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Integrating Pharmacists within Aboriginal Community Controlled Health Services to improve Chronic Disease Management (IPAC) Core Role 1 - Medication Management Reviews

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
NACCHO

JAMES COOK UNIVERSITY AUSTRALIA

PSA is the peak national body for pharmacists

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Medication Management Review - Background

- Low HMR uptake
- ACCHSs provide few HMR referrals
- Potential for HMRs or medication management reviews conducted within the ACCHS

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Potential barriers to HMRs

HMR may be inappropriate in certain circumstances…

- No fixed address
- Not opportunistic
- Culturally inappropriate
- Travel challenges
- Language barrier

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More potential barriers…

- Need for visual or learning resources
- No accredited pharmacist available
- Accredited pharmacist has reached HMR cap
- Patient preference
- A HMR is not appropriate for other reasons

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Pharmacists within the ACCHS

- Deliver holistic medication management services
- May undertake medication management reviews in alternate settings
- Able to conduct a ‘Non-HMR’
- Anticipate improvement in biometric data, medication optimisation & reduction in inappropriate polypharmacy

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HMR patient inclusion criteria

6CPA Program rules:

- Taking 5 or more regular medications
- Taking >12 doses of medication per day
- Significant changes made to medication treatment regimen in the last three months

- Medication with a narrow therapeutic index or medications requiring therapeutic monitoring

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HMR patient inclusion criteria…

- Symptoms suggestive of an adverse medicine reaction
- Sub-optimal response to treatment with medicines
- Suspected non-adherence or inability to manage medication related therapeutic devices
- Patients having difficulty managing their own medicines
- Patients attending a number of different doctors
- Recent discharge from a facility/hospital (within 4 weeks)

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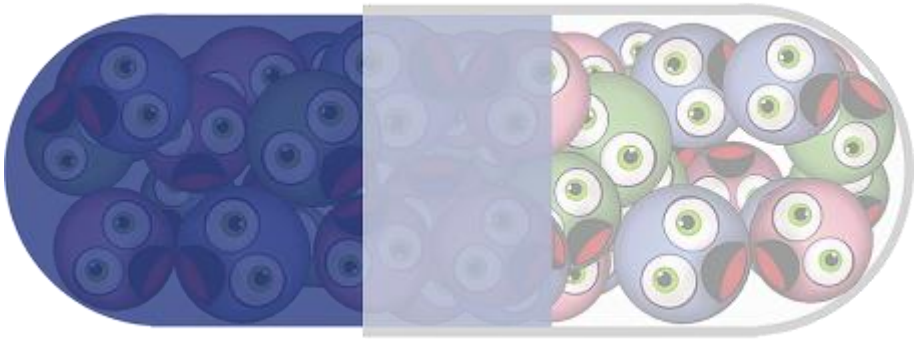
HMR Service eligibility criteria

- The patient is living in a community setting
- The patient is at risk of or experiencing medication misadventure
- Identifiable clinical need and the patient will benefit from a HMR Service



Initiation of the Medication Management Review

Once a patient has been identified for a HMR, the practice pharmacist:

- Will initiate and facilitate the medication management review
- May refer HMR to external provider
- May personally conduct the HMR, either within or outside IPAC project hours

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If HMR has been conducted by an external pharmacist

The practice pharmacist will:

- Follow up to ensure receipt of HMR report
- Encourage GP to prepare Medication Management Plan to enable MBS item 900 claim by ACCHS
- Record details of the HMR in the pharmacists' electronic logbook
- An flagged entry in the ACCHS CIS is not required, but remember to write in patient's progress notes

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IPAC project HMR conducted by external provider

IPAC pharmacist or ACCHS staff identifies patient eligible for HMR

Consent for IPAC project obtained by IPAC pharmacist or ACCHS staff

Does ACCHS have an established relationship with an external HMR service provider they would like to use?

Yes

GP generates HMR referral (IPAC pharmacist to ensure HMR consent obtained & all relevant information included)

IPAC pharmacist forwards HMR referral (& supporting information) to external accredited pharmacist

Once HMR report received, IPAC pharmacist records as HMR- external provider in pharmacists' logbook & schedules patient follow-up as per HMR recommendations & IPAC protocol

IPAC pharmacist encourages HMR Medication Management Plan completion by ACCHS GP

IPAC Pharmacist ensures MBS item 900 claimed by ACCHS

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If HMR to be conducted by the practice pharmacist within IPAC project hours…

- Seek IPAC Project & consent & HMR referral
- Liaise with the patient & AHW
- Conduct HMR (must be accompanied) & provide HMR report
- Discuss recommendations with the prescriber & document in ACCHS CIS
- Record details of HMR in the pharmacists' electronic logbook
- A flagged entry in the ACCHS CIS is <u>not</u> required, but remember to write in progress notes

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Upon completion of the HMR by the practice pharmacist within IPAC project hours

- Encourage GP to prepare Medication Management Plan to enable MBS item 900 claim by ACCHS
- Practice pharmacist will NOT claim individual payment from 6CPA
- Schedule patient follow-up
- Consider adding patient recall if necessary

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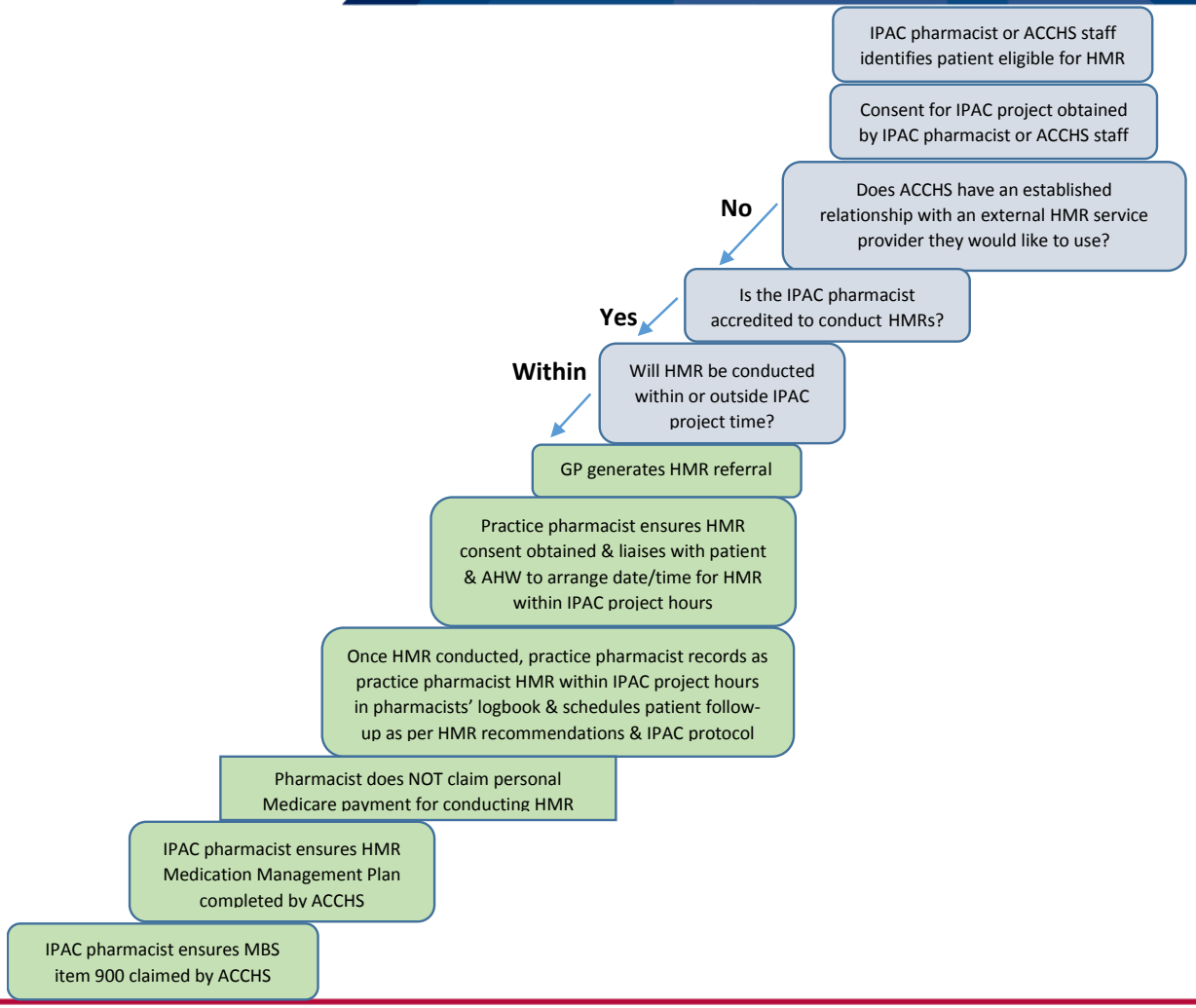
IPAC project HMR conducted by practice pharmacist within IPAC project hours



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If HMR is to be conducted by the practice pharmacist outside IPAC project hours

- Seek IPAC Project consent & HMR referral
- Liaise with the patient & AHW
- Conduct HMR & provide HMR report
- Discuss recommendations with prescriber & document in ACCHS CIS
- Record details of HMR in the pharmacists' electronic logbook
- A flagged entry in the ACCHS CIS is <u>not</u> required

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Upon completion of the HMR by the practice pharmacist outside IPAC project hours

- Encourage GP to prepare Medication Management Plan to enable MBS item 900 claim by ACCHS
- Practice pharmacist can claim individual payment from 6CPA
- Consider Rural Loading claim
- Schedule patient follow-up
- Consider adding patient recall if necessary

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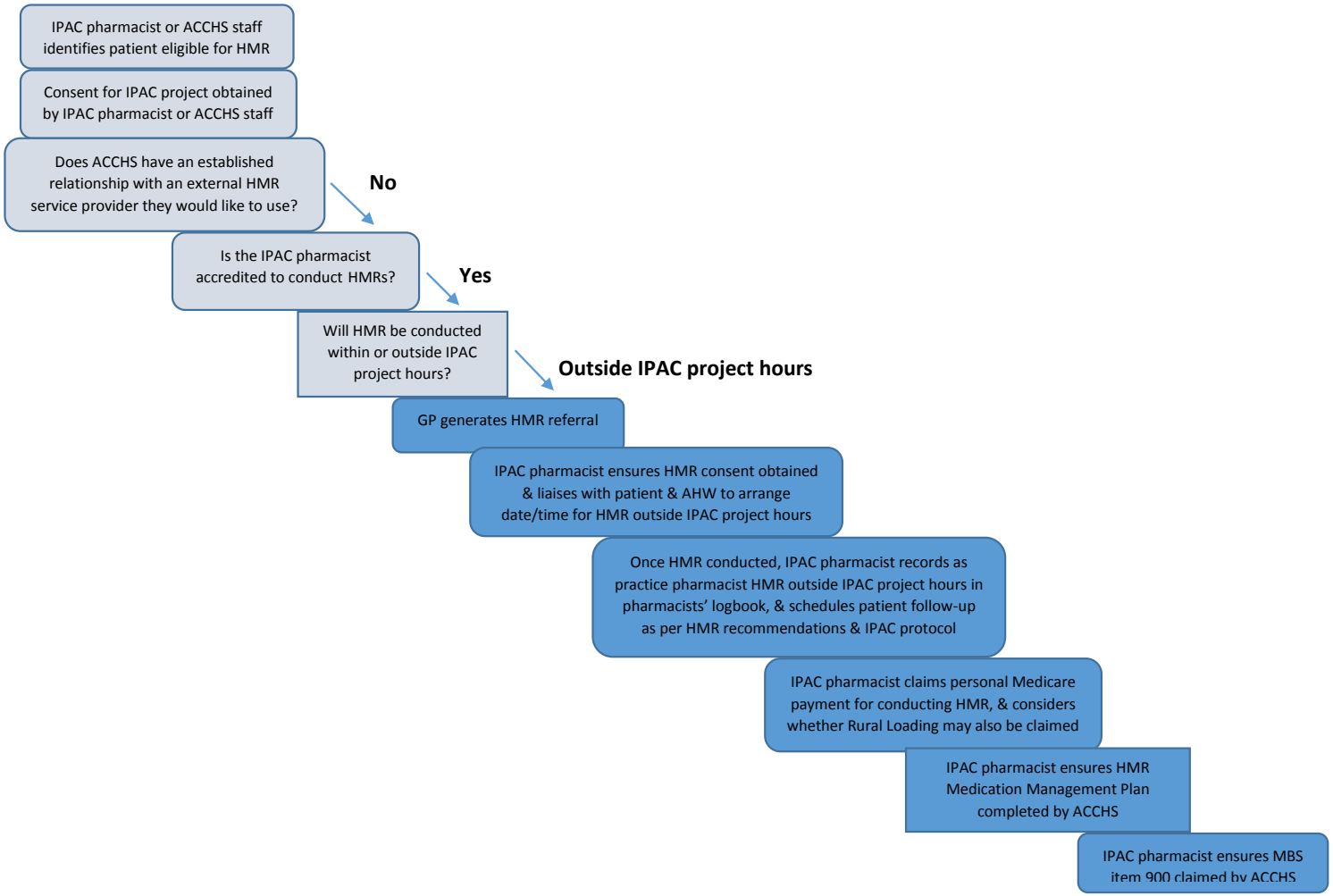
IPAC project HMR conducted by practice pharmacist outside IPAC project hours



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Exemption criteria for repeat HMR

- Discharge from hospital after an unplanned admission in the previous 4 weeks
- Significant change to medication regimen in the past 3 months
- Change in medical condition or abilities (including falls, cognition, physical function)
- Prescription of a medicine with a narrow therapeutic index or requiring therapeutic monitoring

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Exemption criteria for repeat HMR…

- Presentation of symptoms suggestive of an adverse drug reaction
- Sub-therapeutic response to therapy
- Suspected non-adherence or problems with managing medication-related devices
- Risk of, or inability to continue managing own medicines due to changes in dexterity, confusion or impaired vision

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Recording details of the HMR in the logbook

- Patient ID
- Date of HMR
- Date of data entry
- What were the reasons for choosing to do this medication review (HMR)?
- Was this HMR conducted by the practice pharmacist or an external pharmacist?
- If the HMR was conducted by an external pharmacist, what was the reason for referring this HMR to an external pharmacist?
- If the HMR was conducted by an external pharmacist, what assistance did you provide to this pharmacist?

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Recording details of the HMR in the logbook…

- If the HMR was conducted by the practice pharmacist, was this HMR conducted within or outside IPAC service hours?
- If the HMR was conducted by the practice pharmacist, what was the time taken to complete the HMR?

- Was there a prescribing omission for this patient?
- List the medication-related problems identified from this HMR
- After completing the HMR, what were the recommendations?

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Recording details of the HMR in the logbook…

- After completing the HMR, were the recommendations discussed with the prescriber?
- What recommendations were agreed?
- What recommendations were rejected?
- Is the HMR complete?
- Did the practice generate MBS item 900 for this service?

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What is a Non-HMR?

- Comprises some or all the elements of a HMR
- Allows for an opportunistic medication review
- Does not require a referral
- If clinical need exists, may be considered for patients ineligible for HMR…

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Reasons for choosing a Non-HMR

- Project pharmacist is not accredited & no available external HMR provider
- HMR capping of 20/month has been reached
- The patient does not meet criteria for repeat HMR
- Patient preference
- The patient is at risk of forgoing a HMR if not conducted opportunistically

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More reasons for choosing a Non-HMR

- Home visit is culturally inappropriate
- Travel challenge
- Language communication barrier
- Need for visual or learning resources
- A HMR is not appropriate for other reasons…

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Criteria for Non-HMR

- An interactive face-to-face or telehealth interview
- Collection of patient-specific data
- Compilation of a comprehensive medication profile
- Assessment of the medication profile to identify medication-related problems
- Conduct Assessment of Underutilisation (AOU)

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Criteria for Non-HMR…

- Prioritising a list of medication-related problems
- Recommendations made & documented in the ACCHS CIS
- A formal HMR report is not required
- Recommendations discussed with the prescriber

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Recording the details of a Non-HMR in the pharmacists' electronic logbook

- Patient ID
- Date of Non-HMR
- Date of data entry
- What were the reasons for choosing to do this medication review (Non-HMR)?

- At what location was the Non-HMR conducted?
- What was/were the reason(s) for choosing a Non-HMR over a HMR
- Was there a prescribing omission for this patient?

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Recording the details of a Non-HMR in the pharmacists' electronic logbook…

- Check that all criteria for the Non-HMR have been completed
- List of medication-related problems identified from this Non-HMR
- After completing the Non-HMR, what were your recommendations?
- After completing the Non-HMR were your recommendations discussed with the prescriber?
- Is your Non-HMR complete?
- Pop-up reminder to record Non-HMR in CIS
- Time taken to complete the Non-HMR

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Recording the Non-HMR in the ACCHS CIS

- Pop-up reminder will appear in logbook to prompt recording of 'Non-HMR' in ACCHS CIS
- Use code 'Non-HMR', as per the Procedures for Communicare & Best Practice
- GRHANITE will extract 'Non-HMR' code data from CIS for evaluation

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Non-HMRs & team-based collaboration

- Practice pharmacist cannot claim personal Medicare payment
- ACCHS cannot claim MBS item 900
- BUT consider whether the Non-HMR may have contributed to other MBS-claimable items
- GRHANITE will extract data measures of health service utilization directly from the ACCHS CIS

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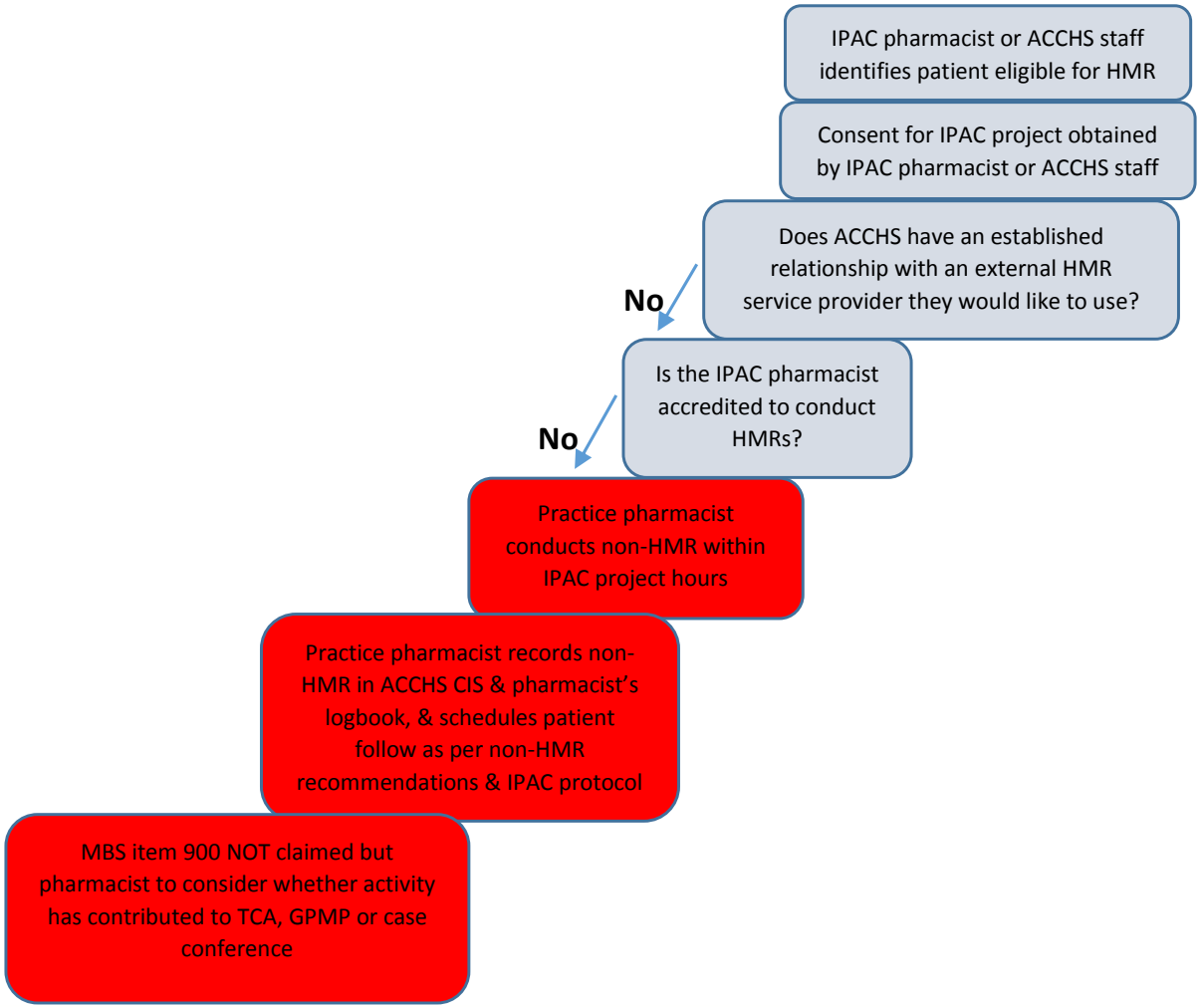
IPAC project Non-HMR conducted by practice pharmacist



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Follow-up after a HMR or Non-HMR

- Reinforcement of advice and recommendations
- Monitoring the impact of actions arising from the HMR or Non-HMR
- Assessment of the need for future pharmacist activity

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Record details of the Non-HMR or HMR follow-up in the electronic logbook

- Is the follow-up to a HMR or Non-HMR
- Patient ID
- Date of follow-up
- Date of data entry
- At what location was the follow-up conducted?
- What did the follow-up include?
- After completing the follow-up, were your recommendations discussed with the prescriber?
- Time taken to complete the follow-up

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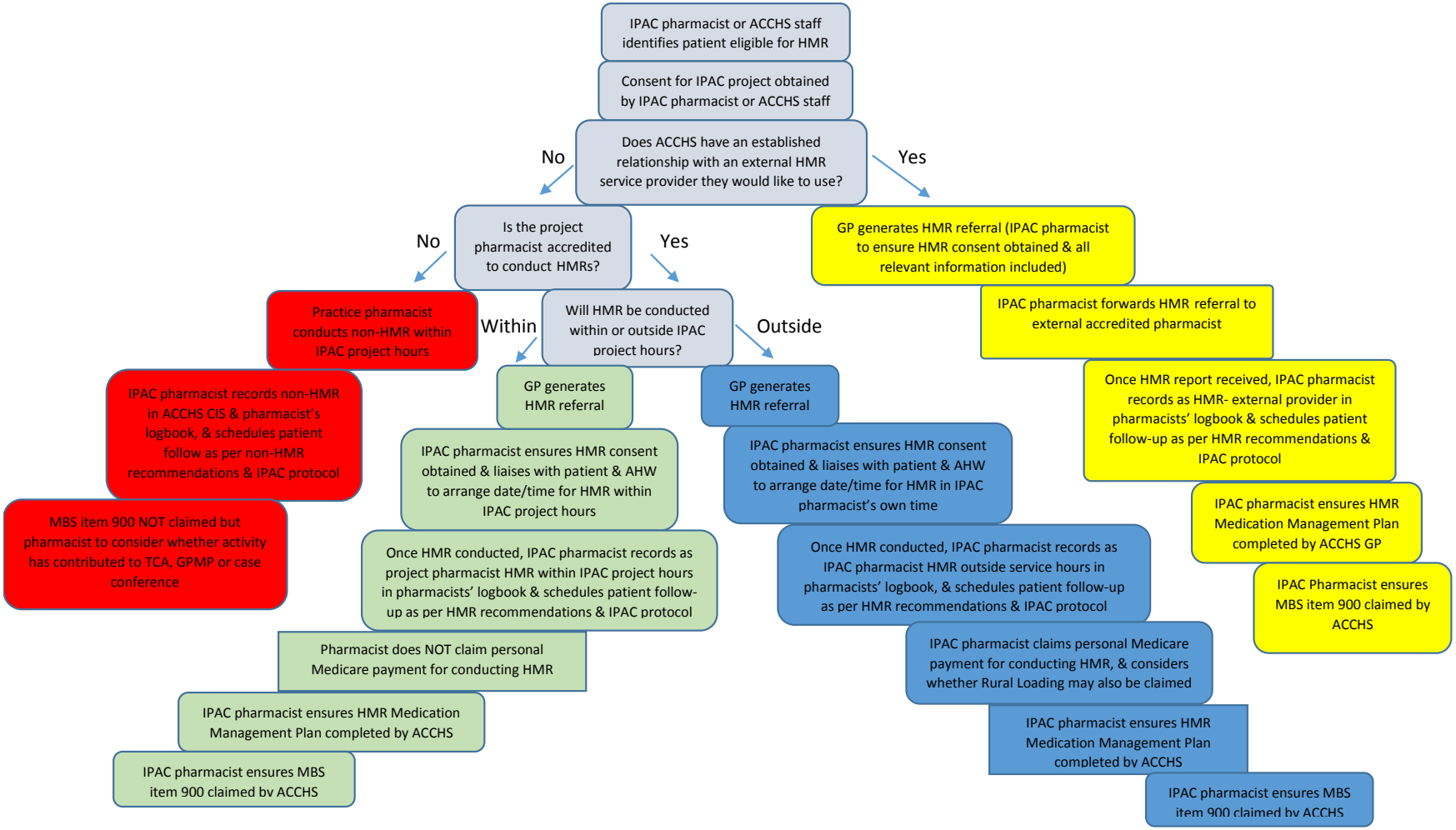
IPAC Project HMR Model



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Thank you!

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