



## Community Pharmacy Roadmap Program Development Template

<b>Program/Service</b>	<b>Medicines Use Reviews (MURs)</b>
<b>Quadrant</b>	<b>A – Prescribed Medicines – Services and Programs</b>
<b>1. Program/Service Description</b>	
a) Background	<p>Medicine related problems are a major contributor to avoidable hospital admissions. It has been estimated that more than 190,000 hospital admissions in Australia per year are attributable to medicine misadventure, with an associated cost of \$660 million.<sup>1</sup> It has also been established that only about 50% of patients take their medicines as prescribed.<sup>2</sup> This being the case, enhanced pharmacy services that improve medication compliance are extremely important. Medication reviews and education have been shown to improve knowledge of medicines, improve health outcomes, and may also reduce hospital admissions.<sup>3,4</sup></p> <p>Complementary medication management programs that address the above issues have been implemented under the Community Pharmacy Agreements. Programs include Dose Administration Aids, Home Medicines Reviews, Residential Medication Management Reviews and Medicine Use Reviews.</p> <p>In-pharmacy Medicine Use Review (MUR) services are being piloted under the Fifth Community Pharmacy Agreement (5CPA) in 2011-2012. These comprise the MedsCheck and Diabetes MedsCheck programs, funded under the 5CPA Medicines Use Review Program and Diabetes Medication Management Program, respectively. The results of the MedsCheck and Diabetes MedsCheck pilot will be used to inform the national rollout of the services in mid 2012.</p> <p>In Canada, the United Kingdom and New Zealand, MURs have also become a widely available professional service delivered by community pharmacists.<sup>5,6</sup></p>
b) Brief Description	<p>MURs are an in-pharmacy medicines review to enhance the quality use of medicines and reduce the risk of adverse medicines events. Patients spend time with the pharmacist, in the pharmacy, to review and discuss the best ways to manage and get the most out of their</p>

<sup>1</sup> Roughead, Elizabeth and Semple, Susan. Medication safety in acute care in Australia: where are we now? Part 1: a review of the extent and causes of medication problems 2002–2008. *Australia and New Zealand Health Policy* 2009, 6:18. <http://www.anzhealthpolicy.com/content/6/1/18>

<sup>2</sup> Rigby, Debbie. Adherence Assessment Tools- “Drugs don’t work when they’re not taken”. *The Australian Journal of Pharmacy* Vol.88 October 2007.

<sup>3</sup> Roughead, Elizabeth et al. The effectiveness of collaborative medicine reviews in delaying time to next hospitalisation for heart failure patients in the practice setting: results of a cohort study. *Circ Heart Fail* 2009. <http://circheartfailure.ahajournals.org/cgi/content/abstract/CIRCHEARTFAILURE.109.861013v1>

<sup>4</sup> Roughead EE, Barratt JD, Ramsay E, Pratt N, Ryan P, Peck R, Killer G, Gilbert AL. Home Medicines Reviews reduce hospitalisations for patients taking warfarin. Presented by Gilbert AL. Heart Foundation Conference; 2009 14-16 May.

<sup>5</sup> Pharmaceutical Services (Advanced and Enhanced Services) (England)) Directions 2005. Department of Health. London. April 2005. Available from: [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4107597.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4107597.pdf)

<sup>6</sup> Lee E, Braund R, Tordoff J. Examining the first year of Medicines Use Review services provided by pharmacists in New Zealand: 2008. *NZ Med J* 2009 Apr 24;122 (1293):3566.

	<p>medicines. MURs are undertaken by community pharmacists without the need for referrals from GPs. MURs are comprised of two main elements: education for the patient about their medications and relevant disease states, and identification of compliance or other problems related to their medication use, with implementation of strategies to overcome these problems. Where appropriate, a written report can be provided to the patient's GP.</p>
c) Alignment with Government Policy	<p>MURs directly align with Australia's established and well accepted National Medicines Policy, which includes a national strategy on the Quality Use of Medicines (QUM). QUM principles dictate that all medicines should be used judiciously, appropriately, safely and efficaciously.</p>
d) Expected Outcomes for Government and Community Pharmacy	<p>The Government should benefit from increased efficiency and budgetary savings resulting from improved QUM and medicine compliance. MUR services help patients learn more about their medicines, including best practice, use and storage, and to better understand interactions between their medicines and disease states. MURs also enable community pharmacists to identify problems relating to medicines and their use before the patient's health is impacted.</p> <p>From a pharmacy perspective, there will be a greater recognition for the role of community pharmacists as a member of the primary health care team. This also helps community pharmacy to further develop viable business models, involving increased service provision as an adjunct to product supply. Expanding community pharmacy services also means a greater capacity to effectively utilise the increased number of new pharmacy graduates in a manner that benefits both pharmacy practice and the community. This, in turn, should contribute to pharmacy graduates having a positive outlook for community pharmacy as a career, supporting the viability of pharmacy education providers.</p>
e) Consumer Benefits	<p>The availability of professional support and advice through MURs in community pharmacy provides at-risk patients with advice from a highly trained health professional. For conditions in which medicine use plays a significant role, utilising the pharmacist's expertise in medicines to support QUM will see more effective use of the medicines, with a reduced risk of misadventure. Improving the management and control of a patient's condition, along with comorbidities, will improve health outcomes as well as the quality of life for the patient and their families.</p>
f) Who Performs the Service?	<p>Pharmacists</p>
g) Collaboration with Other Health Care Professionals	<p><i>Will service delivery require any formal collaboration with other health care professionals?</i>  No formal collaboration is stipulated – however, MURs are designed to ensure a patient-focussed service that delivers improved health outcomes, which should involve collaboration with other health care professionals where required.</p>
<p><b>2. Implementation and Enablers</b></p>	
a) Stakeholder Consultation	<p><i>Ongoing stakeholder consultation with the following representative bodies should occur:</i></p> <ul style="list-style-type: none"> <li>• Consumer organisations</li> <li>• Disease management organisations</li> <li>• Government bodies</li> <li>• GP organisations</li> <li>• Pharmacy organisations</li> <li>• Pharmacy software vendors</li> <li>• Relevant health related peak bodies</li> </ul>
b) IT Requirements	<p><i>Is pharmacy software required to deliver this program?</i>  In the case of MedsCheck and Diabetes Medscheck, pharmacies are required to download free software to perform the services.  Future IT solutions should be investigated as part of ongoing program review, with the aim of ensuring efficient and timely delivery of the service, particularly with the anticipated release in 2012 of the personally controlled electronic health record.</p>

c) Infrastructure and Staffing	<p><i>Is a private consultation area required to deliver this program?</i> Pharmacies must have an identifiable area or separate room within the pharmacy that allows for confidential consultations.</p> <p><i>Is the program within the pharmacist's/pharmacy assistant's normal scope of practice?</i> Yes</p> <p><i>Is an additional pharmacist likely to be needed?</i> In delivering the program, consideration needs to be given to staffing resources. Another pharmacist will be required to manage professional activities within the pharmacy at the time of MUR consultation between the pharmacist and a patient, such as dispensing or the supply of Pharmacist Only Medicines.</p>
d) Training	<p><i>What additional formal training is likely?</i> None- MURs can be provided by a registered pharmacist.</p>
e) Supporting Standards, Procedures and Templates/ Checklists	<p><i>Will an amendment to the QCPP requirements be necessary?</i> MUR is a health program or service- a checklist under element 3 of the Standard will be developed and will continue to be reviewed as part of the ongoing review process.</p> <p><i>Will professional guidelines and/or standards be required?</i> Yes. PSA Professional Practice Standards Standard 4: Medication Review is applicable.</p> <p><i>Are there any other national guidelines that need to be taken into account in developing the program to ensure consistency with best practice?</i> The Australian Pharmaceutical Advisory Council's 'Guiding principles for medication management in the community' should be taken into account.<sup>7</sup></p>
f) Legislation/ Regulation Implications	None.
<b>3. Funding</b>	
Funding Options	<p><i>Has any funding for this program been secured?</i> Funding has been secured for Medscheck and Diabetes MedsCheck under the 5CPA.</p>
<b>4. Timelines</b>	
Timelines	<p><input checked="" type="checkbox"/> Established community pharmacy practice</p> <p><input checked="" type="checkbox"/> Immediate to short-term implementation (&lt; 30 June 2015)</p> <p><input type="checkbox"/> Medium-term implementation(1 July 2015 to 30 June 2020)</p> <p><input type="checkbox"/> Longer-term implementation (&gt; 1 July 2020 )</p>

<sup>7</sup> For more information, see <http://www.health.gov.au/internet/main/publishing.nsf/Content/apac-publications-guiding>