

Looking Back and Looking Forward- How did we get here?

Professor Lloyd Sansom AO

Looking Back and Looking Forward- Where are we going?

Professor Lloyd Sansom AO

Looking back-Looking forward

- If we learn nothing from history we are foolish but one cannot be a part of the future by remaining in the past.
- “It strikes him (Siddhartha-the prince- soon to become Buddha) that once the measurement of time is waived, the past and the future are ever present, like the river which at one and the same moment exists not only where he sees it to be but also at its source and at its mouth” (Terzani 1998)

Looking back-Looking forward

- ‘The water which is yet to pass is tomorrow, but it already exists upstream; and that which has passed is yesterday ,but it still exists, elsewhere, downstream”
- T Terzani A fortune-teller told me. HarperCollins 1998

Brief History

- In the late 1980's the Consumer Health Forum became concerned at the lack of an integrated policy regarding pharmaceuticals. While the PBS had been in operation since the mid 1950s, the regulatory system had been evolving since the first Therapeutic Goods Legislation in 1937. The Therapeutic Goods Act 1989 changed the focus of control from the point of import to the point of supply *
- *John McEwen 'A history of Therapeutic Goods Regulation "2007

The Genesis

- The CHF approached ASCEPT (Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists) and a meeting was held in Newcastle in the late 1980s
- Subsequent to this meeting the then Minister, Peter Staples established 2 committees. -PHARM and APAC

PHARM

- An expert advisory group, under the chair of Mary Murray, responsible for the development of an ethos of the quality use of medicines and to encourage an active involvement of consumers. In particular PHARM was granted funding to encourage research by health professionals and consumer groups into medicines use. This was essential to raise awareness but also to provide an incentive and ownership in medicines policy

PHARM

- The principal role of PHARM was to develop Quality Use of Medicines as a central theme of a national policy and in doing so, to broaden the definition of medicines to include OTC and complementary medicines. “Quality use” was intentionally chosen over “rational use” (a term still used by WHO) since it was felt that the use of the word rational implied that if not rational ,it was irrational and thus someone was to blame This was not considered to be compatible with the partnership paradigm which was to form the basis of a National Medicines Policy

PHARM

- Examples of the research included a return unwanted medicines pilot as part of “Medicines Week” which was of course the start of the current RUM program which is unequalled in other country. Consumer organizations developed newsletters, academics produced quality indicators. The culture of QUM had been seeded and nurtured across the wider community. The need for independent medicines information and other tools was identified and developed. The Baume Review of the TGA recommended consumer product information

The Vision

Awareness

Enabling

Maintaining

National policy development

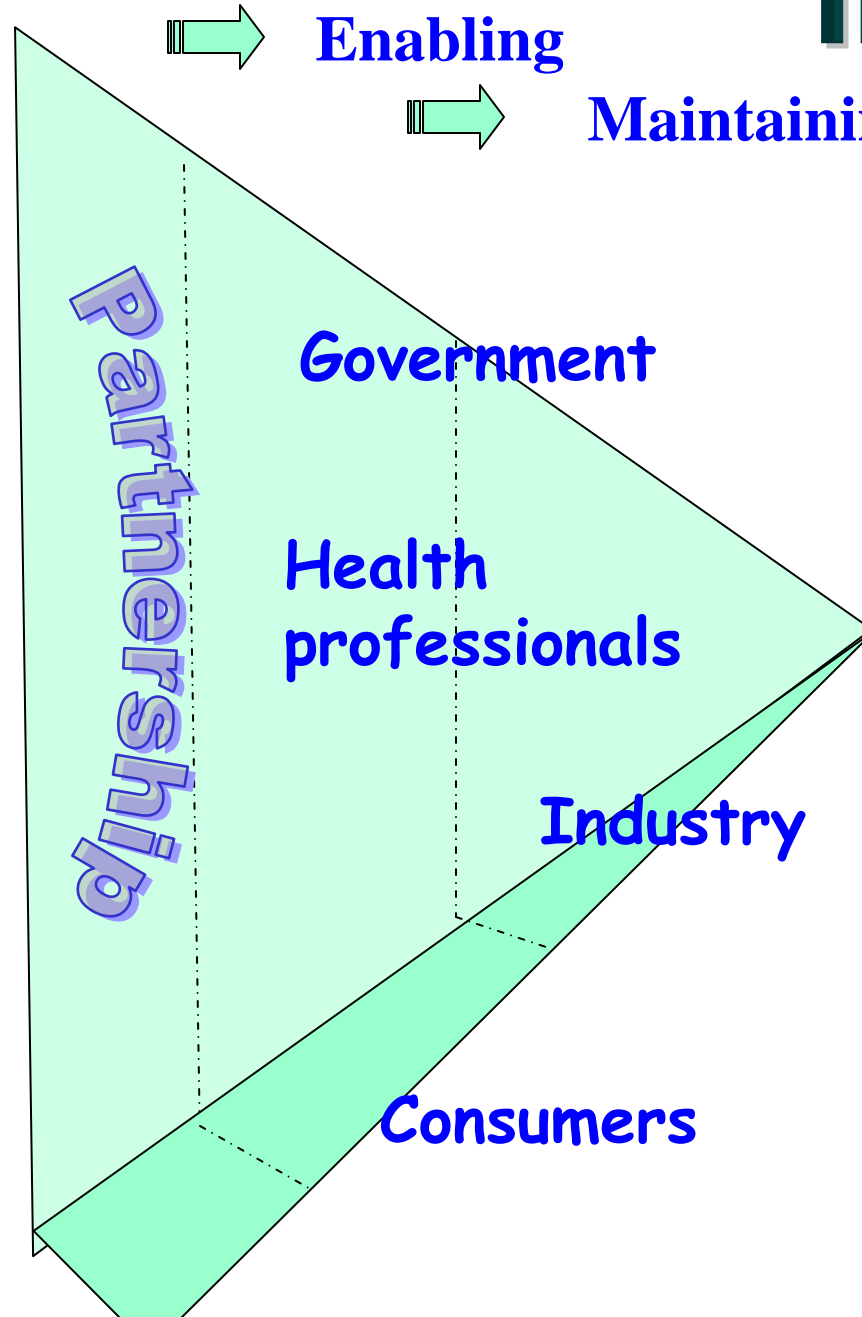
National facilitation and co-ordination

Objective information and ethical promotion

Education & training

Services and interventions

Routine data collection, research



Partnership

Government

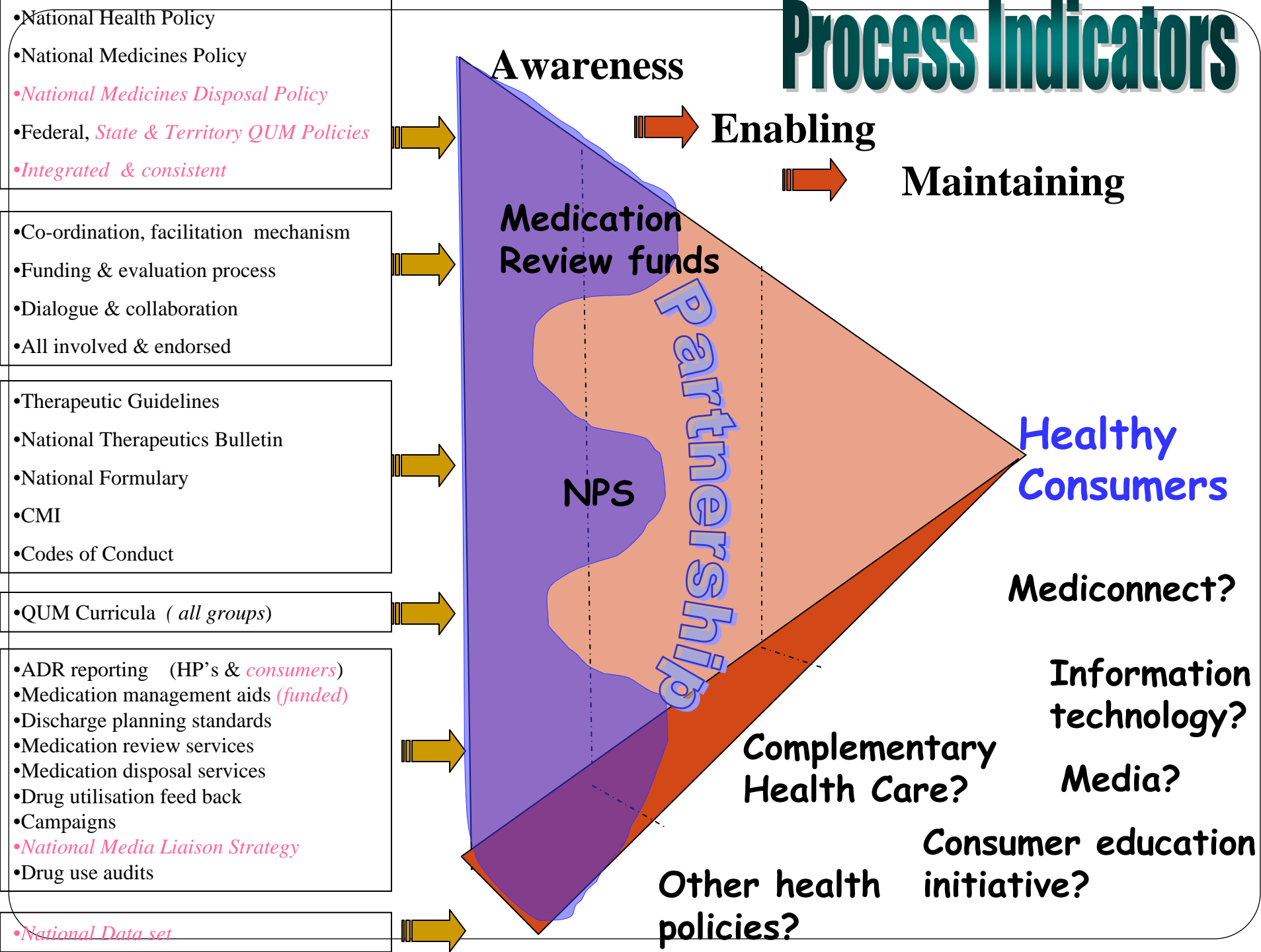
Health professionals

Industry

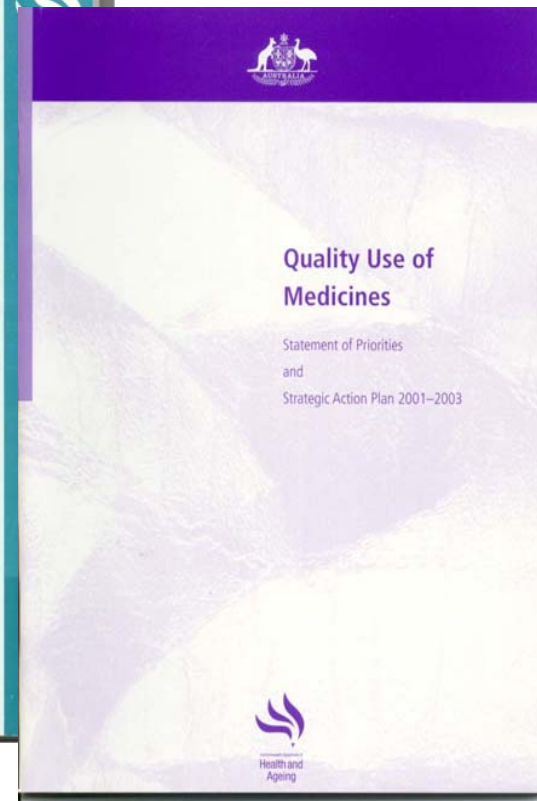
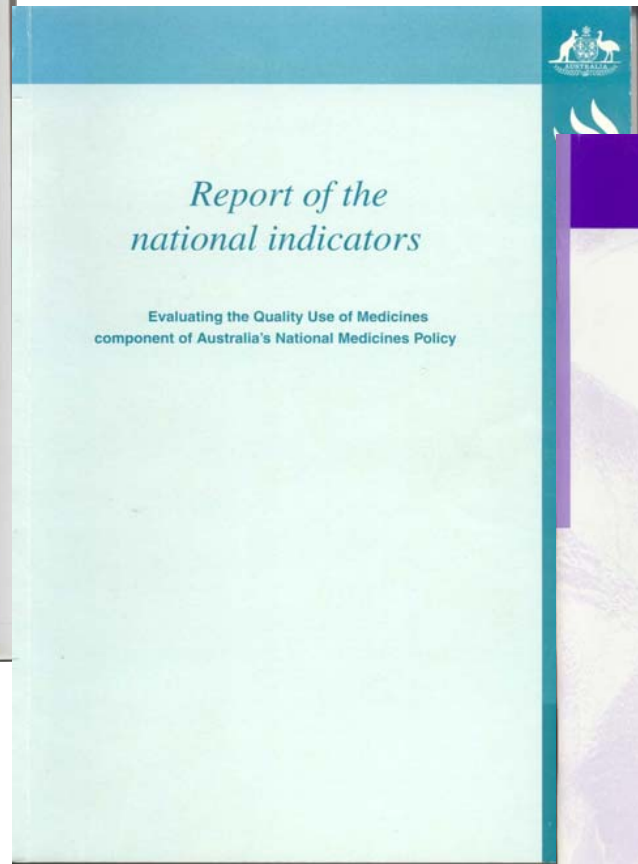
Consumers

Healthy Consumers

Process Indicators



Where to look for help!



APAC

- APAC was established in 1991 as a multidisciplinary advisory committee charged with the development of a National Medicines Policy and to work with PHARM in developing policies and strategies flowing on from issues that had been identified from their research activities. APAC was also to advise Government on issues regarding medicines and their use eg brand substitution policy
- In 1995 NACCHO representatives were appointed and ATSI issue with medicines were identified for the first time within a quality and equity framework
- *It wasn't always easy eg one new health minister on a change of Government thought that a National Medicines Policy was the political manifesto of the previous Government and thus could not be supported!!!*

Examples of Output

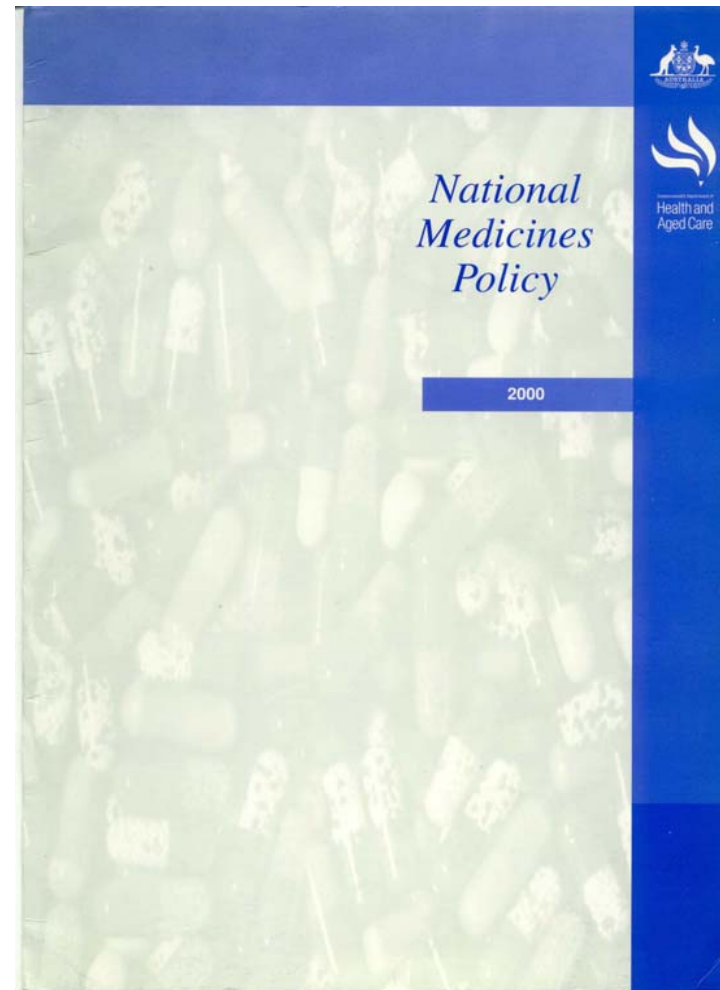
- National Medicines Policy endorsed by the Parliament (Senator Tambling as Parliamentary Secretary) in 1990
- Establishment of NPS in 1998
- Guidelines for Medication Use in Residential Aged Care Facilities-linked into accreditation
- Continuity of Care Guidelines
- Establishment of the Australian Medicines Handbook in 1998

Outputs

- Guild-Government Agreement Changes to allow funding of QUM professional services and research
- Section 100 for ATSI and a specific PBS section for ATSI under the Closing the gap initiative
- Regulatory processes for OTC and complementary medicines
- QUM curricula for health professionals
- Greater transparency of process
- Etc etc etc etc etc

Australia's National Medicines Policy: 2000

- To meet medication and related service needs, so that both optimal health outcomes and economic objectives are achieved



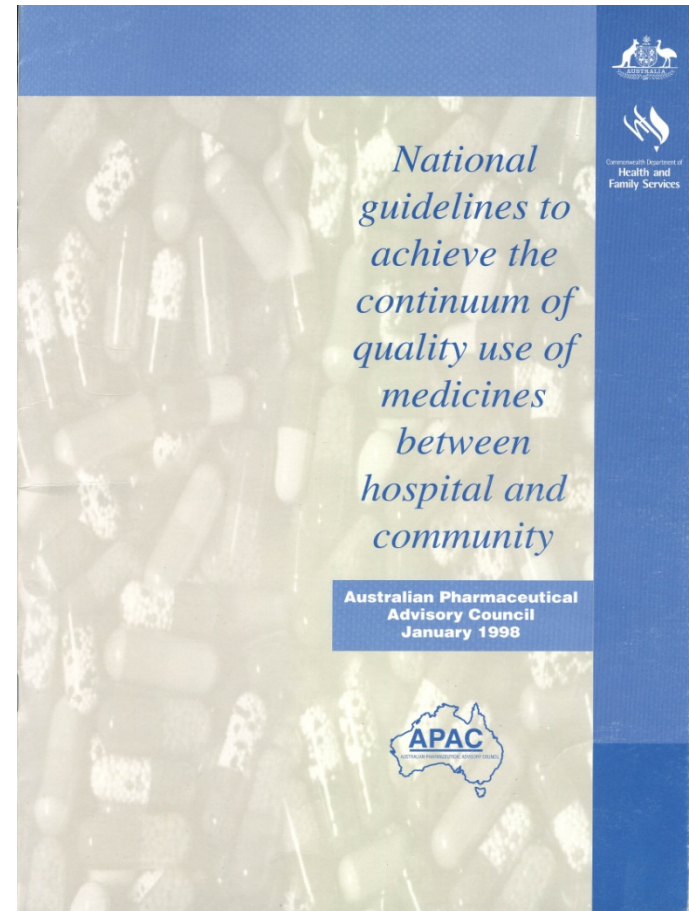
Guidelines and Standards to assist implementation

- Integrated best practice model for medication management in residential aged-care facilities
1st edition 1997
2nd edition 2000
- Standards for aged-care facilities in Australia
1998.



Evidence into Policy: APAC Continuity of Care Guidelines

- QUM research
- Results and recommendations to APAC about what works
- APAC guidelines disseminated
- Informs standards, accreditation, credentialling etc



How far have we come?

- A very long way
- On reflection there has been remarkable achievements and a legacy remains of institutions, processes, infrastructure and ethos
- A partnership has been established but as expected there is still tensions at the interface of the arms of the policy. This should not be seen as a measure of failure but a measure of success. While those tensions exist the partnership approach has continued to enable an ongoing open and frank dialogue

What does the future hold?

- Like Siddhartha's perception of time that the past and the future are ever-present, the issues of yesterday in pharmaceutical policy still exist today. The fundamentals will never change. The environment in which those fundamentals will need to be addressed will change and become even more challenging.

What does the future hold?

Understanding what Quality Use of Medicines means, integrating it within the psyche of all stakeholders as an ethos and extrapolating that into action is still the biggest issue in medicines use

Greater attempts must be made to identify issues and barriers impacting on optimal health outcomes including the use of medicines and to actively address them through policy changes, incentives, education and training and any other means.

We have built the foundation and the walls ,we now need to put on the roof

What does the Future Hold?

- The National Medicines Policy will enable the challenges of the future to be addressed in a more effective and efficient manner. It provides a framework in which dialogue can occur and where stakeholders can input and have ownership. It facilitates behavioural change and tensions can be recognised and addressed and progress made. It also enables Australia to present internationally a cooperative framework for progress and to show leadership in medicines policy
- In the absence of that framework the debate is fragmented, lacks focus, transparency and accountability.

National Medicines Policy

- Its not perfect and is in need of some fine tuning, but it is one of the best in the world and has and will continue to provide Australia with a focus and structure to deal with the future demands for the benefit of all stakeholders