



# healthUPdate

June 2008, Issue 10

## Reform commission consultations

CHF urges members and consumer representatives to make sure there is a strong health consumer voice at consultations being held by the National Health and Hospitals Reform Commission.

See details on page 2.

## Community QUM workshop

Expressions of interest are requested from those interested in attending a Queensland workshop on QUM for chronic conditions in Rockhampton on 30 June. See Project page.

## E-health information paper

The deadline for responses to the 2006-08 E-health for Consumers Project information paper is 16 June 2008. See the Project page for more detail.

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## Reform must put people at the centre

The Australian health care system must be navigable, affordable, accessible, safe and of high quality, CHF says in its submission to the National Health and Hospital Reform Commission. The submission is based on findings from CHF consultations. We thank those who contributed to the recent information paper on health funding, which informed the submission.

The submission says that while the Commission's proposed principles and challenges are an excellent starting point, reform will only meet the needs of the Australian people when a people-centred focus is embedded across the health system. This can only happen when consumer representatives are included in decisions and contribute consumers' unique and valuable perspectives.

The submission recommends that the whole reform process will only be successful when consumers have adequate information and when access to dentists and allied health professionals improves.

## Funding system

The current funding system is driven by health services and treatments that receive the majority of government health funding – Medicare, the Pharmaceutical Benefits Scheme (PBS) and hospitals. While these are important mechanisms for supporting universal health care, they may not be the most effective means of ensuring equity and access for consumers to the mix of care they need for best health outcomes; they encourage the use of subsidised health care options and deter the use of non-subsidised options, even when they could result in better health outcomes and reduce the overload on GPs.

Better funding for well-coordinated and integrated primary and community care, together with dentist and allied health services, will ease pressure off the acute system by reducing avoidable hospitalisation, readmissions and non-urgent accident and emergency services.

## Allied health professionals

The submission says allied health professions are integral to better health outcomes for individuals – particularly those with chronic conditions – and thus the nation. Reforms must explore and empower allied health professionals to contribute more effectively to the health system, including working in partnership with doctors to improve health outcomes.

This must include: adequate subsidies for evidence-based services offered by allied health professionals; adequate workforce planning

## From the Secretariat

and training, including national accreditation; better information and co-ordination of allied health services for people with chronic conditions or a multiplicity of conditions.

### People with chronic conditions

The Commission has acknowledged the need to redesign care for those with chronic and complex conditions. CHF says strategies must be people-centred and recognise the financial and social environment in which people with chronic conditions live, work and seek care. They must reflect that consumers have the best health outcomes when they are partners in decision making and have responsibility for self-management of their condition.

Consumers have identified care coordination as an effective support for managing chronic conditions and reducing acute care and hospitalisation. Care coordination should be across the public and private sectors and include a range of health professionals and allied health. Consumers want a 'one-stop-shop' for their care coordination, and recommend one person in every practice be responsible for this; for example, the GP practice nurse could take on this role.

### Out of pocket payments

The percentage of out of pocket consumer payments, as a portion of overall health funding, increased from 15.6 to 17.4 over the decade to 2005-06, rising to an estimated \$15 billion. CHF recommended the Commission determine how out of pocket payments can be reduced. Health costs mean many consumers forgo heating, food and medications or may not seek treatment, miss recommended follow up visits, not take medicines. They may seek the cheapest treatment even if it is not the most suitable.

Gap costs must be reduced as much as possible, with no gap options available wherever possible. Informed consent – and particularly informed financial consent – underpin any consideration of out of pocket costs, so must be formalised into the accountabilities and performance indicators the Commission will set.

### Information

The best health outcomes and preventable costs to the health system cannot be achieved without adequate information. Access to information underpins consumers' involvement in their health care. Informed consumers can work in partnership with their health care providers. The Commission must therefore look at information in terms of: the consumer's need for information to make an informed decision. It must also seek the implementation of the national e-health strategy.

The full submission will be available under What's New on the CHF website. We hope it will inform people attending Commission consultations.

## Speak out about health reform

Take the opportunity to speak directly to the National Health and Hospital Reform Commission during its nationwide consultations this month. The Commission has asked CHF to advertise the consultations following our advocacy with the Minister for Health and Ageing and the Commission about the importance of our consumer networks participating.

We urge consumer representatives and members to attend the consultations, which are seeking ideas and experiences to assist the Commission design its plan for the health system. Consultations will be held from 6-9 pm in:

<i>Alice Springs</i>	Wednesday 11 June	<i>Shepparton</i>	Wednesday 25 June
<i>Cairns</i>	Monday 16 June	<i>Darwin</i>	Wednesday 2 July
<i>Brisbane</i>	Thursday 19 June	<i>Perth</i>	Tuesday 8 July
<i>Melbourne</i>	Tuesday 24 June	<i>Adelaide</i>	Thursday 10 July

Please contact the organisers, Elton Consulting, on 1800 888 374 or email [nhhrc@elton.com.au](mailto:nhhrc@elton.com.au) to book your place at a consultation and receive more information. For more information on the reform commission and its work, see <http://www.nhhrc.org.au/>.

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## In the news

### Health service accreditation is good for consumers

Health service accreditation processes being developed by the Australian Commission on Safety and Quality in Health Care will improve safety and quality in health services, CHF said in a media release on 21 May in response to the endorsement by federal, state and territory health ministers of the processes.

CHF Executive Director Helen Hopkins said the processes would provide the framework for reform in safety and quality that consumers wanted and would lead to better health outcomes for individuals and the community. CHF contributed to the processes through its safety and quality project, funded by the Australian Commission on Safety and Quality in Health Care.

'They will give health consumers confidence they are receiving a nationally agreed level of treatment and that mechanisms will be in place to address any failings,' she said. 'Consumers are particularly keen to ensure the Australian Health Standards, which are included in these processes, recognise the levels of safety and quality consumers expect from any health service and health professional.'

'The Commission has picked up several things that are important to us, such as open disclosure processes, health rights, the need for better patient identification and continuity of care as people transfer from the care of one health professional to another. We now expect that consumers will be involved at all stages of the implementation of the accreditation processes too.'

See the full media release at

[http://www.chf.org.au/Docs/Downloads/Safety\\_and\\_quality\\_of\\_health\\_care\\_to\\_improve.pdf](http://www.chf.org.au/Docs/Downloads/Safety_and_quality_of_health_care_to_improve.pdf).

### To sleep, or not to sleep

Consumers with sleep problems needed good information before turning to painkillers, Helen told [Ninemsn.com.au](http://Ninemsn.com.au). Commenting on a study that found more than a third of adults use medicines to help them sleep, Helen said CHF encouraged people to ask their doctors about other choices, such as increasing physical activity, having counselling to deal with stress, attending a sleep clinic or having further examination of a physical condition.

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## Advocacy

### High stakeholder interest at PHI forum

Stakeholders attending the national consumer and stakeholder forum on private health reforms and the broader health system added a different dimension to discussions about private health and health funding. Stakeholders included representatives from the private insurance industry, private hospitals, health practitioner associations, the Australian Institute of Health and Welfare and the Australian Council of Healthcare Standards.

The exchange of ideas between consumers and stakeholders was robust, with both groups finding commonalities and learning the other's perspectives both during sessions and breaks. Consumers were able to contribute to the development of performance indicators being developed by the Australian Institute of Health and Welfare for the Australian Health Care Agreements and give the consumer perspective to disease management initiatives.

For more information on the forum, see the project page.

### E-health council finishes its term

The Australian Health Information Council (AHIC) has finished its second term of operation. CHF Executive Director Helen Hopkins was a member of AHIC. The Council has provided independent policy advice to e-health decision-makers, including health ministers.

A communiqué from the Council states that it was pleased to produce two major bodies of work during its tenure, including the *AHIC eHealth Future Directions Briefing Paper* and the *AHIC Electronic Decision Support Systems Report*. The paper has led directly to the current consultations about the national e-health strategy to which Helen and Policy Advisor Catherine Ellis are contributing.

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## Final 2020 report mentions CHF

The Prime Minister has announced the public release of the *Australia 2020 Summit – Final Report*. A number of ideas presented from the consumer perspective were captured during discussions in the health stream of the summit, including:

- creating a human-centric single health system focused on wellness
- research should recognise the needs of consumers
- Australia needs to aim for community-centred health that is responsive to the needs of the community and the consumer
- moving past the current funding models to enable the best mix of services for the individual in the most cost-effective way (i.e. consumer-focused treatments)
- ensuring that safety and quality are measured by the experience of consumers (particularly for those with chronic conditions and disabilities).

The report specifically mentioned CHF on two occasions, including that there should be more rigour in what is researched, and more consultation between the NHMRC and CHF to determine research that would be valuable for communities.

A full copy of the report is available at [http://www.australia2020.gov.au/final\\_report/index.cfm](http://www.australia2020.gov.au/final_report/index.cfm).

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## Governing Committee meeting

The Governing Committee meeting on 29 May adopted recommendations from the current review of financial management being conducted by ClearCorp consultants. Given the organisation's significant growth in recent years, the review recommends how we can keep pace with this growth in terms of capacity and performance.

The consultants recommended investing in our staff to ensure their experience and consumer knowledge base continues to develop and contribute to our continued growth and increasing credibility.

They recommended that the organisation's growth required a new level of financial management, and gave advice to assist us to make strategic financial decisions. This advice will enable CHF to improve: staffing; budgeting; contract pricing, cost recovery, project management; monitoring and reporting of financial performance. Reinvestment projects such as membership, databases and website are an important part of our growing organisation and must be carefully planned and resourced.

The secretariat will implement these recommendations over the next six months.

## CHF publications

### Consumers Shaping Health

The May issue of *Consumers Shaping Health* has been published. Main articles examine the health budget and Australia 2020 summit from the health consumer perspective. Other articles include:

- an introduction to the new Community Quality Use of Medicines project
- how researchers and consumers need a formal support system to involve consumers in health and medical research
- how the E-health for Consumers project has contributed to consumer understanding of e-health and promoted informed debate on key e-health issues, and
- how health funding needs to be reformed to meet the needs of health consumers

See the newsletter at <http://www.chf.org.au>.

### Health Voices

The first issue of *Health Voices* is on the website. It issue raises some of the ethical issues that exist in Australia today for health consumers.

*Health Voices* will be published three times a year. Hard copy will be a benefit of membership, while the on-line copy will be available to everyone. See the journal at [http://www.chf.org.au/publications/health\\_voices.asp](http://www.chf.org.au/publications/health_voices.asp).

## CHF welcomes new members

CHF takes great pleasure in welcoming 21 new members since January 2008. We believe their membership will strengthen both CHF and the members. We look forward to receiving their perspectives on our consultations and to contributing to their fields of interest through our information processes.

### Voting members

Women Incest Survivors Network (Category 1)

Cancer Voices Queensland (Category 2)

Cancer Voices South Australia (Category 2)

Genetic Support Council of WA (Category 2)

Queensland Alliance of Mental Illness & Psychiatric Disability Groups Inc (Category 2)

Tasmanian Council of Social Service (Category 2)

### Non-voting members – Organisational

ASERNIP-S (Royal Australasian College of Surgeons)

Australian Nursing and Midwifery Council

Medicines Australia

### Non-voting members – Individual

Twelve new members with an interest in health policy have joined.

## Project updates

### Community Quality use of Medicines Project 2008-09

#### Improving the quality use of medicine in Queensland

Queensland members are invited to join CHF and the Central Queensland Health Collaborative at a workshop to improve the quality use of medicine in the Queensland community. The workshop will be in Rockhampton on 30 June.

Consumer and community networks play an important role in supporting QUM. This workshop is for members working with people with chronic conditions and their networks. Workshop participants will:

- become informed about and involved in quality use of medicines (QUM)
- explore the barriers and issues they face in QUM and develop possible solutions.
- build their network's capacity to undertake QUM activities with organisations, people with chronic conditions and carers
- give feedback and input on the re-design, content and use of the *Get to Know Your Medicines* kit
- assist CHF respond to emerging QUM issues for consumers and provide policy and program advice to the National Prescribing Service, government and other key stakeholders.

If you are interested in attending, and/or know other organisations that would be, or would like more information, please contact the CHF secretariat **as soon as possible** for a registration form.

#### National Medicines Symposium 2008

Consumers were well represented at the National Medicines Symposium on 14-16 May in Canberra. The National Prescribing Service organised the symposium, which had the theme 'Quality Use of Medicines – what does it really mean to you? The science, the policy and the practice'. There were many interesting speakers and opportunities for debate and discussion on current and future quality use of medicines issues by Australian and international stakeholders representing consumer and health organisations.

CHF consumer representatives ensured a health consumer voice; CHF selected five consumer representatives to attend, representing variable backgrounds and several Australian states. Informal

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feedback from the consumer representatives has been positive, with formal feedback anticipated by mid June 2008. Community Development Manager Alexandra Storm and I also attended several sessions.

There was much sharing of valuable information and opportunity for consumer representatives to participate and be heard. Consumers were able to emphasise the importance of the consumer voice in developing effective quality use of medicine policies and programs. They also reminded health professionals that communication about medicines use with their patients is a two-way process where both parties have a responsibility to listen and question and share information so that quality use of medicine happens at the individual level.

CHF thanks Janney Wale, the consumer representative on the organising committee.

*Carolyn Brody*  
*Policy Development Officer*

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## **Implementing Private Health Reforms: Consumers have a say**

### **Private health reforms and the broader health system forum: a success**

CHF is very pleased with the discussions and feedback that came from its two day National Consumer and Stakeholder Forum in Canberra 22–23 May. The forum aimed to assess the contribution of the private health reforms to improving access to safe, cost-effective and good quality health care in Australia. It was attended by 20 CHF member and consumer representatives and 19 stakeholder representatives.

The forum gave CHF the opportunity to present consumer feedback to consultation activities run as part of its 'Implementing Private Health Reforms: Consumers have a say' 2007-2008 project, including the April information paper, available at [http://www.chf.org.au/Docs/Downloads/470\\_Health\\_Funding\\_Information\\_Paper\\_April08.pdf](http://www.chf.org.au/Docs/Downloads/470_Health_Funding_Information_Paper_April08.pdf).

Participants heard stakeholder reports on activities relating to the private health reforms since their introduction in April 2007. These included the development and introduction of broader health cover, consumer choice and informed financial consent, and measures of safety, cost-effectiveness and quality in health care. The forum provided an opportunity for consumers and stakeholders to share perspectives on the private health reforms and on the health system more broadly.

Key consumer messages to CHF and stakeholders from the forum for optimising health outcomes for consumers included:

- 'patient-centred care' is crucial; but the term needs to be reclaimed and redefined in a way that is meaningful to consumers and then turned into practice
- better promotion, communication and availability of information and resources is required in order for information to support consumers in their health care decisions, particularly in relation to communication on costs to enable informed financial consent
- primary health care programs must be enhanced and better utilised
- stakeholders need to contemplate and incorporate the lived experiences of consumers into their policies, programs etc.
- more evaluation of health care initiatives is required, and should be informed by, meaningful to and available to consumers
- when advocating for change to the health system, CHF should consider how it can provide change management tools to support this reform.

The outcomes from this forum and other activities undertaken as part of the CHF private health reforms project will inform CHF's final project report to the Australian Government Department of Health and Ageing, due at the end of June 2008. A final project report will also be made available to members.

CHF would like to thank all those who responded to the information paper and attended the forum for their valuable contributions.

*Tamara Shanley*  
*Policy Officer*

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## E-health for Consumers Project

### Information Paper: Delivering e-health for consumers

The deadline for responses to the information paper on the CHF e-health project is 16 June. The paper discusses achievements of the project and asks for feedback on the project's activities and for suggestions about how consumers can be involved in future e-health challenges that build on key achievements of the project.

The paper was sent to all members and consumer representatives and is on the CHF website. See [http://www.chf.org.au/public\\_resources/consultation\\_feedback\\_2.asp?ID=49](http://www.chf.org.au/public_resources/consultation_feedback_2.asp?ID=49).

### E-Prescribing Workshop

Accounting firm KPMG has been contracted by the Australian Department of Health and Ageing to consult about e-prescribing, dispensing and claiming. I attended the e-prescribing workshop on 29 May, the final of the four workshops. Other participants included KPMG, the Department of Health and Ageing, Medicare Australia, the National E-health Transition Authority (NEHTA) and pharmacist and doctor representatives.

During the workshop, KPMG outlined the three proposed stages of e-prescribing development:

- 1 Automate existing processes
- 2 Advances within current consent arrangements
- 3 Long term objectives for ePrescribing

Key consumer points raised at the workshop were that the consent model must be opt-in (not opt-out) and that e-prescribing must benefit consumers by providing them with current medication lists.

KPMG will submit the first draft to the e-prescribing steering committee by 11 June.

### AIHW E-health and Statistics Workshop 2

The Australian Institute of Health and Welfare (AIHW) in collaboration with the National E-Health Transition Authority (NEHTA) are holding a series of workshops focusing on e-health and statistics. I attended the second workshop on 'E-health and Health Statistics and Analysis' on 3 May which built on the exploration of data supply chains and e-health scenarios that were discussed at workshop 1.

Participants also discussed the ideal characteristics of a system which supports statistical analysis and proposed a work program to achieve the system. Key points were that the system must have a strong governance structure and that consumer and health care providers' trust in the system underpins its success.

Other participants at the workshop included the AIHW, Australian Medical Association, NEHTA, the Australian Department of Health and Ageing and state health departments.

*Catherine Ellis*

*Policy Advisor*

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## Member and Consumer Representative News

### Advocacy and human rights paper issued by WWDA

Women With Disabilities Australia (WWDA) has produced a policy and position paper, *The role of advocacy in advancing the human rights of women with disabilities in Australia*. The paper looks at how human rights instruments such as United Nations conventions can and should be used to inform and guide disability advocacy work. In translating these instruments into concrete change in the lives of women and girls with disabilities, governments must establish and support mechanisms and structures which enable women with disabilities to 'do it for themselves', and to act politically as agents in their own right.

For more information, see <http://www.wwda.org.au/>.

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## National survey shows increase in demand for services

Community services have experienced a sharp increase in demand according to the *Australian Community Sector Survey 2008* by the Australian Council of Social Service (ACOSS). The survey found a 6.3% increase in the number of people assisted by community service agencies between 2005-06 and 2006-07, accompanied by a 24% increase in the number of eligible people who were turned away from the services they needed. Over 80% of agencies reported that the cost of delivering services was not matched by funding levels.

ACOSS has called for more investment in community services to reverse this trend. See the full report at <http://www.acoss.org.au>.

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## Musculoskeletal health in culturally diverse communities

Arthritis Victoria will host a community forum on musculoskeletal health and culturally diverse communities with the Centre for Culture, Ethnicity and Health on 19 June in Melbourne. For further information, contact Arthritis Victoria on (03) 8531 8007.

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## Life saving advice for women

DES Awareness Week (1-7 June) has coincided with an alert by the Therapeutic Goods Administration that women exposed to DES in the womb require lifelong special health care due to the increased risk of developing a rare type of vaginal and cervical cancer. DES, or diethylstilboestrol is a synthetic female or oestrogen-like hormone that was used between 1940 and the early 1970s as an anti-miscarriage medicine. The awareness week has the theme 'Ask your mum the DES question', which the DES Action Group says is the most effective way to know if you are at risk.

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## Mental health in business

Consumer representative Janet Meagher AM provided the following:

CAN (Mental Health) Inc. is an independent, not for profit, consumer run organisation for people with a mental illness. It is hosting a two day conference 'Promoting Mental Health Wellbeing Makes Perfect Business Sense' in September. The keynote Speaker is Nancy Chan, Mindset (Hong Kong), part of the Jardine Matheson Group. For further information, email [desley@canmentalhealth.org.au](mailto:desley@canmentalhealth.org.au) or visit [http://www.canmentalhealth.org.au/Xoops/modules/xt\\_conteudo/index.php?id=14](http://www.canmentalhealth.org.au/Xoops/modules/xt_conteudo/index.php?id=14).

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# Health News

## GP Super Clinics consultations

On behalf of the Department of Health and Ageing, CHF invites members and consumer representatives to attend their local information and consultation sessions for the GP Super Clinics, which will also house allied health professionals. The sessions will provide an opportunity to identify local community priorities for the GP Super Clinics.

- Redcliffe (Qld) session will be held at 6 pm on 11 June at the Redcliffe Leagues Club.
- Shellharbour (NSW) session will be held at 6 pm on 2 July at the Seaspray Function Centre.

To register interest, email [gpsuperclinics@health.gov.au](mailto:gpsuperclinics@health.gov.au) or fax (02) 6289 1777.

## Nurses seek member feedback

The Australian Nursing and Midwifery Council, a new CHF organisational member, is in the final stages of developing a national, standardised process for nurses and midwives to demonstrate their continued competence to practice. It builds on current state and territory continuing competence requirements.

To ensure the Continuing Competence Framework meets consumer needs, the Council seeks comments on the final draft by 8 July. To see the draft and feedback form, visit [http://www.anmc.org.au/projects/current\\_projects.php#continuingcompetence](http://www.anmc.org.au/projects/current_projects.php#continuingcompetence).

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## Medicine management by your pharmacy

Two new medicine management services are being implemented by community pharmacies. The Pharmacy Guild of Australia advises that the Dose Administration Aids and Patient Medication Profiles will help consumers and their pharmacist take their medicines safely.

Dose Administration Aids are special blister-packed containers that store medicines by day and time of day to help remove the risk of missing doses or taking too much. Patient Medication Profiles are a summary of the regular medicines a consumer takes. They help consumers know why, when and how to take their medicines and are useful when visiting a health professional. They are prepared by the pharmacist, in consultation with the consumer, and include prescription, over-the-counter and complementary medicines. Information includes brand names, active ingredients, strength and form, alternative brands available, directions for use, special instructions and cautions and reason for use.

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## Consumer Representatives Program

### Vacancies

Consumer representatives are encouraged to apply for the following vacancies. Do not be discouraged if you are not successful the first time you apply as your application will assist us to know who might be interested when similar positions are offered in the future.

Nominees must complete a CHF nomination form, provide a current CV and a letter or email of endorsement from a Voting Member organisation of CHF or relevant consumer network. Please note that committee selection is based on your written application, which should address the selection criteria for the particular vacancy you are applying for.

The nomination form can be downloaded from the Members' Area of <http://www.chf.org.au> or by contacting CHF Committee Services Manager, Debbie Smith, on (02) 6273 5444 or [d.smith@CHF.org.au](mailto:d.smith@CHF.org.au). Debbie can also provide further information about most committees. CHF has ensured that sitting fees and travel costs are paid for the following vacancy.

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### Australian Government Department of Health and Ageing – Adverse Medicines Events Line Evaluation Steering Committee

The National Prescribing Service (NPS) funds the Adverse Medicines Events (AME) Line, which is operated by the Mater Misericordiae Health Service in Brisbane. This committee is reviewing the line to determine the role and function of the adverse events line in the context of existing and planned systems for pharmacovigilance, medication safety and consumer health telephone support services. The final report, due for completion by mid-August 2008, will define adverse medicines events and terminology; summarise the current service; outline international adverse medication error reporting systems; identify existing Australian adverse medicine event building blocks and key stakeholders; identify opportunities to improve utilisation, efficiency, promotion and effectiveness of consumer and health professional reporting; and develop options for a national adverse medicine events reporting system for consumers and health professionals.

Interim consumer representative Patti Warn will attend the first meeting in Brisbane on 12 June. Expressions of interest are invited from Senior Consumer Representatives. Please refer to the CHF Terms of Reference for Senior Consumer Representatives available on the CHF website at [http://www.chf.org.au/consumer\\_reps\\_program/policies.asp](http://www.chf.org.au/consumer_reps_program/policies.asp).

**Expressions of interest close 16 June.**

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## Medical Services Advisory Committee (MSAC) Advisory Panels

New consumer representatives are encouraged to apply for MSAC Advisory Panels.

The Medical Services Advisory Committee (MSAC) makes recommendations to the Minister for Health and Ageing on whether new procedures should be available through Medicare. MSAC engages an independent contractor to conduct much of the evidence-based assessment of applications, including the development of an evaluation protocol, conducting a systematic literature review and assessing the available evidence on the safety, efficacy and cost-effectiveness of the technology/procedure.

Advisory panels oversee the evaluation and ensure that it is clinically relevant. Each panel meets with the contractor early in the process to provide guidance in determining the specific research questions, scoping the task and providing valuable clinical and consumer perspectives on the technology/procedure being considered. Subsequent meetings are held as necessary. This may not be until the contractor has completed a draft assessment report for the advisory panel's consideration. Development of the draft report takes approximately four to six months, depending on the complexity of the application.

The usual time commitment required of members is attendance at the initial half day meeting, generally held in Sydney or Melbourne, and participation in three to four teleconferences of 1-1.5 hours' duration.

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### Re-advertised – MSAC Application 1129 – Perflutren Lipid Microsphere Injectable Ultrasound Contrast Agent for use in Patients with Suboptimal Echocardiograms (DEFINITY)

This application relates to imaging of hearts when normal echocardiograms do not provide a clear image. Perflutren lipid microsphere (PLM) injectable suspension is a new ultrasound contrast agent indicated for use in patients with suboptimal echocardiograms to make the left ventricular chamber opaque, which improves the delineation of the left ventricular (LV) endocardial border. Activated PLM consists of octafluoropropane gas encapsulated in a thin lipid shell. The size of PLM microspheres is small enough to allow passage through pulmonary capillaries and thus on to the left ventricle. PLM is administered intravenously by a slow bolus push or by continuous infusion. In an ultrasound field, activated PLM microspheres resonate, causing a great increase in the backscattered signal from the blood.

Expressions of interest close 16 June.

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## Reports

### University of Adelaide – Quality Use of Medicines in Osteoporosis, Osteoarthritis and Rheumatoid Arthritis Project (QUM OPORA)

*Diana Aspinall, Arthritis NSW*

Quality Use of Medicines (QUM) is a key part of the Australian National Medicines Policy and includes the principles of judicious use, appropriate use, safe use and effective use of medicines. This project made recommendations on the development of QUM professional education modules that provide a consistent and standard approach for people with arthritis and osteoporosis. The final project report outlined guidelines for the education modules and included strategies to ensure that consumers benefited from the findings of the report. The report will be used by government and health organisations to inform policy, planning and development of training curriculum for education in arthritis and osteoporosis.

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### University of Adelaide - Quality Use of Medicines and Pharmacy Research Centre Advisory Committee

*Diana Aspinall, Arthritis NSW*

This committee provides information about relevant local, national and international developments that may impact on the work of the Centre, contributes to the strategic planning undertaken by the Centre and provides a direct flow of information to and from member's networks interested in the activity and results of the centre. The centre is carrying out key QUM research.

I have just been appointed to the committee and look forward to contributing the consumer perspective and passing the latest information on Quality Use of Medicines to Arthritis NSW and its networks.

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## National Mental Health Consumer and Carer Forum (NMHCCF)

Janet Meagher, Australian Mental Health Consumers Network

At the meeting of 13-14 March, working groups worked on activities from the strategic plan, including:

*Privacy and confidentiality:* A survey seeking consumer and carer views on privacy and confidentiality has been distributed widely. A summary of results is being developed for distribution and comment and a consumer and carer position statement is being drafted. *Seclusion and restraint:* The draft position paper is progressing and is also being informed by the National Seclusion and Restraint Project being run through the Mental Health Standing Committee.

*Welfare to Work:* This group aims to keep consumer and carer perspectives on the national agenda; lobbying MPs' advisers on these issues; participating in current Australian Government consultations on the development of a Disability Employment Strategy; and improving the fairness of the implementation of current Welfare to Work policy and Job Capacity Assessments.

*Enhanced NMHCCF profile:* A professionally designed brochure is being produced and options for website development are pending the development of the MHCA website. A members' only area is being considered.

*Raise the political awareness of the priorities and concerns of mental health consumers and carers prior to the 2007 federal election:* This strategy has now changed. Members agreed to undertake a process of obtaining state and territory statistical information under freedom-of-information in each state and territory with the aim of developing impact statements for use in lobbying.

In other matters the committee considered: a nationally consistent process for the selection of consumer and carer representatives in each state/territory, with the draft to be available soon; and member involvement in the planning for the International Initiative for Mental Health Leadership (IIMHL) Exchange and Conference in Australia in March 2009. The forum is seeking opportunities for this with the Department of Health and Ageing and the IIMHL.

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## Other reports received

**Brian Stafford**, Health Consumers' Council WA, MSAC reference 35b, Positron Emission Tomography for oesophageal and gastric cancer and MSAC reference 1114, Urinary metabolic profiling for the diagnosis of metabolic disorders

**Janne Graham AM**, Therapeutic Goods Authority – Drug Safety Evaluation Branch Transparency Working Group

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## Appointments

**Ben Horgan** from Arthritis Foundation WA to the Medical Technology Association of Australia (MTAA) – Code of Practice Strategic Advisory Committee

**Ivan Kayne** from Health Issues Centre to the Medical Technology Association of Australia – Code of Practice Complaints Committee

**Alison Marcus** to the National Prescribing Service – Adverse Medicine Events Line Governance Committee

**Russell McGowan** from Health Care Consumers of the ACT to the Medical Services Advisory Committee (MSAC) Review of Application Molecular Testing for the Diagnosis of Myeloproliferative Disorders

**Kathie McLure** from Health Consumers Council WA to the Pharmacy Guild of Australia – Increasing Community Pharmacy Involvement in the Prevention of Cardiovascular Disease Project Advisory Panel

**Patricia Warn** from Health Consumers' Council WA to the Australian Commission on Safety and Quality in Health Care – National Medication Scoping Study Steering Committee.

*healthupdate*

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