



CaSS | **Medication Services Queensland**
A CLINICAL AND STATEWIDE SERVICE

Statewide Drug Availability

WATAG Meeting 2008

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Medication Services Queensland



Queensland Government

Queensland Health

Overview

- Introductory comments
- Queensland Thumbnail
- Objectives of Queensland model
- Background
- Overview of Queensland statewide model
- Q & A
- Future directions

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Introductory Comments

Background to recommendation in WA review

1. What is, and why do we need a formulary?
 - National medicines catalogue-formulary?
2. Always consider the **Quality** arms: safety, access, effectiveness, appropriateness, consumer participation, efficiency
3. Muir Grey “**Evidence based Health Care**”
4. **Just good business:**
 - Limited resources
 - Cost accountability; Difficult to consider best means of economic analysis- jurisdictional access to PBAC submission information is a start.

From Review

- Work within a State system - responsibility, standardise
- Perception of benefits around for a long time
- Worked as a DoP and responsible for State-wide Drug Committee in Tasmania (STDC)
- Now responsible for Medication Services Queensland including SDL and moving the model forward.
- AP will outline background and operation in Qld

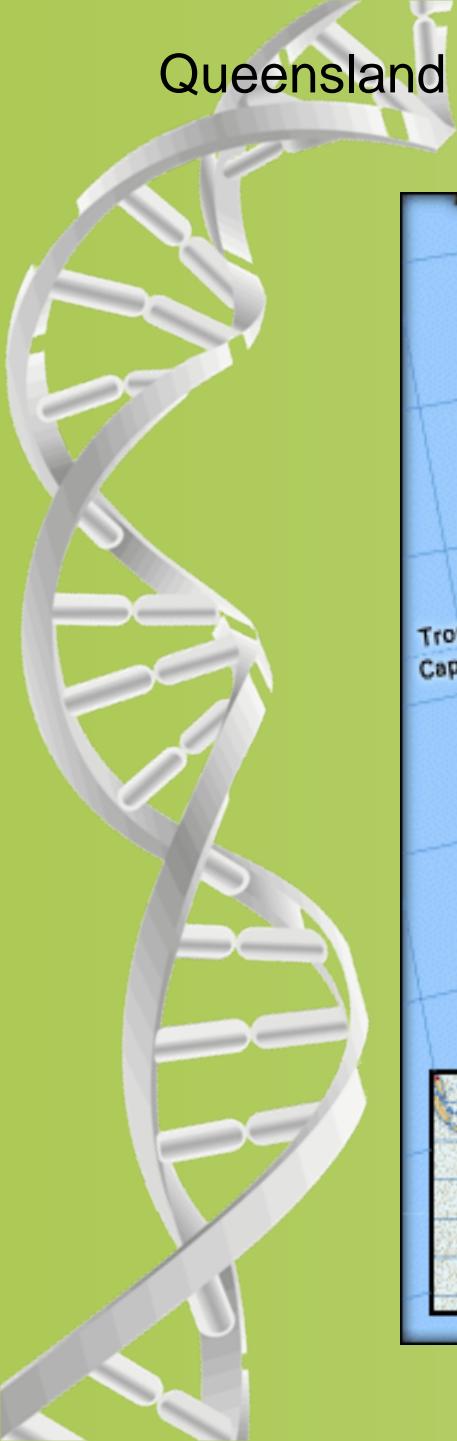
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Extent of Queensland model

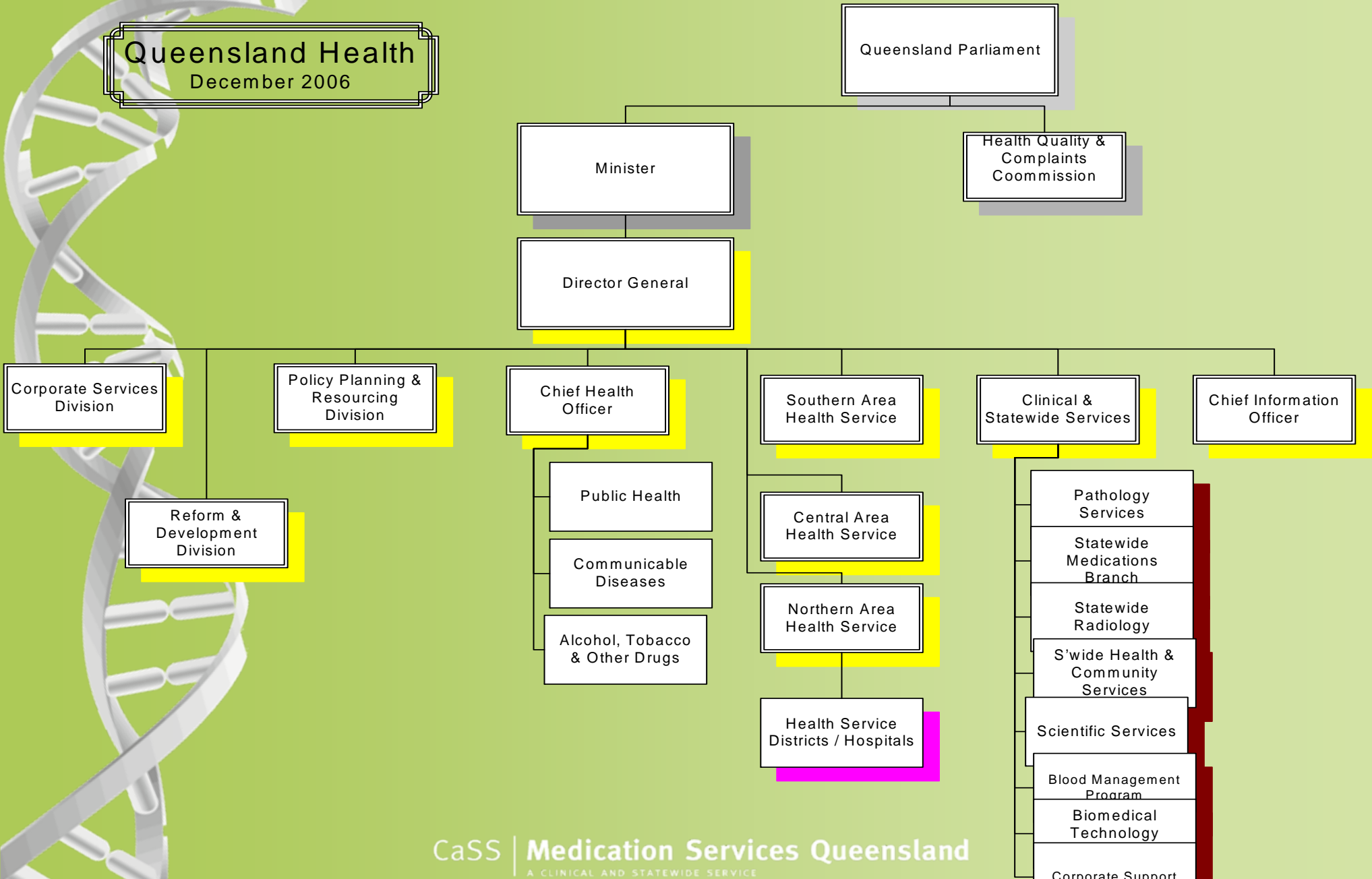
- \$220mil QH Expend on Medicines 2006-07
- Approx 260 hospitals and institutions
- 60,000 staff
- Approx 300 pharmacists in hospital pharmacy
- 40 hospitals large enough to employ a pharmacist
- Internal committed wholesaler for medicines with approx 400 customers

Queensland Drug Availability - Thumbnail



Queensland Drug Availability - Thumbnail

Queensland Health
December 2006



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Objectives of Queensland model

- Equity of access across all hospitals in a large state
- Scripts from one hospital recognised in others
- Consistent approach to consideration of pharmaceutical products
- Minimise duplication of effort
- Provide good services with limited resources
- Access to limited range of **needed** medicines

Objectives of Queensland model

Support principles of National Medicines Policy 2000

- use them as a policy touchstone

Four Arms

- Timely access to medicines Australians need at an affordable cost
- Medicines meeting standards of quality, safety, efficacy
- Quality Use of Medicines
- Maintaining a responsible and viable medicines industry

Objectives of Queensland model

Particular focus on **Quality Use of Medicines** principles

- **Judicious Use of Medicines**
- **Appropriate Choice when necessary**
- **Safe Use**
- **Efficacious use**

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Background of Queensland model

- **ABBREVIATED 50 YEAR HISTORY**

Origins of Qld Statewide formulary - 1949

- **First meeting Queensland Department of Health Advisory Committee on Hospital Drugs and Surgical Appliances**
 - “..requests from practically every hospital in Queensland for all sorts of equipment and drugs”
 - “British Pharmacopoeiaprovide to public hospitals...where there is a qualified pharmacist..”
 - “all orders for drugs to go to the Chief Pharmacist”
(commencement of central drug store)
 - Where possible Chief Pharmacist **to substitute** a Standard Pharmacopoeia item where non pharmacopoeia item ordered
 - Standard Pharmacopoeia sold to medical students for 5/- (50c)

Origins of Qld Statewide formulary - 1973

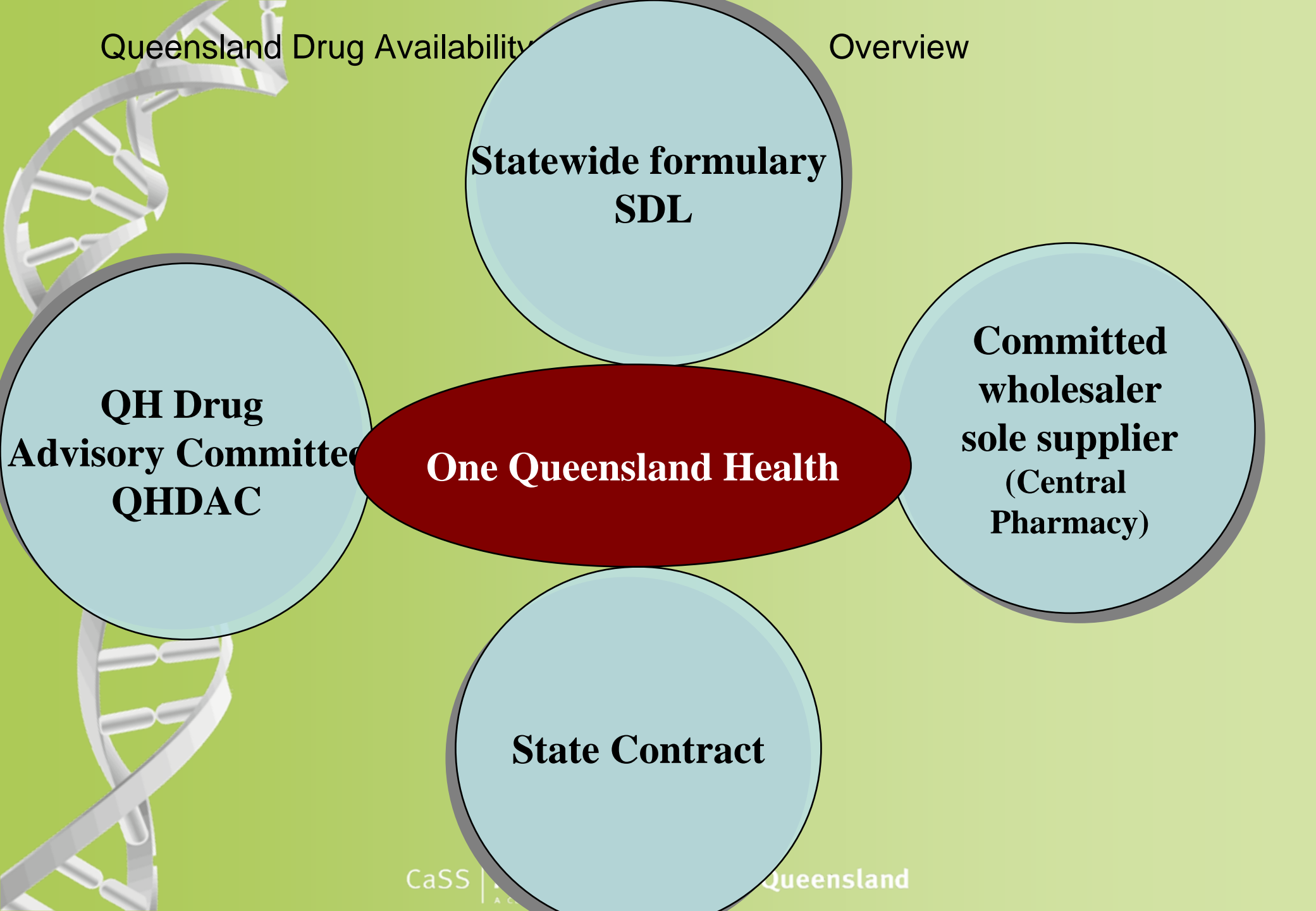
- First “Standard Drug List for Queensland Hospitals”
 - Produced by Brisbane Hospitals Drug Advisory Committee
 - Known as the “SDL”
 - 711 chemical entities (1750 separate items) listed in alphabetical order
 - “Restrictions” to certain prescribers or indications
 - Continued authority for Medical Superintendents to approve use of non-SDL drugs where clinically necessary
 - Content more closely associated with hospital care than PBS
 - Applications to the SDL accepted only from hospital staff
 - Need to demonstrate advantages over already available items
 - would now be termed “evidence based applications”
minimizing duplication within therapeutic groups

Origins of Qld Statewide formulary

- 1978 “Queensland Hospitals Drug Advisory Committee”
- 1997 Project Officer appointed to support QHDAC
- 1998 SDL in electronic form on intra and internet
- 2000-2008 Additional support, increasing QUM and evidence based focus, policies and guidelines for expensive or complex medicines, published annual reports, links with other therapeutic advisory groups

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**Statewide formulary
SDL**

**Committed
wholesaler
sole supplier
(Central
Pharmacy)**

One Queensland Health

State Contract

**QH Drug
Advisory Committee
QHDAC**

1. Statewide Formulary

- **Queensland Hospitals Standard Drug List (SDL)**
- Determined Chief Health Officer on advice from QHDAC
- Generic list with restrictions, some guidelines
- (Includes PBS restriction where applicable)
- Representative range of drugs from pharmacolog groups
- but minimise unnecessary duplication
- Approx 935 chemical entities (2000 items)
(cf PBS 565, 1385)
- See <http://www.health.qld.gov.au/qhcss/mapsu/>

2. **Statewide Drug Advisory Committee**

- **Queensland Hospitals Drug Advisory Committee (QHDAC)**
- Recommendations to Office of Director-General
- Expert committee currently 15 members
- Mainly practising clinicians (incl Pharmacist, Med Admin)
- Encourage safe & cost effective drug prescribing & usage
 - control avail new drugs until experience with efficacy & toxicity
 - limit expensive items to where conditions cannot be managed by more economical well established drugs

3. Committed Wholesaler

- **Central Pharmacy**



3. Committed Wholesaler

- **Central Pharmacy**
- **Statewide** distribution focussed on QH needs (400 clients)
- Assist maintain SDL
- Stock SDL items
- Advice for smaller units
- Reduce number of accounts & ordering time at individual hospital
- Reduce number of accounts industry needs to maintain
- Reduce industry distribution costs
- Usage information on whole of State basis
- Small scale manufacturing

4. State Contract

- **Managed - Qld Health Purchasing & Logistics**
- Based on SDL
- Therapeutic group tenders (eg CNS, Gastrointestinal)
- Delivery into single site (CP distributes to rest of state)
- Estimated annual usage
- **Decisions:** (On advice from Medication Services Qld)
 - price
 - supply history & packaging
 - clinical issues referred to clinicians (QHDAC)
 - factors that will allow supplier to achieve efficiencies & hence offer competitive price

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Questions & Answers on Queensland model

- More detail on SDL & QHDAC:
- Summary ToR incl membership, and authority, funding issues
- Considerations of c'ee
- Support for Cee & SDL
- Finance for items

Questions & Answers on Queensland model

- **QHDAC Summary ToR, Objectives, etc**
- Receive applications for drug additions/changes
- Consider evidence on efficacy & toxicity & make recommendations on availability
- Consider problems related to therapeutic substances
- “Flag” items with substantial financial implications
- Monitor usage & encourage “quality” use
- Encourage ADRAC reporting

and.....

Questions & Answers on Queensland model

- **QHDAC Summary ToR, Objectives, etc (ctd)**
- Encourage development of hospital drug committees
- Liaise with Clth authorities & manufacturers where their decisions impact on Qld Health
- Maintain system for urgent approvals of non-SDL items
- Maintain system to deal with potential COI etc
- Active role to ensure responsible promotion of drugs
- Encourage benchmarking of self & other drug c'ees

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Questions & Answers on Queensland model

- **QHDAC Summary Membership - Includes**
- General physicians
- Clinical Pharmacologist
- Infectious disease specialists
- Paediatrician
- Psychiatrist
- Oncologist
- Anaesthetists
- Medical Administrator
- Clinical Pharmacists
- Director Central Pharmacy, Director Meds & Pharm Services

Questions & Answers on Queensland model

QHDAC Summary - Authority

- Advisory committee
- Reports to Chief Health Officer (Snr MO in Dept) on behalf of Director General
- CHO is member of QH Exec Management Team (EMT)
- Approval by CHO makes Dept Policy
- Options to seek additional info or take to EMT

Questions & Answers on Queensland model

QHDAC Summary – C'ee Considerations

- Committed to safe, rational, cost effective use of therapeutic substances to benefit patients
- Applications from clinical staff of hospitals/institutions
- Considerations
 - clinical - extent of benefit
 - cost effectiveness
 - place in therapy – (? subset which would benefit?)
 - financial impact on Queensland Health

Questions & Answers on Queensland model

QHDAC Summary – Application Form

- Similar to most other
- What the drug is, what it does, what it might replace
- What restrictions might be appropriate
- What is the cost - per unit, per treatment, Number of treatments
- PBS availability
- Local assessment at hospital of origin (Pharmacy, Med Super, Drug C'ee)
- Potential conflict of interest statement (research, travel, conference subsidy, etc)

Questions & Answers on Queensland model

QHDAC Summary – Information sought

- Published data
 - landmark papers
 - comparison to current therapy
 - major step forward or incremental benefit
- Epidemiology
 - how many patients with condition (? sub-set)
 - what proportion likely to use this agent
 - what proportion managed as public hospital patients
- Clinician feedback if used drug
 - likely place in therapy

plus

Questions & Answers on Queensland model

QHDAC Summary – Information sought

External evaluations (Cochrane, NSWTAG, WATAG, etc)

- Pharmacoeconomic data
 - if relevant
 - local
 - from health service perspective and convincing
 - happy to see PBS analysis data & correspondence

Questions & Answers on Queensland model

QHDAC Summary – Information sought

On the one hand

- Not that interested in economics

On the other hand

- Very interested in the need in the healthcare system to allocate scarce resources among competing wants to satisfy as many of those as possible

Questions & Answers on Queensland model

QHDAC Summary Finance for Items Recommended

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Questions & Answers on Queensland model

QHDAC Summary Finance for Items Recommended

Currently:

- All funds assigned to Area Health Services for assignment to HS Districts in annual budget
- Increases for new drugs managed within existing budgets
- Some benefit from PBS growth formula for ceiling

Proposal:

- To involve AHS in decision process

Questions & Answers on Queensland model

QHDAC Summary - Support for Committee

- Funded from wholesaler profit
- Recent years 2 clinical support pharmacists plus Unit Director oversight
 - Agendas, minutes, briefing notes, correspondence
 - Bulletins, Ann report
 - Maintain SDL
 - Consensus guidelines on complex or expensive drugs eg Drotrecagin alfa, gabapentin

and....

Questions & Answers on Queensland model

QHDAC Summary - Support for Committee

- 2008 – Added Senior Position to provide leadership and manage functions moving forward
- Arrange greater pharmacoeconomic & pharmacoepidemiologic input
- Improve communications
- Improve partnering
- Make appropriate use of admin support

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Conclusion – the future – Di Aldous

Where to now?

- Review of QHDAC-2008/09
- Greater involvement of Area Health Services (20 Districts) for accountability
- Pharmacoeconomic input
- Pharmacoepidemiology input
- Communication and education strategy
- Electronic support for management

Queensland Drug Availability

ANY FURTHER QUESTIONS?