Consultation on applying the PHARMAC model for hospital medical devices management

Dunedin Forum 12 November 2013

Key points raised by attendees

New Zealand Government

PHARMAC
Pharmaceutical Management Agency

It's essential that PHARMAC's work is informed by the views of the people who work with devices. The approach to these forums was to outline that PHARMAC is in an information gathering phase and that we wanted to hear from the sector. PHARMAC was not there to provide all the answers, but to hear what the issues were for those working in this space so they can help develop the proposed approach to management.

General question discussed:

What are the key considerations PHARMAC needs to take into account when developing its policies and processes for hospital medical devices management?

Roles, definitions & scope

> Face of procuring devices will be sitting miles away – clarity that we won't PHARMAC won't be a remote body

> Think PHARMAC has a poor understanding of a Medical Device

'Whole of life' costs; Associated costs

> Total cost of ownership – it's not about the cheapest; it's about quality

Assessment, funding decisions and clinical input

> Clinical Input

> > Market Devices to clinicians

> > Buy-in at local levels

> > Have appropriate knowledge of current and new devices

> > Ensure that decisions are made by clinicians / peer groups not bureaucrats sitting in an office

> Processes

> > Process of devices different to medicines – We think it should be

> Recalls

> > Management of recalls or defective devices – who is responsible – companies will try to find an out.

> > Recalls / shortages / out of stock – will there be safe, trusted, usable alternatives?

> Decisions

> > Need evidence based decisions not emotion based

> Exceptional Circumstances

> Schedule

> > Devices used in multiple areas of care, not just for one area – will this be taken into account, how will this be managed on the schedule?

> Managing the budget

> > Education about what PHARMAC is going to do with this – spending money. Take HML learnings

Supply of devices

> Good visibility across supply chain

Flexibility to meet local/patient need; retaining choice and local expertise

> Regional difference – patient condition variation

> Local relationship with procurement staff – with the new model we would like to see personalised service maintained

> Take into account geographical anomalies

> Local specific needs, cultural and regional specific variations

Training, education and support

> Real concern around Cardiology – good deal on a different device then companies who provide service training will go

> > (negative pressure, woundcare, ostomy) companies provide excellent support with current system

> We choose devices based on tech support

> Education – role, who pays?

> Competition – how to transition between 1 bulk product to another? Where does support go for original product?

Device use between primary & secondary care

> Devices in community (rural)

Relationships with other providers/entities

> HBL / PHARMAC interface is blurred and unclear

> Lack of clarity around HBL / HA work. How will their work sit with PHARMAC?

> If HBL establish what they propose – is it harder for PHARMAC to establish what we have in mind?

Advances/changes in technology; innovation

> Responsiveness to new technology – how responsive will Pharmac process be? (Ultrasonic wound divider)

Sustainability

> NZ Climate and Health Council – Environmental decisions considered in procurement? Look at energy use, water use, carbon emissions, are products recyclable?

> What steps have PHARMAC taken to reduce carbon emissions. Ask the question in all decisions

Communication, engagement and consultation with the sector

> Keep us all informed – adequate communication

> Not burdening clinicians with unnecessary info but also not enough info. Find a satisfactory level of communication

> Thorough stakeholder analysis and engagement. Ensure key people are captured

> How decision will be made to purchase products with no procurement staff on ground at DHBs?

> Be innovative with communication to capture everyone. Everyone is bombarded daily with email. Consistency also to get the message across. There is consultation fatigue – PHARMAC, HBL/HA, Local DHB levels. There needs to be a multi prolonged approach, multi-media communication?

> Consumer engagement