New South Wales

Special Commission of Inquiry into Healthcare Funding

Submission Number: 144

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Submission to the Special Commission of Inquiry into Healthcare Funding.

This submission is about medicine management, and addresses the following terms of reference:

1. How health services funding in NSW can most effectively support the safe delivery of high quality, timely, equitable and accessible patient-centered medicine care.
2. How governance structures can support efficient implementation of state-wide reform programs for medicine management.
3. Strategies available to NSW Health to address escalating costs, limit wastage, and minimize overservicing of medicines.
4. Address existing employment standards, role and scope of workforce accreditation, and opportunities for an expanded scope of practice for pharmacists.
5. The role of pharmacists in multi-disciplinary community health services in meeting current and future demand and reducing pressure on the hospital system.
6. New models of pharmaceutical care and technical and clinical innovations to improve health outcomes for the people of NSW.

It has been estimated that 250,000 hospital admissions in Australia are medication related, with an annual cost of AUD$1.4 billion to the healthcare system. Two-thirds of medication-related hospital admissions are potentially preventable (Drug Safety 2022 Mar;45(3):249-257).

There were approximately 1.9 million episodes of care in NSW public hospitals in the 12 months July 2022 to June 2023 (per Healthcare Quarterly). Of these, the most vulnerable group of patients with respect to medicine misadventure are those over 65 years of age, comprising 43 % (per AIHW) or 818,000 episodes of care.

Medicines are the most frequent health care intervention type. Their safe use provides significant benefits, but they are also associated with higher rates of errors and adverse events than other interventions. Reasons for medication-related problems include time constraints for doctors and pharmacists, the involvement of multiple prescribers and dispensers in patient care, increased complexity of care and reliance on medicines to manage chronic illness, suboptimal recording of information in clinical records and sharing of this information, and the lack of financial incentives and staff for identifying, averting, and rectifying medication-related problems. They also arise because of incomplete adherence to prescribed medication use, confusion regarding treatment regimens, over-and under-prescribing, and adverse drug interactions (MJA 2023; 219 (7) doi: 10.5694/mja2.52073).

Potentially inappropriate medicine use increases as the number of concurrent medicines increases, particularly common in multimorbid older people, and has been defined as; ***Medicines used in older people that have no clear evidence-based indication, carry a substantially higher risk of adverse effects compared to use in younger people or to medicines of equal or greater efficacy, are not cost-effective or are prescribed despite non-***

medicine measures being more appropriate. While the best strategies to combat potentially inappropriate medicine use in primary care remain unclear, effective transitional pharmacist-led strategies have been described. They have included medicine reconciliation and review in the context of multidisciplinary care, patient counselling, communication with primary care providers and post-discharge follow-up (BMC Geriatrics (2023) 23:183 https://doi.org/10.1186/s12877-023-03921-2).

This does not appear to be practiced by public hospital pharmacists in New South Wales, with consequent prevalence of inappropriate medicine use, medicine misadventure, hospital admissions and re-admissions, and cost to the government. Reasons for this may include pharmacist lack of patient care-related skills, lack of medicine review skills, and lack of dedicated time.

Health services funding of pharmacists in NSW can effectively support the safe delivery of high quality, timely, equitable and accessible patient-centered medicine care, address escalating costs, limit wastage, and minimize overservicing of medicines.

Funding of patient-centered care by pharmacists would add to existing employment standards, role and scope of workforce accreditation, and opportunities for an expanded scope of practice for pharmacists.

A template for consideration by governance structures to support efficient implementation of state-wide reform programs for medicine management has been published (BMC Geriatrics (2023) 23:183 https://doi.org/10.1186/s12877-023-03921-2). This study demonstrated the benefits of effective governance providing a patient-centred care medicine reconciliation and review service by an experienced medicines review pharmacist in a small hospital.

Patient-centred medicine care represents a new model of pharmaceutical care and technical and clinical innovation to improve health outcomes for the people of NSW.

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