



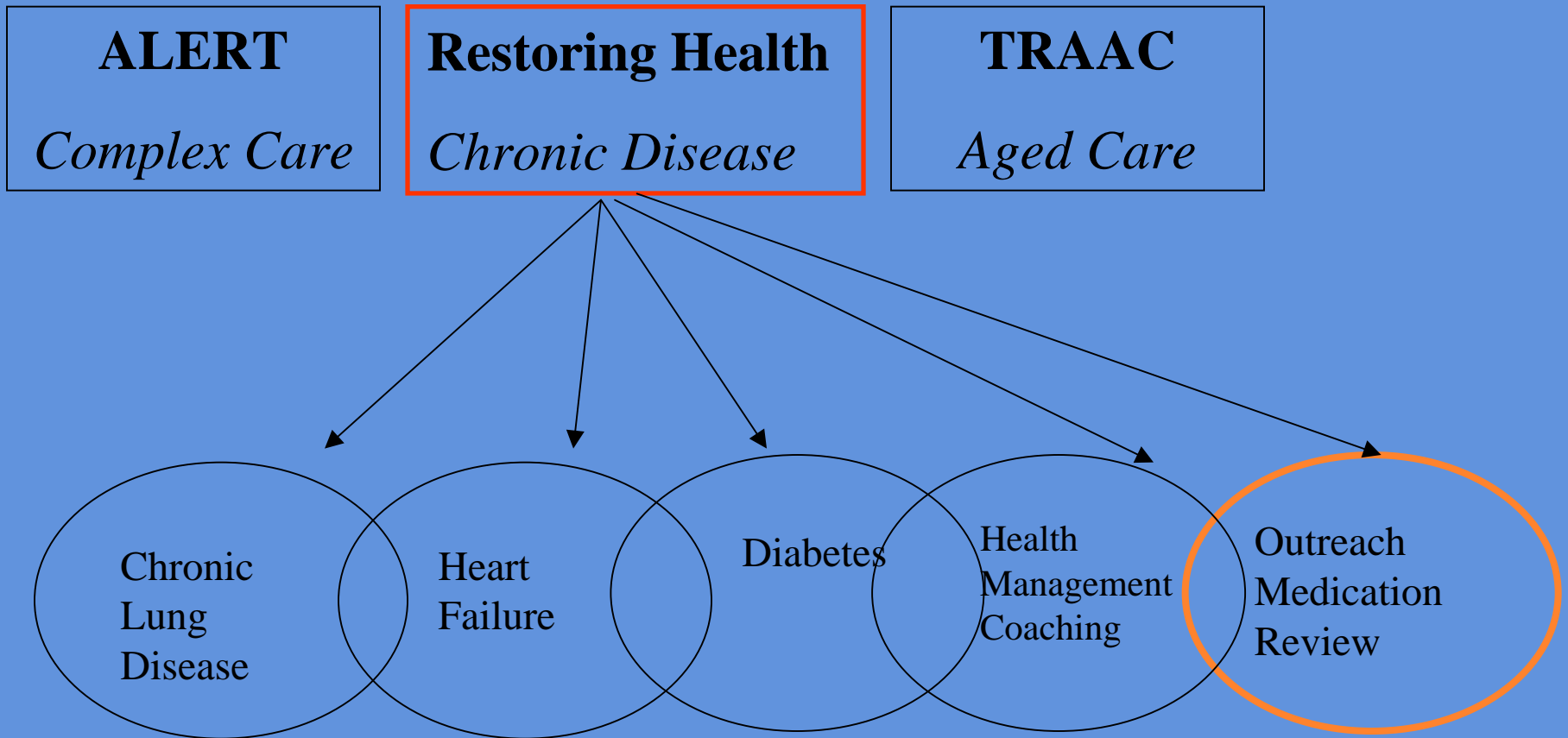
Outreach Medication Review Program (OMR)

Harry Patsamanis
St Vincent's Health

Overview of Presentation

- StV's Overview – HARP and Restoring Health
- OMR Structure
- OMR Model
- Outcomes
- Challenges ahead

St. Vincent's Health HARP Programs



Restoring Health

Working across hospital and community

- Hospital support – HCP
 - Inpatient and Outpatient
- Rehab
- Rapid assessment clinics
- Community support – CCP
- Allied Health
 - OT, SW, Physio, Dietetics,
- Health Management Coaching
- Broader HARP services – OMR, Psychology, Speech

*Why should we focus on
medication issues?*

Impact of Medication Misadventure

In Australia medication misadventure is estimated to be responsible for:

- 15% of all hospital admissions,
- 35% of unplanned hospital readmissions,
- 35% of nursing-home admissions.

Cost of \$36 million a year.

Department of Veterans' Affairs. Quality use of medicines. Department of Veterans' Affairs, 2005.
<http://www.dva.gov.au/health/provider/pharmacy/qum.htm>

Medication Misadventure.....

- Lack of monitoring and follow-up of medication effects
- Over-prescribing of medicines
- Patient's lack of basic knowledge of their medicines
- Poor compliance

OMR Objectives

- Reduce medication misadventure
- To improve patient and carer capacity to best manage medications
- To improve communication and service coordination
- To reduce preventable Emergency Department presentations and hospital admissions

OMR Staffing.....

- 2 pharmacists
- Part time Social Work
- Geriatrician support – Clinical champion
- External interpreting (\$3K)

Integrated within Restoring Health to better support staff and to broaden scope of program

Referrals

- Broad referral base – Hospital and community
 - Links with IP, ED, Outpatient clinics
 - HARP services
 - Community referrals
-
- Pharmacists attend ward meetings and patient review meetings, conduct education and service awareness

Screening - generic

- Known/ suspected medication non-compliance
- Recent changes to medications
- 5 or more meds
- Warfarin

Working with OT to identify clients who are at risk

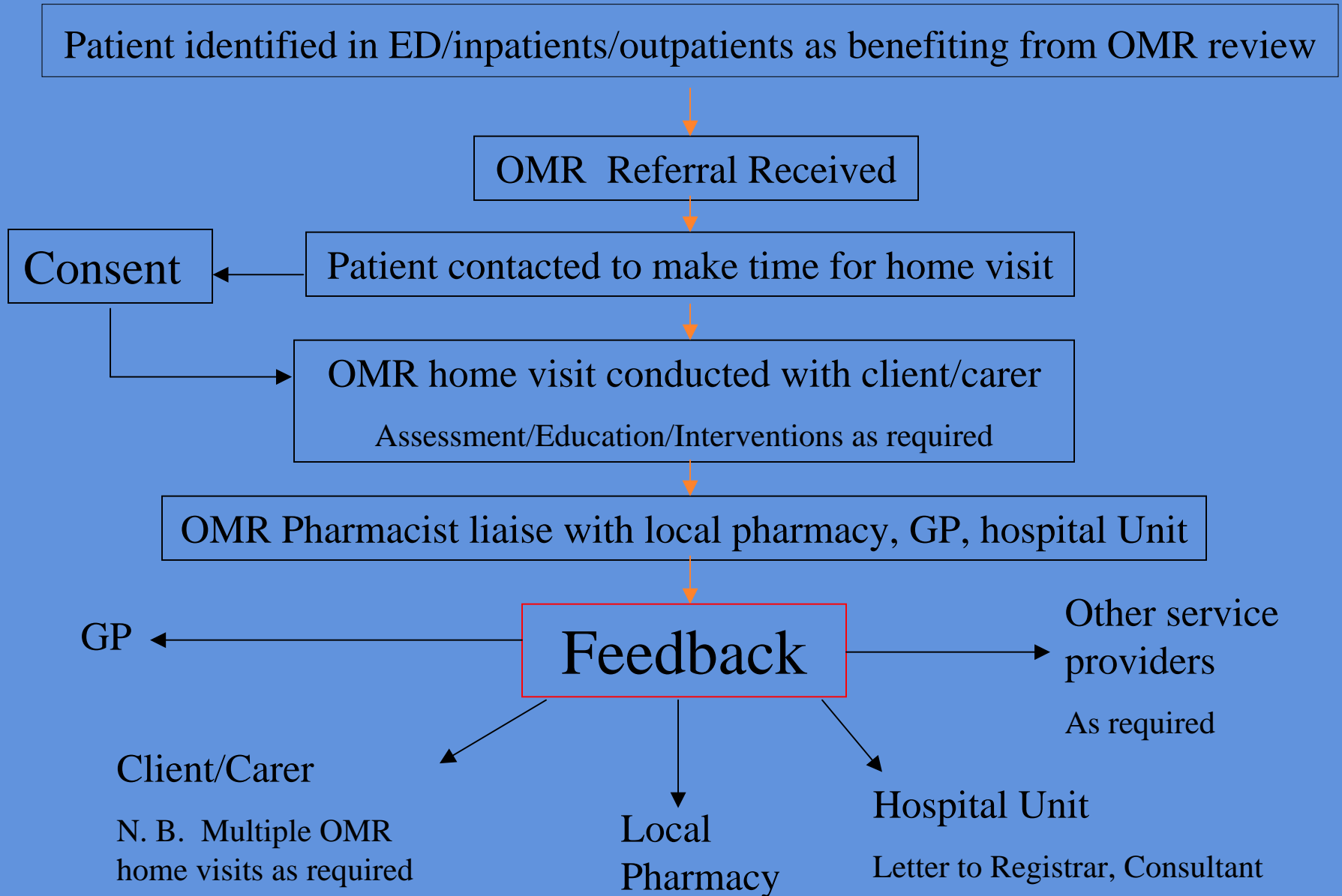
Screening – risk factors

- 5 or more meds per day
- 12 or more doses per day
- 60 plus years
- Non compliance
- Recent changes
- Documented cognitive impairment

Service Model



OMR – the Map



PAS Alert MEDICATION REVIEW

- Added upon referral
- Indicates whether referred or recruited
- Indicate date and time of home visit if pending
- Added to all campus UR numbers if required
- Removed after 6 months

The Home Visit.....

- Within 7 days of discharge
- Review medication management
- Intervention strategies
 - Education and counselling
 - Compliance aids
 - Removal of medications
 - Community services need
- Documentation
- Follow-up visit?

Home Assessment

- How the patient uses medicines
 - Problems in taking medicines
 - Doseform
 - Packaging
 - Timing
 - Other health-related medicines
 - Over-the-counter
 - Nutraceuticals
 - Diet
 - Knowledge and understanding

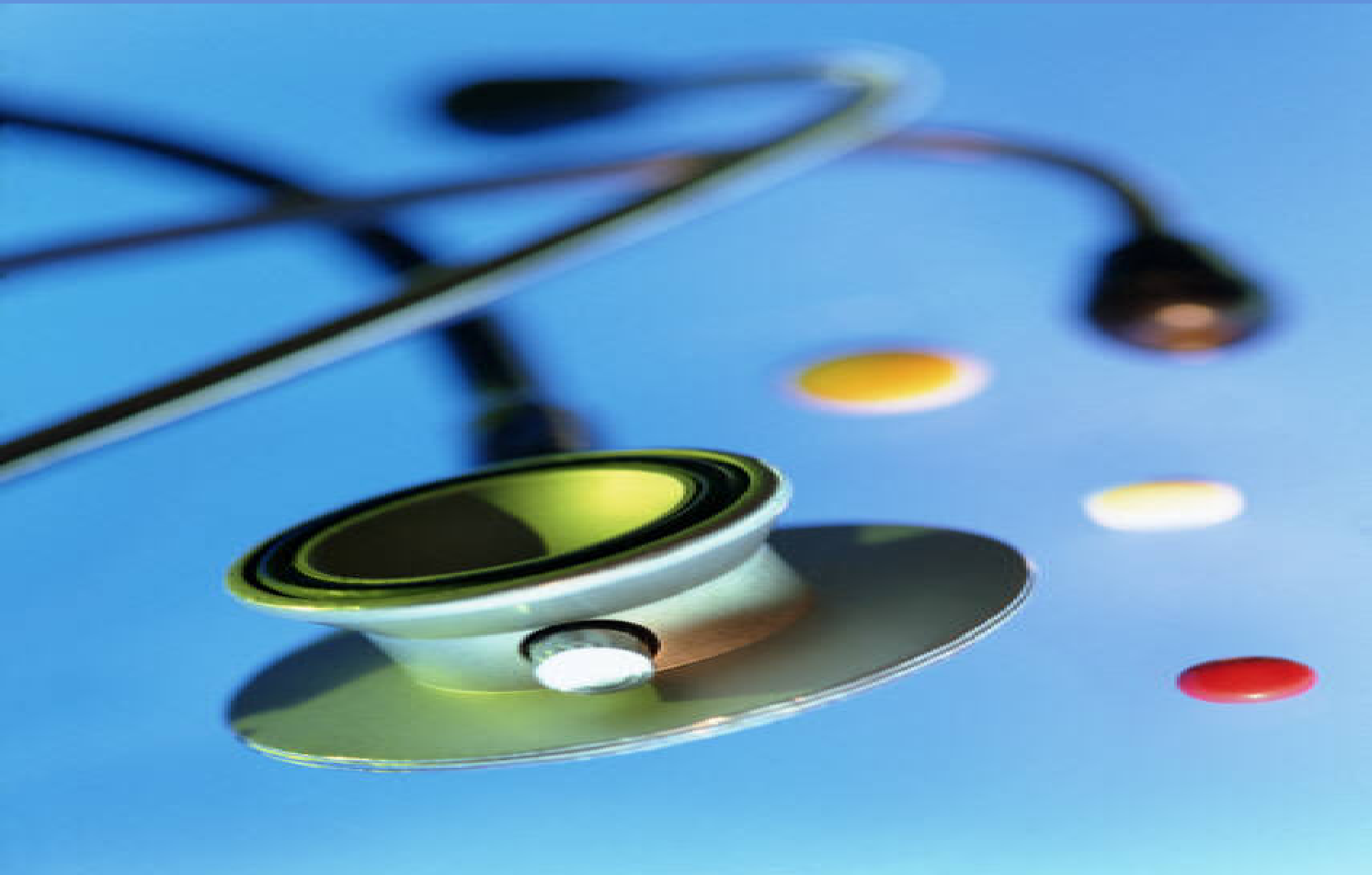
Home Assessment

- How the patient uses health-related devices
 - Blood glucose monitors
 - Compliance devices
 - Eye drops
 - Inhalers
 - Nebuliser
- How the patient stores medicines
 - Quantity
 - Expiry date check (safe disposal)
 - Conditions
- Identify broader needs

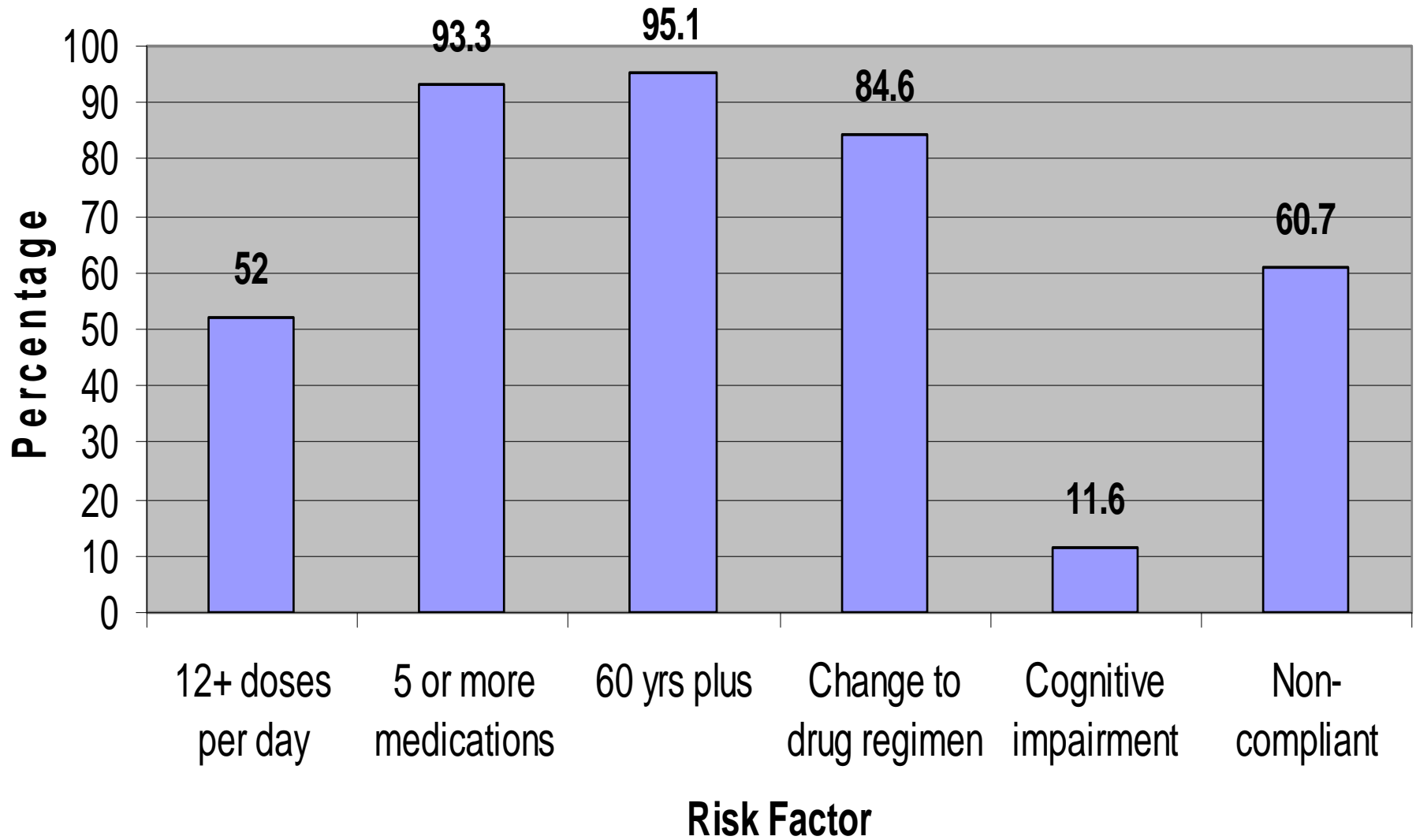
Feedback

- Communication with GP – letter with recommendations
- Communication with community pharmacist
- Feedback to referrer
- Feedback to discharging medical unit

Outcomes

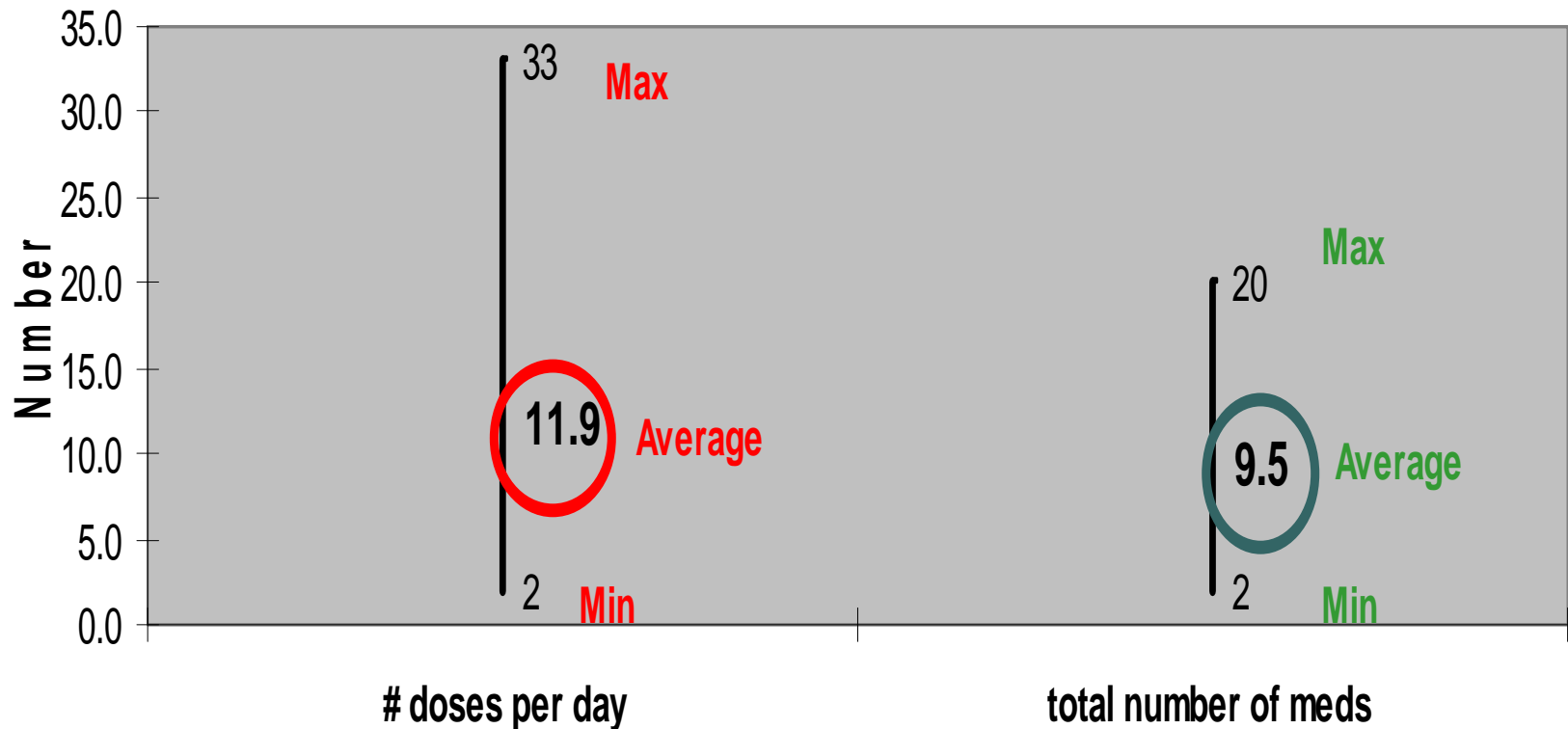


OMR Risks Identified (2006, n=225)



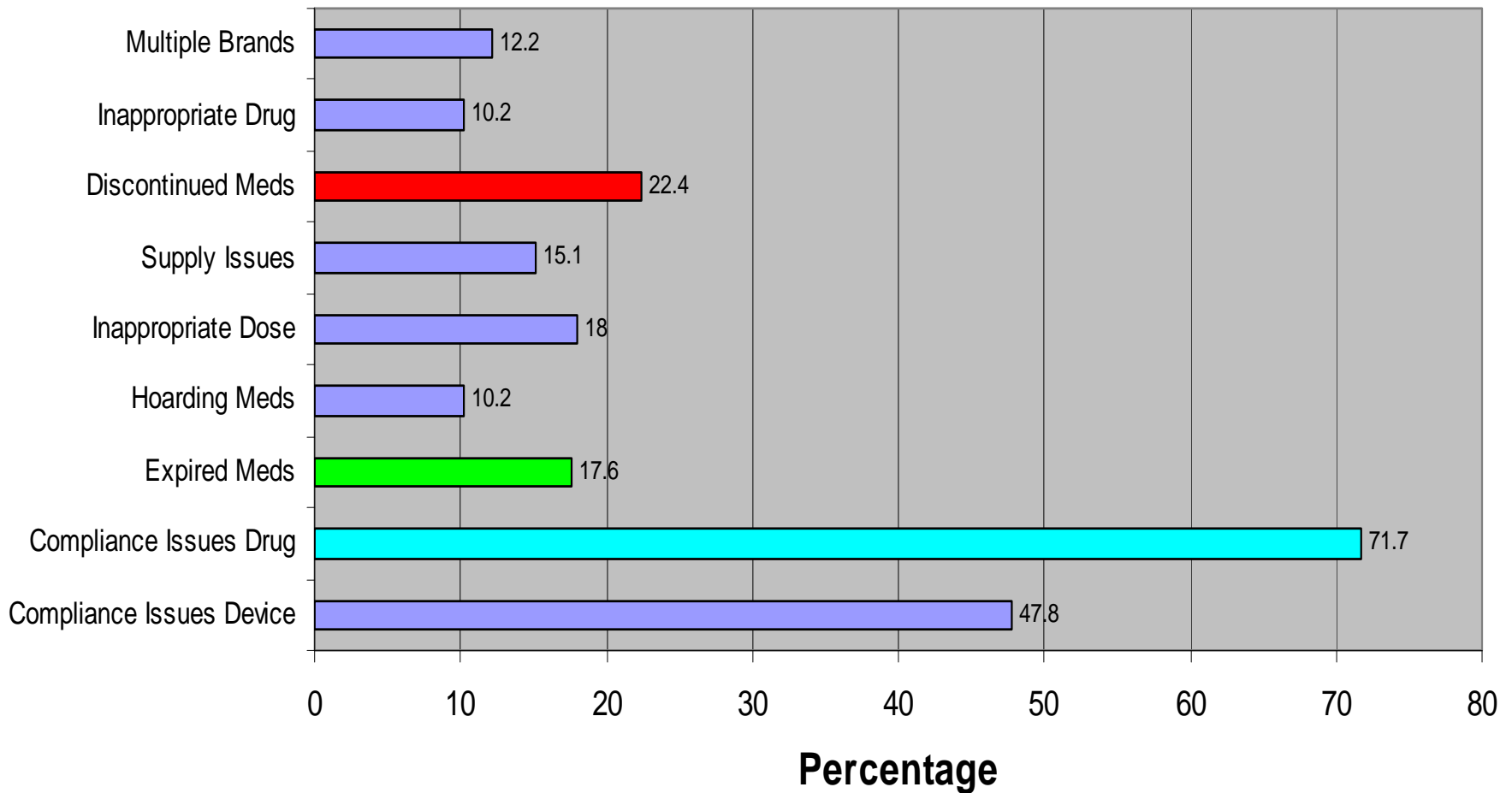
Medications

CPLP Total Number of Meds and Doses/day (July05 - May06)

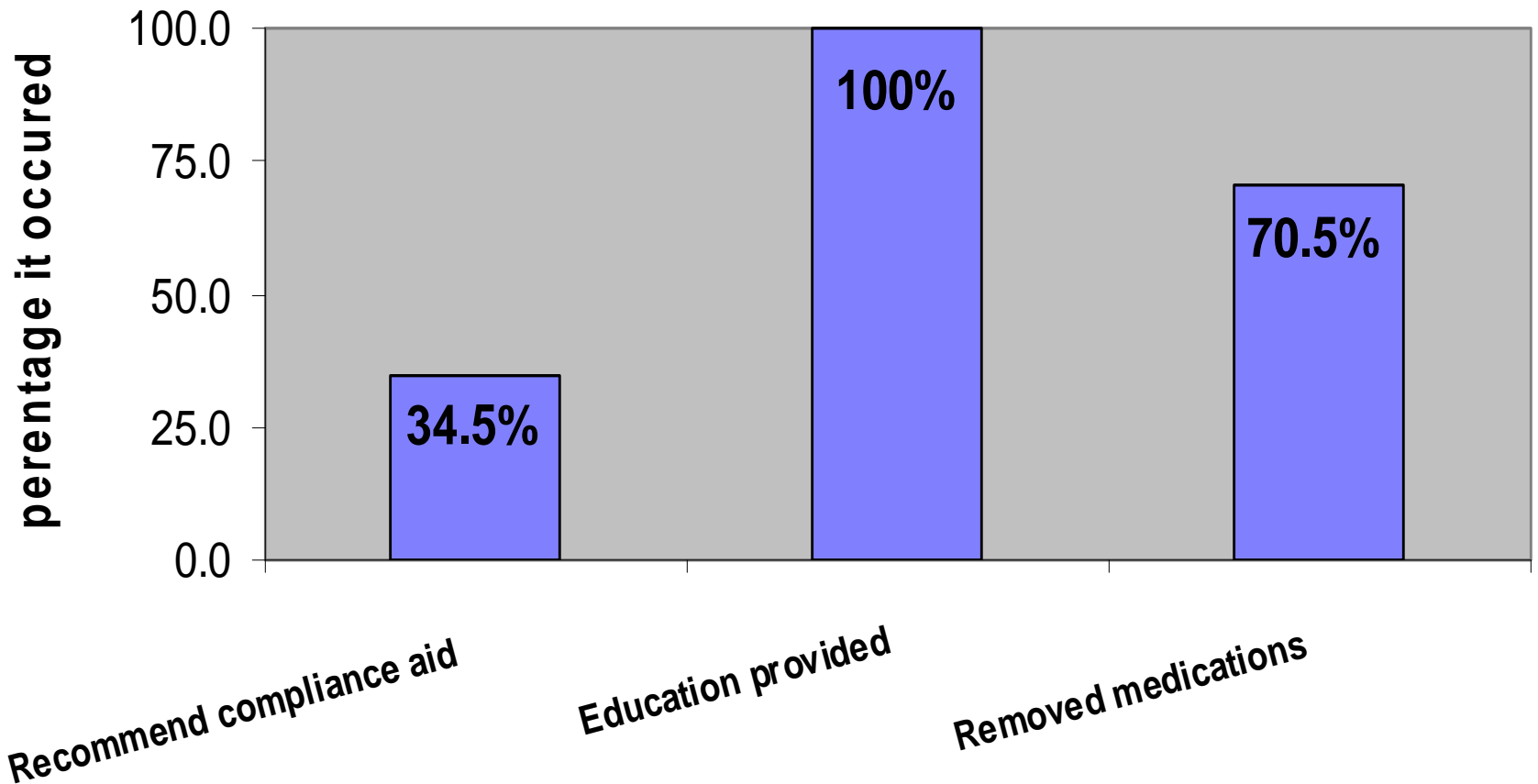


Most Common Issues

Most Common Medication Issues (2006, n=205)



CPLP Home Visit Interventions (July 05 - May 06)



Minimise Waste

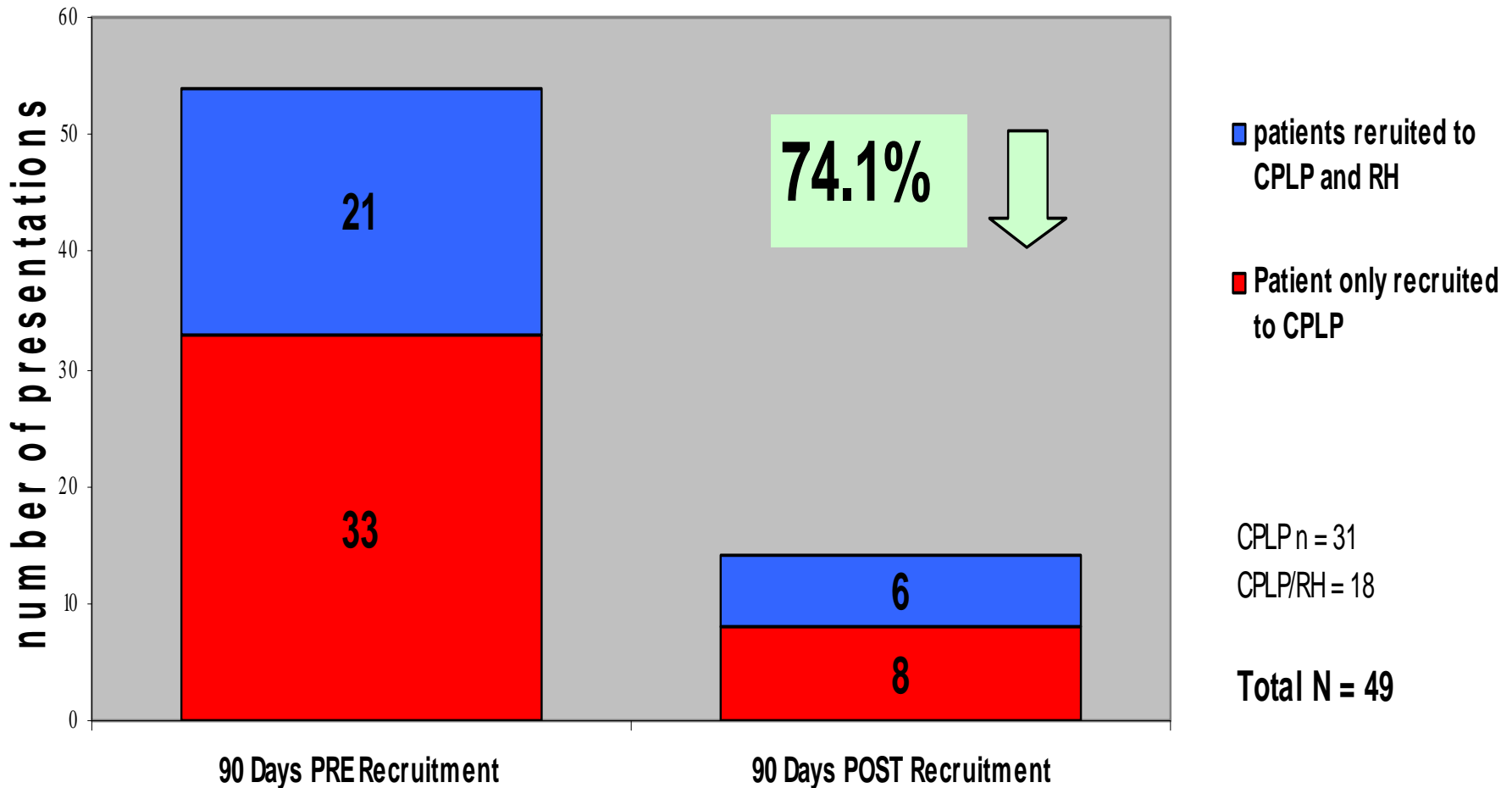


Minimise Discontinued Meds

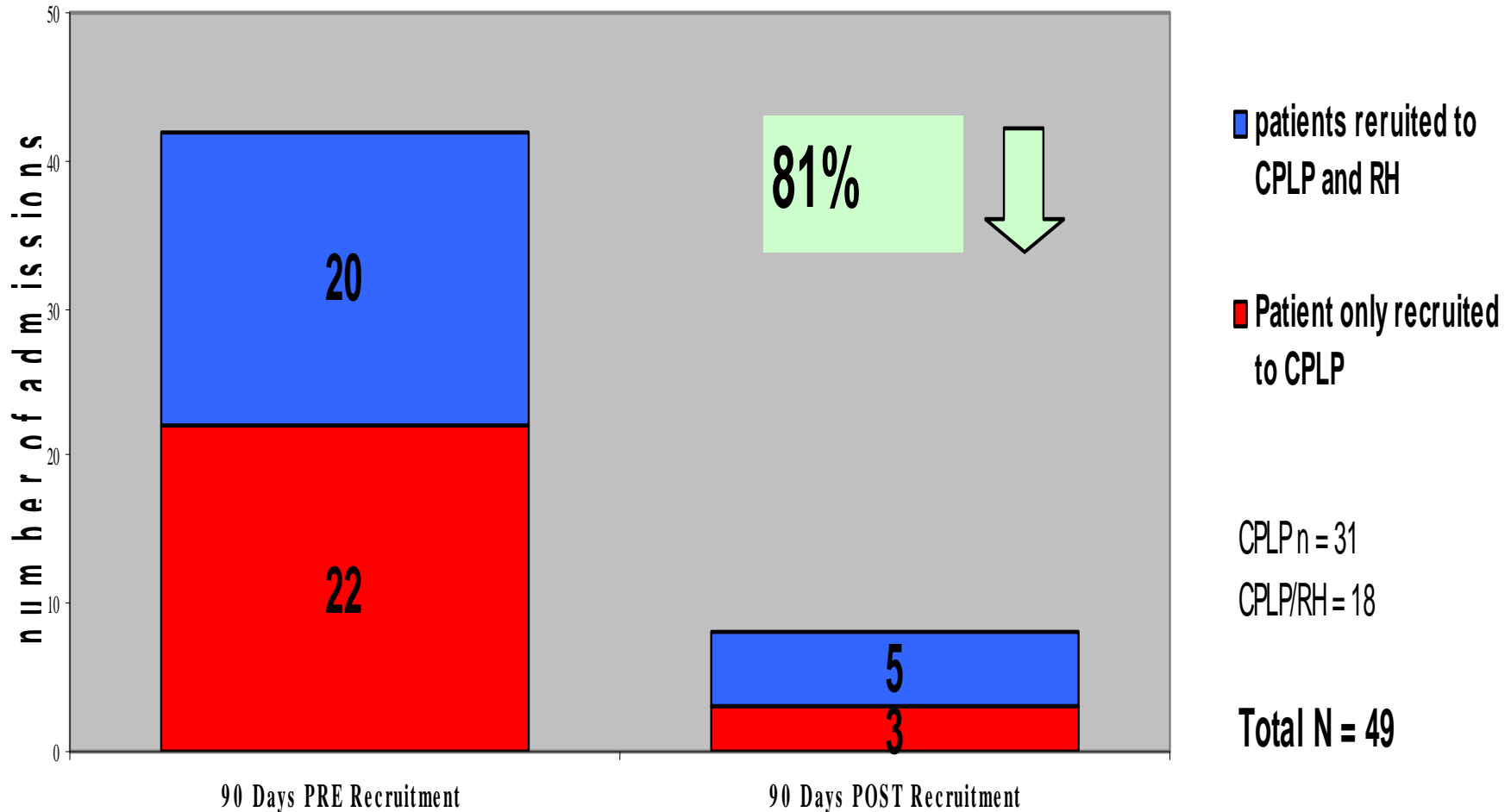


*Has the OMR had any
impact on patient
presentations to ED or
reducing hospital
admissions?*

Total Number of ED Presentations



Total Number of Admissions



Challenges

- Link with GPs
 - HMR
 - Implementing recommended changes
- Time intensive program
 - Home visit
 - Pre visit work up and post visit follow up
- Reducing admin time to improve efficiencies
 - Mobile computing
 - Improved client management systems



**"I feel a lot better since I ran
out of those pills you gave me."**