The Review of Professional Pharmacy Programs and Services
Submission to the Review of Pharmacy Remuneration and Regulation
Meditrax (HMR, RMMR & QUM provider)

Executive Summary:

Meditrax is an organisation of accredited pharmacists specialising in medication management. With strong infrastructure and industry support, Meditrax is a leading provider of Residential Medication Management Reviews (RMMRs) and Quality Use of Medicines (QUM) services in Aged Care Facilities across suburban and rural NSW as well as ACT, Victoria and Queensland (Appendix A).

Not taking medications as prescribed is a major issue – many studies show that about half of all medicines prescribed are not taken as directed – and this is exacerbated in the elderly and chronically ill who often take numerous medicines. Indeed, about 30% of all hospital admissions for the elderly in Australia are the result of medication misadventure. (ref - Medication safety in acute care in Australia: where are we now? Part 1 (Review 2002-2008), Aug 2009). Further, Murray et al (2007) found the improvement in medication adherence was associated with a 19.4% reduction in emergency department visits and hospital admissions (ref - Murray MD, Young J, Hoke S, et al. Pharmacist intervention to improve medication adherence in heart failure: a randomized trial. Ann Intern Med. 2007;146(10):714-725.

The Meditrax holistic approach benefits the resident through a range of professional services including individual reviews, education and collaborations with aged care organisations, facility management, nursing staff and doctors, as evidenced in feedback.

Meditrax is increasingly sought by aged care organisations due to the recognised consistent, innovative and quality range of services based on up-to-date and relevant information (Appendix E). Advice and preventative strategies are recommended where potential medication management and legislative issues are identified. There are wider implications of this preventative healthcare approach in savings to the taxpayer through reduced hospitalisations due to medication misadventure, and reduced medication costs.

The Meditrax framework of services is based on direct observations of need by accredited pharmacists on site at facilities, as well as in response to requests from staff and management of aged care organisations. The services facilitate nursing staff to improve the proficiency and safety of medication management, with direct benefits to residents.

The growth of Meditrax as an organisation has been fuelled by industry support over 20 years in recognition of the benefits of the quality services provided, and is limited in scope only by increased restrictions on the RMMR and QUM programs and undervaluation in funding.

Meditrax focuses on the resident at the core of all services, considering their goals of care, and supports doctors and nursing staff in achieving optimised resident outcomes.

In this submission, Meditrax:

1. Supports the improvement of care to the aged in residential care through RMMRs and QUM services, involving continuation of current programs and their expansion through additional funding and removal of inhibiting restrictions.

2. Presents evidence in support of its case to increased funding and remove barriers to the delivery of innovative and quality range of QUM services provided to Aged Care Facilities by Meditrax, and reinforce the benefits behind the provision of QUM services by accredited pharmacists only.
3. Seeks additional funding as a provider of health care for facilitation of, and participation in, case conferences within the RMMR process.

4. Supports the auditing of all professional programs for quality and adherence to required criteria, and to assess the value of taxpayer expenditure.

5. Supports removal of the additional restrictions placed on HMR services in 2015, with increased assessment and auditing.

6. Recognises the valuable role of community pharmacists in providing DAAs to Aged Care Facility residents and supports funding for these services.

7. Supports an all-encompassing pharmacy body to negotiate formal remuneration agreements with the Government, and to administer professional pharmacy programs.

8. Supports the expanded provision of professional pharmacy programs in the community by independent consultant pharmacists not attached to, or situated, in a retail setting.

1. Improving Care to the Aged through RMMRs and QUM services

The structure of RMMR funding has moved from annual to every 2 years for each resident.

RMMRs have a positive impact on the healthcare budget by reducing hospitalisations due to medication related issues and improving outcomes for residents. Independent research based on Meditrax data demonstrated reduction of sedative and anticholinergic medication usage due to uptake of pharmacist recommendations (Appendix B).

An example of a recent Meditrax RMMR highlights this is ongoing:

“A 90-year old lady was displaying increased confused and inappropriate behaviour with verbal outbursts and symptoms of anxiety. Her GP’s initial impression was of an early dementing process. Medication review identified treatment with oxybutynin 5mg twice daily as a potential contributing agent to her changed and confused behaviour due to its significant anticholinergic activity, recommending an alternate agent without the same potential adverse effects.”

Meditrax has encountered situations where specialists such as psychogeriatricians on site at facilities request RMMRs for their residents. This is indicative of the growing rapport of quality medication reviews. However, with the current referral structure, only the GP can initiate a medication review. Involving specialists in the RMMR process is sensible where the specialist is guiding treatment. (This also holds in the case of the HMR referral process.)

“The psychiatrist upon discussion with the pharmacist, took on suggestions to cease Seroquel as the resident was really drowsy and had ongoing behaviours when awake. She also agreed to start him on mirtazapine. She also thought that the suggestion of prescribing PRN lorazepam was a good idea in place of risperidone/quetiapine in view of his high BSLs and AF”.

Current funding limits the ability for an accredited pharmacist to have a regular on site consultative presence at a facility without being dependent on carrying out RMMRs to meet the associated costs.

Meditrax believes the benefit of resident observation/interview is an important part of the RMMR process. This is particularly crucial for self-medicating residents, where observation of medication storage and compliance, checking of inhaler techniques, understanding and appropriate use of regularly charted non-packed medication, checking of
expiry dates, and use of medications not charted is a major part of the review process. However, the importance of observation of residents who are non-ambulant and unable to communicate their needs in a tub-chair should not be understated. Such observations have identified medication adverse effects such as extrapyramidal side effects from psychotropic drugs and the inappropriate use of antipsychotics for behaviours where they have inadequate evidence of efficacy, such as for persistent calling-out or repetitive speech.

Twenty years ago, GPs resisted pharmacists’ input to the care of the residents. With over 3600 GPs in the Meditrax system, only 30 (0.8%) decline to have their residents reviewed. GP’s declined only 5% of RMMRs.

The sole function of medication reviews is not just to reduce the number of medications but rather, to optimise the quality use of medicine for the particular resident (see Appendix C for additional information). Many elderly residents have multiple co-morbidities which will often require at least 5 medications for management. Reducing the number of medications can sometimes result in poor and inadequate management of disease states, that may in turn increase the risk of hospitalisation and also complications associated with the disease.

For this reason, it can be difficult to quantify the direct costs that a medication review may save the government. However, the cost of a stay in hospital is $1,844 per day versus the cost of a medication review $108.05 per patient. (Ref: Independent Hospital Pricing Authority. National Hospital Cost Data Collection, Australian Public Hospitals Cost Report 2013-2014 Round 18, page 19 Table 4).

Recommendations:

i. Residents to be reviewed within 3 months of admission to the facility and subsequently where appropriate, with a clearer pathway for re-referral to streamline the current restrictive referral process. If a GP agrees to the timely review of their residents, an over-riding GP authorisation could be based on nursing staff recommendations and on-site consultant pharmacist assessment to determine a further review is indicated.

ii. Additional funding for the regular on site presence of an accredited pharmacist is pivotal in order for nursing staff, RNs, DONs and GPs (if incidentally at the facility), to discuss medication management issues, clarify legislation, and advise on clinical medication issues of residents not authorised or eligible for formal medication review.

iii. Specialist referral for RMMR without the necessity for GP to initiate the review. Suggest GPs be prompted regarding timing of RMMR prior to specialist referral, and including the RMMR report with the referral letter to the specialist if relevant, as the identification of medication-related issues after specialist review may be more difficult for the GP to address.

iv. Interviewing and/or observing residents to be an essential component of conducting RMMRs.
2. **Increased funding for QUM Services and Provision by Accredited Pharmacists only**

The current QUM system is flawed in that the provision of more than one QUM service by the provider per quarter is not recognised through remuneration, despite the PSA Guidelines attached to the 6CPA. For example, a QUM provider who attends only a MAC meeting each quarter is able to receive the same remuneration as Meditrax, who provide **multiple** QUM services each quarter. In addition, smaller aged care facilities are disadvantaged due to the QUM payment based largely on bed numbers, despite that smaller facilities may have an equal or greater need for the same range of services. Meditrax, at the forefront, identifies clinically relevant issues and concerns. Preventative measures, including education improves outcomes for residents. Meditrax range of QUM services, is sought after, acknowledged and supported.

“This was very helpful. We had identified some issues with the medication practice and had an action plan in place to rectify them. The staff had a month to sort out the issues but obviously hadn’t – so your objective report gave us more evidence to do what needs to be done” – Facility Care Manager.

Current arrangements allow QUM contracts to be held by non-accredited pharmacists, while recognising that RMMRs require the additional training and clinical education gained from the pharmacist accreditation process. While all pharmacists have sound clinical knowledge, there may not be the same clinical understanding used by non-accredited pharmacists as the basis for the provision of relevant QUM information.

More relevant QUM services can be provided when the issues most in need of addressing are identified by accredited pharmacists through the RMMR process, which involves spending time at the facility, interviewing residents and staff. See Appendix D for additional information.

For example, through the provision of RMMRs, Meditrax pharmacists recognised a lack of identification of residents taking new/novel anticoagulant drugs by nursing and care staff. These drugs carry a similar risk of bleeding as warfarin, but the need to monitor for signs of bleeding and increasing falls risk was not highlighted as with warfarin.
Meditrax implemented QUM activities including awareness alerts and education across all its aged care facilities, and worked collaboratively with its sister company who responded by producing an ‘ANTICOAGULANT’ alert label for medication charts and packs. It is not possible to measure the potential saved hospitalisations and adverse medication events (including death), and the saved taxpayer dollars, from this preventative and relevant QUM intervention.

Appendix A contains detailed information on the range of Meditrax QUM services and examples illustrating their benefit.

Recommendations:

i. A tiered payment system would be more equitable ie one QUM activity equates to a set amount; more than 3 but less than 6 equals another amount; more than 6 yet another amount. Verification of the provision of services could be provided by signature of the Director of Nursing and remunerated accordingly.

ii. Increased QUM payment per bed for smaller aged care facilities (eg < 50 beds), also utilising the tiered payment structure for the number of services as above.

iii. An independent RMMR/QUM provider that is separate to that of the supply pharmacy. Reasons include objectivity when conducting chart discrepancy or medication management systems audits; pharmacists primarily focusing on RMMRs have increased clinical knowledge and information and are able to compliment the community pharmacy’s role.

iv. A minimum requirement for a systems audit to be undertaken on the medication system annually. As this audit often addresses medication incidents, remuneration of QUM may need to be assessed and increased.

3. Additional funding as a Healthcare Provider for Case Conferencing within the RMMR process

Case conference improves professional relationships between the participating Meditrax accredited pharmacist, GP and registered nurse (RN). This holistic approach reduces the risk of medication related misadventure and enables resolution of issues on the day of the case conference. Case conferencing enables discussion of a variety of options for management that can be more difficult to communicate in a written report.

Case conferences can improve outcomes for the resident in terms of timeliness of interventions and consideration of all relevant information in their care.

The outcomes of RMMRs with case conferences versus only RMMRs were evaluated. It was noted that although medication reviews were actioned over time, participation in case conferencing resulted in a **two-fold increased uptake of recommendations** six weeks after review.

“A 15 minute case conference is a really efficient use of everyone’s time to get results for my resident” – RN quote.
Recommendation:

i. GPs have Medicare remunerated item numbers for case conferencing; suggest accredited pharmacists also be recognised for their role in case conferencing with a Medicare number and payment for this service.

4. **Auditing of all Professional Programs for Quality and Adherence to Required Criteria**

Currently there exists a wide range of interpretations of what adequately constitutes RMMR and QUM services. For example, some providers may use only a drug-drug interaction check as the sole content of an RMMR report or at the other extreme it could be individually based, with a holistic approach. Similarly, for QUM services, there is a wide range of materials or lack thereof.

Meditrax recognises that a robust and sustainable remuneration schedule for RMMRs and QUM services requires providers to be accountable and able to justify claims. Meditrax is committed to the provision of quality RMMR and QUM services, and welcomes regular auditing as a means to ensure compliance with required criteria.

Recommendations:

i. A robust checklist at the time of conducting RMMR and QUM services and at the time of submitting claims.

ii. Regular auditing by the administrator of the services for continuous quality.

5. **Removal of the additional restrictions placed on HMR services in 2015**

Due to increased restrictions with HMRs, Meditrax is able to provide only a very limited number of HMR services in the communities we visit. This decision has left many pharmacists and patients (particularly in remote rural areas) unable to provide/access a beneficial service.

Recommendations:

i. Removal of the cap of 20 HMRs per month per provider

ii. Regular auditing of HMRs for quality and compliance with required criteria
6. **Recognition and Funding of the valuable role of Community Pharmacists in providing DAAs to Aged Care Facility residents**

The most important service provided by pharmacists supplying medications to aged care facilities which is not recognised through remuneration, is the packing and provision of DAA’s. While patients in the community are funded, those in an RACF are not.

Medication chart reconciliation by a registered pharmacist from the supply pharmacy is important to be conducted prior to reprinting of computer generated medication charts where these are used, and otherwise is also regularly appropriate. Currently many aged care facilities utilise their own staffing resources to re-check the accuracy of DAA’s supplied, to minimise the significant error rate that can occur, often because of inadequate pack-chart discrepancy auditing. Discrepancies can readily occur if a change to a medication chart is not well communicated to the supply pharmacy.

It is suggested to be considered an essential component in the allowance for supply pharmacists’ packing and provision of DAA’s.

**Recommendations:**

i. A separate payment system for the packing and provision of DAA’s to aged care facilities by supply pharmacists.

ii. Consideration and inclusion of essential chart-pack discrepancy auditing of 100% of charts to be included in the payment amount, or separately funded.

7. **An all-encompassing Pharmacy Body to negotiate Formal Remuneration Agreements (CPA) with the Government, and to administer Professional Pharmacy Programs**

The Pharmacy Guild, has been an efficient administrator ensuring seamless payment for RMMRs and QUM services. However, it is not representative of all pharmacists in its powerful role as sole negotiator to the government for the funding of professional pharmacy programs.

The previous decision made in 2015 to cap/restrict HMR, RMMR and MedsCheck without broader consultation of the potential implications is evidence in support of the need to include other representative bodies such as PSA in funding negotiations and the establishment of program rules.

**Recommendations:**

i. An independent and more representative body of all pharmacists to be entrusted with negotiating the funding for Professional Pharmacy Programs

ii. Continuation of Pharmacy Guild administration of professional pharmacy programs, or involvement of other representative bodies

8. **The expanded provision of professional programs in the community by independent consultant pharmacists not attached to or situated in a retail setting**

Currently, HMR, RMMR and QUM services are the only programs that can be provided by accredited pharmacists not employed by a retail (Section 90) pharmacy. Meditrax recognises that community (retail) pharmacists are well situated to access patients and provide clinical pharmacy programs, however request that the current rules be less restrictive towards consultant pharmacist businesses such as Meditrax who are also well placed in the community to
access patients and provide relevant professional pharmacy programs. Such a consultant pharmacist business would provide a non-retail and more professionally appealing environment which may be preferable to some consumers.

Recommendations:

i. Provision of Professional Pharmacy Programs by non-retail consultant pharmacist practices as well as in retail community pharmacies.

THE WAY FORWARD:

In the current aged care setting, the need for clinical pharmacy services has never been greater. The recent abandonment of high and low care facility boundaries while sensible to ensure all aged care facilities offer ageing in place services (preventing the need for a resident to move to a higher care facility), has been followed by the contradictory and controversial move to not require a registered nurse for 24 hours in any aged care facility. This places increased pressure on less qualified care workers to manage medicines and increases the need for clinical services such as education and training of staff, and the provision of easy-to-access information.

In addition, the funding structure for aged care facilities requires copious paperwork to achieve appropriate funding, minimising the time carers and registered nurses can spend caring for residents and utilising their clinical skills.

There is a need for quality and accessible RMMR and QUM services to support aged care facilities today and into the future. The only way forward, and not backward, is to increase and rationalise RMMR and QUM funding.

Meditrax through its infrastructure and quality range of services, brings expertise and consistency to facilities spread far and wide, including regional areas where there is not a local equivalent service available.

While understanding increasing Government budgetary pressures, Meditrax believes the best value for the taxpayer dollar in aged care is to support and expand the current RMMR and QUM services to aged care residents, with focus on the resident and the prevention of adverse medication outcomes.

Meditrax is keen to work with the Review Panel to develop the right model for services into the future. Our extensive database and experience, as well as the information summarised with this submission support our commitment to improving outcomes for residents through the ongoing and expanded provision of quality services.
APPENDIX A:

Meditrax:

The ability of Meditrax to operate across city and regional areas, as well as state/territory boundaries, enables organisations to be reassured the same medication management information and quality of service is provided to all their individual facilities wherever they are located.

The combined clinical experience and peer collaboration amongst Meditrax Pharmacists strengthens the professional standing of Meditrax as an organisation. This also enables provision of the current quality and innovative range of professional services by Meditrax, which go beyond the current CPA requirements for QUM services, with well-established improved outcomes for residents. Meditrax is in its 20th year of operation, and remains at the forefront with services such as:

RMMRs as a “stand alone” service or case conferences with GPs

Real life scenarios

- Delivering an inservice regarding behaviours in dementia – this inservice triggered discussion by the staff in regards to managing several residents with challenging behaviours at the facility. This was followed by the pharmacist offering clinical advice for a particular resident of concern to evaluate if there were medications that may be exacerbating their behaviours. In this case, the resident was on a corticosteroid, which can be associated with behaviours and the RN was going to further discuss with the doctor to review. The pharmacist although not being remunerated for a particular review, was able to provide suggestions for the staff to further discuss with the doctor.
- While at a facility conducting collaboratively arranged RMMRs, an accredited pharmacist was approached by an RN regarding a resident who was experiencing rapid weight loss. The accredited pharmacist arranged and conducted a review establishing that treatment with metformin was the likely cause of the resident’s deterioration, advising the resident’s GP on the day. This intervention prevented hospital admission.
- The accredited pharmacist attended a facility to conduct a medication management systems audit. Due to concerns regarding weight loss and falls of a particular resident, the clinical manager requested a review. The review was conducted with the aim to reduce the risk of further falls and ongoing weight loss and sent to the doctor promptly.

Further details of the range of services and the ways Meditrax is involved are detailed as follows, with specific examples/evidence demonstrating the impact and the value placed on the service or information provided:

QUM Services:

(a) Face to face education on disease state management and legislation
(b) Online education
(c) Attendance at MAC meetings and follow-up of relevant matters
(d) Formulating Policies and Procedures & advice/assistance with implementation
(e) Aged Care Home newsletters
(f) GP newsletters
(g) Resident/Relative Newsletters
(h) Audits
(i) Benchmarking of audits and presentations to organisations
(j) Incidental issue findings feedback and follow-up during RMMR visits
(k) Recommendation and assistance with implementation of quality improvements for medication management

Case conferences

Meditrax invests heavily in promoting case conferences even though the current model does not remunerate pharmacists for co-ordinating and actively participating in these. GPs are currently remunerated for co-ordinating and participating in case conferences. It has become an intrinsic component of our service and GPs now contact Meditrax to request case conference and review for the management of their patients. An opportunity for the doctor, the pharmacist and the nursing staff (in some cases the residents as well) to discuss clinical issues is important. Although time-consuming, this service permits changes to be made on the day of review, which may assist with eliminating the delay for any urgent concerns.

Real life scenario

- A duplication of therapy on a resident’s medication chart was identified; the resident was charted for two different types of proton pump inhibitors (pantoprazole and esomeprazole), which had been ongoing since their admission a few weeks prior. After the pharmacist made this observation to the doctor, it was immediately ceased as the doctor admitted it was an oversight. Despite the doctor, supply pharmacists and registered nurse managing this patient since admission, this discrepancy had not been noted until the accredited pharmacist reviewed the resident. This demonstrates the essential role the accredited pharmacist plays between hospital discharge and facility admission.

“My feedback is very positive, it was a productive session with the pharmacist the other day, I got to obtain an immediate insight to medications that I have had my resident on, and made the necessary changes on the spot. Many thanks” - GP

Audits

Meditrax audits are a necessary component to assist aged care facilities with medication management and quality use of medicines. The audit involves assessment of how medication is being stored, packed, charted and administered to evaluate if the current practices of the facility comply with safe practice guidelines, legislation and facility policy.

Meditrax audits provide support for facilities to meet accreditation standards, often timing them to be conducted well prior to an accreditation assessment to identify any areas that require improvement. Ongoing support is provided where necessary in rectifying any identified issues.

In many cases, audits are provided annually to ascertain if practices have been changed. Issues that are identified in the audits are also discussed at follow-up MAC meetings to provide an opportunity for practices to be reviewed and changed if necessary.

Many facilities have commented that the audit is very useful to provide an independent evaluation of their practices and management.

The Psychotropic audit supports facilities to evaluate the compliance of documentation for psychotropic medications. There is concern regarding the use of psychotropic medications which if not appropriately documented may be deemed inappropriate chemical restraint. The independent audit allows for aged care facilities to identify the residents that may require review of their psychotropic medications by their doctor.
Education

Education is an important part of QUM. Nursing staff are the frontline health care providers with detailed knowledge of the issues with their elderly residents. Optimising day-to-day care may reduce the risk of incidents and hospitalisations as well as ensure appropriate medication administration and monitoring.

Accredited pharmacists provide tailored information relevant to the nursing staff’s scope of practice, and based on observation of the practices at the facility. The education assists registered nurses maintain their registration due to CPD requirements. If staff cannot attend face-to-face in-services, Meditrax also offers access to an online education platform. This enables all staff, including night-shift staff, have consistent information which ensures continuity of practice and information. The Meditrax online learning system also allows staff to access information if there is a critical incident.

An example of improved care as the result of Meditrax education:

The recommendation from Therapeutic Guidelines to discourage routine urinalyses for aged care residents. A flow chart and criteria was formulated to determine which residents were to be monitored and have urinalysis monitored for suspected UTI. The accredited pharmacist presented this education which resulted in the facility ceasing their practice of monthly urinalyses for all residents. Upon the next visit, the manager noted to the Meditrax accredited pharmacist that antibiotic usage was reduced significantly. This not only reduces the costs borne by the patient and the government through subsidised prescriptions but also has community and global impacts by reducing antibiotic resistance.

Policies and Procedures

There is an increasing demand from aged care facilities requesting assistance for drafting and implementation of their policies and procedures for the management of medications. The other aim of review is to provide reassurance or recommendations that their current policies and procedures are within state legislation and also adhere to current guidelines and regulations. For areas where there may be ambiguity, assistance with regard to their staffing levels and implementation of policies may also be provided.

Meditrax through its QUM services, also highlights the high risk medications where policies and procedures may be required. Notifying aged care facilities of “gaps” in their policies and procedures is important to ensure that staff, residents and visitors are protected for potential medication misadventure.

For example, a facility whose policy was largely outdated and still acknowledged the difference in management for high care and low care. The accredited pharmacist worked with the facility to update the current practices in the facility as their existing policies and procedures did not comply with legislation.

Advice on legislation

Clinical pharmacists are required to have a comprehensive knowledge of both State and Commonwealth legislation that guides all aspects of medication management from supply to storage, documentation and administration of medications, handling of Schedule 8 drugs, cytotoxic handling procedures to issues around chemical restraint and guardianship. When an organisation does not understand the “grey areas” of legislation such as ageing in place (no distinction between low and high care), this can be made very difficult to implement legislation – therefore different policies and procedures can occur.

In addition, state poisons regulations vary significantly across Australia, and NSW remains awaiting updated S8 legislation to dispel growing confusion within aged care facilities of the current rules for S8 medication management. Meditrax is frequently sought by aged care organisations to provide up-to-date advice about S8 medication management.
The same NSW regulations do not allow aged care facilities to hold an appropriate quantity and array of emergency medicines to avoid many residents being unnecessarily transferred to hospital in a palliative setting. In other Australian states, legislation allows the range of emergency medications to be determined by the Medical Advisory Committee of the Aged Care Facility. Meditrax is involved in assisting NSW aged care facilities to make applications to NSW Health for exemptions to the current legislated allowable medicines. While high and low care boundaries have been lifted, the legislation is not yet in place in NSW to allow previous low-care facilities to hold any emergency medication stock.

Meditrax accredited pharmacists have a good understanding of the legislation and keep abreast of the changes, constantly updating information and advising facilities of potential issues of non-compliance.

**Medication Advisory Committee (MAC) Meetings**

The MAC meetings are a forum between key collaborations in the aged care facility ie Director of Nursing, GP, nurse representative, resident representative, accredited pharmacist, supply pharmacist. The meetings provide an opportunity to discuss clinical issues that may include but are not limited to medication incidence, policies and procedures, nurse initiated medications (NIM), emergency medications.

**GP Newsletters and Facility Newsletter**

Meditrax produces quarterly newsletters on a topic pertinent to aged care. For example, disease state management such as on cardiovascular conditions (medications and non-pharmacological management) or a newsletter on nursing practice and optimisation of medication management in an aged care setting.
APPENDIX B

Meditrax is a significant industry leader and specialises in the provision of RMMRs and education to aged care homes. Meditrax is regularly requested by facilities/organisations to assist with evaluating medication usage and incidents in aged care homes. There have also been published studies utilising the quality medication reviews to provide a basis on the need for deprescribing. This highlights the important role of the pharmacists to provide advice regarding optimising medication regimens.

  - Objective: To examine the impact of residential medication management reviews (RMMRs) performed by accredited clinical pharmacists on DBI in older people living in aged-care homes.
  - Results: Using a standardised tool of calculating DBI, there was a statistically significant decrease in DBI score which was correlated to the GP update of pharmacist recommendations from the RMMR
  - Conclusion: the study noted that accredited pharmacist assisted in reducing sedative and anticholinergic medication usage in the elderly where it is known that these medications can significantly impact on this age group

  - Objective: To investigate the number and nature of DRPs (drug-related problems) identified and recommendations made by pharmacists in residents of aged care facilities. To determine the prevalence of CKD and estimate the magnitude of inappropriate prescribing of renally cleared medications in residents of aged care facilities.
  - Results: Over 98% of residents of aged care facilities had at least one DRP. Most (83.8%) recommendations made by accredited pharmacists to resolve DRPs were accepted by general practitioners. CKD was prevalent in 48% of residents, and inappropriate prescribing of renally cleared medications was identified in 28 (16%) residents with CKD.
  - Conclusion: DRPs are common in aged care facilities and the impact of medication review services appears to be high. CKD is also common among residents of aged care facilities, and inappropriate prescribing of renally cleared medications was also prevalent, warranting attention to regular renal function monitoring and appropriate drug and dose selection in residents of aged care facilities.

  - Objective: to assess the risk of stroke for aged care home residents with AF and to examine the pharmacist-led medication reviews on the utilization of antithrombotic therapy.
  - Results: Application of the CHA2 DS2-VASc risk tool indicated that 146 residents were eligible for antithrombotic treatments; of these, 74 (50.7%) were prescribed antiplatelets and 41 (28.1%) were prescribed anticoagulants. Of the 31 (21.2%) residents with AF were not prescribed antithrombotics, 21 (67.7%) had relative contraindications for anticoagulant treatments.
  - Conclusion: Although there was a high overall use of antithrombotic agents, the study found a reluctance to prescribe or recommend anticoagulants in eligible older people with AF, potentially due to associated contraindications and multimorbidity. The use of guideline-recommended stroke risk tools could assist medication review pharmacists in optimizing antithrombotic therapy in older adults with AF.
APPENDIX C

RMMRs – ADDITIONAL INFORMATION

Reasons why an additional review may be requested include:

- Discharge from hospital after an unplanned admission in the previous four weeks;
- Significant change to medication regime in the past three months;
- Change in medical condition or abilities (including falls, cognitive function and/or physical ability);
- Presentation of symptoms suggestive of an adverse drug reaction;
- Prescription of a medicine with a narrow therapeutic index or requiring therapeutic monitoring;
- Sub therapeutic response to therapy;
- Suspected non-compliance or problems with managing medication related devices.

Areas where medication review can optimise medication management:

- De-prescribing where appropriate;
- Preventative therapy;
- Optimising medication adherence;
- Assessment of a resident’s ability to self-medicate;
- Correct device technique;
- Monitoring of pathology;
- Medication interactions;
- Minimising the number of tablets through recommendations of combination formulations (eg. Instead of individual latanoprost and timolol eye drops, changing to combination Xalacom eye drops);
- Reconciliation of hospital discharge summary and medication chart;
- If medications are suitable to be crushed/administered via PEG;
- Assessing doses of medications for the elderly patient/low body weight/renal dysfunction.

Disadvantages of the current RMMR system:

- The current system is reliant on the medication issue being identified by nursing and care staff. In the current aged care setting there is a tendency to reduced RN coverage. This implies that aged care workers, sometimes with lack of medication training, are administering medications and monitoring residents. If there is a medication issue, it may not be identified due to the staff member’s scope of practice.

Research demonstrates the average length of stay (survival) in aged care facilities from admission is 890 days (2.43 years) for females and 460 days (1.26 years) for males (ref: Technical Paper on the changing dynamics of residential aged care prepared to assist the Productivity Commission Inquiry Caring for Older Australians by the Department of Health and Ageing April 2011). On this basis and with the current funding model for RMMRs in aged care, each resident can expect an RMMR perhaps once during their admission, unless their changing needs are identified as a reason for re-review.

Some potential issues that may not be identified may occur commonly and include:

- Copious medication errors which occur between hospital discharge and re-admission to the facility. There may also be issues when a resident is admitted to an aged care facility and their ‘Drug
summary’ is not up-to-date and may not reconcile with their current medication. Sometimes residents are admitted to the facility with a ‘bag of medications’. Whilst a supply pharmacist may reconcile between the medication chart and the dispensed medications, errors may occur prior to this.

- Residents are sometimes referred to other health professionals regarding issues that relate to their medication. Examples would include a referral to a physiotherapist for reduced mobility when the resident has unmanaged pain, or may be experiencing gait disturbance due to the use of an antipsychotic. A resident may be referred to a dietician for ongoing weight loss and a decline in condition when they are administered a medication that causes nausea such as metformin or digoxin. A resident having difficulty swallowing may be referred for speech pathology review, however pharmacist recognition that commencement or increase in dosage of an antipsychotic may have triggered the swallowing difficulty may avoid the need for further specialist review. In these circumstances the cause of the issue is not identified and often the intervention masks the cause.

- Many residents have large medication regimes in the aged care setting. This can sometimes occur due to a prescribing cascade. That is, an adverse drug reaction caused by one medication is treated with another medication. Whilst there may be no specific medication issue, the tendency towards polypharmacy may lead to increased medication incidents, hospitalisations and morbidity.

- The status of residents often changes during the time they are cared for at the aged care facility. A resident who is mobilising independently, and eating a normal diet may deteriorate to a bed/chairbound resident who requires their medications crushed. Their renal and hepatic function may also decline. This may not be identified as a medication issue but review and rationalisation of their medications would be ideal.

- When a resident transfers from one facility to another, which usually also involves a change in doctor, there may not be a process in place to ensure the new facility and GP has access to the resident’s previous RMMR, or knows when it was carried out. Similarly, with change of RMMR providers, it can be difficult to establish when a resident was reviewed if the RMMR report is not easily located at the facility. The electronic health record could be a valuable tool in this situation, to minimise over-provision of RMMR services but to also allow easy access by accredited pharmacists to determine the date of previous RMMR and establish if re-review is indicated.

- Currently the RMMR provider may also be the contracted pharmacy for supply of medications. There exists a potential conflict of interest between the aim to minimise and optimise medications in the RMMR process and the potential loss of dispensing revenue for a community pharmacy if medications are ceased.

- The current process for establishing eligibility for review is cumbersome and costly in time management. Establishing when a previous RMMR was done is difficult, hence many clinically relevant reviews are rejected for payment due to the GP and pharmacist not being aware of the previous review date and therefore indicating on the RMMR referral the special criteria to make the review valid within the current specified 2-year period. At present the Pharmacy Guild will only advised pharmacists if a patient is eligible for review (not the previous date of review).
APPENDIX D

QUM SERVICES – ADDITIONAL INFORMATION

Currently funding is provided based on the number of beds at an aged care facility, for services which “focus on improving practices and procedures relating to medicine use in ACF”, as per the PSA Guidelines. Examples of recommended services are medication advisory activities, education and continuous improvement activities.

The range and frequency of QUM services offered to facilities by Meditrax, as detailed in previous sections of this submission, is extensive and in excess of CPA requirements.

Meditrax successfully works collaboratively with medication supply pharmacists who have a recognised important role to ensure the provision of a safe medication packing system (DAAs), which requires regular chart-pack discrepancy audits, and involvement also in the destruction of S8 drugs, attendance at MAC meetings, as well as provision of drug information and advice.

Disadvantages of the current QUM system

- PSA Guidelines recommend a wide range of QUM services, but specifies the paradox that while this is recommended and should be done, it will not be remunerated accordingly. A QUM provider who simply attends a MAC meeting is able to receive the same remuneration as a QUM provider such as Meditrax, who provide multiple QUM services each quarter in direct response to ongoing requests for assistance by aged care facilities. In an increasingly commercial environment where funding for QUM services is minimalistic, their viability is becoming critically more difficult.

- The current model allows for the QUM contract to be held and carried out by either a registered pharmacist (usually the supply pharmacist) or an accredited pharmacist. This carries the risk that the currently unfunded services provided by the supply pharmacist are used to justify fulfilment of the QUM service contract, and the aged care facility may not have access to a wide range of QUM services provided independently of other commercial arrangements.

- The provision of QUM services by an accredited pharmacist familiar with dealing with clinically relevant issues which directly impact resident outcomes is not recognised with remuneration over the provision of QUM services by a registered pharmacist without clinical expertise.

- The quality as well as quantity of QUM services can vary according to the provider, and is the reason many aged care organisations prefer to work with one QUM provider across all their facilities, to ensure consistency of information and a range of services to meet the organisations requirements in achieving quality of care goals. An example is the range of ‘audits’ offered and provided. A psychotropic audit can be generated by the supply pharmacist at the press of a button from their computer software, and is a useful tool to identify residents taking psychotropic agents that may require closer scrutiny. Meditrax psychotropic audits provide the closer scrutiny, reporting not only the residents taking various numbers and types of psychotropic agents, but also where there may not be an appropriate indication for use. This type of audit is based on the ‘Drug Use Evaluation’ activities recommended by the National Prescribing Service for aged care facilities. Besides psychotropic audits, Meditrax through experience has noted a wide range in the quality and usefulness of various audits conducted within aged care facilities.
Appendix E

Comments from our clients*

Meditrax do important work in the Aged Care sector including training which is relevant to the care of all residents.

Mary Joyce, Australia

There is so much to gain from ensuring older people get the most out of their medication. Meditrax commitment is an outstanding example of the benefits that accrue to older patients when reviews are done well.

Gerard Stevens, Australia

I support the removal of the restriction on RMMR timing currently at 2 years.

Ann McDonald, Australia

Medication reviews in Aged care are important and supply information that may be overlooked by simple GP visits.

Craig Harris, Australia

The RMMR is valued by the GPs who look after our aged residents. It is an essential aid to safe and effective treatment of our residents.

Patricia Walker, Australia

I value my local pharmacy and the holistic care that they give.

Vivian Hodgson, Australia

Medication review is essential to ensure that the resident receives the maximum of therapeutic benefit with minimum of waste and avoidable accidental doubling up of medication.

Eta Chow, Australia

Medication reviews are essential for all patients, particularly in aged care. In my experience in visiting pharmacies on a day to day basis, the majority of pharmacies would agree.

Colleen Yuen, Australia
Medication reviews are vital to patient centred care - for my relative in aged care I want the best care and this is part of it!

Roberta Pavey, Australia

The difference between a medicine and a poison is dosage. I want to look after my aged community and I hope that when I am in need of care I will also receive care.

Rhys Ambler, Australia

I want the future direction of pharmacy to be more centred on patient care

Diana Wei, Australia

I work in Aged Care and think the RMMR's and pharmacists input into RACF's is vital to best practice. Our pharmacists contribute to our MAC's and ensure we always have the latest information

Rachael Ellender, Australia

It is very important service for aged care facilities.

J Zhao, Australia

We need to maintain this service to ensure all areas of care are covered complying with regulations and to ensure residents clinical care needs is met. Meditrax keeps us updated on new regulations is a phone call away for any inquiries which gives us peace of mind knowing we comply with medication management systems regulations.

SUSANA MARTINEZ, Australia

I work in Aged Care and I regularly see the need for RMMR and QUM and having Pharmacists available to provide this service is very important. It can change the quality of and aged persons life having the correct medication, reduces unwanted side effects and possibly reduce costs to the Government by review. The reduction in costs to the Government would come from identifying subsidised medications that could possibly be replaced or ceased by another more efficient medication. In order to attract Pharmacists to attend Aged Care Facilities to perform this service they need to be paid accordingly as professionals;

Leigh Eastwood, Urunga, Australia

I work in Aged Care

Valentina Szabo, Australia
An excellent service
Always helpful

Robyn Worsley, Australia

I am passionate about the issues raised

Dina Farag, Cherrybrook, Australia

I would like to be informed on improvements

Jan Smith, Australia

Quality pharmaceutical medication review to support our residents well being

Kerry McKenzie, Australia

I believe twice yearly medication review by Pharmacists is in the best interest of all parties in aged care.

Geraldine McCosker, Australia

They also provide good support and advice to any staff member when they visit a facility regarding medication, etc

Cheryl Greenham, Australia

RMMR and QUM service benefit a lot of aged care facilities and we totally support them in this petition.

Marilen Salonga, Australia

I agree with the issues raised

Kathy Miller, Australia

This program is vital to aged care homes

Danae Jenkins, Australia

I value the assistance we receive through RMMRs and QUM services

Chris Gailer, Australia
It’s a really useful service with health benefits for the patient & probable cost savings for the PBS

Ivor Davis, Australia

‘I support Meditrax’s consultant pharmacist services wholeheartedly. They are fundamental to aged care residents and staff, GPs and Clinical Workers alike, providing great benefit to all.’

Nicole Di Girolamo, Australia

‘I sign this petition because I want improving RMMR and QUM services to Aged Care Facilities.’

Mabel Li, Australia

‘Aged Care manager this is vital for continues improvement’

Leann Hinton, Australia

‘Working in Aged Care I’m very aware of the benefits of RMMR and QUM services to our residents’

Lindal Jeffreys, Australia

‘It is vital to my workplace’

Susan Agius, Australia

The service is very important to the quality of care we provide to the residents, and staff receive excellent education as well.

Catherine Chandler, Australia

* These comments were received following a client survey regarding RMMRs and QUMs