Veterans’ MATES 2018 Report

Supporting veterans to manage their chronic diseases

Veterans’ Medicines Advice and Therapeutics Education Services program

An initiative of the Australian Government Department of Veterans’ Affairs
The Veterans’ Medicines Advice and Therapeutics Education Services (MATES) program is a multidisciplinary, collaborative venture developed by the University of South Australia’s Quality Use of Medicines and Pharmacy Research Centre with our core partners for the Australian Government Department of Veterans’ Affairs.

We acknowledge our core partners:

- University of Adelaide
- Australian Medicines Handbook
- Drug and Therapeutics Information Service (DATIS)
- NPS MedicineWise
- HealthLink

OUR CORE PARTNERS:
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It has been 14 years since Veterans’ MATES began helping members of the veteran community improve their health through better use of medicines and health services. The University of South Australia with support from the University of Adelaide’s Discipline of General Practice and School of Public Health, the Australian Medicines Handbook Ltd, the Drug and Therapeutics Information Service, NPS MedicineWise and HealthLink Ltd delivers the current program on behalf of the Australian Government Department of Veterans’ Affairs.

The program has covered a large range of health topics, been well received by veterans and their health professionals and achieved many positive health outcomes for members of the veteran community.

This report presents the program’s achievements engaging veterans in the management of chronic diseases.
The Veterans’ MATES way

Veterans’ MATES is a data driven, health promotion program providing up-to-date health and medicines information specifically tailored for members of the veteran community and their healthcare team.

We use Australian Government Department of Veterans’ Affairs routinely collected administrative health claims data to identify ‘real life’ problems with medicine use and health care services among members of the veteran community.

We undertake four interventions each year where we provide timely targeted patient specific feedback to each veteran’s general practitioner. This is supported by tailored evidence based information to the veteran, their general practitioner and allied health care providers.

General practitioners receive information about the veterans they treat who may have potential medication or health-related problems. The information includes:

- A list of the patient’s relevant medicines and health services
- Notes identifying the potential problems
- The opportunity for GPs to note the actions they will take
- Supportive evidence based educational material
- Access to a clinical support phone line staffed by pharmacists, and the Veterans’ MATES website www.veteransmates.net.au
Veterans receive information specifically tailored for the veteran community

Supportive veteran tailored educational material and tools. Information is also available online

Access to a clinical support phone line staffed by pharmacists, and the Veterans’ MATES website www.veteransmates.net.au

Pharmacists and other members of the health care team receive supportive evidence based information

Supportive evidence based educational material

Access to a clinical support phone line staffed by pharmacists, and the Veterans’ MATES website www.veteransmates.net.au

And then we evaluate each intervention

Stakeholder surveys assess participant satisfaction, changes in awareness, knowledge and self-reported behaviour change

Cohort studies and time series analyses assess changes in use of medicines and health services

Cohort studies assess changes in health outcomes, such as changes in rates of hospital admissions
Translating evidence into practice

Translating health evidence into everyday practice can be challenging. Veterans’ MATES success can be attributed to...

**Significant stakeholder engagement**

A veteran reference group and practitioner reference group meet twice yearly to provide advice, guidance and feedback

- Educational materials are developed with the support of a multidisciplinary clinical reference group and peer reviewed
- Topic selection and associated materials are endorsed by a national representative editorial committee that meets four times a year
We use the Australian Government Department of Veterans’ Affairs routinely collected health claims data.

- **1/2 BILLION**: Contains over half a billion health claims records.
- **10 YEARS**: More than ten years of historical health data.

Includes pharmacy, medical and allied health records including doctor visits, radiology and pathology claims.

Contains hospital records including diagnosis and procedures.

Client data are updated weekly, health claims data are updated monthly.

Independently audited to ensure high data and security standards.

The data are used to inform every phase of the program:

**PLANNING PHASE**
Using the data, we determine the prevalence of a medication or health related problem.

**IMPLEMENTATION PHASE**
The data are used to develop the patient-based feedback provided to doctors.

**EVALUATION PHASE**
The data enable the impact and outcomes of the intervention to be measured.
A program grounded in behavioral theories and models

Social Cognitive Theory
Cognitive, behavioural and environmental factors interact to influence an individual’s health behaviour.

Transtheoretical Model
Behaviour change occurs in five progressive stages (pre-contemplation, contemplation, preparation, action, maintenance). The stage determines an individual’s readiness for change.

Social Cognitive Theory and the Transtheoretical Model of health behaviour change explains how individuals participating in Veterans’ MATES are likely to acquire and maintain new behavioural patterns.
**Precede-Proceed**

The PRECEDE-PROCEED health promotion program model highlights the need to also consider the wider environment and provides a framework for Veterans' MATES that supports effective planning and implementation of the program.
Supporting veterans to manage their chronic diseases
Improving the management of chronic obstructive pulmonary disease

Chronic obstructive pulmonary disease (COPD) is a leading cause of death and disease burden in Australia

- Around 1 in 7 Australians aged over 40 years have COPD
- There is no cure for COPD
- As COPD worsens, depression, anxiety and social isolation can increase
- Other conditions frequently present with COPD make management more difficult
Good disease management can slow disease progression, improve quality of life and keep people well and out of hospital

Pulmonary rehabilitation is an evidence based multidisciplinary program that includes patient assessment and individualised exercise training, education and evaluation.

It significantly reduces hospital admissions. For every 4 people treated over 25 weeks, 1 will avoid hospital admission.

And significantly reduces mortality. For every 6 people treated over 2 years, 1 premature death is avoided.

Pulmonary rehabilitation is effective at reducing symptoms of depression and anxiety.

ALL patients with COPD, even those with serious disease, benefit from pulmonary rehabilitation.

Understanding the problem in the veteran community

13,000+
13,000+ veterans are being treated for COPD

35%
35% of these veterans had an exacerbation within the last year

58%
58% of veterans hospitalised for COPD had not had seen a physiotherapist in the previous 12 months

One in three veterans with COPD are being treated for depression.
Veterans’ MATES campaign aimed to improve the management of COPD and reduce exacerbations. The initiative encouraged referral for pulmonary rehabilitation; a service predominately provided by physiotherapists.

Resources for health professionals included a guide to setting up a pulmonary rehabilitation program.

### Setting up a pulmonary rehabilitation program

Pulmonary rehabilitation is highly beneficial and strongly recommended for people with Chronic Obstructive Pulmonary Disease (COPD). The core components of a program include individualised patient assessment, exercise training, education and evaluation. The structure and delivery can vary, depending on resources available, especially in rural and remote areas. Even a pulmonary rehabilitation program with limited resources has been shown to be effective. If you are interested in setting up your own program using local resources available, the following information will help you.

**What personnel and equipment do I need?**

**The exercise component**
- The minimum requirements include training how to conduct an exercise program for people with lung disease and having trained in cardiopulmonary resuscitation.

**The education component**
- The team can include a doctor, nurse, psychologist, exercise physiologist, physician, pharmacist or social worker, depending on locally available healthcare professionals.

**The equipment component**

### How do I set up the program?

- **Another educational resource for patients and families** is the COPD Online Patient Education (C.O.P.E.) available at: [www.cope.lungfoundation.com.au](http://www.cope.lungfoundation.com.au)
- Resources to get started are available online and include a program brochure, referral form, invitation and assessment letters and a patient survey available at: [www.pulmonaryrehab.com.au/introduction/resources](http://www.pulmonaryrehab.com.au/introduction/resources)

### How taking action can improve your COPD

- **Regular exercise and stopping smoking** helps to keep your chest clear,
- **Pulmonary rehabilitation** reduces your breathlessness, slows down worsening of lung function, reduces the chance of having to go to hospital for your COPD, shortens recovery time after having a flare-up.
- **Improves lung health** and slows down the progression of COPD.
- **Up-to-date flu and pneumonia vaccinations** reduces the chance of a flare-up, serious illness or having a hospital visit.
- **Asthma action plan** COPD medi-cation can:
  - help to reduce your COPD symptoms, flare-ups and hospital visits,
  - reduce side effects.

### References

**What did we achieve?**

**INCREASE IN THE USE OF PHYSIOTHERAPIST SERVICES**

Veterans with at least one physiotherapy claim

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- **Targeted**
- **Historical comparison**

- **Veterans’ MATES intervention**

**Statistics:**
- 4 premature deaths avoided
- At least 26 hospitalizations avoided
- 8 out of 10 veterans reported that the veteran brochure was useful in helping them to understand what they could do to take a more active role in managing their COPD
- After the intervention, 8 out of 10 general practitioners reported they would recommend pulmonary rehabilitation to their veterans with COPD
- 40% After the intervention nearly 40% of veterans said they would talk to their doctor about a pulmonary rehabilitation program
- 26 At least 26 hospitalisations avoided
Reducing medicine complexity

Taking multiple medicines can be difficult to manage for patients and increases the risk of adverse effects

Almost 50% of Australians over the age of 50 years take 5 or more medicines

Complex medicine regimens require multiple doses, multiple times across the day

The more times people are required to take medicines across the day, the less likely people are to take their medicines correctly

When people can't manage their medicine, adverse outcomes increase, adequate symptom control decreases and ongoing health may worsen
Home Medicines Reviews are an effective way to identify and resolve medicine-related problems and improve health outcomes

Home Medicines Reviews can improve medication appropriateness and reduce the number of times people need to take medicines across the day.

- 5 out of 10 patients could have their medicine regimen simplified.
- 1 in 4 patients could eliminate 1 additional administration time each day.
- 1 in 6 patients could eliminate 2 additional administration times each day.

Understanding the problem in the veteran community

- Only 1 in 11 veterans with dementia, taking 5 or more medicines and living in the community received a Home Medicines Review.
- Only 1 in 14 veterans dispensed 5 or more medicines received a Home Medicines Review.
- 30,000+ veterans are dispensed five or more unique medicines.
- Home Medicines Reviews are underutilised in the veteran community.

30,000+ veterans
Building on the success of previous Veterans’ MATES interventions directed at improving the uptake of Home Medicines Reviews, the latest initiative aimed at demonstrating how Home Medicines Reviews can assist with reducing medicine complexity.

Resources included a ‘My medicine routine’ tool for pharmacists and a ‘What to expect’ guide for veterans.
What did we achieve?

Almost 1 in 5 veterans taking their medicines 3 or more times a day said they would make an appointment to talk to their doctor about having a Home Medicines Review.

7 out of 10 general practitioners reported the materials would assist them to review the medicine complexity of their veteran patients.

7 out of 10 pharmacists reported they would use the ‘My medicine routine’ tool to review medicine complexity during a Home Medicine Review.

Medicine complexity reduced due to an estimated 2151 fewer medicine doses.

The number of Home Medicines Reviews has increased.

Cumulative rate of Home Medicines Reviews

- Targeted
- Historical comparison

Oct 16
Dec 16
Jan 17
Feb 17
Mar 17
Apr 17
May 17
Jun 17
Jul 17
Aug 17

Rate per 1000 veterans

Cumulative rate of Home Medicines Reviews
Improving wound management

Chronic wounds have a significant impact on a person’s health and wellbeing

1 in 4 people with a leg ulcer have been hospitalised because of their leg ulcer
Up to 50% of venous leg ulcers are not healed at 9 months and most people with recurrent ulcers experience the condition for an average of 15 years
Between 40% and 60% of patients with venous leg ulcers do not receive recommended treatment
43% of residents in aged care facilities experience a skin tear

Best practice results in faster healing times for venous leg ulcers, less pain, and reduced likelihood of infection and hospitalisation

73% of venous leg ulcers will be healed at 12 weeks with compression therapy, compared to 31% without
In patients who regularly wear a compression stocking recurrent venous leg ulcers can be reduced to 32% at 5 years compared to 69% in those who do not
DVA subsidises a range of dressings to support best practice wound healing
The application of an appropriate skin moisturiser twice daily reduces skin tears by almost 50%
Understanding the problem in the veteran community

5,000+
In a 1 year period
5000+ veterans were
hospitalised with an
ulcerous wound

Almost 1 in 5 of those
hospitalised were
hospitalised more than
once in the same year

87%
Up to 87% of veterans at high risk
of a skin tear due to regular use of a
potent topical corticosteroid, did not
receive an emollient dispensing

Translating the evidence into practice

The Veterans’ MATES campaign aimed
to improve the management of venous
tag ulcers and skin tears. The topic
provided advice to health professionals
about the benefits of compression
therapy, where to refer patients, and
strategies to encourage patients to
commence and persist with treatment.
It also provided practical information for
veterans about assessment, dressing
and preventing skin tears.

Resources included a pull-out guide
for health professionals on assessing
and dressing wounds, and a guide to
looking after skin tears for veterans.

What did we achieve?

INCREASE IN THE DISPENSING OF APPROPRIATE MOISTURISER

Emollient (lotion) dispensing

Diagram 1: Dressing your skin tear
Cover the wound with a non-stick dressing pad. Draw
an arrow on the top of the dressing to indicate the
direction for removing. The arrow should be pointing
in the same direction as the edge of the skin flap.

Diagram 2: Safe removal of the dressing
Remove the dressing slowly and close to the skin,
using the arrow to guide you. Never pull against
the direction of the skin flap.
CLAIMS FOR COMPRESSION HOSIERY HAS INCREASED

Cumulative percentage of veterans with a compression hosiery claim

- **Have had a venous leg ulcer in the past**
- **Have never had a venous leg ulcer**

Prior to receiving the intervention, 2 in 10 general practitioners were very confident in coordinating the care of a patient with a venous leg ulcer. This increased to 7 in 10 after the intervention.

99% of general practitioners reported that they were likely to use compression therapy to treat venous leg ulcers in their patients.

198 additional venous leg ulcers were appropriately treated.

9 out of 10 veterans reported that the practical tips about skin tears were helpful.
Our reach this year

77,000+ veterans have received one or more Veterans’ MATES interventions

19,500+ general practitioners have received information about their patients

8,300+ pharmacists have received one or more topics

2,500+ aged care facilities have received an intervention this year

7 peer reviewed academic papers were published

23 presentations were provided at national and international conferences

7 feature articles were written for community based publications