Pharmaceutical Society of Australia

Guidelines for pharmacists providing MedsCheck and Diabetes MedsCheck services

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Executive summary

These Guidelines provide pharmacists with best practice guidance for the delivery of medication adherence services; Dose Administration Aid (DAA) and Staged Supply and medication management services; MedsCheck and Diabetes MedsCheck and Home Medicines Review (HMR).

These are patient-centred clinical services delivered with the aim of improving medicine safety and the quality use of medicines. They integrate with other patient-centred services to enhance a patient's optimal use of medicines. Pharmacists can provide these services to any patient based on their clinical need.

Services provided to eligible patients can be remunerated under the Seventh Community Pharmacy Agreement (7CPA), if pharmacists adhere to the relevant program rules. A summary of these rules can be found throughout this document in the orange boxes Pharmacists should use these guidelines in conjunction with program rules and resources at www.ppaonline.com.au

The delivery of these services encourages pharmacists to work collaboratively with the patient and their carer, prescriber, and other relevant members of the healthcare team to enhance patient care.

Best practice for the delivery of these programs includes:

- establishing patient need
- obtaining patient consent
- ensuring patient safety
- promoting quality use of medicines.

These Guidelines do not replace the need for pharmacists to exercise professional discretion and judgement when delivering these programs in their own unique practice environment. These Guidelines do not include clinical information or detailed legislative requirements. At all times, pharmacists delivering these programs must comply with all relevant Commonwealth, State and Territory legislation, as well as to the overarching and program-specific standards, codes, and rules (see Figure 1).

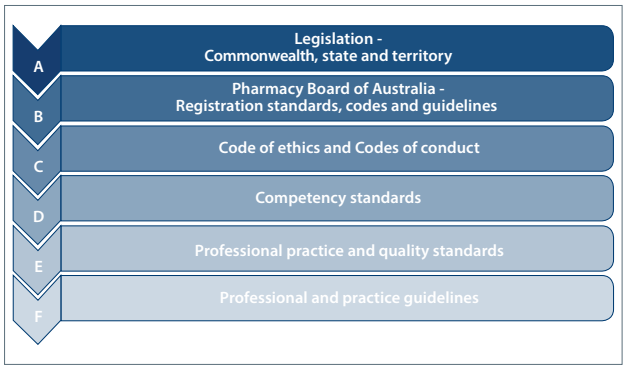

Figure 1. Overarching guidance and regulation of pharmacy service delivery[1]

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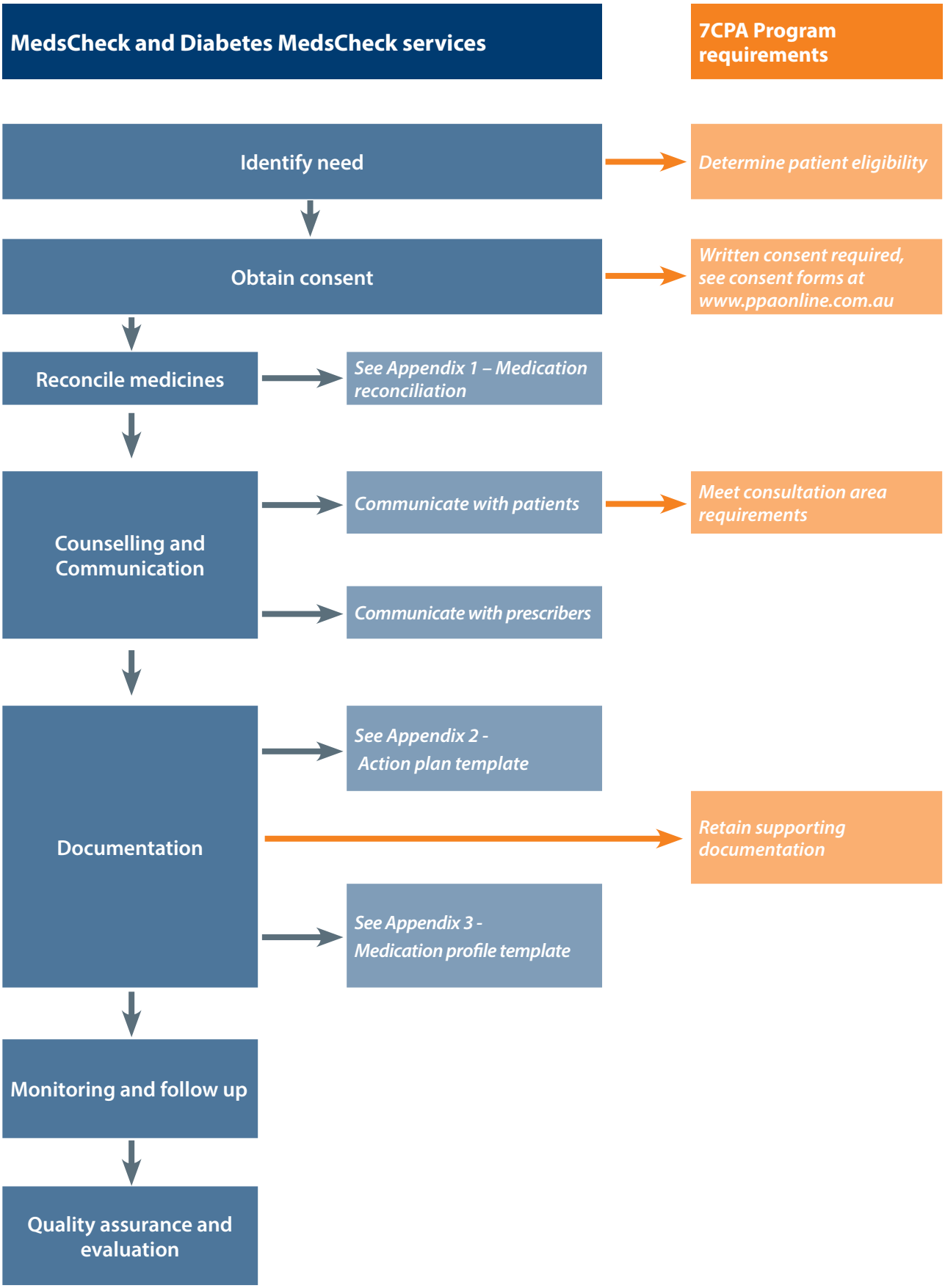
Service overview



Introduction

MedsCheck and Diabetes MedsChecks are structured and collaborative clinical pharmacy services that take place in the pharmacy to optimise the safe and quality use of medicines by patients.[1] These services involve a review of patient medicines, a face-to-face consultation between the pharmacist and patient, and the development of a medication profile and an action plan.

MedsChecks focus on education and self-management and aim to identify medication-related problems (e.g. non-adherence), improve effective use of medicines and provide education about medicines, its best use and storage.

Diabetes MedsChecks focus on type 2 diabetes medicines management, use of monitoring devices, education and self-management. The aim of this service is to optimise patient use of medicines and monitoring devices, improve blood glucose control and reduce the risk of developing type 2 diabetes-associated complications.

During these services, pharmacists should refer patients to other appropriate clinical services such as Dose Administration Aid (DAA), staged supply, Home Medicines Review (HMR), or Residential Medication Management Review (RMMR) if identified as necessary for continuation of patient care (see Figure 2).

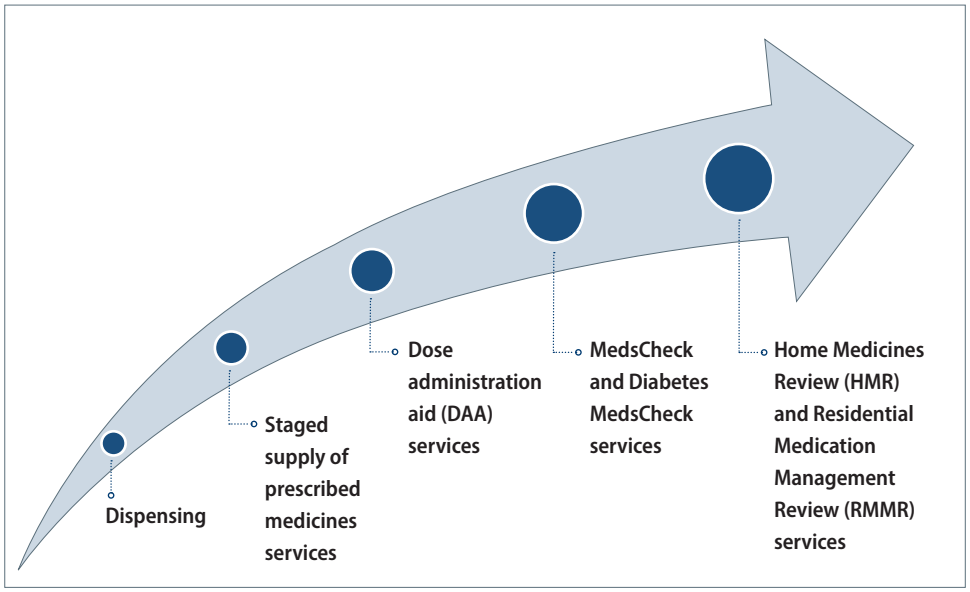


Figure 2. Medication management services across the continuum of patient care

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Terminology

For a number of terms used in these guidelines, several related terms with equivalent or similar meaning may be equally appropriate in certain contexts (see Table 1).

Table 1. Guideline terms, definitions and equivalent or related terms

GUIDELINE TERM	DEFINITION	EQUIVALENT OR RELATED TERMS
Adherence	A qualitative measure of the extent to which a patient's behaviour corresponds with recommendations agreed with a healthcare professional, ideally through a concordant approach[1]	Compliance, concordance
Carer	An individual who is responsible for, or taking part in, the provision of care for another person, through either a formal or informal arrangement[2]	Agent, authorised representative, case worker, guardian
Dose administration aid (DAA)	A tamper-evident, well-sealed device or packaging system that allows for organising doses of medicine according to the time of administration[1]	Blister pack, bubble pack, medicine sachet
Healthcare provider	A practitioner who provides services to individuals or communities to promote, maintain, monitor or restore health (such as a general practitioner, dentist, physiotherapist or case worker)[1]	Health professional, healthcare practitioner, healthcare professional
High-risk medicine	A medicine that has the high potential for harm if not monitored and assessed at regular intervals e.g. warfarin, digoxin, cytotoxic agents, medicines associated with increased falls in the elderly due to drowsiness, postural hypotension, dizziness and medicines in delivery systems that cause adverse effects such as a skin reaction to patches[3]	N/A
Informed patient consent	The patient agrees to a healthcare provider providing treatment and care after receiving understandable and clear information including the options, risks, benefits and purpose of the action[4]	Consent
Medicine	A prescription, non-prescription, or complementary or alternative medicine	Drug, medication, product
Medication profile	A list of medicines that a patient is currently taking including prescription, non-prescription and complementary medicines[5]	Medication list, medication record
MedsIndex	A score reflecting how closely patients adhere to their medication regimen	N/A
My Health Record	An electronic summary of a person's health information maintained by the Australian Government[6]	Digital health record, eHealth record
Patient	A person who uses or is a potential user of health services, including their family and carers[1]	Client, consumer, individual, person
Pharmacist	An individual holding provisional or general registration with the Pharmacy Board of Australia, as recorded on the online Register of practitioners on the Australian Health Practitioner Regulation Agency (AHPRA) website. A pharmacist holding provisional registration must be supervised by a pharmacist holding general registration at all times in the pharmacy[7]	Intern, registered pharmacist
Prescriber	A healthcare provider who is responsible for patient care, specifically medicines	Doctor, general practitioner (GP), nurse practitioner, other approved prescribers, specialist
Recent significant event	A recent event or new diagnosis that has the potential to impact on the patient's medication adherence or knowledge of their medicine regime and may increase the risk of medication misadventure[8]	N/A

Establishing the service

Policies and procedures

Pharmacists should establish policies and procedures to govern the provision of MedsCheck and Diabetes MedsCheck services. They must adhere to all legislative requirements, and meet relevant professional practice standards. See *Standard 14: Medication Review in Professional Practice Standards, version 5.*[1]

Policies and procedures should be systematically reviewed and updated as required as part of quality assurance and evaluation process. See *Quality assurance and evaluation.*

Consultation area

The pharmacy must have a screened area or separate room that is distinct from the general public area of the pharmacy. This will allow MedsCheck and Diabetes MedsCheck consultations to occur at normal speaking volumes without being overheard.[1,8]

7CPA MedsCheck and Diabetes MedsCheck Program consultation area

The area must meet the following requirements:

- Physically separated from the retail trading floor so that the privacy and confidentiality of the patient is protected
- Appropriately furnished with facilities to allow the patient and the pharmacist to sit down together
- Of sufficient size and appropriate layout to accommodate efficient workflow, including adequate room for the patient, their carer and the pharmacist as well as all the consumables, equipment and documentation required for the service
- Allow the patient and the pharmacist to talk at normal speaking volumes without being overheard by any other person (including pharmacy staff)
- Clearly sign posted as a private consultation area

Note:

Prescription in and out counters (including those with privacy screens) do not meet the consultation area requirements

Reference: 7CPA Program Rules[8]

Training

All staff involved in providing these services must have training relevant to their role within the delivery of the services. Staff should understand their role and responsibilities as well as the policies and procedures used.[1]

Training and assessment through supervised practice, should be recorded (e.g. in a personal training record, or manual).

Patient privacy

Pharmacists must respect and safeguard patient privacy and confidentiality at all times, including in relation to any information acquired when providing MedsCheck or Diabetes MedsCheck services. This applies to interactions with the patient in the pharmacy, as well as the proper handling of healthcare records.[1] Pharmacists must meet the relevant *Professional Practice Standard (1.3 Privacy and Confidentiality)* in the provision of a MedsCheck or Diabetes MedsCheck service.

Providing the service

Identify need

The need for a MedsCheck or Diabetes MedsCheck can be identified by a pharmacist, prescriber, patient/carer, or by another healthcare provider. It is the pharmacist who ultimately determines patient need for the service (see Box 1).

Box 1. Examples of patients who may benefit from a MedsCheck or Diabetes MedsCheck

- Patients experiencing difficulties with their medicines
- Patients with complex medication regimens
- Patients with recent changes to their medication regimens
- Patients with poor health literacy
- Patients accessing multiple prescribers
- Patients with chronic illnesses
- Patients with co-morbidities
- Patients who are non-adherent
- Patients with literacy/language barriers
- Patients with dexterity, vision or hearing problems
- Patients living alone or without access to social support
- Patients recently diagnosed with type 2 diabetes
- Patients with poor blood glucose control
- Patients unable to gain timely access to existing diabetes education/health services in their community

References: Blenkinsopp[9]*; Standards of practice*[10]

MedsIndex[11] or other adherence tools, including assessment of dispensing history, may be used to identify patients for MedsCheck or Diabetes MedsCheck services. The need for a MedsCheck service may also be identified when a patient begins on a dose administration aid (DAA) to facilitate the medication reconciliation process.

7CPA Patient eligibility criteria

Under 7CPA MedsCheck and Diabetes MedsCheck programs, pharmacies may be funded for providing the service to eligible patients. Patients who are ineligible under these programs but who may benefit from a MedsCheck and Diabetes MedsCheck can still be offered the service.

7CPA MedsCheck Program patient eligibility criteria

- Medicare and/or Department of Veterans' Affairs (DVA) cardholder
- Has not received a MedsCheck, Diabetes MedsCheck, Home Medicines Review (HMR) or Residential Medication Management Review (RMMR) in the previous 12 months
- Living at home in a community setting; **and**
- Taking five or more prescription medicines; **or**
- Had a recent *significant medical event*; **or**
- Taking a medicine associated with a *high risk of adverse events*.

Note:

- A person who identifies as an Aboriginal or Torres Strait Islander person, who is eligible for a Medicare card, but who does not hold either a Medicare card or Concession card will still be eligible for this program
- Component medicines of a combination product are counted as individual medicines, except for medicines that are almost invariably used together in fixed-dose combinations for clinical reasons (e.g. oral contraceptives, hormone replacement therapy and *Helicobacter pylori* eradication regimens)
- MedsCheck services are not available to in-patients of public or private hospitals, day hospital facilities, transitional care facilities, to residents of an aged care facility or patients in a correctional facility
- Where a patient does not meet the eligibility criteria, the Approved Service Provider may offer the service at a patient's own cost
- The patient must be present at any consultation
- The patient's carer may also attend any consultation

Reference: 7CPA Program Rules[8]

7CPA Diabetes MedsCheck Program patient eligibility criteria

- Medicare and/or DVA cardholder
- Has not received a MedsCheck, Diabetes MedsCheck, HMR or RMMR in the previous 12 months
- Living at home in a community setting
- Unable to gain *timely* access to existing diabetes education/health services in their community; **and**
- Recently been diagnosed with type 2 diabetes (in the last 12 months); **or**
- Has less than ideally controlled type 2 diabetes.

Barriers to *timely* access to existing diabetes education/ health services should be determined by the registered pharmacist based on the patient's specific needs and may include:

- appointment availability is not suitable to address the patient's immediate needs; **or**
- distance to be travelled to the nearest diabetes education/health service is impractical for the patient; **or**
- a lack of accessibility to transport.

Note:

- A person who identifies as an Aboriginal or Torres Strait Islander person, who is eligible for a Medicare card, but who does not hold either a Medicare card or Concession card will still be eligible for this program.
- Diabetes MedsCheck services are not available to in-patients of public or private hospitals, day hospital facilities, transitional care facilities, or residents of an aged care facility or patients in a correctional facility.
- Where a patient does not meet the eligibility criteria, the approved service provider may offer the service at a patient's own cost.
- The patient must be present at any consultation.
- The patient's carer may also attend any consultation.

Reference: 7CPA Program Rules[8]

Consent

Informed patient consent must be obtained and documented prior to providing any MedsCheck or Diabetes MedsCheck service. This must be recorded in the patient's records.[1]

7CPA MedsCheck and Diabetes MedsCheck Program patient consent

Pharmacists must obtain written patient consent for MedsCheck or Diabetes MedsCheck services provided under 7CPA. See *www.ppaonline.com.au* for patient consent forms

Reference: 7CPA Program Rules[8]

Medication reconciliation

As part of a MedsCheck and Diabetes MedsCheck service, pharmacists must reconcile the patient's medicines to obtain an accurate medication profile that includes all prescription, non-prescription and complementary and alternative medicines (see Box 2.).[1]

Box 2. MedsCheck or Diabetes MedsCheck medication profile

- Brand name*
- Generic name*
- Form*
- Strength*
- Dose and dosage regimen*
- Indication and special instructions
- Dates started/duration
- Prescriber

*Required under 7CPA program rules

The medication profile should be confirmed with the prescriber, who should then be given a copy. The patient should also be provided with the medication profile.

Pharmacists should use information from the patient's *My Health Record* where available, to inform the reconciliation process.[1] See *Appendix 1 - Medication reconciliation* for further information.

Consultation

During the MedsCheck and Diabetes MedsCheck consultation, the pharmacist must engage with the patient in a two-way discussion to obtain and verify all necessary medication information (see Box 3).

At the conclusion of the consultation, the pharmacist and patient must agree to any follow-up actions and who is responsible. A date should be agreed upon for a follow-up discussion to review the patient's progress.[1] See *Monitoring and follow up.*

It is essential that at the time of the consultation, the pharmacist conducting the consultation is not responsible for dispensing or undertaking other professional duties.

Box 3. MedsCheck and Diabetes MedsCheck consultation process

During the MedsCheck consultation:

- Ask the patient about their concerns and beliefs about their medicines
- Assess medication adherence
- Assess use of medication delivery and monitoring devices
- Attempt to resolve any identified medicine-related issues
- Discuss management of chronic condition(s)
- Discuss lifestyle factors that may impact on medication use and their health status e.g. smoking, drinking alcohol
- Discuss any difficulties in ordering, obtaining, taking, using and storing medicines
- Discuss the dosage form of medicines the patient is taking and consider if a change to another form would benefit medicine taking (e.g. from tablets to a liquid)
- Provide education and guidance on the correct use of medication delivery and monitoring devices
- Create a medication profile
- Develop an action plan detailing the outcomes and follow up recommendations
- Give the patient education information to support their understanding and use of medicines e.g. written patient information leaflets

Additionally, during the Diabetes MedsCheck consultation:

- Review clinical measurements such as blood glucose levels (BGL), HbA1C (if available)
- Review the patient's use of blood glucose monitor
- Discuss the risk factors associated with poorly controlled diabetes
- Discuss changes to lifestyle that will help the patient control their diabetes and improve their overall health

References: PPS[1]; 7CPA Program Rules[8]

Documentation

Pharmacists must develop an action plan and create a medication profile during the consultation (see Box 4).[1]

Box 4. MedsCheck and Diabetes MedsCheck action plan and medication profile

Action plan

The action plan must be developed with the patient. It includes agreed patient goals, any recommended follow-up actions and the person responsible for these actions such as the patient, pharmacist, prescriber, or another healthcare provider(s). Follow-up actions should be designed to help the patient achieve their health goals. A copy of the action plan should be given to the patient, and all people who have responsibility for an identified action. The pharmacist must also retain a copy.

See *Appendix 2 - Action plan template*

Medication profile

A medication profile must be provided to the patient listing all their current medicines. A copy must be given to the patient and a copy retained by the pharmacist.

See *Appendix 3 – Medication profile template*

Reference: PPS[1]

If possible (i.e. software permitting), pharmacists should upload this documentation to the patient's *My Health Record* as an event summary.[1] See *www.digitalhealth.gov.au/using-the-my-health-record-system/how-to-use-the-my-health-record-system/uploading-an-event-summary.*

Pharmacists should store all supporting documentation for audit purposes.[1] See *Quality Assurance and evaluation*.

For services claimed under 7CPA programs, additional documentation is required.

7CPA MedsCheck or Diabetes MedsCheck Program supporting documentation

The following information must be retained for seven (7) years:

- Section 90 number at the time of the provision of the service
- Pharmacy accreditation ID at the time of the provision of the service
- Copy of the patient consent form, where relevant
- Patient's name and address
- Patient's Medicare/DVA card number
- How the patient has satisfied all eligibility criteria
- List of all prescription and non-prescription medicines the patient is taking at the time when the MedsCheck, Diabetes MedsCheck or follow-up service is provided
- Date of patient consultation for the MedsCheck, Diabetes MedsCheck or follow up service
- A copy of the action plan developed as a result of the service

Reference: 7CPA Program Rules[8]

Communication

Communication with patient

Pharmacists should reassure patients that the MedsCheck and Diabetes MedsCheck consultation is a review of their medicines with a focus on education and helping them to better manage their medicines. To facilitate patient engagement, pharmacists should provide the opportunity for patients to freely discuss their use of medicines including any difficulties or possible adverse effects. If the patient is reluctant, the pharmacist may use open-ended questioning to facilitate a patient response.[1]

When determining goals and outcomes of the service, the pharmacist and patient should use an effective goal-setting strategy to ensure the outcomes and recommendations are specific, measurable, achievable, relevant and time-related. (See Box 5).

Box 5. SMART framework for goal setting

Action plan

- **S**pecific - a goal that is simple and focused e.g. for the goal of increased exercise, agree on a specific exercise plan rather than simply stating 'exercise'
- **M**easureable - ensure the goals have measurable outcomes e.g. increase exercise to 30 minutes of walking per day, weight reduction of 1 kg in a month
- **A**chievable - ensure the goal is something the patient has the ability to do
- **R**ealistic - ensure the goals are within the patient's capabilities and identify any possible problems or barriers to achieving these goals
- **T**imely - provide a time frame or a defined date and time for achieving the goal

Reference: Smart goals[12]

Pharmacists should also provide written medication and disease-state information that is appropriate based on the patient's health literacy.[1]

Communication with prescribers

Pharmacists should communicate with the prescriber or other healthcare providers, with the patient's consent, if any actions identified require their input or if a need for additional services such as a HMR or DAA is identified during the consultation.[1]

To ensure continuity of patient care, a copy of the action plan should be provided to the patient's prescriber. Any communication between the pharmacist and prescriber or other healthcare providers should be recorded.[1]

Monitoring and follow up

Pharmacists must monitor the progress of actions identified and agreed upon in the action plan. Clearly defined follow-up actions, and who is responsible for the action, are vital to maintain patient continuity of care. The pharmacist and the patient should agree on a follow-up consultation date to review progress, reinforce advice and provide ongoing support and guidance.[1]

Data collection

Pharmacists should consider collecting data for all MedsCheck and Diabetes MedsCheck patients to inform quality assurance and service evaluation (see Box 6).

Box 6. MedsCheck and Diabetes MedsCheck Program Data collection

After obtaining patient consent, the following data is useful for collection as part of the MedsCheck and Diabetes MedsCheck service. Collection of this data can inform quality assurance and service evaluation.

- Date of MedsCheck or Diabetes MedsCheck Services
- Patient's Medicare Number or Department of Veterans' Affairs file number
- Reason for MedsCheck or Diabetes MedsCheck service
- Where is the patient currently living? (i.e. residential status)
- Total number of prescription and non-prescription medicine medicines
- Date of birth
- Patient's postcode of residence
- Patient's gender
- Is English the patient's primary language at home?
- Does the patient identify as Aboriginal and/or Torres Strait Islander?
- What health conditions/co-morbidities is the patient taking medicines for?
- Outcome of the MedsCheck or Diabetes MedsCheck service
- Actions taken by pharmacists as a result of the MedsCheck or Diabetes MedsCheck
- In the last six months, did the patient go to the GP, or hospital, because of problems with his/her medicine?
- Does the patient have support with managing medicines?
- What is the patient's average *MedsIndex* score?

Quality assurance and evaluation

To ensure that a MedsCheck and Diabetes MedsCheck service meets the safety and quality requirements of professional practice, pharmacists should introduce procedures for quality control, quality assurance and monitoring of service provision.[1]

Audits should be carried out prior to the commencement of a MedsCheck and Diabetes MedsCheck service and at six-monthly intervals. *Professional Practice Standard 14: Medication Review* should be used as a tool for self-assessment. The performance and results should be recorded together with any action taken, and the resulting outcome. Any changes should be reflected in updated policies and procedures.[1]

Data collected from patients receiving MedsCheck and Diabetes MedsCheck services can be used to inform quality assurance and service evaluation. It can also help identify patients suitable for additional services and enhance overall patient care.

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Appendix 1 - Medication reconciliation

Medication reconciliation is a formal process of verifying a patient's medicines to obtain a complete and accurate list of their current medicines.[13] Medication reconciliation can identify medication errors occurring from incomplete or miscommunicated information, especially at points of transition of care[10]; more than 50% of medication errors occur at transitions of care.[14] Errors that can occur include transcription, omission, duplication of therapy, and drug-drug and drug-disease interactions.[10]

Reconciling a patient's medicines is essential to ensure a patient's medication profile contains accurate information; a vital component of medication adherence and management.

As part of the reconciliation process, pharmacists should take the best possible medication history by[15]:

- reviewing relevant patient information such as age, and cognitive state and considering what impact these may have on obtaining reliable information and if a carer or family member should be present
- asking the patient about any previous adverse medication events or allergies
- asking the patient to bring all current medicines including prescription, non-prescription and complementary and alternative products to the consultation
- asking the patient to bring all their prescriptions and repeat prescriptions, if not already retained by the pharmacy to the consultation
- assessing the patient's understanding of rationale for treatment, attitude and adherence to prescribed treatment.

Pharmacists should try to confirm the accuracy of the medication history with the prescriber or a recent hospital discharge summary.[16] Pharmacists should access the patient's *My Health Record*, if available, for information such as the shared health summary, dispense records and discharge summaries to help in developing the medication profile.

After reconciling a patient's medicines, an accurate medication profile can be prepared including name of medicine, dose (strength, dose form, frequency and route) and details of allergies and adverse reactions.

Pharmacists should inform the prescriber of any discrepancies in the list and document any changes in the profile.

The medication profile should be provided to the patient and the prescriber.

If possible (i.e. software permitting), pharmacists should upload this documentation to the patient's *My Health Record* as an event summary. See *www.digitalhealth.gov.au/using-the-my-health-record-system/how-to-use-the-my-health-record-system/uploading-an-event-summary*

Appendix 2 - Action plan template

Action plan	**Date**
List all issues identified, agreed patient goals, follow-up actions and who is responsible for these actions	
Patient name	**Date of birth**
Pharmacist name	
GP name	
Name of other healthcare providers	

Issue	Agreed patient goals	Follow-up actions	Responsibility
e.g. non-adherence	*e.g. adherence*	*e.g. commence DAA*	Patient
			Pharmacist
			Patient's GP
e.g. overweight	*e.g. weight loss*	*e.g. 30 minutes walking per day*	Patient
			Pharmacist
			Patient's GP

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Appendix 3 - Medication profile template

Medication profile					Start date	
Ceased medicines				Allergies		
Patient name						
Pharmacy name					Phone	
Prescriber					Phone	
Brand name	Generic name	Form	Strength	Dose and dosage regimen	Indication	Special instructions

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