

OPTIMISING AUDIT AND FEEDBACK

NPS MedicineWise experience

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TODAY

- ▶ Who is NPS MedicineWise?
- ▶ Our programs
- ▶ Our audit and feedback
- ▶ How did we apply best practice?
- ▶ What did we learn from the process?

NPS MEDICINEWISE PROGRAMS

- ▶ 3-5 clinical programs per annum
- ▶ All programs multi-faceted
- ▶ >28,000 in-practice GP and >11,000 pharmacist interactions p.a.
- ▶ Range of contractual obligations, inc:
 - Health outcome reports
 - PBS/ MBS savings
 - Consumer resources

Weekes et al. NPS MedicineWise: 20 years of change. J Pharm Policy Pract.

OUR IMPACT

- ▶ >\$1B in savings on PBS, and >\$100M in savings on MBS
- ▶ 2010-2015 contract period = \$381.89M
- ▶ 2013-14FY = \$98.24M (\$69.24 PBS, \$29M MBS) savings with ~\$39M funding
- ▶ Independent evaluation shows 1:9 investment benefit either in health system or productivity savings

NPS MEDICINEWISE AUDIT AND FEEDBACK

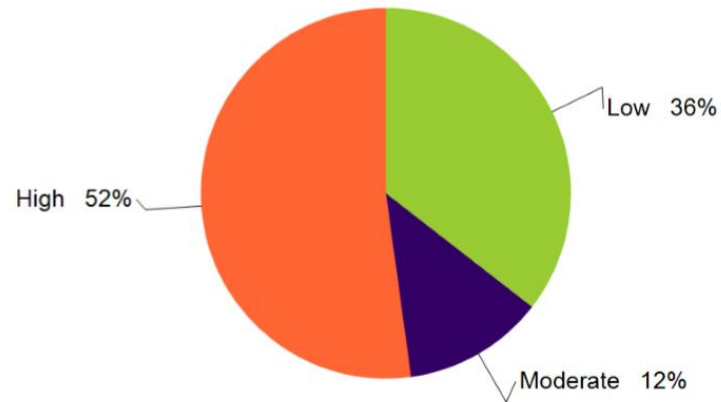
- ▶ 7 types of feedback interventions
- ▶ Audience: GP, pharmacist, specialist
- ▶ Format: online, face-to-face, mail
- ▶ Data: self-report, administrative data, clinical information systems
- ▶ MedicineInsight:
 - Data extracted from GP systems
 - >4M active patients
 - Feedback delivered face-to-face 3 times per annum

And then I said *Ka*



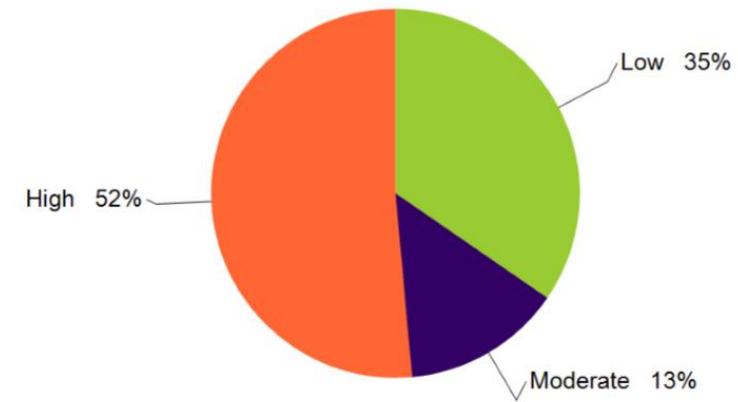
For your patients on statin therapy, what was their CV risk before starting treatment***?

Pretreatment CV risk - Your practice



(n = 138)

Pretreatment CV risk - All practices



(n = 602)

*recorded CV risk taken from values in the clinical information system

**high CV risk includes those with existing CV disease

***pretreatment CV risk values are obtained through a combination of values entered into the clinical information system and manual calculation, based on values prior to lipid-modifying or antihypertensive therapy



ALIGNING WITH BEST PRACTICE

- ▶ Day workshop
- ▶ Background theory
- ▶ Development of evidence over last 10-15 years
- ▶ Presseau and Hysong workshop format from 2018 Toronto A&F symposium
 - Brehaut et al. Practice feedback interventions: 15 suggestions for optimising effectiveness. Ann Intern Med 2016;164:435-41.
- ▶ Prototype activity using: statins audit, glue, blank paper, post-its, pens

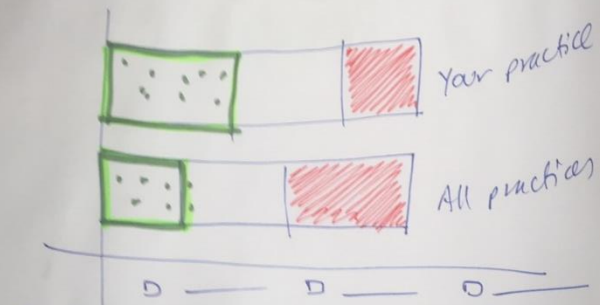


Figure 1: Proportion of pts currently prescribed low, no, or high CV risk (n=X)

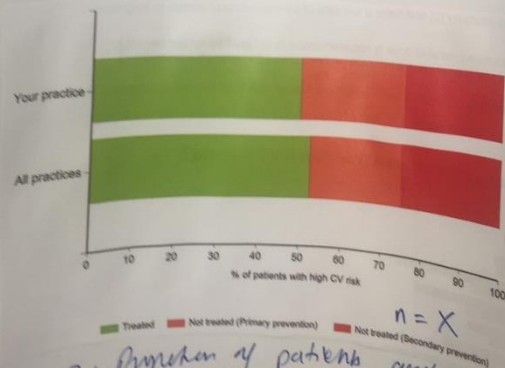


Figure 2: Proportion of patients aged 45-74 with high CV risk.

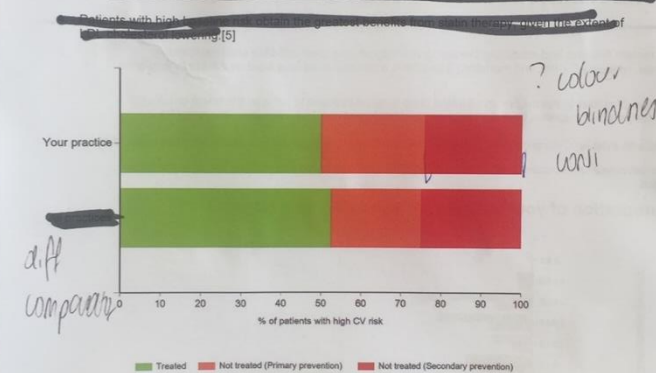
Assess absolute CV risk ...

11% of your patients aged 45-74 years requiring CV risk assessment have absolute CV risk recorded*

1 bigger text

TREAT YOUR HIGH RISK PATIENTS

How many of your patients with high CV risk are being treated with statins?



	Your Practice	All Practices
# Patients at high CV risk	16	1
% not using statin or other	1	0
% not using statins or other	1	0
% not using statins or other	0	0
% not using statins or other	0	0
% not using statins or other	3	1
% not using statins or other	7	1



**NPS
MEDICINEWISE**

PRINCIPLES FOR APPLYING EVIDENCE

- ▶ Observed similarities across prototypes
- ▶ Team documented principles for how 15 suggestions applied to MedicineInsight feedback
- ▶ Elements of process (how to build), design (what it looks like), delivery (experience of receiving feedback)
- ▶ Moved team beyond the 'report' to the intervention

10. Minimise extraneous cognitive load for feedback recipients



← Cognitive load →

