Collaborative home medicines reviews in Aboriginal Health

Maximising medicines management, mitigating misadventure

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Consultant clinical pharmacist
MPH, Med, BPharm AACPA
WHERE
Yarrabah is the youngest community in Australia
Burden of disease

Prevalence of diabetes

<table>
<thead>
<tr>
<th>Age group (years)</th>
<th>Gurriny active clients</th>
<th>National Aboriginal and Torres Strait Islander</th>
<th>National non-Indigenous</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-34</td>
<td>5.9%</td>
<td>2.1%</td>
<td>0.8%</td>
</tr>
<tr>
<td>35-44</td>
<td>13.0%</td>
<td>9.0%</td>
<td>2.7%</td>
</tr>
<tr>
<td>45-54</td>
<td>26.3%</td>
<td>17.8%</td>
<td>5.3%</td>
</tr>
<tr>
<td>55+</td>
<td></td>
<td>46.0%</td>
<td>34.5%</td>
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</table>

Legend:
- Gurriny active clients
- National Aboriginal and Torres Strait Islander
- National non-Indigenous
So what do we do...
Are your medicines right for you?
Every year, up to 210,000 Australians are admitted to hospital due to medication problems. At least 50% of these admissions could be avoided by better medicine management.

A Home Medicines Review (HMR) helps you understand your medicines and stay out of hospital.

What is a Home Medicines Review?
A Home Medicines Review is a free health service funded by the Commonwealth Government.

A Home Medicines Review involves a pharmacist visiting you at home and reviewing all your medicines. The pharmacist then works together with your doctor to develop a plan to manage and record the medicines you take.

By working together with you, your doctor and pharmacist can identify any medication problems and make sure your medicines are:
- The best treatment option for you;
- Suitable and safe to take together; and
- Taken correctly.

Why have a Home Medicines Review?
A Home Medicines Review will help you better manage your medicines. It will help:
- Increase your knowledge about your medicines;
- Increase your confidence in using your medicines; and
- Reduce your risk of an avoidable trip to hospital.

Would you or someone you care for benefit from a Home Medicines Review? ... Take the test ✓

Tick the boxes that apply:
- Have you recently been discharged from hospital?
- Are you taking several medicines? (including supermarket or herbal medicines)
- Have you had recent changes to your medicines?
- Do your medicines need monitoring? (e.g., blood thinning medicines)
- Do any of your medicines make you feel unwell?
- Do you use devices to assist with medication management such as monitoring blood glucose or a nebuliser?
- Do you attend more than one doctor including general practitioners and specialists?
- Are you sometimes unsure about which medicines you should be taking?
- Would you like to be more confident about understanding your medicines?

Many different people are helped by a Home Medicines Review.
- Are you a child or adolescent with an ongoing health condition? (e.g., asthma)
- Are you from a non-English speaking background?
- Are you receiving palliative care?
- Do you have a heart condition?
- Do you have asthma or emphysema?
- Do you have a mental health condition?
- Do you have diabetes?

Ask your doctor or pharmacist about a Home Medicines Review.

If you have ticked one or more of the above boxes, you may benefit from a Home Medicines Review.
stats

To date:

Started October 2012

770... ish reviews
So what happens...
The review process at Yarrabah

A HMR goes through the following stages:

1. **Doctor/care team** identify potential service recipients

2. **Doctor** obtains informed consent* (this can be done at time of HMR, clinic staff can assist)

3. **Doctor** completes referral form – see template (in MD)

4. **Care team** arrange day/time and preferred venue – ensure patient knows to bring ALL medicines (including herbs etc), if client prefers clinic we need a pre-approval form from MC. (Pharmacist to apply for this)

5. **Pharmacist** interview and medicines education session (20-60 mins)

6. **Pharmacist** follows-up details where required/writes report (within 7 days) – prepares meds list and other follow-up/referral as required (e.g liaison with AHW/chronic disease team)

7. **Pharmacist** inserts reports into MD software – alerts GP.

8. **Doctor** reads report – discuss with pharmacist (5-10 mins, can be by phone) –

9. **Doctor** designs ‘medication management plan’ with client (i.e any changes if required, provision of ‘medicines list’, update client records. (often we do prep for this at the time of discussion in point 8) – clinic CLAIM item 900 (steps 1-9 must be completed to claim $148.90 per patient)
BARRIERS
What do we look for?

Home Medicines Review

INTERVIEW FORM

Name:
DOB/age:
Social:

Diet:
Exercise:

Alcohol/other drugs:
Smoking:
Caffeine:
sugar:

Recent problems/hospitalisations?

Meds list/meds reconciliation (?DAA):

Eye/ear/inhalers/creams:

Vitamins/herbs/bush medicine:

Taking medicines/concordance/storage?

Check for common adverse effects:

Bowel/urinary/stomach problems?

Pain?

Medicines list?

Any concerns/questions?
Why are there never any good side effects? Just once I'd like to read a medication bottle that says, "May cause extreme sexiness."
Devices!
Diabetes care
What do we see?

- Concordance issues
  Wrong timing, wrong meds, no meds, storage, ‘worry’, swallowing issues...
  Wastage and hoarding

- ADRs (eg metformin GI upset)
- Misunderstandings and confusion
- OTC medicines (and sharing)
- Wrong meds, duplication, omission, discrepancies between prescribers...
- Device issues...
Lifestyle and holistic care

- Medicines are only part of the story...

- Good ongoing relationships are very important and are a base to ongoing improvements

- We always put medicines in the context of lifestyle changes... and discuss these in detail with clients
Lifestyle risk factors matter!

WHAT LIFESTYLE CHANGES CAN DO TO REDUCE HIGH BLOOD PRESSURE

- 1 mmHg for every 1% of body weight lost
- 2-4 mmHg by drinking less alcohol
- 4-5 mmHg by reducing salt intake
- 4-9 mmHg by increasing physical activity
- 8-14 mmHg by eating healthy

In Australia high blood pressure is considered 140/90 mmHg or higher

DAAs...are they the solution?

- DAAs are unlikely to improve adherence if the patients main issue is forgetting to take medicines OR if they are not motivated to take them.

- Make medication changes more complex (and expensive)

- Individual assessment required, ...can we ‘debride the medicines list’???
Urgent issues!

Duplication of Tx

Serious interactions (eg. PK issues with binding)

CKD dosing issues

wrong/different meds!
19/04/2012

Home Medicines Review

Dear Dr XXX,

Thank you for referring XXXXXXX (DOB: yy) for review. The interview was conducted on the 18/04/2013.

Please find below a current list of medicines that the patient is using, understanding of current therapy, education provided and recommendations for your review:

Non-smoker, alcohol now and then, -- on fluid restriction

Some exercises -- gets SOB easily.

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Understanding (purpose according to patient)</th>
<th>Notes/comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>salbutamol inhaler pm</td>
<td>SOB</td>
<td>technique good! Limited benefit as SOB likely related to HF</td>
</tr>
<tr>
<td>amlodipine 5mg m</td>
<td></td>
<td></td>
</tr>
<tr>
<td>aspirin 100mg m</td>
<td>stroke prevention/thin blood</td>
<td></td>
</tr>
<tr>
<td>atorvastatin 80mg - every few days</td>
<td>cholesterol</td>
<td>He feels this is too strong for him.</td>
</tr>
<tr>
<td>bisoprolol 2.5mg m -</td>
<td>unsure</td>
<td>Had none on hand</td>
</tr>
<tr>
<td>clopidogrel 75mg m</td>
<td>unsure</td>
<td></td>
</tr>
<tr>
<td>glinazide SR 30mg m</td>
<td></td>
<td></td>
</tr>
<tr>
<td>perindopril 4mg m</td>
<td>2.5mg in MD</td>
<td></td>
</tr>
<tr>
<td>frusemide 50mg m</td>
<td>fluid</td>
<td>Sometimes he takes 120mg!</td>
</tr>
</tbody>
</table>

*medicines not on MD/different doses to MD record are in **bold italic**.

Remove arginine from MD -- Lawrence says he has never had this medicine -- bisoprolol listed twice.

CrCl: 26mL/min

Patient concerns

Lawrence has been experiencing muscle weakness -- he had medicines in a bag together but may benefit from a Webster pack to assist in keeping track.

Due for bloods -- he will come in today/tomorrow.

Items for consideration

1. Aspirin/clopidogrel: The benefit of using aspirin with clopidogrel exceeds the risk of bleeding ONLY in patients with an acute coronary syndrome or coronary stent. In patients with non-ST elevation acute coronary syndrome, 12 months of clopidogrel is recommended. In patients with ST elevation myocardial infarction who are not undergoing coronary stenting the optimal duration is unclear. Please review regularly.

2. Statin: Renal impairment increases risk of myopathy and rhabdomyolysis -- Lawrence is experiencing muscle symptoms. Concomitance is limited -- consider a trial reduction to 50mg/d to see if symptoms abate.

3. Unequilibrated levels high: denies any gout symptoms, some limitt in knees on occasion. PT/INR levels high: likely related to BID %.

Counseling provided

Counseling was provided on all relevant medicines, including specific questioning to ascertain potential adverse effects.

Thank you for your kind consideration, I look forward to discussing this with you at your convenience.

Warm regards
Pippa
Home Medicines Review
Pippa Travers-Mason
MPharm (therapeutics), MEd (health), BPharm AACFA
Pip77@bisoprol.net.au
**Home Medicine Review (HMR) Plan**

**Patient**

- Name: [Redacted]
- Address: Yarrabah QLD 4871
- Phone: [Redacted]
- Date of Birth: [Redacted]
- Medicare No.: [Redacted]

**HMR Tuesday 10 March 2016.**

**50yrs**

**ISSUES IDENTIFIED**

1. Concordance: [Redacted] is not taking night morning tablets in the afternoon/evening (WH) days. Please consider adjustments to her regimen.

2. Tablet burden: [Redacted]'s first comment was She takes paracetamol (Panamaz) from a box dialysis (seems she has been advised to do so) takes the paracetamol packed tablets. Consider removal from packs and just use packs.


4. [Redacted] has not yet followed up on referrals.

<table>
<thead>
<tr>
<th>Current Condition/Problem</th>
<th>Current Management pharmacological and/or non-pharmacological</th>
<th>Proposed Plan of Action and Medication Changes</th>
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Patient concerns

Jennifer is concerned as after a hospital admission a few weeks ago (chest pain which was RULED OUT - diagnosed as ‘reflux’). At this time her meds were changed, and since she has had dizziness she tried a few days and each time felt woozy/faint and a ‘falling feeling’ and has since ceased all meds as something in there is upsetting her.

Items for consideration

1. **Concordance with therapy**: Somehow Myrtle has the idea that when the metformin brings her sugars down that she is to start the other (new) medicines? She has been using the metformin – tolerating well, and said it was bringing her sugars down (as measured in clinic), but ‘feels’ they were high again now since she didn’t start the new (different) box. Appears symptomatic, on discussion happy to take new metformin (Note I also visited the pharmacy to ask the pharmacist to point out (?highlight) active ingredients for people)

2. **Will restart metformin** *(1g for a few days then 2g again)* – and also begin rosvastatin – asked her to hold off clopidogrel given dental surgery planned for <1 week – please review.

3. **Statin**: As she hasn’t been using the statin, please return her to the lower dose (which she has on hand and will begin to take and review effect)

**Antiplatelet**: Hx CHD, ?whether she had ACS whilst on aspirin (?main indication for clopidogrel monotherapy) Please review. (note hasn’t used any antiplatelet for a long time) -
...for consideration

- **Renal impairment:** Significant reduction in CrCl. HCT likely ineffective in renal impairment and possibly contributing to gout so please consider cessation.
- Aggressive BP lowering in elderly people is debatable, with many studies suggesting that <150 is reasonable. (however Olive is high risk). Salt intake is also a factor and may negate the need for additional drugs.
- **Gout:** This could be a cause for her ankle pain ongoing... urate levels very high (0.85). Would recommend that she begin allopurinol therapy, with a low starting dose (50mg, titrating every 1-2 weeks by 50mg at a time until she reaches remission levels (target< 0.36).
- **Diabetes:** HbA1c May 2013=41 – excellent control. Seems to be tolerating high dose metformin well – consider switch to XR formulation at 1.5g XR m.
- **Back/leg pain:** Advice to stay active has been shown to reduce pain and disability, increase the rate of recovery and reduce time spent off work. Furthermore it has been shown that staying active is not associated with recurrent pain.
  We discussed him starting walking again. Adequate analgesia is important to aid in mobility. Paracetamol regularly (XR 1.3g tds) is the best first line management.
- **HbA1c=93:** He may be at the stage to try basal insulin. His wife already uses insulin and we discussed that it might make him feel better (more energy).
- **GORD/reflux:** Currently using esomeprazole 20mg d. Asymtomatic – was needing this when he was drinking heavily and no longer drinks. Trial cessation - many patients do not require long-term PPI therapy.
Follow-up

Review and support concordance with therapy - needs further support and education to enable regular engagement
f/up re concordance and medicines use
f/up re physio and access post amputation respite opportunities?
self-care (carer fatigue) plus podiatry referral
lifestyle interventions, insulin use education
wheelchair need repair/?benefit of vit D/calcium
consider a stain for CVD risk, review dose of antiepilep
smoking cessation support +/- NRT
Need review with dietician etc re diabetes - for AHW case management
?monitor for cardiac symand OTC
review swallowing
ongoing lung review

Mens/womens group
Health worker f/up
App made/nurse visit
Cardiac rehab
Counselling/SWEB
Spiritual support

?webster
?INSULIN
f/up smoking cessation
?dentist
continue review
diet advice re iron
discussed salt in diet,
BGL monitoring to insulin dosin titration
exercise, diet for daib
discuss and confirm regime
for varenicline and f/up, also dietician re prevention of diabetes
review smoking cessation
thyroid information please -will provide
smoking cessation f/up
for additional checks with communication - able to understand,
f/up non-drug tx, reinforced changes
update meds list - for TSH review?inc dose
to sty on novomix for now - needs titration

older packs removed,
needs GTN, chest pain for invesst
for diabetes diet, ?insulin, ?toes investigation
?diabetes control -
update ist pls
Client benefits

Opportunity to:
- discuss their medicines and other health concerns
- ask questions and know their own medicines
- screen for interactions and side effects
- Empower self care
Clinic benefits

- MBS item 900
- Medicines reconciliation for clinic records (and PCEHR)
- Reduce risk. Reduce waste
- Collaboration and cross team referral
- Reinforcement of messages – team based approach
- Liaise with local pharmacy(s)
Pharmacist benefits...