

Symposium Description (250 words max.)

Symposium Lead (name and affiliation): Alesha Smith, School of Pharmacy, University of Otago

Rationale for Symposium:

A primary health care system can only improve health outcomes and reduce inequalities if it exists in an environment that encourages continuity of care for patients, is well coordinated, collaborative, is easily accessible and is personalised and appropriate for each patient.

New Zealand's primary care system lacks many of these features. To improve we need to think differently and change the way primary care operates. To better meet the needs of our current and future populations we need to ensure empowered patients are at the heart of primary care.

Our symposium aims to get you to think differently about how primary care could look and feel.

Topic description:

Our symposium showcases innovative studies which aim to empower patients, improve health outcomes and reduce inequalities. Our research is patient-centric and is focused on quality use of medicines. We will provide an overview of primary care medicine use in New Zealand and introduce new models of primary care such as expanded pharmacist prescribing. We will then look at digital solutions for providing tailored information to patients about their prescribed medicines and the identification and communication of each medicines risks and benefits, personalised for each patient. To enable these new healthcare services we need appropriate data and technology platforms in place; we will give an update on where primary care is on the Digital Health 2020 roadmap and where we are heading.

Presentation one

Authors and affiliations

Alesha Smith, School of Pharmacy, University of Otago and Airmed Ltd

Overview:

New Zealand has a wealth of health data, we will show examples of potential tools that use NZ's data, to address health inequalities and improve health outcomes for patients. As per the NZ Digital Health Strategy, these new tools can provide a stronger evidence base for more efficient, inclusive, and sustainable healthcare delivery. The tool's potential lies in the additional provision of relevant and timely data to individually produced patient records. Our recent surveys have shown that currently there's no consistency in the clinical data/analytics provided through primary health organisations in NZ, however most GPs and pharmacists would value these.

Presentation two

Authors and affiliations

Rakhee Raghunandan, School of Pharmacy, University of Otago

Overview:

Inadequate access to prescribing services (i.e. GPs) is a looming issue in New Zealand primary care. While NZ has attempted to widen the provision of medicine prescribers by introducing non-medical prescribers (NMPs) in NZ, the NMP service is under-utilised. The pharmacist prescriber service demonstrates a health system model that requires some disruptive innovation to improve efficacy. Utilising discrete choice methodology, we hope to enable evidence-driven policy changes to design a more efficacious pharmacist prescriber service in NZ. We aim to address inequity of access to

prescribing services in primary care by enabling effective future models of medicine prescribers in NZ.

Presentation three

Authors and affiliations

Amber Young, School of Pharmacy, University of Otago.

Overview:

Individuals must be appropriately informed about their medicines to enable informed decision-making and empowerment in healthcare. Currently people may not be fully informed about medicines risks, benefits, and directions-of-use which may further increase health inequity. Giving information leaflets could help but they are often poorly written, not read, or are not provided at point-of-care. Digital platforms offer a user-friendly alternative and would enable information to be tailored to personal preferences and requirements. Further benefit could be added if Patient Reported Outcomes were utilised, so patients' personal medicine experiences could shape the information they receive to support optimal treatment outcomes.

Presentation four

Authors and affiliations

Sharon Leitch, Dunedin School of Medicine, University of Otago

Overview:

Patients seeking healthcare are at risk of medicine-related harm. The impact is excess morbidity, mortality, and stress on health systems already under pressure. A large New Zealand retrospective records review has examined harms arising from primary care to identify patients, medicines, and clinical settings at increased risk of medicine-related harm. Those data are now being used to develop a point-of-care risk detection tool to provide prescribers and patients with individualised risk predictors for medicine-related harm. It will facilitate communication about medicine risks and benefits, and support decision making about treatment options. Improving medicine health literacy may reduce inequities in care.