes. The major examples of barriers reported by consumers include affordability, access, lack of focus on medicines education and inadequate preventative health initiatives.
- **Patient experience and carer knowledge matters: ask about it, listen to it;** patients and carers have exclusive access to the most critical information about health – their symptoms, lived response to medicines and health beliefs. Failure of health professionals to listen and understand this leads to poor treatment regimens, poor adherence and poorer health.
- **Consumers expect their health team to work effectively together;** but this does not always happen. Barriers between institutions, professions and the consumer too often cause unnecessary harm, suboptimal therapy and inefficient care.


Neil Petrie
Consultant Pharmacist

The need for safer and more effective management of medicines is clear, and personified in real-life examples presented to delegates:

My late wife was in hospital due to renal issues. Normal procedure in hospital is to have medication lists rewritten weekly, normally by a Registrar.

While redoing my wife's chart, a medication was left off, 150 mg of [venlafaxine] Efexor XR that she had been on for many years.

About 5 days later the attending psychiatrist popped in to check on her and asked who took her off her medication...after checking it was established it was done in error. My wife had to stay an extra 10 days in hospital to slowly get the dosage of her medication brought back in line.

Case example 1:
process error extends hospital stay

When my partner was in hospital for his tooth abscess he was taken off a number of his transplant medications and kept getting cancelled for surgery because he was listed as non-urgent because of the tooth abscess but he really should have been listed as urgent as the longer he was off his medication the more his kidney was being compromised.

Case example 2:
transition of care delays risk kidneys

Jane was diagnosed with Stage 3 Pancreatic cancer. After some time, tests showed that her tumor was blocking her duodenum so the doctors determined that the best course of action was to perform a gastric bypass.*

About a week or so after this was done, Jane began to experience pain for the first time during the course of her illness – she was prescribed Oxycontin (a widely-used opioid).

She started off taking 10mg [oxycodone] morning and evening. We then embarked on a four or five month ordeal of her pain returning and the dose of Oxycontin being increased… but with no effect on her pain.

Things got to a point where I called an ambulance. I explained what had been going on to the paramedics and they gave her a shot of morphine. Within 30 seconds, she said "Boy…that feels better", and they took her off to hospital.

A few hours later she was visited by a palliative care physician, who asked her what had been going on. After Jane told him her story, the doctor said, "well, I can see one major problem straight away…Oxycontin [modified release tablets are] designed to be absorbed in the duodenum and, as you have had a gastric bypass, you effectively don't have one.

Her pain medication was changed to be a combination of methadone and morphine, both of which are administered via the bloodstream, rather than the digestive tract. After that Jane's condition improved markedly.

Case example 3:
inappropriate administration route results in debilitating pain (* not her real name)

The Quality Use of Medicines and Medicines Safety as a National Health Priority Area

Section A: What does success look like?

The NHPA contains two components – medicine safety and quality use of medicines.

At a macro level, **medicine safety** is focussed on one thing; reducing unnecessary harm caused by medicines.

Success in achieving reduced harm from medicines will present as outcome measures such as:

- Significant **reduction in avoidable death** caused by medicines
- Significant **reduction in avoidable hospital admissions** caused by medicines
- Significant **reduction in unnecessary emergency department presentations** caused by medicines

Success can also present through demonstrated improvement patient experience, patient safety and process metrics.

Quality use of medicines is a pillar of the National Medicines Policy.[2] Success in achieving quality use of medicines is more difficult to define and includes factors such as:

- **Reduced burden of disease** at a population level
- **Improved quality of life** for all Australians

In exploring what success looks like, the forum collectively identified a number of process, system and patient measures which would be predictive of progress towards achieving these higher-level objectives. These can be broadly grouped as described in **Table 1:**

Theme	Description of theme	Examples measures
Patient measures	• Patient reported outcome measures (PROMs) • Patient reported experience measures (PREMs)	• Consumer reported experience scores for stigma, confidence, privacy and understanding • Consumer reported outcome measures for medicine adherence, adverse effects, severity of signs/symptoms

System measures	• Implementation and uptake of digital health medicine safety initiatives, including:
	  • Electronic prescribing
	  • My Health Record
	  • Real time prescription monitoring (RTPM)
	  • Secure messaging
	  • Interoperability of information technology (IT) systems
	  • Transitions of care
	  • Adequacy of health professional staffing
		• Emergency department presentations due to medicine-related problems
		• Hospital admissions due to preventable medicine-related problems and harms
		• Adverse reactions in pharmacovigilance systems
		• Proportion of people who return to hospital following discharge with a preventable medicine-related problem
		• Health professional to patient ratios for specific care settings

Process measures	• Measures which record whether systems are functioning and being used as intended, particularly around high risk events, such as:
	  • Clinical handover
	  • Discharge summaries
	  • Accuracy checks
	  • Positive patient identification
	  • Post-vaccination follow-up
	  • Pharmacovigilance systems
		• Medicine safety indicators for prescribing, dispensing and administration of medicines (not just regulatory measures)
		• Use of tall-man lettering
		• Rate of reporting in pharmacovigilance, medicine incident and near-miss reporting systems
		• Follow-up measure (e.g. vaccine AFX reporting via SMS)

Table 1: process and system measures considered by delegates to be predictive of medicine safety and quality use of medicines

Participants communicated there is a substantial body of **local and international evidence** which shows what interventions are effective in improving the safe and quality use of medicines. This includes evidence on the type of benchmarking and safety and quality indicators which could be used in primary care.

Participants considered digital health safety initiatives as the 'great enabler' of medicine safety. They expressed a clear view that the health system is catching up to consumer expectations, and that significant work currently underway, including that led by the Australian Digital Health Agency would make substantial inroads into increasing transparency and improving timely access to critical health information by both consumers and by health professionals.

It was considered the most valuable mechanism to break down barriers to timely communication ill-informed decisions between health professionals and institutions and consumers.

Participants generally held the view that:

- hospital clinical governance systems and performance measures are well established and supported by a safety culture which has been built over many years. However, they are considered to be too internally focussed and not adequately focused on patients once they leave hospital (transitions of care). They are also considered not to adequately identify sub-optimal medicine use (i.e. ineffective care).
- clinical governance in aged care and primary care, such as general practice and community pharmacy, requires significantly higher levels of sophistication, particularly in relation to medicine safety and quality use of medicines.

Recommendations

Whole-of-system changes needed

1. Co-design national **medicine safety targets, quality indicators, and benchmarking,** reported frequently, which extend across population health, hospitals, aged care and primary care providers.
2. Significantly enhance **clinical governance in primary care and aged care,** particularly in relation to developing, monitoring and improving performance against:
    - medicine safety/quality measures
    - incident/near miss reporting
    - pharmacovigilance
    - health literacy.
3. Accelerate and expand Australia's program of **digital health medicine safety initiatives.**

What should be done differently?

Doing the same thing repeatedly will produce the same result. The NHPA provides a rare opportunity to reconsider how our health system, medicines and people interact.

NPS MedicineWise CEO Steve Morris challenged forum participants to focus on forming changes required to foster genuine collaboration and achieve deep system-based change which refocuses the health system on the consumer:

> *"we need to cherish the ethos of quality use of medicines, and ensure that the core principle of primacy of the consumer is always upheld."*

He described a vision for the NHPA of "all key stakeholders are working in genuine partnership to support shared goals and achieve improved health outcomes for healthcare consumers through the safe and quality use of medicines". Key to this is a concept of Quality Use of Medicine (QUM) stewardship, developing performance measures and prioritisation.

Initial steps: from the Commission

The Australian Commission for Safety and Quality in Health Care (the commission) has been tasked with developing a national baseline report on Quality Use of Medicines and Medicines Safety that identifies priority areas for action, improvements of current frameworks, new best practice models and new national standards.

In exploring these themes with delegates, Dr Herkes represented the commission's focus on driving transparency so the patients, their family and their care team can understand their health journey. Highlighting the challenges for consumers and health professionals and protecting medicine safety and quality medicine use, he expressed the complexity of polypharmacy:

> *"10 or more medicines. How do you keep track of 10 or more medicines?"*

The commission has since undertaken a public consultation to help inform government policy into early NHPA priorities, which could include:

- Transitions of care
- Health and medicine literacy
- Antipsychotic medicines in aged and disability care
- Preventable medicine-related hospitalisation

Section B: Where are the biggest opportunities to improve medicine safety nationally?

Section A described success for the NHPA as a reduction in preventable medicine-related harm. The biggest opportunities to improve medicine safety are areas where the most avoidable harm occurs. Delegates at the forum were challenged to describe these opportunities, which are summarised as addressing the following challenges:

- **The overwhelming majority of harm occurs from medicine use in the community and in aged care.**

  Problems with medicine use in aged care are significant[1,8–11]. It is widely accepted urgent improvement is needed to address the most significant problems, including:

  - Unacceptable reliance on chemical restraint for behaviour management
  - Excessive and unjustified prolonged use of benzodiazepines
  - Use of medicines which exacerbate confusion in people with dementia.

In response to the Royal Commission into Safety and Quality in Aged Care's interim report[8], the Australian Government committed additional short-term funding for pharmacists to undertake medicine review services, which has been continued in the 7th Community Pharmacy Agreement. It is possible the Royal Commission's final report may contain additional recommendations.

The safety and quality of medicine use varies widely in the general community. Populations recognised at being at highest risk of medicine-related harm include:

- People who have recently left hospital, or had a change in living arrangements (such as moving in/out of aged care, respite care or location
- Aboriginal and Torres Strait Islander people
- People from culturally and linguistically diverse backgrounds
- People living with disability
- People living with mental ill-health
- Common challenges amongst these populations includes health literacy challenges, disempowerment, suspicion and stigma experienced when accessing health services and challenges accessing fit-for-purpose health services. Forum delegates emphasised initiatives which support these populations as a high priority.

- **Aged care and primary care lacks accountability in medicine safety systems and lacks effective performance improvement**

  There is significant evidence of the harms caused by medicine at a population level. Hospitals have sophisticated and established systems to measure, monitor and improve medicine safety through clinical governance systems. These systems include:

  - incident and near miss logging systems, including review and improvements
  - external accreditation, which includes reporting of benchmark data
  - culture of demonstrated medicine-safety improvement.

  These clinical governance systems sit within an established, often centralised hierarchy that drives performance, accountability and improvement.

  In contrast, these systems do not routinely exist in primary care and aged care to the same extent of levels of sophistication and transparency.

- **Australia has not achieved patient-centred care, and this causes unnecessary harm.**

  Despite many years of working towards a patient-centric care model, Australia's health system remains primarily designed around institutions and health professionals. Consumers consistently raise concerns about health care being transactional, directive and often stigmatising. This leads to:

  - non-adherence; leading to avoidable health events such as heart attack, stroke or mental health crisis
  - disjointed care between health providers; with prescribing decisions based on incorrect or conflicting information being potentially harmful
  - inappropriate continuation of often harmful medicines, including when therapeutic need no longer exists. This particularly affects anticholinergic medicines, medicines which cause sedation, antipsychotics, antibiotics and reflux medicines.

  Digital health is increasingly putting critical health information at the fingertips of patients, their carers and their health team. Care will not be truly patient centric until care and systems are primarily designed around and for the consumer journey.

Recommendations

Priority areas for implementation

The National Health Priority Area should:

4. initially focus on addressing medicine-related harm in **aged care.** Priority should be given to the highest risk areas of:
    - psychotropic medicines, including antipsychotics and benzodiazepines
    - opioid analgesics.
    - inappropriate polypharmacy
5. focus on **populations at higher risk** of harm from medicines, including:
    - Aboriginal and Torres Strait Islander people
    - culturally and linguistically diverse people
    - older vulnerable people in aged care
    - people living with mental illness
    - people who have recently been discharged from hospital or had a significant change to living arrangements.

Characteristics of system changes

System changes identified in Recommendations 1 to 3 should:

6. prioritise implementation of a **national reporting system for medicine safety** indicator data in **primary care** and **transitions of care,** initially focussed on high-risk medicines, vulnerable consumers and high-risk process measures.
7. drive **health-system-wide reform which prioritises consumer experience,** particularly continuity-of-care, convenient and affordable access to care and instant access to up-to-date health records.

Section C: What changes and system improvements are necessary?

Section B identified the key opportunities to reduce avoidable harm caused by medicines. From these opportunities – high risk settings, populations, health events and patient centricity – changes and system improvements to address these must be developed.

Forum participants were asked to identify strategies and improvements which would address these areas. These can be summarised as:

- **More effectively engage consumers and health professionals with underutilised digital health technology to transform safety and quality of health care for the better**

  Effective digital health systems are known to increase transparency and accuracy in the prescribing, supply and administration of medicines. However, while Australia has invested significantly in its digital health strategy, uptake by health professionals and consumers of existing capability is wanting.

  For example, most Australians would not be able to identify what information routinely is uploaded to their My Health Record, or the privacy controls available to them. This creates a significant barrier to common use of these systems. Suggested system improvements and changes included:

  - Design systems to capture information and generate evidence with **minimal manual data capture,** including automated reporting, self-learning and data linkage.

  - **Consolidate unconnected systems** into single interoperable interfaces, especially for consumers. These systems need to – as far as possible – be a single portal for consumers and health professionals.

- Consumers and health professionals alike note consolidation of systems – often achieved through interoperability standards – is one of the most significant interventions to promote use of online systems.

- **Culture change:** Significantly better engagement with consumers and health professionals to empower meaningful use of digital health systems, particularly My Health Record, is needed. Too often digital systems are seen as 'best-practice' rather than a fundamental safety shift to the way health care is provided. Without significant ramping up of change management initiatives for digital health, a culture of underutilisation will continue.

"We need to make health care 'MHR-as-usual' as opposed as 'nice to have'…

All health professionals need to be engaged, all consumers need to be engaged, all systems need to be interoperable."

Forum participant

- **Improvement to health literacy is important and the key to empowering consumers**

  Participants suggested the opportunities to improve health literacy, including:

  - developing a culture of consumer-reported health outcomes
  - improving the format of health information (e.g. CMIs, medicine labels, dispensing labels), such as by adding risk ratios, efficacy ratios, standardised plain-English instructions and visual representations
  - engraining health literacy and medicine safety principles within primary and high school curricula
  - developing strategies which 'overcome [a perceived culture of] suspicion and distrust' of consumers by health professionals
  - significant additional investment in consumer awareness campaigns, such as the evidence-based NPS MedicineWise Choosing Wisely initiatives.

- **Better design and implement long-term structural changes which support patient-centred care, with resourcing focussed towards high-risk care events, building resilience and actively listening to consumers**

  Patient-centred care was a consistent theme through the forum, reflecting the importance of meaningful health-system reform (see Recommendation 8). At a more specific level, participants at the forum communicated several strategies which could be used to help achieve this, including:

  - Developing a better understanding of medicine behaviour change strategies (QUM pyramid)[2], with suggestion that universities, consumers and professional organisations are best placed to lead this work
  - Ongoing investment in large scale awareness campaigns in health literacy, rational medicine use and medicine safety messages. Lessons should be taken from the COVID-19 public health campaigns to help develop effective communications with at-risk population groups and health settings. Key to this is developing sustained trust rather than short-burst campaigns.
  - Consistently collecting consumer reported outcomes to support better individual patient care, performance monitoring and continuing quality improvement. These must become mandatory in the clinical governance of patient care in hospitals, aged care and primary care.

Novel ideas presented by forum participants which improve medicine safety included:

- Allocating one individual pharmacist to care for a person taking high risk medicines
- Renaming discharge summaries as clinical handover, reflecting their urgent immediate nature
- Appointing one person in a person's care team to actively monitor for harm and efficacy of medicines. The most likely health professional to serve this role would be a pharmacist.

Recommendations

Characteristics of system changes (cont.)

System changes identified in Recommendations 1 to 3 should:

8. include **direct input of patient-reported experience** and **patient-reported health outcome measures** by consumers and their carers in reporting systems for medicine safety and quality use of medicines must.

9. provide significant **additional investment in effective sustained change management** strategies to shift consumers and health professionals to a new digital-health normal.

10. invest in **health literacy strategies** which improve clarity and safety of medicines information provided to consumers at an individual patient and population level.

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Appendices

Forum methodology

Forum objective

The primary outcome of the forum was to develop a strategic report to inform Australia's 10th National Health Priority Area: The quality use of medicines and medicines safety.

Participants

The forum brought together medicine experts, including representation of:

- Consumers
- Health professionals, including medicine, pharmacy and nursing
- Australian government departments and agencies
- Academics with expertise in medicine safety, health policy and health literacy

Methodology

Over 100 delegates (see 'Forum participants') contributed to group discussion and feedback.

Workshops used facilitated small group discussion with feedback from each group presented to the entire forum. Subsequently, like themes were collated, then consolidated for this report.

The forum also included panel sessions from consumers and government agencies on medicine safety and improving quality medicine use.

Workshop topics

1. Medicine safety and quality use of medicines as a National Health Priority Area: What does success look like?
2. Where are the biggest gains to improve medicine safety nationally?
3. What are the opportunities?
4. What changes and system improvements are necessary?

Forum participants

Organisations

ACT Health Directorate
Aged & Community Services Australia
Alfred Health
Australian Association of Consultant Pharmacy Australian College for Emergency Medicine Australian College of Nursing
Australasian Society for Clinical and Experimental Pharmacologists and Toxicologists
Australian College of Rural and Remote Medicine
Australian Commission on Safety and Quality in Healthcare
Australian Digital Health Agency
Australian Institute of Health and Welfare
Australian Medical Council Ltd
Australian Medicines Handbook
Australian Pharmacy Council
AVANT Mutual
Canberra Hospital and Health Services
Capital Health Network
Consumer Healthcare Products Australia
Consumers Health Forum
Council of Australian Therapeutic Advisory Groups
Councilof Australian Therapeutic Advisory Groups - SA
Council of Pharmacy Schools: Australia and New Zealand
Dementia Australia
Department of Health, Australian Government
Evo Health
Fremantle Hospital
Icon Group
Lung Foundation Australia
Medicines Australia
Monash Addiction Research Centre
Monash University
National Aboriginal Community Controlled Health Organisation
NPS MedicineWise
Pain Australia
Palliative Care Australia
Pharmaceutical Benefits Advisory Committee
Pharmaceutical Defence Limited
Pharmaceutical Society of Australia
Pharmacy Board of Australia
Prestantia Health
Queensland University of Technology
Royal Australian and New Zealand College of Psychiatrists
Royal Australian College of General Practitioners
Rural Doctors' Association of Australia
Sir Charles Gairdner Hospital
Society of Hospital Pharmacists of Australia
St Vincent's Hospital (Melbourne)
The Heart Foundation (Australia)
The Prince Charles Hospital, Brisbane
The Royal Australasian College of Physicians
The University of Sydney
Therapeutic Goods Administration
Therapeutic Guidelines
University of South Australia
University of Sydney
Webstercare

Consumers

Jan Donovan
Leanne Kelly
Tony Lawson
Alison Marcus
Jen Morris
Steve Renouf
Diane Walsh

Panellists

Dr Robert Herkes (ACSQHC)
A/Prof Meredith Makeham (AHDA)
Prof Andrew McLachlan (U.Syd)
Alison Marcus (consumer)
Jen Morris (consumer)
Steve Renouf (consumer)
Diane Walsh (consumer)
Adj. Prof John Skerritt (TGA)