

# Clinic 40.04

## A twenty year journey

Karen O'Leary (SHPA)

Sue Kirsa (Peter MacCallum Cancer Centre)

## Clinic 40.04

Pharmacist is the provider

“Review and advise on  
medicines use”

Clinic based or outreach  
service

# Use of medicines

The use of medicines is a critical factor in the efficiency of the health system as a whole.

Consumers with multiple chronic conditions requiring multiple medicines require additional pharmacist services to enable them to better manage their medicines and achieve their therapy goals.



# 1990

1. Why should hospitals provide a medication review service after the patient has been discharged?

2. How should these services be targeted?

What selection criteria should be used?

# Medicine-related presentations to Australian hospitals

- 50% of patients with chronic disease not taking their medicines as prescribed.
- Approximately 2-3% of all hospital admissions are medicine-related.
- **12% of all medical admissions** are medicine-related.
- **20-30% of admissions in consumers aged 65 years and over** are medicine-related.



# Cochrane Collaboration review of interventions to improve safe and effective medicines use

Different types of interventions are required to improve consumer engagement and medicine adherence in acute and chronic disease, address factors beyond the consumer's control (e.g. access and cost of medicines) or improve immunisation rates.

# Cochrane Collaboration review of interventions to improve safe and effective medicines use

Working to improve medication adherence is not enough – also crucial:

- Understand how the consumer is actually using each medicine
- Involve consumer in decision making
- Review of medicines and indications
- Simplifying dosage regimens

# Comprehensive medication reviews

- Improve medicine adherence AND
- Promote informed decision making by consumers
- Improve medicines awareness and literacy
- Actively involve individual consumer's in decision making when proposing changes to treatment
- Minimise medicine-related problems through increased consumer's awareness and recognition of medicine-related problems
- Promoting good communication between the healthcare professionals involved in the consumer's care

# Community-based funded medication review services

## Home medicines reviews (HMRs)

- Evidence based intervention
- GP is gatekeeper
- Broad selection criteria (currently under review)
- Was in response to problems has also become preventative service
- Capped national budget

# Community-based funded medication review services

## HMRs

- Ineligible if homeless, at temporary address or no regular GP, live in residential care facility
- Access hampered if consumer cannot have health professional visit their home, language other than English, rural and remote areas, require more than one service in 24 months
- Demand / need exceeding budget

# Community-based funded medication review services

- Hospital initiated home medicine reviews have been on the agenda for more than 15 years
- Service yet to commence
- Continue to rely on requests made to GP as part of discharge process

# Community-based funded medication review services

## Residential medication management reviews (RMMRs)

- Medication review for residents of aged care facilities
- Evidence based preventative service
- GP is gatekeeper
- Capped national budget
- Demand exceeding budget

# HOMR trials

- Several hospitals across Melbourne
- Provided initial evidence for HMR programme
- Evidence that the service impacts on readmissions and re-presentations
- Time consuming service so selection criteria crucial to cost-benefit equation



# Hospital medication review services

1. Provided as part of services in Emergency Departments in majority of referral hospitals (pre-admission to streamline admission and to address identified medicine-related problems)
2. Clinical pharmacist service provided as part of inpatient admission where a clinical pharmacy service is offered in that unit / ward
3. Tier 2 clinics 40.04 clinical pharmacy

# Clinic 40.04 Clinical Pharmacist

## Review and advise on medicine usage

Not included in OP services for all jurisdictions

- ACT
- ✓ New South Wales
- Northern Territory
- ✓ Queensland
- South Australia
- Tasmania
- × Victoria
- ✓ Western Australia

# SHPA Guidelines

- Recommendations about the consumer's medication management based on an extensive and structured interview and a comprehensive review of the consumer's current and historical use of medicines to: assess their current and likely adherence to their current treatment plan
- Medication management plan to be sent to all of the consumer's prescribers and the clinician responsible for the consumer's ongoing care
- Consumer-specific counselling

# Appropriate targeting required

Three risk categories identified:

- Known level of risk / harm for that consumer
- Potential risk for that consumer group
- Use of high-risk medicines

# 1. Consumer-specific risk factors

- recent medicine-related problem
- have suboptimal response to treatment with medicines
- are suspected or known to be non-adherent with their medicines
- have clinically significant changes to their medicines or treatment plans within the last 3 months
- recent attendance to emergency department for medicine-related problem
- recent hospital admission for medicine-related problem
- multiple presentations or admissions to hospital or healthcare organisation or unplanned readmission within 28 days of discharge

## 2. Higher-risk consumer groups

- aged 65 years or older
- take 5 or more medicines
- take more than 12 doses of medicines per day
- have difficulty managing their medicines because of literacy or language difficulties
- have difficulty managing their medicines because of dexterity problems, impaired sight or cannot read medicine labels
- have difficulty managing their medicines because of confusion / dementia or other cognitive difficulties
- have swallowing difficulties or require medicines to be administered through an enteral feeding tube (e.g. PEG) that requires alteration to how medicines are administered
- have impaired renal or hepatic function
- have problems using medication delivery devices or require adherence aid
- have multiple prescribers for their medicines
- does not have a regular GP

## 3. High-risk medicines

- insulins and / or oral hypoglycaemic medicines
- opioid analgesics
- immune suppressant therapy
- anticonvulsants
- anticoagulants and antithrombotics
- medicines that require therapeutic monitoring, or specific biochemistry or haematology monitoring (e.g. digoxin, clozapine)
- cytotoxic chemotherapy
- intravenous potassium
- aminoglycosides or vancomycin

## Proposed selection criteria for maximum efficiency

- **one or more risk factors from each of the three risk categories** (e.g. recent hospital admission for a medicine-related problem, suspected to be non-adherent with their medicines, taking more than 12 doses of medicines per day and taking oral hypoglycaemic medicines) and
- **more than one of the consumer-specific risk factors** (e.g. multiple recent attendances to emergency department and suspected to be non-adherent with their medicines)



# Workload estimates

- The activities delivered as part of this service are time consuming
- Recommended that one pharmacist provides a service in a clinic setting to a maximum of 5 consumers per business day
- Recommended when services are supplied through an outreach service that one pharmacist provides a service to a maximum of 3 consumers per business day (assuming total travel time of less than 2 hours)

# Ensure efficiency

- Need for a 'follow up' pharmacist clinic
- This clinic could also be used to allow a review of a consumer's medicines use where problems have been identified but such a resource intensive service cannot be justified (less stringent selection criteria)
- clinic would have a lower service weight

# Clinic 40.04: Clinical Pharmacy

- Evidence-based service
- Well defined selection criteria to prevent inappropriate service delivery
- Appropriate resourcing to support service delivery

→ Impact on re-presentations to ED and readmissions to hospital