This document provides information on the GuildCare MedScreen suite of programs. For specific program information please read each program’s schedule document available through the GuildCare software.

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Version 1.2

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Executive Summary

Program Objective: The purpose of the MedScreen suite of programs is to encourage pharmacist engagement with patients to help ensure their quality use of medicines (QUM).

The results of each MedScreen program include:

- A brief, simple pharmacist check on the patient’s quality use of their medicine that every pharmacy and pharmacist can implement under their current workflow and competencies
- Personalised medicines and lifestyle information for the patient
- Enhanced QUM outcomes for the patient

Patient Detection and Notification: Using dispense history, the GuildCare software will automatically detect patients who may be eligible for the services – for MedScreen, those who have a previous history of the target medication and where the software can calculate a MedsIndex score will qualify. Patients cannot be added ‘ad-hoc’ to a MedScreen program.

Enrolment: Pharmacy staff have eight days from notification to validate and invite the patient to enrol in the program. After seven days the patient will no longer qualify.

Clinical Service: The clinical service for each MedScreen program will follow the same basic protocol and structure. For specific program information please read each program’s schedule document available through the GuildCare software and GuildCare Resources page.

Program Information

Program Overview and Timetable

![Figure 1: MedScreen program overview](image-url)
There are four clinical elements for MedScreen programs:

- **Cardiovascular disease**
- **Diabetes**
- **Mental Health**
- **Respiratory disease**

For each clinical element there will be target medications for which the pharmacist will be prompted. Each medication will be active for at least a three month period. A medication may be repeated in another three month period and there may be two molecules active at the same time in any one element. E.g.

<table>
<thead>
<tr>
<th>April – June</th>
<th>July – September</th>
<th>October – December</th>
<th>January - March</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular</td>
<td>Medication A</td>
<td>Medication A</td>
<td>Medication B</td>
</tr>
<tr>
<td></td>
<td>Medication B</td>
<td>(Repeated)</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>Medication D</td>
<td>Medication D</td>
<td>Medication E</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Medication G</td>
<td>Medication H</td>
<td>Medication H</td>
</tr>
<tr>
<td></td>
<td>Medication H</td>
<td>(Repeated)</td>
<td></td>
</tr>
<tr>
<td>Respiratory</td>
<td>Medication J</td>
<td>Medication K</td>
<td>Medication L</td>
</tr>
</tbody>
</table>

**Table 1: Example MedScreen programs Timetable**

5th Community Pharmacy Agreement and QCPP Standards

If properly delivered and implemented alongside the Quality Care Pharmacy Program (T3C-Screening and Risk Assessment Checklist and T3I-Disease State Management Service Checklist) this program should assist pharmacies to satisfy the requirements of the Pharmacy Practice Incentives (PPI) Primary Health Care area. This does not infer that payment under the agreement is guaranteed. The GuildCare MedScreen Programs simply provides a clinical service, documentation, recording and reporting capabilities. Pharmacies will need to consistently deliver the SCPA PPI requirements for payment. Please refer to [www.5cpa.com.au](http://www.5cpa.com.au) for up-to-date information on the requirements for funding access.

Facilities to support the program

Each MedScreen program should be conducted in an area of privacy where confidential discussions with a patient can be conducted and not overheard by other patients at normal speaking levels, much like usual counselling. This should not be within the dispensary.

Workflow procedure and staff roles

The workflow procedure for service provision is displayed below. This includes staff roles. Staff should understand the limitation of their ability to interpret results and provide advice.

![Figure 2: Staff Roles during the MedScreen workflow](image-url)
Software Information

Software
Staff use the GuildCare software for:

- Identification of a qualifying patient (Pop-up notification)
- Recording of the service (Documentation Tab)
- Reporting of the service (Print)

Patient Detection
Patients will only qualify for a MedScreen program if they have a previous history of the target medication. The software will attempt to calculate a MedsIndex score. If a MedsIndex score can be calculated using the previous history or last date of supply then the patient will qualify. Patients cannot be added ‘ad-hoc’ to a MedScreen program.

Patients can only enrol in the program if the GuildCare software detects that they qualify.

*MedsIndex score
Definition: An indicator of patient medicines compliance. It is calculated from how much medicine the doctor intended the patient to take compared to the actual interval between the patient’s dispense dates. i.e. Prescribed: Spiriva (30 capsules) 1 dose daily:

Pack size 30 doses ÷ 1 dose daily = 30 days of medicine
Patient’s actual interval between repeats = 45 days

30 ÷ 45 = 0.67 = 67% : MedsIndex = 67

Patient Decline
During the timetabled three month period:

- If a patient has been ‘declined’ they will not be prompted for again for that medication
- Eight days after each completed service, a pop-up will occur each time the patient has the medicine dispensed.

Clinical Service Information
The clinical service for each MedScreen program will follow the same basic protocol and structure. For specific program information please read each program’s schedule document available through the GuildCare software and GuildCare Resources page.

Service Overview
During this service pharmacists are to apply their skills to review the patient’s medications and identify and document drug related problems. These skills are developed through training external to GuildCare. GuildCare aims to ensure that the documentation capacity of the software reflects the skills required to correctly and accurately record, and assist the discussion and reporting under the standards.

Pharmacist Services
The pharmacist completes the following as part of each program:

- Action/Review the pop-up qualification at the point of dispense
- Discuss the patient’s understanding and beliefs about their medical condition, use of their medication and compliance using their MedsIndex score.
- Select any relevant recommendations in the Outcomes/Recommendation to patient section
- Save the document and print the patient handout
• Document any clinical Interventions that may have been conducted during the delivery of the MedScreen service accordingly
This process is repeated at each dispensing for disease state management follow up.

Clinical Basis
The MedScreen suite of programs has been thoroughly researched and attempts to align with the National Strategy for Quality Use of Medicines. A key component of this strategy is the QUM Pyramid:

<table>
<thead>
<tr>
<th>Level 1: Awareness</th>
<th>Strategies at this level aim to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Raise awareness of medicines as a health issue.</td>
</tr>
<tr>
<td></td>
<td>Explore, inform and change community attitudes and beliefs about the risks and benefits associated with medicines.</td>
</tr>
<tr>
<td></td>
<td>Provide information on resources available to all groups to support quality use of medicines.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 2: Knowledge and skills</th>
<th>Strategies at this level aim to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provide opportunities to develop knowledge and skills as well as utilise resources available to make appropriate decisions.</td>
</tr>
<tr>
<td></td>
<td>Provide opportunities for people to discuss quality use of medicines issues and to trial and adopt behaviours that support quality use of medicines and deliver best health outcomes.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 3: Action and evaluation</th>
<th>Strategies at this level aim to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Reinforce and maintain actions needed to use medicines wisely. These involve issues of monitoring outcomes, quality improvement, problem solving, positive reinforcement and feedback</td>
</tr>
</tbody>
</table>

In each MedScreen program, levels of the QUM pyramid will be present. In most cases – the MedScreen programs will consist of an almost identical one-page engagement handout. This is to aid in the familiarity of pharmacists as well as adhere to the overall clinical basis of the program. Check each MedScreen program’s schedule to review clinical information about the medication.

As part of delivering the MedScreen suite of programs, Pharmacists are under obligation to adhere to the relevant professional practice standards. This includes but is not limited to applying professional judgement to identify, record and report potential or actual medication related problems that are likely to be clinically significant for the patient (e.g. interactions, contraindications, incompatibilities, allergies, adverse drug reactions) to the patient’s Medical Practitioner, the Therapeutic Goods Administration and any other relevant entity.
Appendix: How to report a problem with a medicine or medical device to the Therapeutic Goods Administration

Information for health professionals

Source: http://www.tga.gov.au/problem/ade-hp.htm Print version of this poster (pdf,56kb)

The Therapeutic Goods Administration (TGA) is a division of the Australian Government Department of Health and Ageing and is responsible for regulating medicines and medical devices. The work of the TGA is based on applying scientific and clinical expertise to ensure that the benefits to consumers outweigh any risks associated with the use of medicines and medical devices. The TGA relies on the public, healthcare professionals and industry to report problems with medicines or medical devices so that the TGA can identify and respond to safety matters.

When to report

If a patient has experienced or you suspect they may be experiencing an adverse event relating to a medicine or medical device, report the adverse event to the TGA. Suspected adverse events should be reported the first time they occur, as well as any time they occur thereafter.

What to report

Please report any suspected adverse event that your patient(s) may be experiencing, in particular:

• serious reactions (e.g. resulting in hospitalisation)
• unexpected reactions (reactions not consistent with consumer medicine information or labelling)
• all suspected reactions to medicines recently introduced in Australia
• all suspected adverse events that may be caused by combinations of medicines (drug interactions)
• faults with medical devices resulting in an adverse event (keep the faulty equipment until you have contacted the TGA).

How to report

Report a suspected adverse event directly to the TGA using:

• the TGA website
In addition, for medicines you can report using the:
• 'Blue card' reply paid reporting form (download and further information are available on the TGA website)
• TGA’s Adverse Medicine Events Line (1800 044 114).

What to include in your report

In your report include (if applicable):

• basic details of the patient experiencing the adverse event – initials, date of birth, gender
• details of the adverse event or reaction – date it occurred, symptoms experienced (including duration), description of device fault resulting in adverse event, treatment required and outcome (if known)
• details of the medicine or device involved – name, description, dose, for a complementary medicine include AUST L number
• details of any other medicine(s) the patient experiencing the adverse event may be taking.

Report a medicine or medical device adverse event to the TGA

### Medicines

Phone: 1300 134 237 or 1800 044 114
Email: adr.reports@tga.gov.au

### Medical devices

Phone: 1800 809 361
Email: iris@tga.gov.au

or visit the TGA website