

HOME MEDICATION REVIEW



B.PHARMACY



CHALAPATHI COLLEGE OF PHARMACY

Affiliated to Acharya Nagarjuna University Approved by PCI Recognized by Dept. of Technical Education, Govt. of A.P.

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DEFINATION:

Home Medication Review (HMR) is a **patient – focused meticulous** and collaborative health care service provided in the **community setting** , to **enhance quality use of medicines** and patient understanding.

this service is framed to assist the **patients living at home** to **have grater** benefit of their **medication regimen** and prevent **medication related problems**, enhance their **compliance**.

WHY HMR REQUIRED TO OUR PATIENTS.

- ❖ Poly-pharmacy prescription
- ❖ Complex drug schedule
- ❖ Compliance issues
- ❖ Complementary medicines
- ❖ Adverse drug reactions
- ❖ misuse of prescription
- ❖ Visiting multiple clinics
- ❖ Lack of drug knowledge health awareness
- ❖ No proper patient counselling

GOALS OF HMR

- To enhance patient's adherence towards medication and Patient's knowledge on medication
- To identify - factors affecting non-compliance
- To- Review- patient's method of managing their medication at their home or office
- To-reduce -cost , excess medicine
- To -Improve – Patient Quality of Life
- Medication & diagnostic results review by you

STEPS TO BE FOLLOWED BY YOU IN HMR

- 1) Identifying the patients or community setup, village, old age homes, NRI'S parents
- 2) Need to have General Practitioner (GP) assessment
- 3) HMR Interaction
- 4) Make HMR Report
- 5) Follow up

- ✓ As Indian Setup We Need to Have General Medicine Or MBBS
- ✓ Mutual Understanding With Community Pharmacist.
- ✓ Tools You Need to Required Pharmacy along with Physician Room and Patient Counselling Room
- ✓ some tools

01. Sethascope

02. BP APPARATUS (DIGITAL), Sphygmomanometer

DIGITAL SPHYGMOMANOMETER



SANITAS

120

74

80

SYS mmHg

DIA mmHg

PUL /min

M

MODE SET RECALL

START STOP

TRADITIONAL SPHYGMOMANOMETER



DIGITAL SPHYGMOMANOMETER, STETHOSCOPE



HIGHT METER





WEIGHT MACHINE

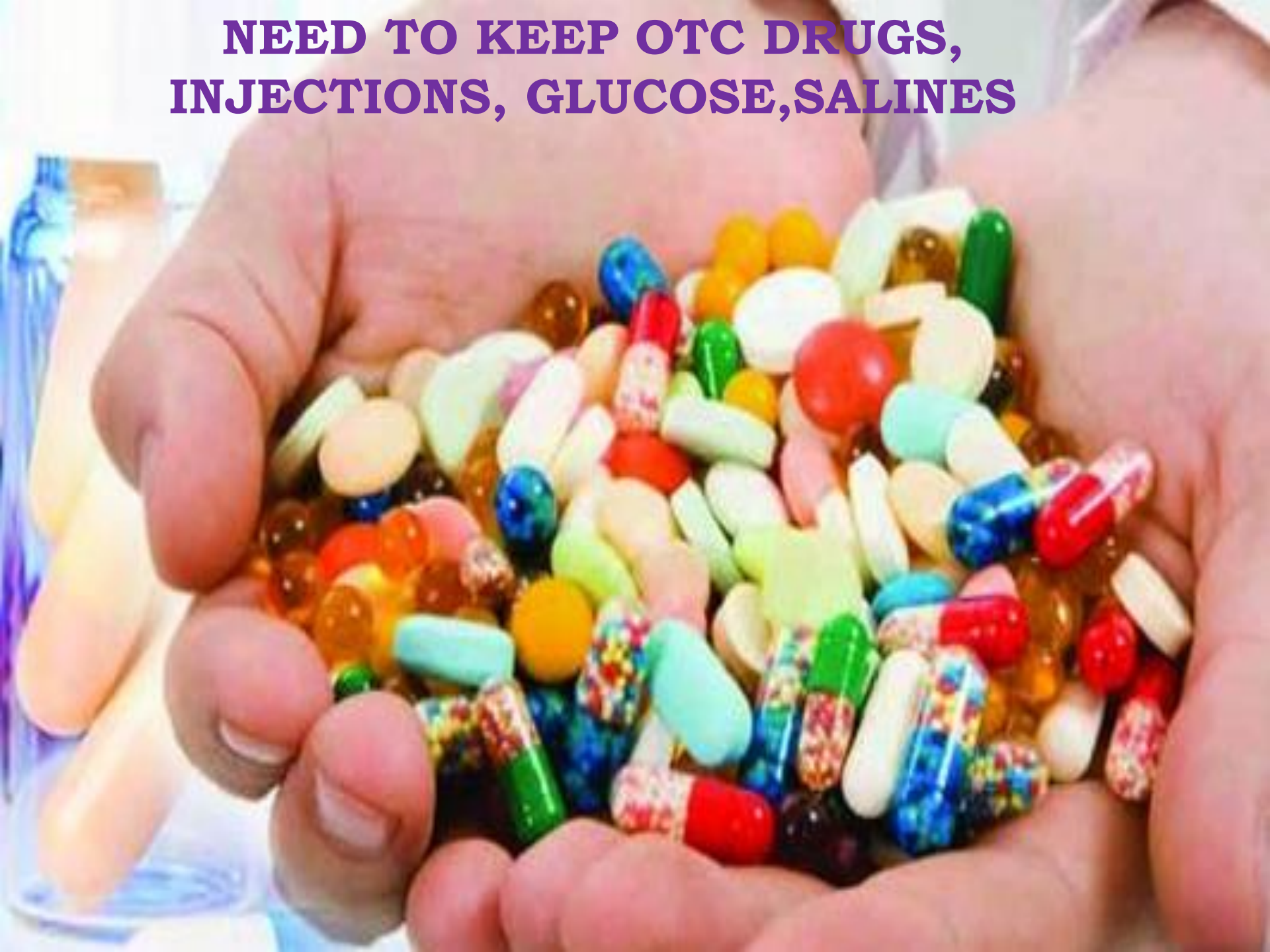


Pulse Oximeter

GLUCOMETER



**NEED TO KEEP OTC DRUGS,
INJECTIONS, GLUCOSE, SALINES**



BMI Chart

WEIGHT lbs 100 105 110 115 120 125 130 135 140 145 150 155 160 165 170 175 180 185 190 195 200 205 210 215
 kgs 45.5 47.7 50.0 52.3 54.5 56.8 59.1 61.4 63.6 65.9 68.2 70.5 72.7 75.0 77.3 79.5 81.8 84.1 86.4 88.6 90.9 93.2 95.5 97.7

| HEIGHT in/cm | Underweight | | | | Healthy | | | | Overweight | | | | Obese | | | | Extremely obese | | | | | | | |
|---------------|-------------|----|----|----|---------|----|----|----|------------|----|----|----|-------|----|----|----|-----------------|----|----|----|----|----|----|----|
| 5'0" - 152.4 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 |
| 5'1" - 154.9 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 36 | 37 | 38 | 39 | 40 |
| 5'2" - 157.4 | 18 | 19 | 20 | 21 | 22 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 33 | 34 | 35 | 36 | 37 | 38 | 39 |
| 5'3" - 160.0 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 32 | 33 | 34 | 35 | 36 | 37 | 38 |
| 5'4" - 162.5 | 17 | 18 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 31 | 32 | 33 | 34 | 35 | 36 | 37 |
| 5'5" - 165.1 | 16 | 17 | 18 | 19 | 20 | 20 | 21 | 22 | 23 | 24 | 25 | 25 | 26 | 27 | 28 | 29 | 30 | 30 | 31 | 32 | 33 | 34 | 35 | 35 |
| 5'6" - 167.6 | 16 | 17 | 17 | 18 | 19 | 20 | 21 | 21 | 22 | 23 | 24 | 25 | 25 | 26 | 27 | 28 | 29 | 29 | 30 | 31 | 32 | 33 | 34 | 34 |
| 5'7" - 170.1 | 15 | 16 | 17 | 18 | 18 | 19 | 20 | 21 | 22 | 22 | 23 | 24 | 25 | 25 | 26 | 27 | 28 | 29 | 29 | 30 | 31 | 32 | 33 | 33 |
| 5'8" - 172.7 | 15 | 16 | 16 | 17 | 18 | 19 | 19 | 20 | 21 | 22 | 22 | 23 | 24 | 25 | 25 | 26 | 27 | 28 | 28 | 29 | 30 | 31 | 32 | 32 |
| 5'9" - 175.2 | 14 | 15 | 16 | 17 | 17 | 18 | 19 | 20 | 20 | 21 | 22 | 22 | 23 | 24 | 25 | 25 | 26 | 27 | 28 | 28 | 29 | 30 | 31 | 31 |
| 5'10" - 177.8 | 14 | 15 | 15 | 16 | 17 | 18 | 18 | 19 | 20 | 20 | 21 | 22 | 23 | 23 | 24 | 25 | 25 | 26 | 27 | 28 | 28 | 29 | 30 | 30 |
| 5'11" - 180.3 | 14 | 14 | 15 | 16 | 16 | 17 | 18 | 18 | 19 | 20 | 21 | 21 | 22 | 23 | 23 | 24 | 25 | 25 | 26 | 27 | 28 | 28 | 29 | 30 |
| 6'0" - 182.8 | 13 | 14 | 14 | 15 | 16 | 17 | 17 | 18 | 19 | 19 | 20 | 21 | 21 | 22 | 23 | 23 | 24 | 25 | 25 | 26 | 27 | 27 | 28 | 29 |
| 6'1" - 185.4 | 13 | 13 | 14 | 15 | 15 | 16 | 17 | 17 | 18 | 19 | 19 | 20 | 21 | 21 | 22 | 23 | 23 | 24 | 25 | 25 | 26 | 27 | 27 | 28 |
| 6'2" - 187.9 | 12 | 13 | 14 | 14 | 15 | 16 | 16 | 17 | 18 | 18 | 19 | 19 | 20 | 21 | 21 | 22 | 23 | 23 | 24 | 25 | 25 | 26 | 27 | 27 |
| 6'3" - 190.5 | 12 | 13 | 13 | 14 | 15 | 15 | 16 | 16 | 17 | 18 | 18 | 19 | 20 | 20 | 21 | 21 | 22 | 23 | 23 | 24 | 25 | 25 | 26 | 26 |
| 6'4" - 193.0 | 12 | 12 | 13 | 14 | 14 | 15 | 15 | 16 | 17 | 17 | 18 | 18 | 19 | 20 | 20 | 21 | 22 | 22 | 23 | 23 | 24 | 25 | 25 | 26 |

Patient identification

- ❖ Selection of patients should need have regular visits of physicians
Protocol as per HMR
- ❖ Taking more than five regular medicines, multiple doses of medicine per day
- ❖ Being treated by more diseases
- ❖ Significant changes to their medication regimen in past three months
- ❖ Taking a medicine with narrow therapeutic index or requiring therapeutic drug monitoring
- ❖ symptoms suggestive of adverse drug reaction (ADR).
- ❖ sub-therapeutic response to treatment
- ❖ Suspected non-compliance/problems managing medication-related therapeutic devices
- ❖ Risk due to language/literacy difficulties
- ❖ Impaired sight and cognitive functions patients attending a number

GENERAL PRACTITIONER (PHYSICIAN) ASSESSMENT

As per physician assessment after clinical need is determined,

the physician provides a written referral to either an accredited pharmacist or the consumer's nominated community pharmacy. The community pharmacy and/or the accredited pharmacist must be approved by Medicare to provide HMR services. The referral should be accompanied by appropriate and relevant clinical information such as the reason for the referral, past medical and social history, current medicines and relevant laboratory results.

Patient Consent:

Consumer Consent After the need for a HMR has been clinically identified, the patients' , physician obtains consent from the patient to participate in the HMR.

HMR Interview:

- ✓ The HMR interview should be conducted in the patient's home.
- ✓ The HMR interview is an opportunity to provide counselling and education to the patients, their carer and/or family, about their medicines by an clinical pharmacist.
- ✓ The HMR interview requires the clinical pharmacist to demonstrate effective communication skills which need to be accompanied by clinical competence, empathy, understanding, and ethical conduct.

The type and range of information gathered should include

PREPARIN PATIRNT PROFILE FORM

: demographic and/or personal information relevant social history medical history consumer assessment Consumer information is gathered and collated in a comprehensive medication profile which includes

: all current medicines, complementary medicines, compliance aids, therapeutic devices and appliances; dose, strength, dose form, directions, route of administration and duration of therapy for each medicine; SOS medicines short term medicines (e.g. antibiotic courses); medicine administration instructions.

:The accredited pharmacist identifies any actual or potential medication-related problems after review of all information gathered from the consumer. The problems may include

: medicine use without indication untreated indication improper drug selection sub-therapeutic dosage over dosage adverse drug reactions drug interactions failure to receive medicine continued use of medicine for a condition that has resolved

The HMR Report should include the date, time and place of the consumer interview;

the name of the referring GP and HMR service provider; details of the consumer's nominated community pharmacy,

if consent granted; details of other health care providers contacted as part of the HMR process; advice and resources provided to the consumer during the HMR interview;

general comments of the consumer's ability to manage and administer all medicines; and details of any assessments conducted during the HMR Interview.

MEDICATION MANAGEMENT PLAN:

The medication management plan aims to address any clinical and medication management issues identified by the accredited pharmacist during the HMR.

The medication management plan should be documented by the GP and forms the basis for ongoing discussion and follow-up with the consumer.

The GP provides a copy of the medication management plan to the consumer and forwards a copy to the consumer's nominated community pharmacy.

❖ **Follow up:**

The medication management plan will contain actions resulting from interventions and recommendations from the HMR. The consumer's nominated community pharmacy should use the medication management plan as a basis to provide ongoing care to the consumer.

❖ **Essential Components of HMR Services:**

Consumers' rights, confidentiality and consent Communication Documentation

❖ **Benefits of HMR:**

To pharmacists Expand professional service –new image of pharmacy service
Better intervention To patients Improve knowledge (Dosage, Frequency, Indication, Time) & compliance Reduce unscheduled appointment & decreased hospital stay
Increase pt empowerment in managing their disease at home & improve QoL To government Cost-saving –reduce wastage of unused medicines Improved perception towards Pharmacy Dept. services

❖ **Conclusion:**

HMR empowers the patient and encourages them to take responsibility for their medicine and their health. Although time consuming, HMRs are worth the effort because they give patients satisfaction through a better ' doctor-pharmacist-patient relationship .' Is this not what we all want?

How to make better use of HMRs In consideration of these barriers, a number of options were raised by the focus groups.

- These included:
- appropriate time efficient ways to inform GPs of the process, eg. education meetings
 - ensuring the HMR process is as streamlined as possible
 - involving practice staff in the process of organising a HMR
 - increased personal contact with the accredited pharmacist, aimed at increasing trust in the person involved in the patient's health care
 - improved computer generation of referrals and transfer of documents (ideally one document that travels to the pharmacist and back)
 - phone contact before and after the pharmacist visit to provide greater feedback to the GP, and
 - educating GPs on the process of change and issues of teamwork.

Table 3. HMR management plan

General practitioner details:

Name: <<doctor name>>

Address: <<doctor full address>>

Provider number: <<doctor provider number>>

Prescriber number: <<doctor prescriber number>>

Phone: <<doctor phone>>

Fax: <<doctor fax>>

Email: <<doctor email>>

Community pharmacy:

Name: <<community pharmacist name>>

Address: <<community pharmacist address>>

Phone: <<community pharmacist phone>>

Fax: <<community pharmacist fax>>

Email: <<community pharmacist email>>

Accredited pharmacist (if different)

Name: <<accredited pharmacist name>>

Date of pharmacist review:

Patient details:

Name: <<patient demographics full name>>

Address: <<patient demographics full address>>

Medicare number: <<patient demographics Medicare number>>

DVA number: <<patient demographics DVA number>>

Patient/carer contact: <<patient/carer contact>>

Date of follow up consultation: <<follow up consultation>>

Updated medication list:

Updated medical history:

Issues identified by the HMR and actions to be taken:

Issue:

Action:

Expected outcome:

Person responsible:

Issue:

Action:

Expected outcome:

Person responsible:

Issue:

Action:

Expected outcome:

Person responsible:

General practitioner:

Patient:

Copies to patient and community pharmacist

HMR management plan General practitioner details:

Name: <>

Address: <>

Provider number: <>

Prescriber number: <>

Phone: <> Fax: <>

Email: <>

Community pharmacy: Name: <>

Address: <> Phone: <> Fax: <> Email: <>

review: Patient details: Name: <>

Address: <> Medicare number: <>

DVA number: <> Patient/carer contact: <>

Date of follow up consultation: <>

Updated medication list:

Updated medical history:

Issues identified by the HMR and actions to be taken:

Issue:

Action:

Expected outcome:

Person responsible:

Issue: Action:

Expected outcome:

Person responsible:

Issue: Action: Expected outcome:

Person responsible:

General practitioner:

Patient: Copies to patient and community pharmacist

Conclusion

- Home Medicines Reviews are not rocket science. They are aimed at addressing a fundamental problem of inappropriate use of medicines in high risk patients. The involvement of the pharmacist through a review and education process increases the team effectiveness in providing medical care to patients.
- Having an opportunity through this Medicare item to do so, is one that GPs could realistically consider using. The bottom line is improved patient outcomes through teamwork and improved communication.

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Patient Counselling Feedback Form

1. Pharm.D విద్యార్థులు అందించిన సమాచారం మీకు ఉపయోగకరంగా ఉందా?

A.అవును B.కాదు C.కొంతవరకు

2. ఈ కౌన్సిలింగ్ సేవ మీ ఆరోగ్యాన్ని మెరుగుపరిచేందుకు ప్రయోజనకరంగా ఉందా?

A.అవును B.కాదు C.కొంతవరకు

3. మీరు మీ మందులకు సంబంధించిన అవసరమైన సమాచారాన్ని పొందారా?

A.అవును B.కాదు C.కొంతవరకు

4. మీరు ఈ రకమైన కౌన్సిలింగ్ సేవలకు మీ స్నేహితులు లేదా బంధువులకు సిఫార్సు చేస్తారా?

A.అవును B.కాదు C.కొంతవరకు

5. మీకు ఈ కౌన్సిలింగ్ సేవల వలన మీ మందులను క్రమం తప్పకుండా వేసుకోనుటకు ఉపయోగకరంగా ఉందా?

A.అవును B.కాదు C.కొంతవరకు

6. ఈ కౌన్సిలింగ్ సేవలు మీ మందుల వలన కలుగు సమస్యలు తగ్గించడానికి సహాయపడుతాయి అని అనుకుంటున్నారా?

A.అవును B.కాదు C.కొంతవరకు

7. మీకు భవిష్యత్తులో మళ్ళీ ఈ కౌన్సిలింగ్ సేవలు కొనసాగించడం అవసరం అని అనుకుంటున్నారా?

A.అవును B.కాదు C.కొంతవరకు

8. ఈ కౌన్సిలింగ్ సేవ సమయం మీకు సౌకర్యవంతంగా ఉందా?

A.అవును B.కాదు C.కొంతవరకు

Date:

Signature:

Place:

Thank You

TO ALL OF OUR



HEALTHCARE WORKERS



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