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Patient safety the clear winner in Active Ingredient Prescribing initiative

Active Ingredient Prescribing (AIP) will help reduce the cost of medicines, mitigate risk of medication errors and increase health literacy among patients. However, education is essential for both patients and healthcare professionals to ensure a smooth transition and avoid potential risks to patient safety.

This was the consensus of four leading health professionals speaking on a panel led by MedicalDirector's Acting Chief Medical Officer, Dr Charlotte Middleton. The panel explored the AIP changes through multiple lenses, discussing what the changes will mean for patients as well as healthcare professionals.



Meet Our Panellists

- **Dr Charlotte Middleton (Moderator), GP and Chief Medical Officer, MedicalDirector**
- **Dr Shane Jackson**, Pharmacist, Interim CEO and Former President, Pharmaceutical Society of Australia
- **Elizabeth de Somer**, Chief Executive Officer, Medicines Australia
- **Gloria Antonio**, Deputy Chief Executive Officer, NPS MedicineWise

- **Dr Jill Gamberg**, GP and Media Personality

Key Insights

The Active Ingredient Prescribing initiative is part of a \$1.8 billion investment in measures announced to reduce the drugs bill over five years. The proposed changes will help reduce the cost of medicines for consumers as well as reduce PBS spend on medicines. These changes will also have some positive knock-on effects for medications development.

“The savings that are generated through competition in this multi brand market will free up some head room for the government to develop new breakthrough medicines and for discoveries to be made available for Australian patients, which is critical for our health care system,” said Elizabeth de Somer, Chief Executive Officer at Medicines Australia.

While the cost-related benefits are clear, the overwhelming positive of the Active Ingredient Prescribing changes will be the reduction in medication errors and associated deaths.

“Unfortunately there’s a lot of medication related death in Australia. And if prescribing generically is a step towards reducing error, reducing death, and reducing disability from medication error then that’s an excellent benefit in my book,” said panellist Jill Gamerg, GP and media personality.

Pharmacist, Interim CEO and former President of the Pharmaceutical Society of Australia, Dr Shane Jackson backed up this point, highlighting the fact that more than 250,000 people are admitted to hospital each year because of medication related harm, costing the healthcare system \$1.4 billion annually.

Jackson added that Active Ingredient Prescribing will also help address the medicine shortage we experienced recently during COVID-19. He points out that if someone’s familiar with their active ingredient then the change in brand is going to be less of an issue because they’re familiar with their drug.

Guiding patients through change

With any change of this magnitude, a robust education and health literacy program is key, the panellists agreed.

“Health literacy is critical because the more patients understand their medicine, the better and safer it will be. It really highlights the importance of the relationship between the patient, their prescriber, and their pharmacist to provide this education,” de Somer said.

Dr Jackson agreed it’s the duty of healthcare professionals to transition the conversation with patients to active ingredient prescribing, and ensure GPs and pharmacists are keeping lines of communication open.

“It’s incumbent on us all to make sure that we’re adequately communicating, that we’re going above and beyond. If COVID-19 has taught us anything, it’s to make sure that we pick up the phone and talk to our fellow healthcare professionals if we have any concerns.”

Framing is everything

Along with many positives there are also risks in making a change of this scale, and that could come at the cost to patients’ safety.

“It’s going to take some time before we can make it a very safe system and we need to be very wary while we transition that we don’t make more errors,” Dr Gamberg warned.

However, the way we frame the change will have a direct effect on patient engagement, said Gloria Antonio, Deputy CEO, NPS MedicineWise.

“It’s important that we as health care professionals reinforce this as a positive change rather than a risk. We need constant and ongoing reinforcement of the message, being mindful of the level of knowledge the patient has, to ensure the message is heard.”

Greater education around our healthcare system in general and the way the PBS works will also help consumers get on board with the Active Ingredient Prescribing changes, de Somer believes.

“It’s a complex system and our general community has very little awareness of how the PBS operates, where generic medicines sit in that, and how much they cost the taxpayer. I think that we could benefit from teaching Australians how the PBS works, and why it’s important for us to make efficiencies and create savings in the generic market.”

Active Ingredient Prescribing won’t preclude choice

It’s important to note that prescribers and patients will still have freedom of choice when it comes to the medicines they want to prescribe and consume. Dr Jackson stressed the fact that AIP changes will not invalidate brand substitution preferences, and that GPs will continue to have the final word in which medication is prescribed.

“If the box on the prescription is ticked or crossed that says brand substitution not permitted, it means brand substitution not permitted. Active ingredient prescribing doesn’t override that specification.”

Likewise, consumers will be free to choose a generic or branded medication, provided the active ingredient is specified on the prescription.

A multi-faceted approach to GP education

To support GPs in transitioning to this change, Dr Gamberg suggests a “multi-faceted” approach to ensure all GPs are well educated about the upcoming changes.

“Offer webinars, send emails, send letters. Provide lots of different ways to make sure that we’re all on board and well-educated about the changes about to happen.” She added that giving GPs the opportunity to provide feedback about any fears or concerns they may have will be crucial for engagement and support of the changes.

de Somer agreed with the importance of communication and education, pointing out that timeframes have been pushed back to ensure the government has the building blocks in place before Active Ingredient Prescribing changes come into effect. She said she’s “optimistic” that there’s time for the right level of communication and engagement to occur before the changes are rolled out.

Just the start of the journey

The panel agrees that Active Ingredient Prescribing will result in an overall positive change for Australians. However, it’s not going to be a “magic switch” that makes all our problems go away, de Somer concluded.

“Doctors, pharmacists and manufacturers of medicines will all play an important role in navigating our way through this new way of working.”