

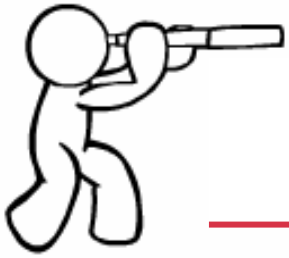


National Prescribing Service Limited

Achieving quality use of medicines in the community for palliative and end of life care: A consultation report




Thinking differently about medicines



Outline?

- What?
- So, what?
- Now, what?



What are the QUM issues
in palliative care???



What?



This project focused on the community setting and aimed to:

- understand the issues that prevent or limit QUM
- explore the strategies to achieve QUM
- describe the current landscape of activity that support the QUM in palliative care
- document suggested opportunities to improve QUM at the end of life.





So, what is QUM?



The quality use of medicines is defined in the *National Strategy for Quality Use of Medicines** to be:

- the judicious choice of management options
- the appropriate choice of medicines, where a medicine is considered necessary
- the safe and effective use of medicines.

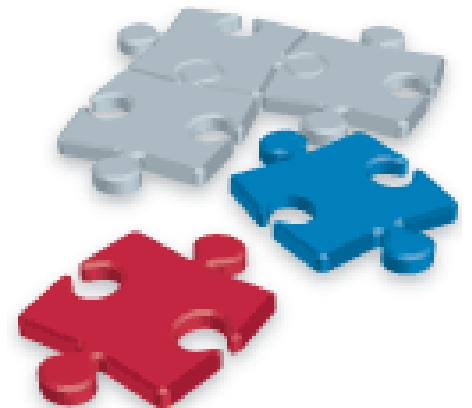


*Commonwealth Department of Health and Ageing, 2002. *National Strategy for Quality Use of Medicines*



What did we do?

- interviews with GPs and community pharmacists
- mapping of palliative care activities
- interviews with 25 selected keys stakeholders
- development of a consultation document
- disseminated for wider consultation
- synthesised final document





What did we find?



Key issues – judicious use:

- off-license and off-label use
- specialist prescribing practices
- opioid-phobia
- withdrawing medications at the end of life
- better engagement of GPs
- complementary medicines (CMs)





What did we find?



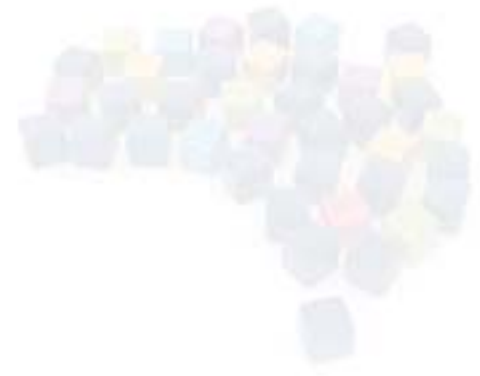
Key issues – appropriate use

- access to up-to-date, concise and accurate information
- Palliative care schedule of the PBS
- access to non-PBS medicines - complicated
- access issues can compromise QUM and patient care.





What did we find?



Key issues – appropriate use:

- using a palliative approach
- remuneration structures
- communication
- knowledge gaps in the use of some medicines





What did we find?



Key issues – safe and effective use?

- polypharmacy
- safe disposal of medications, particularly opioids.
- wastage and excess costs
- safe administration of medications in the home
- system to monitor medication related adverse events





Now, what?



- lack of understanding of end of life and palliative care
- lack of evidence base for off-label use
- de-prescribing (withdrawal of medicines)
- opioids
- residential aged care facilities
- consumer support
- the complex "system"



Suggested options:

GP incentives

Access to subsidized medicines

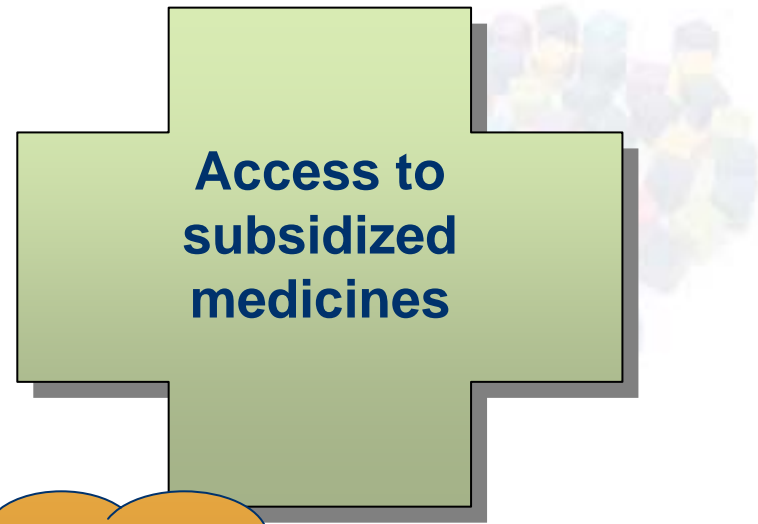
Caresearch website

24hr support phone line

QUM in advance care directives

Improve disposal processes

De-prescribing guidelines



Other suggestions:

**Consumer
medicine
guidelines
for the home**

**Ethical
promotion**

**Specialist
mentors**

**Health
professional
competencies**

**Palliative Care
registers**

**Broaden a
palliative
approach**

**Complementary
Medicines**



And more...

**Reward
post-grad
training**

**Use IT /
decision
support**

**ADR
monitoring
system**

**Alternative CPD
approaches**

**GP
champions**

**Build
research
culture**

**Uptake of
curriculum**

**Quality
indicators**



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