



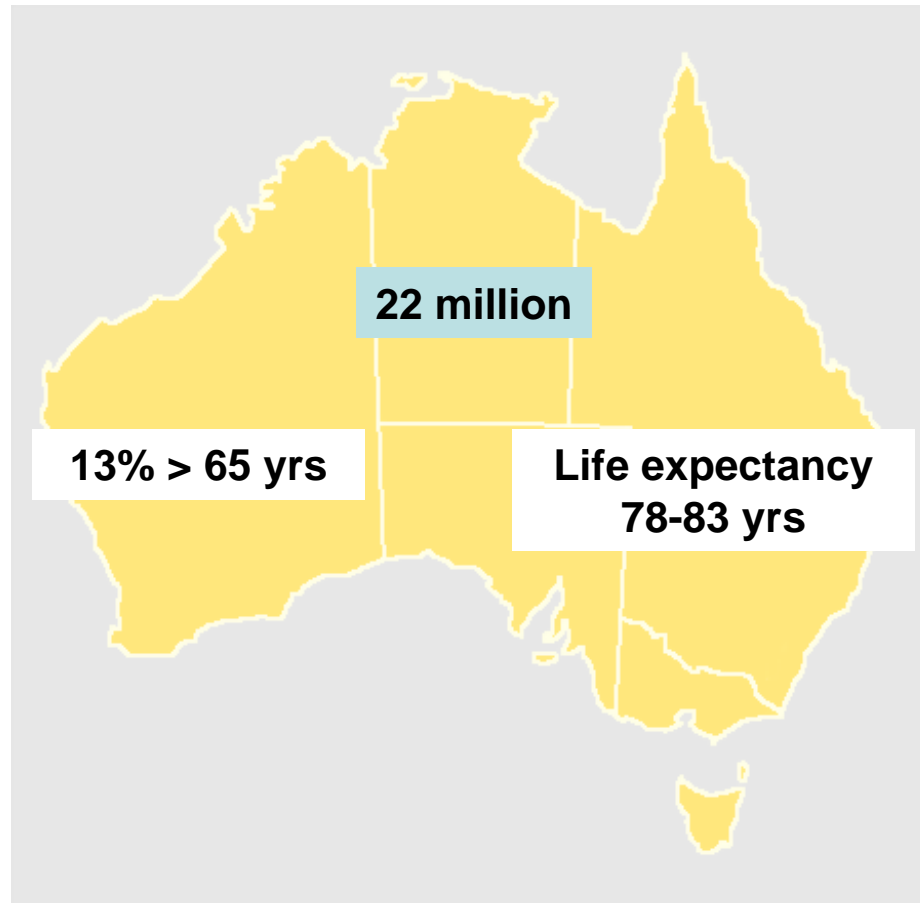
National Prescribing Service Limited

Improving Prescribing and Use of Medicines – Australian Model

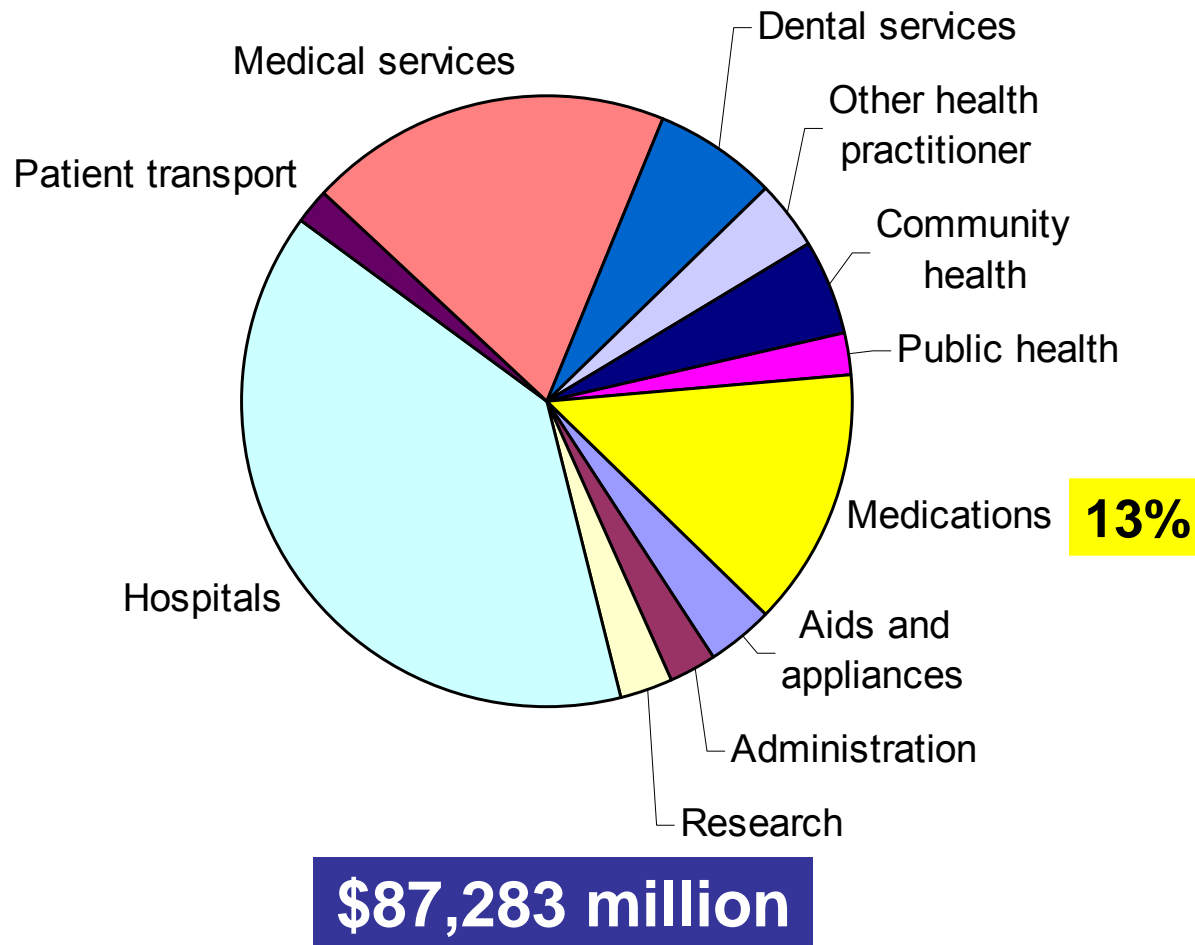


Lynn Weekes
Chief Executive Officer
National Prescribing Service

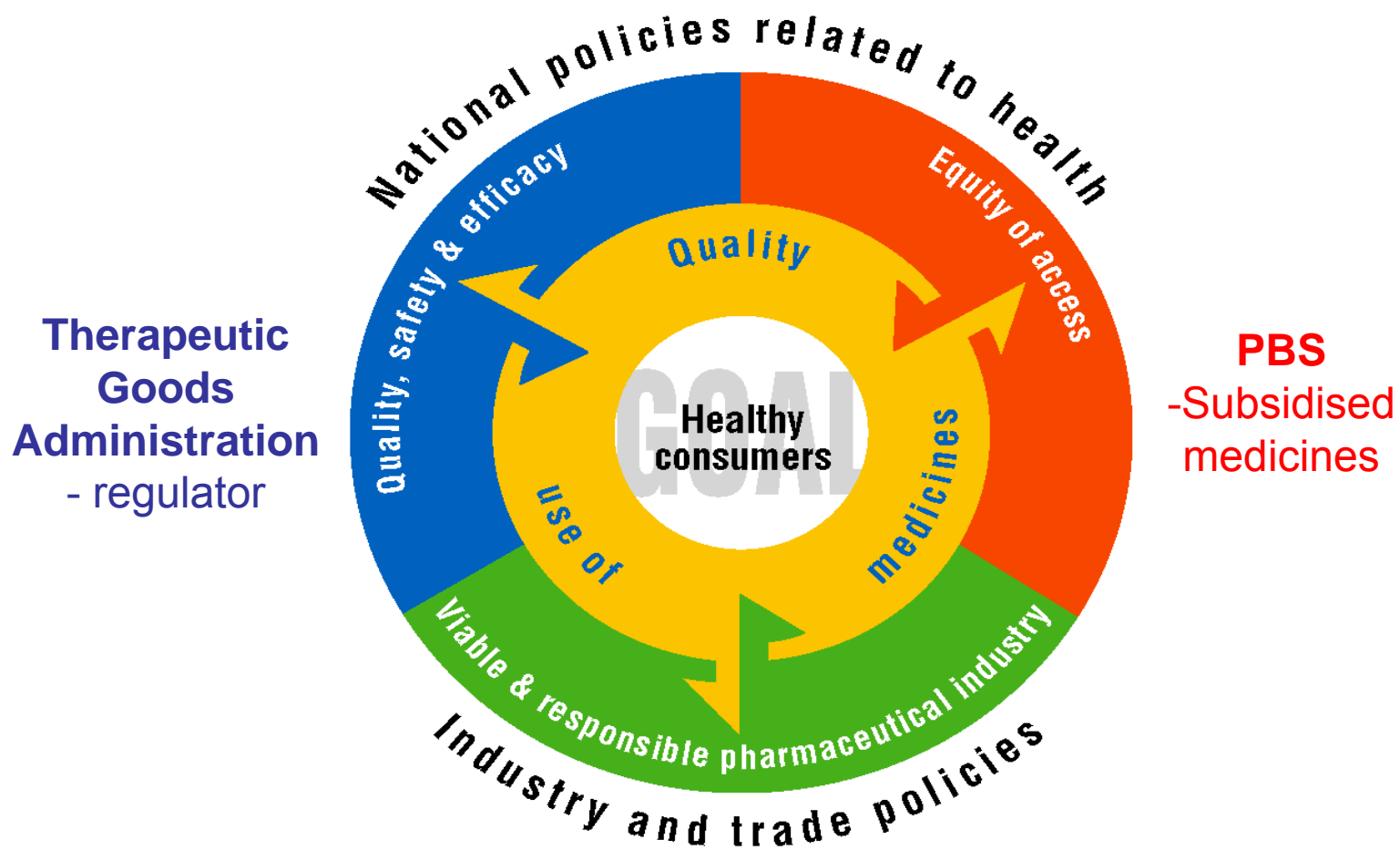
Australia 2009



Health expenditure 2006-07



Where does NPS fit?



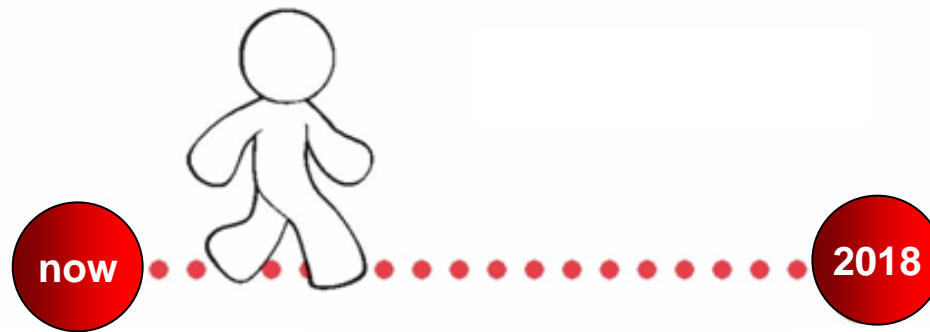
NPS model

- **Membership based**
- **At arm's length from government**
- **Expenditure \$36 m**
- **National**
 - 130 staff
 - 150 facilitators
 - 200 peer educators



NPS Mission

Best decisions about
medicines



Better health and economic
outcomes

NPS towards 2018

We are here

To enable people to make the best decisions about medicines, creating better health and economic outcomes

What we do

Develop

We develop best practice, **evidence-based knowledge** about Quality Use of Medicines



Connect

We connect our audiences with this knowledge, through **influential communications** and **original interventions**



Change

We positively change **decisions about medicines**, creating better health and economic outcomes for individuals and the nation

Collaborate

We engage our member and partner network

Evaluate

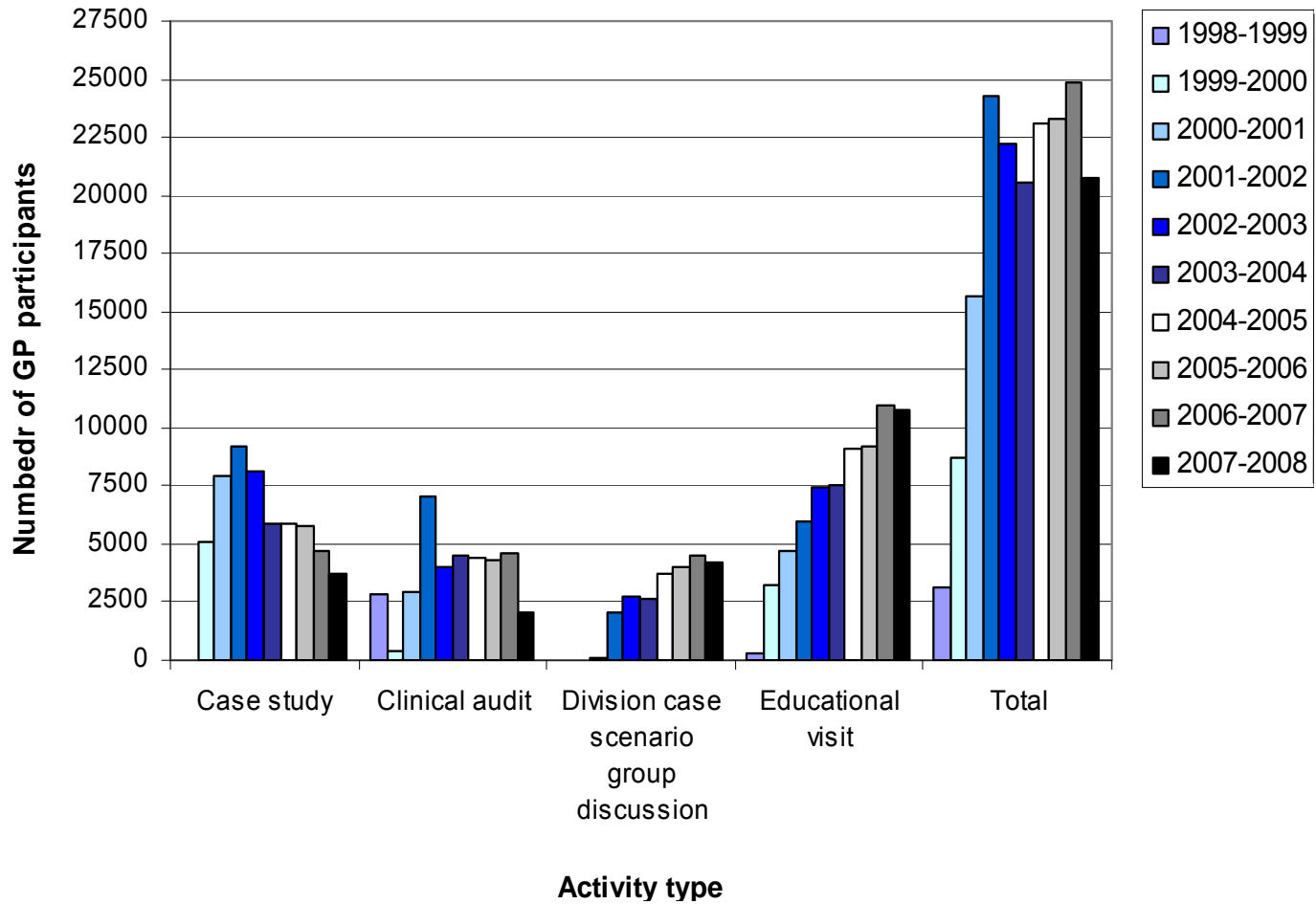
Range of interventions

Written information	RADAR 63,000 HPs Australian Prescriber 52,000 HPs NPS News 52,000 HPs
Prescribing feedback	∞20,000 GPs
Academic detailing	2-3 topics 10,000 GPs
Interactive case studies	4-6 topics 4,000GPs 1,000 pharmacists
Self-audit	3 topics 4,500 GPs 4,000 pharmacists
Peer group discussions	2-3 topics 4,000 GPs 10,000 consumers

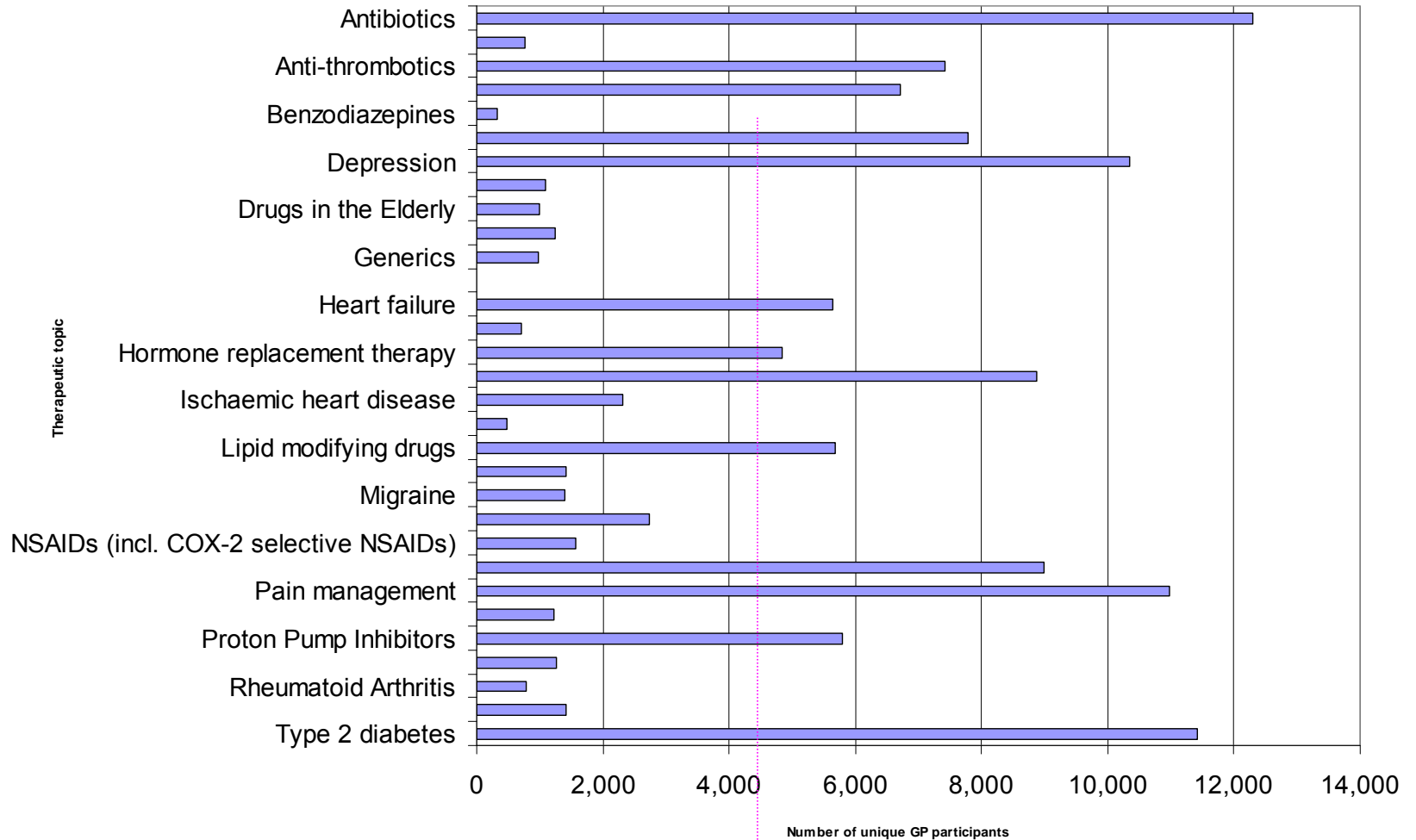
Range of interventions

Telephone services	6000 calls from health professionals 23,000 calls from consumers
Opinion leaders	Specialist meetings Drug utilisation in hospitals
Prescribing curriculum	Medical and pharmacy schools Nurse practitioners and dentists
Decision support	New drug information in prescribing software
Incentives	20% GPs
Social marketing and media	

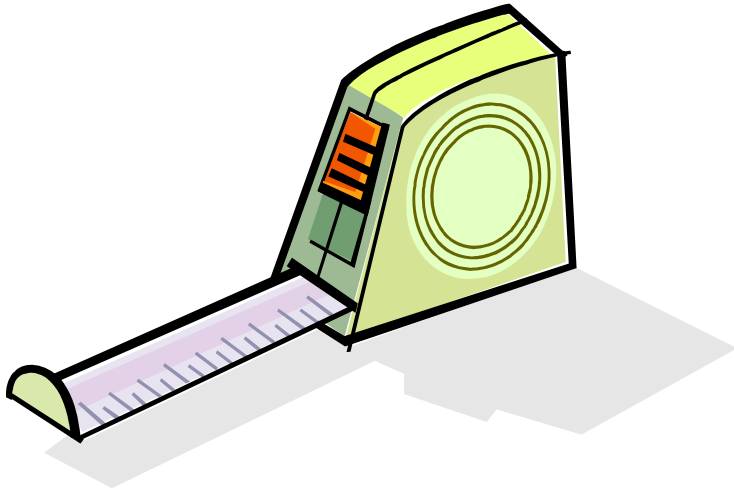
Participation



Participation by topic



Measuring effectiveness



- Reach
- Knowledge
- Drug utilisation
- **Markers of health outcomes**
- **Health outcomes**

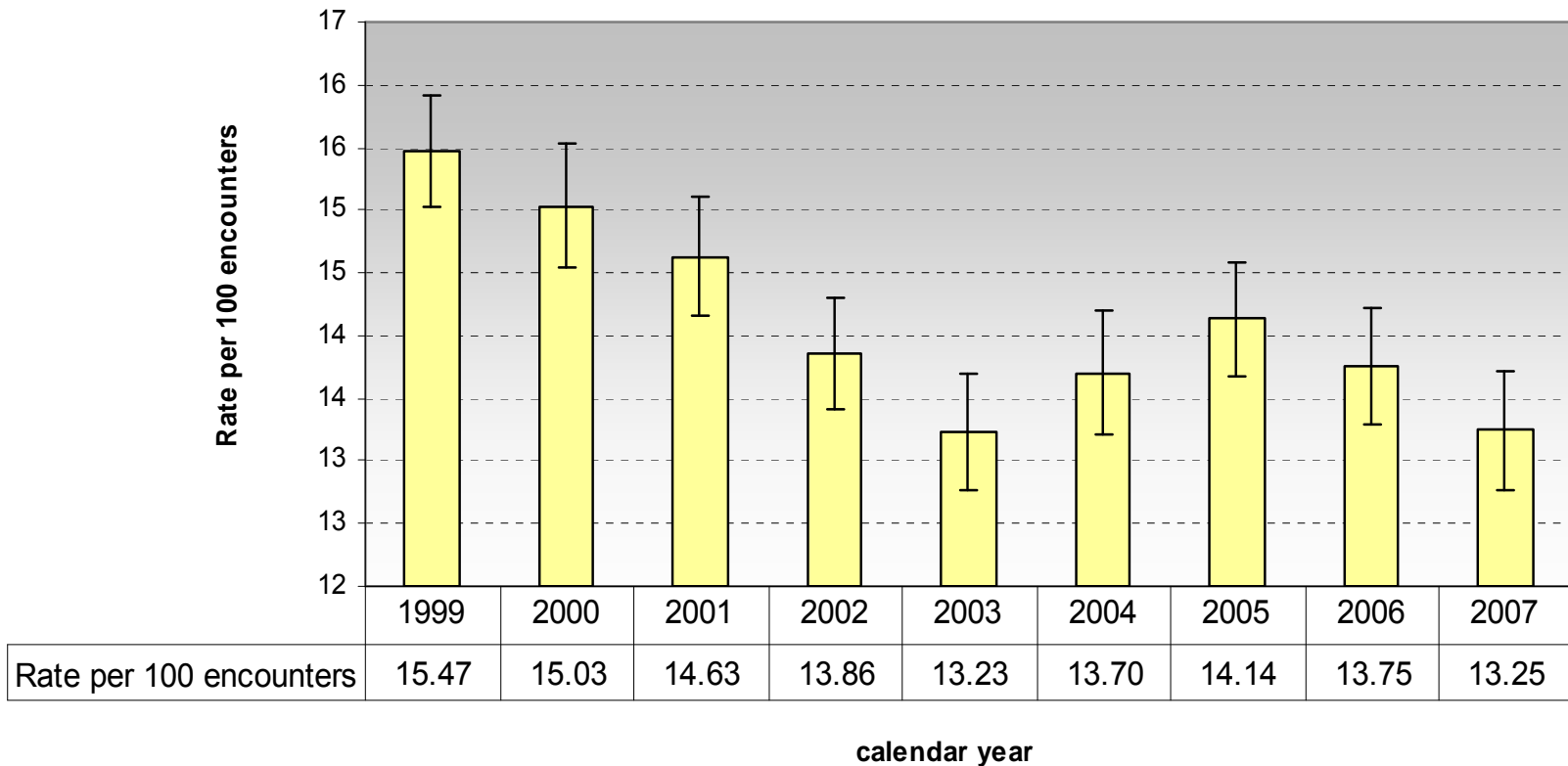
Two examples

- 1. Antibiotics for upper respiratory tract infection**
- 2. Appropriate use of antithrombotics**

Antibiotics

- **Health professional work 1999 -**
- **Consumer campaigns 2000 -**

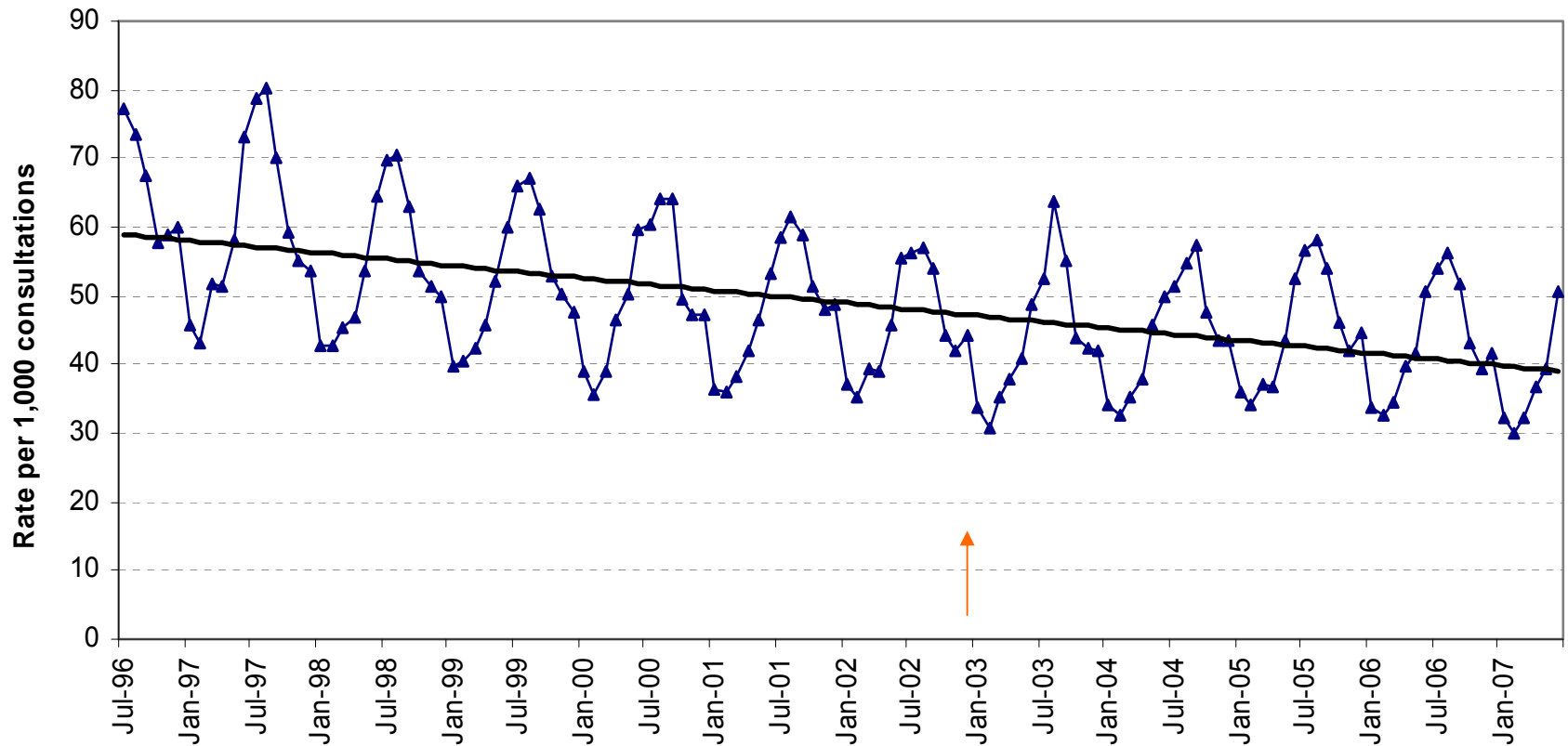
Antibiotics prescribing in general practice



Source: BEACH

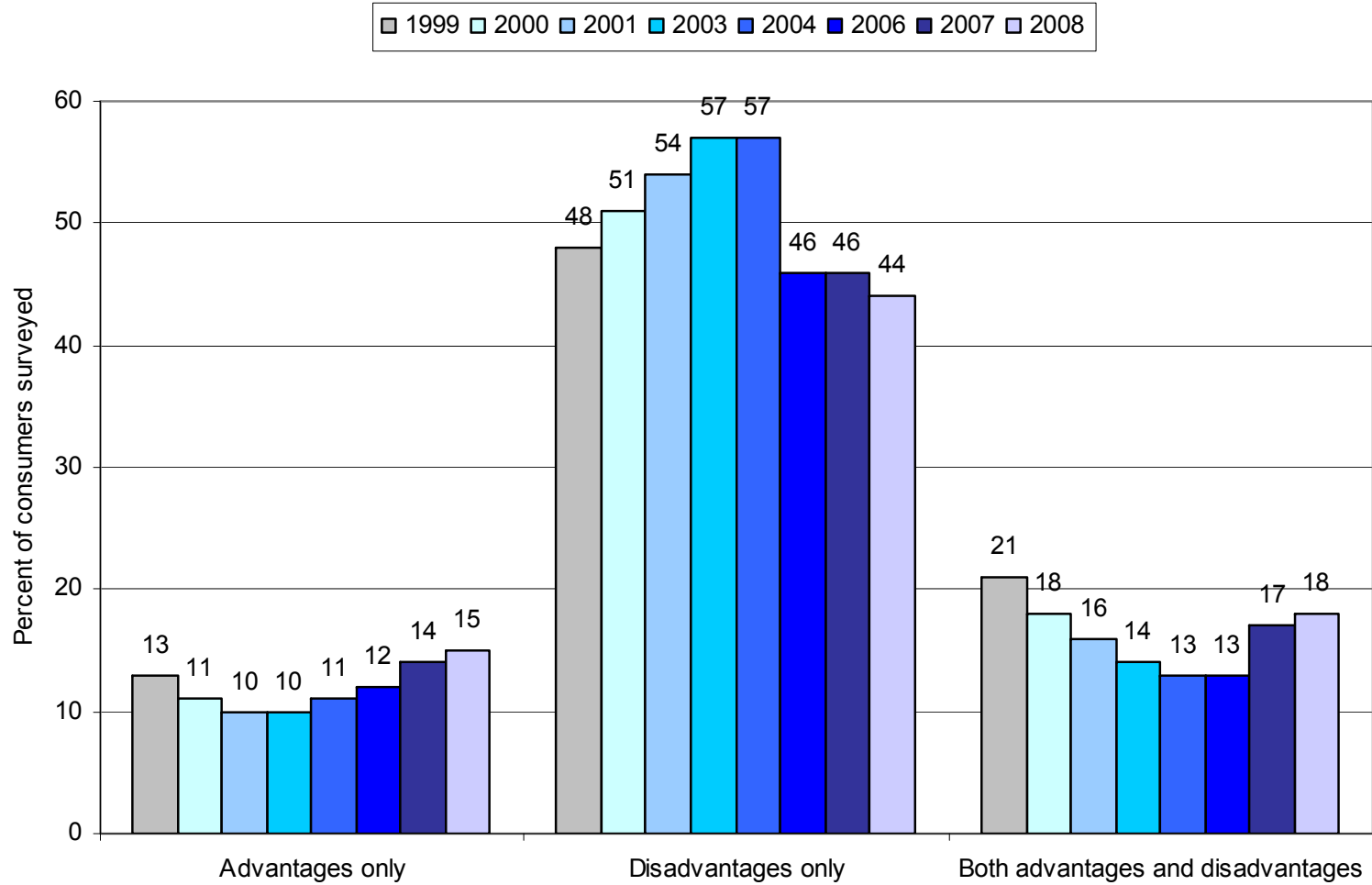
Targeted antibiotics

All 9 URTI antibiotics - 1996 - 2007 rate of prescribing O DOP



Source: Medicare Australia

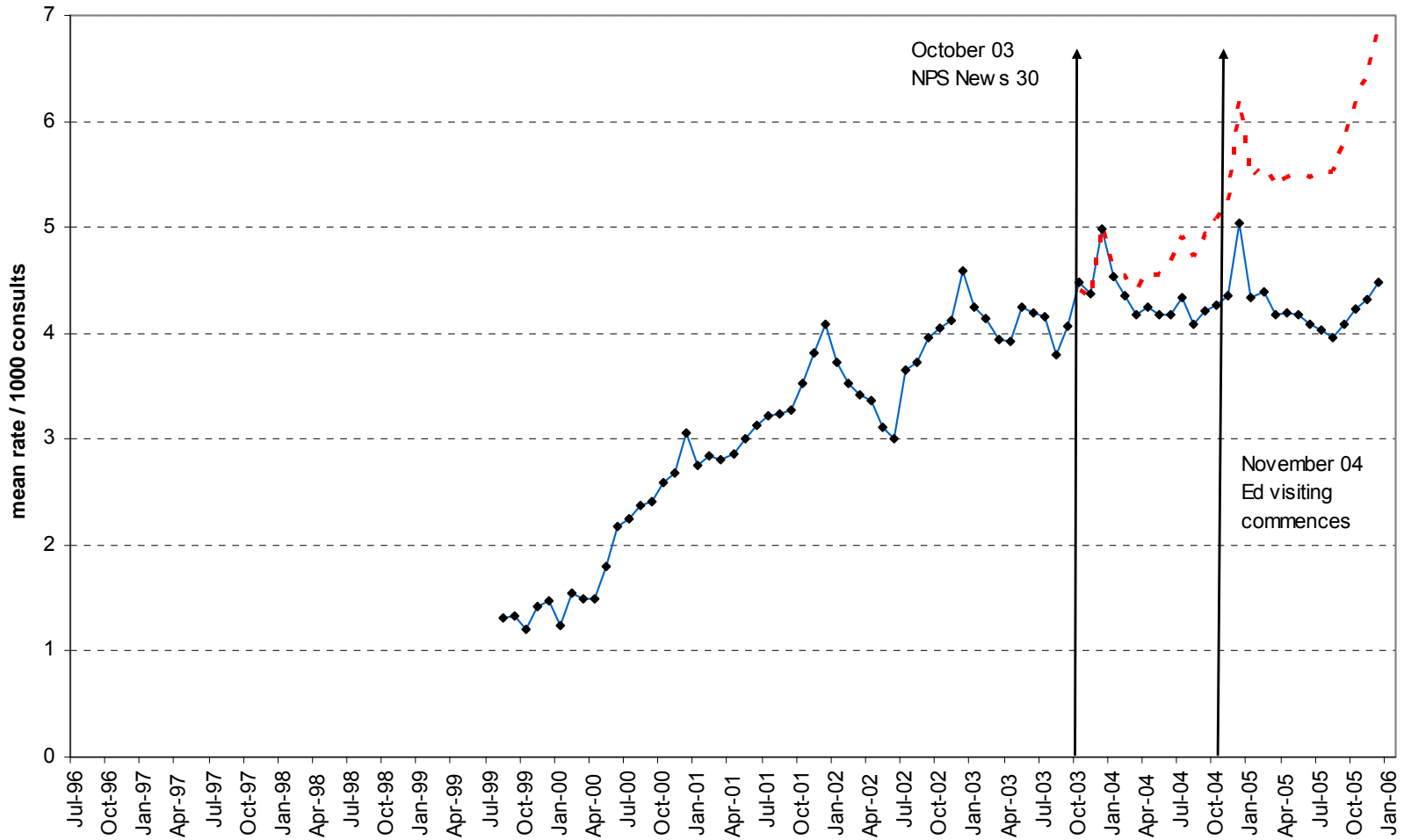
Consumer views



Antithrombotics

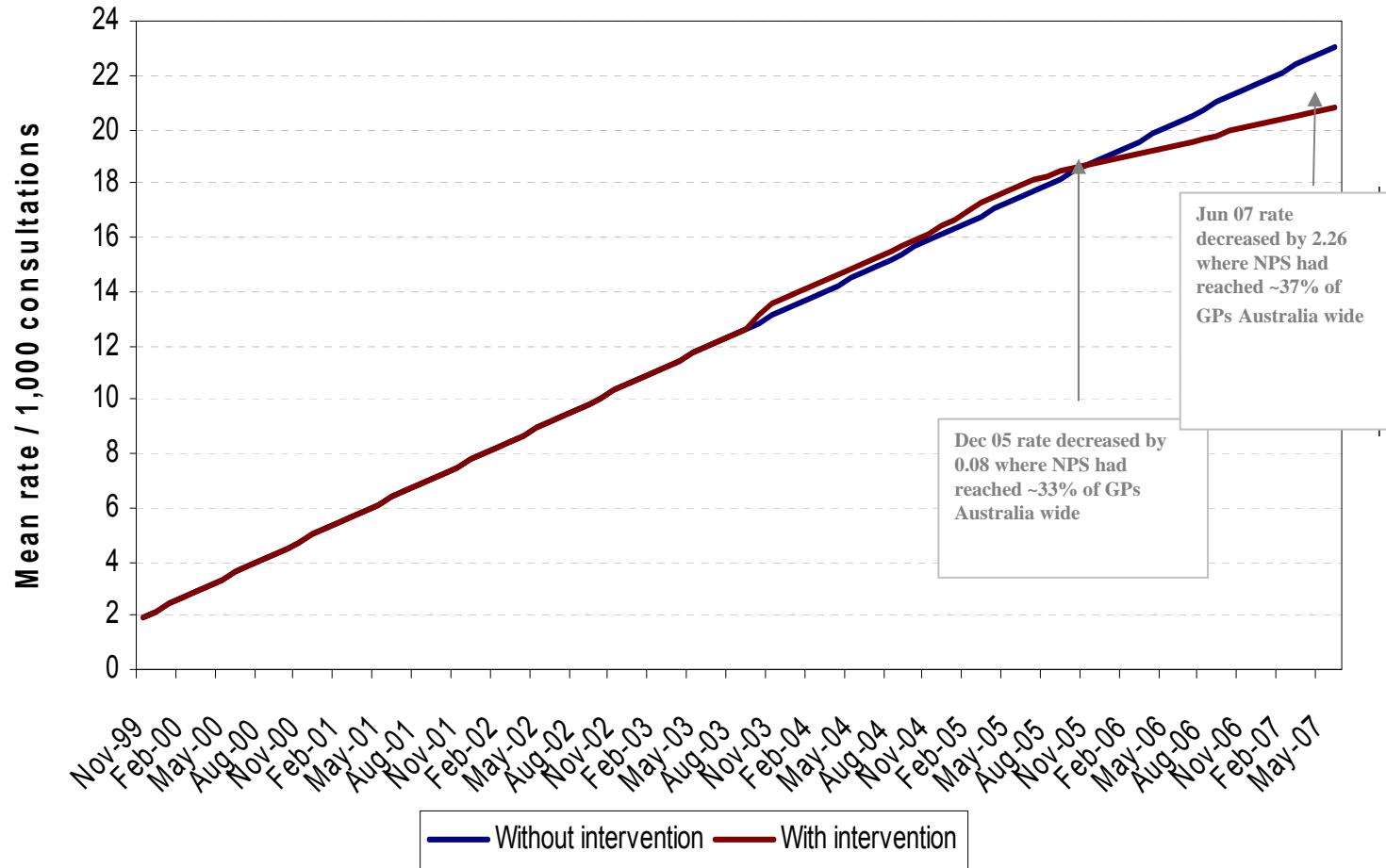
- **Consider warfarin in all patients with atrial fibrillation at moderate-to-high risk of thromboembolism**
- **Regularly monitor INR and review risk factors for bleeding for safe warfarin use**
- **Low-dose aspirin (75-150 mg per day) is the drug of first choice over other antiplatelet agents to prevent CVD**
- **Where the absolute risk of coronary heart disease events is low, the benefit of low-dose aspirin is no greater than the risk of bleeding**

Dipyridamole prescribing



Clopidogrel prescribing

Clopidogrel analysis: prediction comparison with and without NPS intervention- DOP O&R



Opportunities and challenges

- **Bringing consumers along**
- **Measuring changes in health**
- **Emerging prescribers**
- **Data and analyses**
- **Reaching the hard to reach**
- **Interventions for uptake of new drugs**

