EMPHN funds clinical pharmacy service for high-risk RDNS clients

TEAMM-Pharmacist (**T**imely **E**nhanced **A**ccess to **M**edication **M**anagement) is a new clinical pharmacy service integrated within the RDNS Eastern Clinical Hub to improve medication management for older people at risk of experiencing adverse medicine events.

Approximately 50% of RDNS clients are referred for medication management support. A large proportion of these clients are older (average age 80 years), have multiple comorbidities (average five chronic conditions), take multiple medications (average 10 per client), have multiple prescribers and multiple different medication orders (22% of clients) and have recently been discharged from hospital (39%).

In this setting medication errors and adverse medication events have been reported to affect around 40% of clients, with 13% of these events requiring medical consultation or hospitalisation.

The TEAMM-Pharmacists will work alongside the RDNS nurses to reconcile medicine lists, review and document medicines use in the home, provide medicines support and education to clients and family/carers, and coordinate medication management between the general practitioner team, nursing team, hospital, specialists and community pharmacy.

Q. Who will be eligible to receive this service?

A. Patients who reside in the EMPHN catchment who have been referred to RDNS for medication management support and have been assessed as at higher risk of medication misadventure. New and existing clients may be eligible.

Q. Are there out-of-pocket expenses for patients?

A. EMPHN's funding provides for employment of the clinical pharmacists, there will be no charge to patients.

Q. How is the GP involved?

A. TEAMM-Pharmacist is a collaborative service to reduce the risk of medication errors and improve the interdisciplinary care of older people. GPs will be consulted by the clinical pharmacists during the medication reconciliation process and to discuss and authorise any recommendations after medication reviews.

Q. Is there a role for Practice Nurses?

A. Practice Nurses are integral to the patient's care team and will engaged by the clinical pharmacists to facilitate communication with the GP and assist with the clinical pharmacy service provision.

Q. Why is this service needed rather than using Home Medicines Review (HMR)?

A. For this vulnerable, higher risk group of patients an in-house service:

- Avoids delays for GP referral, pharmacist review, patient recall for complete HMR process
- Provides a more connected experience for the patient - the TEAMM-Pharmacist home visit is conducted alongside the nurse's visit therefore nurse insights and management needs are taken into account
- Addresses management and information needs of the patient/carer and the RDNS nurse
- Provides follow-up and ongoing support for patients/carers, nurses, GPs and pharmacy to ensure medication issues are resolved
- Coordinates medication management across the care team

Home Medicines Reviews via usual processes may well be recommended for patients with less urgent medication management needs.

Q. How long will the service continue?

A. The TEAMM-Pharmacist service is funded from July 2017 until end June 2018.

For more information about the TEAMM-Pharmacist project contact Christine Bellamy Christine.bellamy@emphn.org.au