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Hospital-initiated medication reviews

HOSPITAL PHARMACY PRACTICE UPDATE

SHPA Transitions of Care and Primary Care Leadership Committee

Situation

SHPA members have long supported the creation of a hospital-initiated pathway to a Government funded medication review for all patients at risk of medication-related harm. In April 2020, revised Home Medicines Review (HMR) and Residential Medication Management Review (RMMR) Program Rules were released. The revised Program Rules now allow some hospital-based medical practitioners, in addition to General Practitioners (GPs), to refer patients directly to an accredited pharmacist for a HMR or RMMR. Up to two follow-up encounters following the initial medication review are now also funded.

The Transitions of Care and Primary Care (TCPC) Specialty Practice Leadership Committee have developed protocols providing a framework for hospital-based clinicians when facilitating medication reviews via three pathways; HMR, RMMR and Hospital Outreach Medication Review (HOMR).

This framework provides general guidance for how 'at risk' patients could be identified and referred from hospital settings. This framework should be adapted according to the local context and needs within various hospital settings.

Background

In response to the Interim Report of the Royal Commission into Aged Care Quality and Safety, changes were made to federally funded medication review programs (effective from 21 April 2020) which revised the overall policy landscape for the HMR and RMMR programs. However, the revised HMR and RMMR Program Rules, and the Guidelines for Comprehensive Medication Management Review that were released simultaneously do not provide any guidance as to how hospital-based doctors could utilise this opportunity to improve patient care. The Government-funded 'Guidelines for Comprehensive Medication Management Review' state 'hospital referral pathways require flexibility for linkage and communication with other health professionals involved in the patient's care'[1]. This means the onus is on hospitals to integrate the new hospital-initiated medication review referral pathway into patient care according to their local workforce and local needs.

Assessment

The revised Program Rules now allow the following hospital-based doctors to refer patients directly to a community-based accredited pharmacist for a HMR or RMMR: specialist physicians; palliative care physicians; specialist pain physicians; and specialist psychiatrists. Ideally, a referral via the patient's GP should be facilitated for HMRs and

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RMMRs in the first instance. However, there is now a welcome pathway for patients being discharged from hospital (or outpatient clinic patients) who: do not have a GP; cannot access their GP soon enough after discharge; their GP is unable to be contacted; or their hospital/GP doesn't have a pathway to a timely medication review in place. Clinical pharmacists will play a key role in identifying patients at risk of medication-related harm, whether in emergency departments, as inpatients or as outpatients, and in advising the patient of the need for a medication review and obtaining consent for the process to proceed[2].

The pharmacist who provides the HMR or RMMR may be an independent accredited pharmacist, an accredited pharmacist working within a general practice or aged care home or engaged via the patient's regular community pharmacy.

The steps in the hospital-initiated medication review process are detailed in the protocols that have been developed. These address screening and referral, the flow of information, home visits, follow-ups and the roles and responsibilities of each clinician.

It should be noted that the intent of the alternative pathways, whereby hospital-based medical practitioners can now refer patients to Government-funded HMR and RMMRs, is to expand access to medicine management services for patients post discharge. These pathways do not replace the existing hospital outreach activities which provide support to very complex high-risk patients; any effort to do so may discourage the expansion or continuity of this type of funded service in the future.

Recommendations

1. SHPA recommends that members use these protocols to inform discussions with their pharmacy department and hospital executive regarding the viability of initiating medication reviews for patients at risk of medication-related harm.
2. To ensure that all steps of the hospital-initiated medication review process are completed in a timely manner and to ensure that the medication-related risk, which triggered the medication review, is appropriately mitigated, SHPA recommends that hospitals allocate oversight, coordination and evaluation responsibility to a designated hospital-based pharmacist.
3. To estimate demand/need for medication reviews initiated from hospital, SHPA recommends that hospitals make efforts to collect the following data: how many patients are referred for a medication review, which pathway is followed (including referral via GP), the number of medication review reports that are returned to the referring hospital clinician, and whether a hospital- or community-based medical practitioner completes the medicine management plan with the patient.
4. SHPA recommends that these pathways be implemented as a supplement to, not a replacement for, hospital services which provide specialised outreach medication management services (which are often interdisciplinary and for very complex, high-risk patients).

The pathways for referrals for HMRs, HOMRs and RMMRs are outlined on the pages that follow.

SHPA would like to thank the following members for their work on this Practice Update: Deirdre Criddle (Chair, Transitions of Care and Primary Care Leadership Committee), Manya Angley, Joy Gailer, Amy Page, Carly Pauw, Katie Phillips, Horst Thiele as well as Rohan Elliott and Debbie Rigby.

VERSION	**1**
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SHPA Hospital-Initiated Medication Reviews: HMR Community Pathway[a]

STAGE 1 — Screening & Referral

PATIENT SEEN IN EMERGENCY DEPARTMENT, HOSPITAL WARD OR OUTPATIENT CLINIC

RISK STRATIFICATION[b] DETERMINING RISK OF MEDICATION-RELATED HARM

Hospital pharmacist/clinician identifies risk and:

- Obtains consent from patient for a post-discharge pharmacist medication review
- Explores patient preference and accessibility/availability/capacity of local providers for a timely medication review
- Documents patient consent and agreed medication review pathway in medical record
- Wherever possible, engage patient's usual GP to progress referral for a timely medication review.

If patient does not have a GP, GP is unavailable or urgent referral required, consider alternative pathways:

- Home Medicines Review (HMR) referral[c] provided by a hospital-based medical practitioner[d] (proceed to Stage 2)
- MedsCheck (an in-pharmacy medication review that does not require referral); rules/restrictions apply[e]
- Hospital Outreach Medication Review (HOMR) (see SHPA HIMR: HOMR Pathway)

Reason for referral should be explicit in goals of care and responsibility for follow-up.

STAGE 2 — Home Visit

HMR[a] REFERRED BY A HOSPITAL-BASED MEDICAL PRACTITIONER[d]

Reviewing Pharmacist[f]:

- Communicates with patient/carer to arrange time and location for medication review as soon as possible
- Conducts review, including medication reconciliation
- Addresses urgent medication-related problems

STAGE 3 — Report

HMR REPORT

Reviewing Pharmacist[f]:

- Provides HMR report to: GP, hospital-based medical practitioner, hospital treating team (if appropriate) and patient's community pharmacy (wherever possible and practical)
- Uploads report to My Health Record (if possible and patient has one)
- Indicates on the report if they intend to follow-up the patient (See Stage 5)

STAGE 4 — MMP

REFERRING MEDICAL PRACTITIONER AND PATIENT'S GP REVIEW REPORT:

Referring Medical Practitioner or GP:

- Develops a Medication Management Plan[g] (MMP) with the patient and forwards the MMP to the reviewing pharmacist
- Provides a copy of the MMP to the patient's usual GP (if not the referring doctor) and the community pharmacist
- Uploads the MMP and clinic notes to My Health Record (reviewing pharmacist also required to upload MMP to My Health Record)

STAGE 5 — Follow Up

FOLLOW-UP

Reviewing Pharmacist[f]:

- May provide up to two remunerated follow-up consultations (after 1 month and within 9 months of initial review)
- Documents key findings in a report to the GP, ensures it is available to the patient's community pharmacy and other members of the patient's healthcare team (as required), and uploads it to My Health Record (if appropriate, practical and patient has one)

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a. This pathway provides general guidance for the provision of hospital-initiated Home Medicines Reviews (HMRs) in the community. It considers the referral process from hospital, current funding/business rules for HMRs for accredited pharmacists[1], Medicare Benefits Schedule (MBS) rules for medical practitioners[2] and standards of practice[3] and guidelines[4] for medication management reviews. Refer to the appropriate website for the most current guidance and business rules.

b. High-risk criteria for medication-related harm as determined by hospital policy, standards and guidelines.[3,4] Consider polypharmacy (especially with multiple medication changes in hospital) and/or presence of high-risk medicine (for example opioids, antipsychotics, insulin, anticoagulants) [5], especially in patients with complex needs (e.g. multiple comorbidities such as COPD, heart failure, chronic pain, diabetes; recurrent hospitalisations; living alone) and vulnerable populations including Aboriginal and Torres Strait Islander patients, those who require an interpreter, patients with cognitive impairment, mental health problems, intellectual disability or frailty.

c. Referral for Community HMR must include full patient details including contact phone number, Medicare number, medical discharge summary, discharge medicines list, usual GP, usual community pharmacy, point of contact for the hospital treating/ referring team (may be the hospital pharmacist), and the hospital-based medical practitioner's provider number (allows claiming for service by the accredited pharmacist). Reason for referral should be explicit in goals of care and responsibility for follow-up. For example: Will patient be returning to an outpatient clinic? Is this medication review for handover to the patient's usual GP?

d. HMR Program Rules[1] defines medical practitioners with referral privileges for Commonwealth funded comprehensive medication management reviews as: GPs, specialist physicians, specialists in palliative medicine, specialists in pain medicine and specialist psychiatrists.

e. MedsCheck can only be provided every 12 months and patients cannot access this service if they have received a MedsCheck, Diabetes MedsCheck, HMR or Residential Medication Management Review (RMMR) in the previous 12 months.[6] Pharmacies are subject to monthly caps. Ensure availability prior to discharge.

f. HMR Program Rules[1] stipulate the 'reviewing pharmacist' must be accredited by AACP or SHPA to conduct HMRs. Accredited pharmacists can be independent, working within a general practice or engaged via the patient's regular community pharmacy. Monthly caps apply to HMRs provided by accredited pharmacists. Ensure capacity to provide service prior to discharge. Hospital pharmacists who are accredited to provide HMRs privately (in their own time), may require Conflict of Interest approval from the hospital clinical governance committee if providing this service for patients discharged from their hospital.

g. Medication Management Plan (MMP) is an agreed written plan between the medical practitioner and patient identifying medication management goals and medication regimen for the patient. If the hospital-based medical practitioner who initiated the HMR is unable to prepare a MMP, the hospital treating team and reviewing pharmacist must ensure that adequate information and handover is provided to the patient's GP to enable them to prepare the MMP with the patient. GPs can only claim remuneration from Medicare for a HMR if they initiated the HMR and prepared the MMP. However, they can claim a Medicare consultation fee for preparing a MMP following a HMR that they did not initiate. Hospital-based medical practitioners cannot claim remuneration from Medicare for MMP preparation.

References

1. Pharmacy Programs Administrator Home Medicines Review Program Rules Available at: https://www.ppaonline.com.au/wp-content/uploads/2019/01/HMR-Program-Rules.pdf April 2020
2. MBS Online Medicare Benefits Schedule Item 900 Available at: http://www9.health.gov.au/mbs/fullDisplay.cfm?type=item&qt=ItemID&q=900
3. SHPA Standard of practice in geriatric medicine for pharmacy services. J Pharm Pract Res 2020:50;82-92
4. Guidelines for comprehensive medication management Review Pharmaceutical Society of Australia March 2020 Available at: https://my.psa.org.au/servlet/fileField?entityId=ka10o000000QMPFAA4&field=PDF_File_Member_Content__Body__s
5. Australian Commission on Safety and Quality in Health Care. Medication without harm – WHO Global Patient Safety Challenge. Australia's response. Sydney: ACSQHC; 2020. Australian Commission on Safety and Quality in Health Care
6. Pharmacy Programs Administrator Program Rules MedsCheck and Diabetes MedsCheck https://www.ppaonline.com.au/wp-content/uploads/2019/01/MedsCheck-and-Diabetes-Medscheck-Program-Rules.pdf

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SHPA Hospital-Initiated Medication Reviews: Aged Care RMMR Pathway[a]

STAGE 1
Screening & Referral

PATIENT SEEN IN EMERGENCY DEPARTMENT, HOSPITAL WARD OR OUTPATIENT CLINIC

RISK STRATIFICATION[b] DETERMINING RISK OF MEDICATION-RELATED HARM

Hospital pharmacist/clinician identifies risk for a patient from an aged care home and:

- Obtains consent from patient/substitute decision-maker to progress a post-discharge pharmacist medication review
- Explores patient preference and accessibility/availability/capacity of local providers for a timely medication review
- Documents patient consent and agreed medication review pathway in medical record

Wherever possible, engage patient's usual GP to progress referral for a timely medication review. If GP is unavailable or urgent referral required, consider alternative pathways:

- Hospital Outreach Medication Review (some hospitals provide an outreach service to aged care homes – check criteria)
- Residential Medication Management Review (RMMR) referral[c] provided by a hospital-based medical practitioner[d] (see Stage 2).

Reason for referral should be explicit in goals of care and responsibility for follow-up.

STAGE 2
Home Visit

RMMR[a] REFERRED BY A HOSPITAL-BASED MEDICAL PRACTITIONER[d]

Reviewing Pharmacist must hold an RMMR contract with the patient's aged care home[e]:

- Communicates with patient (or substitute decision-maker) to arrange time for medication review as soon as possible
- Gains consent, conducts review, including medication reconciliation
- Addresses urgent medication-related problems

STAGE 3
Report

RMMR REPORT

Reviewing Pharmacist[e]:

- Provides RMMR report to: patient's GP, hospital-based medical practitioner (if appropriate) and aged care home.
- Uploads report to My Health Record (if possible, practical and patient has one)
- Indicates on the report if they intend to follow-up the patient (See Stage 5)

STAGE 4
MMP

REFERRING MEDICAL PRACTITIONER AND PATIENT'S GP REVIEW REPORT:

Referring Medical Practitioner (if patient is returning to an outpatient clinic) or GP (if intent of referral is to handover care):

- Develops a Medication Management Plan[e] (MMP) with the patient
- Forwards the MMP to the reviewing pharmacist/aged care home
- Provides a copy of the MMP to the patient's usual GP (if not the referring doctor) and the community pharmacist
- Uploads the MMP and clinic notes to My Health Record

STAGE 5
Follow Up

FOLLOW-UP[f]

Reviewing Pharmacist[e]:

- May provide up to two remunerated follow-up consultations (after 1 month and within 9 months of initial review)
- Documents key findings in a report to the GP, ensures it is available to the patient's community pharmacy and other members of the patient's healthcare team (as required), and uploads it to My Health Record (if appropriate, practical and patient has one)

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a. This pathway provides general guidance for the provision of hospital-initiated Residential Medication Management Review (RMMR) in the community. It considers the referral process from hospital, current funding/business rules for RMMRs for accredited pharmacists[1], Medicare Benefits Schedule (MBS) rules for medical practitioners[2] and standards and guidelines. Refer to the appropriate website for the most current guidance and business rules.

b. High-risk criteria for medication-related harm as determined by hospital policy, standards and guidelines.[3,4] Consider polypharmacy (especially with multiple medication changes in hospital) and/or presence of High-Risk Medicine (for example; opioids, antipsychotics, insulin, anticoagulants)[5], especially in patients with complex needs (e.g.; multiple comorbidities such as COPD, heart failure, chronic pain, diabetes; recurrent hospitalisations) and vulnerable populations including Aboriginal and Torres Strait Islander patients, those who require an interpreter, patients with cognitive impairment, mental health problems, intellectual disability or frailty.

c. Hospital-initiated referral for RMMR must include full patient details including aged care home contact and phone number, substitute decision-maker contact details, Medicare number, medical discharge summary, discharge medicines list , GP (if listed), point of contact for the hospital treating/referring team (may be the hospital pharmacist), and the hospital-based medical practitioner's provider number (allows claiming for service by the accredited pharmacist). Referral should be explicit in goals of care and responsibility for follow-up. For example; will patient be returning to an outpatient clinic? Is the patient being discharged to Transitional Care? If patient was admitted from home and is transferring to an aged care home for the first time, is this medication review for handover to a new GP?

d. RMMR Program Rules,[1] describe medical practitioners with referral privileges for Commonwealth funded comprehensive medication management reviews as: GPs, specialist physicians, specialists in palliative medicine, specialists in pain medicine and specialist psychiatrists.

e. Reviewing pharmacist must be accredited by AACP or SHPA to conduct Commonwealth funded RMMRs AND hold a RMMR contract with the Aged Care Home where the patient resides. Hospital pharmacists who are accredited to provide RMMRs privately (in their own time), may require Conflict of Interest approval from the hospital clinical governance committee if providing this service to patients discharged from their hospital through a hospital initiated RMMR.

f. Medication Management Plan (MMP) is a written plan agreed between the medical practitioner and patient that identifies the medication management goals and the proposed medication regimen for the patient. MMP development is part of the 'Cycle of Care'[4]. If the hospital-based medical practitioner who initiated the RMMR is unable to prepare a MMP, the hospital treating team and reviewing pharmacist must ensure that adequate information and handover is provided to the patient's GP to enable them to prepare the MMP with the patient. Under MBS[2] rules, a GP can claim remuneration from Medicare for preparing a MMP if they initiated the RMMR (Item 903). If they prepare a MMP but did not initiate the RMMR they can claim a Medicare consultation fee. Hospital-based medical practitioners cannot claim remuneration from Medicare for MMP preparation.

References

1. Pharmacy Programs Administrator Residential Medication Management Review Program Rules Available at Available at: https://www.ppaonline.com.au/wp-content/uploads/2020/04/RMMR-Program-Rules-COVID-19.pdf April 2020
2. MBS Online Medicare Benefits Schedule Item 900 Available at: http://www9.health.gov.au/mbs/fullDisplay.cfm?type=item&qt=ItemID&q=900
3. SHPA Standard of practice in geriatric medicine for pharmacy services. J Pharm Pract Res 2020:50;82-92
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5. Medication without harm – WHO Global Patient Safety Challenge. Australia's response. Sydney: 2020. Australian Commission on Safety and Quality in Health Care Available at: https://www.safetyandquality.gov.au/publications-and-resources/resource-library/medication-without-harm-who-global-patient-safety-challenge-australias-response

SHPA Hospital-Initiated Medication Review: Hospital Outreach Pathway[a]

STAGE 1 – Screening & Referral

PATIENT SEEN IN EMERGENCY DEPARTMENT, HOSPITAL WARD OR OUTPATIENT CLINIC

RISK STRATIFICATION[b] DETERMINING RISK OF MEDICATION-RELATED HARM

Hospital pharmacist/clinician identifies risk:

- Obtains consent from patient for a post-discharge pharmacist medication review
- Explores patient preference and accessibility/availability/capacity of local providers for a timely medication review
- Documents patient consent and agreed medication review pathway in medical record

In hospitals with an Outreach Pharmacy service consider referral[c] for a Hospital Outreach Medication Review (HOMR) for patients:

- known to the hospital (i.e. frequent presenters, involved with multiple outpatient clinics etc)
- with complex medical or psychosocial needs who would benefit from more urgent/extensive input and coordination of care
- who are difficult to engage

**Note: Local referral eligibility criteria may apply.*

STAGE 2 – Home Visit

MEDICATION REVIEW REFERRED FOR HOME VISITING OUTREACH SERVICE

Reviewing Pharmacist[d]:

- Communicates with patient/carer to arrange time and location for medication review as soon as possible
- Conducts a holistic review, including medication reconciliation and medication review (clinical and management)
- Addresses urgent medication-related problems and develops/implements medication management strategies as required
- Refers on to other appropriate hospital/community services as required
- Determines need for further review/visits or follow-up telephone calls

STAGE 3 – Document & Report

DOCUMENTATION AND REPORTING

Reviewing Pharmacist[d]:

- Communicates via telephone/email/fax or letter with patient's GP and community pharmacy as required.
- Provides medication review/report/communication to patient's GP, patient's community pharmacy (if appropriate) and any other relevant healthcare clinician (e.g. medical specialist).
- Uploads report/review/communication to Hospital Medical Record and patient's My Health Record (if appropriate, practical and patient has one)
- Records activity as required for remuneration under Activity Based Funding hospital clinic arrangements

STAGE 4 – Follow Up

HOSPITAL-BASED MEDICAL PRACTITIONER or GP REVIEWS REPORT:

Hospital Medical Practitioner or GP:

- **D**evelops a Medication Management Plan[e] (MMP) with the patient
- Documents MMP in the patient's medical record
- Provides a copy of the MMP to the patient's usual GP (if hospital-based medical practitioner is responding to the report) and community pharmacy (if appropriate)
- Uploads the MMP and/or clinic notes to hospital record and My Health Record (if appropriate)

a. This pathway provides general guidance for the provision of hospital-initiated Hospital Outreach Medication Review (HOMR) services. It considers the referral process from the hospital, standards[1] and guidelines[2] for medication review. Australian Public Hospitals may fund these services using activity based funding through state or territory funding for non-admitted services utilising Clinical Pharmacy 40.04 – a non-admitted acute health funded activity in the Tier 2 classification as outlined by the Independent Hospital Pricing Authority (IHPA).[3]

b. High-risk criteria for medication-related harm as determined by hospital policy, standards, and guidelines. [1,2] Consider polypharmacy (especially with multiple medication changes in hospital) and/or presence of High-Risk Medicine (for example opioids, antipsychotics, insulin, anticoagulants) [4], especially in patients with complex needs (e.g. multiple comorbidities such as COPD, CCF, chronic pain, diabetes; recurrent hospitalisations; living alone) and vulnerable populations including Aboriginal and Torres Strait Islander patients, those who require an interpreter, patients with cognitive impairment, mental health problems, intellectual disability or frailty.

c. Hospital treating team can refer to outreach pharmacy medication management services. Check individual hospital policy and criteria to determine which health professionals can refer. Referral for medication review should include full patient details including contact phone number, dates for patient follow-up, discharge summary, medicines list, usual GP, usual community pharmacy, point of contact for the hospital treating/referring team (may be the hospital pharmacist).

d. Reviewing pharmacist is usually a clinical pharmacist credentialed by the hospital to provide outreach medication review services. These pharmacists may be embedded in an interdisciplinary team (such as HARP or CoNeCT)[4] or provide outreach services from the hospital pharmacy department.

e. Medication Management Plan (MMP) is a written plan agreed between the medical practitioner and patient that identifies the medication management goals and the proposed medication regimen for the patient. MMP development is part of the 'Cycle of Care'[2]. If the hospital-initiated medication review report is provided to the GP, adequate information and handover is required to enable the GP to prepare the MMP with the patient. Under MBS[5] rules, a GP cannot claim remuneration from Medicare (Item 900) for preparing a MMP generated from a HOMR. If they prepare a MMP following a HOMR, a GP can claim a standard Medicare consultation fee. Hospital-based medical practitioners cannot claim remuneration from Medicare for MMP preparation.

References

1. SHPA Standard of practice in geriatric medicine for pharmacy services. J Pharm Pract Res 2020:50;82-92
2. Guidelines for comprehensive medication management review Pharmaceutical Society of Australia March 2020 Available at: https://my.psa.org.au/servlet/fileField?entityId=ka10o000000QMPFAA4&field=PDF_File_Member_Content__Body__s
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4. Medication without harm – WHO Global Patient Safety Challenge. Australia's response. Sydney: 2020. Australian Commission on Safety and Quality in Health Care Available at: https://www.safetyandquality.gov.au/publications-and-resources/resource-library/medication-without-harm-who-global-patient-safety-challenge-australias-response
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