



Community
Pharmacy
Agreement

COMMUNITY PHARMACY IN HEALTH CARE HOMES TRIAL PROGRAM

August 2018

HEALTH OUTCOMES DATA



Australian Government
Department of Health



**The Pharmacy
Guild of Australia**

HEALTH OUTCOMES DATA

From August 2018, Service Providers must use the Health Care Homes recording platform to collect health outcomes information for all patients that receive medication management services as part of the Community Pharmacy in Health Care Homes Trial Program (Trial Program). These data are being collected in order to monitor the Trial Program's delivery of health outcomes for patients living with multiple chronic and complex conditions, who will benefit from coordinated medication management services.

Data will be required to be provided at the following time points:

- a. **The initial medication reconciliation and development of a collaborative Medication Management Plan.**
The Medication Management Plan, where clinically relevant, should form a part of the patient's Shared Care Plan (the Shared Care Plan is developed by the Health Care Home with the patient).
- b. **Each follow-up review conducted in consultation with the patient/carer and Health Care Home.**
Review observations must be reported to the patient/carer and the Health Care Home through the patient's Shared Care Plan.

COMMUNITY PHARMACY DETAILS

Data Element Name	Data Field Properties	Valid value/comment
Date of registration	Date	DD.MM.YYYY
Section 90 Approval Number	Alpha Numeric	
Pharmacy Accreditation ID	Numeric	
Pharmacy Name	String	
Pharmacy Location Address	String	
Pharmacy Location Postcode	Numeric	

HEALTH OUTCOMES DATA

PATIENT BASELINE DATA

– to be collected from patient on commencement of medication management services (i.e. at initial reconciliation and development of the collaborative Medication Management Plan)

Data Element Name	Data Field Properties	Valid value/comment
Patient Individual Identifier (to be generated by Guild or automatically by recording platform)	Numeric	Unique code assigned to each patient that accesses Trial Program services, that can be used to link a patient record at various contact points (e.g. initial reconciliation to subsequent follow up reviews)
Patient's Year of Birth	Numeric	YYYY
Patient's Gender	List	Male; Female; Other
Health Care Homes Patient Category	List	Tier 1; Tier 2; Tier 3
Name of patient's Health Care Home (i.e. referring General Practice or Aboriginal Community Controlled Health Service)	String	As documented on patient referral letter or Shared Care Plan
Date of initial consultation including development of Medication Management Plan	Date	DD.MM.YYYY
Is English the patient's primary language at home?	Boolean	Yes/No
Is the patient of Aboriginal or Torres Strait Islander origin?	List	<ul style="list-style-type: none"> • No • Yes, Aboriginal • Yes, Torres Strait Islander • Yes, both Aboriginal and Torres Strait Islander
What health conditions/co-morbidities is the patient taking medicines for? (specify all conditions)	List (allow the recording of more than one item)	<ul style="list-style-type: none"> • Respiratory disorders (excl. cancer) • Cerebrovascular • Cardiovascular (excl. hypertension) • Hypertension • Hyperlipidaemia • Venous thromboembolism (VTE) • Osteoarthritis • Osteoporosis • Other musculoskeletal • Dementia • Mental, behavioural and developmental disorder • Cancer (except palliation) • Liver, gallbladder, or pancreas disorder (excl. cancer) • Other digestive disorders (excl. cancer) • Diabetes • Chronic kidney disease • Chronic infection of skin and subcutaneous tissue • Chronic pain • Palliative care • Other (please specify)

HEALTH OUTCOMES DATA

<p>Agreed medication management goals identified by pharmacist and patient/ carer during development of the Medication Management Plan.</p> <p>This will support achievement of the patient's Shared Care Plan goals.</p>	<p>List (allow the recording of more than one item)</p>	<ul style="list-style-type: none"> • Improved medication adherence • Improved technique/usage of medication devices • Improved patient knowledge about their medicines leading to improved medication use and disease self-management. • Optimise the medication dose and/or number or type of medicines • Reduced medication side effects • Other (requires free text if 'other' is selected)
<p>Person(s) responsible for medication management goal(s)</p>	<p>List (allow the recording of more than one item)</p>	<ul style="list-style-type: none"> • Patient/carer • Pharmacist • GP • Other member of Health Care Home care team • Specialist • Other (requires free text if 'other' is selected)
<p>What were the outcomes of the Medication Management Plan?</p>	<p>List (allow the recording of more than one item)</p>	<ul style="list-style-type: none"> • Reconciled medication list • Health Care Home/GP verbally consulted about patient • Pharmacist participated in Health Care Home team care meetings / case conferences • Health Care Home/GP advised of issues identified through other communication • Pharmacist suggested patient referred to other health provider e.g. exercise physiologist, dietitian etc • Pharmacist provided patient with medicine education (verbal, written) • Pharmacist provided patient with disease-state information (verbal, written) • Pharmacist used technology-assisted follow-up reminders (e.g. text messages, email messages) to facilitate continuity of patient care • Pharmacist referred patient for an additional medication management service not included in the Trial Program (e.g. Staged Supply) – refer Section 4.5 of the Trial Program Rules include sub-item list so that pharmacist can specify which service (staged supply; HMR) • Other (requires free text if 'other' is selected)
<p>What supporting services were provided by the pharmacist (Tier 2 and Tier 3 patients) - medication adherence and medication management services planned to be delivered (or started) by the pharmacist as part of the Medication Management Plan?</p> <p><i>Refer Section 4.4 of the Trial Program Rules</i></p>	<p>List (allow the recording of more than one item and prompt for pharmacist to indicate the frequency of each service where applicable)</p>	<ul style="list-style-type: none"> • Dose Administration Aid (DAA) started (indicate frequency) • Blood glucose monitoring (indicate frequency) • Blood pressure monitoring (indicate frequency) • Development of an asthma management plan, including asthma control test (also referred to as an asthma score) and device training (frequency of review – ideally reviewed every 3 months) • Medical device usage training/education (indicate frequency) • Other (requires free text if 'other' is selected)

HEALTH OUTCOMES DATA

In the last six months, did the patient go to an emergency department or was hospitalised (patient self-reported)?	Indicate number of times	<ul style="list-style-type: none"> Emergency department Hospital admission Patient attended emergency department and was admitted to hospital on same occasion
Measure of medication adherence – patient’s average MedsIndex score	Numeric	
On a ranking of 0-10, to what extent does the pharmacist believe the patient is adherent to his/her medication regimen for: a. Solids (e.g. tablets, capsules) <i>(Circle ONE number only)</i> b. Non-solids (e.g. puffers, drops, creams) <i>(Circle ONE number only)</i>	Scale	Ranging from: 0 = Not at all adherent; to 10 = Completely adherent
Medication List – Brand name	String	Prescription, non-prescription and complementary medicines
Medication List – Generic name	String	Prescription, non-prescription and complementary medicines
Medication List – Form	String	Prescription, non-prescription and complementary medicines
Medication List – Strength	String	Prescription, non-prescription and complementary medicines
Medication List – Dose	String	Prescription, non-prescription and complementary medicines
Medication List – Frequency	String	Prescription, non-prescription and complementary medicines
Medication List – Indication and special instructions	String	Prescription, non-prescription and complementary medicines

HEALTH OUTCOMES DATA

PATIENT FOLLOW UP REVIEW

– to be collected at each follow up review with patient

Data Element Name	Data Field Properties	Valid value/comment
Date of follow up review	Date	DD.MM.YYYY
Health Care Home Patient Category (including change in Tier Category if applicable)	List	Tier 1; Tier 2; Tier 3
Since the initial/last review, what is the pharmacist's observation of the patient's achievement of each of the agreed medication management goals? <i>Pre-filled text listing the agreed medication management goals – record achievement against each individual goal.</i>	List	<ul style="list-style-type: none"> • Deterioration • No Change • Partial improvement • Significant improvement • Other (requires free text field if 'other' is selected)
What were the outcomes of the review of the Medication Management Plan?	List (allow the recording of more than one item)	<ul style="list-style-type: none"> • Pharmacist updated reconciled Medication List • Pharmacist updated Medication Management Plan and discussed with patient and Health Care Home/GP • Health Care Home/GP verbally consulted about patient • Pharmacist participated in Health Care Home team care meetings / case conferences to evaluate patient progress • Health Care Home/GP advised of issues identified through other communication • Pharmacist suggested patient referred to other health provider e.g. exercise physiologist, dietitian etc. • Pharmacist provided patient with medicine education (verbal, written) • Pharmacist provided patient with disease-state information (verbal, written) • Pharmacist used technologyassisted follow-up reminders (e.g. text messages, email messages) to facilitate continuity of patient care • Pharmacist referred patient for an additional medication management service not included in the Trial Program (e.g. Staged Supply) - refer Section 4.5 of the Trial Program Rules include sub-item list so that pharmacist can specify which service (staged supply; HMR) • Other (requires free text if 'other' is selected)

HEALTH OUTCOMES DATA

<p>What supporting services were provided by the pharmacist (Tier 2 and Tier 3 patients) - medication adherence and medication management services performed by the pharmacist at the follow up review/since the last review, to support delivery of the Medication Management Plan?</p> <p><i>Refer Section 4.4 of the Trial Program Rules</i></p>	<p>List (allow the recording of more than one item)</p>	<ul style="list-style-type: none"> Continued Dose Administration Aid (DAA) (indicate frequency) Blood glucose monitoring (indicate frequency) Blood pressure monitoring (indicate frequency) Development of an asthma management plan, including asthma control test (also referred to as an asthma score) and device training (frequency of review – ideally reviewed every 3 months) Medical device usage training/education (indicate frequency) Other (requires free text if 'other' is selected)
<p>Measure of medication adherence - patient's average MedsIndex score</p>	<p>Numeric</p>	
<p>On a ranking of 0-10, to what extent does the pharmacist believe the patient is adherent to his/her medication regimen for:</p> <p>a. Solids (e.g. tablets, capsules) <i>(Circle ONE number only)</i></p> <p>b. Non-solids (e.g. puffers, drops, creams) <i>(Circle ONE number only)</i></p>	<p>Scale (0-10)</p>	<p>Ranging from:</p> <p>0 = Not at all adherent; to</p> <p>10 = Completely adherent</p>
<p>Since the previous review, did the patient go to an emergency department or was hospitalised (patient self-reported)?</p>	<p>Indicate number of times</p>	<ul style="list-style-type: none"> Emergency department Hospital admission Patient attended emergency department and was admitted to hospital on same occasion
<p>Medication List - Brand name</p>	<p>String</p>	<p>Prescription, non-prescription and complementary medicines</p>
<p>Medication List - Generic name</p>	<p>String</p>	<p>Prescription, non-prescription and complementary medicines</p>
<p>Medication List - Form</p>	<p>String</p>	<p>Prescription, non-prescription and complementary medicines</p>
<p>Medication List - Strength</p>	<p>String</p>	<p>Prescription, non-prescription and complementary medicines</p>
<p>Medication List - Dose</p>	<p>String</p>	<p>Prescription, non-prescription and complementary medicines</p>
<p>Medication List - Frequency</p>	<p>String</p>	<p>Prescription, non-prescription and complementary medicines</p>
<p>Medication List – Indication and special instructions</p>	<p>String</p>	<p>Prescription, non-prescription and complementary medicines</p>