

# Implementing Medicines New Zealand 2015 to 2020



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# Minister's foreword

Medicines play a significant role in helping New Zealanders get well, stay well and live well. Medicines are used to treat everyday illnesses through to life-threatening conditions, from common childhood infections through to easing the symptoms of people approaching the end of life.

There are significant challenges ahead of us. We need to procure, use and manage medicines wisely (including new innovations) in order to meet the needs of our ageing population, tackle the growth in multi-morbid long-term conditions and achieve fiscal sustainability.

*Medicines New Zealand* already sets out the outcomes we want to achieve. We want New Zealanders, regardless of their ability to pay, to have access to safe, high-quality, effective medicines, and we want those medicines to be used in the best possible way. This new document, *Implementing Medicines New Zealand*, is the plan that outlines the actions required over the next five years to achieve these outcomes.

The previous plan was focused on government action. Significant progress has been made to ensure a safer and more efficient medicines environment for New Zealanders. Actions included the establishment of the New Zealand Formulary, the enhancement of pharmacovigilance activity, changes to prescribing rules, and a range of ongoing actions around the pharmacy workforce and services.

We've made solid progress, but the government can't do this all by itself. New Zealand has a large number of expert and dedicated health professionals who are in the best position to know where change is needed and what improvements can be made. If we want to make progress, we need these people to identify and drive changes.

That's why the start of this new plan was a sector workshop in October 2014. Out of that workshop, and the follow-up discussions, we identified the seven impact areas in this plan. The impact areas are an agreed framework for action over the next five years. They form an action plan that will change as priorities change and new ideas emerge, while keeping a focus on advancing the seven impact areas.

*Implementing Medicines New Zealand* will support innovation and help the sector move towards better, integrated, consumer-centred care. I believe an enhanced role for pharmacists will help this move. Pharmacists are in a position that makes them accessible to people seeking health care or advice. They can work collaboratively with other health professionals to ensure the right people receive the right services at the right time. Making changes to the interaction a person has with a pharmacist could therefore have a large impact on the health outcomes of New Zealanders, as well as on their consumer experience.

I thank the medicines sector for its contribution to this plan, its support for the impact areas, and its ongoing dedication to improving health outcomes for all New Zealanders.

Hon Peter Dunne  
Associate Minister of Health



# Introduction

*Implementing Medicines New Zealand* (the Plan) is about the changes required to deliver on *Medicines New Zealand* (the Strategy). The Strategy provides the overarching framework to govern the regulation, procurement, management and use of medicines in New Zealand. The three core outcomes for the medicines system set out in the Strategy are as follows.

## **Medicines New Zealand outcomes**

<b>Quality, safety and efficacy</b>	<b>Access</b>	<b>Optimal use</b>
Medicines are safe, of high quality, and are effective.	New Zealanders have access to the medicines they need, regardless of their individual ability to pay, and within the government funding provided.	Choices about medicines, the ways the system delivers medicines and the ways individuals use medicines result in optimal outcomes.

The Plan supports the achievement of the Strategy's outcomes by:

- setting out objectives and actions for the medicines sector
- enabling prescribers, dispensers and consumers to move to a more integrated model of care
- re-orienting the sector towards consumer-centred activity.

This will be done by harnessing the collective efforts of all health professionals, including those working in community organisations, primary health care, pharmacies, hospitals, rest homes and end-of-life care.

## **Structure of the Plan**

The Plan is organised under seven impact areas that are critical to achieving the Strategy's outcomes. These impact areas were developed in close collaboration with the pharmacy profession and other health professionals and signals the areas considered to be the highest priority for action. The impact areas are:

- making the most of every point of care
- enabling shared care through an integrated health care team
- optimal use of antimicrobials
- empowering individuals and families/whānau to manage their own medicines and health
- optimal medicines use in older people and those with long-term conditions
- competent and responsive prescribers
- removing barriers to access.

Each impact area has clear objectives so that the health sector is clear about what needs to be achieved. Each impact area also describes some of the actions required to achieve those objectives. These actions usually refer to a range of settings, and many require the engagement of a combination of stakeholders.

Actions may be broad or specific, and are divided into two types:

- work that is already under way, or activities that we know are already common and regarded as good practice across the health sector – the Plan brings this work together in a coordinated way and ensures we are all clear about the objectives it contributes towards
- new actions that may evolve over the next five years, which are often based on developing innovative practice that already exists in pockets – the Plan challenges organisations across the health sector to consider how they can build these actions, or others like them, into future work programmes.

## **Work alongside the Plan**

Alongside this Plan, work is under way to progress a new regulatory regime for therapeutic products to replace the existing Medicines Act 1981 (and Regulations). The new, comprehensive regulatory framework for therapeutic products will be fundamental to achieving the Strategy's core outcomes.

As well as replacing, modernising and changing the regulatory arrangements for medicines, the new regime will also encompass all therapeutic products, including medical devices and cell and tissue therapies, which currently are not adequately regulated in New Zealand. A robust regulatory regime is a prerequisite to the delivery of high-quality health care services that are safe and effective.

A wide range of other programmes and strategies will influence change in the health sector over the next five years. It is expected that these strategies will be informed by the impact areas and actions set out in this Plan. At the same time, a variety of initiatives will provide opportunities to turn the more aspirational actions in this Plan into reality.

Just one example is work considering future directions for the health of older New Zealanders, which is likely to include questions about achieving the optimal use of medicines for this target group. The Ministry of Health will work to ensure that all relevant strategies consider the impact areas, objectives and actions set out in this Plan.

## **Implementing Medicines New Zealand**

This Plan provides a high-level framework for organisations to consider when planning their work programmes and delivering services to New Zealanders. The government will continue to work closely with the health sector to develop this thinking.

Different professional groups will also need to work through the implications for their future practice. Examples already under way include work with the nursing sector on new registered nurse prescribing roles, and work with the Pharmacy Steering Group to develop a road map for pharmacy. However, responsibility for implementing the Plan is not the Government's alone, but is shared by all who play a role in achieving the outcomes of the Strategy.

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# Making the most of every point of care

Every contact with a patient or consumer is an opportunity to share health information, ensure it is understood, and maximise the value of care provided.

This means improving communication between health care providers and consumers concerning health education and promotion messages, medicines adherence, lifestyle management, and symptom support and control.

Every contact is also a chance to increase the uptake of monitoring, screening and interventions to promote self-awareness and positively influence health outcomes. There is potential to enhance the pharmacist's role in providing opportunistic support and care for at-risk or vulnerable groups.

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## Objectives

- Medicines adherence, lifestyle management and symptom management are better supported through improved communication between all health professionals and consumers.
- Increased use of monitoring, screening and brief interventions improves the quality of care, particularly for at-risk or vulnerable groups.

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## Actions

### Current focus

The Ministry of Health and primary care providers, including pharmacists, will work to increase the use of brief interventions. This means taking the opportunity to engage consumers in discussion about particular aspects of their health, particularly regarding smoking cessation and immunisations. This work will be informed by evidence from innovative practice that has been shown to be successful in affecting consumer behaviour and attitudes. The Ministry's *A Framework for Health Literacy* may help to guide this work as it refers to the nature of interactions at all points of contact in the health system.

All health professionals will demonstrate improved communication with consumers at every point of care, including:

- prescribers and hospital-based health professionals communicating with patients and caregivers about health needs and how medicines work
- pharmacists communicating with patients and caregivers about potential interactions, adherence, and how to monitor effectiveness and recognise adverse effects
- nurses and allied health professionals communicating with patients and caregivers about self-management, symptom support and control, and adherence.

The primary health care sector can encourage its health professionals to uptake medicines adherence and optimisation services, and explore options for using electronic adherence support tools.

The National Health IT Board will lead work to roll out the following IT initiatives across the health sector to support medicines adherence:

- the combining of the New Zealand ePrescription Service in the primary sector with prescribers' systems to support active monitoring and allow referral for medicines adherence support
- eMedicines initiatives in hospitals, such as electronic prescribing and administration (ePA) and electronic medicine reconciliation (eMR)
- a shared care platform to support shared care planning, including pharmacy medicines adherence plans.

## **The next five years**

The Ministry of Health will work with the sector to make best use of new IT infrastructure.

*My List of Medicines* will provide a single, accurate, shared and complete list of a consumer's medicines, including pharmacist-only medicines, plus diagnoses, adverse reactions and allergies.

Primary care providers and pharmacies can work to increase the use of both opportunistic and scheduled monitoring and screening with a focus on at-risk and vulnerable groups, especially mental health patients. This will require a flow of information between all health professionals, seamless referral via all health professionals, and good links to local innovations and local programmes.

All health organisations can support medicines adherence further by exploring options for improved online communications, and by ensuring the provision of appropriate written information and multimedia applications to support face-to-face communication.

Training providers and regulatory authorities can enhance their role of ensuring communication is embedded in practitioner training and competency assessment.

Pharmacists can increase the use of evidence-based screening and interventions with an additional focus on self-care, medicines adherence and lifestyle modification.

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# Enabling shared care through an integrated health care team

Good communication and information sharing across an integrated health care team environment is required to ensure that a patient's journey across settings is seamless, safe and high quality.

This is an important objective for the entire health sector, and the medicine system has an important part to play in that wider process.

The prescribing, dispensing and administration of medicines typically occurs in distinct settings, with each service provided by distinct groups of health professionals or caregivers.

An IT infrastructure that enables current and accurate information to be shared across providers and settings is a key enabler of integrated health care delivery, and will be the initial focus for this impact area over the next five years. A collaborative working culture will also be an important and ongoing contributor to success in this impact area.

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## Objectives

- Service integration and collaboration between health professionals ensure the patient journey is seamless.
- Each person who interacts with the health system has electronic access to their health information to enable effective collaboration between the person and all health professionals involved in their care.

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## Actions

### Current focus

District health boards (DHBs), primary health organisations (PHOs) and pharmacists will work together to increase the involvement of pharmacists within all alliances and integrated health care teams.

The Ministry of Health will:

- implement shared-care planning, patient portals and electronic prescribing to provide readily accessible and accurate information at all points of patient care
- continue to work on the Information Use Framework and Health Information Governance to implement standard operating procedures and rules for access, and will develop audit processes for information transfer and management
- work with DHBs to implement electronic medicine reconciliation (eMR) within their hospitals, and will use eMR at admission, transfer and discharge
- work with DHBs and the Health Quality & Safety Commission (the Commission) to broaden integrated eMedicines management to cover in-hospital care, transfer of care and medicine management plans in residential facilities.

### The next five years

The Ministry of Health and professional pharmacy organisations will explore and develop models for pharmacist prescribing.

Primary care providers will develop greater provision of pharmacist medicines optimisation services, as described in the National Framework for Pharmacist Services, through general practice and integrated health care teams.

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# Optimal use of antimicrobials

Antimicrobial (drug) resistance (AMR) is a growing health threat worldwide, with increasing rates of bacteria resistant to antibiotics and a shortage of new antibiotics becoming available.

Antimicrobial resistance threatens the effective prevention and treatment of a range of conditions, including some common infections. Infections caused by resistant micro-organisms often fail to respond to the standard treatment, resulting in prolonged illness, higher health care expenditures and a greater risk of death.

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## Objective

- The risk of antimicrobial resistance is minimised through targeted and appropriate human, veterinary and agricultural use of antimicrobials.

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## Actions

### Current focus

DHBs will draw on clinical expertise to ensure the wise and effective use of antibiotics across health care settings.

The Ministry of Health is:

- establishing a national microbiology network to share initiatives to monitor and control antimicrobial-resistant organisms
- establishing a national tuberculosis (TB) reference testing service and clinical network to support the management of multi-drug-resistant TB cases and provide diagnostic services for infected patients
- improving national surveillance of antimicrobial consumption and antimicrobial resistance, and providing national data to both prescribers and relevant agencies.

### The next five years

The Ministry of Health will continue to lead work to coordinate efforts in this area, including working alongside PHARMAC, the Commission, ACC clinical experts and any other agencies responsible for the safe and effective use of medicines in patient care. This coordinated effort will be focused on:

- establishing national antimicrobial guidelines for primary and secondary care
- streamlining laboratory testing and reporting
- greater support for those regions not well serviced by infectious disease specialists.

Agencies will also develop mechanisms for raising awareness in both hospitals and community settings to optimise the use of antibiotics and support health professionals to reduce patient expectations concerning the need for antibiotics and how they should be taken if prescribed.

The Ministry of Health will also work with the Ministry of Primary Industries and the Veterinary Council of New Zealand to explore the potential rationalisation of the veterinary and agricultural use of antimicrobials.

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# Empowering individuals and families/ whānau to manage their own medicines and health

Health literacy is the capacity to find, interpret and use health information and services to make informed decisions about health and wellbeing. There is a connection between health literacy levels and health outcomes, and New Zealanders in general have limited health literacy skills. Building health literacy levels and a health care environment that is easy to access and navigate can contribute to individuals and families/whānau making informed decisions and taking action for their wellbeing.

Health practitioners have a key role in individuals and their family/whānau being able to manage their own medicines and health, through improved communication practices and involving consumers in decisions concerning their treatment options and care planning.

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## Objectives

- Medicines information is designed, produced and disseminated in ways that are appropriate for end users and that advance health literacy.
- Individuals and their family/whānau are active partners equipped with the necessary knowledge, skills and tools to manage their own medicines and wellbeing.

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## Actions

### Current focus

All health organisations will demonstrate leadership and share knowledge about policies and pathways that make it easier for people to access and navigate the health system. This includes recognising opportunities for enhancing health literacy, and ensuring people who access health services have input into service design and delivery.

The Ministry's *A Framework for Health Literacy* is aimed at widening the focus for improving health literacy and developing associated policies and practices at all levels of the health system. A self-review guide is also available to help organisations identify areas for improvement.

### The next five years

Responsible authorities, professional associations, colleges and training providers have a role to ensure that all health professionals have the opportunity to upskill and understand effective communication practices that build health literacy. In turn, practitioners can support the empowerment of individuals and families/whānau by ensuring they:

- are active partners and treatment decisions are made jointly, including which medicines are used
- understand what their medicines are for, and also how, when and for how long they should be taken
- are aware of the health information available via their patient portal and what this means for them
- are provided with care and information in ways that are appropriate for them (eg, if they have a disability) and enhance health literacy.

All health organisations will ensure easy-to-understand, appropriate and high-quality health information is made more accessible to individuals and families/whānau through trusted sources, such as websites, guidelines and brochures. Examples are the Health Quality & Safety Commission's 'Open for better care' resources and health literacy guidance and the Pharmacy Self-Care programme.

The Ministry will consider options for ensuring accurate, easily understood consumer medicine information is available for all medicines under the new regulatory regime.

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# Optimal medicines use in older people and those with long-term conditions

The use of multiple medicines is associated with reduced adherence to therapies, significant costs to patients and health services, and poor health outcomes such as adverse drug effects, increased fall rates, admissions to hospital and death.

The use of multiple medicines is more prevalent in older people and those with co-morbidities or long-term conditions.

Medicine optimisation is a person-centred approach to safe and effective medicine use, to ensure people obtain the best possible outcomes from their medicines.

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## Objectives

- Prescribing practice is optimised to reduce illness and death caused by inappropriate medicines use.
- The medicines system encourages optimal, cost-effective prescribing and dispensing to minimise poor health outcomes, high user costs and the environmental impact of medicines waste.

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## Actions

### Current focus

The National Health IT Board will ensure a national roll-out of regional clinical workstations to enable clinicians to access clinical information about health consumers.

Medicines optimisation services will continue to develop across primary, secondary and aged care settings. It is appropriate that this activity is focused in residential care and for older people living in their own homes, particularly for patients discharged from assessment, treatment and rehabilitation.

Health practitioners will continue to implement the good practice set out in the New Zealand Framework for Dementia Care, including:

- reviewing the use of prescribed medicines for pre-existing conditions, as their use may further affect cognition, driving ability and cardiovascular disease risk
- seeking non-pharmacological strategies for the first intervention in relation to the behavioural and psychological symptoms of dementia.

### The next five years

*My List of Medicines* will provide a single list of medicines for every consumer.

Primary and aged care providers will work to:

- ensure medicine reconciliation happens consistently at transitions and involves the patient
- make better use of electronic prescribing and scheduling
- put systems in place to enable appropriate de-prescribing.

Primary and aged care providers will explore options to realise the full potential of medicines

management roles and services, as outlined in the New Zealand National Pharmacist Services Framework, such as:

- medicines therapy assessment (MTA) – a systematic, patient-centred clinical assessment of all medicines currently taken by a patient
- comprehensive medication management (CMM) services – where a pharmacist integrated in the health care team provides support and advice on all matters related to the medication management of patients with complex clinical needs
- pharmacist prescribing in primary care and residential care settings.

PHARMAC, the Commission, DHBs and pharmacists will work to investigate options to reduce the opportunity cost of unused medicines and the environmental impacts of medicines waste.

All prescribers can review their prescribing of pro re nata (PRN) or ‘as needed’ medicines to reduce possible over prescribing, the risk of adverse effects associated with long-term use, medicines waste, and whether they stop medicines as part of advanced care planning. Health professionals can take further opportunities to discuss the safe use, storage and disposal of medicines.

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# Competent and responsive prescribers

High-quality, safe prescribing improves the patient experience, improves outcomes and reduces inefficiencies and waste. A common set of competencies underpins effective prescribing, regardless of professional background.

The adoption of a single competency framework for all prescribers will aid the effectiveness of multidisciplinary health care teams, facilitate the introduction of new prescribing groups, and help all prescribers to remain effective within their scope of practice.

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## Objectives

- All prescribing is effective and improves the patient experience and outcomes.
- The prescribing workforce is responsive to the needs, values, beliefs, knowledge and desired outcomes of consumers.

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## Actions

### Current focus

A review of the prescribing legislative framework will be carried out as part of the design of the new therapeutics regulatory regime.

The Ministry of Health will continue to support the health sector to identify and test new prescribing roles and facilitate their implementation through developing appropriate regulations. This will include innovations to ensure health practitioners are making best use of their skills and knowledge and to aid the implementation of new models of care.

### The next five years

The Ministry of Health will work with health professionals to develop a single competency framework for prescribers in New Zealand, including cultural competence.

The Ministry will then work alongside health practitioner responsible authorities to encourage the use of the framework for educational curricula and accreditation.

The Ministry of Health will lead work to promote the adoption of standards for clinical documentation (linked to medication charting standards) within shared electronic health records by the different health care professions. This will reduce errors and improve safety, improve the quality of shared-care planning, and reduce inefficiencies and duplication of effort.

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## Removing barriers to access

Appropriate care that is easy to access is a key feature of a high-quality medicines system.

There are multiple factors that affect whether people pick up their medicines, such as user charges, distance to travel, transport and inability to take time off work.

Also, cultures differ in how they define illnesses and symptoms and how they think they should be treated.

Access should also take into account an individual's personal preferences, and their access to and experience with technology. Cultural competence training for health care practitioners specifically focuses on reducing cultural and linguistic barriers to access.

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### Objectives

- All population groups have equitable access to the medicines they need.
- Health care providers and prescribers meet consumers' social, cultural and linguistic needs to reduce cultural barriers to accessing appropriate health care and medicines.

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### Actions

#### Current focus

DHBs, PHOs, and health professionals are changing the way services are provided in non-typical locations and increasing the use of IT enablers; for example, telehealth services or videoconferencing for remote locations, access to a prescribing pharmacist, and access to after-hours dispensing in rural areas.

Eligibility information for the Prescription Subsidy Card will be shared with prescribers as well as pharmacies via the New Zealand ePrescription Service.

The required cultural competence standards for health care practitioners are set by the responsible authorities. Making the best use of cultural competence training is consistent with their obligations under the Health Practitioners Competence Assurance Act 2003.

#### The next five years

To ensure user charges do not act as a barrier to picking up prescriptions, the Ministry of Health and the Ministry of Social Development will work on options concerning the Prescription Subsidy Card.

Responsible authorities, professional associations, colleges and training providers can review the quality of education and training concerning cultural competence and patient-centred approaches to care in order to ensure health care providers and those prescribing medicines are responsive to the needs, values, beliefs and knowledge of consumers.

# Glossary

Most definitions listed have been derived from those provided in the World Health Organisation and International Pharmaceutical Federation joint publication *Developing Pharmacy Practice. A Focus on Patient Care. Handbook – 2006 Edition*.

See [www.who.int/medicines/publications/WHO\\_PSM\\_PAR\\_2006.5.pdf](http://www.who.int/medicines/publications/WHO_PSM_PAR_2006.5.pdf)

Adherence	The extent to which a person's behaviour – taking medication, following a diet, and/or executing lifestyle changes, corresponds with agreed recommendations from a health care provider (WHO definition).
Evidence-based	The conscientious, explicit and judicious application of current best evidence into practice.
Health education	The provision of information enabling individual patients to increase control over, and to improve, their health.
Health outcome	A consequence (result) of interventions made or not made to meet therapeutic goals. Outcomes can have economic, social/behavioural or physiological characteristics.
Medicine	Has the same meaning as that defined in the Medicines Act 1981, but also includes complementary, traditional, cultural and other forms of chemical therapies.
Medicines reconciliation	The process to collect, compare, and communicate the most accurate list of medicines that a patient is taking, together with details of any allergies and/or adverse drug reactions (ADRs) with the goal of providing correct medicines for a given time period at all transition points.
Pharmaceutical care	The responsible provision of medicines therapy for the purpose of achieving definite outcomes that improve a patient's quality of life. It is a collaborative process that aims to prevent or identify and solve medicinal product and health-related problems. This is a continuous quality improvement process for the use of medicinal products.
Pharmacist	A person professionally qualified and registered to practise in pharmacy, the branch of health sciences dealing with the preparation, dispensing and use of medicines. The role of the pharmacist has evolved from that of a provider of medicines to that of a provider of patient-centred pharmaceutical care.
Practitioner	A person who is professionally qualified and registered to practise the delivery of health care services.

Self-care	<p>Self-care includes healthy living behaviours such as avoiding health risks, adequate physical exercise, proper nutrition, maintenance of mental well-being, and taking medicines (prescription and over-the-counter) responsibly and appropriately. Self-care products are useful for individuals wishing to take preventive care and to treat a large number of ailments either under the direct supervision of a healthcare professional or on their own. Responsible use of self-care products involves using the right product for the right indication at the right time and in the right way. This includes both self-medication using self-care products for treating common health problems and the use of self-care products to help reduce the risk of disease.</p>
Referral	<p>The process of formally (ie, in writing) directing or redirecting a patient to appropriate services for assessment or treatment. The referral process includes the provision of a summary report of relevant patient information.</p>





