
MedsCheck/Diabetes MedsCheck and Diabetes MedsCheck/Diabetes MedsCheck – 1 February 2018 Data Requirements

From 1 February 2018, community pharmacies participating in the MedsCheck/Diabetes MedsCheck 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 MedsCheck/Diabetes MedsCheck for which the pharmacy is claiming.
2. **Health Outcome Information** to collect information to assist with the assessment of the effectiveness of the program.

It is likely that pharmacies will be seeking support from their software provider to streamline the process as much as possible. The information below is to inform pharmacy software vendors about the MedsCheck/Diabetes MedsCheck Program claiming and reporting requirements to assist in implementing any changes to your system to support your clientele.

MedsCheck/Diabetes MedsCheck Data Requirements

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 MedsCheck/Diabetes MedsCheck service:

- a. **Section 90 Number** – collected as part of the pharmacy's registration to participate in the 6CPA MedsCheck/Diabetes MedsCheck 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 MedsCheck/Diabetes MedsCheck Program. Does not need to be included in the claim submission.
- c. **What type of service is being claimed** – Response options include (only one option required):
 - MedsCheck service
 - Diabetes MedsCheck service
- d. **Patient's Medicare/DVA card number** - the DVA card number or full patient Medicare card number, inclusive of the patient reference number – 12 digits in total; no spaces, hyphens or slashes.
- e. **Patient's details** – separate columns for recording:
 - First name (free text)
 - Family name (free text)
 - Date of birth - The patient's date of birth in a simple DD/MM/YYYY format
- f. **Full details of the Registered Pharmacist undertaking the service** – separate columns for recording:
 - AHPRA Registration Number – free text box for recording 13 characters, must be in PHA##### format
 - First Name (free text)
 - Family Name (free text)

- g. **Date of service** – date of consultation for either MedsCheck/Diabetes MedsCheck in DD/MM/YYYY format.
- h. **Confirmation of written consent for service provision** –Yes or No answer.
- i. **A declaration by the claiming Service Provider that the patient satisfies the eligibility criteria of the program rules** – 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.

2. Patient Registration Data – to be collected from the patient on commencement of participation in the program (i.e. during first MedsCheck/Diabetes MedsCheck service)

- a. **Date of MedsCheck/Diabetes MedsCheck Services** – this must be in a simple DD/MM/YYYY format.
- b. **Patient Medicare** – any claim relating to services conducted on or after 1 February 2018 will require the full patient Medicare card number, inclusive of the patient reference number – up to 12 digits; no spaces, hyphens or slashes.
- c. **Patient’s Department of Veterans’ Affairs file number** – if applicable
- d. **Reason for MedsCheck/Diabetes MedsCheck service** – Response options include (select all that apply):
 - Recent significant medical event
 - To identify problems that the consumer may be experiencing
 - To help the consumer learn more about their medicines
 - To improve the effective use of medicines by the consumer
 - To educate the consumer about how to best use and store their medicines
 - Consumer is taking medications with a high risk of adverse event
- e. **Where is the patient currently living (i.e. residential status)** – Response options include (only one option required):
 - Private residence
 - Independent living unit within a retirement village
 - Supported accommodation or supported living
 - Institutional setting, including Aged Care and psychiatric/mental health community care facilities
 - Other (Please Specify) – free text field to specify
- f. **Total number of prescription medicines** - a numerical value for all prescribed medicines at a particular point in time, including Prescription Only medicines as well as non-prescription medicines dispensed from a prescription (e.g. salbutamol inhaler on prescription).
- g. **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 ‘f’), including OTC and complementary medicines.
- h. **Patient’s date of birth** - The patient’s date of birth must be in DD/MM/YYYY format
- i. **Patient’s postcode of residence** – four digit numerical value.
- j. **Patient’s Gender** – Response options include (only one option required):
 - Male
 - Female
 - Intersex or Indeterminate
 - Not stated/inadequately described
- k. **Is English the patient’s primary language at home?** – Yes or No answer.
- l. **Does the patient identify as Aboriginal and/or Torres Strait Islander?** - Yes or No answer.
- 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. **Outcome of the MedsCheck/Diabetes MedsCheck Service** – Response options include (select all that apply):
- Recommendation of no change in medications
 - Recommendation to increase the dose and/or number of medicines
 - Recommendation to decrease the dose and/or number of medicines
 - Increase in knowledge about the importance of their medicine regime
 - Increase in knowledge about the importance of their medicine adherence
 - Other (please specify) – free text field to specify
- o. **Actions taken by pharmacists as a result of the MedsCheck/Diabetes MedsCheck** – Response options include (select all that apply):
- Action plan developed and provided to consumer
 - Action plan developed and provided to consumer's GP
 - GP verbally consulted about the consumer
 - Referred to GP significant issues identified
 - Other (please specify) – free text field to specify
- p. **In the last six months, did the patient go to the GP or hospital because of problems with their medicine?** – Yes or No answer.
- q. **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)
- r. **What is the patient's average 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/>
- s. **Written patient consent for service provision** – Yes or No answer confirming consent from patient for provision of service.
- t. **Written patient consent for providing data** – Yes or No answer confirming consent from patient for collection and use of health outcomes information.

3. Data required at 6-month Follow-Up Consultation

- a. **Date of follow up service** – This must be in a simple DD/MM/YYYY format
- b. **Outcome of the MedsCheck/Diabetes MedsCheck Follow-Up** – Response options include (select all that apply):
- Recommendation of no change in medications
 - Recommendations to increase in the dose and/or number of medications

- Recommendations to decrease in the dose and/or number of medications
 - Increase in knowledge about importance of their medicine regime
 - Increase in knowledge about importance of medication adherence
 - Consumer having better control of their conditions due to better medication adherence
 - Consumer is still having issues managing their conditions due to medication adherence issues
 - Other (please specify) – free text field to specify
- c. **Actions taken by pharmacists as a result of the MedsCheck/Diabetes MedsCheck follow-up** – Response options include (select all that apply):
- Action plan developed and provided to consumer
 - Action plan developed and provided to consumer's GP
 - GP verbally consulted about the consumer
 - Referred to GP significant issues identified
 - Organised DAA as clinically indicated
 - Recommend MedsCheck/Diabetes MedsCheck service in 12 months
 - Recommend Home Medication Review - to discuss with GP
 - Other (please specify) – free text field to specify
- d. **In the last six months, did the patient go to the GP or hospital because of problems with their medicine?** – Yes or No answer.
- e. **What is the patient's average MedsIndex score?** – Numeric value between 0 and 100 based on the number of medicines routinely used, the dosage of a person's medicine and the frequency a person has the relevant prescription/repeat dispensed.
- f. **Written patient consent for providing data** – Yes or No answer confirming consent from patient for collection and use of health outcomes information.

4. Medication Profile

A medication profile is required for the patient as part of both the Patient Registration Data and the Follow-Up. The medication profile should include the following for all medicines the patient is routinely using, both 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. No spaces, hyphens or slashes.
- 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 medicine.
- 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.

These fields should all be free text due to the wide variety of possible answers. Please note that all free text fields should include no more than 100 characters

More Information

The 6CPA MedsCheck/Diabetes MedsCheck Program Rules are available online from www.6cpa.com.au.

Technical enquiries about the program can be directed to support@6cpa.com.au