Guide to the Community Pharmacy Long Term Conditions Service

Edition 2

September 2014

Introduction to this guide

This guide should give you most of the information you need so you can provide the Community Pharmacy Long Term Conditions (LTC) Service to patients under the Community Pharmacy Services Agreement (CPSA).

It will be updated over time as we refine answers to questions and technology changes. So we suggest you bookmark this link and always read the latest version of the guide from the Community Pharmacy home page.

When you see this icon you can expect to find a 'hot tip' to make your work easier.

> **Key Information:**
>
> The key information you need to know on each subject will be highlighted in a box like this in each section. If you would like more explanation, read the rest of the information in the section.

If you have questions not answered in this guide your first point of contact should be your DHB Portfolio Manager.

Additional Resources

The information in this Guide is designed to be a quick and easy way for you to find the information you need. The full description and requirements of the Community Pharmacy Long Term Conditions Service are found in the following documents on the Community Pharmacy pages of the TAS website (www.centraltas.co.nz):

- Community Pharmacy Services Agreement 2012 – Schedule C1: LTC Pharmacy Service Specification
- LTC Service Protocol

Introduction to the Community Pharmacy Long Term Conditions Service

The Community Pharmacy Long Term Conditions (LTC) Service is designed to provide medicines adherence support services required by those patients who not only have significant long term conditions but also require a high level of pharmacy service to support them to self-manage their medicines regime and improve their adherence.

There are two sections to the Community Pharmacy LTC Service eligibility criteria – significant adherence issues and long term conditions themselves. To qualify, a patient must score a minimum of 10 points in both.

The Community Pharmacy LTC Service (and all aspects of community pharmacy services under the CPSA) sits at Level A of the Pharmacy Council Medicines Management Competency Framework.

Contents

Section 1: Eligibility and Assessment

Identifying potential Community Pharmacy Long Term Conditions Service patients

Most of you will know the type of person who may qualify for the Community Pharmacy Long Term Conditions (LTC) Service. As well as having significant multiple long term medical condition(s), LTC Service patients will also have significant issues self-managing and adhering to their medicines regime. There will be some people who are already collecting prescriptions from you on a regular basis, others whose health and capability to manage their medicines has deteriorated and there will be new customers who walk into your pharmacy.

Here are some tips to help you easily identify potential Community Pharmacy LTC Service patients.

Existing patients in your database might present with one or more of the following, which may suggest you should assess them for Community Pharmacy LTC Service:

- Patients that regularly collect prescriptions for multiple long term conditions but often pick and choose to collect some medicines on one visit and other medicines on the following visit. See Section 4 for more information on synchronisation.
- Patients who need home delivery for reasons other than convenience (such as mobility issues)
- Patients who frequently have to use the urgent fax service because they've unwittingly run out of medicines (indicating they don't have good control over their medicines)
- Patients you see who require significant explanation each time they collect medicines because they don't seem to understand what, when and why they are taking it
- Patients requesting prescriptions before they are due, or not collecting repeat prescriptions on time (indicating they are taking too much or too little medicine)
- Patients or family members returning medicines for disposal that have been collected but not taken even though the patient is still being prescribed the same medicines
- Multiple prescribers and health services involved in the patient's health care.

New patients who exhibit the following sorts of adherence concerns, in addition to having multiple long term conditions, could be considered for the Community Pharmacy LTC Service:

- Share with pharmacy staff that they don't understand much about their medicines, or don't know how to take them correctly despite having it explained by their doctor many times
- Share with pharmacy staff they don't always take their medicines or say they no longer need a particular prescribed medicine because they feel better
- Have been admitted to hospital as a result of taking their medicines incorrectly or not at all
- Have been referred to you to assess by a GP, hospital out-patient clinic, other prescriber or caregiver. Use Screening Tool to do a quick check of eligibility.

Key Information: Use the screening tool on the initial patient screen of the Community Pharmacy LTC Service Eligibility & Assessment Tool to quickly check the eligibility of the patient before going through the process of assessing the patient for the LTC Service.
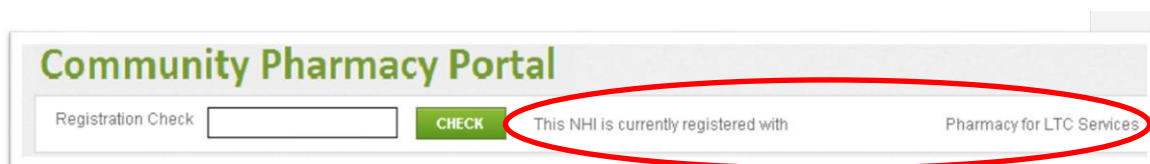
Check if the patient is already registered in your Community Pharmacy Portal

> **Key Information:**
>
> Use the patient's NHI number to check in your Community Pharmacy Portal to see whether the patient is already registered.
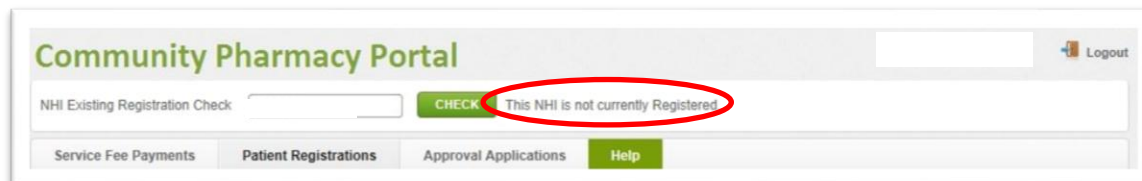
The Community Pharmacy Portal is the national database used to manage your Community Pharmacy LTC Service patient registrations and Stage 4 payments.

Enter your patients NHI number into the registration check field in the portal. There are a range of possible responses depending on the patient's current Community Pharmacy LTC Service registration status. For example if a patient is already registered for the Community Pharmacy LTC Service the messages below may be shown in the Community Pharmacy Portal to help prevent duplicate registrations.

If the patient is not already registered you will see this:

If the patient is already registered somewhere else, but wishes to be registered at your pharmacy, check the section on Transferring Registrations for what to do next.

Contact BSSHelpdesk@moh.govt.nz to be set up with your user details and for all Community Pharmacy Portal related enquiries. You can also use the resources on the Community Pharmacy Services website to help you become familiar with the Community Pharmacy Portal.

Talk to the patient about the Community Pharmacy LTC Service

Talk to the patient about the Community Pharmacy LTC Service. There is an introductory leaflet available from the Community Pharmacy website, including translation into 10 languages commonly used in New Zealand.

Assess eligibility using the assessment tool

Use the Community Pharmacy LTC Service eligibility assessment tool in your pharmacy software system or on the Community Pharmacy Services website to calculate how many points the patient attracts.

If the patient meets the minimum 10 points for adherence issues and 10 points for long term conditions or medicines factors, then proceed to registration.

How Mental Health conditions contribute to a Community Pharmacy LTC Service assessment

There are two different options for scoring mental health conditions within the Eligibility Assessment Tool. Use the flow chart in Appendix 3 to help you apply the option that best fits your patient:

- Two point score for people managed solely by their GP and primary health care team (Listed under the Long Term Conditions module of the tool).
- Ten point score for people under the care or oversight of secondary care mental services (Listed under the Mental Health module of the tool).

A two point score

If the patient has any mental illness diagnosis they qualify for a two point score.

Note: A diagnosis of depression with anxiety counts as a single two point score. Similarly either anxiety or depression will score two points. The patient does not need to have both conditions.

A patient can score 2 points for each condition but with a maximum total of 10 points.

Ten point score

The intention of the 10 point score in the mental health category is to cover all patients with a serious mental health condition and associated complex care needs.

For the patient to qualify for the 10 point score they must have:

- A mental health diagnosis confirmed either by their GP or a psychiatrist
- Be under the care of secondary care services
  - This can be GP care in consultation with a psychiatrist or other secondary care mental health services involved in the management of their ongoing condition.
    For example, the patient may have chronic but stable condition(s) but is closely managed by their GP. While there is potential for them to relapse, a management plan is in place that involves consultation with psychiatrists and/or secondary care or other mental health service providers or admission to secondary care if relapse occurs.

Any mental health condition may be counted as 10 points providing the criteria above applies.
For example, major or recurrent depression that has been diagnosed by a psychiatrist that is **currently** managed by a mental health team.

When you complete the patient's annual Community Pharmacy LTC Service review, it is good practice to contact the health practitioner or other mental health service providers responsible for the care of the patient. Do this to get their opinion and help you decide whether or not to keep the patient in the Service.

Keep some form of evidence on the patient's file of the diagnoses. For example, include a patient note in your software to show you phoned the patient's doctor to confirm their diagnosis.

Patients with caregivers will not normally qualify for the Community Pharmacy LTC Service

Patients who have a caregiver effectively managing their medicines will not qualify for the Community Pharmacy LTC Service. This is because the patient receiving support and assistance taking their medicines is less likely to have any adherence issues because the caregiver is managing their medicines well.

However, if the caregiver is not responsible for the patient's medicines management (for example if the caregiver is only responsible for housekeeping), you can still consider whether the patient qualifies by using the eligibility assessment tool.

For example, if the caregiver has his or her own issues with managing their own medicines, the patient may have sufficient issues with adherence to mean that they qualify for the service. On the other hand, if the patient has a caregiver who is funded to manage the patient's medicines, the patient would not be eligible for the Community Pharmacy LTC Service.

Situations will not always be black and white. Use your professional judgment along with the assessment tool to consider the best option for the patient.

Overall responsibility lies with the pharmacist

The overall responsibility and accountability for the registration of patients in the service lies with community pharmacists as registered healthcare professionals. The assessment and registration process sets the relationship between the pharmacist and the patient that is critical for the success of their future care.

Most assessments won't need GP input

For most patients you should have all the information you need for the eligibility assessment in your own system. For the remainder you will be able to get most of the information you need from your patient records or from the patient.

To manage adherence you need a full understanding of the spectrum of your patient's conditions.

It is a good idea to agree with your GP the way you will work together to streamline (or supply) the exchanging of information. Depending on your region they may direct you to use and access health information systems such as:

- Test safe
- Concerto
- Care Insight
- Manage my Health
- Electronic Shared Care Records View (ESCRV).

Patients must be reassessed at least once each year

Patients need to be reassessed at least once each year to confirm continued eligibility for the Community Pharmacy LTC Service, and exited from the service if the patient is no longer eligible. Check Section 5 - Managing the Patient for more information on reassessment.

Pharmacists should reassess potential Community Pharmacy LTC Service patients regularly

Pharmacists are encouraged to regularly review the assessments of patients who did not meet the criteria if they think the patient's circumstances have changed. For example, if their adherence concerns have become worse over time. Patients should be able to access the Community Pharmacy LTC Service as soon as they become eligible to receive the service.

Section 2: Exceptional Circumstances & PHAM

Reassessment of patients previously registered for Community Pharmacy LTC Services via Exceptional Circumstances

Key Information:

The process for registering Community Pharmacy Long Term Conditions Service Exceptional Circumstances (LTC- EC) patients stopped on 1 August 2014. This process was initially designed to ensure patients requiring adherence support that didn't qualify for the LTC Service were able to access extra adherence support from their pharmacy while the eligibility assessment tool was being refined.

Patients previously registered for LTC - EC service still need to be reassessed on or before their registration anniversary date using the LTC Eligibility Assessment Tool.

Once reassessment is completed, use the flow chart in Appendix 2 to determine the registration process and the subsequent grand parenting of the patient's registration into the Community Pharmacy LTC Service.

More Information:

The following conditions were added to the Community Pharmacy LTC Eligibility Assessment Tool in February 2014:

- Cystic fibrosis
- Intestinal malabsorption conditions as diagnosed by a medical practitioner e.g. Crohn's disease
- Chronic traumatic brain injury
- Hypothyroidism.

A Community Pharmacy LTC - Exceptional Circumstances patient may continue to be registered to receive LTC Pharmacy Services until 30 June 2015, or until they meet the LTC Exit Criteria. You still need to record all assessment information on this patient irrespective of the assessment outcome in case it is needed for auditing purposes.

If your patient still meets the same criteria as their original LT-EC application they can have grand parented entry into the LTC Service.

Reassessment of patients previously registered for the Pharmacy High Needs Adherence Management (PHAM) payment

Key information:

PHAM patients still need to be assessed for Community Pharmacy LTC Service.

The registration process for PHAM and the premium service payment implemented in Stage 3 of the CPSA stopped with the introduction of Stage 4 on 1 August 2014.

More information

In Stage 4 you no longer need to complete a detailed registration process for these very high needs patients. The Stage 4 funding model ensures adequate funding for the support you provide to them.

Section 3: Registration Process

Obtain patient consent and agreement

> **Key Information**
>
> A patient needs to consent to the Community Pharmacy LTC Service by signing the Community Pharmacy LTC Service registration form. You will need to keep this form and the patient's consent on file (see Section 4 for more information) and be confident that the patient:
>
> - Understands that they are receiving the Community Pharmacy LTC Service
> - Is prepared to engage with you to improve their medicines adherence
> - Realises they are giving their consent for information about their medicines to be shared between their GP and pharmacist (where needed).

More Information:

If the patient is unable to fully understands their situation and make an informed consent, for example someone who has had a traumatic brain injury leaving them cognitively impaired or someone suffering from dementia, a caregiver or significant other can sign on their behalf. In this case please ensure the person who signs includes their name and relationship to the patient, and that you make a note on the file of why the patient is not able to sign for him or herself.

Registration

Once you have determined that the patient is eligible for the Community Pharmacy LTC Service, you need to obtain the patient's consent. This involves talking the patient through the LTC Service Registration Form and the health information privacy statement. This now gives you, the patient and the patient's GP increased confidence to have two way sharing of patient information.

The patient must sign the form before you can register them in your pharmacy software system – the process for this will be dependent on which pharmacy software system you use.

The Registration Form is available on the www.centraltas.co.nz website and in your pharmacy management software.

The website also has an explanation in 10 languages of what the registration form is for.

If a patient has exited from the Community Pharmacy LTC Service and then returned to your pharmacy, you must assess their eligibility again and ask them to sign a new Community Pharmacy LTC Service Registration Form.

Transferring patients

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Key information:

The Community Pharmacy Portal system will pay only one pharmacy for providing the Community Pharmacy Long Term Conditions Service to an individual patient. If a patient is registered at two pharmacies, the pharmacy with the earliest dated registration will receive the LTC Service fee. A Community Pharmacy LTC Service patient must be end dated at the first pharmacy before being registered at a second pharmacy.

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More Information:

Ideally the relationship between patient and pharmacist is long term so they can work together towards improving the patient's self-management of their medicines. We would expect that a pharmacy normally has an on-going relationship with a patient before registering him or her in the Community Pharmacy LTC Service. Likewise, patients will usually only transfer pharmacies if there is a good reason such as moving to a different community.

Before moving a patient's Community Pharmacy LTC Service registration to your pharmacy, check with the patient that this is in their best interests and that they intend to have their prescriptions dispensed from your pharmacy in the future. The patient's choice is paramount and the patient must be able to choose which pharmacy they wish to be registered at.

It may be that the potential Community Pharmacy LTC Service patient is simply out of town temporarily or on a different side of town and needs something urgently. In these cases you should fill the patient's prescription as a core service patient, provide any additional advice required, and leave them registered at their 'home' pharmacy. It is good practice in these instances to give the patient a photocopy of their prescription to take to their 'home' pharmacy (or to fax a copy to them if you feel this is more appropriate for this particular patient).

Accepting a transferring Community Pharmacy LTC Service patient

If a patient wants to move their Community Pharmacy LTC Service registration to your pharmacy, then the previous registration needs to be end-dated before you will be able to register the patient with your pharmacy and receive the LTC Service fee.

You will need to liaise with the first pharmacy involved to make sure that the start and end dates correspond in the two pharmacy software systems to ensure payments change over correctly and there is continuity of care for the patient.

You may also want to gather some information about the patient to help you with your assessment of the patient, such as the first pharmacy's Medicines Management Plan, so there is no disruption to the care of that LTC Service patient.

The start date you enter must be after the end date of the previous pharmacy where the patient was registered, or you will not be paid the LTC Service Fee for the patient.

Finding out where the patient was first registered

Ask the patient if and where they are already registered for the LTC Service.

You can use your Community Pharmacy Portal to find out if the patient is registered elsewhere by doing a NHI number search. This will provide you with the name of the pharmacy they are registered at so you can liaise with that pharmacy and ask them to end date the patient. Refer to Section 1 for tips on using your Community Pharmacy Portal.

If you have issues regarding duplicate registrations contact your DHB Portfolio Manager.

Section 4: Delivering the Service

> **Key information:**
>
> For each patient in the Community Pharmacy LTC Service you must:
>
> - Develop a Medicines Management Plan and use this to record which service aspects have been provided
> - Proactively provide monthly support and care for the patient
> - Reassess the patient at least once a year
> - Work with other pharmacists and health professional in the best interests of the patient.

Medicines Management Plans – Introduction

> **Key information**
>
> Medicines Management Plans are for a pharmacist to record the type of care and support they are providing to the patient to improve the patient's self-management of their medicines. They are living, long term plans that outline how the pharmacist is working with their patient to improve medicines adherence over time.

More Information:

The Medicines Management Plan is an integral part of providing the Community Pharmacy LTC Service. It is a record of the interaction between the patient and pharmacist. It is also a record of the services provided as both the pharmacist and patient work towards the patient being able to self-managing their medicines.

It is recommended that pharmacists prioritise adherence issues and work through the issues one or two at a time with their patient. The aim is to embed one or two good habits, then move on to incorporating the next good habit. Be guided by the patient's personality, previous successes, and noting what didn't work so well, in choosing which course of action to take.

There are four phases to the Medicines Management Plan:

1. Identification of factors contributing to non-adherence or medicines use problems (including understanding of the medicines or the health condition) and recording of facts to support these identified medicine use issues
2. Planning on how to improve self-management of medicines
3. Implementation of the agreed changes with the patient
4. Review how the changes are being embedded and whether the patient's self-management of medicines is improving.

The patient's medicine use issues should be identified and recorded when you complete Section 3 of the Medicines Management Plan (patient factors). The planning component is where you document your plans to work with the patient on certain issues.

Implementation is about putting your plans into action with the patient.

Reviewing is an important part of the Community Pharmacy LTC Service. This is because you need to reassessment the patient's eligibility for the service and review how your plan is working for the patient. Use the Patient Eligibility Reassessment Cycle flow chart in Appendix 3 to help you do this.

Reconciliation

> **Key information:**
>
> Reconciliation is essentially a process to check that what the patient is taking is what it was intended they should be taking. It is an important first step.
>
> Reconciliation is about obtaining an accurate, current and complete list of a patient's medicines, allergies and any previous adverse drug reactions from a reliable source (or sources) and comparing this with the list of current prescribed medicines and documented allergies and adverse drug reactions. The aim is to have one 'source of truth' for the patient's medicine regime.

More Information:

Issues with medicines can sometimes happen when a patient's care is handed over between health professionals (at transitions of care).For example, this could be when they are being admitted, transferred to or discharged from hospital. The changes to medicines may or may not be intentional. The patient could have entirely omitted to take their medicines or have been taking them incorrectly. Similar issues can also arise if a number of prescribers are involved in a patient's care. For example, a patient's GP and specialist(s) at an out-patient clinic.

Reliable sources can include:

- The patient and or someone else involved in their care
- The patient's medicines and the patient's carer's knowledge of their medicines
- GP, mental health team, specialists, non-government organisations, community health teams such as the diabetic clinic
- Clinical notes, hospital medication charts or e-prescribing systems, discharge summaries, etc
- Electronic medical information sharing services.

Using the information collected, check for any discrepancies to confirm a current, complete and accurate list of medicines.

Reconciliation is particularly important where multiple prescribers are involved in a patient's care and there is a possibility of more than one medicine being prescribed by different prescribers for the same condition. A patient could be prescribed a medicine as a generic as well as a trade name and not realise he or she is taking the same medication twice.

Once there is a single complete record of a patient's medicines, it is a good idea to give the patient a copy as a patient held medication record and encourage them to take it to all medical appointments as well as to keep it up-to-date as their medicines change. You could print the patient a medication chart in your Pharmacy Management System. A patient held medication record may in some areas be referred to as a 'yellow card'.

You can access resources on the Health Quality & Safety Commission website for more information on reconciliation. While you may find this useful, please note that you don't need to meet the Commission's standards in order to fulfil your contractual obligations under CPSA 12.

Synchronisation

> **Key information:**
>
> Synchronisation is about getting the patients' medicine supplies aligned so that they run out and pick up repeats or new prescriptions at the same time. The concept of a 'clean slate' is used to encourage patients to bring back medicines they no longer use and so they have just the right period of supply at home to get them through to their next routine repeat prescription.

More Information:

This process avoids patients holding excess amounts of medicine and helps ensure they don't run out of each medicine at different times. Pharmacists involved in piloting this intervention have reported decreases in the number of GP visits per patient, better adherence because patients feel less overwhelmed and reduced wastage. The pharmacist's time is also freed up to work on other areas of support for the patient's adherence due to the decreased number of visits to the pharmacy.

Some patients are also pleased with the reduced costs and time involved in visits to the doctor for prescriptions and to the pharmacy to pick them up. Patients may feel more in control of their medicines and less overwhelmed with fewer prescriptions to keep track of by keeping on top of individual medicines as they run out.

What to do:

1. **Identify which of the patients would benefit from having synchronised medicines and note this in their Medicines Management Plan**

   A general rule of thumb is that patients on five or more medicines or who have had frequent changes to their medicine regime could potentially benefit from synchronisation. You will also recognise those patients who come in regularly for different medicines at different times. Your dispensing record will also be a good indicator.

2. **Talk to the patient about the benefits and requirements of synchronisation**

   Key benefits for the patient include:

   - No excess or old medicines at home (which may pose a risk to them and the rest of their family in particular grandchildren).
   - No longer running out of just one or two medicines before the others and needing a special trip to the doctor and/or pharmacy to get a prescription
   - Reduced number of pharmacy and doctor visits needed
   - It may help them to remember to take their medicines.

   Ensure they understand that you may need to talk to their doctor about their medicines.

3. **Ask the patient to:**

- Ask their doctor to include all their usual medicines on their next prescription.
- Bring all their old and/or unfinished medicines with them when they come in to have the prescription filled.

4. Check which medicines the patient is regularly taking

Before filling the prescription, make sure you have a good understanding of whether the patient has diligently been taking all prescribed medicines or not. There are some risks of a patient suddenly taking medicines that they haven't been taking reliably up till now. You may want to let the patient's GP know that you are synchronising their medicines.

5. Ensure all medicines have the same finish date

Make sure that the patient understands that this may mean they don't get their 'full' prescription of some medicines because the aim is for all their medicines to run out at the same time, so that for the next prescription, they have a fresh start.

6. Advise the patient's GP of the actions you have taken

Keep in mind that patients can be nervous about not having 'spare' medicines on hand, or not having a full prescription filled. You will need to reassure them about the benefits of this and that once medicines are synchronised, they can be confident that they have exactly the correct amount they need, and will run out of all regular medicines at the same time .

7. Monitor medicines at future visits

Monitor progress with the patient's medicines and repeat the above steps as required. It can take as many as three cycles for a patient to have their medicines fully synchronised and may need to be ongoing for those patients who have continuing adherence concerns.

Reminders

> **Key information:**
>
> Reminders are a simple way to ensure the patients knows when their medicines are about to run out and have time to arrange for a visit to the doctor for a new prescription or a trip to the pharmacy to pick up a repeat prescription.

More Information:

Choose the most appropriate reminder method for each patient based on individual preference, usability and cost.   Reminders could be by:

- Phone call
- Text
- Email
- Stickers to go in diaries
- Magnets that can be written on for the fridge.
- Electronic diary appointments for those patients that prefer e-mail communication (e.g. Outlook).

A branded magnet is a great way to make sure your patient has your contact details handy on their fridge.

You can remind patients:

- When a new prescription is due
- To pick up a repeat prescription
- To bring in unused medicines if they are going through the synchronisation process.

You can set up reminders to be sent automatically from your computer through your pharmacy software system. Alternatively add reminders in your calendar to remind you who to phone each day.

Adherence Advice

> **Key information:**
>
> The biggest adherence tool in your toolkit is you. You can influence the patient by helping them understand the importance of taking their medicines as prescribed by their doctor and by separating fact from fiction about what they may have heard from their friends about their medicines.

More Information:

The patient may:

- Believe that if they have a minor self limiting side effect, or they are at higher risk of the major and very uncommon side effects
- Look up information on the internet and decide not to take their medicine at all
- Believe that a certain medicine is causing a particular symptom
- Believe that they are cured and don't need the medicine anymore
- Not fully disclose symptoms to their doctor
- Fear what will happen if they run out of medicine (and therefore keep a stockpile 'just in case')
- Be self-medicating and accidentally taking more than prescribed (e.g. pain medication).

Some statistics say that up to 70% of non-adherence is intentional. This means the patient consciously stops taking medicine/s.

The important thing to note is that these beliefs are not set in stone, and as the trusted pharmacist you are in a privileged position to advise and counsel the patient.

Adherence Aids

Key information:

Use appropriate tools to assist the patient to achieve their medicines self-management. Compliance (or blister) packaging or pill box organisers can help patients on multiple medicines who have trouble sticking to their correct dosages and timings. Another common tool is a patient held medication record or a 'yellow card'.

More Information:

Note that a patient who prefers blister packaging for convenience is different to a LTC Service patient who **needs** an adherence aid like blister packaging to ensure that they are sticking to their medicines regime.

Blister packs are just one adherence support option and are not an essential part of LTC management. They don't help people to remember so much as alert the patient if they have forgotten to take their medicines. However if a patient misses several doses it could signal a more significant medicines use issue to the pharmacist and lead to a discussion with members of the multi disciplinary team.

Use these links to read more about adherence aids

- http://www.australianprescriber.com/magazine/37/2/46/50
- http://www.australianprescriber.com/magazine/37/2/news/276.pdf

Dispensing frequency

Key information:

Some of your Community Pharmacy Long Term Conditions Service patients will be on a dispensing cycle, such as monthly, that is no longer appropriate.

Using your clinical judgement to consider changing their dispensing cycle to what is best suited to the patient. Remember you can tailor the medicines dispensing frequency for each Community Pharmacy LTC Service patient to what you feel is appropriate to meet their needs and that they are comfortable with.

More Information:

The PHARMAC Schedule's dispensing frequency rules enable Community Pharmacy LTC Service patients to have more frequent dispensing decided by the pharmacist. Sometimes you will have patients in your pharmacy who have been collecting their prescriptions regularly for some time. Perhaps they have become increasingly adherent over time or they were initially put on a more frequent schedule until the prescriber was confident about the medicine, but this has not been reviewed.

As part of medicines management planning, consider whether the patient's dispensing frequency is appropriate. If you decide to lengthen the cycle, it is best practice to confirm this with the patient's GP if the GP has requested the shorter cycle.

You cannot supply non-stat medicines as stat. For example, you cannot supply inhalers in a 3-month lot when the PHARMAC schedule states that no more than a month should be supplied at a time, unless one of the exemption criteria applies for a particular patient, e.g. if the patient is travelling.

Check with PHARMAC if you have queries about the Dispensing Frequency Rule. The rule is in Section A of the Schedule. For more information call PHARMAC on 0800 660050.

Streamlining medicines regime

Try simplifying a patient's medicines regime by aligning their doses to meal times. If a script has 'once daily' written on it, work with the patient to find out what time of the day is the best for them to remember to take their medicine. Depending what medicine they have been prescribed, you could organise the doses to be taken all at the same time and reduce the number of different dose times a day.

Interaction with the multi disciplinary team

Key information:

The pharmacist will play the role of medicines management expert within the multi disciplinary team. The pharmacist will understand the patient's medicines, potential interactions and adherence issues.

More Information:

Increasingly, the pharmacist's role within the wider health professional community is becoming a crucial one. One of the key drivers of the CPSA is to utilise the skills and medicine expertise of the pharmacist and one of the key roles they need to play is to be part of a patient's multi disciplinary team.

Ask your local GP how they prefer to be kept in touch with.

The overall goal is to have pharmacists working alongside other health professionals to holistically provide patient care. The pharmacist plays the role of medicines management expert - particularly of medicines the patient is on. For example, understanding interactions - particularly where more than one prescriber is involved with a patient, identifying adherence concerns and managing adherence. Often the pharmacist sees patients on a regular basis, so is in a good position to notice when a patient is (or isn't) managing their medicines well and to pass that information onto the patient's GP.

Recording your interaction with the patient

Key information:

Use your pharmacy management software to quickly record any non-dispensing contact with the patient which isn't documented by other, easily accessible ways. This could be face to face contact, sending a text message or by talking with the patient on the phone.

Clearly and concisely note down when this *"regular proactive contact or interaction"* occurred and what was memorable, relevant or interesting about the conversations you shared. This information needs to be clear and brief to the extent that other health professionals will be able to understand the patient's medicines use and see the interventions or services put in place to improve the issues. Bullet point notes are a good way to provide a record of the services provided.

Should the patient move their LTC Service registration to another pharmacy you will be asked to share the Medicines Management Plan and accompanying notes with the other pharmacy. Good note taking will help support continuity of care for that patient.

More Information:

Get into the habit of recording the following aspects in the patient's Medicines Management Plans:

- Any returned medicines
- What the patient's adherence issues are and facts to support this

- What support measures have been put in place to address these issues for example, what medicines have been synchronised?

Consider the notes you have made. Would another pharmacist be able to quickly understand the patient's medicine use issues and the level of support that you have put in place to minimise them? If not, then add more detail to the plan.

You don't need to record the patient's GP visits.

The Medicines Management Plans webinar will take you through some examples of how patient contact can be recorded using your Pharmacy Management Software for your Community Pharmacy LTC patients.

Storing the plan

Key information:

Keep the Medicines Management Plan securely on file for 10 years. These can be hard copy or electronic but you do need to ensure you have back up copies.

More Information:

The important thing is that the plan is stored somewhere, preferably electronic. If the patient or DHB requests it, you need to be able to show them their Medicines Management Plans.

Privacy is of the utmost importance. Be careful with access and passwords to your computer systems and never leave paper copies of files unattended (they should be locked up securely).

Store back up copies securely off pharmacy premises in case of fire or theft.

Electronic files should be backed up on a regular basis.

See the section on Storing Documentation for general storage information.

Sharing the plan

> **Key information:**
>
> Increasingly pharmacists will be collaborating with other health professionals to improve health outcomes for patients. The patient consents to this when signing the registration form.

At this stage, you are not required to send the full Medicines Management Plan to the patient's GP. But if there is a crucial issue or concern that you have about the patient's care then you should discuss this with the patient's GP, as you would do normally anyway.

Keep a copy of the patient's original plan when you share it with another pharmacy or provider taking over the care of a patient. For example, if an LTC Service patient moves to another town or into to an ARRC facility.

Keep communication short and sweet for other busy health professionals.

Reviewing the plan

> **Key information:**
>
> You are required to review Medicines Management Plans at least annually. Do this in line with when you reassess the patient for continued eligibility for the Community Pharmacy LTC Service. In many cases you will be reviewing the Medicines Management Plan more frequently based on the patient's need.

More Information:

The review is a good opportunity to check how your plan is working and whether there are any new actions you should be taking with the patient. Do not try to do too much at one time as educating the patient and changing attitudes needs to be done a little at a time.

Time the review to be done when the patient is coming in for a prescription/ repeat prescription so it can be discussed in person.

Section 5: Managing the patient

Annual Reassessment

> **Key information:**
>
> Each year on or before the anniversary of the start of the patient's first assessment, you need to check the patient is still eligible for the Community Pharmacy LTC Service. Use the assessment tool to do a quick check that the patient still scores at least 20 points, including 10 points for adherence issues. If you do not reassess the patient within 365 days from the Assessment Start Date, you are no longer eligible to receive funding for that patient. If your pharmacy management system is LOTS, enter the new assessment date to trigger the next reassessment date.

More Information:

It is best practice to reassess a patient at any time you think they need it. For example, if medical conditions improve and the number of medications the patient is on reduces, or life circumstances change that affect a patient's adherence. Once you have confirmed the patient is still eligible, make and document the necessary changes in your software system and continue managing the patient.

If the continued interaction with the pharmacist as part of the LTC Service is keeping the patient adherent, then the patient should be kept in the LTC Service.

Assuming there have been no changes to the patient's medical conditions, the biggest changes are likely to have taken place in their adherence. Improvements in a patient's adherence may be entirely, or in part, due to your medicine's management support. When assessing the patient's adherence you need to take into consideration that their current adherence may only be due to receiving the LTC Service and the support you provide to improve their self-management of medicines.

Some patients initially may have needed a high level of support, for example after surgery or heart attack, and have since become self-sufficient in managing their own medicines. These, and similar, cases can be exited from the LTC Service when you think appropriate. (See Exiting a Patient from the Service).

The pharmacist must record that the review has been done, what changes have been made to the patient's eligibility, if any, and changes to the Medicines Management Plan. If the patient's score has changed, then enter the new score. Enter the date that you completed the reassessment to ensure that the reassessment date is set for the next year.

Spread reassessments throughout the year to manage peaks and troughs in your workflow and to coincide with patient's planned visits.

Multi disciplinary teams

Key information:

A patient's multi disciplinary team consists of the health professionals the patient interacts with about their health. The goal is for the members of that multi disciplinary team to have a shared understanding of the patient and their health concerns. Your role as the pharmacist particularly relates to their medicines management.

More Information:

Over time the multi disciplinary team aspect of the Community Pharmacy LTC Service will grow.

You are not expected to meet in person or all at one time, but ideally you will gather information from the other members of the team. This may include lists of prescribed medicines and treatment plans.

You should share any adherence concerns and/or large misconceptions the patient may have around health concerns or their medicines. This could include parts of the patient's Medicines Management Plan or as they are completed. For example, sharing a revised medicines regime after carrying out medicines reconciliation. Currently sharing Medicines Management Plans electronically is not expected until the IT is enabled. You will be told when this becomes available.

Initiate meetings with your local GPs to strengthen the relationships within your multi disciplinary team. Opportunities like this highlight the key role pharmacists play in improving a patient's overall health via medicines adherence support to those patients registered for the LTC Service. You can refer them to the page and resources on the Community Pharmacy Services website specifically designed to inform prescribers about the Community Pharmacy LTC Service and the CPSA.

Proactively supporting the patient

Key information:

You need to be in regular contact at least once a month with the patient. This could be a chat at the time of a prescription pick up, a phone call to check how a new medicine is going, or occasionally a specific text reminder may suffice, depending on the patient's needs.

The key thing is that the patient has consistent and appropriate contact with your pharmacy.

For patients early in the Medicines Management process, it may need to be weekly or fortnightly contact to start with.

In most cases that contact is likely to be part of the usual interactions between patient and pharmacist - chats at the time prescriptions are picked up, text reminders or calls to check on a patient at particularly crucial times (such as a new medicine has been introduced or the dosage has changed, or the patient has been in hospital). All these contacts need to be recorded.

Make sure you record the active management you have with your patient in your pharmacy software system.

No service fees paid if no dispensing is done for 120 days

As discussed in 'Proactively supporting the patient', you need to be in regular contact with the patient.. If the patient doesn't have any medicines dispensed by you over a 120 day period, it will be assumed you are no longer providing the Community Pharmacy LTC Service to that patient and you will receive a zero payment on your reconciliation statement.

This is a last resort as in most cases you will be well aware of the patient's change in circumstances and the fact that they haven't required medicines from you and will already have end dated them at the appropriate time.

If that patient later returns to your pharmacy and wishes to receive the Community Pharmacy LTC Service from you again, it is clinically appropriate that you reassess that patient's eligibility for LTC Service and do medicine reconciliation.

Use the Community Pharmacy Portal to search the patient's NHI and see which (if any) pharmacy the patient is registered with for the Community Pharmacy LTC Service. You can then arrange for their registration to be end dated at that pharmacy and the Medicines Management Plan to be shared. For more information see Section 1 Eligibility and Assessment.

Exiting a patient from the service

Key Information:

To exit a patient for any of the reasons below, you must enter an appropriate end date and exit reason in your pharmacy software. You must enter an end date as soon as you are aware that you will no longer be providing the LTC Service to that patient.

More Information:

The following are examples of predefined reasons to exit a patient from the LTC Service:

- Patient is no longer engaging with you
- Patient transfers to another pharmacy (see section on duplicate registrations and transferring patients)
- Patient has moved into ARRC care permanently

- Patient no longer needs the LTC Service or is no longer eligible
- Patient has died.

A reason description is provided in your pharmacy system. This information supports auditing and helps form detailed reports for pharmacies on their LTC Service fee payments. In particular, this information is useful when a payment stops or is less than the usual full month payment.

You must end date a Community Pharmacy LTC Service patient as soon as you are aware that you will not be providing the service to that patient any longer. The Agreement says you may only claim the monthly LTC Service fee for a registered patient if you know that you will be providing the Community Pharmacy LTC Service to that patient in the following month for which you are claiming fees. If you have been advised by a patient, another pharmacy, or your DHB Portfolio Manager that a patient has transferred to another pharmacy for the Community Pharmacy LTC Service, then you must end date the patient or you are claiming for a service you are not providing.

It is best practice to provide the patient's Medicines Management Plan to the new pharmacy so there is no disruption to the care of that LTC Service patient.

Storing documentation

> **Key Information:**
>
> The Community Pharmacy LTC Service patient registration form is part of the patient's health records and must be kept for at least 10 years. This will ensure you are able to access this information even after the patient is exited from the service for various purposes and in the event of an emergency. A scanned copy is acceptable for audit purposes but must clearly show all the information on the original hard copy including the signature and date.

More Information:

Choose an electronic file format that will last for 10 years. PDF, JPG or TIFF files are all software independent, so should be readable by any system in the future.

If you upgrade or back up your computer, ensure how you choose to retain your records is in accordance with current health records management protocols and requirements. Advice on this can be obtained from a number of sources e.g. Ministry of Health, National IT Board or DHB.

Check the scanned copy is legible and includes all the information needed before destroying the hard copy.

It is important that electronic files are still readable and assessable even if the proprietary software is no longer available or supported.

If you choose to keep a hard copy, you must ensure it is safely stored and available for audit for at least 10 years.

Liaising with other agencies

Key Information:

You will need to liaise with the other people involved in the patient's care through the traditional methods – e.g. by phone or in person – if you have a query about the patient's eligibility.

More Information:

In time, you will be able to send secure messages and information between prescribers and pharmacy as part of the e-prescribing roll-out. Eventually a 'Shared Care' platform will enable Medicines Management Plans to be stored and made accessible to authorised parties. Until then there is no requirement for you to share the plan with the prescriber. Continue to communicate important issues to the prescriber as you always have.

Section 6: Funding and Payment

Reconciling payments for your Community Pharmacy LTC Service patients

> **Key information:**
>
> Payments under Stage 4 of the CPSA are made up of the Patient Service Fees, Case Mix Service Fees and the Handling Fee.
>
> Use your Community Pharmacy Portal to generate payment reports that will help you understand your payments.

For each Community Pharmacy LTC Service patient, you are paid:

- The monthly LTC Service Fee (in advance).
- Case Mix Service Fees (paid in advance then adjusted in 3 months' time)
- A Handling Fee for each dispensing (paid as part of the batch claim).

Summary of payment for Community Pharmacy LTC Service patients – Stage 4			
Type of payment	**Started on**	**Paid on**	**Where is the information**
LTC Service Fee (each registered patient)	1 March 2013	Seventh business day of the month, paid monthly in advance.	• In your Buyer Created Tax Invoice sent from the Ministry of Health each month. Log into the Community Pharmacy Portal to check the registrations you have been paid for. If you have queries about your LTC Service fees email BSShelpdesk@moh.govt.nz • Your Community Pharmacy Portal
Case Mix Service Fees	1 August 2014	First business day of the month, paid monthly in advance.	• In your Remittance advice sent from the Sector Service at the Ministry of Health. • Your Community Pharmacy Portal
Handling Fee (each dispensing)	1 July 2012	With your batch claims, paid when claim is submitted.	• In your weekly or fortnightly remittance advice sent from the Ministry of Health • Your Community Pharmacy Portal

Community Pharmacy LTC Service fees cease if no dispensing for 120 days

> **Key information:**
>
> If a pharmacy doesn't dispense a prescription to a patient for 120 days, payments will stop. This is one of the monitoring triggers that will invite further scrutiny of the pharmacy's management of Community Pharmacy LTC Service patients.

The contract requires proactive regular contact. It is expected that you are regularly monitoring your LTC Service patients, at least monthly. There is an expectation that you would be checking on a patient if you haven't seen them for a while.

If a patient doesn't receive a prescription from a pharmacy for 120 days, the pharmacy will automatically no longer be paid the LTC Service fee. This will show up as a zero payment against that patient's registration in the reports generated in your Community Pharmacy Portal.

Generating Reports using your Community Pharmacy Portal

> **Key information:**
>
> The Community Pharmacy Portal can help you understand your Stage 4 Community Pharmacy Case Mix Service Fees and LTC Service payments by generating reports on:
>
> - Registration data summaries showing successful, exited, currently active and unsuccessful Community Pharmacy LTC Service registrations
> - Community Pharmacy LTC patients that are due to be reassessed
> - Service fee payments that identify why a LTC Service payment has or has not been made
> - Case Mix summary and advance service fee reporting
> - Remittance notices
> - CRC and CDOS patients and facilities.

> **More information:**

View the Community Pharmacy Portal webinar recording on the CPS website (www.centraltas.co.nz). Contact bsshelpdesk@moh.govt.nz regarding your payment queries and for more information on the Community Pharmacy Portal.

Section 7: Other Helpful Information

Medicines Use Review and the Community Pharmacy LTC Service are two distinct and separate services

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Key information:

The Community Pharmacy LTC Service is for patients with chronic medical health conditions who require support to improve their adherence and self-management of their medicines. The pharmacist implements one or more of a series of defined practical solutions to help the patient adhere to his or her medication regimen and then regularly monitors the patient's adherence.

More Information:

Medicines Use Review (MUR) is a structured service involving a face-to-face consultation and a follow-up for those patients with significant issues impacting on medication use. It includes a detailed exploration and identification of the barriers and problems affecting adherence and appropriate use of medicines and empowering the patient to participate in developing and implementing solutions. This may require patient education, negotiation and working with other members of the patient's health care team and their family.

In summary, MUR is more focused on identifying the medicine use problems, particularly those that are associated with intentional non-adherence and then improving the patient's health literacy and understanding, to enhance self-management of medicines; while the LTC Service is focused on on-going adherence support activities to enhance medicines adherence.

The LTC Service is a Level A service on the Pharmacy Council NZ Medicines Management Competence Framework, and MUR is a Level B service.

MUR arrangements are specific to each provider and are in Part P of the Agreement, at the discretion of individual DHBs.

Links to useful information

- Community Pharmacy page on the Central TAS Website
- LTC Service Protocol
- Medicine reconciliation resources
- Pharmacy Council of New Zealand
- College of Pharmacists.

Section 8 – Community Pharmacy Long Term Conditions (LTC) Service Documentation General Terms & Glossary

General Terms

Term	Definition	Example where appropriate
Adherence aids	Adherence aids are objects, services or devices which assist patients to adhere to their medicines regime. http://www.australianprescriber.com/magazine/37/2/news/276.pdf http://www.australianprescriber.com/magazine/37/2/46/50	• Options include a patient held medication record, (e.g. yellow card), reminder systems and methods of organising the medicines, e.g. a medicine organising tray or a compliance pack.
Adherence (to medication)	Adherence is defined as 'The extent to which the patient's behaviour matches agreed recommendations from the prescriber'. It has been adopted by many as an alternative to compliance as it implies freedom of choice by the patient. (See also 'compliance'). Unintentional non-adherence occurs due to patient factors such as memory, dexterity, etc. Intentional non-adherence is when a patient has decided not to adhere to the treatment regime due to their beliefs, attitudes and/or expectations. [From: Concordance, adherence and compliance in medicine taking. Report for the National Co-ordination Centre for NHS Service Delivery and Organisation R&D (NCCSDO), December 2005]. http://www.academia.edu/855004/Concordance_Adherence_and_Compliance_in_Medicine_Taking	
Concordance	Concordance is a term used predominantly in the UK. The definition has changed over time and now refers to a broad concept involving prescribing communication and patient support in medicine taking. Concordance is sometimes used incorrectly as a synonym for 'adherence'. [From: Concordance, adherence and compliance in medicine taking. Report for the National Co-ordination Centre for NHS Service Delivery and Organisation R&D (NCCSDO), December 2005].	

Term	Definition	Example where appropriate
Health literacy	Health literacy is defined as 'the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions' (Kickbusch et al 2005). Further information: www.healthliteracy.org.nz Health Quality & Safety Commission New Zealand	• Poor health literacy would normally be indicated by a patient struggling to understand what their medicines are for and possibly even struggling with the fact that they need to keep taking them for the rest of their life.
HPI	Health Practitioner Index (HPI). This refers to the unique national identifier for each health professional.	
InterRAI	InterRAI is a comprehensive suite of assessment instruments which includes a comprehensive geriatric assessment tool designed to assess the medical, rehabilitation and support requirements of older people in the community. It is an international tool that has been standardised, and its use is being rolled out to all District Health Boards. The tool includes a medication adherence assessment component. www.interRAI.org	
Long Term Condition	A long term condition is any on going, long-term or recurring condition that can have a significant impact on people's lives. They share the following characteristics: • they have complex and multiple causes • they usually have a gradual onset but can have sudden acute stages • they occur across the life-cycle becoming more prevalent with increasing age • they compromise quality of life through physical limitation and disability • they are long term and persistent, leading to a gradual deterioration of health • While not immediately life-threatening, are the most common and leading cause of premature mortality. References : National Health Committee. 2007. Meeting the Needs of People with Chronic Conditions. National Advisory Committee on Health and Disability, Wellington, New Zealand. Ministry of Health. 2009. Report on New Zealand Cost-of-Illness Studies on Long-Term Conditions. Wellington: Ministry o	Long term conditions include: • Diabetes • Cardiovascular disease (including stroke and heart failure) • Cancer • Asthma • Chronic obstructive pulmonary disease • Arthritis and muscular skeletal disease • Dementia • Mental health problems and disorders

Term	Definition	Example where appropriate
	The Global Burden of Disease: 2004 Update - World Health Organization	
Medicine synchronisation	Coordinating the quantities of all regular medications to the medicine(s) that will run out first in order that the next prescription periods can be aligned with common start and stop dates for all regular medicines.	
Medicine reconciliation	Collecting and comparing information from prescribers and other sources including the patient on a patient's medicines in order to identify the most current, complete and accurate, list of medicines the patient is receiving and any known allergies or adverse drug reactions. http://www.hqsc.govt.nz/assets/Medication-Safety/Med-Rec-PR/Medication_Rec_Standard_v3.pdf	
MTA	Medicines Therapy Assessment (MTA) is a clinical review of all of person's medicines, which is provided by accredited pharmacists. This service assesses the therapeutic appropriateness of each medicine and develops individualised care plans to address medication-related problems and optimise health outcomes. [Source: Pharmaceutical Society of NZ & NZ College of Pharmacists. Introduction to Medicines Therapy Assessment]. www.psnz.org.nz/public/cop/documents/IntroductionToMTA.pdf	
MUR	Medicines Use Review (MUR) is a service provided by accredited providers that focuses on identifying and addressing medicine use uses and causes of non - adherence, as opposed to the LTC service that focuses on supporting and improving -adherence. For more refer to the New Zealand Pharmacy council MUR Guidelines	

Term	Definition	Example where appropriate
NASC	Needs Assessment Service Coordination (NASC) agencies are organisations funded by the Ministry of Health and District Health Boards to assess a person with physical, intellectual, sensory, age-related and mental health disability which is likely to continue for a minimum of six months and results in a reduction of independent function which requires support to maintain daily independence. Services may be community or residentially based. A person is assessed to identify their needs and outline what disability support services are available to them. To locate a NASC agency in your area please go to: http://www.health.govt.nz - needs-assessment-and-services-coordination-services	
Palliative care	Palliative care provides symptomatic treatment for people suffering from a life-limiting illness (one that cannot be cured). The term is commonly used for people with terminal cancer, but is also used for people with other conditions, e.g. cardiac disease, chronic obstructive pulmonary disease (COPD), kidney failure, Alzheimer's, and HIV/AIDS. For more information go to: www.health.govt.nz/our-work/life-stages/palliative-care	For the purpose of the Eligibility Tool, palliative care is defined as a condition in which the patient is not expected to live more than a further 12 months.
Patient held medication record	This is a record of the medications (including dose and frequency) held by the patient – commonly referred to as yellow cards in many regions of New Zealand.	
Poly pharmacy	This is a term that is used when a patient is prescribed many medications. The medications may or may not be clinically indicated, but the sheer number of medications creates difficulty, confusion, or is a burden. Further information on poly pharmacy is available at: http://www.bpac.org.nz/Report/2012/October/polypharmacy75.aspx	May be many different medicines and/or several strengths of the same medicines. Either of which adds complexity to the medicines regime. E.g. Tablets and suppositories of an anti – inflammatory.

Terms Identified in the Eligibility Assessment Tool

Term	Definition	Example as appropriate
Section 2. Eligibility assessment process		
Less than 80% of prescribed doses of regular medicines for LTCs have been collected in the preceding 6 months	Of any **one prescribed** medicine for the treatment/ management of a LTC. Evidence for this would be gathered from the pharmacy software system. For the purpose of eligibility, Special Foods are not to be counted as a regular LTC medication.	A pharmacy software report may show gaps in a patient's collection of one or more medicines. This highlights that the patients adherence would be less that 80% for that medicine.
Evidence medicines are not being taken even though more than 80% of prescribed doses of regular medicines for LTCs have been collected in the preceding 6 months	"Evidence" that a patient is not taking/using their prescribed medicines properly may be gathered from a variety of sources including: the patient, the family/whanau, the GP team, NASC, CADS, hospice nurse, outpatient clinic, specialist, and hospital pharmacist.	• The GP or other authorised prescriber finds they are not achieving the expected clinical result they would expect if the patient were taking their medicine. • A bag of unused medicines is returned to the pharmacy for disposal. • The patient tells you they are not taking one or more of their medicines. • For the purpose of the LTC service "Evidence will be maintained in the pharmacy system by means of a file/comment note on the patient record".
Factors identified that will negatively affect adherence and self-management of medicines including one or more of: physical disability, cognitive impairment, intellectual disability, complex medicine regime, poor health literacy, unstable health status, inappropriate overuse of	Record these factors if they specifically affect the patient's ability to adhere to their medication regime.	

Term	Definition	Example as appropriate
medicines		

	Physical disability relates to a disability that negatively affects medication adherence.
	
	Note: The patient's Medicines Management Plan will need to explain how you supporting the patient so that the disability will no longer affect their adherence.
		• Dexterity issues due to physical limitation – unable to open/manipulate usual medicine containers .
		
		• Loss of feeling in fingers that cause dexterity problems and ability to administer medicines.
		
		• Poor eye sight such as:-
		
		    o they cannot read labels well enough to follow instructions.
		
		    o cannot see the medications to ensure they are taking the correct medicines.

	Cognitive impairment relates to an illness or condition affecting the brain that negatively affects medication adherence e.g. forgetfulness.	• Frequently forgets to take their regular prescribed medicines, or forgets if they have taken them and take more than one dose. • Forgets to collect medicines, forgets doctors appointments E.g. people with intellectual disabilities..
	Intellectual disability relates to a patient whose intellectual ability is compromised to the extent that it negatively affects medication adherence.	
	A **complex medicine regimen** is one that the patient finds complicated and confusing leading to poor adherence. Application of this criterion is patient specific rather than	• Regimes with many medicines could be complete for some patients but not for others. You will need to use your professional judgement as to how this

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Term	Definition	Example as appropriate
	regime specific, a regime which one patient finds complex and difficult to adhere to will be managed without difficulty by another patient.	complexity affects this patient. • Regimes with a number of medicines which have to be administered at different times of the day (e.g. a regime with some once daily medicines 3x or 4x a day. • Regimes with some regular and some intermittent medicines, e.g. regime of regular daily NSAID and analgesic medicines plus intermittent medicines, e.g. weekly methotrexate and folic acid. • Decreasing or increasing doses over a period of time, e.g. decreasing prednisone dose over a period of several weeks.
	Poor health literacy: See Health Literacy under General Terms above. **Unstable health status** would be evidenced by a number of medication or dose changes over the previous 6 months, or a new diagnose and new medicines. **Inappropriate overuse of medicines** would be evidenced by requests for medication repeats significantly prior to the expected date on a regular basis or other evidence of overuse such as drug seeking behaviour with the pharmacy and attendance at more than one prescriber to obtain a target medicine.	• Early collection of tramadol, salbutamol inhalers, benzodiazepines.

Section 3. Medication Management Plan		
Term	**Definition**	**Example**
Medicines self management ability • Medicines are disorganised • Prescriptions for regular medicines 'on hold' • Medicines have been synchronised in the preceding 6 months and are out of synch again • Poor adherence with high risk medicines		Examples of a patient's medicines being disorganised may include: • supplies that start or finish out of synch with each other. • the patient has older supplies that have not been used. • or they have multiple supplies of one or medicines and are not sure which one they are supposed to be taking.

Disabilities affecting patients ability to self- manage their medicines
 	
• Physical disability relates to a disability that negatively affects medication adherence, e.g. poor vision, inability to open medicine packaging
 	
• Cognitive or intellectual disability
		• Cognitive impairment could be indicated if:
		
		   o the patient forgets to pick up medicine
		
		   o can't remember their address
		
		   o asks the same questions repeatedly
		
		   o When speaking, the patient has difficulty in finding the right word or tends to use the wrong words more often.

Factors affecting the patient's health status and self management of medicines • New long-term condition diagnosis (within the preceding 3 months) • Pharmacist aware of significant deterioration of		• For example: recurrent exacerbations of COPD or heart failure or asthma, progression of cancer disease, frequent medicine or dose changes. • Recent loss of partner or family member supporting the patient might be the reason the

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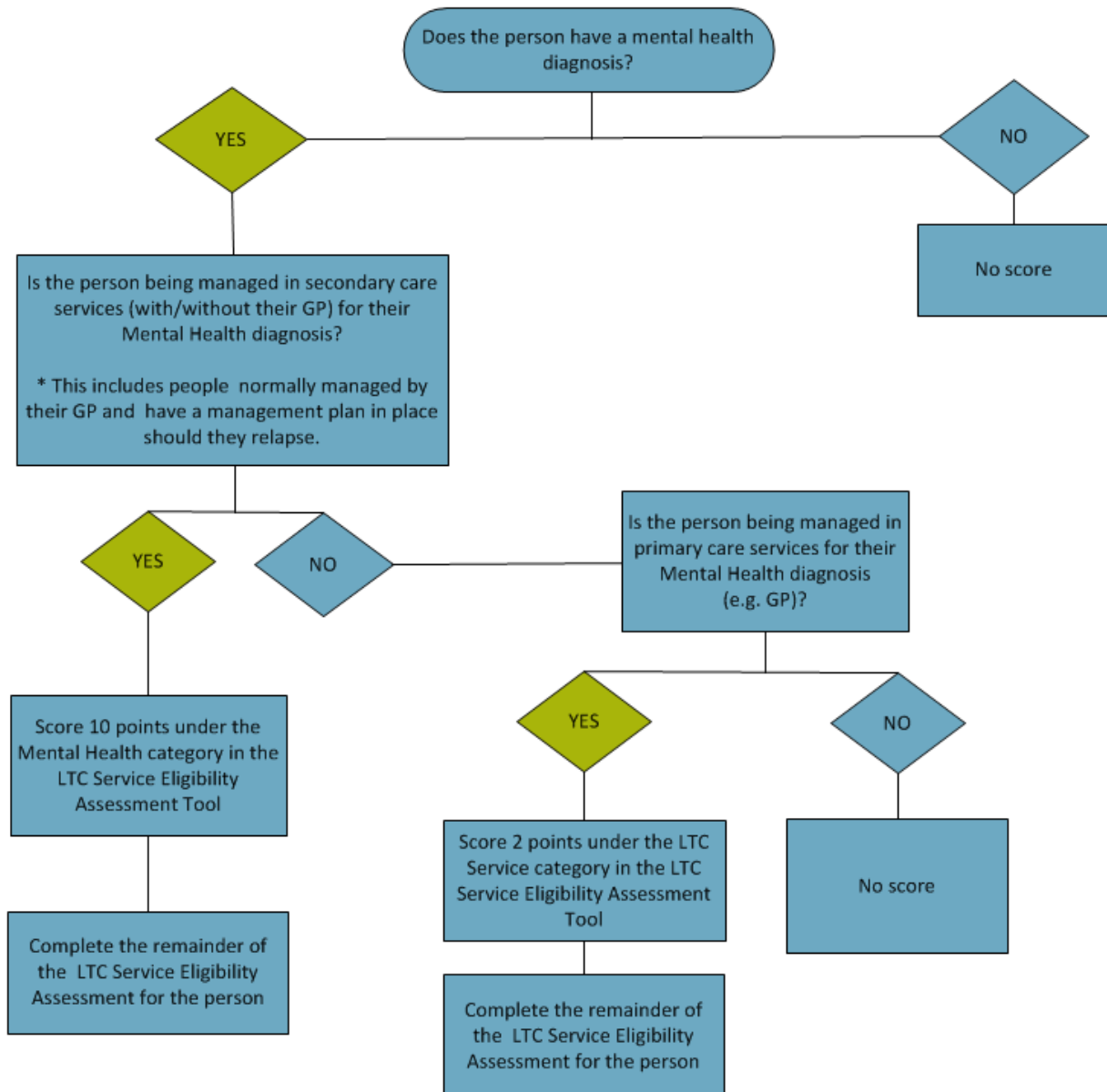
health status in the preceding 6 months • Pharmacist aware of changed personal circumstances in the preceding 6 months which may impact on patient's ability to adhere to or manage their medication regime (e.g. loss of partner)		patient is no longer able to self-manage their medicine regime.
Language skills • English as a second language • Poor comprehension in a native English speaker • Inability to read medicine labels	See **health literacy**	• May not be able to read the labels • Maybe not be able to understand spoken instructions • Patient may not understand instructions on medicine label even when told the instructions verbally.
Frequency of use of the health system • GP visits in the last 6 months • Hospital medical inpatient admission(s) in the preceding 12 months	3 or more GP visits in the last six months but excludes medicines supplied on 1 month scripts such as CDs. Patients discharged from medical wards or from rehab wards (even after a surgical admission when the patient was transferred to the medical or rehab ward after their surgery)	
Understanding of medicines and how to use them • The patient's understanding of their medicines and how to use them affects their ability to adhere to the regime.	See **health literacy**	
Complex medication regimen • The patient has a complex medication regimen which has multiple dosings per day, or	A complex medicine regimen is one that the patient finds complicated and confusing leading to poor adherence. Application of this criterion is patient specific rather than	• Regimes with many medicines and multiple doses in a day.

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| alternating, intermittent, reducing or increasing regimes. | regimen specific, a regimen which one patient finds complex and difficult to adhere to will be managed without difficulty by another patient. | • Regimes with a number of medicines which have to be administered at different times of the day (e.g. a regimen with some ONCE daily medicines. some BD medicines and some TDS medicines).

• Regimes with some regular and some intermittent medicines, e.g. regimen of regular daily NSAID and analgesic medicines plus intermittent medicines such as weekly methotrexate and folic acid.

• Decreasing doses over a period of time, e.g. decreasing prednisone dose over a period of weeks. |

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Section 9: Appendices

Appendix 1 – How to determine points eligibility for LTC Service Mental Health Diagnosis

How to Determine Points Eligibility for the LTC Service Mental Health Diagnosis

Does the person have a mental health diagnosis?

YES

NO

No score

Is the person being managed in secondary care services (with/without their GP) for their Mental Health diagnosis?

* This includes people normally managed by their GP and have a management plan in place should they relapse.

YES

NO

Is the person being managed in primary care services for their Mental Health diagnosis (e.g. GP)?

YES

NO

Score 10 points under the Mental Health category in the LTC Service Eligibility Assessment Tool

Score 2 points under the LTC Service category in the LTC Service Eligibility Assessment Tool

No score

Complete the remainder of the LTC Service Eligibility Assessment for the person

Complete the remainder of the LTC Service Eligibility Assessment for the person

Appendix 2 – Community Pharmacy LTC – Exceptional Circumstances Service User Reassessment Process
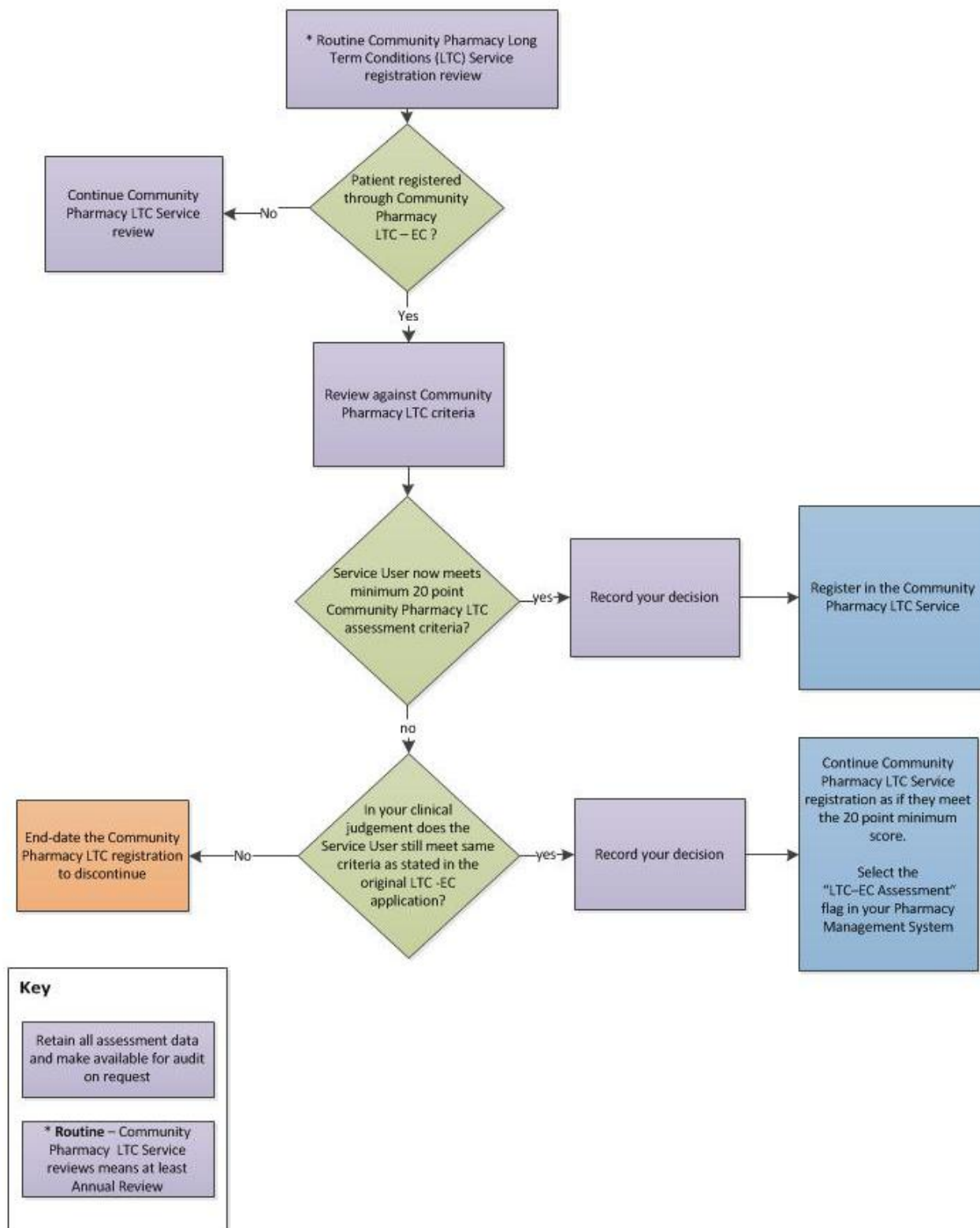
Appendix 3 - Patient Eligibility & Reassessment Cycle

| Practice population & information | Patient assessment | LTC patient support & reassessment |

Practice population & information:
- Information held by the pharmacy
- Patients in the practice population
- Information from other care providers

Patient assessment:
- Initial patient LTC assessment
- eligible & registered
- not eligible
- reassess on change
- Watch the patient for change in status

LTC patient support & reassessment:
- Prepare medication management plan
- LTC patient support cycle
- Review LTC assessment (usually at 12 months)
- Review and update management plan
- 12 month cycle
- still eligible
- no longer eligible
- Exit the patient
- if the patient remains in the community