



THE NATIONAL STRATEGY FOR QUALITY USE OF MEDICINES

Executive Summary

Introduction

Quality use of medicines (QUM) is central to Australia's National Medicines Policy. This summary of the *National Strategy for QUM* outlines the principles, partners, building blocks and approach for achieving QUM in Australia. The expanded version of the National Strategy provides more detail and is also the basis for the Strategic Action Plan. Together, they are intended to assist the QUM partners—health care consumers, health practitioners and educators, health care facilities, the medicines industries, the media, health care funders and purchasers, and governments—in becoming more aware of the QUM policy framework and approach, and enable them to integrate their own activities with the National Strategy.

Definition of QUM

Quality use of medicine means:

- Selecting management options wisely by:
 - considering the place of medicines in treating illness and maintaining health, and
 - recognising that there may be better ways than medicine to manage many disorders.
- Choosing suitable medicines if a medicine is considered necessary so that the best available option is selected by taking into account:
 - the individual
 - the clinical condition

- risks and benefits
- dosage and length of treatment
- any co-existing conditions
- other therapies
- monitoring considerations
- costs for the individual, the community and the health system as a whole.

- Using medicines safely and effectively to get the best possible results by:

- monitoring outcomes;
- minimising misuse, over-use and under-use; and
- improving people's ability to solve problems related to medication, such as negative effects or managing multiple medications.

This definition of QUM applies equally to decisions about medication use by individuals and decisions that affect the health of the population.

Quality use of medicines and the National Medicines Policy

Stimulated by the World Health Organization, countries around the world are implementing national medicinal drug policies to make sure that essential, affordable drugs of acceptable quality, safety and efficacy are available. Australia began to develop aspects of the National Medicines Policy as early as the 1950s. By the 1990s we had a comprehensive policy in place,

including a policy on QUM, and in December 1999 a formal policy document, *Australia's National Medicines Policy*, was launched.

The National Medicines Policy aims 'to meet medication and related service needs, so that both optimal health outcomes and economic objectives are achieved for Australians'. It has four central objectives:

- timely access to the medicines that Australians need, at a cost individuals and the community can afford;
- medicines meeting appropriate standards of quality, safety and efficacy;
- quality use of medicines; and
- maintaining a responsible and viable medicines industry.

The National Strategy for QUM is part of the National Medicines Policy (figure 1). It acknowledges that the four objectives of the policy are interdependent. For example, it is not possible to have QUM if people cannot afford the medicines they need. Nor is it possible to have QUM if the available medicines are not safe or effective, just as it is not sensible to have high quality, effective medicines unless they are used appropriately. Thus activities within and across the National Medicines Policy must be integrated if both the policy and the national strategy are to continue to develop and be implemented successfully.

Figure 1: QUM and the National Medicines Policy

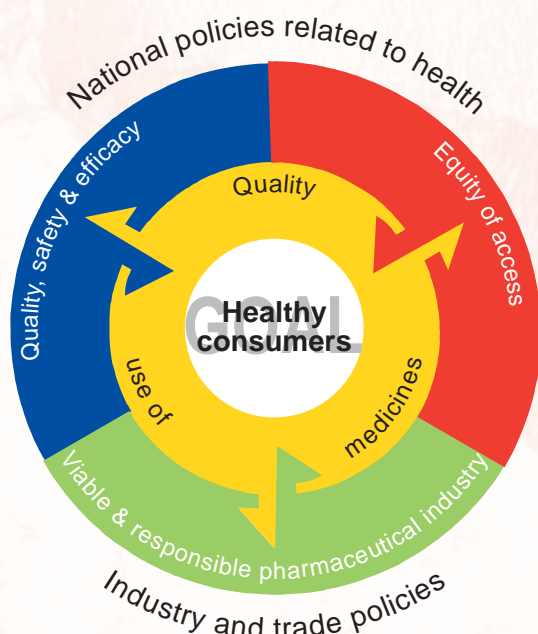


Figure 1 illustrates the interdependence of the four components of Australia's National Medicines Policy. At the centre is the policy goal: to optimise health outcomes. It is encapsulated by the QUM component of the policy, which supports the goal. Like a jigsaw puzzle, the QUM component locks into the other three components of the policy that are essential in enabling and supporting QUM: quality safety and efficacy; equity of access; and a viable pharmaceutical industry. Figure 1 also depicts the National Medicines Policy in the wider context of national policies to demonstrate that public policy on medicines must be integrated with broader health and trade policies.

National Strategy for QUM

The National Strategy for QUM has been developed to address challenges and barriers to realising all the benefits of QUM and integrating it with the other arms of the National Medicines Policy. The strategy builds on and

reaffirms much of the original QUM policy that was first produced in 1992. It has replaced the original policy in recognition of the National Medicines Policy as the overarching policy framework for medicines in Australia.

The National Strategy describes the range of partnerships and the breadth of activities required to achieve its goals and objectives. It is envisaged that many organisations and groups will find the strategy and the Strategic Action Plan useful in providing a framework for developing and implementing health policies and programs that affect QUM.

Goal

The goal of the National Strategy is to make the best possible use of medicines to improve health outcomes for all Australians.

This recognises that many people maintain their health without using medicines, while for others, medicines play an important role in maintaining health, preventing illness and curing disease.

The term 'medicine' includes prescription, non-prescription and complementary medicines.

Objectives

The five objectives of the National Strategy are to:

- improve QUM by health care consumers;
- improve QUM by health practitioners, health care providers and health educators;
- gain the commitment of the medicines industry, including manufacturers and distributors, to QUM;
- gain the commitment of governments to QUM; and
- improve the commitment of health care consumers; health practitioners and educators; the medicines industries; the media; health care facilities, funders and purchasers, and Governments—Commonwealth, State and Territory—to working in partnership to achieve QUM.

Principles

The five principles underlying the National Strategy were developed in consultation with all partners and recognise the problems Australia currently faces in achieving QUM. They are:

- The primacy of consumers
The National Strategy recognises both the central role consumers play in attaining QUM and the wisdom of their experience. Consumers must be involved in all aspects of the National Strategy.
- Partnership
Active and respectful partnerships are essential to achieve QUM in Australia.

- Consultative, collaborative, multi-disciplinary activity

To attain QUM, activities must be consultative, collaborative and multi-disciplinary. Therefore, key partners must be involved at all stages in designing, implementing and evaluating QUM programs. At the local level, the value of the health care team in achieving QUM needs to be promoted and consumers recognised as active members.

- Support for existing activity

Wherever possible, initiatives within and across all groups need to be stimulated and supported, and support given to existing groups that are already developing initiatives. Actions taken to improve QUM should heed the ethical and legal rights, obligations and responsibilities of all partners.

- Systems-based approaches

To achieve QUM it is necessary to adopt systems-based approaches that will:

- develop behaviours that support QUM, and
- create a supportive environment that encourages QUM.

Multiple activities and strategies are needed to raise awareness about issues related to QUM. Attitudes, knowledge, skills and behaviours that support QUM need to be developed and maintained. We also need to inspire community, organisational, legal and political efforts to create an environment that supports QUM.

Any undertaking to do with QUM should reflect these five principles.

Key partners

The activities of many groups influence QUM. Partnership and cooperation between these groups and

respect for all of them are central to the National Strategy. The key partners in developing and implementing initiatives to achieve QUM are:

- those who take or consider taking medicines;
- those who prescribe, provide and monitor the use of medicines;
- those who assist people in learning more about health issues and health care through information, education and discussion;
- those who provide health services within hospital and community settings;
- those who develop, make, market, distribute and sell medicines;
- those who produce, report, publish and broadcast information about medicines and health matters;
- those in both the public and private sectors who fund and/or purchase the range of health services within which medicines play an important part; and
- the governments who, acting in the public interest, assess and register medicines, monitor their safety and provide equity of access to them.

This requires the involvement of:

- health care consumers, their carers, and the general community;
- health practitioners and health educators;
- health and aged-care facilities;
- medicines industries;
- media;
- health care funders and purchasers;
- Commonwealth, State, Territory and Local Governments.

Building blocks

The six building blocks that support QUM are based on evidence and expert opinion about interventions,

regulatory efforts and programs to improve medication use. They are:

- policy development and implementation;
- facilitation and coordination of QUM initiatives;
- provision of objective information and assurance of ethical promotion of medicines;
- education and training;
- provision of services and appropriate interventions;
- strategic research, evaluation and routine data collection.

According to evidence and experience in implementing QUM activities in Australia over the past ten years, these building blocks are necessary in any QUM endeavour. They apply equally to individual practitioners and organisations, community projects, and state and national programs. For example, health practitioner practices and health facilities require:

- policies and protocols that support QUM;
- ways to advance and coordinate activities both within their practice or organisation and with other health professionals and organisations;
- access to information that supports best practice;
- access to education and training that supports best practice;
- the ability to access or provide services and interventions that support QUM; and
- routine evaluation of practice to ensure QUM is being achieved.

Similarly, the building blocks must underpin activities in any broader community-based, state or national program if the program is to deliver QUM. In addition, where appropriate, activities must be coordinated with those implemented in the other arms of

the National Medicines Policy to ensure there is an integrated approach to achieving the goals of the policy.

Different resources or activities **may** constitute these building blocks at the local, community, regional, state or national level. Some have been developed; others need to be. The National Strategy specifies initiatives and resources required at the national level. There is also need to continually analyse contemporary issues and contexts in new ways and address them by developing suitable, sustainable initiatives and resources. Experience in implementing QUM suggests that the approach for developing such initiatives includes:

- gathering evidence about the nature of the problem using reviews, existing evidence or sponsored research where no Australian data exists;
- gathering evidence about effective interventions;
- undertaking larger implementation trials of effective interventions;
- facilitating implementation of successful interventions; and
- evaluation.

Approach

The National Strategy describes the approach necessary for achieving QUM. It is based on principles derived from the education, behaviour change, community development, health promotion, public health and social advocacy literature. It recognises the need to take various perspectives—individual, community development and public health—in planning, implementing and evaluating initiatives to improve use of medicines.

This is also known as a systems approach because it:

- requires the implementation of multiple (or multi-strategic)

activities that address individual and community issues and support the development of an environment in which QUM prevails;

- recognises that contemporary issues and contexts need to be continually analysed and addressed through new ways of thinking about QUM.

For example, education is recognised as one essential process for increasing individual and community awareness, knowledge, skills and motivation to act in support of QUM. However, the systems approach recognises that education alone cannot bring about change. Change will occur in an environment that is conducive to QUM and so initiatives supporting the development of appropriate social, organisational, legal and political structures are also required.

Conclusion

Initiatives promoting QUM, supported by other initiatives implemented within the National Medicines Policy framework, have been remarkably successful. They have resulted in, among other things, improvements in the use of non-steroidal anti-inflammatory drugs and antibiotics. Importantly, this has led to improved health outcomes with fewer hospitalisations and deaths associated with the adverse effects of these medicines.

However, Australia still has significant problems linked to the use of medicines. Estimates suggest 80,000 hospital admissions per annum are associated with medication-related problems, many older people at significant risk of medication misadventure and there is emerging and increasing antibiotic resistance.

The National Strategy for QUM describes the principles, building blocks and approach that will lead to better health outcomes for Australians. It makes a significant contribution to the National Medicines Policy. Its implementation and evaluation will yield substantial benefits in health care services and the wider community through better health outcomes, better use of medicine, increased national productivity and enhanced quality of life. The success of the strategy will be judged on these results.

Related publications

Commonwealth Department of Health and Aged Care. *The National Medicines Policy*. Canberra: Publications Production Unit, Commonwealth Department of Health and Aged Care, 1999.

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Commonwealth Department of Health and Ageing. *The National Strategy for Quality Use of Medicine: Statement of Priorities and Strategic Action Plan 2001–3*. Canberra: 2002.

Commonwealth Department of Health Housing and Community Services. *A Policy on the Quality Use of Medicines*. Prepared in conjunction with the Pharmaceutical Health and the Rational Use of Medicines (PHARM) working party. Canberra: Australian Government Publishing Service, 1992.

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