RACGP
Royal Australian College *of* General Practitioners

Healthy Profession.
Healthy Australia.

16 October 2020

Australian Commission on Safety and Quality in Health Care
GPO Box 5480
Sydney NSW 2001

Via email: steve.waller@safetyandquality.gov.au

Dear Mr Waller,

Re: Quality Use of Medicines and Medicines Safety – Discussion Paper

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide comments on the discussion paper for the Quality Use of Medicines and Medicines Safety. The paper provides a thorough overview of the issues that surround medication governance in aged care. As you will be aware, the RACGP produces the *Aged Care Clinical Guide* (Silver Book). Information included in the discussion paper significantly overlaps with the content and recommendations in the Silver Book.

We provide the following feedback:

1. Pain management can be complex due to multiple contraindications and potentially harmful opioid use. The RACGP recommends further guidance addressing these issues and including pain management as a topic.

2. **Topic 1: Polypharmacy**

   2.1 What is considered best practice in 2020? What works and should be done more? What doesn't work and should be done less?

   Using a multi-morbidity approach and a shared care plan is considered as best practice. Case conferencing can be used for health professionals to agree on goals of care and provide clarity to achieve a shared care plan for the patient.

   General practice-based pharmacists (GPPs) allows practices to increase their capacity to offer medication management services. The RACGP's position statement on General practice-based pharmacists provides further information about their role. GPPs should be supported to work with patients in Residential Aged Care Facilities (RACFs) in a way that complements pharmacists working in aged care. The RACGP recommends the integration of Residential Medication Management Reviews (RMMRs) and GPP functions.

   The issues with RMMRs are that they are not always timely and they often vary in quality. They also do not always promote open communication with the prescriber.

   2.2 What are the system-wide challenges that need to be addressed?

   There is a lack of inter-operability of software systems and a lack of consistency of primary medication charts (PMCs) that are used in RACFs. The result is that multiple prescribers are

not all working towards the same goals of care and this is a big challenge that needs to be addressed.

Under- and over-treatment can occur when standard disease-management protocols are applied in populations in which they are not intended. Personalised disease management focusing on patient preference and life expectancy should be considered in this section.

2.3 What are the gaps in current processes that inhibit achieving positive patient outcomes/best practice?

Currently, there is no electronic prescribing, decision support or PMCs that is integrated with clinical software systems. Increasing the use of medication management and communication systems, such as Medi-Map and BESTmed, would be helpful.

There are also multiple copies of PMCs that exist (e.g. faxed copies), which can make reconciliation challenging. Three monthly reviews can result in transcription errors, especially when changes are made before the old chart expires and the new one begins.

On page 11, the suggested approaches for medicines management in care homes learning from the United Kingdom omits some important suggestions from an Australian context. These include:

- the use of scheduled pharmacist medication reviews;
- the lack of connection between the prescribing systems in RACFs and the clinical information systems in general practices;
- the potential for automated prompts and safety alerts, as well as computer decision support.

2.4 How should we monitor progress towards quality and safe use of medicines in hospital patients who are residents in aged care facilities?

GPs should be involved in the patients care through case conferencing and working with a shared goals of care plan. There should be a focus on accurate medicines reconciliation and transfer of information.

3. Topic 2: Inappropriate use of antipsychotics

3.1 What is considered best practice in 2020? What works and should be done more? What doesn't work and should be done less?

A structured systematic approach is required to manage antipsychotic use. RACF Clinical information systems (CIS) currently lack 'real time' information that could be used to produce a registry of people who are on psychotropics. RMMRs provide a snapshot but are not helpful with sustaining the reduction of inappropriate use.

At a facility or practice, the pharmacist role can be used to champion medication management efforts such as use of antipsychotics.

3.2 What are the system-wide challenges that need to be addressed?

The challenges that need to be addressed include:

- proper use of charts for recording of behavioural information and assessment at RACFs;
- no capacity for non-pharmacological management in RACFs; and little or no behavioural specialist expertise at facilities;
- the perceived fear of aggressive behaviour by patients within facilities leading to required mandatory reporting of any injuries to staff and subsequent consequences;
- the lack of consistent approaches between acute and primary care sectors.

3.3 What are the gaps in current processes that inhibit achieving positive patient outcomes/best practice?

The lack of alternative behavioural management options in RACFs due to staffing levels and staff mix should be discussed. The Royal Commission into Aged Care is also examining this issue.

Discharge plans also often do not include information on why psychotropics were commenced in hospital or a clear management plan, which should include communication with the patient's family.

3.4 How should we monitor progress towards quality and safe use of medicines in hospital patients who are residents in aged care facilities?

The current standard is more focused on the volume of prescriptions rather than the appropriateness of prescribing. The indicator should be revised with a clear description of appropriateness.

4. Topic 3: Transitions of Care

4.1 What is considered best practice in 2020? What works and should be done more? What doesn't work and should be done less?

The *Handover of Care between Primary and Acute Care* report provides evidence of what is currently working for transitions of care. Best practice should include:

- information transfer that is accurate and timely;
- involvement of the patient;
- medicines reconciliation.

Along with the above points, patients who are at a high risk of adverse transition of care should also have a form of enhanced support, such as care coordination or case management, and enhanced patient involvement such as coaching.

Failure is still a risk and so there needs to be a tracking system in place to mitigate this. The World Health Organisation Transitions of Care report further outlines these concepts.

4.2 What are the system-wide challenges that need to be addressed?

Discharge summaries are not very useful or timely. The lack of connection between the hospital medicines management system with the general practice's CIS, community pharmacy system and the RACFs' system means that multiple people are maintaining multiple lists. This causes issues with record keeping and creates a lack of accountability.

There is also no remuneration for non-face to face time for general practitioners (GPs) to invest in maintaining accurate medication lists.

4.3 What are the gaps in current processes that inhibit achieving positive patient outcomes/best practice?

As mentioned above, discharge summaries should be effective and timely. Medication reconciliation processes at the hospital, aged care and GP levels are a huge gap, as well as patient involvement in their care.

4.4 How should we monitor progress towards quality and safe use of medicines in hospital patients who are residents in aged care facilities?

The RACGP recommends the development of a set of transition of care indicators that are to be consistently used across the health system. Clinical systems that are connected across hospitals, RACFs and general practices are also recommended.

Thank you again for the opportunity to provide feedback on the Quality Use of Medicines and Medicine Safety discussion paper. For any enquiries regarding this letter, please contact Stephan Groombridge, eHealth and Quality Care Manager on 03 8699 0544 or stephan.groombridge@racgp.org.au.

Yours sincerely

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