



Guidelines for pharmacists participating in the Community Pharmacy in Health Care Homes Trial Program



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Contents

Acknowledgements	4
Executive summary	4
Trial Program service overview	5
Terminology	6
Introduction	8
Providing care to Health Care Home patients	9
Patient eligibility	9
Shared Care Plan	9
Accessing a patient's Shared Care Plan	9
Patient consent	10
Consultation	10
Initial consultation	10
Follow-up reviews	12
Supporting services	13
Health outcomes data collection	13
Documentation	14
Communication	14
Communicating with Primary Health Networks	14
Communicating with Health Care Homes	14
Communicating with patients	15
How to participate in the Trial Program	16
Community pharmacy eligibility	16
Registration	16
Procedures	16
Education and training	16
Consultation area	16
Connectivity	17
Shared Care Planning software	17
<i>GuildCare</i> software	17
My Health Record	18
Patient privacy	18
Payment	18
Resources for pharmacists	18
Appendix 1 Medication reconciliation	19
Appendix 2 Best possible medication history	20
Appendix 3 Medication-related issues	22
Appendix 4 Patient education	23
References	24

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Executive summary

These guidelines provide pharmacists with best-practice guidance for the delivery of the Community Pharmacy in Health Care Homes Trial Program (the Trial Program).

Health Care Homes is a collaborative model of care for patients with complex and chronic needs to improve their disease-state control. The patient is managed at a home base, known as a Health Care Home, allowing the delivery of coordinated, team-based care around the needs and goals of the patient.¹ Health Care Homes are existing general practices or Aboriginal Community Controlled Health Services. The model uses a Shared Care Plan to communicate the patient's mutually agreed health information with the patient and all members of their healthcare team.

As a member of the Health Care Homes team, community pharmacies collaborate with the patient, their carers and their Health Care Home to deliver Trial Program services. These services are designed to help the patient achieve their healthcare goals, which are detailed in their Shared Care Plan. Trial Program services include an initial consultation to develop a reconciled medication list and a Medication Management Plan, and three follow-up reviews to maximise continuity of care and collection of health outcomes data. Patients in Tier 2 and Tier 3 also receive supporting services to help achieve their medication management goals.

These guidelines do not replace the need for pharmacists to exercise professional discretion and judgement when delivering this service in their own unique practice environment. The

guidelines do not include clinical information or detailed legislative requirements. They should be read in conjunction with the Sixth Community Pharmacy Agreement (6CPA) *Community Pharmacy in Health Care Homes Trial Program Rules*² and the 6CPA *General Terms and Conditions*.

At all times, pharmacists delivering this service must comply with all relevant Australian, state and territory legislation. They must also comply with overarching and professional practice standards, such as Standard 9 (Collaborative Care) of the Pharmaceutical Society of Australia *Professional Practice Standards*, codes and rules (see Figure 1)^{2,3}, and the trial governance requirements in the 6CPA *Community Pharmacy in Health Care Homes Trial Program Rules*.²

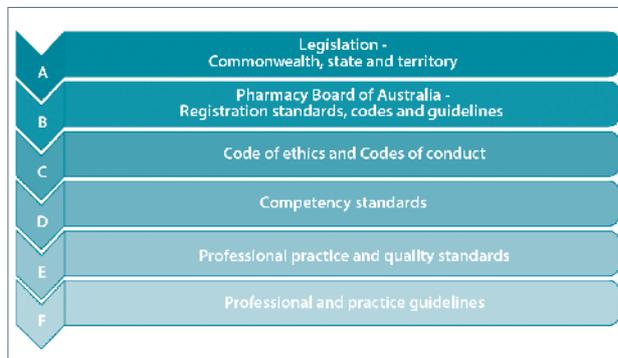
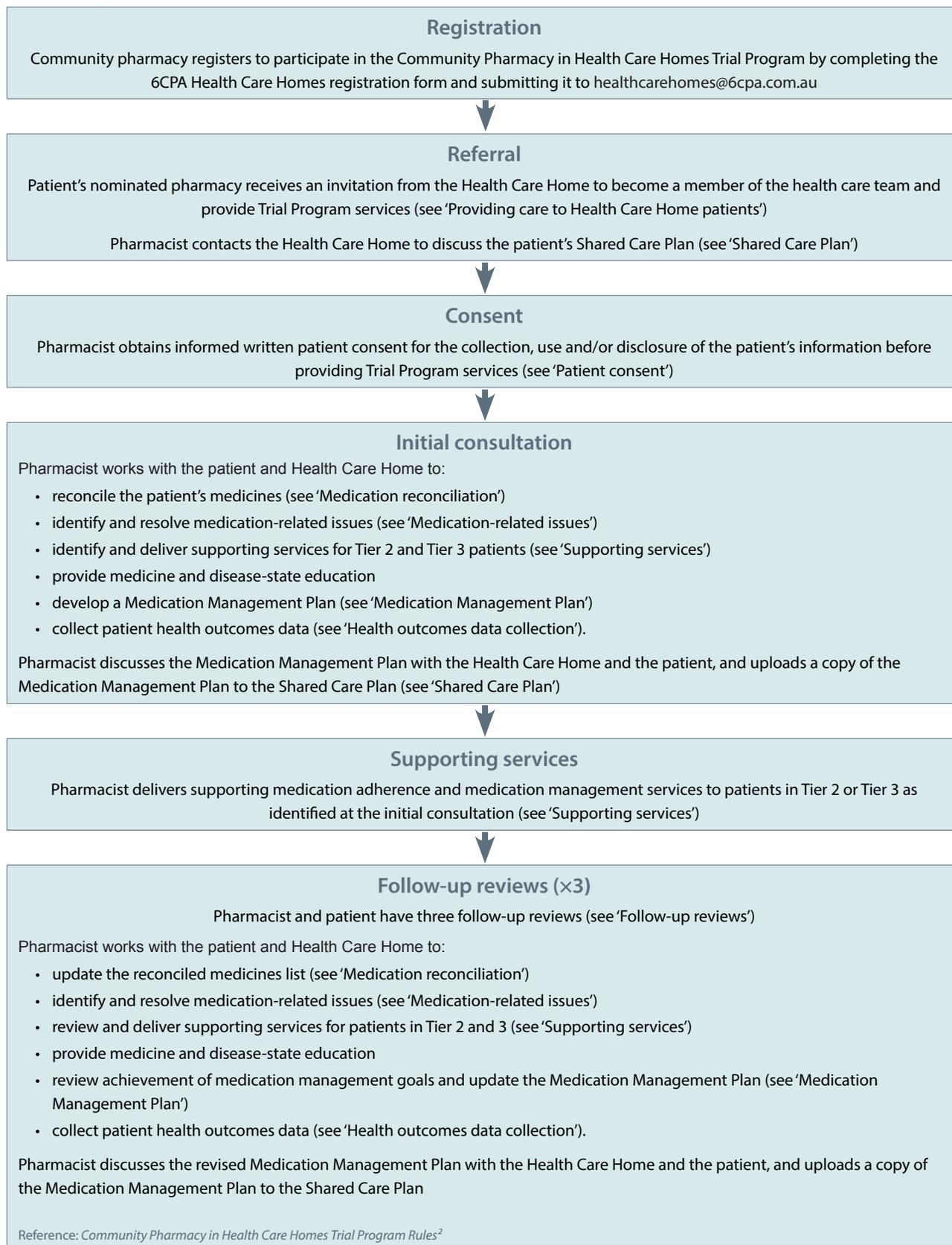


Figure 1. Overarching guidance for, and regulation of, pharmacy service delivery

Reference: PSA³

Trial Program service overview



Terminology

For a number of terms used in these guidelines, several related terms with equivalent or similar meaning may be equally appropriate in certain contexts (see Table 1).

Table 1. Guideline terms and definitions, and equivalent or related terms		
GUIDELINE TERM	DEFINITION	EQUIVALENT OR RELATED TERMS
Aboriginal Community Controlled Health Service (ACCHS)	A primary healthcare service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive and culturally appropriate health care to the community that controls it (through a locally elected board of management) ⁷	ACCHS
Adherence	A qualitative measure of the extent to which a patient's behaviour corresponds with recommendations agreed with a healthcare professional, ideally through a concordant approach ³	Compliance, concordance
Carer	An individual who is responsible for, or taking part in, the provision of care for another person, through either a formal or an informal arrangement ⁵	Agent, authorised representative, case worker, guardian
Community pharmacy	A pharmacy approved to dispense pharmaceutical benefits as part of the Pharmaceutical Benefits Scheme, defined in s. 90 of the <i>National Health Act 1953</i> ⁶	Approved service provider, section 90 pharmacy
Dose administration aid	A tamper-evident, well-sealed device or packaging system that allows doses of medicine to be organised according to the time of administration ³	Blister pack, bubble pack, medicine sachet, DAA
Healthcare provider	A practitioner who provides services to individuals or communities to promote, maintain, monitor or restore health (such as a general practitioner, dentist, pharmacist, physiotherapist, case worker or Aboriginal Health Worker) ³	Health professional, healthcare practitioner, healthcare professional
Health Care Home	An existing general practice or ACCHS that coordinates comprehensive care for enrolled patients with chronic and complex conditions ⁷	
Health Care Home team	A coordinated team that includes general practitioners, pharmacists, nurse practitioners, nurses, allied health professionals, specialists and other community support service providers who all contribute to addressing the needs and goals of the Health Care Homes patient ¹	Health Care Home care team
Informed patient consent	A patient's agreement to a healthcare provider providing treatment and care after the patient receives understandable and clear information, including the options, risks, benefits and purpose of the action ⁸	Consent
Medicine	A prescription, non-prescription, or complementary or alternative medicine	Drug, medication, product
Medication Management Plan	A collaborative plan that includes a reconciled medication list that is developed by the patient, a pharmacy of the patient's choice and the Health Care Home, and incorporated into the patient's Shared Care Plan ²	
Medication list	A reconciled list of medicines that a patient is currently taking, including prescription, non-prescription and complementary or alternative medicines ²	Medication profile, medication record
Medication reconciliation	A standardised process of obtaining a patient's best possible medication history and comparing it with a medication list in the context of the patient's Medication Management Plan ⁹	

My Health Record	An electronic summary of a person's health information maintained by the Australian Government ¹⁰	Digital health record, eHealth record
Patient	A person who uses, or is a potential user of, health services ³	Client, consumer, individual, person, Health Care Home patient
Pharmacist	Provisionally or generally registered practising pharmacist on the Australian Health Practitioner Regulation Agency register. A provisionally registered pharmacist must be supervised by a generally registered pharmacist at all times in the pharmacy ¹¹	Intern, registered pharmacist
Practice facilitator	A healthcare professional who assists primary care practices in research and quality improvement activities ¹²	
Prescriber	A healthcare provider who is responsible for patient care, specifically for the prescription of medicines	Doctor, general practitioner, nurse practitioner, other approved prescribers, specialist
Primary Health Networks	Thirty-one organisations established to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and to improve coordination of care to ensure that patients receive the right care in the right place at the right time ¹³	
Recording platform	A software program that enables the recording and collection of data	<i>GuildCare, GuildCare Lite</i>
Sensitive information	A type of personal information that includes information about an individual's health (including predictive genetic information); racial or ethnic origin; political opinions; membership of a political association, professional or trade association, or trade union; religious beliefs or affiliations; philosophical beliefs; sexual orientation or practices; or criminal record; or biometric information that is to be used for certain purposes and biometric templates ¹⁴	
Shared Care Plan	A plan created and managed by members of the Health Care Home team in partnership with the patient. Other members of a patient's care team, such as pharmacists, allied health professionals and specialists, along with a patient's family and/or carer (if applicable) may also contribute to the plan ¹⁵	
Trial Program Team Leader	A community pharmacy staff member who is responsible for coordinating the Community Pharmacy in Health Care Homes Trial Program within their practice setting	Health Care Homes pharmacy champion

Introduction

Half of all Australians have a chronic disease, such as diabetes, osteoarthritis, coronary heart disease or asthma, and one in four have at least two chronic health conditions.¹⁶ Under the current model of care patients with chronic and complex needs may experience fragmented and uncoordinated access to health care from multiple providers.¹

The Health Care Homes model supports patient-centred, team-based care. Health Care Homes are existing general practice clinics or Aboriginal Community Controlled Health Services (ACCHS). In the stage one trial of Health Care Homes, patients with chronic and complex needs are provided with coordinated, integrated care tailored to their needs. See Box 1 for more information about the trial.

Box 1. About the Health Care Homes trial

The stage one trial of Health Care Homes commenced in October 2017 in response to the recommendations in the Primary Health Care Advisory Group report, *Better Outcomes for People with Chronic and Complex Health Conditions*.¹⁷ Currently, almost 200 general practices and Aboriginal Community Controlled Health Services across 10 Primary Health Network (PHN) regions of Australia are enrolled in the Health Care Homes trial.⁷ Community pharmacy involvement will commence in the stage one trial of Health Care Homes in the second half of 2018. The stage one trial of Health Care Homes will conclude on 30 November 2019.

Patient health management may extend beyond the Health Care Home to include other healthcare providers, such as hospitals, allied health professionals, community pharmacies, specialists and community care providers. The Health Care Home always places the patient at the centre of the healthcare system (see Figure 2).¹

The Health Care Homes model has a quadruple aim for optimising health system performance. The four aims are¹:

- improved patient experience of care
- improved health outcomes and population management
- improved cost efficiency and sustainability in health care
- improved healthcare provider experience.

To achieve these aims, the Health Care Home works together with the patient, their carers and the broader care team, including pharmacists, to develop a Shared Care Plan (see 'Shared Care Plan'). The Shared Care Plan sets out all of the patient's health care goals and identifies what actions will be taken by each member of the care team, and the patient, to achieve those goals.

The Community Pharmacy in Health Care Homes Trial Program (the Trial Program) helps support patients participating in the trial by offering them a range of patient-centred, coordinated medication management services tailored to their needs, delivered by their pharmacy of choice. People with complex and chronic conditions often require a number of different

medications to manage their conditions. Pharmacy plays a critical role in ensuring that these medicines work together safely and effectively, and that patients understand the medicines' use.

Under the Trial Program, patients will work with their Health Care Home and community pharmacy of choice to develop a Medication Management Plan (see 'Medication Management Plan') which is incorporated into their Shared Care Plan. The Medication Management Plan supports Health Care Homes patients to use their medicines safely and effectively, and will be reviewed during three follow-up consultations over the trial period (up to 30 November 2019), to monitor achievement of the medication goals.

In addition to the development of a Medication Management Plan, pharmacists will provide patients in Tier 2 and Tier 3 with supporting services (see 'Supporting services') based on their clinical need, such as a Dose Administration Aid (DAA), blood glucose monitoring, blood pressure monitoring and the development of an asthma management plan (see Box 2).

Pharmacists participating in the Trial Program are also expected to contribute to a patient's Shared Care Plan and work with Health Care Homes to address the goals that they identify.

Any community pharmacy that receives a Health Care Home referral is eligible to participate in the Trial Program providing they meet the requirements of the trial.² See 'How to participate in the Trial Program'.

However, pharmacies located within, or on the boundary of, the 10 identified PHN regions participating in the trial are more likely to receive Health Care Homes referrals, because they are located closer to participating Health Care Homes. For further information about the PHN regions involved in the Health Care Homes trial, see www.health.gov.au/internet/main/publishing.nsf/content/health-care-homes-professional

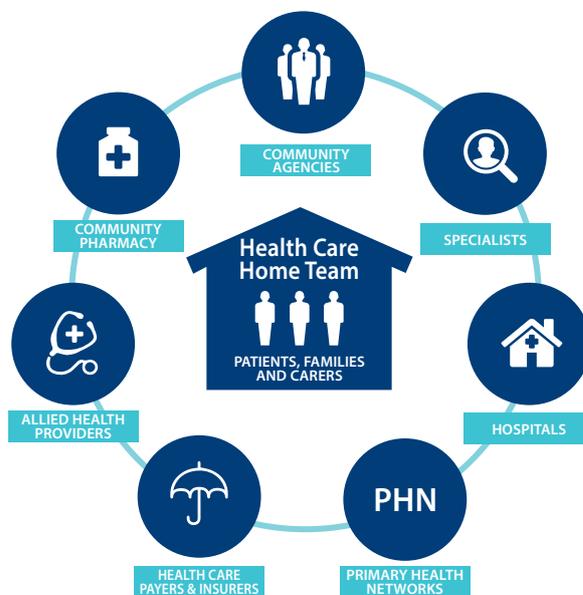


Figure 2. Health Care Homes model, including community pharmacy

Adapted from Australian Government Department of Health¹

Providing care to Health Care Home patients

Community pharmacies participating in the Trial Program can provide care to an unlimited number of eligible patients as part of the Trial Program.²

An invitation is sent to the patient's nominated pharmacy by the Health Care Home to access the patient's Shared Care Plan (see 'Shared Care Plan') and to participate in the Trial Program.

Regularly updated information about Health Care Homes participating in the trial and participating PHN regions, can be found on the website of the Australian Government Department of Health (www.health.gov.au/internet/main/publishing.nsf/content/health-care-homes-professional).

Patient eligibility

Patient eligibility for participation in the Health Care Homes trial is determined by the Health Care Home.

Before providing Trial Program Services, pharmacies should ensure that the patient is enrolled in a Health Care Home and has been assessed by their Health Care Home as requiring a Medication Management Plan as part of their Shared Care Plan, and determine what services the patient is eligible to receive based on their designated Tier level (see Box 2).

Box 2. Health Care Homes Tier levels

Each patient is assigned to a complexity Tier level (1, 2 or 3) by their Health Care Home based on their circumstances, health and medical history.

Tier levels can be defined as follows¹⁷:

- Tier 1—patients with low-complexity multiple morbidity
- Tier 2—patients with increasingly complex multiple morbidity
- Tier 3—patients with highly complex multiple morbidity.

Tier 2 and 3 patients are eligible to receive supporting services, in addition to a Medication Management Plan.

A patient's risk Tier level is re-evaluated each 12 months. Based on the results of the evaluation, the Tier level may be changed.

It also may be re-evaluated more frequently if there is a significant change in the patient's chronic conditions.

Reference: Australian Government Department of Health¹

Shared Care Plan

The Health Care Home Shared Care Plan is a document that allows the recording of mutually agreed health information, including goals, activities and time frames, roles and responsibilities, clinical reasons or concerns, and the patient's Tier level. The Shared Care Plan is reviewed and updated regularly to reflect the current health status of the patient and is tailored to their needs. It is designed to increase the patient's engagement in their health, and improve the coordination of health services they receive inside and outside the Health Care Home.¹⁵

The Shared Care Plan is managed by the patient's nominated clinician (usually their GP), viewed by the patient and used by members of the care team (see Box 3).¹

Pharmacists must review the patient's Shared Care Plan before each patient consultation to ensure they see the most current and relevant patient information and confirm the patient's Tier level (see Box 2).

After reviewing the patient's Shared Care Plan, if the pharmacist is unsure of the patient's eligibility to receive Trial Program services or their Tier level, they should contact the patient's Health Care Home to confirm eligibility. Patients may move across Tier levels as their health improves or declines, which may affect their ongoing eligibility to receive certain elements of the Trial Program services (see 'Supporting services').

Note: Pharmacists must uphold the patient's privacy with regard to the Shared Care Plan, which will detail sensitive patient information (see 'Patient privacy').

Box 3. Shared Care Plan

- Allows effective transfer of information between healthcare providers supporting patient care.
- Provides real-time information to enable evidence-based decision making.
- Outlines the patient's agreed current and long-term needs and goals.
- Identifies the coordination requirements for treatment and management.
- Details the approaches to achieve the identified goals.
- Lists who is responsible for each activity, including the patient's activities.
- Electronic format facilitates:
 - ease of access and tracking
 - sharing with, and providing feedback from, all members of the care team within the Health Care Home and health providers outside the Health Care Home (which may include pharmacists, allied health professionals, specialists and other community support service providers who contribute to addressing the health needs and goals of the patient).

Adapted from Australian Government Department of Health¹

Accessing a patient's Shared Care Plan

Health Care Homes will need to provide pharmacies a copy of a patient's Shared Care Plan in order to be able to participate in the Trial Program. These are usually emailed directly from the Health Care Home's Shared Care Planning software provider (see 'Shared Care Planning software'). Health Care Homes may also provide pharmacies with a written referral, or place a phone call, to make sure the pharmacy is able to access the Shared Care Plan and to confirm the pharmacy's participation in that patient's care team.

Once a Health Care Home has created a Shared Care Plan with their patient, the next step is to invite other members of the care team to participate in the plan. Health Care Homes using shared care planning software (e.g. *CDMNet*, *LinkedEHR*) will email pharmacies and other team members a web link that can be accessed by secure login. If the pharmacy has not previously used the Shared Care Planning software, the invitation email will provide instructions on how to set up their access and use the system.

On receiving the Shared Care Plan invite, the pharmacist:

- agrees to participate in the Shared Care Plan
- logs into the patient's Shared Care Plan
- reviews the Tier level of the patient to check their eligibility for the Trial Program (patient's Tier level should also be indicated on the referral from the Health Care Home)
- reviews the goals and strategies detailed in the Shared Care Plan, and the activities to be conducted by the pharmacy (e.g. development of a Medication Management Plan)
- contacts the patient's Health Care Home acknowledging the invitation and discusses the patient's Shared Care Plan and the pharmacy's role.

Some Health Care Homes may not be using software that allows for the electronic sharing of a patient's Shared Care Plan. However, even if the Health Care Home is not using software that complies with the minimum Health Care Home requirements, all enrolled Health Care Home patients have a Shared Care Plan. For pharmacists to access a non-electronic Shared Care Plan, they may need to contact the patient's Health Care Home and agree on how this will be obtained.

Patient consent

Patients must provide their pharmacy written consent before receiving Trial Program services (see Box 4). Patients will also have provided consent to the Health Care Home trial. In providing consent to receive Trial Program services, the patient agrees to the collection, use and/or disclosure of their personal information, as outlined in the *Patient Information Statement and Consent Form* (see *Health outcome data*).²

Box 4. Obtaining patient consent

Patient consent must be informed and voluntary. When seeking patient consent, the pharmacist should inform the patient¹⁸:

- why the pharmacist is asking to interview them and gather their health information
- what the pharmacist is going to talk to them about
- what the pharmacist will do with the information gathered
- what their participation will involve
- any possible risks to them
- how the pharmacist will inform them about the outcomes or findings of this work.

A *Patient Information Statement and Consent Form* for the Trial Program is available at www.6cpa.com.au and must be retained in the patient's records.³ For further information about informed consent, see Health Victoria 'Informed consent' (www2.health.vic.gov.au/mental-health/practice-and-service-quality/mental-health-act-2014-handbook/recovery-and-supported-decision-making/informed-consent).

Consultation

Initial consultation

All pharmacists are expected to work collaboratively as a member of the patient's Health Care Home team and contact the Health Care Home before the initial consultation (see 'Communicating with Health Care Homes').

The Shared Care Plan contains information, goals, strategies and plans that provide pharmacists with guidance on discussions and services during the initial consultation.

The initial consultation is an opportunity for the pharmacist, the patient and/or a family member, a carer or a person nominated by the patient (e.g. a Health Care Home team member), and the Health Care Home to work together to²:

- reconcile the patient's medicines and develop a current medication list
- identify and resolve any potential medication-related issues that may be affecting the patient's desired health outcomes
- develop a Medication Management Plan that includes a reconciled medication list, mutually agreed medication management goals, supporting services to support the patient to achieve their goals, and date of the next review
- provide patient education
- deliver supporting services as part of the Trial Program, if the patient is eligible (see 'Supporting services').

See Box 5 for guidance on delivering the initial consultation.

Health outcomes data must also be collected from the patient by the pharmacist during the initial consultation, which is recorded on the recording platform (see 'Health outcomes data collection').

Medication reconciliation

As part of the Trial Program, pharmacists must reconcile the patient's medicines in collaboration with the patient and/or their carer, and the Health Care Home team.

Medication reconciliation is a process of creating the most accurate list of medicines by reconciling what a patient takes against what the patient has been prescribed. This requires taking the best possible medication history, reconciling it with all medicines (prescribed, non-prescription and complementary medicines), identifying any medicine-related issues, and then developing a current and accurate medication list.⁹ The reconciled medication list is included in the Health Care Homes Medication Management Plan.

Box 5. Delivering the initial consultation

During the initial consultation, the pharmacist should:

- ask the patient about their concerns and beliefs about their medicines
- assess the patient's medication adherence
- assess the patient's use of medication delivery and monitoring devices (e.g. inhalers, blood glucose monitors)
- identify and attempt to resolve any identified medication-related issues (see 'Medication-related issues')
- discuss the management of any chronic condition(s)
- discuss lifestyle factors that may affect the patient's medication use and health status (e.g. smoking, drinking alcohol)
- discuss any difficulties in ordering, obtaining, taking, using or storing medicines
- discuss the dosage form of medicines the patient is taking and consider whether a change to another form would benefit medicine administration (e.g. from tablets to a liquid)
- provide education and guidance including on the correct use of medication delivery and monitoring devices to support the patient to make informed choices about medicines and health, facilitate health behaviour change, and improve health literacy.

For more information about the pharmacist's role during the initial consultation, see the Health Care Homes education and training modules 'Developing a Medication Management Plan' and 'Patient journeys' (www.psa.org.au/practice-support-industry/resources/; www.guild.org.au/training)

Resources that may help reconciling a patient's medicines include:

- pharmacy dispensing records
- previous MedsChecks and Home Medicines Reviews
- dose administration aid medication lists
- Shared Care Plan
- recent hospital discharge summaries
- My Health Record clinical documents (e.g. prescribing and dispensing information, discharge summaries, specialist letters)
- hospitals and care facilities (if the patient has transitioned through different care settings)
- patients, and their carers and/or family members
- Health Care Home team (e.g. GP, practice nurse, Aboriginal health worker).

For further information about reconciling medicines and taking a best possible medication history, see Appendices 1 and 2.

Medication-related issues

A medication-related issue can be described as any undesirable event experienced by the patient that is thought to involve drug therapy, and that actually or potentially interferes with a desired patient outcome. The pharmacist may identify any actual or potential medication-related issues after reviewing all information gathered from sources such as the patient, GP, Health Care Home, patient's My Health Record and community

pharmacy. Once identified, the clinical relevance of any medication-related issue should be assessed, evaluated and prioritised in the context of the patient's health status.

Pharmacists may use the DOCUMENT system to classify and document drug-related problems (also known as medication-related issues) during the development of the Medication Management Plan. For examples of medication-related issues, see Appendix 3. For more information on the DOCUMENT system see *Standard and guidelines for pharmacists performing clinical interventions* (www.psa.org.au/practice-support-industry/resources/).

For further information about medication management, see Medication Safety Standard of the *National Safety and Quality Health Service Standards*.¹⁹

Patient education

Patients, and their carers and family members need to be provided with information about their medicines, medication delivery systems, and disease states to facilitate their active involvement in their health care and support self-management.

When providing information, pharmacists should not make assumptions about the patient's ability to understand the information provided. Any information provided to a patient should be in a format that meets the individual needs of the patient.²⁰

Appendix 4 provides a non-exhaustive list of information sites that may assist patients to understand and manage their chronic disease states.

Medication Management Plan

The Medication Management Plan is developed collaboratively with the patient, their carer, the Health Care Home and pharmacist. It includes:

- **reconciled medication list** containing both prescription and non-prescription medicines
- **agreed medication management goals** (e.g. improve medication adherence; improve usage technique for medication devices; improve patient knowledge about their medicines, leading to improved medication use and disease self-management; optimise medication dose)
- **person(s) responsible for helping to achieve these goals** (e.g. patient, pharmacist, GP, Health Care Home team member, allied health provider)
- **supporting services delivered by the pharmacist** (e.g. dose administration aid, blood glucose monitoring, blood pressure monitoring, development of an asthma management plan that includes an asthma control test and device training, medical device use training and education) (see 'Supporting services')
- **frequency of the support service** (e.g. weekly, fortnightly, monthly)
- **patient's achievement of medication management goal(s)**—completed at the follow-up review (e.g. deterioration, no change, partial improvement, significant improvement)

- **outcomes of the initial consultation** (e.g. developed a reconciled medication list, consulted with the Health Care Home about the patient, participated in Health Care Home case conference or team meeting with the patient to discuss health status of the patient and pharmacy's role, updated the patient's My Health Record).

The Medication Management Plan template is created in the reporting platform.

When developing goals and implementation activities, the pharmacist and patient should use an effective goal-setting strategy to ensure that the outcomes and recommendations are specific, measurable, achievable, relevant and time related (see Box 6).

Box 6. SMART framework for goal setting

Specific:	a goal that is simple and focused (e.g. increase patient adherence to medicine regimen using a dose administration aid—DAA).
Measurable:	the goal has a measurable outcome (e.g. monitor missed doses in returned DAAs).
Achievable:	the goal is something the patient has the ability to do (e.g. patient is trained in the use of the DAA).
Relevant:	the goal is relevant (e.g. an increase in medication adherence may achieve greater disease-state control).
Time related:	provide a time frame or a defined date and time for achieving the goal (e.g. use of a DAA is ongoing for greatest disease-state control).

Reference: Australian Government Department of Health²¹

Once the Medication Management Plan has been agreed to by the patient, Health Care Home and pharmacist, the pharmacist uploads the Medication Management Plan to the Shared Care Plan.

A copy of the Medication Management Plan should be given to the patient and all people who have responsibility for an identified action. The pharmacist must also retain a copy.

For more information about developing a Medication Management Plan, see the Health Care Homes education and training module 'Developing a Medication Management Plan' (www.psa.org.au/practice-support-industry/resources/; www.guild.org.au/training).

Follow-up reviews

Follow-up reviews are intended to maximise continuity of patient care. As part of the Trial Program, the pharmacist conducts three follow-up reviews with all patients participating in the Trial Program, irrespective of their Tier level.

Trial Program follow-up reviews are conducted in collaboration with the patient, their carer and the Health Care Home, with the

aim of observing whether patient medication goals have been achieved, monitoring prescription and non-prescription medicine use (including over-the-counter and complementary medicines use), and measuring and reporting on patient health outcomes (see 'Health outcomes data collection').

The timing of follow-up reviews is at the discretion of the pharmacy, in consultation with the Health Care Home team and the patient. Follow-up reviews must occur before the end of the Health Care Home trial (30 November 2019). Follow-up reviews can be regularly scheduled (e.g. every 3 months) but may be triggered by a change in health status of the patient (e.g. admission to hospital, change in medication). In such cases, the Health Care Home may contact the pharmacy and suggest scheduling of a follow-up review after consultation with the patient.

To conduct follow-up reviews in this collaborative manner, pharmacists need to be flexible in relation to where the reviews occur, the time frame between reviews and who participates. For example, the review may take place in the pharmacy after hours, or in an alternative private space or via videoconference when providing services to patients in remote locations.

All observations at the follow-up reviews must be made available to the patient and Health Care Home and updated into the Medication Management Plan. To support team-based care, the pharmacist is expected to attend team care meetings and case conferences to discuss and evaluate patient care.

During each scheduled follow-up review, the pharmacist and patient review and update the Medication Management Plan, including:

- **medication list**, to reflect what the patient is currently taking (e.g. this may have changed after a hospital admission)
- **patient's achievement of medication management goals**, to reflect the patient's progress (e.g. deterioration, no change, partial improvement, significant improvement)
- **medication management goals**, based on the patient's achievements or lack of progress (medication goals may be altered after discussion with the patient and their Health Care Home)
- **person responsible** for helping to achieve each of the patient's medication management goals
- **supporting services delivered by the pharmacist**, based on the updated medication management goals
- **frequency of the support service** (e.g. weekly blood pressure monitoring may become monthly after the follow-up review).

Outcomes of the follow-up review need to be recorded—for example, updated reconciled medication list, and updated Medication Management Plan in collaboration with the patient and the Health Care Home or GP.

Pharmacists are encouraged to follow up with patients on an ad hoc basis. This provides an opportunity to regularly support patients by reinforcing and clarifying information discussed during the consultation, as well as encouraging behavioural change and chronic disease self-management.

For more information about follow-up reviews, see the Health Care Homes online education and training module 'Implementing and reviewing a Medication Management Plan' (www.psa.org.au/practice-support-industry/resources/; www.guild.org.au/training).

Supporting services

Ongoing supporting services are available to all Health Care Home patients in Tier 2 and Tier 3 to support the implementation of their medication management goals. These services are offered based on clinical need.¹⁷ Patients in Tier 1 are not eligible for supporting services under the Trial Program.²

The following medication adherence and medication management services are examples of supporting services that can be offered to patients in Tier 2 and Tier 3²:

- dose administration aid (weekly packing of the patient's medicines)
- blood pressure testing
- blood glucose monitoring
- asthma management planning (includes an asthma control test (also referred to as an asthma score) and device training (ideally reviewed every 3 months)), (see Box 7).

Supporting services must be delivered in agreement with the patient and the Health Care Homes team. The frequency of the supporting services may or may not coincide with the regular follow-up reviews by the pharmacist.

For resources for pharmacists to assist in the implementation of these services, see 'Resources for pharmacists'. For more information about supporting services see the Health Care Homes online education and training module 'Delivering Health Care Homes in a community pharmacy' (www.psa.org.au/practice-support-industry/resources/; www.guild.org.au/training).

Additional medication management services

Pharmacies can offer other medication management services not included in the Trial Program to patients of all Tier levels. These services can only be offered if clinical need has been identified and the patient meets the eligibility criteria for the relevant service. These services include:

- home medicines review (HMR)
- staged supply.

Pharmacists can submit a separate claim (in addition to Trial Program payment) for providing HMRs or staged supply to a Health Care Home patient.²

If a patient is already receiving services under the Trial Program, a GP should determine if a HMR by an accredited pharmacist is clinically appropriate.²

Patients are not eligible to receive MedsCheck or Diabetes MedsCheck services for the duration of their participation in the Trial Program. For more information about additional services, refer to the *Community Pharmacy in Health Care Home Trial Program Rules*.²

Box 7. Asthma management plan

An asthma management plan is developed collaboratively between the patient with asthma and the pharmacist to help the patient optimally manage their asthma.

During the development of an asthma management plan, the pharmacist:

- reviews the patient's inhaler technique and adherence
- identifies and records any asthma triggers such as allergens, smoking or comorbid conditions (e.g. hay fever, rhinitis, GORD, sleep problems)
- reviews and records the patient's vaccinations (e.g. influenza, pneumococcal disease)
- conducts an **asthma control test** to determine how often the patient has to use their reliever to monitor asthma control, and records the result
- provides and records medication education given to the patient, including treatment expectations.

For more information about the Asthma Control Test score, also known as 'Asthma Score', go to www.asthmaaustralia.org.au/nsw/about-asthma/resources/asthma-control-test/asthma-score

A patient's asthma management plan should be reviewed at each follow-up review with outcomes recorded in the Medication Management Plan.

An asthma management plan differs from an Asthma Action Plan, which is developed by the patient and their doctor. An Asthma Action Plan lists the medicines the person uses, details of individual signs of flare-ups, instructions on how to adjust medication in response to asthma symptoms, and when and how to get medical care, including during an emergency.²² Some asthma action plans also include peak expiratory flow measurements.²³

For more information about developing an asthma management plan, see the Health Care Homes online education and training modules 'Developing a Medication Management Plan' and 'Patient journeys' (www.psa.org.au/practice-support-industry/resources/; www.guild.org.au/training).

Health outcomes data collection

All community pharmacies participating in the Trial Program must record patient health outcomes data at the initial consultation and at all follow-up reviews using the Health Care Homes recording platform. Written patient consent for data collection must be obtained before the initial consultation and follow-up reviews (see *Patient Information Statement and Consent Form*). For a list of the health outcomes data to be collected, see the *Health Outcomes Data* document (www.6cpa.com.au).

The Trial Program evaluator (Health Policy Analysis) will use the collected data to evaluate stage one of the Health Care Homes trial, including the Trial Program. The *Patient Information Statement and Consent Form* provides a detailed description about how the data collected will be used.²

Documentation

For all services claimed under the Trial Program, supporting documentation must be recorded by the pharmacy in the Health Care Homes recording platform, where it will be retained for 7 years.

Box 8. 6CPA Community Pharmacy in Health Care Homes Trial Program supporting documentation

The following information will be retained in the Health Care Homes recording platform for 7 years:

- s. 90 number at the time of provision of the service
- pharmacy accreditation ID at the time of provision of the service
- patient's name and address
- patient's Medicare/DVA card number
- patient's date of birth
- full details of the registered pharmacist undertaking the service, including name and Australian Health Practitioner Regulation Agency registration number
- copy of the patient consent
- date of patient consultation for the development of the Medication Management Plan and each follow-up review
- copy of the Medication Management Plan developed as a result of the Trial Program.

The supporting information must be recorded in the Health Care Homes recording platform by the service provider.

Reference: *Community Pharmacy in Health Care Homes Trial Program Rules*²

Standards of documentation

Pharmacists have a responsibility to ensure that all information in the patient's Medication Management Plan is of benefit to other healthcare providers, and written in a way that can be understood by the patient and the Health Care Home team. Information in the Medication Management Plan must be clear, concise and unambiguous to all people who will read the document.

The Medication Management Plan should not contain information that is only relevant in the pharmacy setting (e.g. adherence tool scores must be fully explained and interpreted, not presented as a number). Only information that is relevant to the care provided should be included.

Communication

Communicating with Primary Health Networks

PHNs have been established with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure that patients receive the right care in the right place at the right time.²⁴ PHNs' approach to primary healthcare delivery is flexible to meet the needs of the communities they serve.

Pharmacists are encouraged to contact and/or meet with their local PHN to obtain information about the broader Health Care Homes trial. This should ideally happen before Trial Program services are provided, with the aim of establishing strong and respectful relationships.¹

Each PHN has a Health Care Home Practice Facilitator who acts as the liaison between the Health Care Home and the pharmacy. Community pharmacies should provide the PHN's Health Care Home Practice Facilitator with their contact details (e.g. phone number, email address) and the name of the pharmacy's Health Care Home Trial Program Leader, if available.

Face-to-face workshops will be delivered to pharmacists and PHN facilitators by representatives of the Pharmacy Guild of Australia and Pharmaceutical Society of Australia (PSA). These workshops will provide an opportunity to discuss the Trial Program in an open forum with the broader Health Care Home team. It is anticipated that these workshops will be held from September 2018 and conclude by November 2018.

For further information about communication and collaboration, see Standard 9 (Collaborative Care) of the *Professional Practice Standards*.

Communicating with Health Care Homes

Effective communication and collaboration between all healthcare providers and patients are central to achieving optimal patient care.³ The Trial Program provides an opportunity for pharmacists and Health Care Homes to co-manage the care of patients. Pharmacists should work to build partnerships with the Health Care Home and be proactive in sharing patient information.

When the pharmacy is invited to become a member of the Health Care Home team and provide Trial Program services, pharmacists should take the time to communicate with the Health Care Home's lead person. In a general practice, this is usually the GP, but it may also be the Health Care Home care coordinator, practice nurse or practice manager, or a non-dispensing pharmacist working in the practice. In an Aboriginal Community Controlled Health Service, the lead person may be a GP, Aboriginal health worker, Aboriginal health practitioner or nurse.

During these initial discussions with the Health Care Home, roles, responsibilities, and frequency and methods of communication (including the most appropriate communication method for the exchange of information between the pharmacy, the Health Care Home and the patient) should be agreed upon. Pharmacists should also discuss the supporting medication management services and any additional medication management services not included in the Trial Program that the pharmacy can provide to patients in Tier 2 and Tier 3, based on patients' clinical need.

Pharmacists must ensure that all information they communicate can be understood by all members of the healthcare team. The information in the Medication Management Plan must be free of any pharmacy-specific terminology (e.g. medication adherence scores). Any communication between the pharmacist and the Health Care Home team and other healthcare providers should be recorded.³

For further information about communication and collaboration, see Standard 9 (Collaborative Care) of the *Professional Practice Standards*.³

For more information about building a collaborative partnership, see the Health Care Homes online education and training module 'Implementing and reviewing a Medication Management Plan' (www.psa.org.au/practice-support-industry/resources/; www.guild.org.au/training).

Communicating with patients

Pharmacists must communicate in a way that allows the patient to understand, access, appraise and act on any health-related information. This enables greater patient engagement with their health and health care.²⁵

Pharmacists should reassure patients that the face-to-face consultation is a review of their medicines, with a focus on education and helping them to better manage their medicines to reach medication management goals and improve health outcomes. To facilitate patient engagement, pharmacists must place the patient at the centre of the consultation, giving them time to freely discuss any issues they have with their medicines. If the patient is reluctant, the pharmacist may use open-ended questioning to facilitate a patient response.³

Pharmacists should be culturally aware, and offer healthcare services and information that are consistent with the patient's culture, beliefs and needs. When communicating, pharmacists should use appropriate language. Pharmacists should limit the use of medical jargon, but not assume poor understanding. Any complex information about medicines and health-related issues should be explained in plain language, in a non-patronising way.³

Pharmacists should also provide written medication and disease-state information that is appropriate and based on the patient's health literacy.³

For further information on communicating with Aboriginal and Torres Strait Islander people, see the *PSA Guide to Providing Pharmacy Services to Aboriginal and Torres Strait Islander People*.²⁶

For further information on communicating with patients, see the Health Care Homes online education and training module 'Developing a Medication Management Plan' (www.psa.org.au/practice-support-industry/resources/; www.guild.org.au/training).

How to participate in the Trial Program

Community pharmacy eligibility

For community pharmacies to participate in the Trial Program, they must comply with certain eligibility criteria.

Box 10. 6CPA Community Pharmacy in Health Care Homes Trial Program eligibility criteria

- Be approved to dispense pharmaceutical benefits as part of the Pharmaceutical Benefits Scheme, defined in s. 90 of the *National Health Act 1953* (Cwlth).
- Abide by the *6CPA General Terms and Conditions*, available from www.6cpa.com.au
- Undertake to provide services under the Trial Program in accordance with the Community Pharmacy in Health Care Homes' Trial Program Rules, relevant professional standards and Pharmacy Board of Australia guidelines.
- Be accredited by an approved quality assurance program or be in the process of attaining accreditation within 6 months of lodging the application to become registered to participate in the Trial Program. The Australian Government may waive the requirement to hold or be seeking accreditation to ensure that patients can access the Trial Program.
- Undertake to obtain appropriate consent from the patient for the provision of services under the Trial Program before providing the services. A copy of a consent form is available online at www.6cpa.com.au
- Register and connect to the My Health Record system, and contribute up-to-date clinically relevant information to the patient's My Health Record, as appropriate, including the Medication Management Plan.
- Ensure that services are carried out by a Registered Pharmacist in an area of the pharmacy that is physically separated from the retail trading floor so that the privacy and confidentiality of the patient is protected.
- Agree to accept the payment received under this Trial Program as full payment and provide services under the Trial Program at no cost to patients, with the exception of Dose Administration Aids (refer to section 4.4 of the Trial Program Rules).

Reference: *Community Pharmacy in Health Care Homes Trial Program Rules*²

Registration

To participate in the Trial Program, pharmacies must complete the Health Care Homes registration form (go to www.6cpa.com.au, under the 'Resources' tab) and submit it to healthcarehomes@6cpa.com.au for approval.

Once approved, pharmacies will receive access to the Health Care Homes recording platform for recording health outcomes data and service details, and receiving payments.

Education and training modules to support delivery of the Trial Program (see 'Education and training') will be available for participating pharmacies.

Note: If a pharmacy is unable to participate in the Trial Program (e.g. because of lack of capacity), it must inform the Health Care Home and PHN as soon as possible.

Procedures

Pharmacists should develop procedures that guide all pharmacy staff during their participation in the Trial Program. These procedures may include identifying a staff member to be the pharmacy's Trial Program Team Leader, who may facilitate communication between the pharmacy, Health Care Homes and PHN (see 'Communication'). Procedures may need to be developed to address the need for changed workflow within the pharmacy and detail how the pharmacy will manage access to the patient's Shared Care Plan (see 'Patient privacy').

Procedures must adhere to all legislative requirements, the *Community Pharmacy in Health Care Homes Trial Program Rules*² and relevant professional practice standards. See Standard 9 (Collaborative Care) and Standard 14 (Medication Review) of the *Professional Practice Standards*.³

Education and training

There are no mandatory training requirements for pharmacists to deliver medication management services for the Trial Program.² However, pharmacists are encouraged to familiarise themselves with the Health Care Homes model and their role in the Trial Program.

Pharmacists will be invited to attend a face-to-face workshop, and complete the Health Care Homes online education and training modules to assist in the successful implementation and delivery of the Trial Program. Pharmacies will receive notification of the time and location of the face-to-face information sessions. The modules have been developed collaboratively by PSA and the Pharmacy Guild of Australia (see Table 2), and are available at www.psa.org.au/practice-support-industry/resources/ and www.guild.org.au/training

All pharmacy staff at community pharmacies participating in the Trial Program should also be familiar with the service before its delivery.³ Pharmacy staff members—particularly the pharmacy's nominated Trial Program Team Leader—should understand their roles and responsibilities, and review the education and training modules.

Consultation area

The community pharmacy must have an area that is physically separated from the retail trading floor of the pharmacy. This will allow consultations conducted during the Trial Program to occur at normal speaking volumes without being overheard.²

If services are being provided to patients in remote locations, an alternative private space or videoconferencing may be used.²

Box 11. 6CPA Community Pharmacy in Health Care Homes Trial Program consultation area

The area must meet the following requirements:

- appropriately furnished with facilities to allow the patient and the pharmacist to sit down together
- of sufficient size and appropriate layout to accommodate efficient workflow, including adequate room for the patient, their carer and the pharmacist, as well as the consumables, equipment and documentation required for the service
- separated from the retail trading floor to allow the patient and the pharmacist to talk at normal speaking volumes without being overheard by any other person (including pharmacy staff)
- clearly signposted as a private consultation area.

Note 1: Prescription in and out counters (including those with privacy screens) do not meet the consultation area requirements.

Note 2: When participating pharmacies are providing services to patients in remote locations, services may be provided via community pharmacy outreach in an alternative private space or via videoconference.

Reference: *Community Pharmacy in Health Care Homes Trial Program Rules*²

Connectivity

Shared Care Planning software

Shared Care Planning is a central element of Health Care Homes. Some Health Care Homes use Shared Care Planning software to generate patients' Shared Care Plans. Currently, seven software vendors have programs that meet the minimum requirements for participation in the trial (e.g. *cdmNet* or *Linked EHR*). Regardless of the program selected by the Health Care Home, all software is cloud based and can be accessed via a secure web browser. No software needs to be installed on the pharmacy computer

system. Pharmacies will be required to use the Shared Care Planning software selected by the Health Care Home. No payment will be required to access this software.

When the pharmacy receives a referral email from the Health Care Homes Shared Care Planning software provider, it will include a link to a secure online portal from which confidential patient information can be accessed, including the Shared Care Plan. If pharmacies have not previously used the Shared Care Planning software, the referral email will provide instructions on how to set up access and use the system.

Pharmacies may need to confirm their contact details, including their email address, with the Health Care Home to ensure that they receive the invitation.

Some Health Care Homes are in the process of setting up Shared Care Planning systems in their practices and may be using paper-based Shared Care Plans in the interim.

GuildCare software

All community pharmacies participating in the Trial Program must have access to *GuildCare* pharmacy software. If the pharmacy is not currently a paid subscriber, a 'light' version will be made available.

GuildCare software is the primary recording platform for all patient information collected during the Trial Program, including initial medication reconciliation and Medication Management Plan information, follow-up review information, and health outcomes data. Pharmacists also use the platform to provide health outcomes data to the 6CPA Administrator and for reimbursement for each Health Care Home patient.

For more information about *GuildCare*, go to www.guild.org.au/programs/guildcare

Table 2. Community Pharmacy in Health Care Homes education and training modules

Topic	Module number	Content
Learn the basics	1	Preparing your pharmacy for the Community Pharmacy in Health Care Homes Trial Program
	2	Delivering Health Care Homes in a community pharmacy
	3	Health Care Homes in practice
Putting your knowledge into practice	4	Developing a Medication Management Plan
	5	Implementing and reviewing a Medication Management Plan
	6	Team-based health care
Further develop your skills	7	Enhanced communication skills for a new model of care
	8	Embracing a new approach to community pharmacy practice
Bring it all together	9	Patient journeys
Module for pharmacy staff	10	Health Care Homes for community pharmacy

My Health Record

All community pharmacies must register and connect to the My Health Record system before participating in the Trial Program.² This connectivity will enable the pharmacy to contribute clinical information to the patient's My Health Record (e.g. dispensing records, allergy records as an event summary).

Access to a patient's My Health Record will allow pharmacists to review clinical documents such as discharge summaries, prescribing and dispensing information, and specialist letters. This may facilitate the medication reconciliation process and the development of medication management goals. The My Health Record also serves as a valuable source of information for health professionals responding in an emergency.

For further information, see *PSA My Health Record Guidelines for Pharmacists*.²⁷

Patient privacy

Pharmacists must respect and safeguard patient privacy and confidentiality at all times. This applies to all interactions with the patient in the pharmacy or at the Health Care Home, as well as the proper handling of their healthcare records.³ Pharmacists must meet the relevant *Professional Practice Standard* (1.3–Privacy and Confidentiality) when providing services during the Trial Program.

All patient information, especially sensitive information that may be contained in the patient's Shared Care Plan, must be managed and protected in accordance with the Australian Privacy Principles that are contained in Schedule 1 of the *Privacy Act 1988*.¹⁴

To uphold the patient's privacy, access to the patient's Shared Care Plan must be restricted to the pharmacist who, with the patient and the Health Care Home, is delivering Trial Program services. Community pharmacies should consider using screensaver mode that is automatically activated when a screen has been inactive for more than 1 minute, ensuring that clinical information systems are password protected, and change passwords regularly.

Resources for pharmacists

Health Care Homes

Australian Government Department of Health, *Community Pharmacy in Health Care Homes Trial Program*, [www.health.gov.au/internet/main/publishing.nsf/Content/health-care-homes-cp/\\$File/Community%20Pharmacy%20in%20Health%20Care%20Homes%20Trial%20Program%20factsheet%2008.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/health-care-homes-cp/$File/Community%20Pharmacy%20in%20Health%20Care%20Homes%20Trial%20Program%20factsheet%2008.pdf)

Health Care Homes: Handbook for General Practice and Aboriginal Community Controlled Health Services, <https://hneccphn.com.au/media/14224/health-care-homes-handbook-for-general-practices-and-aboriginal-community-controlled-health-services.pdf>

Australian Government Department of Health, *Health Care Homes—participating practices*, www.health.gov.au/internet/main/publishing.nsf/content/health-care-homes-professional

Australian Government Department of Health, *Health Care Homes Patient brochure*, www.health.gov.au/internet/main/publishing.nsf/content/health-care-homes-resources

Payment

Pharmacies receive payment for providing Trial Program services. Remuneration is based on the Tier level of the Health Care Home patient (see Table 3).

Table 3. Payment to pharmacies for providing Trial Program services

Patient Tier level	Actions to be completed for each patient	Total capped payment per patient over the entire trial period up to 30 November 2019
1	Initial Medication Management Plan, 3 follow-up reviews, collection of health outcomes data	\$418.75
2	Initial Medication Management Plan, 3 follow-up reviews, collection of health outcomes data, and supporting services	\$1,372.75
3	Initial Medication Management Plan, 3 follow-up reviews, collection of health outcomes data, and supporting services	\$1,642.75

Reference: *Community Pharmacy in Health Care Homes Trial Program Rules*²

Pharmacies will receive payments (four instalments) after completion of required actions at the initial consultation and the three follow-up reviews. Community pharmacies cannot submit separate claim forms for supporting services (including dose administration aid services) delivered as part of the Trial Program.²

For more information about payment for participation in the Trial Program, see *Community Pharmacy in Health Care Homes Trial Program Rules*².

Health Care Homes education modules

PSA, www.psa.org.au/practice-support-industry/resources/
Pharmacy Guild of Australia, www.guild.org.au/training

Asthma

National Asthma Council Australia, *Inhaler technique for people with asthma or COPD*, www.nationalasthma.org.au/living-with-asthma/resources/health-professionals/information-paper/hp-inhaler-technique-for-people-with-asthma-or-copd

National Asthma Council Australia, *Inhaler technique checklists*, www.nationalasthma.org.au/living-with-asthma/resources/health-professionals/charts/inhaler-technique-checklists

PSA Self Care Fact Cards, *Asthma* and *Asthma medicines*

Appendix 1 – Medication reconciliation

Reconciling a patient's medicines is essential to ensure that their medication list contains accurate information—a vital component of medication adherence and management.

Medication reconciliation can identify medication errors occurring from incomplete or miscommunicated information, especially at points of transition of care⁹; more than 50% of medication errors occur at transitions of care.²⁸ Errors that can occur include transcription, omission, duplication of therapy, and drug–drug and drug–disease interactions.⁹

Medication reconciliation is a four-step process involving⁹:

1. obtaining and documenting a best possible medication history (see Appendix 2)
2. confirming the accuracy of the medication history (e.g. with the prescriber, Shared Care Plan, recent hospital discharge summaries, My Health Record clinical documents, patients and/or their carers) using at least two sources
3. reconciling the medication history with prescribed medicines and resolving any discrepancies or medicine-related issues
4. providing verified information for ongoing patient care.

After reconciling a patient's medicines, an accurate medication list can be prepared including name of medicine, dose (strength, dose form, frequency and route), and details of allergies and adverse reactions. Pharmacists must include the medication list in the Medication Management Plan.

Appendix 2 – Best possible medication history

A best possible medication history (BPMH) is the cornerstone of the medication reconciliation process. It is described as an accurate, comprehensive history of all medicines the patient currently uses, including non-prescription, and complementary and alternative products, that is verified by more than one source.²⁹

As part of the reconciliation process, pharmacists should take the BPMH by³⁰:

- reviewing relevant patient information such as age and cognitive state, and considering what impact these may have on obtaining reliable information, and whether a carer or family member should be present
- asking the patient about any previous adverse medication reactions or allergies

- asking the patient to bring all current medicines, including prescription, non-prescription, and complementary and alternative products to the consultation
- asking the patient to bring all their prescriptions and repeat prescriptions, if not already retained by the pharmacy, to the consultation
- assessing the patient's understanding of the rationale for treatment, and their attitude and adherence to prescribed treatment.

Pharmacists are encouraged to complete training in taking a BPMH such as the NPS MedicineWise online learning module *Get It Right! Taking a Best Possible Medication History*.

Table 4 aims to capture important and accurate medication information. Pharmacists may adapt this approach to the circumstances.

Table 4. Guide to taking a best possible medication history	
Action	Discussion
Review relevant patient information	Information about the patient's health and social status can help determine if there are potential or actual medication-related problems. Review the patient's age and current disease states, including cognitive impairment
Determine who is responsible for medication management	Interview the person who is responsible for administering and managing the medicines (i.e. patient or carer). Try to establish a rapport with them: <ul style="list-style-type: none"> • <i>Who looks after your medicines at home?</i> • <i>What medicines have you brought with you today?</i> • <i>Do you have a medication list?</i> • <i>Do you use a dose administration aid?</i>
Ask about previous adverse medication events or allergies	Ask the patient: <ul style="list-style-type: none"> • <i>Are there any medicines you are allergic to or have had a bad reaction to?</i> • <i>If so, what was the reaction and would you rate it as mild, moderate or severe?</i>
Ask about prescription, non-prescription, complementary and alternative medicines	To help the patient, use prompts to obtain a complete medication list that includes brand, strength, form, route, dose and frequency, duration of therapy and indication. Try to structure the questions so they are not accusational. Ask the patient: <ul style="list-style-type: none"> • <i>What medicines do you take?</i> <ul style="list-style-type: none"> • prescription medicines • non-prescription medicines • complementary medicines • inhaled medicines • medicines taken only when required • injections • <i>Why are you taking this medicine?</i> • <i>Which medicine do you take for your diabetes, blood pressure, pain etc?</i>
Use a checklist	A checklist can improve accuracy and completeness of the medication history
Assess the patient's understanding, attitude and adherence	Try to determine the patient's understanding and attitude towards their medicines. This may affect their adherence to certain medicines. To assess the patient's adherence, ask: <ul style="list-style-type: none"> • <i>People often have difficulty taking their medicine for one reason or another ... Have you had any difficulty taking your medicine?</i> • <i>Would you ever miss taking your medicine? If so, how often—for example, daily, weekly?</i> • <i>What medicines do you take regardless of how you feel?</i> • <i>What medicines do you take only when you need them?</i> • <i>How often do you take your pain/sleep/bowel medicines for [condition]?</i>

Adapted from Standards³; CEC³⁰

Appendix 3 – Medication-related issues

A medication-related issue can be described as any undesirable event experienced by the patient that is thought to involve drug therapy, and actually or potentially interferes with a desired patient outcome.

Medication-related issues include^{18,31}:

- medicine use without indication
- untreated indication—patient has a medical problem that requires drug therapy but is not receiving the appropriate therapy
- improper medicine selection—patient has a medical indication but is prescribed the wrong medicine, or is taking a medicine that is not the medicine of choice or the most appropriate or cost-effective option for their needs
- subtherapeutic dosage—patient has a medical issue and is being prescribed too little of the correct medicine
- overdosage—patient has a medical issue and is being prescribed too much of the correct medicine
- continued use of medicine for a condition that has resolved or is well controlled
- adverse drug reactions—patient has a medical issue that is the result of an adverse drug reaction, toxicity or adverse event
- drug interactions—patient has a medical issue that is the result of a drug–drug, drug–disease, drug–food or drug–laboratory test interaction
- failure to receive medicine—patient has a medical issue but is not receiving or taking the prescribed medicine
- dose/drug-related issues, such as confusing dosage schedules; incomplete or missing directions; duplication of medicines; disposal of unwanted or expired medicines; storage issues; problems with brand substitution or duplication; or problems with dose forms, dosing interval, route of administration or timing of dosing
- patient medication management issues, such as continuing a ceased medicine, incorrect medicine use, signs of adherence issues, swallowing difficulties, dexterity issues, or confusion or misunderstanding about medicine purpose or use
- determination of correct use and suitability of, or the need for, compliance aids, therapeutic devices and appliances
- identification of the need for written/verbal information and education for the patient regarding safe and effective use of medicines, therapeutic devices and compliance aids, and self-care activities.

Appendix 4 – Patient education

Blood pressure

Heart Foundation, *Blood pressure*, www.heartfoundation.org.au/your-heart/know-your-risks/blood-pressure

Heart Foundation, *Hypertension*, www.heartfoundation.org.au/for-professionals/clinical-information/hypertension

NPS MedicineWise, *Understanding blood pressure*, www.nps.org.au/medical-info/consumer-info/understanding-blood-pressure

PSA Self Care Fact Card, *High blood pressure*, www.psa.org.au

Blood glucose

Diabetes Australia, *Blood glucose monitoring*, www.diabetesaustralia.com.au/blood-glucose-monitoring

Diabetes Australia, *Living with diabetes*, www.diabetesaustralia.com.au/living-with-diabetes

NPS MedicineWise, *Medicine and type 2 diabetes*, www.nps.org.au/medical-info/consumer-info/medicines-and-type-2-diabetes

PSA Self Care Fact Cards, *Diabetes type 1* and *Diabetes type 2*, www.psa.org.au

Asthma

National Asthma Council Australia, *Resources* (charts and brochures), www.nationalasthma.org.au/living-with-asthma/resources/patients-carers

NPS MedicineWise, *Inhaler devices for respiratory medicines*, www.nps.org.au/medical-info/consumer-info/inhaler-devices-for-respiratory-medicines

PSA Self Care Fact Cards, *Asthma* and *Asthma medicines*, www.psa.org.au

Medicine management

NPS MedicineWise, *Managing your medicines*, www.nps.org.au/medical-info/consumer-info/managing-your-medicines

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4. National Aboriginal Community Controlled Health Organisation. Definitions. 2018. At: www.naccho.org.au/about/aboriginal-health/definitions
5. National competency standards framework for pharmacists in Australia. Canberra: Pharmaceutical Society of Australia; 2016.
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