



November 2005

Part II Fellowship Examination in Administrative Medicine

Case Study 3

You are the Director of Clinical Services for a cluster of hospitals. This cluster provides population-based mental health services to a local population that is relatively disadvantaged from a socio-economic perspective.

The Chief of Service (COS) of Mental Health Services has made an appointment to see you to discuss the future use of a new anti-psychotic drug in your cluster. The new drug has recently become available and has been approved for use by the Authority's Drug Utilisation Review Committee. He is enthusiastic about the introduction of this anti-psychotic slow release depot formulation. In his opinion, this drug is superior to the older forms of anti-psychotic medications, with greater tolerability, providing an excellent option for non-compliant young psychotics, who often have to be admitted for psychiatric care, on an involuntary basis. The drug company concerned has provided a limited supply of samples in the past for use in his patients.

The medication is expensive — there are potentially >100 patients who would benefit. If prescribed for all, the drug budget for his department will be seriously exceeded. The drug company has also offered to provide the drug at lower price for a limited period to the local designated community pharmacy.

What issues does this scenario present?

How will you handle it?

For Examiner

A pass candidate would discuss the following:

Issues

- Introduction of new drugs
 - policy, procedures at corporate and local level
 - impact on health care costs
- Management of psychiatric patients, inpatients v. community care, review of current model of health services provision for psychiatric patients.
- Financial management. Preparation of budgets and making a business case, cost benefit of alternative models of care, health care financing model. Ethical management of limited resources. Prioritisation of patient needs. Use of quotas.
- Legal issues
 - procurement contracts for drugs
- Relationship of drug company with local doctors.
- Management of medical staff, clinical governance, clinical autonomy, monitoring of drug utilization and effectiveness.

Action

- Develop and implement a viable service plan, within agreed budget with monitoring of implementation and performance, if included in hospital formulary.
- Define underlying principles, guidelines, outcome evaluation.
- Control of drug and monitoring /review of utilization.
- Management of medical staff in the introduction of new drugs/technologies. Role of specialist in providing evidence based advice.
- Management of patients' expectations, patient/consumer/advocacy groups. Communication plan.
- Risk assessment and management.
- ?Legal advice needed for procurement contract.
- Review of advice on relationship between medical staff and drug companies.

Outstanding Candidate

- Introduction of new drugs
 - international perspective, local professional guidelines, corporate policy. A real example (such as use of Glivec) can be discussed.
- Clinical autonomy v. budgetary constraints.
- Management of patients with psychosis.
- Clinical governance and accountability, cost effectiveness of different service models. ?Successful examples, measurement of outcomes.
- Relationship with drug companies
 - Policy and procedures
 - Code of practice
 - Conflict of interest
- Management of patients/community expectations in the introduction of new drugs and technology.