NATIONAL MEDICINES SYMPOSIUM 2016

MAKING WISE DECISIONS
ABOUT MEDICINES, TESTS AND TECHNOLOGIES

National Convention Centre, Canberra
19–20 May 2016

POST EVENT SUMMARY

NATIONAL MEDICINES SYMPOSIUM 2016

October 2016

Independent, not-for-profit and evidence based, NPS MedicineWise enables better decisions about medicines and medical tests.

NPS MEDICINEWISE

Level 7/418A Elizabeth St
Surry Hills NSW 2010
PO box 1147
Strawberry Hills NSW 2012

P. 02 8217 8700
F. 02 9211 7578
info@nps.org.au
www.nps.org.au

TABLE OF CONTENTS

EXECUTIVE SUMMARY

The ninth National Medicines Symposium (NMS) 2016 was held 19–20 May 2016 at the National Convention Centre in Canberra. NMS is a unique cross-disciplinary event, with representatives from all areas of the health sector, enabling more comprehensive conversations.

This leading biennial symposium brought together more than 400 experts from across Australia and abroad to discuss and debate local and global approaches to quality use of medicines and health technologies. The symposium provided the opportunity for delegates to share their knowledge, skills and experiences while working together to advance the objectives of the National Medicines Policy. Delegates at NMS 2016 included clinicians, policy makers, researchers and academics, industry representatives, consumers and government.

The theme for NMS 2016 was *'Making wise decisions about medicines, tests and technologies: co-designing policy, practice and priorities*'. It looked at current and future challenges affecting the medicines, tests and broader health sector. The conference streams were: 'foundations for success', 'sustainable systems', and 'in practice'. The program is available to view online, along with accepted abstracts and posters.

The symposium provided the impetus for policy discussions in Australasia, promoted educational interventions, enabled best practice and recognised work to date in quality use of medicines and health technologies.

This report provides a summary of the presentations, discussions, workshops and lightning talks that occurred at NMS 2016. It outlines the main themes, opportunities and ongoing challenges as presented by the speakers. As this report is a summary only, a more accurate representation of the richness and depth of the presentations and broader discussions is available by listening to the recordings of the sessions available online or as transcript by request.

NPS MedicineWise extends sincere appreciation to all everyone who provided input to the development, who attended and who participated in NMS 2016. Thank you to the excellent speakers, exhibitors and session chairs. In particular thank you to the NMS2016 Consumer Rapporteurs, Ms Melissa Cadzow and Dr Martin Whitely, who volunteered their time to participate in the Symposium and to craft the Consumer Report.

INTRODUCTION

Every two years since 2000 experts from across the field of quality use of medicines have congregated at a set location around Australia to catch up with peers, discuss trends and hear success stories shaping the industry. This unique, cross-disciplinary event is the biennial National Medicines Symposium, organised by NPS MedicineWise, (nps.org.au) an independent, not-for-profit, evidence-based organisation which formed in 1998 with the aim of furthering the quality use of medicines component of the National Medicines Policy, leading to better health outcomes for all Australians.

The ninth National Medicines Symposium (NMS) 2016 was held 19–20 May 2016 at the National Convention Centre in Canberra. This year more than 400 experts came from across Australia and abroad to discuss and debate local and global approaches to quality use of medicines and, for the first time, also health technologies. Delegates at NMS 2016 included clinicians, policy makers, researchers and academics, industry representatives, consumers and government.

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SUMMARY OF PLENARIES

Plenary 1: Foundations

Under the overarching theme ‘making wise decisions about medicines, tests and technologies’, ‘Foundations’ provided a long range view of the broader health system and our future society. Foundations considered evidence, knowledge, safety and quality as building blocks of our health system, and the discussion aimed to unveil the cornerstones of good health decision making now and into the future. Designed to be thought provoking and interactive, this session set the scene for NMS 2016.

Global Megatrends: Forever Young

Dr Stefan Hajkowicz, Senior Principal Scientist, Strategy and Foresight, CSIRO, described the seven megatrends reshaping the world over the next 20 years. Knowledge about these trends and how they interact can be useful for businesses, government and researchers to anticipate and plan for the future. These trends include:

- More pressure on existing resources means that we will have to do more with less and utilise technologies in a smart way
- Planetary pushback, resulting in climate change, but also antimicrobial resistance
- Silk highway, including income growth and a shifting world economy
- Rise in health expenditure due to a rise in diet and lifestyle-related illnesses, increasing chronic disease rates and an ageing population
- Digital economy includes growth in big datasets and automated jobs.
- Porous boundaries and the growth of businesses
- Great expectations from consumers.

Combined, these megatrends result in multiple plausible views of the future. For healthcare, each of these varying views pose challenges and it is therefore important to be aware of the key issues.

There are opportunities for healthcare by utilising new technologies and data effectively, investing in preventive healthcare, putting antibiotic resistance high on the agenda, managing the transition into digital and automation well, and efficient allocation of resources.

Foundations for good health decision making: solid rock or shifting sands?

Speaking from academic, consumer, decision maker, clinician, implementer and helicopter-view perspectives, panellists shared their views on good decision making in the health system and the challenges and barriers that need to be overcome in order for best-practice decision making to be achieved.

Dr Lynn Weekes, CEO, NPS MedicineWise, advocated to put consumers at the heart of decision making. It is important we change conversations, increase social interaction and build health literacy.

Prof Andrew Wilson, Chair, Pharmaceutical Benefits Advisory Committee, explained that there are several barriers to good decision making, including a willingness to do so, limits to available information and restraints on decision making. He argued that there is a knowledge information gap when it comes to individual patient encounters and said we need to be having more conversations between health professionals and consumers.

Dr Frank Jones, Royal Australian College of General Practitioners, argued it is important we make better use of data and improve our ability to understand data. The changing population requires a changing focus in our scientific outlook, which should include patient centricity, empowerment and a greater focus on prevention.

Adjunct Prof John Skerritt, Deputy Secretary, The Therapeutic Goods Administration (TGA), talked about the challenge of uncertainty in both the registration process and early market entry

of medicines. It is critical that we understand adverse events and have the ability to remove medicines from the register. He further talked about the tremendous opportunities related to data, which has the potential to revolutionise health. We should learn from other industries where they are using data more optimally, such as retail, and use that in the health sector.

Prof Lloyd Sansom, Emeritus Professor, School of Pharmacy and Medical Sciences, University of South Australia, questioned whether it was possible to create a rational process to health decision making. He said in order to so, we need to take a helicopter view of the sector and take into consideration competing objectives. He further said that health is about managing people and having people manage themselves. Technology can assist with this, but it does not solve anything on its own.

Leanne Wells, CEO, Consumers Health Forum, made the point that there in an information asymmetry at the point of care in Australia. There should be more conversations between consumers and health professionals and we should take a co-design approach to improve patient outcomes and create better experiences. Another challenge Ms Wells discussed was the information overload versus low levels of health literacy. She argued for the importance of having appropriate information available for consumers.

Plenary 2: Sustainable systems

Sustainable systems explored initiatives and processes in terms of cost, benefit, access, investment and innovation in an increasingly competitive health environment. Sustainable systems asked where are we getting it right? Where is there scope to improve? How can we take what we know and apply it to other areas?

Creating synergies not silos: collaboration to effect change

Multiple initiatives seeking to improve quality of care provide a wealth of information to draw upon, but without dedicated processes to share information the risk is that opportunities for synergy are missed. This session sought to break down the silos between initiatives and draw out:

- opportunities to align initiatives for greater benefit
- barriers to collaboration
- the role of communication
- defining what success looks like.

Dr Rachel David, CEO, Private Healthcare Australia, argued that private health insurance is under unsustainable cost pressure due to issues such as rising hospital costs, medical specialist gap cover, medical devices, allied health reimbursement and premium increase. The private health insurance review currently underway aims to make the sector more competitive, sustainable and affordable for consumers, objectives shared by health funds. Future opportunities include advancing the system of community rating, moving to a prospective risk equalisation system, and investing in chronic disease management and preventive care programs.

Prof Guy Maddern, President, HTAi. Prof of Surgery; Head of Discipline, The University of Adelaide and Head of Research at the Basil Hetzel Research Institute of the Queen Elizabeth Hospital, questioned whether MBS items coming onto the market are sufficiently evaluated. He raised the issue that health technology assessment in surgery is often not as good as in medicine. In order to ensure surgery remains sustainable, it is important we utilise data more effectively and learn to evaluate technology. In addition, we should resolve outstanding issues with telehealth, electronic medical records, and robotic surgery before widespread implementation.

Dr Steve Hambleton, Chair, Primary Health Care Advisory Group, talked about how all the current reviews interrelate and are important to strengthen the healthcare sector and remove existing silos. He further explained that in order to achieve effective health system reform, we need support from the professional, political support and investment in healthcare. Patient centred care is essential because the more chronically diseased you are, the more difficult it is to navigate through the system.

Dr Andrew Knight, GP and NPS MedicineWise Director, argued that we need to move towards a shared vision of healthcare. Based on best international practice, we can outline some elements of successful health systems:

- strong and effective primary care, which is centred around the patient, coordinated and integrated, comprehensive, accessible, and committed to quality and safety
- seamless connections across levels of care
- health pathways
- building relationships and communication channels
- utilising data to measure outcomes.

Risk avoidance is the enemy of innovation

This debate provided a space for speakers and audience to engage in a robust exchange of ideas. Speakers presented their view on balancing need for new medicines and technologies with safety and quality, explored the basis for managed (accelerated) market entry of new health technologies, risks and benefits, and successes and challenges.

Michael Wonder, Independent consultant and creator of MAESTrO database, argued that there is high consumer demand for pharmaceutical innovation and earlier access to treatment. National regulators and payers are increasingly under pressure to take greater risk and provide earlier access to medicines. The challenge is that new medicines coming onto the market earlier have immature clinical data and higher prices. It is therefore important to make prudent and increased use of managed entry schemes, in addition to providing patient and community education.

Dr Tony Gill, Principal Medical Adviser, Therapeutic Goods Administration (TGA), argued that appropriate risk avoidance can actually assist innovation. It is important to keep in mind what the appropriate amount of risk is for the benefit, particularly as there will always be a bit of risk involved. To manage risks and increase our understanding of the severity and rate of adverse events, we need good, long term safety and efficacy and have better post market surveillance. True innovation will occur when safety and efficacy is backed up by scientific study.

A/Prof Michelle Meyer, Assistant Prof of Bioethics at Clarkson University and Director of Bioethics Policy in the Clarkson–Icahn School of Medicine at Mount Sinai Bioethics Program, USA, talked about two concerns she had with untested interventions. One is the potential of adverse outcomes for patients and the other is that these interventions may turn out to benefit patients, in which case limiting access results in bad outcomes. Hence, there is no risk-free position to take. The policy question becomes how we balance risks and potential benefits across stakeholders and whether we should give patients a choice in how much risk they are willing to assume.

Prof Andrew Wilson, Chair, Pharmaceutical Benefits Advisory Committee, was of the opinion that good risk avoidance practiced by health professionals and the pharmaceutical industry does not necessarily stifle innovation. Prof Wilson was worried about the move to early entry programs, in effect a shift of risk management to the patient, which could come at the expense of society and future patients. The role of the regulator and funder is important to manage risks and assess the benefits to the broader community. Appropriate risk avoidance creates an environment of trust, allowing for more innovation.

Plenary 3: In practice

In practice explored system implementation, considering models of care, health literacy and how to enable best practice. With innovation comes practical as well as ethical considerations. This session explored decision making by consumers and clinicians, looked at emerging technologies and interventions that support better choices, seeking to discover how we can move from ‘consumer centred’ to ‘partnering with consumers’.

New technology and changing perspectives: genetic testing for the greater good.

Dr Bruce Carleton, Prof and Chair, Division of Translational Therapeutics, Department of Pediatrics, University of British Columbia, Canada, spoke about pharmacogenomic testing and his work with the Canadian Pharmacogenomics Network for Drug Safety (CPNDS) which was set up to look into the genetic basis of why adverse drug reaction occur and in whom the risk of harm is greatest before drug therapy begins. The network asks if we should accept and expect known side effects, particularly in the use of high-dose, potent drugs used to prolong life or whether we should try to find solutions to these problems before patients experience them.

In its early work, for example, the network discovered a gene that protects against cardiotoxicity from the most commonly used class of medicines in pediatric oncology (anthracyclines) and two gene variants that put patients at four and five times the risk of cardiotoxicity from these same drugs. They can now profile patients and place them into risk groups using both the protective gene, reducing risk, the risk genes, which increase risk, and clinical factors known to increase the risk of harm. The Network is now using these genomic biomarkers to tailor therapy for individual patients to help in therapeutic decision making and improve outcomes.

He explains that there are four phases to his work:

- discovering genetic variants
- replicating these to understand how generalisable the findings are
- validating the findings in order to understand the mechanistic basis of the reaction
- translating the findings into practice and making the testing accessible to as many patients as possible.

Prof Carleton argued it is important to not just report adverse drug reactions, but actively find them and do pharmacogenomics studies to better understand the heterogeneity of drug response. This is especially the case while we improve drug access in developing nations where drug response may differ substantially due to human genetic differences. We need to monitor drug therapy outcomes and find solutions to drug safety problems.

Who decides and at what cost?

Who decides about these questions surrounding new technologies and at what cost do they come is the question **Prof Rob Sanson-Fisher,** Laureate Professor, School of Medicine and Public Health, University of Newcastle, explored by looking at the Institute of Medicine, (IOM) a prestigious group in America representing the views about what we should be doing about health care costs. Prof Sanson-Fisher explained the impact on the synopsis of who decides and at what cost for each of the six IOM domains:

- patient centred care
- equitability
- efficiency and avoiding waste
- timely
- efficacy
- safety.

In conclusion he suggested extra emphasis on asking patients about their prognosis, their physical and emotional status and to think through and talk with them about end of life care.

He also advocated for a more forceful and effective way of the current variation in care that we provide across geographical locations and between clinicians and more strategic research in designated areas where we think it will make a significant difference. We need to educate both healthcare providers and people in the community about the need for doing forward planning.

Bioethics in the context of innovation

A/ Prof Michelle Meyer, Assistant Professor of Bioethics, Clarkson University; Director of Bioethics Policy, Clarkson–Icahn School of Medicine, Mount Sinai Bioethics Program, USA, introduced the concept of a cognitive illusion, the AB illusion, about the way that we conceive of both learning activities, for example research, and on the other hand the status quo, or the standard of care, for implementing learning healthcare systems.

Using lessons from two case studies from social media, she suggested that people have a mental model of research as being inherently risky, dangerous, uncertain and requiring explicit individual consent. On the other hand, there seems to be a mental model of the status quo that it is effective, safe and certain and that these are policy or business decisions that are appropriately made, unilaterally, without collective discussion or individual consent.

A/Prof Meyer argued that successful healthcare systems are ones where communities receive their care from the same people, time after time, and feel as though they know and trust that entity. Through good empirical research about people's mental models of the status quo, particularly in healthcare and research, we can increase transparency and improve communication.

Plenary 4: In practice (continued)

Decision making in the real world

What influences the decisions of healthcare consumers, how can health professionals become better informed to make better consumer decisions?

Prof Kirsten McCaffery, Director of Research, NHMRC Career Research Fellow, Sydney School of Public Health, The University of Sydney, explored the concept of health decision-making and how healthcare professionals can make it easier, how can we help people make good decisions, in shared decision making context what are the barriers and what are the facilitators? Prof McCaffery explored health literacy as both a barrier due its prevalence and facilitator if it is improved and supported with evidence based methods, good practice guides and testing information with targets samples and to be conscience of culturally and linguistically diverse populations and education levels.

Assoc Prof Julie Leask, Associate Professor and social scientist, School of Public Health, The University of Sydney, looked at decision-making and media influence in controversial issues. Using the anti-vaccination messages as examples where despite the poor evidence they still manage to have effects on health. Assoc Prof Leask explored this concept in the context of the science of communication i.e. how consumers receive and react to vaccination messages, such as accepting, hesitating, and rejecting vaccines. These reactions were moderated by underlying beliefs, experiences and values. She introduced the SARAH package for health care professionals (Support and Resources to Assist Hesitant parents with vaccination) which helps healthcare professionals address the vaccination questions and concerns of parents and is informed by health professionals, parents and communication science.

In conclusion, she argues people can be influenced by the media and the internet, but context matters. Health professionals are still influential and trusted, but can also be influenced by media. She argues that healthcare professionals need to recognise their own emotional reactions when parents reject vaccination, stay up-to-date with their vaccination knowledge, and use communication and health literacy guidelines and use target samples to test messages.

Dr Google – the engaged patient and how to engage patients more

When patients are more engaged with managing their own health they have better clinical outcomes. We are entering a new era of patient engagement in health. This session focused on how we can harness the benefits on offer from the digital evolution to better engage patients in managing their own health.

Tim Kelsey, technology expert, futurist, consumer advocate and international perspective, formerly National Director for Patients and Information, NHS England, talked about his work on Doctor Foster, an NHS led information service of quality in healthcare. He talked about the challenges in developing strategies to improve patient centricity for health services and creating more engaged patients. He concluded that we should take advantage of new technologies, make better use of consumer data and allow consumers to visualise and engage with their own data.

Ben Fielding, Partner, Deloitte Touche Tohmatsu, explored the possibility of reimagined healthcare around themes such as technological disruption, consumer behaviour and global trends and how these interact with healthcare. Exploring all three of these themes Fielding makes a strong case for being bold and challenge the way things thing have traditionally been done.

Assoc Prof Jane Burns, CEO, Young and Well, highlighted the challenge of mental health awareness and the implications technology and the internet and recent innovations can have on mental health care in the 21st century. She argued that many of these developing and existing technologies have been and can be successfully used in their treatment such as smartphone apps and activation games.

SUMMARY OF CONCURRENT SESSIONS

1.1 Managing the challenges and opportunities of breakthrough therapies

Dr Prudence Scott, Therapeutic Goods Administration, discussed the challenges and opportunities surrounding information in approved clinical trial results, and how this is communicated between patient and doctor. There is a need for a new drug testing model that has been rationally designed to target mutation, as well as focus on efficacy, safety and confirmation. In addition, we need to implement systems that capture big data, such as an electronic medical records, to better analyse and report on the behaviour of prescribed drugs.

1.2 Using smartphone-enabled evidence-based clinical decision rules to choose imaging wisely

Prof. Stacy Goergen, The Royal Australian and New Zealand College of Radiologists, discussed the RANZCR CDR Smartphone app which is designed to streamline the Clinical Decision Rule process into an easy to use app. It was created to keep clinical decision making to the consultation room through in app CDR questions, minimising time spent on complicated forms, lessening our reliance on medical imaging, and ultimately increasing patient care effectiveness.

1.3 Enhancing Australia's post-market surveillance system for medicines and medical devices

Dr Nicole Pratt and **Louise Bartlett,** University of South Australia, explored the need to improve the available knowledge accessible and applicable to existing medicine and medical device post-marketing surveillance in Australia. Dr Pratt discussed her four-arm approach to post-marketing surveillance of medicines through signal detection, health outcomes, monitoring and capacity building; and emphasised the importance of building on existing practices to increase available research results. Both concluded that this will allow for the industry to have access to and a better understanding of these medicines, influence changes to policies, practice and how medicines are subsidised, and ensure continued equality of access.

1.4 Adverse drug reaction reporting – at every level of care, are we meeting our responsibilities in Australia?

This panel discussion - led by Jane Booth - examined Adverse Drug Reaction (ADR) reporting and pharmacovigilance in Australia, how we compare to other countries, as well as areas of needed improvement and success.

Claire Keith, Austin Health, spoke about the enormous rate of variation from hospital to hospital of ADR reporting. She mentioned how in 2015 Austin Health in Melbourne reported 214 ADR reports however in 2014 the TGA reported over 2000 submissions. Claire questioned how her institution could be submitting 10 percent of reports.

Megan Arnold, Calvary Public Hospital Bruce, explained how some institutions have driven high rates by providing education for staff and overseeing within committees and governance structures. In addition, there is a wider circulation of reports reaching not just the ADR group but Patient Safety, Medication Safety and Practice Safety. It is more likely that clinicians will identify patterns with a greater number of them seeing the same reactions. There is a definite push for electronic based reporting as it will improve efficiency.

Dr Richard Hill, Therapeutic Goods Administration (TGA), backed the previous comments, advising that ADR reporting by GPs is steadily declining and at already at a low rate and the mechanisms and practice systems for reporting can be an arduous barrier.

Debbie Rigby, NPS MedicineWise DR Pharmacy Consulting Pharmeducation, spoke on the imperative need for pharmacovigilance in ADR reporting with new drugs coming to market earlier, increasing the drive for safe and effective new medicine usage. She also concluded that a lack of sufficient ADR reporting comes from accessibility to these methods of reporting for medical practitioners and consumers.

David Woods, New Zealand Formulary, spoke about the need for a clear distinction made between reporting and recording ADR's. All patients' medical records must have their history of adverse drug reactions recorded. There is a real concern regarding the lack of clinical governance and the quality of recording ADR's in patient records, and this is leading to unnecessary avoidance of medicines. He also expressed the need for a stronger diagnostic criterion to an ADR or an allergy to support this with decision algorithms, and to increase education on ADR reporting.

1.5 Pitch Presentations

Using morbidity burden data to prioritise medication-related quality of care (MRQoC) indicators for Australian residential aged care

Jodie Hillen, University of South Australia, questioned whether the vulnerable and complex population in residential aged care receive good quality of care in respect to medications. Medication-related clinical indicators were compared to disease burden information from ACFI data. This methodology had some advantages in mapping high burden areas, however geriatric conditions are generally not recognised.

Community antimicrobial prescribing – the case for tailored guidelines with universal free access

Angus Thompson, University of Tasmania, spoke about priority action areas in regards to antimicrobial resistance in Australia. There is a pressing need for locally tailored, sector specific, freely available, evidence-based guidelines and resources to assist in highlighting where antibiotics are needed and not needed. He elaborated on the success of a guideline document produced with GP consultation - which is being used by 70% of GPs - and the positive impact it has had on antibiotic choice, frequency and duration.

I need signed approval to prescribe my patient iron tablets? You've got to be kidding!

Sophie Higgins, Central Australia Health Service Primary Health Care, described the problem caused by the elective de-listing of OTC from the PBS and the possible options for remote Northern Territory communities to cope with a $60,000 deficiency. It was argued that access to PBS medicines became a complicated process with health centre staff acting as an intermediary. It was suggested to look at Northern Territory level PBS substitution data, collect information about potential consequences, and put forward an economic case to the PBS to reduce the administrative intensive process for doctors and pharmacists.

Comparison of the use of prescription and non-prescription medicines between baby boomers and older adults

Bee Leng Per, University of Adelaide, presented a descriptive study of the increasing use of prescription and non-prescription medicine used by the Baby Boomer Generation. It was argued that patients and health practitioners should monitor non-prescription medication history to avoid potential drug interaction and adverse events. Analysis at the specific medicines level was suggested to provide further information about the appropriateness of complementary medicine.

2.1 Getting the most out of Choosing Wisely

Getting the most out of Choosing Wisely.

This panel discussion - led by Kay Price - explored initiatives and processes in terms of cost, benefit, access, investment and innovation in an increasingly competitive health environment.

Amy Corderoy, Journalist, introduced Choosing Wisely and noted that there is a global push for this campaign.

Dr Robyn Lindner, NPS MedicineWise, elaborated on the themes of the campaign, advising that it aims to increase communication between clinicians and consumers about what is necessary, reduce inappropriate care and raise awareness of unnecessary treatments and/or procedures. It is a clinician-led initiative which seeks to become a social movement and achieve a cultural shift using recommendations from clinicians and resources for consumers.

Dr Yusuf Nagree, Australian College of Emergency Medicine (ACEM), discussed how the Australasian College for Emergency Medicine uses Choosing Wisely. Through the initiative emergency physicians identified pressure points and big issues, and were able to initiate positive change in protocol.

Dr Simon Judkins, Austin Hospital, spoke on the usefulness of these protocols, advising they limited unnecessary procedures and imaging. Protocolisation of pathways adds to over-diagnoses and over-ordering.

Dr Andrew Knight, GP and NPS MedicineWise Director, considered Choosing Wisely from a GP perspective and identified that the three key areas where Choosing Wisely has strength is in empowering peers to work collaboratively on behavioural change, prioritising focus points to improve upon, and creating conversations in the waiting room, public discourse, and between GPs and patients.

Dr Sue Andrews, Health Care Consumers Association, reiterated the importance of effective communication as it is hard for patients to engage in medical discourse when unwell. It was concluded that this will lead to safe and quality care, better health outcomes and effective use of our healthcare dollars.

Prof Stephen Jan, The George Institute for Global Health, expressed the need for a multipronged approach to evaluating the Choosing Wisely program, involving monitoring and continual feedback.

2.2 Reinvigorating the regulation of therapeutic goods advertising to consumers

This panel discussion focused on reviewing the regulation of Therapeutic Goods Advertising (TGA) to consumers and also discussed responses to the Samson Review.

Dr Ken Harvey, Monash University, introduced the Therapeutic Goods Advertising Code and its framework under World Health Organisation codes, and indicated that it was currently underpinned by legislations. The most adverse issue is with regulation as the TGA has limited resources so it cannot perform pre-market assessment and also has limited post-marketing reviews. It was concluded that legislative change is urgently needed, as expressed by the Samson Review, to give TGA and other bodies the penalties needed to effectively manage therapeutic goods.

Dr Barbara Mintzes, University of South Australia, elaborated on the Samson Review and recommended that a publicly accessible catalogue of approved ingredients for use in listed medicinal products should be created. It was also recommended that sponsors need to publish evidence to support indications that their products work and they utilise independent assessments. It is imperative that we enabling the TGA to refuse to list products that have the potential to undermine Australia's public health efforts.

Dr Agnes Vitry, University of Sydney, spoke on the components of effective regulation in regards to the Samson review, and the making of therapeutic claim monitoring an enforcement priority for regulators. It was proposed that the following tools should be used by regulators: enforcing coercive advertising orders and fines for products that break TGA codes, online monitoring of websites, the creation of a therapeutic claim expert committee to manage and archive complaints and the promotion of closer liaising between TGA and ACCC.

2.3 Improving quality use of medicines by older Australians: outcomes of a national stakeholders' meeting and development of a strategic plan

Sarah Hilmer, Royal North Shore Hospital, **Aine Heaney**, NPS MedicineWise, and **Associate Professor Simon Bell**, Monash University, spoke on the urgent need to address polypharmacy and multi-mobility in an aging Australian population. To achieve a strategic goal of 50% reduction in harmful or unnecessary medicine over five years we must take seven main actions: update policies, provide multidisciplinary patient-centred pharmaceutical care, collect and monitor data, provide incentives for optimising quality, provide education to healthcare practitioners, raise consumer awareness and communication, and ultimately develop a National Strategic Plan for research.

2.4 General Practitioner Antimicrobial Stewardship Programme Study (GAPS)

Dr Minyon Avent, University of Queensland, spoke on a QLD-based, randomised trial to assess if implementing an integrated and multifaceted package of interventions reduces antibiotic prescribing for acute respiratory infections in general practice. These interventions included delayed prescribing, patient decision aids, communication training, a patient information leaflet, commitment to a practice prescribing policy for antibiotics, and near-patient testing with C-reactive protein. Preliminary quantitative data indicated a reduction in antibiotic prescribing in practices in the intervention arm. It was concluded that these results will help in designing policy and programs for broader implementation.

2.5 Pitch Presentations

Medicines access programs to cancer medicines in Australia and New Zealand

Dr Agnes Vitry, University of South Australia, presented on the topic of Medicines Access Programs (MAP) for new and unfunded cancer medication that exist in Australia and New Zealand. While most stakeholders agreed that there is benefit in these programs, there is inequality in access and cost sharing and a lack of clinical monitoring and transparency. The panel and audience discussed problems and issues associated with these programs and concluded that they represent lost opportunities to collect efficacy data, as well as potentially threaten recruitment for randomised control trials.

Is it time for PBAC to take the 'long-view' of evergreening? The case of SNRIs in Australia

Mr Angus Thompson, University of Tasmania, presented on the issue of 'evergreening' for economic advantage and explored the economic impact on the PBS due to windfall from parent drug expiry. It was argued that we need alternative approaches to cost minimisation if we cannot remove evergreening products entirely. These included introducing therapeutic group premiums to dissuade prescribers from using a drug unless absolutely necessary and introducing streamline restrictions in which evergreening products can only be prescribed if a patient meets certain criteria. The potential savings to the health system would be substantial.

Improving drug safety assessment

Dr Adam La Caze, University of Queensland, argued the case for rethinking how evidence in drug safety is assessed. The presenter spoke about two different approaches to evidence amalgamation: the method-focused approach (which is currently prioritised) and the causal-focused approach. The method-focused approach works well for assessing efficacy evidence but the presenter argued has under-recognised limitation for assessment of drug safety. Mechanistic evidence in the causal-approach should be given more weight, particularly for idiosyncratic interactions.

Challenging confidence in vaccine cold chain monitoring in remote Australia

Angela Young, Alice Springs Hospital, spoke about the current challenges in maintaining and monitoring the vaccine cold chain in remote North Territory. Current practice using both batch monitoring and unit monitoring has limitations and huge potential costs, particularly related to picking up multiple points of temperature variation and measuring against potential wastage. Different available options were discussed, such as portable refrigerators or collaboration with CDC. However lack of cost and investigation as well as the logistics of specialised box transportation have prevented any change. Recent events in an urban hospitals and temperature damage to other medication types highlight the importance of work in this area.

2.6 Teaching and assessment of prescribing competence: how should we link theory and practice?

Prof Lisa Nissen and **Lynda Cardiff,** Queensland University of Technology, discussed an opportunity to review how we appropriately train new prescribers. This was framed around the Health Professionals Pathway and research from the ASPRINH Assessment of Prescribing in Health Project. There is a need for a multifaceted approach to fix these problems as prescribing is complex and has a high rate of multifactorial error. The difficulty in assessing prescription, whether it is appropriate to test and the challenge of trying to teach critical reasoning was also discussed. It was concluded that prescribers are competent - however you need to assess the

environment in which they learn and adapt to specific professions being perused, as competence versus performance differs within specialties.

3.1 Medication and mental illness: how consumer experiences can improve clinical practice

This panel discussion - led by Kay Price, NPS MedicineWise Director, - aimed to elevate the voice of the consumer in relation to medicines and mental illness. The panel spoke on a paper they worked on which outlined the consumer and carer perspective of psychotropic medicine use.

Danielle Keogh, Mental Health Commission of NSW, discussed six key themes the paper uncovered: medicines cannot be a one treatment option, prescribing takes place within a health system experiencing challenge, consumers or carers feel ignored or dismissed by clinicians, medication costings are onerous and significant, medications often have serious side effects both short and long term and ultimately that medicines helped consumers to stay well. She then led a focused discussion on the significance of communication between consumers, carers and those treating mental illness.

Judith Mackson, NSW Ministry of Health, approached the discussion by exploring a pharmacists' role in improving medicines. This can be achieved through creating dialogue between treating doctor and the consumer about goals of the therapy, weighing up potential harms and seeing they were actually discussed. The opportunities surrounding digital medical records were also discussed in relation to establishing appropriate or acceptable medication regimes.

Michael Tam, Fairfield Hospital; University of New South Wales, spoke on the importance of communication for GPs, particularly in situations where persons living with mental illness are seeing the public health unit and/or a private psychologist. Decisions need to be communicated back to the patients' GP as well as the patient to establish appropriate or acceptable medication regimes. In addition, the orientation towards wanting medicines to work has led to medicines being used as an option earlier on, ignoring the lived experience of side effects. Medicines should be a part of the suite of treatment, but may not be the best first line defence.

Jen Aboki, Partners in Recovery; mindgarden.me; consumer, expressed that she had experienced a predominant trend towards disregarding patient concerns and feelings, stemming from a lack of empathy from clinicians. It was commented that it is rare to experience positive communication between patients and health officials, but when this does occur it creates trust and the results are extremely positive. In addition, diagnosis for medicinal treatment is based on symptoms, which leads to a mentality that everything can be cured and deniability of ownership on the individual.

3.2 Absolute cardiovascular risk: are we missing the target?

Natalie Raffoul, NPS MedicineWise, Natalie Raffoul, introduced **Dr Andrew Boyden,** NPS MedicineWise, who led this panel discussion on some of the issues surrounding the use of cardiovascular risk assessment for the management of cardiovascular disease.

Prof Emily Banks, Australian National University, identified key areas of disparities in cardiovascular disease such as disadvantaged groups and Aboriginals and Torres Strait Islander communities. Her recently published research was discussed, which identified that one-fifth of the Australian population aged 45-74 were estimated to have high absolute-risk of a future cardiovascular disease event. The results raised concerns about a lack of GP absolute-risk calculation and appropriate management. It was concluded that we need to raise awareness amongst the general population under 45-years-old about cardiovascular risk screening.

Prof Mark Nelson, Menzies Institute for Medical Research, explored this notion of risk in terms of relative versus absolute risk. It was expressed that cardiovascular risk to patients needs to be individualised, with Australian guidelines seeing success in adopting the five year risk estimates as this is more impactful and relevant to younger adults. The importance of opportunistic prevention based on epidemiological evidence was also discussed.

Kristen Anderson, University of Queensland, spoke about community pharmacies and the importance of using them as starting points to raise consumer awareness to cardiovascular disease risks.

Nerida Packham, NPS MedicineWise, spoke about risk perceptions for the average person and the significance of explaining the modifiable and non-modifiable risk factors of cardiovascular disease.

Rohan Greenland, Heart Foundation, identified barriers for general practitioners in increasing awareness of cardiovascular disease risk. It was noted that there is opportunity for a government funded incentive for integrated health checks (absolute-risk assessments and diabetes kidney checks combined) through quality PIP incentives.

3.3 Electronic requests with decision support for diagnostic imaging

Winston Liauw, NPS MedicineWise, led this panel discussion on electronic request decision support for diagnostic imaging, and the practicalities of introducing this application to general practitioners.

Dr Roger Sexton, NPS MedicineWise, spoke on the development of new electronic request decision support applications. The ideal properties of this application seamlessly integrate into already busy clinicians' workflow, allow clinical autonomy, an override function, and the ability to facilitate audience behaviour and patient engagement in imaging decisions. Results saw positive impressions from GP's, who found the application useful in facilitating diagnostic imaging requests and staying up-to-date with information. For future development they want to expand the number of pathways, make it more comprehensive, improve user interface, and ultimately integrate with other software.

Prof Kirsty Douglas, Australian National University, debated that it is hard to tell if electronic request decision support applications would be good to implement, as GP's already have extremely limited time and space for more applications.

Prof Richard Mendelson, WA Health department; University of Western Australia; Notre Dame University, expressed that although the application was not perfect, it was the gold standard in decision support.

Prof Robert Sanson-Fisher, University of Newcastle, spoke on relationship between GP's and these guidelines and applications. It was argued that they are disinvested due to time pressures and guidelines would not be a priority in practice. It is imperative we establish that the utilisation of the systems will improve quality of care. In addition, radiologists are bad at looking at patient outcomes as it is difficult to do randomised controlled trials and hard to chase up patients as they depend on GP's to follow them up. It was concluded that there needs to be some sort of audit system looking at specific indications to improve these relationships.

Adj Prof Stacy Goergen, The Royal Australian and New Zealand College of Radiologists, continued the statement that any implemented system has to be designed with end user involvement and that GP's time restrictions be considered. Existing systems have forgotten about the clinician experience and patient preference, which can result in potential conflict between patient-centred medicine and adherence to clinical practice guidelines. Other issues discussed were centred around the tyranny of distance corrupting guidelines because of geographical inconvenience and no decision support tools being given the option of 'no imaging required'.

3.4 Teaching health literacy to disadvantaged adults: what do educators think?

Dr Suzanne Morony, The University of Sydney, **Mary Johnston**, Marrickville Health Centre, and **Prof Kirsten McCaffery**, University of Sydney, spoke on the 'Living Literacy' research program and its significance, as low literacy levels are associated with poorer health outcomes. The research program aimed to increase health literature and shared decision making, improve language and numerical and cognitive skills.

Challenges included a rushed program due to TAFE restructure, mobile population, some colleges refused randomisation, and the assessment being viewed as test and deemed overwhelming for students, resulting in the creation of a simplified test which may have impacted results. The preliminary results and six month data indicated some significant changes in confidence talking to and understanding health practitioners and medicine labels. The positive outcomes create opportunities for other organisations to get involved.

3.5 Short Presentations

PalliAGED: an app for general practitioners supporting older Australians with a life-limiting illness

Paul Tait, Flinders University, described the process of creating the palliAGED app for GPs. Its creation stemmed from growing pressure on health care systems, including palliative care, from an ever increasing aging population. Key project focus surrounded technology and engaging with a suite of resources to help engage GPs. The palliative approach tool kit was designed to give very specific and directive clinical advice. In addition, their research indicated that smartphone apps are practical and useful in extending the reach of different projects and guidelines.

Implementation of medication-related indicators of potentially preventable hospitalisations in a national chronic disease management program for older patients with multimorbidity

Dr Gillian Caughey, University of South Australia, outlined the pilot study taken to identify suboptimal patterns of care prior to hospital admission for the two to three percent of medicine related admissions per year. The study developed indicators that identified suboptimal patterns of care prior to hospital admission through collaboration with the national chronic disease management program. Once developed, these indications were implemented within clinical practice, and the most commonly identified indicator was in older patients who were receiving two or more medicines; as approximately 60 percent had potentially suboptimal care resulting in hospitalisation.

Reducing inappropriate use of multiple medicines in older people: development and evaluation of a communication tool

Dr Jesse Jansen, University of Sydney, spoke on the Medicines Conversation Guide - a program developed to engage pharmacists and patient in communication about the patient's experiences, priorities and goals with poly-pharmacy. It was developed in response to evidence that there is inappropriate use of poly-pharmacy in older people and a need to increase communication between patients and pharmacists. Results have found that although some questions may be too long the guide itself is useful in that it helped some patients gain deeper understanding of their medications. This indicated the importance of thinking about how we can have discussions within the home medication reviews about peoples' medications, in the context of their general health, wellbeing and goals.

A clinical pharmacy service to improve medicine use and safety for community nursing clients

Dr Rohan Elliott, Monash University; Austin Health, discussed the development of a new model to address poly-pharmacy management in older people and fill in gaps created by the existing HRM for the Royal District Nursing Service. Community nurses are working in a very challenging and isolating environment with limited medication management support and poor access to clinical or consultant pharmacists. The newly developed model incorporates direct client care and involves pharmacists in home visitation alongside nurses to achieve medication reconciliation. The results were positive, with nurses feeling the service gave them more confidence and education. GPs reported improvements for their patients and the clients were highly appreciative especially if these joint visitations resulted in a simplified medication regime.

3.6 Pitch Presentations

Targeting patient opioid literacy

Sunita Goyal, Accident Compensation Corporation New Zealand, spoke on research taken to combat minimal evidence of opioid use efficacy for long term chronic pain. This issue is currently combatted predominantly at a clinician level through guidelines, newsletters and the Atlas of Variation. It was argued that this area needs more research but can potentially find resolve through adult education, motivational interviewing, and changing societal perceptions of chronic pain management. Additional alternatives suggested were teaching acceptance in patients and working with Oxford League Tables.

How do we create consumer directed medicines support?

Jane London, NPS MedicineWise, spoke on a pilot based on New Medicine Service. Evidence shows that patients develop problems with new medications quite quickly and in turn become non-adherent to long term therapies. This new model sees patients participating in one-on-one consultations with pharmacists one to two weeks after picking up medication. This assists in identifying medication problems and providing individualised support. Any extra concerns can be referred back to GP. The support service can be tailored to target patients more specifically through phone calls and online materials. It was concluded that this will facilitate the building of literacy and understanding of the importance of long term therapy adherence.

Is Australia ready for managed care?

Dr Henri Becker, KMP, spoke about implementing the US model for managed care in Australia. Early intervention is critical to prevent overuse of hospital resources by the five percent of patients over 65 who use approximately 45 percent of these resources. Home intervention means the patients will have access to care and education towards early signs of decompensation. It allows for a well-managed routine and maintenance intervention while addressing risk. It was concluded that if we understand and quantify risk better we have an opportunity to orient our services more appropriately, and prevent unnecessary hospitalisation.

Forward dispensing model in community pharmacy in Australia: an exploration of pharmacist, intern and customer perfections and experiences

Dmytri Nikolayev, Terry White Chemists, The discussion focused on the Forward Dispensing Model and customer, intern and pharmacist perceptions and experiences. A series of interviews were conducted, focusing on interpretation of patient centred care, pharmacist accessibility and how it affects pharmacist/customer relationships and time and efficiency of pharmacist/customer interactions. It was concluded that the main advantage of the model in community pharmacy was increased pharmacist accessibility and interaction with customers. Customers felt this model allowed for better access to pharmacists - but only when they believed this interaction was necessary. Further research might be needed to explore what difference this model might provide to specific customer oriented outcomes.

SUMMARY OF LIGHTNING TALKS

Asia Pacific quality use of medicines scholarship winner - Malaysian generic market: challenges, opportunities and the future

Zhi Yen Wong, Ministry of Health, Malaysia - winner of the Asia Pacific QUM Scholarship - spoke on the generic medicine market in Malaysia, and challenges the Ministry of Health is facing. As Malaysian pharmaceutical expenditure continues to rise, various policies have been implemented

to improve the knowledge and use of generic medicine. The government is being urged to formulate strategies to monitor the stage of policy implementation of generic medicine as there are still major barriers to overcome, such as parent clustering, market competition and misconceptions of its safety, quality and efficacy. The Ministry has set up a plan of action with other healthcare stakeholders to monitor the stage of implementation of the generic medicine policy. The implementation of generic medicine policy requires collaboration and communication between all stakeholders.

Biosimilars – experiences from statewide implementation

Lisa Robertson, SA Pharmacy, discussed biological medicine and biosimilars in relation to the economic savings from the emerging biosimilar market. There is a potential for savings of 20-40 percent with biosimilars, compared to 90 percent from generic medicines. The differences in savings are due to complex manufacturing requirements, increased research and regulatory requirements with biological medicines. A review and assessment of three biologicals was examined with one biological seeing a saving excessive of $2 million post review. Individual consideration and review is essential before conversion to biosimilar agents. It was concluded that implementation of biological medicine should include strategies to ensure patient care is not compromised in the changeover period.

Targeting the use of diagnostic tests for new presentations of fatigue in primary care

Dr Scott Dickinson, NPS MedicineWise, spoke on the NPS MedicineWise program and its effectiveness on diagnostic tests for new presentations of fatigue and primary care. This educational visiting program will reduce unnecessary ordering of diagnostic tests by GPs for fatigue. NPS MedicineWise Clinical Services Specialists visited approximately 7000 GPs across Australia and assisted them in utilising three core objectives from the NPS MedicineWise program: increasing GP awareness of therapeutic guidelines, increasing GP use of clinical assessments and reducing unnecessary medical testing. Pre and post surveys have shown short term impacts of 14 percent improvement, and online surveys have indicated six percent of GPs have already changed their practice and 32 percent intend to change.

Disclosure of industry-funded events for health professionals: the Australian experience

Dr Alice Fabbrii, The University of Sydney, presented the preliminary results of a study on disclosure of industry-funded events for health professionals. It was uncovered that there are threats to patients' safety and spiralling healthcare costs due to relationships between health professionals and pharmaceutical industries. Since 2007, Medicines Australia has requested its members provide detailed reports on each educational event targeting health professionals. The study has illuminated that pharmaceutical companies spent $84 million just in the provision of food and beverages for health professionals in the past 4 years, which may influence medical practice and irrational prescribing habits. Medicine Australia has adopted a new code of conduct which will improve transparency, however it will obscure these food and beverage figures as it will eliminate the requirement to report on this if a company only provides hospitality for an event.

Disinvestment and value-based purchasing strategies for pharmaceuticals: an international review

Dr Bonny Parkinson, Macquarie University Centre for the Health Economy, spoke on a project that reviewed how decision makers have partially or completely disinvested from drugs in OECD countries where drugs are publically funded. The project explored different types of disinvestment strategies and the two key approaches used to disinvest; passive disinvestment and active disinvestment. Other types of disinvestment strategies were identified as being more likely to be used and successful, such as restrictions on treatment and price or reinvestment rate reductions. The threat of delisting makes manufacturers more immutable to these other approaches resulting in disinvestment proving to be temporary. Any disinvestment strategy requires a mix of active and

passive methods, a great criteria for prioritisation and selecting candidates, strong stakeholder management, and a mix of monetary, incentivised and encouragement methods.

Getting medicines right when you are living with dementia

Ellen Skladzien, Alzheimer's Australia, spoke about a need to accurate medicine usage for people living with dementia. 80 percent of residents in aged care are given psycho-tropic medications as a first line defence for dementia which often is not the most effective approach. Alongside the National Quality Dementia Care Initiative and NPS MedicineWise, a document was created that set out evidence around the use of psycho-tropic medications. They developed a medicines-and-dementia consumer campaign based on the notion of changing both doctors and consumers behaviour. The resources in the toolkit provided tips for medication management, provided consumers with the correct questions to ask and showed other options to manage distressed behaviour. The toolkit empowered consumers to be informed and make good decisions

Optimising registered nurse and midwife prescribing opportunities

Karen Bettenay, Queensland University of Technology, examined optimising registered nurse and midwifery prescribing options. Practice and professional standards for both professions were mapped against the performance criteria in the prescribing competencies framework from two major publications: the ‘health practitioner prescribing pathway’ and ‘NPS MedicineWise prescribing competencies framework’. This study highlighted significant gaps in the prescribing capability of registered nurses and midwives, with 38 percent of criteria not identified in any of the standards applicable for a registered nurse, and 50 percent of criteria not identified for midwives. It was concluded that to extend the prescribing authority for these two professions we need to align the undergraduate curriculum and accredited training programs with the prescribing competencies framework.

Raising patient awareness and encouraging their commitment to talk to their doctor assists uptake of recommended health services

Natalie Blacker, University of South Australia, discussed raising patient awareness and encouraging patient commitment to talk to their doctor to help in the uptake of recommended health services, i.e. renal function tests. By using the Veterans Mates admin claims data they were able to provide patient based feedback back to doctors through medicines dispensed to their veterans alongside educational materials. This campaign sought to evaluate whether a patients awareness of a recommended health service, along with their commitment to talk to their doctor, affected their update. Research found that patients who were previously unaware of then need to have a test before receiving information were more likely to receive a renal function test - with a 25 percent increase. Targeted interventions that both raise patient awareness, as well as encourage patients to commit to talking to their doctor, may have the greatest impact on the uptake of a recommended health service.

Shared decision-making training to support adults with low literacy: a cluster-randomised controlled trial

Prof Kirsten McCaffery, University of Sydney, addressed research into the issue of shared decision-making training to support adults of low literacy. A collaborative trial involving several linkage partners was created. It is a six hour program designed to develop learners’ self-efficacy, understand shared decision-making concepts and terminology, risks and benefits, the roles of values and preferences in decision-making, and tools to facilitate shared decision-making in practice. Some results showed that after the program high literacy participants were now more likely to consider knowing about options and their respective benefits, harms and likelihoods, and standard language literacy and numeracy participants were now more likely to consider and process questions and concepts. Qualitative evaluation showed that learners were positive about

the program, that it raised awareness of availability of test and treatment options, increased question asking and highlighted that there are several challenging aspects of decision making.

APPENDIX ONE: NMS 2016 PROGRAM

FOUNDATIONS	SUSTAINABLE SYSTEMS	IN PRACTICE
Foundations considers evidence, knowledge, safety and quality as building blocks of our health system.	Sustainable systems takes the foundation building blocks and explores the design of initiatives and processes in terms of cost, benefit, access, investment and innovation, health outcomes and workforce improvements in an increasingly competitive health environment.	In practice explores system implementation, considering models of care, health literacy and how to enable best practice.

DAY 1: THURSDAY 19 MAY

7.30	**Registration** Foyer, National Convention Centre
PLENARY 1: Foundations Under the overarching theme making wise decisions about medicines, tests and technologies, 'Foundations' will provide a long range view of the broader health system and our future society. Foundations considers evidence, knowledge, safety and quality as building blocks of our health system, and the discussion will unveil the cornerstones of good health decision making now and into the future. Designed to be thought provoking and interactive, this session will set the scene for NMS 2016.	
8.30	**Official opening of NMS 2016** Monica Attard, Conference MC **Welcome to Country and opening address** **Opening addresses** **Dr Lynn Weekes**, CEO, NPS MedicineWise **Andrew Stuart**, Deputy Secretary, Department of Health
9.15	**Keynote address – Global Megatrends: Forever young- 100** Dr Stefan Hajkowicz, Senior Principal Scientist, Strategy and Foresight, CSIRO Published in 2015 and drawing on hundreds of reports and peer-reviewed references, *Global Megatrends: Seven Patterns of Change Shaping Our Future* has been described as a tool that can be used by businesses, governments, researchers and students to anticipate and plan for the future. Presenting the 'Forever Young' chapter of this book, author Dr Stefan Hajkowicz will explain how an ageing population, changed retirement patterns, chronic illness and rising healthcare will change our world over the next 20 years, and how human innovation is the key to making anything possible.
10.00	**Foundations for good health decision making: solid rock or shifting sands? -** Speaking from academic, consumer representative, decision maker, clinician, implementer and helicopter-view perspectives, panellists in this Q and A-style discussion will share their views on what enables good decision making in the health system and what are the challenges which need to be overcome in order for best-practice decision making to be achieved. **Panellists include:** **Dr Lynn Weekes**, CEO, NPS MedicineWise **Prof Andrew Wilson**, Chair, Pharmaceutical Benefits Advisory Committee

	Dr Frank Jones, Royal Australian College of General Practitioners **Adjunct Professor John Skerritt**, Deputy Secretary, The Therapeutic Goods Administration (TGA) **Prof Lloyd Sansom**, Emeritus Professor, School of Pharmacy and Medical Sciences, University of South Australia **Leanne Wells**, CEO, Consumers Health Forum Facilitated by **Monica Attard**.
11.00	Morning break

CONCURRENT SESSION 1: Foundations

1.1 Workshop - Swan Room

Managing the challenges and opportunities of breakthrough therapies - 101
Dr Prudence Scott, Therapeutic Goods Administration

1.2 Workshop - Torrens Room

Using smartphone-enabled evidence-based clinical decision rules to choose imaging wisely - 102
Prof Stacy Goergen, The Royal Australian and New Zealand College of Radiologists

1.3 Workshop - Murray Room

Enhancing Australia's post-market surveillance system for medicines and medical devices - 103
Dr Nicole Pratt, University of South Australia
Louise Bartlett, University of South Australia

1.4 Panel discussion - Derwent Room

Adverse drug reaction reporting – at every level of care, are we meeting our responsibilities in Australia? - 104
Claire Keith, Austin Health
Jane Booth, Austin Health
Dr Richard Hill, Therapeutic Goods Administration
David Woods, New Zealand Formulary

1.5 Pitch presentations - Fitzroy Room

Using morbidity burden data to prioritise medication-related quality of care (MRQoC) indicators for Australian residential aged care - 105
Jodie Hillen, University of South Australia
Community antimicrobial prescribing – the case for tailored guidelines with universal free access - 106
Angus Thompson, University of Tasmania
I need signed approval to prescribe my patient iron tablets? You have got to be kidding! - 107
Sophie Higgins, Central Australia Health Service- Primary Health Care
Comparison of the use of prescription and non-prescription medicines between baby boomers and older adults - 108
Bee Leng Per, The University of Adelaide

12.30	**Lunch -** Foyer, ground floor **Showcase - MedicineInsight data: the new data on the block- 109** **Foundations poster session** (12:30 – 13:00) **Sustainable systems poster session** (13:00 – 13:30)

13.30 **CONCURRENT SESSION 2:Sustainable systems**

2.1 Panel discussion - Ballroom

Getting the most out of Choosing Wisely - 110
Panellists include:
- Amy Corderoy, Journalist
-Dr Robyn Lindner, NPS MedicineWise
- Prof Yusuf Nagree,
Australasian College of
Emergency
Medicine (ACEM)
- Dr Simon Judkins, Austin Hospital
- Dr Andrew Knight, GP and NPS MedicineWise Board Member
- Dr Sue Andrews, Health Care Consumers
Association
-Prof Stephen Jan, The George Institute for Global Health

2.2 Panel discussion - Derwent Room

Reinvigorating the regulation of therapeutic goods advertising to consumers - 111
- Dr Ken Harvey, Monash University
- Dr Agnes Vitry, University of South Australia
- Dr Barbara Mintzes, The University of Sydney

2.3 Workshop - Murray Room

I**mproving quality use of medicines by older Australians: outcomes of a national stakeholders'**
meeting and development of a strategic plan - 112
- Prof Sarah Hilmer, Royal North Shore Hospital; The University of Sydney
- Assoc Prof Simon Bell, monash University
- Aine Heaney, NPS MedicineWise

2.4 Workshop - Torrens Room

General Practitioner Antimicrobial
Stewardship Programme Study (GAPS) - 113
Dr Minyon Avent, The University of
Queensland

2.5 Pitch presentations - Fitzroy Room

Medicines access programs to cancer medicines in Australia and New Zealand - 114
Dr Agnes Vitry, University of South Australia
Is it time for PBAC to take the 'long-view' of evergreening? The case of SNRIs in Australia - 115
Angus Thompson, University of Tasmania
Improving drug safety assessment - 116
Dr Adam La Caze, The University of Queensland
Challenging confidence in vaccine cold chain monitoring in remote Australia - 117
Angela Young, Alice Springs Hospital

2.6 Workshop

Teaching and assessment of prescribing competence: how should we link theory and practice? - 118

Lynda Cardiff, Queensland University of Technology Lisa Nissen, Queensland University of Technology	
14.30	Afternoon break Foyer, ground floor
PLENARY 2: Sustainable systems Sustainable systems will explore initiatives and processes in terms of cost, benefit, access, investment and innovation in an increasingly competitive health environment. Sustainable systems asks where are we getting it right? Where is there scope to improve? How can we take what we know and apply it to other areas? **Ballroom**	
14.50	**Creating synergies not silos: collaboration to effect change - 119** Multiple initiatives seeking to improve quality of care provide a wealth of information to draw upon, but without dedicated processes to share information the risk is that opportunities for synergy are missed. This session will seek to break down the silos between initiatives and draw out: - opportunities to align initiatives for greater benefit - barriers to collaboration - the role of communication - defining what success looks like. **Speakers:** **Dr Rachel David**, CEO, Private Healthcare Australia **Prof Guy Maddern**, President, HTAi. Prof of Surgery; Head of Discipline, The University of Adelaide and Head of Research at the Basil Hetzel Research Institute of the Queen Elizabeth Hospital **Dr Steve Hambleton**, Chair, Primary Health Care Advisory Group (TBC) **Adj Assoc Prof Walter Kmet**, CEO, Wentwest PHN
15.50	**Asia-Pacific Quality use of Medicines scholarship winner** **Malaysian generic market: challenges, opportunities and future outlook - 120** Zhi Yen Wong, Ministry of Health, Malaysia
16.00	**Lightning talk - Biosimilars – experiences from statewide implementation - 121** Lisa Robertson, SA Pharmacy
16.05	**Lightning talk - Targeting the use of diagnostic tests for new presentations of fatigue in primary care - 122** Dr Scott Dickinson, NPS MedicineWise
16.10	**Lightning talk - Disclosure of industry-funded events for health professionals: the Australian experience - 123** Dr Alice Fabbri, The University of Sydney
16.15	**Lightning talk - Disinvestment and value-based purchasing strategies for pharmaceuticals: an international review - 124** Dr Bonny Parkinson, Macquarie University Centre for the Health Economy
16.20	**Debate: risk avoidance is the enemy of innovation** This debate will provide a space for speakers and audience to engage in a robust exchange of ideas. The audience will be asked beforehand to choose a side. Speakers will present their view on balancing need for new medicines and technologies with safety and quality, exploring the basis for managed (accelerated) market entry of new health technologies, risks and benefits, and successes and challenges. At the conclusion of the debate the audience will be asked to again cast their vote, to determine the number of people who have shifted their view. **Panellists include:**

	Michael Wonder, Independent consultant and creator of MAESTrO database **Dr Tony Gill**, Principal Medical Adviser, Therapeutic Goods Administration (TGA) **Prof Andrew Wilson**, Chair, Pharmaceutical Benefits Advisory Committee **A/Prof Michelle Meyer**, Assistant Prof of Bioethics at Clarkson University and Director of Bioethics Policy in the Clarkson–Icahn School of Medicine at Mount Sinai Bioethics Program, USA Health consumer response by **Diane Walsh** **Facilitated by Claire Duffy**
17.25	The expert recap – clinician and consumer representatives synthesising the key takeouts from the discussion
17.30	Close of day one
18:45 bus departure for 19:00 start	**Gala symposium dinner and National Medicinewise Awards** National Museum of Australia
DAY 2: FRIDAY 20 MAY	
PLENARY 3: In practice In practice explores system implementation, considering models of care, health literacy and how to enable best practice. With innovation comes practical as well as ethical considerations. This session explores decision making by consumers and clinicians, looks at emerging technologies and interventions that support better choices and seeks to discover how we can move from 'consumer centred' to 'partnering with consumers'. **Ballroom**	
8.30	**Opening of day two**
8.40	**New technology and changing perspectives: genetic testing for greater good - 200** Prof Bruce Carleton, Prof of Pediatrics & Co-Chair, Division of Translational Therapeutics, University of British Columbia, Canada
9.25	**Who decides and at what cost? - 201** Prof Rob Sanson-Fisher, Laureate Professor, School of Medicine and Public Health, University of Newcastle
10.10	**Bioethics in the context of innovation - 202** A/Prof Michelle Meyer, Assistant Professor of Bioethics, Clarkson University; Director of Bioethics Policy, Clarkson–Icahn School of Medicine, Mount Sinai Bioethics Program, USA
10.55	**Morning break -** Foyer, ground floor
11.15 **CONCURRENT SESSION 3: In practice**	
3.1 Panel discussion - Derwent Room **Medication and mental illness: how consumer experiences can improve clinical practice - 203** Danielle Keogh, Mental Health Commission	

3.2 Panel discussion - Ballroom **Absolute cardiovascular risk: are we missing the target? - 204** - Natalie Raffoul, NPS MedicineWise - Prof Mark Nelson, Menzies Institute for Medical Research -Prof Emily Banks, Australian National University - Kristen Anderson, The University of Queensland - Nerida Packham, NPS MedicineWise - Dr Andrew Boyden, NPS MedicineWise	
3.3 Panel discussion - Torrens Room **Electronic requests with decision support for diagnostic imaging -205** Prof Richard Mendelson, WA Health Department; University of Western Australia; Notre Dame University	
3.4 Workshop - Murray Room **Teaching health literacy to disadvantaged adults: what do educators think? - 206** Dr Suzanne Morony, The University of Sydney	
3.5 Short presentations: Improving medications in older people - Swan Room **palliaGED: an app for general practitioners supporting older Australians with a life-limiting illness** - **207** Paul Tait, Flinders University **Implementation of medication-related indicators of potentially preventable hospitalisations in a national chronic disease management program for older patients with multimorbidity - 208** Dr Gillian Caughey University of South Australia **Reducing inappropriate use of multiple medicines in older people: development and evaluation of a communication tool - 209** Jesse Jansen, The University of Sydney **A clinical pharmacy service to improve medicine use and safety for community nursing clients - 210** Dr Rohan Elliott, Monash University; Austin Health	
3.6 Pitch presentations - Fitzroy Room **Targeting patient opioid literacy** - **211** Sunita Goyal, Accident Compensation Corporation, New Zealand **How do we create consumer directed medicines support? - 212** Jane London, NPS MedicineWise **Is Australia ready for managed care? - 213** Dr Henri Becker, KMP **Forward dispensing model in community pharmacy in Australia: an exploration of pharmacist, intern and customer perceptions and experiences - 214** Dmytri Nikolayev	
12.15	Lunch **In practice poster session** (12:15 – 12:45)
13.15	**Decision making in the real world** What influences the decisions of health care consumers? How are decisions made? How can health professionals become better informed to enable better consumer decisions? This session will involve presentations offering insights on particular perspectives, followed by an audience Q and A and result in a series of take home insights to apply to everyday practice. Speakers:

	Prof Kirsten McCaffery, Director of Research, NHMRC Career Research Fellow, Sydney School of Public Health, The University of Sydney **Assoc Prof Julie Leask**, Associate Professor and Sub-Dean (Early Career Researchers) Public Health, School of Public Health, The University of Sydney
14.05	**Lightning talk - Getting medicines right when you are living with dementia - 217** Ellen Skladzien, Alzheimer's Australia
14.10	**Lightning talk - Optimising registered nurse and midwife prescribing opportunities - 218** Karen Bettenay, Queensland University of Technology
14.15	**Lightning talk - Raising patient awareness and encouraging their commitment to talk to their doctor assists uptake of recommended health services - 219** Natalie Blacker, University of South Australia
14.20	**Lightning talk - Shared decision-making training to support adults with low literacy: a cluster-randomised controlled trial - 220** Prof Kirsten McCaffery, the University of Sydney
14.25	**Dr Google - The engaged patient, and how to engage patients more** When patients are more engaged with managing their own health they have better clinical outcomes. We are entering a new era of patient engagement in health. We can now use the Internet to access information on our health, use social media to obtain answers to healthcare questions, download mobile apps and monitor our own heart rate, blood pressure or blood glucose. What can we learn from the engaged patient and how do they change the patient-clinician interaction? What is the future value of these new technologies to engage patients in managing their own health? **Panellists include:** **Assoc Prof Jane Burns**, CEO, Young and Well **Tim Kelsey**, technology expert, futurist, consumer advocate and international perspective, formerly National Director for Patients and Information, NHS England **Sean McClowry**, Partner, Customer Strategy & Insights, Deloitte Touche Tohmatsu
15.30	**Priorities and solutions** Reflections and discussion
15.45	Wrap up and close of NMS 2016

APPENDIX TWO: NMS 2016 CONSUMER REPORT

22 June 2016

Consumer Rapporteurs: Ms Melissa Cadzow and Dr Martin Whitely

NMS2016 INFORMATION FOR CONSUMERS AND CONSUMER REPRESENTATIVES

NPS MedicineWise

NPS MedicineWise (nps.org.au) is an independent, not-for-profit, evidence-based organisation. It helps people make the best decisions about medicines and other medical choices - to achieve better health and economic outcomes.

NMS2016

NPS MedicineWise hosts a National Medicines Symposium (NMS) every two years. NMS2016 was the 9th NMS and was held in Canberra on 19 and 20 May 2016.

Delegates included clinicians, policy makers, researchers, industry representatives, consumer representatives and government. The program can be seen at nps.org.au/nms2016 or read relevant media releases.

This consumer report from NMS2016

NPS MedicineWise works in partnership with the Consumers Health Forum of Australia (CHF – chf.org.au). CHF recruited two consumer representatives to be Consumer Rapporteurs for NMS 2016: Ms Melissa Cadzow and Dr Martin Whitely. Their role was to document consumer perspectives on the symposium activities, outcomes and recommendations for NPS MedicineWise and CHF – hence this report. The consumer perspectives contained in this report are not necessarily those of the rapporteurs themselves, but might reflect those of other consumers at NMS.

Melissa and Martin were supported by NPS MedicineWise Board member and CHF consumer representative, Ms Debra Kay, and by consumer and other NMS2016 participants.

Key recommendations

The Consumer Rapporteurs summarised consumer perspectives and recommendations throughout the symposium. These came from both the presenters and from adding a consumer perspective to presentations. Key consumer perspective points included:

1. Please keep asking the question: what does the patient want?
2. Promote and support individual and environmental health literacy is a high priority for consumers (e.g. via Choosing Wisely choosingwisely.org.au))
3. Make eHealth work
4. Improve Community Medicine Information (CMIs) and make sure people receive these
5. Inform consumers about adverse drug reaction reporting and how it works for them
6. Get better at palliative care and end of life discussions
7. Protect TGA (Therapeutic Goods Agency) Regulation at a level that keeps us safe

8. Access, link and use data (including MedicineInsight medicineinsight.org.au) for consumer benefit. This includes prescribing and treatment data.
9. Listen to many and varied consumer voices: co-design with consumer representatives
10. In summary: NMS2016 was very positive, with appropriate emphasis on potential benefits and risks of medical interventions. The symposia are very relevant to consumer representatives. We look forward to a co-designed NMS2018.

Further information contact NPS MedicineWise on info@nps.org.au

CONSUMER REPORT

Introduction

This *NMS2016 Consumer Report* has been prepared for NPS MedicineWise and the organising committee of the 2016 National Symposium (NMS2016). It is provided to inform evaluation of the symposium and, it is hoped, to guide co-design of future symposia.

The Report is accompanied by *NMS2016 Information for Consumers and Consumer Representatives*, which is intended to be co-badged by NPS MedicineWise and the Consumers Health Forum of Australia (CHF), and made available by both organisations through their usual channels.

The *Consumer Report* provides brief background information on NMS2016 and the Consumer Rapporteur role, then recommendations from a consumer perspective. The *Information for Consumers and Consumer Representatives* summarises the report for this wider audience.

Both the *Consumer Report* and *Information for Consumers and Consumer Representatives* are based on commentary provided by NMS2016 Consumer Rapporteurs, Ms Melissa Cadzow and Dr Martin Whitely. Their rapporteur role, and finalisation of this report, was supported by NPS MedicineWise Board Member and consumer representative, Ms Debra Kay. Martin, Melissa and Debra acknowledge with appreciation the contribution made to their thinking by consumers and others at the symposium.

NPS MedicineWise extends their sincere appreciation to all the consumers who contributed to this report, and in particular to Melissa and Martin, who volunteered their time to participate in the Symposium and to craft this report.

Background

NMS2016 was the ninth National Medicines Symposium (NMS). The NMS is held biennially by NPS MedicineWise, an independent, not-for-profit an evidence based organisation that helps people make the best decisions about medicines and other medical choices to achieve better health and economic outcomes. Since 1998 NPS have worked to achieve the quality use of medicines goals of Australia's National Medicines Policy. In 2016, the symposium expanded to include quality use of broader health technologies.

The NMS is a unique cross-disciplinary event, with representatives from all areas of the health sector, enabling more comprehensive conversations. Delegates include clinicians, policy makers, researchers and academics, industry representatives, consumer representatives and government.

The 2016 theme was: making wise decisions about medicines, tests and technologies and the objectives, to:

1. Drive the debate, thinking and narrative about where Australia needs to take quality use of medicines and other health technologies
2. Reinforce NPS MedicineWise's lead role in improving quality use of medicines and other health technologies
3. Capture and champion future policy directions and implementation/strategic frameworks to inform government
4. An opportunity for leaders and peak bodies to come together, in the spirit of the National Medicines Policy, to have conversations, be engaged and commit to continuing partnerships.

Three tenets were followed in designing the program, one of which was: partnering with consumers. As part of this commitment, two NMS Consumer Rapporteurs were recruited by the Consumers Health Forum of Australia (CHF): Ms Melissa Cadzow and Dr Martin Whitely, who gave their time in these roles.

Consumer Rapporteurs

The Consumer Rapporteurs' role was to document consumer perspectives on the symposium activities and outcomes. These would inform a report to NPS MedicineWise, to advise future symposia, and to CHF, to share with their members and consumers more broadly.

To inform this work, the Rapporteurs attended NMS2016 sessions and networked with other (consumer) participants at the symposium. They briefly summarised key messages at the end of each day and contributed to this report. They framed their feedback using the following:

1. What are the emerging priorities re medicines and tests, systems, policy and practice?
2. What are the opportunities?
3. How can we work together to build innovative systems, policies and practices?
4. What will we miss and risk if we don't co-design?
5. Summary points
6. Emerging principles to guide future work in this area
7. Recommendations for future National Medicine Symposia.

The Rapporteurs' feedback, and that of some other consumer participants at NMS2016, is summarised below, followed by recommendations for NPS MedicineWise to consider when undertaking future work in this area.

Rapporteur recommendations

1. Priorities

1.1. What is important to the patient?

Please keep asking the question: what does the patient want?

1.2. Individual and environmental health literacy

This is a high priority for consumers. Delegates identified many opportunities around health literacy, including resources to help the conversations between consumers and their health professionals e.g. Choosing Wisely.

1.3. eHealth

This is a high priority for consumers

1.4. Community Medicine Information (CMIs)

It is a priority to ensure consumers know about CMIs. We need to address commonly reported consumer experience of rarely being offered CMIs and difficulty in accessing these even when requested.

1.5. Adverse drug reporting

Increase consumer awareness of adverse drug reporting: what it is, how it works and how it can contribute to safety and quality.

1.6. Planning for future health care wishes and end of life discussions

Increase awareness and do this better

1.7. TGA and deregulation

There is danger in applying a deregulatory ideology to the TGA:

- The TGA needs to be well resourced, independent and free to do its job without fear or favour
- We need regulation appropriate to the level of risk
- We need enough regulation – not necessarily more or less

2. Opportunities

2.1. Data: getting the right data at the right time

Better use and understanding of the data. Whether that's for me as a consumer, my healthcare providers, or decision making at a health system level. This encompasses government-held data, PHN data, practice data (including Choosing Wisely and MedicineInsight), hospital data, health records and use of CMIs

2.2. Data: identify outliers

Using data to identify prescribing and treatment outliers, particularly those causing iatrogenic harm.

Big question: What do we do when we find it? Carrot: education or Stick: penalties, or mix of both?

2.3. Primary health care

Focusing on big and small items in primary health care might result in better outcomes.

3. Working together to innovate

3.1. Consumer voices

There is not just one consumer voice, and there can be conflicting consumer voices, for example some consumers are access orientated and want to fast track new technology; others are injury orientated and want to proceed cautiously until risks and benefits have been thoroughly assessed.

Listen to ‘lots of’ consumer voices, value them, and don’t let them go unchallenged.

3.2. Consumer representatives

Get the right players together, including consumer representatives, so we can work together to build innovative systems, policies and practices.

4. Imperative to co-design

4.1. Patient centred care

Patient centred care and shared decision making is important for me as a consumer. But also at a health systems level in regards to co-design.

4.2. Co-design

Co-design is not just having consumers complete a survey – it requires consumer engagement at every stage of the process, sharing responsibility for design, implementation and translation so that our work is relevant to consumers and the community

5. Recommendations for future NMS: content

5.1. Informed consent and medication use:

- How does it happen?
- Does it work?
- How can it be improved?

5.2. Off label prescribing

- Has it become mainstream practice?
- Does it matter?
- And if ‘yes’, what can be done about it?

5.3. Diagnostic creep

- How does it relate to iatrogenic harm

5.4. Patient centred care

5.5. Co-design

6. Recommendations for future NMS: organisation

6.1. What worked well:

- Program and abstract book
- Working group members Debra Kay and Maarinke van der Meulen's preparation of the consumer rapporteurs, including the briefing document
- Pop Up Radio segments, then the resulting podcasts released soon after
- Event organisation in general
- Weaving consumers throughout the conference – as speakers, panel members, rapporteurs, judges etc.
- Having access to digital versions of the posters was appreciated as I spent my time during breaks talking to consumers and others. However, it they were available as a single file downloadable PDF they would be easier to read. I recognise there might be copyright and other issues with this idea.

6.2. What could be done differently:

- Co-design: many sessions (including the Pitch presentations) had no consumers or consumer representatives present or even acknowledged, yet they talked about working with consumers.
- Encourage presenters to attribute/reference sources mentioned in their slides – a number of those outside the health sector/usual health literature did not reference their information.
- Someone isn't a consumer advocate if they are also have another agenda
- The organisers would not have known the last session was going to then go onto My Health Record, but having someone on hand that could publicly respond to some of the out of date statements being made could have assisted.
- Consider a "register 4 people and bring a consumer representative for free" – encourage organisations to bring an experienced consumer representative that serves within their organisation

7. Recommendations for dissemination

7.1. To enable a broad as possible audience use full names and links for further information

7.2. Encourage consumers to look at posters and access the podcasts

7.3. Use and build on existing consumer partnerships and communication channels

Summary Consumer Rapporteur comment

NMS2016 was very positive, with appropriate emphasis on potential benefits and risks of medical interventions.

NMS2016 is very relevant to consumer representatives (who have a role and constituency in consumer and community representation): Melissa's reflections as tweets at https://storify.com/MelissaCadzow/nms2016-a-consumer-s-perspective

We look forward to a co-designed NMS2018.

See also:
http://www.nps.org.au/media-centre/media-releases/repository/national-medicines-symposium-underway