

MATES* midyear progress report

MATES has a more definite future now the Department of Veterans' Affairs, (DVA) has extended the contract by three years with an option for a further two years.

The MATES project is working on modules to be released over the next three years. This forward planning is driven in part by input from the ESO consultative committee members.

Veterans' mental health is one subject in the planning process. Mental health is a particularly difficult subject to deal with inside the scope of the MATES project. However, often health professionals find that non-medicinal treatment of mental health conditions can be more effective than prescribed medicines. These treatments include hypnotherapy, meditation, yoga and the like. We are waiting for data on those undergoing non-medicinal treatment to become available.

Modules 20 to 23 have been released. These deal with falls prevention, gout, dizziness and glaucoma respectively.

Falls prevention focuses on the risk factors associated with falls and the consequences that can possibly include a loss of independence and premature admission to an aged care facility. Falls prevention can take a number of forms including wearing proper footwear, eliminating hazardous situations such as slippery floors, loose floor coverings, slippery shower recesses, and bath surfaces. People can improve inadequate lighting and be careful not to trip over a pet or loose paving. While MATES module 20 deals mainly with the medicines aspects of the problem, DVA has a publication, *Homefront guide to preventing falls*. This can be obtained from a DVA (VAN) office or accessed at:

www.dva.gov.au/aboutDVA/publications/health/Documents/preventing_falls.pdf

Module 21 on gout dispels some myths about the affliction and sheds light on the usual causes of gout. It deals also with the interaction that can occur between gout medication and certain non-prescription or "over the counter" medicines.

Brochures on these and other previously released modules can be viewed at

www.veteransmates.net.au

Module 22 deals with nausea and dizziness in patients prescribed prochlorperazine. The module highlights that dizziness is sometimes caused by changes to your medicines and that you should always consult your doctor about dizziness and always mention any changes to your medicines.

The latest module to be released deals with the management of glaucoma, being elevated pressure in the eye. Some 25,479 DVA clients have been identified as being treated for glaucoma.

The therapeutic brief element of this module will be the first to be mailed to specialists. This is because the prescribing regime for glaucoma is most often initiated by ophthalmologists and ophthalmic surgeons. There is a body of evidence that dictates the necessity of mailing this therapeutic brief to the identified treating specialists as often the specialist will be unaware of the existing pharmaceutical regime of the patient. This situation stems from a lack of identification of other medical problems in the referral letters. The therapeutic brief is designed to help overcome this problem.

There are now identified links between glaucoma medication, usually eye drops, and medications prescribed to treat chronic pulmonary obstruction disease (COPD) and asthma. It

follows that the specialists be alert to the possible adverse drug reaction between medicines for these afflictions and the glaucoma treatment.

Some data are available on the effect of the recent mail out on Warfarin. Those Warfarin users who also used the Home Medicines Review process (HMR) gained a substantial benefit from the HMR process. This benefit showed in the DVA statistics some two to six months after the HMR.

Research shows that more than 60% of Veterans use “over the counter” or non prescription medicines on a regular basis. These uses can create situations where a medicines’ misadventure can occur. Our people need to inform their doctor that they are taking these non prescription items.

Diabetes continues to be a perennial problem in our people. Research now shows that the younger Veterans are also sufferers, usually of type II, but they often do not appear on the DVA/MATES data as their treatment is often non-medicinal. That is, doctors are prescribing a diet and exercise regime as treatment. Nonetheless all in the younger Veterans category should be aware of the benefits a preventative regime can provide and seek advice from their medical practitioners. Naturally, ADF doctors should be part of this project for the benefit of still serving members.

The Commonwealth Government is taking positive steps in the general population to encourage diabetes management. This encouragement is in the form of the doctor receiving a cash incentive to register diabetic patients in a diabetes management programme.

Many people with diabetes in the general population are not diagnosed or treated. Hopefully this incentive will lead the medical profession to order diagnostic procedures to uncover these latent diabetics. Still on diabetes, typically our diabetics have five to six other diagnosed and medication treated ailments. This can place them into the “at risk of medicines misadventure” category. These are the people who often can benefit from a medicines education episode such as a HMR.

Some 11,000 members of the ex-service community on the DVA data base had the benefit of a HMR module immediately since MATES began its operations.

Effective as a HMR is in exercising good medicines’ management, we understand there are circumstances in which the medical profession may be inhibited from ordering a necessary HMR by the prospect of an over servicing audit.

Patients who have experienced a medical event such as diagnosis of a new ailment, surgery, discharge from hospital or a severe change of medication to prevent a misadventure, may require a HMR less than twelve months since their previous HMR, this, on the information to hand, can trigger an over servicing audit by Government on the LMO. This is in spite of the LMO obtaining a HMR authorisation from DVA. On the face of it, the threat of an audit that indicates a possible rotting of the system may well act as a disincentive for the LMO to order a HMR however well justified on sound clinical grounds. This issue has been raised with various authorities all of which have promised to investigate and report back. There may be a means of circumventing the audit. This is yet to be seen.

On the positive side we now can report the benefits of MATES. The Government is saving at least \$4.4 million annually in health care costs as a result of MATES. This must be an underestimate as there will be other non measurable savings for the health system.

Papers released recently on rates of heart failure and Warfarin use also reveal a positive story of improved situations for patients. This research will be covered in a later report.

MATES can report more success this time outside the Veterans' community. For some little time the Commonwealth Health Department has taken a keen interest in the success of MATES. This has led to high level consultations between DVA senior medical officer Dr Graeme Killer, co-convenor of MATES and senior Commonwealth Health Department officers. These consultations are on the workings and possible adoption of a similar programme to MATES into the general community. Such a programme is possible given the Commonwealth has the same medicines' use data on the general population as DVA has for the Veteran community. There has been for many years now a less formal exchange of issues between the two Government Departments on MATES.

With the MATES programme now looking forward to an extended tenure due to the contract renewal, your MATES ESO consultative committee will be continuing to seek feedback on the programme and will welcome suggestions from the ex-service community on situations where a module might assist in improving the health of our people through better medicines' management.

Pete Ryan MATES ESO consultative committee

***Medicines Advisory and Therapeutic Education Service**