20 December 2017

Patient Safety and Quality Improvement in Primary Care  
Australian Commission on Safety and Quality in Health Care  
GPO Box 5480  
SYDNEY NSW 2001

By email: NSQHSStandards@safetyandquality.gov.au

Dear Sir/Madam

Re: Patient safety and quality improvement in primary care consultation

NPS MedicineWise would like to thank you for the opportunity to contribute to the Commission’s consultation on Patient safety and quality improvement in primary care.

As you are aware, NPS MedicineWise is an independent, evidence based organisation primarily funded by the Department of Health to educate health professionals and consumers about the appropriate use of medicines and medical tests. With a focus on safety and quality, NPS MedicineWise improves the way medicines and other medical technologies are prescribed and used in practice. We do this through behaviour change interventions, evidence-based information to support decision making, educational programs which aim to address evidence-practice gaps, and targeted health communications campaigns. We undertake rigorous evaluation to demonstrate the impact of our programs and services.

With a shared focus on safety and quality, NPS MedicineWise is highly supportive of the Commission’s efforts as the standards setting agency, in driving nationally consistent and coordinated approaches to safety and quality improvement in primary care to improve consumer outcomes and experiences. As a national implementation body with a field force working across Australia to deliver programs at a local level, NPS MedicineWise is well placed to continue to support the Commission in implementation of standards.

Core to our mission is placing consumers at the centre, with established mechanisms for ensuring we understand the needs and behaviours driving their decision-making and supporting them in their interactions with service providers. Our submission provides further information on our activities to encourage better conversations between health professionals and consumers and tools such as our MedicineWise app, which supports consumers in their desire to be responsible for managing their own health. We also provide the Adverse Medicines Event Line offering consumers an avenue for reporting and discussing adverse experiences with medicines.

Thank you again for the opportunity to provide feedback. Specific comments are provided below in response to the questions posed in the consultation document.

We are very happy to provide further clarification or guidance as needed and look forward to our continued collaboration with the Commission in the future. Please contact Bronwyn Walker on (02) 8217 8784 or email bronwyn.walker@nps.org.au.

Yours sincerely

Kerren Hosking  
Executive Manager, Corporate Affairs and Governance
NPS MEDICINEWISE RESPONSE TO PATIENT SAFETY AND QUALITY IMPROVEMENT IN PRIMARY CARE CONSULTATION PAPER

1. The scope of primary care services as the focus for the Commission’s program of work.

NPS MedicineWise supports the proposed definition of ‘primary care services’ being broad and inclusive in capturing those providers involved in the provision of services as this approach is consumer-centric.

Our comments are as follows:

- We assume the intention is for the definition to be confined to health services. Adding ‘health’ at the start of the definition would make this clearer.
- The definition describes the providers of primary care services but not the overarching aims and nature of these services. The definition developed by the Australian Primary Health Care Research Institute (APHCRI) and cited in Primary Health Care Reform in Australia: Report to Support Australia’s First National Primary Health Care Strategy (September 2009) may be a good starting point for defining the nature and aims of primary health care services:

  Primary health care is socially appropriate, universally accessible, scientifically sound first level care provided by health services and systems with a suitably trained workforce comprised of multidisciplinary teams supported by integrated referral systems in a way that: gives priority to those most in need and addresses health inequalities; maximises community and individual self-reliance, participation and control; and involves collaboration and partnership with other sectors to promote public health. Comprehensive primary health care includes health promotion, illness prevention, treatment and care of the sick, community development, and advocacy and rehabilitation.

- A shorthand version may be ‘the first level of contact individuals, families and communities have with the health care system for diagnosis, treatment and care, illness prevention, health promotion, community development, and advocacy and rehabilitation’ which draws on the Primary Health Care Research and Information Centre (PHCRIS) description (see http://www.phcris.org.au/guides/about_phc.php)

- The Commission’s proposed definition could form a second part to the APHCRI definition.

- To aid clarity, we would recommend consistency in the use of this terminology – the terms ‘primary care’ and ‘primary health care’ are used interchangeably in the consultation paper. The Australian Government Department of Health uses ‘primary health care’ and we would recommend adoption of this term.

2. Safety and quality issues in Australian primary care services.

What are the safety and quality issues experienced by you, your primary care service or the primary care services you support?

The consultation paper is successfully identifies the main factors impacting on quality and safety including:
Communication at all levels: intra- and inter-professional, as well as communications between consumers and health professionals. We are supportive of the move towards the provision of more inter-professional education in undergraduate curricula and an independent review of accreditation systems within the national registration and accreditation scheme for health professions.

Fragmented documentation: it will be important that the national My Health Record fulfils its purpose as the main repository of patient information. Documentation needs to be accessible to all involved in care, including consumers and carers with appropriate security and levels of access.

Variability of team-based care and a lack of understanding of how teams function optimally, due to patchy team-based training and frequently a lack of understanding of how the health system fits together.

Continuity and co-ordination of care across small teams and wider collaboration, which is likely to include referrals between primary, secondary and tertiary care, and other sectors including aged care and disability sectors, health providers, and services.

Transitions of care and handover are areas where overall responsibility may be lost or unclear, increasing the likelihood of safety or quality errors. As many patient safety issues relate to medication, the involvement of prescribers and pharmacists is important, as is the ease of interaction between prescribers to pharmacists.

Lack of understanding of the roles, responsibilities and scope of practice of other health care providers compounding the above issues.

The quality use of medicines and medical test programs designed and delivered by NPS MedicineWise address safety and quality issues in the ways medicines and medical tests are prescribed and used. We know from experience that implementing successful behaviour change programs requires the tailoring of activities to particular issues, settings and audiences. This relies on rigorous processes and systematic analyses of a wide range of information sources to help determine where evidence-practice gaps exist and the most effective ways to address them. Processes that enable ongoing analysis and consultation with consumers, communities and health professionals will be important to ensure that primary health services continue to focus on the most important issues for our community.

What strategies have been implemented to address these?

NPS MedicineWise has been delivering information and education programs to support best practice services in primary care for almost 20 years. As a national implementation body with a field force working across Australia to deliver programs at a local level, our multifaceted educational and quality improvement activities and resources for health professionals include audit and feedback, online learning modules, targeted visiting programs, facilitated small group meetings, and compelling evidence-based information, tools and materials. Data driven interventions are playing an increasing role and enabling our activities to be highly targeted (see below for more information on our MedicineInsight program). Activities such as small group meetings help facilitate a cross-disciplinary approach to quality improvement.

To ensure our quality improvement activities remain relevant and popular with health professionals we adopt a co-design approach with design, for example, by GPs for GPs, and with input from consumers and other relevant stakeholders. We gain an understanding of the needs and motivations of health professionals and consumers and what will resonate with them by conducting primary research via surveys, interviews and workshops, and utilise advisory groups and a team of clinical advisers to support our understanding of the clinical practice environment.

Improving communication between health professionals and consumers, and supporting improvements in consumer health literacy and self-management are important for safety and quality with medicines. Some steps we have taken to improve communication and health literacy include:
The MedicineWise app
- Co-designed in collaboration with consumers, carers and health professionals, and relaunched in 2017, the app supports consumers and carers in their desire to be responsible for managing their own health and the health of those they care for. In addition to enabling consumers to build, edit and share their current medicines list, they can also set dose and appointment alerts, track tests and results, record important health information, and view trusted, relevant medicines information. More features and a link to My Health Record will be introduced in 2018.

Choosing Wisely Australia
- Through our facilitation of the Choosing Wisely Australia initiative, we aim to improve the safety and quality of healthcare systems by encouraging better conversations between health professionals and consumers about the appropriate use of tests, treatments and procedures – including reducing use of tests that may be unnecessary and cause harm. With membership comprising 80% of Australia’s specialist medical colleges and 10 champion Health Services driving engagement and implementation activities, Choosing Wisely Australia has already been able to effect culture change around low value healthcare.

Be MedicineWise Week
- Be Medicinewise Week helps Australians get the most out of their prescription, over-the-counter and complementary medicines. The seventh annual Be Medicinewise Week was held in August 2017 promoting the safe and wise use of medicines. This year the message was reminding Australians that medicine misuse can happen to anyone.

Have these been evaluated? Have you noticed any changes in the quality of the service you receive or provide?

We strongly support the need for evaluation of the effectiveness of safety and quality strategies and programs implemented in Australian primary care settings, and to that end, the impact of NPS MedicineWise programs is routinely assessed using a robust and rigorous approach. Using and continually refining our Evaluation Framework has enabled us to demonstrate improvements to patient safety, health outcomes and experiences. Through annual and program specific evaluation reports we have been able to demonstrate improvements to drug utilisation, health outcomes, and consumer and health professional attitudes and behaviours. We also undertake interim evaluation to inform improvements to our activities while they are still in the field.

More recently, data from our MedicineInsight program is enabling us to more closely track the impact of quality improvement activities in participating practices.

What additional strategies, tools or resources should be developed and/or made available to make these strategies more effective?

- Changing models of care
  - The focus here is a need for strategies that support team based care, coordinated care and standardised clinical pathways so that at patient care is safeguarded across transitions of care and handover.

- Consumer centeredness and health literacy
  - We welcome the work that the Commission has already done in the area of health literacy and patient-centred care.
• Through the Choosing Wisely Australia initiative, consumers and carers can use the 5 questions to ask their doctor or health care professional to make sure the consumer or carer ends up with the right amount of care — not too much and not too little. (See http://www.choosingwisely.org.au/resources/consumers/5-questions-to-ask-your-doctor)

• Gaps remain in terms of being able to systematically implement and measure the impact of effective strategies for improving health literacy. The development and validation of measures to discern whether activities to improve health literacy are having the intended impact will enable organisations to make a stronger case for ongoing investment in these activities.

Connectedness across the system

• We strongly support strategies, tools and resources that support consistent communication across the health system, including technical standards that allow interoperability and health information to be structured and shared between settings, providers and with consumers. Tools that support and enable consumers to share their health information with their healthcare providers and carers, such as the MedicineWise app are also valuable.

3. Developing a set of NSQHS Standards for primary care services other than general practices

What are the barriers and enablers for implementation of these standards in primary care? How could the Commission address these?

We support the development of a set of nationally consistent safety and quality standards for primary care that harmonises with relevant professional standards and is applicable to a wide range of primary care services.

One barrier to implementation is likely to be the lack of involvement of general practices in the development of the standards. In a consumer-centric model of care, the consumer should be able to expect seamless care in a multidisciplinary team environment. While it is important to avoid duplication, the standards should result in congruent action across all sectors.

The standards should be evidence-based and developed in partnership with consumers, informed by consultation with all relevant stakeholders so that there is buy-in, agreement and commitment to implementation.

Professional jargon and profession-led values have the potential to be barriers. For example, there are a number of terms for those receiving care: patient, client, consumer, service user – the Commission’s practice-level safety and quality indicators use ‘client’ which may not resonate well with some professions and with some consumers.

Consideration also needs to be given to whether practitioners of complementary and alternative therapies are to be included in the standard setting. Some of these may be accredited health professionals with AHPRA; others may not. Many Australians do consult with alternate practitioners and it is important that information regarding complementary and alternate medicines is shared and that standards apply to ensure safety and quality in this context. Again, taking a consumer-centric approach will inform decision-making here.
What support could other organisations provide for implementation? Which organisations need to be involved in this process?

With a multitude of organisations involved in activities to improve quality and safety, we are highly supportive of the key role the Commission can play, as the standards setting agency, in helping to coordinate those activities. So that organisations can support and complement rather than duplicate work, it will be important to have a clear understanding of the respective roles and responsibilities of the various players and of roles and responsibilities in terms of standards setting versus implementation.

As detailed above, NPS MedicineWise is a national implementer of standards, guidelines and policy, with a long track record in primary care. We have developed tools and programs to collect data and support quality improvements in practice that are trusted and respected by primary care clinicians, and we are looked to by health professionals to help them translate evidence and standards into every day practice. As a member-based, not-for-profit organisation, we have strong relationships with peak health organisations across the country, including professional, consumer and industry organisations and our activities are informed by consultation with our members. We are therefore well placed to support the Commission in the implementation of the NSQHS Standards and would welcome the opportunity to discuss this in detail.

4. Reviewing the Commission’s practice-level safety and quality indicators for primary care

What are the barriers and enablers for the review process, development and implementation of indicators in primary care?

We note that general practice is outside the scope of these indicators and, as with the standards, this raises the potential for discontinuity and lack of consistency, which could make delivery of a consumer-centric model of care more difficult. It is critical that there is alignment between primary care indicators and the indicators developed for general practice, so we encourage consultation and information sharing to ensure alignment between these parallel processes. We are of the view that the majority of safety and quality indicators should be similar for all providers with some professional and location specific indicators as appropriate.

We also note that the indicators are designed for voluntary and selective inclusion. This has implications for quality of data collected and utility of indicator use across primary care. A lack of published data may mean those involved may be ignorant of the size of the patient safety problems and progress towards improvement due to lack of published data. As a result, they may feel the problems lie with others but not with them.

At a minimum, we believe participation in quality improvement activities should be mandatory within the primary care environment. In this scenario, a menu of indicators would support the process of identifying areas that require attention.

In tandem with the development of standards and indicators, methods for collecting data for measurement of indicators need to be implemented that are pragmatic and, wherever possible, routine. Dependence on manual data collection is unlikely to result in sustainable quality improvement systems. We encourage inclusion of the medical software industry in the process of indicator development so that systems will support best practice and indicator development is not limited by currently available data systems.

Which organisations should be involved and what is their role?

Consultation on the indicators should be open and transparent so diverse peak bodies and stakeholders within the primary care space can contribute.
The MedicineInsight program, developed by NPS MedicineWise with funding from the Australian Government Department of Health, extracts data from around 640 general practices across Australia. Thousands of general practitioners are now contributing deidentified data for millions of regular patients, providing insights to inform quality improvements and population health outcomes at the local and national level. These insights can be used by policymakers, health systems and health professionals to identify evidence gaps in primary health care and improve clinical practice and health outcomes in Australia. Data can also be used to measure performance against indicators. For more information see: https://www.nps.org.au/medicine-insight.

We would be happy to discuss with the Commission ways in which this data could be used to identify future focus areas for quality improvement.

We recently commissioned CHF to undertake research into consumers’ attitudes to use of their health data highlighting very varying levels of comfort and understanding among consumers around the use of health data. One of the key recommendations from a recent roundtable looking at the findings was that data insights generated need to be around indicators of quality and safety that are useful to consumers as well as to health professionals so that they too derive tangible benefits from sharing their health data. Whether through standards or other means, encouraging primary care providers to share data driven insights with the communities they serve around indicators of interest to consumers builds trust; encourages data sharing; builds accountability into the system; and provides a platform for primary health care services to highlight the quality improvements they have made.

5. Safety and quality improvement in primary care more generally

What strategies, tools or resources to support improvements in safety and quality should be considered?

See Question 3 for an outline of the services and activities NPS MedicineWise has implemented to inform and implement improvements to safety and quality of care. We have also recently attained ISO 9001 Quality Management Certification, demonstrating the commitment of the organisation to continuous quality improvement in the way we design, develop, deliver and evaluate our programs and activities.

What safety and quality strategies, tools and resources can be led by the Commission in a national approach?

Given the Commission’s role to lead and coordinate national improvements in safety and quality in health care, we are very supportive of the Commission continuing its good work in partnering with consumers, health professionals, policy makers and healthcare organisations to set the standards for and coordinate activities to improve quality and safety. We also support a role for the Commission in monitoring and reporting on progress to improve quality and safety in Australia.

It is important to ensure that activities to implement quality and safety improvement are coordinated nationally, duplication of activities is avoided and organisations with expertise in implementation are encouraged to work closely with the Commission to ensure the best possible health and economic outcomes. We welcome the opportunity to continue to work with the Commission to ensure that our expertise, experience and capacity to improve quality and safety with medicine and medical test use is utilised in the most effective way.

What safety and quality strategies, tools and resources can be led by professional support organisations?

As a national implementation body with a field force working across Australia to deliver programs in primary care at a local level, NPS MedicineWise will continue to lead activities that support quality use of medicines, medical tests and other health technologies. These include:
Implementation of standards through behaviour change programs that support quality and safety through our national field force and suite of multifaceted educational and quality improvement activities and resources for health professionals — including audit and feedback, online learning modules, targeted visiting programs, facilitated small group meetings, and compelling evidence-based information, tools and materials. In developing these programs we will continue to utilise tools such as the National Safety and Quality Standards, Clinical Care Standards and the Atlas of Variation to inform our priorities and approaches, and to demonstrate the impact of our programs through robust evaluation.

Collation, analysis and interpretation of MedicineInsight data to support the identification of evidence-practice gaps at a local and national level, form the basis of quality improvement activities, and support, reporting and monitoring against indicators.

Leading consumer campaigns, social and traditional media and telephone support services to support safe and appropriate use of medicines and medical tests by building health literacy and supporting consumers in their decision-making. Through our provision of the Adverse Medicines Event Line we will continue to provide consumers with an avenue for reporting and discussing adverse experiences with medicines and our MedicineWise app will continue to support consumers in managing their medicines and communicating with the health professionals.

Through our facilitation of the Choosing Wisely Australia initiative, bringing together key stakeholders to improve the safety and quality by encouraging better conversations between health professionals and consumers about the appropriate use of tests, treatments and procedures — supporting safety and quality improvement by reducing inappropriate use of tests that may be unnecessary and cause harm.

6. Primary care consumers

We reiterate the importance of consumer-centredness, meaningful and genuine engagement and empowering consumers to be active participants in health care decision making.