

Staged Supply 6 Month Follow-up Guide

The following is a guide for completing a Staged Supply 6 month follow-up claim (subject to written consent for collection of personal information for program monitoring and evaluation purposes).

| Data Required | Claim Accepted | Claim Declined | Comments |
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| Client Details | | | |
| A. Consumer's Medicare Number or DVA file number | 11 Digit Medicare number or a DVA number | If numbers entered are not a valid Medicare or DVA number | Medicare number must include all 10 digits plus the consumer reference number (the number next to their name on the card). Note consumer is only eligible if they hold a Gold or Orange DVA card. |
| B. Consumer's First Name | Consumer's first name entered in free text field | If left blank | |
| C. Consumer's Surname | Consumer's surname entered in free text field | If left blank | |
| Details of Review | | | |
| D. Date of follow-up visit | Date the Staged Supply follow-up review was conducted in DD/MM/YYYY format | If left blank or if follow up visit is conducted earlier than 5 months or later than 7 months from when the consumer was registered | Consumer will not be eligible for this service if they have not been receiving this service for four consecutive months |
| E. Actions taken by the pharmacist to support the Staged Supply service | Fixed option selected from drop down box including: <ul style="list-style-type: none"> - Staged Supply plan/record updated - Staged Supply communication record updated - Pharmacist verbally consulted with GP - Pharmacist referred consumer to GP due to issues being identified - Staged Supply dose changed - Collection frequency change | If left blank | Note only one option can be selected. Option of "other" does not allow for further information to be provided. |

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| | <ul style="list-style-type: none"> - Break in treatment - as suggested by health professional - Break in treatment – as suggested by consumer and/or carer - No changes to the Staged Supply service - Staged Supply service to cease - Other | | |
| F. Is continuation of the Staged Supply service recommended for this consumer? | Fixed option selected from drop down box: <ul style="list-style-type: none"> - Yes - No | If left blank | |
| G. If the Staged Supply service is not recommended for continuation, what is the reason? | Fixed option selected from drop down box: <ul style="list-style-type: none"> - Consumer does not want to continue - Consumer does not meet eligibility criteria - Pharmacist does not think the consumer requires the Staged Supply services - GP does not think the consumer continues to need the Staged Supply service - Other | If 'No' was selected in previous field regarding recommendation of continuation and this field is left blank | Note if 'Yes' was selected in previous field regarding recommendation of continuation then this field should be left blank. Note only one option can be selected |
| H. What is the average MedsIndex Score of the medications the consumer is taking? | A numeric value from 0 to 100. | Anything other than a numeric value between 0 and 100. | Numeric value between 0 and 100 based on the dosage of a person's medicine and the frequency a relevant prescription is dispensed. For people on multiple medicines, the score should be based on all routine prescribed medicines used or intended for long-term use (i.e. not 'PRN medicines' or short-term antibiotics). A manual MedsIndex template is available from http://6cpa.com.au/resources/user-guides/ |
| I. In the last six months, did the consumer go to the GP or hospital because of problems with their medicine? | Fixed option selected from drop down box: <ul style="list-style-type: none"> - Yes - No | If left blank | |
| J. Has the consumer had any problems over the past month with their medicine? | Fixed option selected from drop down box: <ul style="list-style-type: none"> - Not as yet – this is a new medicine | If left blank | Note only one option can be selected |

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| | <ul style="list-style-type: none"> - Had trouble following doctor's instructions - Had difficulty collecting medicine/s from pharmacy - Had to go to doctor or hospital because of problems with medicine/s | | Note that consumer must be receiving Staged supply services for 4 or more consecutive months to be eligible for the service even if the medication changes |
| K. Who is participating in the review? | Fixed option selected from drop down box: <ul style="list-style-type: none"> - Consumer only - Carer only - Consumer and carer | If left blank | |
| L. On a scale of 1 to 10, how helpful is the Staged Supply service in managing the consumer's medicine? | A numeric value from 1 to 10 | Anything other than a numeric value between 1 and 10. | This requires consultation with the consumer/carers. 1 is the least helpful, 10 is the most helpful |
| M. On a scale of 1 to 10, does the consumer feel that receiving the Staged Supply service has prevented a medicine related problem for them? | A numeric value from 1 to 10 | Anything other than a numeric value between 1 and 10. | This requires consultation with the consumer/carers. 1 is the least helpful, 10 is the most helpful |
| N. On a scale of 1 to 10, has the Staged Supply service met the consumer's expectations? | A numeric value from 1 to 10 | Anything other than a numeric value between 1 and 10. | This requires consultation with the consumer/carers. 1 is least met expectations, 10 is most met expectations |

Medication Details

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|-------------------|-----------------|---------------|--|
| O. Brand Name | Free text field | If left blank | Brand name of the Staged Supply medicine for which PBS item number is provided. |
| P. Generic Name | Free text field | If left blank | Active ingredients of the Staged Supply medicine for which PBS item number provided. |
| Q. Form | Free text field | If left blank | Form (eg tablet, capsule etc) of the Staged Supply medicine for which PBS item number provided. |
| R. Strength | Free text field | If left blank | Strength of the Staged Supply medicine for which PBS item number provided. |
| S. Dose | Free text field | If left blank | Directions for use of the Staged Supply medicine for which PBS item number is provided e.g. 1 bd |
| T. Dosage Regimen | Free text field | If left blank | Frequency consumer is collecting their Staged Supply medicine from |

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| | | | the pharmacy e.g. daily; every 3 days |
| Consumer Consent Details | | | |
| U. Written consumer consent for provision of evaluation data | Fixed option selected from drop down box: - Yes - No | If left blank or fixed option 'No' selected from drop down box | |