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## DAA – 1 February 2018 Data Requirements

From 1 February 2018, community pharmacies participating in the 6CPA DAA program will be required to lodge information and data in order to complete their claim, including:

1. **Claim Lodgement Information** to substantiate the claim for every eligible DAA patient for which the pharmacy is claiming.
2. **Health Outcome Information** to collect information to assist with the assessment of the effectiveness of the program.

### 1. Claim Lodgement Information – for every eligible patient for which a claim is lodged

From 1 February 2018, the following information must be provided to the 6CPA Administrator for **every eligible patient** for which a claim is lodged for payment under the Program for provision of a weekly DAA service:

- a. **Section 90 Approval Number** – collected as part of the pharmacy's registration to participate in the 6CPA DAA Program. Does not need to be included in the claim submission.
- b. **Pharmacy Accreditation ID**– collected as part of the pharmacy's registration to participate in the 6CPA DAA Program. Does not need to be included in the claim submission.
- c. **Patient Medicare/DVA Card Number** – any claim relating to services conducted on or after 1 February 2018 will require the full patient Medicare or DVA card number, inclusive of the patient reference number on a Medicare card – up to 12 digits; no spaces, hyphens or slashes.
- d. **Date(s) of provision of the DAA service** - this refers to the date the patient starts using the DAA (the start date) to allow claiming for a weekly DAA service. Note that a weekly service is inclusive of changes during the week to a patient's DAA pack/s and as such, claims for a weekly DAA service should not have DAA start dates less than 7 days apart. The DAA start date recognises that more than one week of DAAs may be packed for patient collection at one time. Pharmacies will be required to submit the start dates of all weekly packs they are claiming across the period. The date must be in a simple DD/MM/YYYY format.  
*Example – a pharmacy packs DAA on Wednesdays for patients to start using the DAA on the Monday. A pharmacy packs two weeks' DAA for an eligible patient on Wednesday 7<sup>th</sup> Feb with a start date for one pack being Monday 12<sup>th</sup> February and the start date for the second pack being Monday 19<sup>th</sup> February. The patient collects both packs on Saturday 10<sup>th</sup> February. For the pharmacy to claim DAA services for two weeks, they must enter the two different start dates for the DAA that are 7 days apart – 12 Feb and 19 Feb. If an urgent change to the patient's medicine regimen was made on the 20<sup>th</sup> February and the second DAA was repacked for a start date on 20 Feb, a claim would not be made with the next claim being for a start date of 26 Feb.*
- e. **Pharmacy Declaration of Patient Eligibility** – collected as part of the pharmacy's claims submission page for all patients for which a claim is being made. Not required to be in the claim submission form.

Claims are submitted monthly via the 6CPA Registration and Claiming Portal and must be received by the end of the next calendar month (e.g. claims for February services must be received by 31 March).

Pharmacies must retain supporting records and documentation for 7 years.

### 2. Health Outcome Information – for 5 eligible DAA patients

From 1 February 2018, participating pharmacies will collect and provide to the 6CPA Administrator health outcomes information **for 5 patients only**, noting that if a pharmacy claims for less than 5 patients per week they will collect information for all patients they provide this service for. The health outcomes information must be collected for the same patient at initial patient registration for the 6CPA Program from 1 February 2018 and then at six monthly intervals, subject to patient consent.

### Patient Registration Data for 5 eligible DAA patients

The following information is required from 1 February 2018 as part of the Patient Registration Data for only 5 eligible DAA patients:

- a. **Patient's Medicare/DVA Number** – the full patient Medicare or DVA card number, inclusive of the patient reference number on a Medicare card – up to 12 digits; no spaces, hyphens or slashes.
- b. **What is the referral source for the DAA?** – Response options include (only one response required):
  - HMR Management Plan
  - MedsCheck review
  - GP Referral (not from GP participating in Health Care Homes pilot)
  - GP Referral (from GP participating Health Care Homes pilot)
  - Self-referral
  - Pharmacy
  - Not stated/inadequately described
- c. **What was the date the referral/plan was made?** – The date of referral/plan must be in DD/MM/YYYY format. The date must be before the claim submission date, and on or before the date of the first claimed DAA service matching the Medicare number. If date of referral/plan is not known, record the first recorded date for a DAA service for the particular patient.
- d. **Is the patient a Concession Card holder?** – Yes or No answer. Must select 'Yes' in order to receive payment.
- e. **Total number of prescription medicines?** – A numerical value for all prescribed medicines at a particular point in time, including packed and non-packed medicines, Prescription Only medicines as well as non-prescription medicines dispensed from a prescription (e.g. salbutamol inhaler on prescription).
- f. **Total number of non-prescription medicines?** – A numerical value indicating the number of non-prescription medicines a person uses at a particular point in time that are not recorded in the pharmacy's dispense system (i.e. captured under point 'e'), including OTC and complementary medicines.
- g. **Does the patient have a history of non-adherence?** – Yes or No answer.
- h. **Is the patient experiencing difficulties with medication management?** – Yes or No answer.
- i. **Does the patient have a disability that makes them eligible for a DAA?** – Response options include (only one option required):
  - Yes – Physical disability
  - Yes – Cognitive disability
  - Yes – Physical and Cognitive disability
  - No
  - Not stated/inadequately described
- j. **Patient's Date of Birth** – The patient Date of Birth must be in DD/MM/YYYY format.
- k. **Patient's Gender** – Response options include (only one option required):
  - Male
  - Female
  - Intersex or Indeterminate
  - Not stated/inadequately described

- l. **Patient's Postcode of Residence** – Four digit numerical value.
- m. **What health conditions/co-morbidities is the patient taking medications for?** Response options include (select all that apply):
- CVD (including anticoagulants)
  - Diabetes
  - Osteoporosis
  - Arthritis
  - Pain
  - Mental Health issues
  - Epilepsy
  - Parkinson's Disease
  - Dementia
  - Respiratory disorders
  - Alimentary tract
  - Other (please specify) – free text field to specify
- n. **Does the patient have support with managing medicines?** – Response options include (only one option required):
- Minimal (e.g. living alone)
  - Occasional assistance (e.g. living alone with periodic help)
  - Routine assistance (e.g. regular carer)
  - Complete assistance (e.g. assistance with preparation and taking of medicines)
- o. **Is English the patient's primary language at home?** – Yes or No answer.
- p. **Does the patient identify as Aboriginal and/or Torres Strait Islander?** – Yes or No answer.
- q. **Date of initial contact** – Referring to the date that the pharmacy started providing a DAA service for the patient. Date must be before the claim submission date and in DD/MM/YYYY format.
- r. **Number of DAA packs provided per week** – A numerical value referring to the number of DAA packs the patient receives as part of their weekly service.
- Example – To assist the storage arrangements for a particular eligible patient, a pharmacy may pack one DAA with non-fridge medicines and a second DAA with fridge medicines. Irrespective of whether the pharmacy prepares these on a weekly or fortnightly basis for collection by the patient, the response to this is that the pharmacy prepares two DAA packs per week for this patient.*
- s. **Frequency of Collection** – Response options include (only one option required):
- Weekly
  - Fortnightly
  - Monthly
  - Other (please specify) – free text field to specify
- t. **How will the consumer mainly obtain the DAA?** – Response options include (only one option required):
- Collected from Pharmacy
  - Home Delivered
  - Other (please specify) – free text field to specify
- u. **What is the patient's average MedsIndex score?** – Numeric value between 0 and 100 based on the dosing regimen of a person's medicine and the frequency a person has the relevant prescription/repeat dispensed. This figure provides an indication of a person's medicine adherence. 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/>
- v. **In the last six months, did the patient go to their GP or hospital, because of problems with their medicine?** – Yes or No answer.

- w. **Was the patient using a DAA prior to this visit?** – Yes or No answer.
- x. **Type of DAA packed by pharmacy** – This does not refer to the brand of DAA used. Response options include (select all that apply):
  - Blister or bubble packs – reusable plastic or disposable cardboard holder with four blister or bubble compartments for each day of the week. Packs may be filled manually or using an automated packing system.
  - Sachet systems – a pack containing individual sachets of medicines packed and labelled for a particular date and dose time. Sachets are rolled up in a chronological date and time order and prepared using automated packing technology.
  - Other (please specify) – free text field to specify
- y. **Written patient consent for providing data** – Yes or No answer confirming consent from patient for collection and use of health outcomes information. This is in addition to the consent provided to receive and support a pharmacy claim for a DAA service as part of the 6CPA Program.

### 6-month Follow-up Data

A 6-month follow up is conducted by the pharmacist to assess the patient in his/her use of the DAA to determine if continuing the DAA service is appropriate and/or if any additional or alternative support is warranted. This intervention is also being used to collect health outcomes information to assist with assessment of the effectiveness of the service.

As part of the 6-month follow up contact with the patient, the following information is required as part of the 6CPA Program from 1 February 2018 for the same 5 patients for which Patient Registration Data was collected:

- a. **Patient's Medicare/DVA Number** – the full patient Medicare or DVA card number, inclusive of the patient reference number on a Medicare card – up to 12 digits; no spaces, hyphens or slashes.
- b. **Date of follow up service** – Date must be in DD/MM/YYYY format representing the date the pharmacist conducted the follow-up service with the patient. It would be expected that the pharmacist does the follow up in the final month of the 6-month period for submission of data and claiming by the end of the 7<sup>th</sup> month, though it may be done earlier if the service is ceased or the person is no longer eligible for the service as part of the 6CPA DAA Program. The follow-up service must be completed no later than the last day of the 7<sup>th</sup> month for submission of data and claiming by the end of the 8<sup>th</sup> month.

*Example 1 – one of the patients for which health outcome information is being collected was registered for the 6CPA DAA Program on 18<sup>th</sup> March and the first claim is made in April for services provided in March. The follow up service is expected to be conducted by the pharmacy in the sixth month (i.e. August) for submission of data and claiming in the following month (September). The pharmacy has until the end of September in order to complete the follow-up service. If the follow-up service is completed in September, the pharmacist would submit the data for claiming in October.*

*Example 2 – if the pharmacy found out on 28<sup>th</sup> June that the patient was no longer eligible for the 6CPA DAA Program (e.g. no longer a concessional patient), the pharmacist would conduct the follow-up service in June or July and submit the data for claiming in the following month.*

- c. **Total Number of prescription medicines** – A numerical value for all prescribed medicines at a particular point in time, including packed and non-packed medicines, Prescription Only medicines as well as non-prescription medicines dispensed from a prescription (e.g. salbutamol inhaler on prescription).
- d. **Total Number of non-prescription medicines** – A numerical value indicating the number of non-prescription medicines a person uses at a particular point in time that are not recorded in the

pharmacy's dispense system (i.e. captured under point 'b'), including OTC and complementary medicines.

- e. **How many times have there been changes to the DAA in the previous 6 months?** Response options include (only one option required):
- None
  - Once
  - 2-5 times
  - 5 or more times
- f. **What was the reason for the change?** – Free text
- g. **During the past six months, what are your observations of the consumer's medicine use?**  
– Response options include (select all that apply):
- Has managed medicines adequately, including packed and non-packed
  - Is managing packed medicines, but noticeable decline in use of non-packed medicines
  - All packed medicines not always used
  - Unable to refill DAA prescriptions on time
  - Confused by DAA being repacked when medicines change
  - Other (please specify) – free text field to specify
- h. **What activities have been undertaken by the pharmacy to support the DAA service?** – Response options include (select all that apply):
- A Home Medications Review
  - Assistance to help with adherence of non-DAA medicine
  - Maintain Consumer Profile (i.e. medication profile updated with changes as needed)
  - Monitor DAA use
  - Education in the use of the DAA
  - Reminders for renewing prescriptions
  - Counselling on medicine storage conditions
  - Other (please specify) – free text field to specify
- i. **What is the consumer's MedsIndex score?** Numeric value between 0 and 100 based on the dosage of a person's medicine and the frequency a person has the relevant prescription/repeat dispensed. This figure provides an indication of a person's medicine adherence. 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/>
- j. **In the last six months, did you go to your GP or hospital, because of problems with your medicine?** – Yes or No answer.
- k. **Is continuation of the DAA service recommended for this consumer?** – Yes or No answer.
- l. **If the DAA services is not recommended for continuation, what is the reason?** – Response options include (only one option required):
- Consumer does not want DAA
  - Consumer does not meet eligibility Criteria
  - Pharmacist does not think the consumer needs DAA services
  - GP does not think that the consumer needs DAA services
  - Other (please specify) – free text field to specify
- m. **Written patient consent for providing data** – Yes or No answer confirming consent from patient for collection and use of health outcomes information. This is in addition to the consent provided to receive and support a pharmacy claim for a DAA service as part of the 6CPA Program.

## Medication profile

A medication profile is required for each of the 5 patients for which Health Outcome Information is being collected and recorded as part of both the Patient Registration Data and the 6 month Follow up. The medication profile should include the following for all medicines the patient is routinely using, both packed and non-packed, prescription and non-prescription, and inclusive of long-term 'as needed' medicines:

- a. **Patient's Medicare/DVA number** – numerical value up to 12 digits (inclusive of the patient reference number on a Medicare card) – as per Claim Lodgement Information
- b. **Brand Name** – The name given to the medicine by the manufacturer.
- c. **Generic Name** – The name of the active ingredient/s.
- d. **Form** – A term for the physical characteristics of a medicine, e.g. tablet or capsule.
- e. **Strength** – The amount of active ingredient in each dosage unit.
- f. **Dose** – The individual prescribed quantity of medicine to be administered at one time.
- g. **Dosing Regimen** – The schedule of doses of a therapeutic agent per unit of time, e.g. every second day, t.i.d., weekly, etc.

## More Information

The 6CPA DAA Program Rules are available online from [www.6cpa.com.au](http://www.6cpa.com.au).

Technical enquiries about the program can be directed to [support@6cpa.com.au](mailto:support@6cpa.com.au).