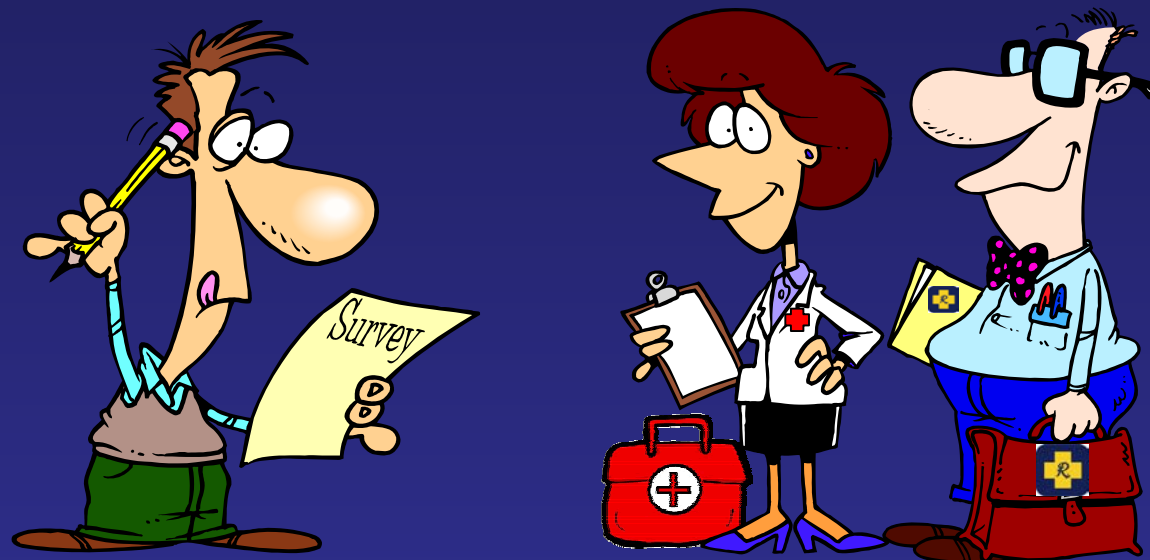


Home Medicines Review: Evaluation of the Impact and Acceptability



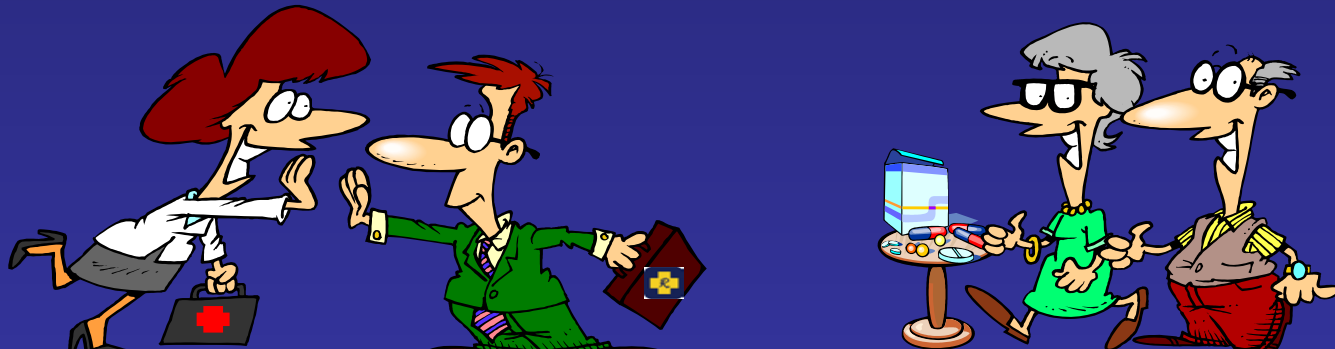
Dr James Quirke

Combined Universities Centre for Rural Health

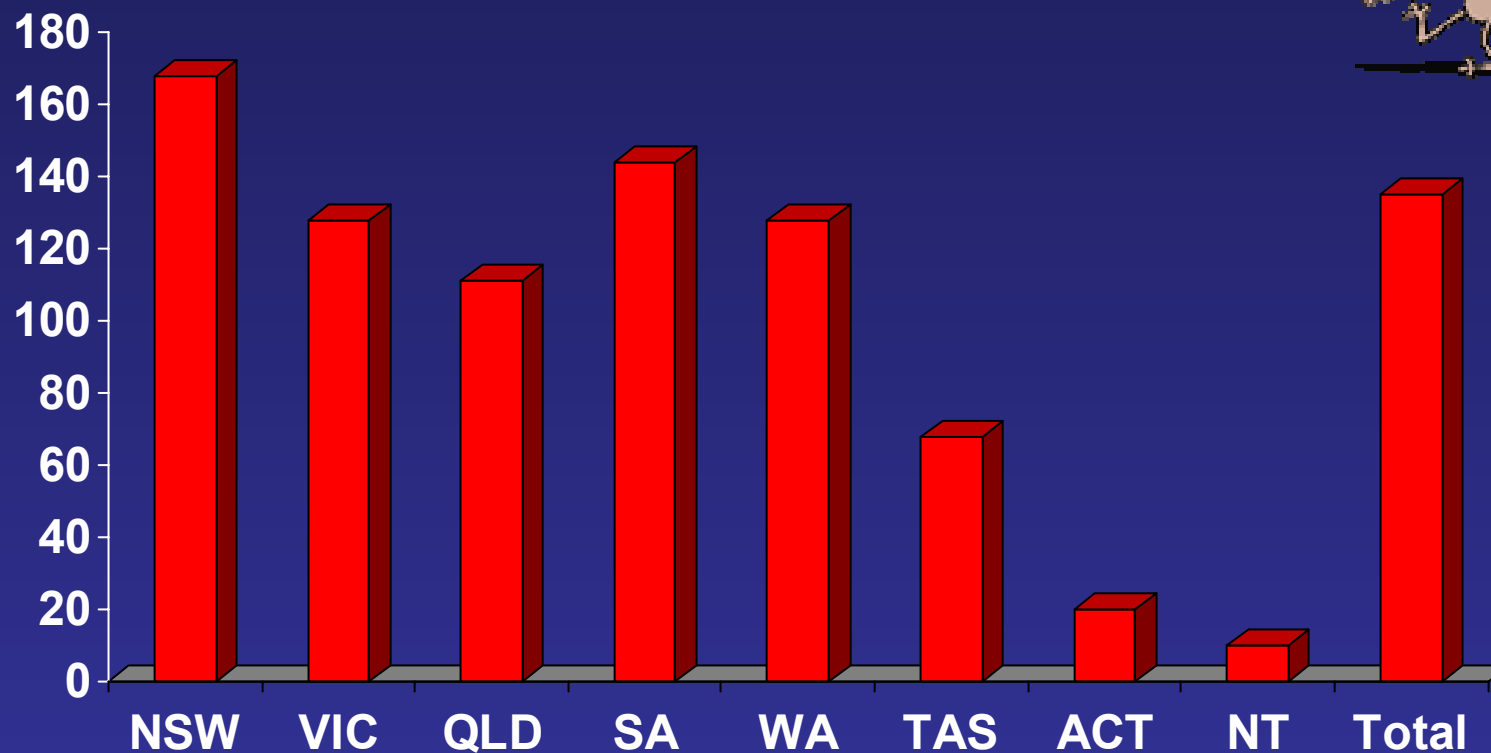


Home Medication Review (HMR)

- Introduced into the Medicare Benefits Scheme in October 2001 (MBS item 900)
- Provided to patients living at home
- Maximise an individual patient's benefit from their medication regimen
- Team approach involving the patient's GP and preferred pharmacist and the patient

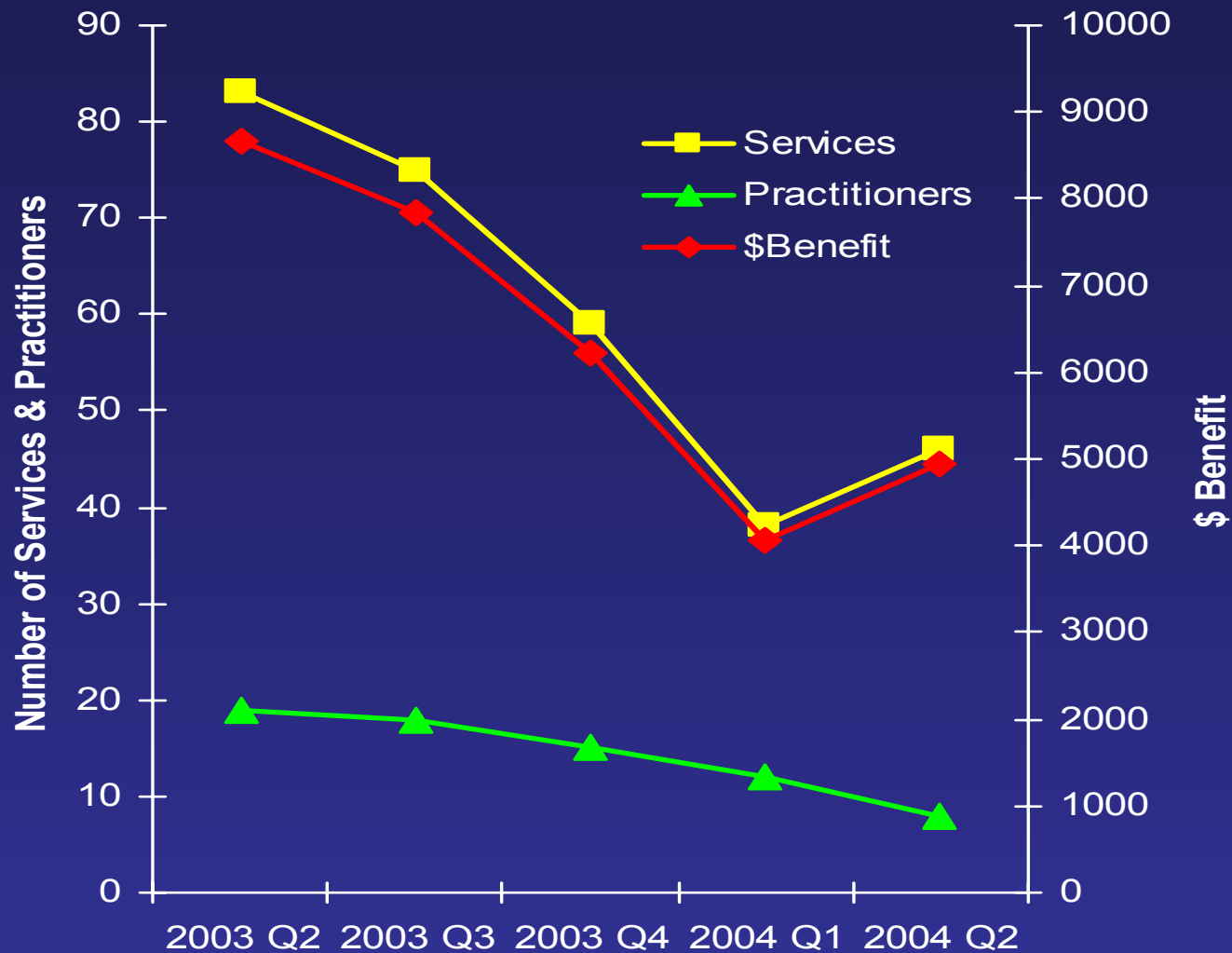


MBS Item 900 Processed May 2003 to July 2004 per capita (ie number of services per 100,000 population)



Information taken from HIC website www.hic.gov.au 15th September 2004

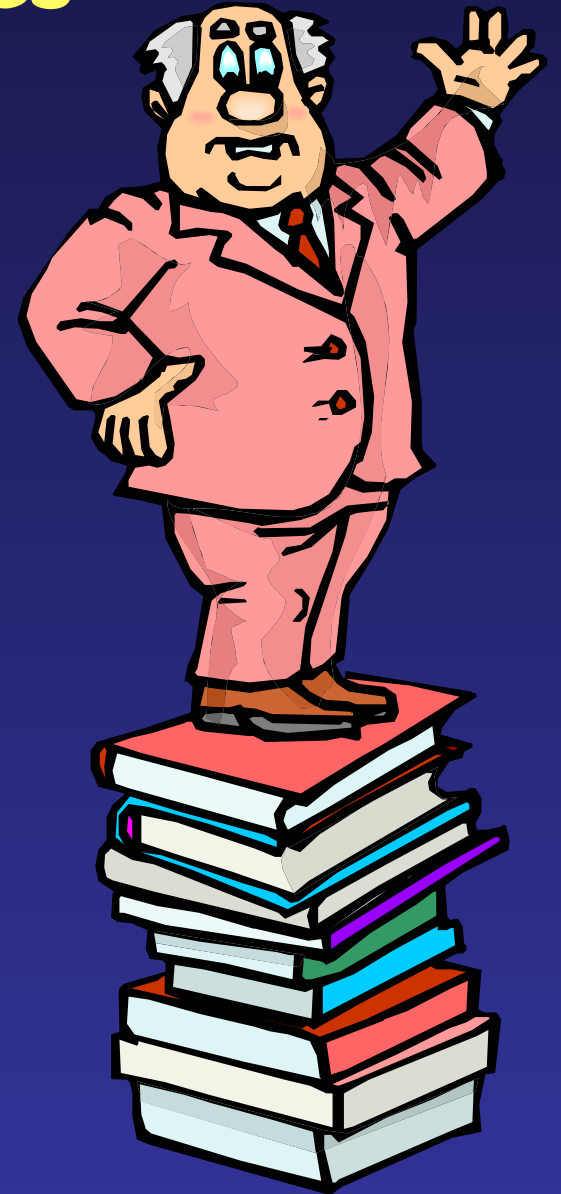
MBS Item 900 Processed from 2003 to 2004 Mid West Division of General Practice



Information taken from HIC website www.hic.gov.au 15th September 2004

Research Objectives

- To review the impact of the HMR on patient care with regard to medications prescribed
- To determine the acceptability and perceptions of patients to HMR
- To determine the acceptability to pharmacists of the HMR process



Methodology

HMR services conducted in last 12 months:

1. An audit of the patient HMR notes
 - Number of minor and major medication changes
2. A semi structure questionnaire with patients
3. A semi structured interview with 4 pharmacists

Ethics clearance granted UWA Human Research Ethics Committee

Audit of HMR patient notes (n=49)

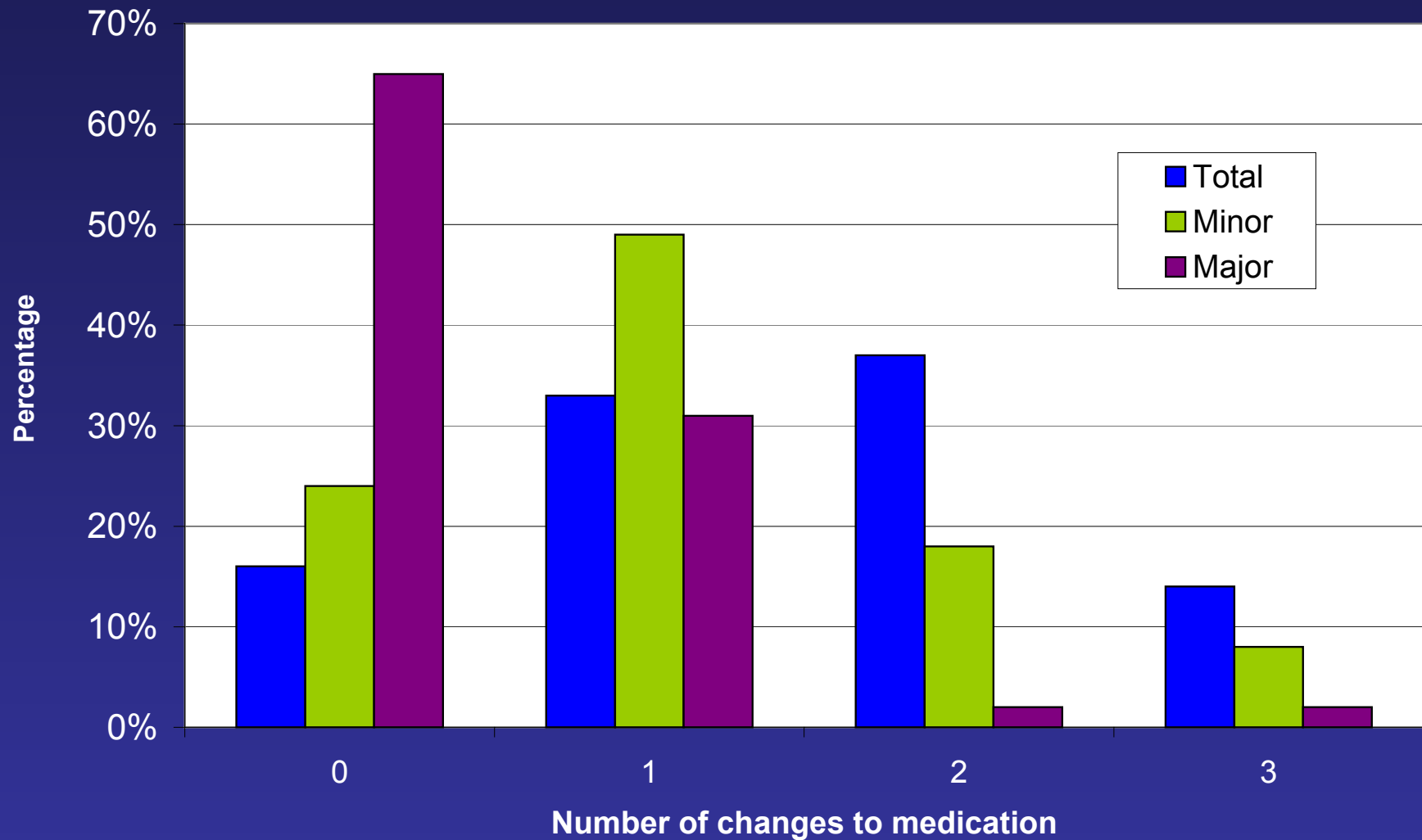
Minor changes:

- Out of date
- Timing
- Analgesia
- Compliance
- Medication changes
- Webster packs
- Side effects
- Taking medications

Major changes:

- Aspirin
- HRT
- Diabetics / Asthmatics
- Cocktail.S
- Interactions

Percentage of patients with changes to medication





Patient Interviews

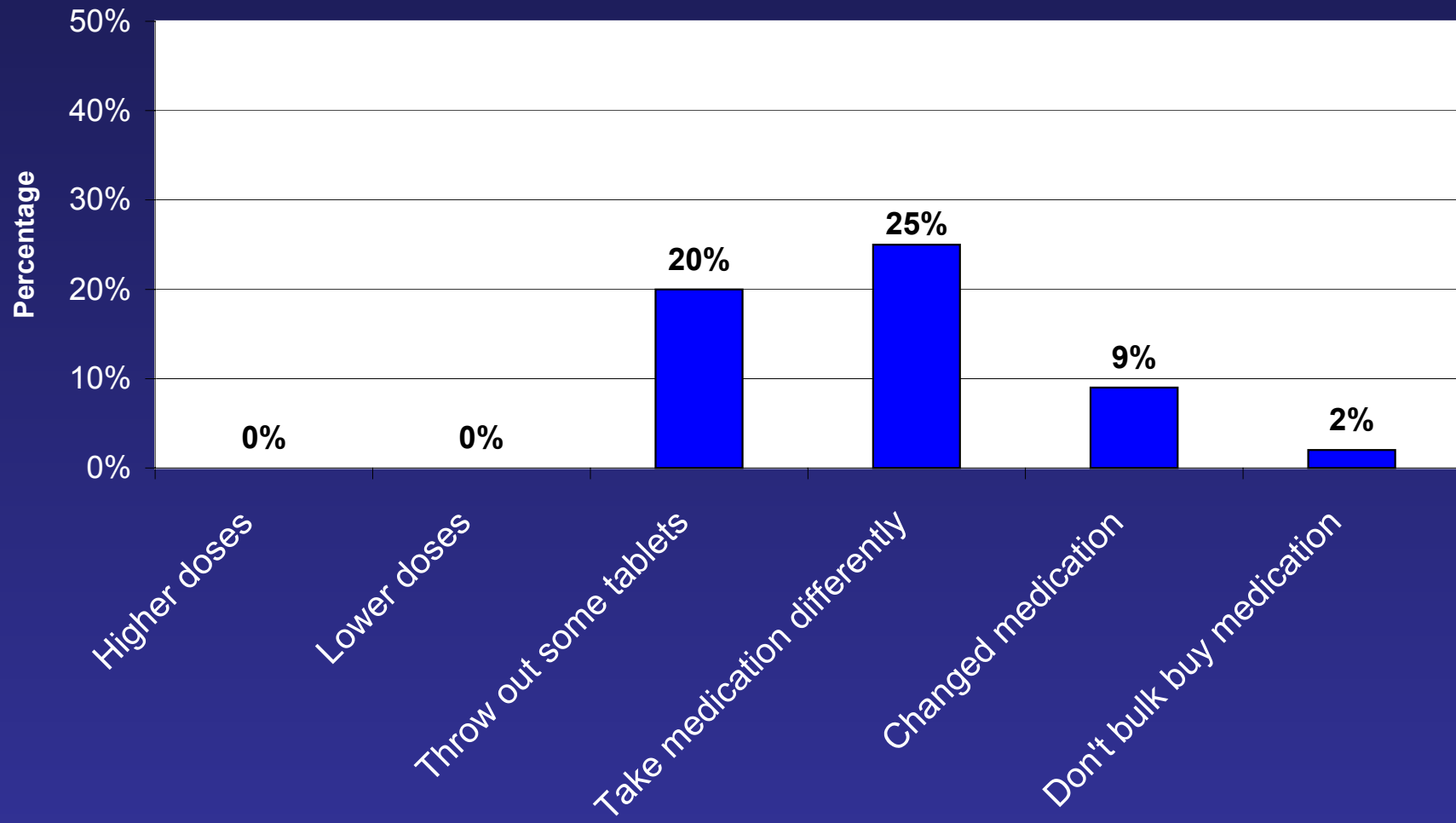
- 50 patients contacted by telephone
- 6 patients did not recall having HMR
- 44 patients interviewed
 - Sex = 46% male ; 54% female
 - Median age = 66 years (range 5 - 86 years)



Patient responses to HMR

- 100% of patients
 - Knew the pharmacist that came to their home
 - Felt comfortable having the pharmacist in home
 - Understood the pharmacist
- 96% buy their medication from same pharmacist
- 14% did not show pharmacist all of their tablets
- 44% did not ask the pharmacist questions
- 27% said they would not like have HMR again

Actions taken by patients after HMR



What the Pharmacists had to say- the challenges

- Accreditation is a time consuming but valuable process
- HMR takes time – not possible for a single practitioner – locum shortage
- Financially not viable
- Overwhelmed by No. SGP
- Need feedback on their feedback



What the had to say- the good bits

- Has been valuable professionally
- Like the holistic Care
- Gain more insights into issues not revealed to GP
- Has improved GP-Pharmacist dialogue
- Has opened communication with clients



Limitations

- Only looks at one practice
- Methods does produce positive demand characteristics
- Only spoke to pharmacist involved in HMR
- Does not look at outcomes regarding compliance- planned for the future

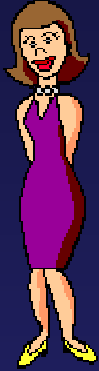
Conclusion

- Generally the patients like it!
- Generally the Pharmacists support it
- It generates changes as noted in 86% of patients
- It improves GP-pharmacist-patient communication

However:

- Rate limiting step at pharmacist level
- Additional pharmacy support required





Acknowledgements



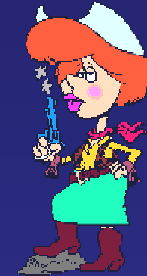
Without a lot of hard work from the following people this fabulous presentation would not have been possible:



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Dr Marisa Gilles

Andrea Howden

