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How to Discuss Unfunded Medicines With Your Patients - Concurrent Workshop Repeated

Friday, 21 June 2013	Start 11:00am	Duration: 55mins	Monet
	Start 12:05pm	Duration: 55mins	Monet

Discussing Unfunded Medicines with your Patients

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Declaration

- Registered Clinical and Health Psychologist
- Current role - Lead Health Psychology Specialist at Atlantis Healthcare
- Develop programmes that support patients to engage in positive health related behaviours
  - Medication adherence
  - Healthy lifestyle choices
- Focus on patient engagement and communication
  - Tailored information and support
  - Multiple channels
  - Health literacy principles

My Interest in the Area of Unfunded Medicines

- Qualitative research conducted in 2010
  - Among oncologists and haematologists
  - Patients with Non-Hodgkin's Lymphoma

- Discrepancy between
  - Healthcare professional theory and practice
  - Patients' preferences and healthcare professionals' perceptions of patients' preferences

- Ethical and practical dilemmas

Agenda

- Setting the scene
- Current practice among healthcare professionals
- Reasons against discussing unfunded medicines
- Reasons for discussing unfunded medicines
- Support for discussing unfunded medicines
  - Systems level
  - Consultation level
- Case study examples

- **Setting the Scene**

Definition

- Unfunded medicines
  - Medicines that are not fully funded or subsidised by the Government
  - Medicines that are not included in the Pharmaceutical Schedule
  - Medicines that are New Zealand registered and approved by Medsafe

Role of PHARMAC

- *"To secure for eligible people in need of pharmaceuticals, the best health outcomes that are reasonably achievable from pharmaceutical treatment and from within the amount of funding provided"*

- PHARMAC works to a capped budget
  - $783.6 million this year → $795 million in the year ahead

- Funded decisions based on
  - 9 published decision criteria
  - Recommendations by Pharmacology and Therapeutics Advisory Committee (PTAC)

- Decisions require complex balancing act
  - *"In constrained environments … there will be winners and losers"*

Patient Perspective

- Historically, the notion of unfunded medicines is an anomaly for patients
- New Zealand has a legacy of free healthcare for all
- Patients expect the best care and the best outcomes – without the price tag
- Relatively small proportion of New Zealanders with health insurance
  - ~30% and on the decline

Current Pressure and Change within the Healthcare System

- National healthcare systems are under enormous pressure and change
  - At a societal level
    - Increasing prevalence of chronic illness
    - Ageing population
    - Technological and therapeutic advances
  - At a political level
    - Proportialy less money spend on Vote Health
    - Interest in public/private partnerships
- → Patients can expect unfunded medicines to become an increasing reality

- **Are healthcare professionals discussing unfunded medicines with patients?**

Are Healthcare Professionals Discussing Unfunded Medicines?

- Majority of research focussed on highly specialised, high cost medicines
  - Oncology
  - Haematology
  - Rheumatology

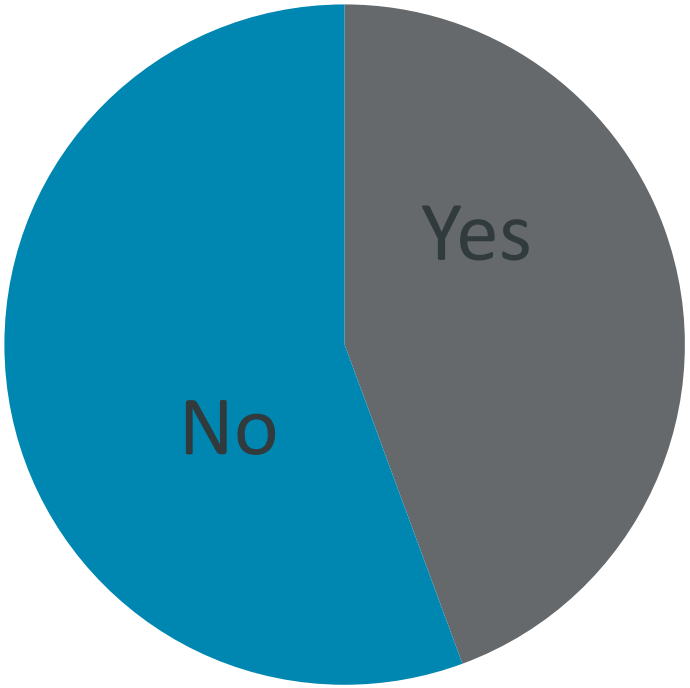
- Hypothetical situations presented to oncologists
  - AU: Up to 41% would not discuss (Thomson et al., 2005)
  - NZ: Up to 11% would not discuss (Dare et al., 2010)

- Discrepancy between hypothetical situations and reality of practice

Are GPs Discussing Unfunded Medicines?

- 2012 Atlantis Healthcare study asked:
  - *"Do you discuss all treatment options with your patients, including unfunded medicines?"*

  - Yes: 44% (n=136)
  - No: 56% (n=168)



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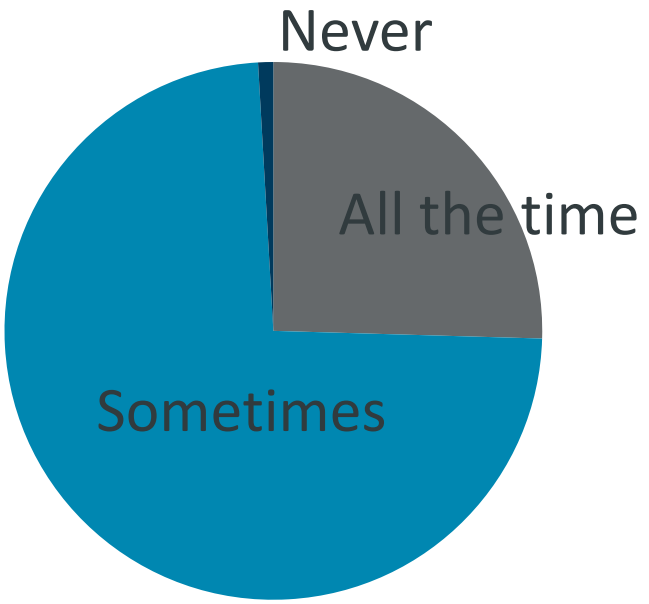
Are GPs Discussing Unfunded Medicines?

- 2010 IMS Health Study commissioned by Medicines New Zealand asked:
  - *"When selecting a medicine for prescription, do you discuss the options with the patient, including those that are funded, part funded and not funded?"*

    - Yes, all the time: 25% (n=28)
    - Yes, sometimes: 74% (n=81)
    - No, never: 1% (n=1)



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Reasons Against Discussing Unfunded Medicines with Patients

Reasons for Not Discussing Unfunded Medicines

- Lack of time
  - *"Just not enough time … how do you cover that off in a 8 or 10 minute conversation?"*
  - *"So many other areas that need to be addressed in a short space of time"*
  - *"Not a priority given the time constraints of a consultation"*
  - *"Don't have time to read up on all these things … and then find the time to discuss in a busy clinic"*

Reasons for Not Discussing Unfunded Medicines

- Perceived affordability
  - *"You get a sense of what your patients can afford"*
  - *"I'll act as the gatekeeper and may discuss with patients that I think can afford it"*
  - *"It's just clear by how the patient presents and what detail you have on them as to whether or not they can pay for treatment"*
  - *"As a doctor you are in a privileged position and learn a lot about your patients … you know who can afford what because of the relationship you have with them"*

Reasons for Not Discussing Unfunded Medicines

- Lack of knowledge/familiarity
  - *"I wouldn't be comfortable describing those sorts of medicines as I wouldn't know enough about them because I don't regularly prescribe them"*
  - *"Lack of experience with the products could prevent me from introducing them"*
  - *"Maybe some difficulty answering any questions the patient might have about unfunded medicines"*
  - *"Habit of prescribing in certain ways using known and funded treatments would limit me thinking about other possibilities"*
  - *"Need to be absolutely confident that you know what the patients wants to know about the medication, including how much it will cost them"*

Reasons for Not Discussing Unfunded Medicines

- Patient preference
  - *"It's not something that most of my patients would be interested in learning about"*
  - *"Patients don't want to talk about money and costs if it can be avoided"*
  - *"Patients wouldn't be expecting you to talk in those ways"*
  - *"My patients would think it inappropriate if I were to talk about unfunded medicines with them"*

Reasons for Not Discussing Unfunded Medicines

- Distress and discomfort
  - *"Money is a challenging discussion … How do you raise that without causing distress in patients who may very likely already be in some distress?"*
  - *"I don't want to be embarrassing my patients by asking them if they can afford medicines, or even assuming that they can when in fact they can't"*
  - *"We just don't talk money … It makes everyone feel uncomfortable"*
  - *"It rises anxiety when you talk about cost"*
  - *"It's one of the taboo subjects still, isn't it?"*

Reasons for Not Discussing Unfunded Medicines

- Justified paternalism/patient protectionism
  - *"I can make those decisions for my patients by what I know about the treatments and what I know about them [my patients]"*
  - *"It's about protecting your patients from difficult decisions"*
  - *"Sometimes I wonder if it's ethical to offer patients a treatment that you know they can't afford"*
  - *"No point in putting undue pressure on patients when you know they can't meet the cost"*

Reasons for Discussing Unfunded Medicines with Patients

Why Should Discussions About Unfunded Medicines Occur?

- Patients want information
  - Not determined by age, gender, ethnicity, education, income, employment, insurance status or severity/stage of disease (e.g., Bullock et al., 2012)
  - Information about treatment options is especially privileged (e.g., Mileshkin et al., 2009, Kaser et al., 2008)
- Just because a patient wants to know, it doesn't mean they will take up the unfunded option

Why Should Discussions About 'Unfunded Medicines Occur?

- Consistent with modern day healthcare
  - Information provision to facilitate shared decision making
  - Paternalistic to collaborative approach
  - Passive to active patient
- Healthcare professionals often underestimate patients' need and desire to be active participants in treatment decision making
- Patients have access to multiple information sources

Why Should Discussions About "Unfunded Medicines Occur?

- Obligations under the New Zealand Code of Health and Disability Services Consumers' Rights

- Right 6: *"Your condition should be fully explained to you, to allow you to make choices for possible treatments.* ***You should be given information on the benefits and side effects of treatments and told how long you may have to wait, who will be treating you and any costs involved****. You can ask any questions about the services and expect an honest and accurate answer"*

- Health and Disability Commissioner (HDC) refers to: *"…* ***the information that a reasonable consumer, in that consumer's circumstances, would expect to receive*** *…"*

Why Should Discussions About Unfunded Medicines Occur?

- Additional benefits
  - Facilitate involvement in decision making
  - Fortify the healthcare professional-patient relationship
  - Improve satisfaction with healthcare professional interaction
  - Improve medicines adherence
  - Improve health outcome

Support for Discussing Unfunded Medicines

How can Discussions about Unfunded Medicines be Supported?

- At the system level
  - Increase public awareness, education and debate
  - Healthcare professional education and training

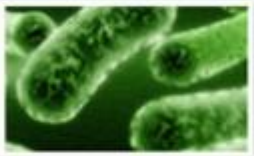
- At the consultation level
  - Support for healthcare professionals through
    - Reframing
    - Protocols
    - Guidelines

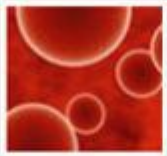
Support at the System Level

- Increase public awareness, education and debate
  - Empower patients to ask about unfunded medicines
  - Set the expectation that patients will have these conversations
- Awareness about the role of PHARMAC
  - *"In constrained environments … there will be both winners and losers"*
- Public engagement with the PHARMAC decision making process
  - Review of PHARMAC Operating Polices and Procedures (OPP)
- Constructive national discussion about funding decisions

Science Media Centre

by helping the media work more closely with the scientific community.





In the News

Herceptin debate reignited by funding decision

Posted in In the News on August 8th, 2008.

There has been extensive coverage of Pharmac's decision released yesterday to maintain funding of the breast cancer drug trial at nine weeks rather than 12 months.

TVNZ:Herceptin could become election issue

New Zealand Herald: Women's groups split on Herceptin decision

The DominionPost: Herceptin now 'an election issue'

Stuff: Messages flood in for 'Herceptin heroine'

TV3: Pharmac says Herceptin debate not clear cut

Newstalk ZB: ACT blames economy for Herceptin decision

NZ Doctor: Herceptin decision disappoints GP

Wairarapa Times Age: Herceptin treatment going well

Journalists Register

SMC BLOG

Latest post

Volcanoes to polluted b – science and environm stories shine at Canon Awards

On Friday night the print industry c some of the best journalism of the at the Canon Media Awards in Auc There was a buoyant mood in the b at the Pullman where the awards d record crowd. "What was great this that the awards were really opened outside parties, so you had the like and... >> Read Full Post

Herceptin 'now an election issue'

Herceptin Debate

- Rejected Herceptin bid '$2m cheaper than before'
- Herceptin 'now an election issue'
- A thorn in Pharmac's side
- Herceptin decision a 'cruel blow'
- Pharmac decision on Herceptin due today
- Nats urge funding for 12-month Herceptin programme
- Insurance lifeline as Pharmac considers Herceptin cover
- Trials and Herceptin discussed at cancer conference
- Surviving on love and Herceptin
- Travel for Herceptin treatment saves $40K a year

Breast cancer patients are pinning their hopes on a change of Government after Pharmac again rejected a bid to extend funding for the costly drug Herceptin.

Following a court-ordered consultation that drew more than 300 public submissions, Pharmac chief executive Matthew Brougham said yesterday that the Government's drug-buying agency was standing by its decision to finance nine weeks of the drug for early stage aggressive HER-2 breast cancer instead of the 12 months, which is standard in 32 countries.

"A fresh review of the science and other information has failed to convince us that 12-month treatments offer any additional benefits over the current nine-week treatment," he said.

Independent clinical experts concluded there was no evidence that 12 months' treatment had better clinical outcomes, or was cost effective and safe for patients. Longer exposure to Herceptin has been linked to heart problems in some patients.

Mr Brougham acknowledged the decision would be unpopular with some people. "But New Zealand is fortunate that its drug-funding decisions have been taken out of the political realm and are assessed on purely scientific grounds."

Herceptin Heroines spokeswoman Chris Walsh, one of eight women who mounted the legal challenge to Pharmac's original decision two years ago, said the news would be distressing for women.

The $85,000 spent on the failed legal bid had been money well spent, she said. "We have succeeded in calling into question a lot of Pharmac's processes and bringing the issue to the public."

The fight would go on. "Being an election year, access to pharmaceuticals is going to be a key issue. And with National already promising to fund it if they become government, I think it's likely women are going to take a critical look at what's on offer."

Health Minister David Cunliffe said he had been assured by Pharmac that the decision was not based on cost. "This is Pharmac's decision and one that I cannot legally intervene in. However, I am assured that the court-directed review of the Herceptin decision was thorough."

National Headlines

- Man lives with horror of crash
- Winter's bark and bite set to return
- Place of sentencing factor in severity
- Large methamphetamine lab busted
- Job revealed in Rebstock appeal
- Key puts boot into Opposition
- 'Extreme remorse' reduces sentence
- Pavilion part of Basin plan
- City council acts on rise in 'opportunist' begging
- Trial beckons for crime spree accused
- Elderly woman robbed by intruders
- Cold-case killing victim remembered
- Man 'stabbed while holding baby'
- Man charged after armed stand-off

Stuff Headlines

- Saatchi admits assaulting Nigella
- Sky loses rights to English Premier League
- Large methamphetamine lab busted
- Teenage assistant alleges multiple rape
- ANZ first bank to face fee lawsuit
- What it takes to get to space

FULL STORY | VIDEO

Diabetics worried about proposed change

Wed, 14 Mar 2012 8:27a.m.

Related Videos

Chch honours pioneering diabetes rese

About 500 people gathered in Chris at the memorial s for professor Sir D Beaven.

Diabetes medicine available to more pe

People with type type 2 diabetes w have greater acce some medicines a diabetes manage products.

Diabetes on the rise in Canterbury

Experts say rates 1 diabetes have r epidemic levels a Canterbury schoo children.

Diabetes sufferers lobbying Governmen

Parents whose ch have type one dia are campaigning Government to fu insulin pumps.

Support at the System Level

- Healthcare professional training in cost communication
  - Medical schools
  - Continuing professional development (CPD)

- Training topics could include … ?
  - *Providing optimal patient care in a resource constrained environment*
  - *Death and Finances: Strategies to aid the discussion of uncomfortable topics with patients*
  - *Acknowledging personal assumptions, biases and prejudices to avoid clouding clinical practice*

Support at the Consultation Level

- Positioning of the discussion
  - The breaking of bad news is universal in medicine
- Akin to talking about other potentially challenging topics
  - Medication side effects
  - Disease progression
  - Death and dying
- Such conversations become easier with time and practice

Support at the Consultation Level

- Formal consultation tools or protocols
  - SPIKE$ (McFarlane et al., 2008)
    - **S**etting and listening skills
    - **P**atient perception
    - **I**nformation
    - **K**nowledge
    - **E**xplore emotions
    - **S**trategy and summary

Support at the Consultation Level

- Structured, open approach to introducing the issue (e.g., Mileshkin et al., 2009)
  - Discuss funded options
  - Mention other unfunded options available
  - Ask whether patient wishes to hear more
  - If yes, provide details including costs

- Revisit over the course of treatment as patients' needs may change

Support at the Consultation Level

- Suggested phrasing
  - *"There are a variety of treatment options available to you. It is important that you know what is available so that you can make an informed decision about what treatment is right for you. Some of the treatment options available are funded by the government, and some are unfunded which means you would have to pay for them yourself. I will talk you through the funded options. Would you like me to talk you through the unfunded options as well?"*

- **Summary**

Summary

- Unfunded medicines are an increasingly reality in New Zealand healthcare
- Multiple reasons as to why healthcare professionals aren't discussing unfunded medicines with their patients
- Healthcare professionals have a responsibility to discuss unfunded medicines with their patients
- Support for these discussions can exist at the system and the consultation level

- **Case Studies for Consideration**

Case Study One

- *A 6 year old boy presents with severe allergic reaction (anaphylaxis). His mother is extremely worried about his welfare and is looking for a treatment that is especially easy to administer with minimal fuss and stress.*

- Medications available include
  - Funded option: Ampoule of adrenaline, needle and syringe
  - Unfunded option: Adrenaline auto injectors

- Two options are equivalent in terms of efficacy, but differ in terms of administration

- Would you discuss both funded and unfunded options with the patient?

Case Study Two

- *A 62 year old woman presents with primary insomnia . She has tried and failed on herbal supplements. And psychological interventions have only been somewhat helpful. She reports being particular sensitive to the effects of pharmaceutical medications and is particularly worried about side effects.*

- Medications available include
  - Funded options: Benzodiazepine and hypnotics
  - Unfunded options: Prolonged-release melatonin

- Options differ in terms active ingredient, mechanism of action, efficacy and tolerability

- Would you discuss both funded and unfunded options with this patient?

Thank you

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