| **QUALITY USE OF MEDICINES GRANT AGREEMENT WORKPLAN ACTIVITIES FY2021-2022** |
| --- |
| **Activities / Programs** | **Program Goal** | **Program Objectives** | **Total Program Costs FY2021-2022** | **Anticipated Savings and Impacts on PBS and MBS\* (if applicable)** | **Funding Source** |
| \*Note about the savings forecast:* The savings forecast involved calculating an appropriate volume reduction (i.e.3-5%) across all programs for one financial year, based on expected outcomes. They are tentative estimates only and do not account for external factors such as pricing changes and environmental effects such as COVID-19.
* For further information refer to topic nomination reports, program specific formative research reports and evaluation plans.
* The cost benefit of reduced hospitalisation secondary to adverse events (in relevant programs) is not included in this forecasting. This forecasting would be undertaken subject to successful completion of the data linkage pilot.
* Total program savings are reported annually to the Department as required by the grant agreement.
 |
| **Operational Services and Governance** | To ensure required levels of transparency, efficiency and accountability in the execution of responsibilities as stewards of quality use of medicines in Australia through focused management of the Grant Agreement.  | * To effectively administer and manage the grant agreement and ensure all performance indicators, targets, milestones and deliverables are tracked.
* Work towards Corporate structure and operational arrangements in line with recommendations from the Review of Quality use Medicines Program delivery by NPS MedicineWise (The Review).
* To support internal organisational culture change program by building financial, agreement / contract management and reporting capability, and consumer centricity and QUM collaborations.
 | $5,388,747 |  | Australian Government Department of Health |
| **QUM Health Technologies Topic Selection** | To drive quality use of medicines and health technologies across the Australian healthcare landscape and improve health outcomes through the identification of QUM priority areas for stewardship and future programs and activities that:* Address areas of unmet need
* Are evidence based
* Aim to reduce medication misuse and improve health literacy
* Have potential to contribute to health system efficiencies including the MBS and PBS
* Support a collaborative and collective impact approach
 | * Understand the QUM and health technology priorities of The Commonwealth and other key stakeholders.
* Understand the existing services and programs in the QUM ecosystem and ensure activities are complementary as appropriate.
* Apply an evidence-based research approach combined with stakeholder engagement and expert knowledge to identify priority issues.
* Identify opportunities for programs to be developed, implemented and/or measured in partnership in order to maximise impact, avoid duplication, and provide value for money.
* Identify programs that recognise and address emerging challenges related to ageing populations and complexity of managing people with co-morbidities and multiple medications.
* Identify QUM priorities that require systems-based interventions.
* Identify opportunities to demonstrate impact through:
	+ Savings to the PBS and MBS
	+ Improved health or economic outcomes
	+ Reduced medication or other health technology mis-use
	+ Improved consumer health literacy as relates QUM and health technologies
	+ Cross-sector QUM-related activities
 | $616,290 |  | Australian Government Department of Health |
| **Remote Area Aboriginal Health Service program** | To ensure a safe and effective QUM approach to the provision of medicines to residents of remote Aboriginal and Torres Strait Islander communities under the RAAHS program. | * Development of high quality and relevant education that is provided to all health professionals who may order, stock and supply PBS medicines under the RAAHS program.
* Development of guidance that takes into account the State/Territory or other relevant workforce or medicines protocols.
* To maximise leverage of existing resources to ensure they provide value for money and avoid unnecessary duplication.
* Employ effective stakeholder engagement to ensure a whole of setting approach in order to maximise uptake and impact.
 | $146,137 |  | Australian Government Department of Health |
| **Clinical Intervention Advisory Group (CIAG)** | The Clinical Intervention Advisory Group (CIAG) supports NPS MedicineWise to deliver against Grant Agreement objectives through the provision of strategic advice on potential and current Quality Use of Medicines (QUM) Grant programs, products and services in order to:* Ensure that QUM programs address unmet needs as identified through engagement with the relevant stakeholders
* Improve medicine and medical test decisions by health professionals and/or consumers
* Ensure that NPS MedicineWise is able to deliver innovative approaches to program delivery.
 | To provide advice on the following * Program and activity selection: including current quality use of medicines or medical tests issues of high unmet need, relevant settings and target audiences and opportunities (including partnerships)
* Program and intervention design and effectiveness to support behaviour change programs: drawing from implementation science, social marketing, behavioural economics, and human centred design
* Program scope: assisting with development of clear program objectives and key messages
* Evaluation: advice on appropriate evaluation methodologies and questions
* Opportunities for innovation that deliver on Grant initiatives, including, but not limited to, reach to specialists and support for PBS/MBS sustainability.
* To support exploration of different methods to engage stakeholders in creating opportunities for collective impact.
* External activities that may impact on QUM activities.
 | $108,145 |  | Australian Government Department of Health |
| **Anticholinergics / Safe Use of Medicines for Older People (Phase 2)** | Delivery of a national program to promote the efficacious and safe use of medicines that contribute to the anticholinergic burden for people over 65 across primary care, residential aged care facilities (RACFs) and at transitions of care. | * To achieve the program goal, the following objectives have been identified:
* Provide independent, evidence-based, information and education to health professionals about how to manage anticholinergic burden
* Increase health professional knowledge of medicines with anticholinergic effects and how to individualise the approach to reducing the anticholinergic burden that is aligned to consumer goals
* Increase level of consumer health literacy related to quality use of medicines, including potential benefits and harms
* Reduce inappropriate use of medicines with anticholinergic effects (and medicine-related harms)
* Identify medication safety tools and systems which impact the safe use of medicines with anticholinergic effects (e.g. Home Medicine Reviews [HMRs], Residential Medication Management Reviews [RMMRs] and Health assessment for people aged 75 years and older)
 | $3,095,179 | PBS $3.2MEvaluation method: Interrupted Time Series | Australian Government Department of Health |
| **Psychotropic Medicines and Younger People**  | Delivery of a national program that aims to improve the quality use of psychotropic medicines for younger people, particularly as it relates to antidepressant use for people between 16 and 24 years of age. | Objectives for the Phase 1 workplan:* Identify factors impacting on the quality use of psychotropic medicines for younger people
* Define options for interventions to address the quality use of psychotropic medicines for younger people
* Through stakeholder consultation, identify ways to support a collective impact approach to improve the quality use of psychotropic medicines for younger people
* Define outcome indicators for assessing the success of collective approach to improve the quality use of psychotropic medicines for younger people
* Explore and scope opportunities for working with specialists through MedicineInsight data
* Design of a national and multifaceted program incorporating educational visiting activities.

This workplan will inform the development of a program of interventional activities to achieve the program goal (above) and the following outcomes:* Increased health literacy of younger people (i.e. between 16 and 24 years of age) as it relates to psychotropic medicines and non-pharmacological treatment options (including for example the risks and benefits associated with antidepressant use)
* Increased knowledge, confidence and practice of general practitioners in managing mental health conditions for younger people, using medicines and non-pharmacological approaches
* Increased use of non-pharmacological approaches (e.g. referral for psychological services) as first-line where appropriate
* Reduced prescribing of antidepressants first-line for younger people
* Improved sustainability of the PBS and MBS.

Specific program objectives to support achievement of the outcomes above will be developed as part of this Phase. | $244,522 | PBS: $3.3MEvaluation method: Interrupted Time Series | Australian Government Department of Health |
| **Opioids High Risk Medicines** | To deliver a program of activities on opioid use and pain management to sustain and build on impacts from previous programs.  | * Leverage interventions from previous opioid and pain management programs
* Increase level of health professional knowledge related to quality use of opioids.
* Increase level of consumer health literacy related to opioids
* Reduce inappropriate prescribing of opioids.
* Reduce misuse of medicines (and medicine-related harms).
* Reduce medicine-related hospital admissions (eg, due to opioid-related harms).
* Improve sustainability of the PBS.
	+ Most of the above objectives are the same as for the previous QUM grant funded Opioid program as they represent ongoing objectives for opioid-related interventions. Based on insights from cost savings evaluations, the previous program will likely have impacts on these objectives for at least 3 years after their final implementation, with impact potentially decaying thereafter. Activities in this workplan will slow the potential decay of the impact of the previous program against these objectives.
 | $117,203 |  | Australian Government Department of Health |
| **Opioid Analgesic Competency Support program** | To support the quality use of opioids and reduce opioid-related harms through provision of educational resources and interventions to support prescribing and dispensing competencies for health professionals in relation to opioids. | Objectives for the workplan are to:* work with Australian Commission on Safety and Quality in Health Care (ACSQHC) to develop opioid analgesic education to support and reinforce prescribing and dispensing competencies for health professionals including those working in emergency departments, surgical units and at transitions of care.
	+ develop a resource kit to provide an easily accessible summary of best practice in acute pain management in acute care settings
	+ develop case-based educational interventions focused on opioids prescribing and dispensing that targets career-long engagement.
	+ engage with, Australian hospitals through ACSQHC and health professional’ peak bodies on the development of education and training that support the existing prescribing and dispensing competencies for application to opioid analgesics for acute pain management
	+ actively promote the uptake of the educational interventions by targeting health professionals in, secondary and tertiary care and where appropriate transition to primary care.

This workplan will support the achievement of the following outcomes:* Provision of independent, evidence-based information and education to health professionals.
* Increased uptake and health professional knowledge of and adherence to prescribing and dispensing competencies.
 | $178,317 |  | Australian Government Department of Health |
| **QUM Primary Care Framework** | Improve Quality Use of Medicines (QUM) in primary care through working in partnership with Primary Health Networks (PHNs)Increase impact of QUM Grant Agreement programs through provision of QUM resources that meet PHN needs. | * Identify PHN priorities, activities and opportunities as relate to QUM in primary care
* Implement a pilot project that supports improvements in QUM in primary care and leverages QUM program resources
* Develop a framework to support PHNs to embed QUM in future core activities.
 | $156,411 |  | Australian Government Department of Health |
| **Data Quality Improvement** | To support improved QUM and post market surveillance through MedicineInsight and other datasets.  | * Determine gaps in data collection via clinical information systems due to GP data entry issues
* Determine standardised data entry for issues that are identified in collaboration with RACGP
* Collaborate with Medical Director and Best Practice vendors to understand potential solutions for CIS data entry issues
* Understand appropriate approaches to engaging GPs to improve data entry
* Determine common data quality issues with PHNs and collaborate on improving data entry for PIPQI and QUM.
* Develop interventions to engage GPs in standardised data entry to improve data gaps and quality.
 | $128,102 |  | Australian Government Department of Health |
| **Practice Reviews** | To improve quality use of medicines and medical tests for Australians who are managed in primary care.Deliver PBS and MBS savings as relates to quality use of target medicines and diagnostic tests in line with program objectives.Provide independent, evidence-based information, behaviour change initiatives and education services on quality use of medicines. | * Improve the sustainability of the PBS and MBS
* Increase impact and return on investment of Practice Reviews over time as per the recommendations from the Program and Intervention Innovation workplan
* Decrease inappropriate prescribing of target medicines and associated harms
* Decrease inappropriate ordering of diagnostic tests and associated harms.
* Promote and support Choosing Wisely recommendations where appropriate
 | $986,138 | PBS: $3.8MMBS: $14MEvaluation method: Interrupted Time Series | Australian Government Department of Health |
| **Psychotropics in Aged Care** | To improve the management of behavioural and psychological symptoms (BPSD) of dementia in people aged ≥ 65 years. | * Deliver a national, independent, evidence-based, behaviour change initiative and education services on quality use of medicines in people with dementia aged ≥ 65 years.
* Decrease inappropriate prescribing of psychotropic medicines (i.e. antipsychotics and benzodiazepines) for people with dementia aged ≥65 years living in residential aged care facilities and the wider community.
* Increase health professional knowledge of evidence-based non-pharmacological approaches to manage dementia in people aged ≥ 65 years.
* Increase the health literacy of carers regarding psychotropic medicines and non-pharmacological approaches used in the management of dementia in people aged ≥ 65 years.
* Increase the proportion of health professionals who seek to identify the underlying causes of behaviour in people with dementia aged ≥ 65 years to inform appropriate management.
 | $753,014 | PBS $1.3MEvaluation method: Interrupted Time Series | Australian Government Department of Health |
| **Good Medicine Better Health program** | To improve Aboriginal and Torres Strait Islander Health Workers and Practitioners’ (including Remote Area Aboriginal Health Services (RAAHS) workers) knowledge, skills and access to resources in quality use of medicines (QUM)Provide education that builds the competency and confidence of Aboriginal and Torres Strait Islander Health Workers (AHW) and Practitioners in the quality use of medicines and medical tests.Enable access to best resources to improve medicines literacy of Aboriginal and Torres Strait Islander communities. | * Increase awareness of QUM among Aboriginal and Torres Strait Islander communities through the education of Aboriginal and Torres Strait Islander Health Workers and Practitioners
* Work in partnership with Aboriginal and Torres Strait Islander organisations, including National Aboriginal Community Controlled Health Organisation (NACCHO) and National Aboriginal and Torres Strait Islander Health Workforce Association (NATSIHWA) to ensure that the program meets the needs of the diversity of health providers serving Indigenous people.
* Provide a flexible program that allows for adaptation to local communities.
* Incentivise participation by alignment of QUM online education with continuing professional development (CPD) and training requirements of Aboriginal and Torres Strait Islander Health Workers and Practitioners
* Provide consumer resources for AHW use to support improved QUM health literacy with consumers.
* Build and strengthen partnerships with the wider health sector that create opportunities for AHWs to play a broader role in QUM.
* Work in partnership with key stakeholders to measure program impact.
 | $302,591 |  | Australian Government Department of Health |
| **National Prescribing Curriculum (NPC)** | This program aims to improve health literacy and medication confidence among undergraduate and early-career health professionals as relates to QUM principles through building improved health literacy and medication confidence amongst undergraduate and early career prescribers though the ongoing support of the National Prescribing Curriculum. | * Provide and maintain independent, interactive evidence-based education services on quality use of medicines to support undergraduate prescribers (National Prescribing Curriculum).
* Provide a learning experience that increases user health literacy (as relates to QUM) and confidence in prescribing and communication using:
* real life situations in hospital and general practice settings.
* complex, authentic tasks, for example completing prescriptions for medicines.
* feedback from experts, and for right and wrong answers.
* links to current evidence-based resources including QUM grant publications, Therapeutic Guidelines and Australian Medicines Handbook.
* Incorporation of Choosing Wisely recommendations and principles
* Increased proportion of medical and pharmacy schools participating in the program through targeted promotion and marketing.
 | $188,053 |  | Australian Government Department of Health |
| **Outcomes Evaluation** | The Grant Agreement requires that programs and activities are evaluated in order to demonstrate impacts and outcomes that support quality use of medicines and health technologies in Australia. This work plan supports activities that will demonstrate impact of programs on activities on:* Misuse of medicines and other health technologies
* Health Literacy as relates to Quality Use of Medicines
* Health and economic outcomes
* Sustainability of the Pharmaceutical Benefits Scheme and Medicare Benefits Schedule
 | * Comprehensive evaluation of all multi-facetted, national and regional programs funded under the QUM grant in order to demonstrate improvements in Quality Use of Medicines and health technologies
* Enable assessment of QUM programs with respect to value for money
* Support the selection of Topics for future programs and activities that will deliver on required program outcomes through the provision of cost savings forecasts reports and other feasibility assessments as required
* Utilisation of relevant and multiple data sets to demonstrate program outcomes
* Development and measurement of indicators to support measurement of QUM stewardship activities
* Demonstrate collective impact of multi-disciplinary QUM programs delivered in partnership
* Use of robust evaluation methodologies that have been agreed with The Commonwealth
* Provision of evaluation reports (in line with the Grant Agreement).
 | $987,238 |  | Australian Government Department of Health |
| **Program and Intervention Innovation** | To assess the effectiveness and value for money of existing interventions and program models, Develop contemporary, evidence-based understanding of best practice behaviour change in QUM,Utilise MedicineInsight to show the effectiveness of program interventions. | * Review of existing intervention suite and program delivery model.
* Continually innovate retained interventions.
* Pilot additional new and innovative QUM grant interventions and program models.
* Evaluate interventions to understand their relative effectiveness within and across QUM grant programs and clinical areas.
* Dissemination of information across the health sector that supports the design of activities to support a QUM collective impact approach.
 | $126,596 |  | Australian Government Department of Health |
| **MedicineWise APP** | To support improved health literacy and reduced medicines misuse by providing consumers with useful medicines management tools and information that support self-medicine-management, adherence, and safe use.Actively promote the MedicineWise app in line with recommendation 23 of The Review of the Quality Use of Medicines Program’s Delivery by the National Prescribing Service Limited (NPS MedicineWise) Report (The Review).  | * Deliver personalised medicines information in line with key Quality Use of Medicines (QUM) issues
* Increase consumer and health professional uptake through effective promotion and partnering
* Increase the level of tailored content and useful health and medicines information available through new content and content-sharing partnerships
* Increase app user retention by providing a valuable health and medicine platform that is valued by users
 | $859,570 |  | Australian Government Department of Health |
| **Consumer Engagement** | Grant programs and activities are influenced by Australian consumers throughout from planning, design, and implementation, to evaluation, to improve the quality use of medicines, lower medicine misuse and build health literacy. | Implement an effective consumer engagement plan that will:* Identify issues consumers face using medicines and design enhanced models of care which address those issues
* improve the quality and suitability of products and services to a diverse range of consumers’ needs
* generate new and innovative ideas for quality use of medicines campaigns and programs
* produce health information that is understandable which promote better use of medicines in line with quality use of medicines principles.

Consumer engagement will have four key components intended to maximise both impact and sustainability of approach.* Seeking consumer evidence and insights from consumers, consumer representatives, communities and consumer organisations.
* Incorporating insights into programs, products and services (direct to consumer, through partners and via health professionals).
* Building stakeholder and organisational capacity through training and support to effectively seek and integrate consumer insights as well as supporting sustainability through embedding expertise
* Monitoring and continuously improving by actively seeking feedback from consumers, partners and health professionals and incorporating feedback, measuring the impact of our work on consumer behaviour and experience and assessing the effectiveness of our engagement strategies.
 | $488,057 |  | Australian Government Department of Health |
| **RACGP CPD Accreditation** | To support improved prescriber behaviour and reduce inappropriate prescribing and use of health technologies by General Practitioners by ensuring that educational activities developed under the Grant Agreement meet registration requirements for continuing professional development. | * Incentivise GP participation in NPS MedicineWise educational activities through appropriate accreditation with RACGP
* NPS MedicineWise educational programs are available through the RACGP CPD program for General Practitioners
* NPS MedicineWise personnel are skilled in the requirements for meeting relevant CPD education standards of RACGP.
 | $40,000 |  | Australian Government Department of Health |
| **Heart Failure Educational Program** | Delivery of a national educational program that aims to improve the quality use of medicines and health technologies in the management of heart failure (HF). | * Improve the quality use of medicines for patients with heart failure in primary care and transitions of care (i.e. from hospital to community).
* Improve health outcomes for patients with heart failure (i.e. reduce the incidence of preventable hospitalisation).
* Improve the quality use of tests in the diagnosis and management of patients with heart failure in primary care.
* Increase health professional knowledge of evidence-based diagnosis and management of heart failure.
* Increase the health literacy of patients with heart failure in management of their condition.
 | $2,173,083 | Health Outcomes studyEvaluation method: Utilising linked data to evaluate hospitalisation ratesEconomic evaluation | Australian Government Department of Health |
| **Choosing Wisely Australia** | To promote and support a national conversation about unnecessary tests, treatments and procedures.Improve health literacy as it relates to unnecessary tests, treatments and proceduresReduce unnecessary use of tests, treatments and procedures. | * Change clinician and consumer attitudes to the use of unnecessary tests, treatments and procedures
* Foster consumer awareness and engagement of key messages and principles
* Demonstrate positive change in clinical practice to reduce the unnecessary use of tests, treatments and procedures
* Promote alignment within the QUM system, i.e. integration into training, guidelines and policy.
 | $664,680 |  | Australian Government Department of Health |
| **Digital and Direct Communications Platform** | To provide and support a reliable digital platform for consumers and health professionals that hosts products and services that support quality use of medicines and health technologies. | * Use data to distribute and send updates/alerts to NPS MedicineWise publication subscribers (eg Australian Prescriber)
* Maintain relationships with key stakeholders, including health professionals through digital and direct communications
* Provide a platform to register and engage in continuing professional development (CPD) activities
* Increase health professional participation in CPD education activities Ensure continual accessibility of QUM information is available across platforms
 | $1,590,276 |  | Australian Government Department of Health |
| **Digital Content** | Ensure contemporary, high-quality and up-to-date information to support the principles of quality use of medicines (QUM)/health technologies among consumers, their carers and health professionals in the Australian context.Support adult learning principles for reflective learning and behaviour change. | * Provide and maintain evidence-based QUM/health technologies information and education that is up-to-date for health professional and consumer audiences
* Maintain continuing professional development (CPD) accreditation for relevant activities as an incentive for participation
* Maintain timely up-to-date content in line with relevant Government priorities and policy changes
* Contribute to improving health literacy of Australians.
 | $505,902 |  | Australian Government Department of Health |
| **National Medicine Symposium** | Support a national dialogue on quality use of medicines (QUM) through multi-disciplinary, multi-sectorial forums that support and promote quality use of medicines and health technologies | * Host the annual National Medicines Symposium – a national forum dedicated to quality use of medicines and health technologies
* Engage key stakeholders in agenda setting (ie Commonwealth, PHNs, RACGP and ACSQHC) to ensure program reflects sector priorities
* Facilitate cross-sector collaborations and partnerships that support a collective impact approach to promote quality use of medicines and health technologies.
* Attendance by key stakeholders of the National Medicines Policy
 | $91,087 |  | Australian Government Department of Health |
| **Council of Therapeutic Advisory Groups (CATAG)** | To provide insight into key quality use of medicines issues in the acute care sector and at transitions of care.Reduce misuse of medicines as relates to high cost medicines use in acute care.Influence medication safety as medicines enter the medicines management cycle. | * Provide, expert, consensus-based collaborative advice and advocacy for the purpose of maximising influence on medicines policy and practice to ensure a quality use of medicines approach is applied across local, state and national policy and practices.
* To increase equity of patient access to safe, cost-effective and affordable medicines nationally through the development of resources to guide decision-making processes at the local and jurisdictional levels.
 | $114,287 |  | Australian Government Department of Health |
| **MedicineInsight Maintenance** | MedicineInsight continues to be a robust, valuable and trusted national primary care data set that supports provision of post market surveillance and utilisation of data. | * Maintenance of a minimum number of 500 participating general practices through proactive and regular engagement with participating practices
* Ensure stakeholder trust in MedicineInsight through maintenance and oversight of best practice data governance processes and ethics frameworks
* Increase awareness of MedicineInsight data and its application through publication of data quality and insights
* Ensure MedicineInsight remains viable, contemporary and compatible with new, emerging and changing technologies through ongoing maintenance and sector engagement
 | $2,613,402 |  | Australian Government Department of Health |
| **MedicineInsight Data Linkage** | To enhance the functionality of MedicineInsight to support post market surveillance activities and to support health outcome studies for evaluation of programs through data linkage to external data sets | * Deliver a preferred linkage capability that can be used across the whole dataset.
* Demonstrate the success of the preferred linkage capability to connect MedicineInsight with external data sets.
* Analysis of linked data sets that may enable improved post market utilisation, surveillance data and health outcome studies.
 | $249,905 |  | Australian Government Department of Health |
| **MedicineInsight Data Validation** | Ensure that MedicineInsight accurately reflects general practice data and to ensure production of high-quality post market surveillance reports.  | * In consultation with The Commonwealth, identify current gaps in MedicineInsight general practice data,
* prioritise data validation activities in line with Commonwealth priorities
* publication of data validation reports in line with Commonwealth priorities.
 | $56,639 |  | Australian Government Department of Health |
| **MedicineInsight Data Visualisation** | To enhance MedicineInsight’s offering to participating general practices and the Department of Health and associated stakeholders with the broad goal of supporting post market surveillance activities and improving patient outcomes.To evolve and expand the usage of Power BI, a data visualisation tool, an investment delivered in Schedule 8A): Workplan MedicineInsight Maintenance in FY20-21. | * Deliver interactivity and ability to visualise MedicineInsight reports for key end user groups.
* Deliver additional value to the Department of Health and other stakeholders.
* Deliver additional value to participating general practices to support ongoing participation and recruitment.
 | $350,449 |  | Australian Government Department of Health |
| **MedicineInsight General Practice Recruitment** | MedicineInsight continues to be a robust, valuable and trusted national primary care data set that supports provision of post market surveillance and utilisation of data. | * Increase value of MedicineInsight to stakeholders via a nationally representative dataset
* Increase practices participating in MedicineInsight in areas of low coverage to optimise representativeness.
* Maintain stakeholder trust in MedicineInsight concurrently with the MedicineInsight Maintenance workplan through maintenance and oversight of best practice data governance processes and ethics frameworks.
 | $119,715 |  | Australian Government Department of Health |
| **Risk Management Plan Assessments using MedicineInsight** | To assess the feasibility of the use of MedicineInsight data to support risk management plan evaluation and other post-market surveillance studies. | * Undertake stakeholder consultation using the completed proof of concept (POC) study to inform risk management plan (RMP) assessments for medicines prescribed in the general practice setting.
* Develop a framework that supports future commissioning of MedicineInsight reports for the purposes of supporting RMP and other post-market surveillance studies.
 | $16,601 |  | Australian Government Department of Health |
| **MedicineInsight Enhancements – Common Data Model** | Support increased functionality of MedicineInsight to support post market surveillance and related activities through the application of a common data model that enables alignment with and meaningful comparison using a shared ‘language’ to disparate Australian data sets as well as with other national and international datasets.Increased functionality leading to a more optimal use of MedicineInsight data by government agencies and non-government users.MedicineInsight will be a high-quality contemporary data asset. | * Develop methodology and tools to enable application of and maintenance of the Observational Medical Outcomes Partnership Common Data Model (OMOP-CDM) in MedicineInsight.
* Increased robustness of MedicineInsight methods and data to enable meaningful comparisons of health data within secondary care data, registries and other healthcare datasets.
* Test the existing data governance process in relationship to these data and across the data lifecycle, surface any barriers to be addressed to enable access to and/or integration with additional datasets.
* The ability to utilise MedicineInsight data in a common data model (CDM), a feature recognised as best practice in healthcare data will ensure MedicineInsight stays contemporary in a rapidly evolving market. MedicineInsight will be the first Australian general practice dataset mapped to a common model.
* To maintain market competitiveness, as other datasets are planning to implement OMOP-CDM. Eg, University of Melbourne (UoM) plan to implement the common data model with their PATRON program (Victorian general practice data) and the Victorian Comprehensive Cancer Centre (VCCC), and Outcome Health’s POLAR program.
 | $211,002 |  | Australian Government Department of Health |
| **MedicineInsight Independent Review and Evaluation** | Following 10 years of continual funding under the QUM Grant Agreement, an independent review and evaluation of MedicineInsight has been commissioned. | To determine:* Whether the objectives of the MedicineInsight program have been met
* The benefits that MedicineInsight has delivered to the Quality Use of Medicines Grant program
* The value for money of the MedicineInsight program to the Australian Government Department of Health
* Future opportunities for MedicineInsight and how these might be best realised.
 | $33,928 |  | Australian Government Department of Health |
| **MedicineInsight Post Market Surveillance** | Improved post-market surveillance through the provision of data insights that provide policymakers, regulators and other government agencies with timely and useful information on use of medications and health technologies in Australia, both at the national and local level. | * Provision of regular MedicineInsight reports with up-to-date information that address areas of interest as specified by the Commonwealth.
* Development and delivery of a strategic plan that:
	+ clearly articulates the place of MedicineInsight in supporting post-market surveillance activities
	+ identifies gaps, barriers and threats to the ability of MedicineInsight to support the needs of policymakers and regulators
	+ identifies strategies and measures that can be taken to overcome these gaps, barriers and threats.
* Increased capability of MedicineInsight to support post-market surveillance activities for policy makers, regulators and other government agencies.
* Publication of approved MedicineInsight data insights in peer reviewed journals.
 | $433,428 |  | Australian Government Department of Health |
| **MedicineInsight Data Collection from Specialists** | To support improved post market surveillance through use of specialist prescribing insights  | * Assess the feasibility of collecting specialist data from specialist clinical information systems (CIS) into MedicineInsight. This will include:
* Engagement with, and identification of specialist practices suitable to participate in data collection
* Identification of any governance changes and dependencies required
* Ensuring specialist awareness of intent to collect data
* Undertake a pilot program to assess the feasibility of using data from specialists (private practice)
* Provide a feasibility report on collected specialist data and its potential to inform quality use of medicines (QUM) activities.
 | $97,036 |  | Australian Government Department of Health |
| **Australian Prescriber** | To provide independent evidence-based information for health professionals on drugs, therapeutics and health technologies in the Australian context. | * Produce and disseminate regular and timely publications
* Provide publications that contain critical commentary on drugs and therapeutics for health professionals including post market use
* Leverage post market surveillance insights (where appropriate) to highlight issues relating to Quality Use of Medicines (QUM) and health technologies
* Prioritise emerging issues and high QUM/health technology needs.
* Increase the number of subscribers to Australian Prescriber communications.
 | $946,623 |  | Australian Government Department of Health |
| **Communication Policy** | To increase awareness of new and emerging issues relating to medicines and health technologies in order for health professionals and consumers to make evidence-based decisions about the medicines and other health technologies.  | * Provide critical information on evidence relating to new or amended MBS, PBS and TGA listings
* Provide information that is clinically relevant and contextualised in order to best influence clinical practice
* Provide information that is timely, independent, evidence-based and developed using a robust clinical review process
* Deliver (as required) consumer information that is clear in language, accessible for all levels of ability, adheres to health literacy principles and supports person centred care
* Provide communications on policy changes that arise during the contract period and are identified by The Department as requiring additional and supporting content to be developed
* Promote publications to health professionals, stakeholders and consumers as appropriate.
* Work collaboratively with the Commonwealth in a review of RADAR to identify and determine an efficient and effective means of informing pharmacists and prescribers regarding PBS listings.
 | $252,045 |  | Australian Government Department of Health |
| **Review of PBS Medicines for the Drug Utilisation Sub Committee (DUSC)** | To contribute to the assessment of appropriate usage of medicines listed on the PBS through the analysis of medicines usage using MBS and PBS data and MedicineInsight data (as appropriate). | * Provide a medicine utilisation report on PBS listed medicines for each DUSC meeting to be conducted between October 2020 to February 2022.
* The reviews will examine patterns of use, including quality use of medicines issues, and PBS expenditure
 | $144,268 |  | Australian Government Department of Health |
| **Medicine Line Service**  | To improve consumer knowledge of quality use of medicines and other health technologies and promote medication safety. | * Provision of a communications service to increase awareness of QUM principles and practices for consumers.
* To encourage consumer reporting of Adverse Drug Reactions with consumer call transfer to the AME Line, when indicated.
 | $408,924 |  | Australian Government Department of Health |
| **Adverse Medicine Event Line** | To provide consumers with an avenue for reporting and discussing adverse experiences with medicines and provide independent, accurate and evidence-based information and improve health outcomes for consumers.Reporting of consumer-mediated Adverse Drug Reaction reports to the TGA to support national pharmacovigilance initiatives.To improve consumer knowledge of quality use of medicines and other health technologies and promote medication safety. | * To increase consumer knowledge around safe and appropriate use of medicines.
* To assist the TGA with reporting of consumer mediated Adverse Drug Reactions.
* Provision of a communications and reporting service to increase awareness of QUM principles and practices for consumers.
 | $216,307 |  | Australian Government Department of Health |
| **COVID-19 Vaccine Support Program** | To provide national access for consumers to report suspected Adverse Events Following Immunisation (AEFI) to the COVID-19 vaccines.To provide a national channel for consumers to seek medicines information about the safety of the COVID-19 vaccine for themselves or those they care for, to contribute to improved consumer knowledge of Quality Use of Medicines (QUM) health technologies and medicine safety.  | * Support national pharmacovigilance efforts for the COVID-19 vaccination program through timely and accurate reporting of consumer-initiated AEFI reports to the Therapeutic Goods Administration (TGA) from the NPS MedicineWise Adverse Medicine Events Line
* Provide both telephone-based and online mechanisms such as ‘Ask a Pharmacist’ via Facebook for consumers to access resources and services which provide evidence-based information about the COVID-19 vaccine
* Develop and provide access to a range of evidence-based content and resources for consumers and health professionals
 | $582,737 |  | Australian Government Department of Health |