Consumer Uptake of Home Medicines Reviews (HMR): An Analysis of the HMR Program and its Sustainability

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Introduction
The Consumers Health Forum of Australia (CHF) is the national peak body representing the interests of Australian healthcare consumers. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems.

In January 2013, the Pharmacy Guild of Australia (the Guild) called for a moratorium on the provision of Home Medicines Reviews (HMRs). This call was based on a higher than projected uptake of the HMR Program in the latter months of 2012, resulting in a projected overspend in the program for the 2012-13 financial year.

$52.11 million has been allocated for the provision of the HMR Program under the Fifth Community Pharmacy Agreement (5PCA), and the Guild’s call for a moratorium has been met with opposition from the Association of Professional Engineers, Scientists and Managers Australia (APESMA)\(^1\) the Pharmaceutical Society of Australia (PSA)\(^2\) and NPS MedicineWise (NPS).\(^3\)

The purpose of this paper is to explore issues relating to the uptake and sustainability of the HMR Program in light of the Guild’s calls for a moratorium of the program. The paper also provides a snapshot of the current literature, research and policy debate surrounding HMRs.

Our analysis draws on extensive work in the medicines area, including literature scoping, consultations undertaken through our Community Quality Use of Medicines and Medical Tests Project, and dedicated consumer engagements focusing on adverse medicines events. Based on the strength and consistency of the evidence, CHF rejects calls for a moratorium on the HMR program, and instead believes that HMRs should be entrenched as routine services for eligible consumers.

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Background: Medication Errors and the Need for HMRs

Adverse events and medication errors have a significant impact on admissions and readmissions to hospital. International research shows that medication errors in the community are common, with up to 3.1 percent of deaths, 17.5 percent of general hospital admissions, and 30.7 percent of admissions in older people associated with such events in Europe and North America.\(^7\) Medication errors were also found to be associated with up to 38 percent of readmissions to hospital and 33.2 percent of emergency department attendances.\(^5\) A similar picture is evident in Australia, with hospital admissions associated with adverse events ranging from 5.6 percent of admissions in the general population to 30.4 percent of admissions in older Australians.\(^6\)

The Australian and international literature shows that medication errors and adverse events are common after discharge from hospital. Australian studies indicate that up to 30 percent of hospital admissions among patients aged 75 years and over are related to medicine use. Medication misadventure is also attributed to around one third of unplanned hospital admissions, with between 30 to 77 percent of these admissions being preventable through services and programs such as HMR. Overseas studies reported similar rates, with up to 18 percent of adults from outpatient clinic populations experiencing adverse reactions in the United Kingdom.\(^7\) One United States study found that 12.5 percent of people discharged from hospital had experienced an adverse event in the last year.\(^8\)

These errors occur during all stages of the medication process, including prescription, supply, administration, monitoring and documentation.\(^9\) The reported prevalence of errors at each of these stages varies greatly depending on the investigation technique, with the exception of errors occurring during transfer of care, which are consistently high.

Both Australian and overseas studies show high rates of errors in documentation during the transfer of care from hospital, with 52 percent to 88 percent of transfer documents containing an error. Rates of prescribing errors were found to be as high as 32 errors per 100 prescriptions in overseas studies and up to 115 errors per 100 high-risk patients in Australian studies.\(^10\) International studies found that 89 to 152 administration errors occurred per 100 high-risk patients.\(^11\) Another Australian study reported that a quarter of patients aged 65 and older required additional monitoring or intervention in their medication.\(^12\)

Factors that contribute to medication errors and adverse reactions are not well reported in many studies, demonstrating the difficulties of establishing the origins and circumstances of such events. Findings from CHF’s consumer consultations on adverse medicine events suggest that poor communication was the most commonly reported contributing factor, with

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\(^5\) Ibid.


\(^8\) Easton, Morgan and Williamson Op cit.


\(^10\) Easton, Morgan, and Williamson Op cit.


particular mention of poor communication between patients and health professionals, between general practitioners and pharmacists, and between health professionals at the transfer of care.\textsuperscript{13} These findings are supported by a recent study conducted by Witherington, Pirzada and Avery.\textsuperscript{14} Other important contributing factors included cognitive slips, errors and deficiencies, and organisational or work-related factors such as inadequate staffing levels and workplace systems, particularly in the pharmacy environment.\textsuperscript{15}

Based on the strength and consistency of the Australian and international data, and the findings of consumer consultations on adverse events and medication errors, CHF strongly supports initiatives aimed at reducing medication errors, particularly the HMR Program. CHF considers HMRs to be an essential tool in cutting hospital readmissions, reducing medication errors and lowering rates of adverse events.

**Consumer Uptake of the HMR Program**

Although the HMR Program is a free consumer service, research has consistently indicated that the uptake of community initiated HMRs has remained below the projected use.\textsuperscript{16} This is in spite of the fact that the program has been shown to successfully identify medication-related problems and improve the knowledge and adherence of the consumer to a medication regime.\textsuperscript{17}

Australian research, including reviews of the HMR Program itself, clearly indicate that the groups at the highest risk of medication errors and adverse medicine events after discharge are older people, those taking multiple medications and those taking high-risk medications.\textsuperscript{18} Cardiovascular drugs, antithrombotic agents, analgesics, antibiotics, oral antidiabetic agents, antidepressants, anti-epileptic drugs and chemotherapeutic agents were the medications associated with the highest risk of adverse events in acute and sub-acute settings.\textsuperscript{19}

Other medications such as anticholinergics, benzodiazepines, antipsychotics, sedatives and hypnotics and oral corticosteroids were highlighted as presenting a high-risk in the elderly population. Respiratory drugs, antibiotics, antihistamines and analgesics were most commonly associated with adverse events in the paediatric population.\textsuperscript{20}

Each of these risk factors is reflected in the current criteria for an HMR. Considering the high-risk status of consumers accessing HMRs, CHF rejects calls for a moratorium on the HMR Program, and would oppose any attempt to supplement the existing criteria with additional restrictions.

**CHF rejects calls for a moratorium on HMRs. CHF sees no justification for additional criteria or restrictions, and would consider any such measure to restrict access to the program to be counter-productive.**

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\textsuperscript{17} Ibid.


\textsuperscript{19} Ibid.

\textsuperscript{20} Cuzzolin, Zaffani, and Benoni Op cit.
The Need to Remove Barriers to Access
Rather than suspend or restrict access to the HMR Program, CHF argues that any change to the program should aim to remove barriers to access for high-risk consumers who would benefit from HMRs.

This position is supported by several major pieces of research. One key study suggests direct-to-consumer promotion of HMRs to increase the uptake of the service and improve medication safety.\textsuperscript{21} It recommended clear communication of the process and benefits of the service to eligible patients and their carers. It also highlighted the importance of enabling patients and carers to self-identify their eligibility.\textsuperscript{22}

Research has also identified a number of barriers to accessing HMRs among specific populations.\textsuperscript{23} Specific populations with particularly low access to the HMR Program include people from culturally and linguistically diverse backgrounds, older Australians and Indigenous Australians.\textsuperscript{24} Coincidentally, a recent evaluation of the HMR Program commissioned by the Department of Health and Ageing found that these consumers are the most likely to experience high relative rates of hospitalisation due to medication misadventure.\textsuperscript{25}

CHF notes that community pharmacy representatives have previously acknowledged barriers to access, low levels of awareness of HMRs among consumers, as well as low rates of participation among certain populations. Many of these populations have an increased risk of medication misadventure compared to the general population.

Previous evaluations of the pharmacy component of the HMR Program commissioned by the Guild have cited a lack of awareness of HMRs among consumers as a key barrier to participation.\textsuperscript{26} More recently, the Guild commissioned Increasing Patient Demand for HMR: A Marketing Plan in 2010, outlining a number of detailed strategies to increase patient demand for HMRs.\textsuperscript{27} As recently as 2012, the Guild indicated that it hoped to see the number of HMRs delivered under the SCPA grow substantially.\textsuperscript{28} CHF considers that any recent increase in the uptake of the HMR Program is positive and consistent with previous strategies, and is therefore disappointed by the recent change of position.

Rather than suspend or restrict access to the HMR Program, CHF believes that any change to the program should aim to remove barriers to access for high-risk consumers who would benefit from HMRs. This is consistent with positions held by the Guild until recently.

\begin{itemize}
  \item \textsuperscript{21} White, Klinner, and Carter Op cit.
  \item \textsuperscript{22} Ibid.
  \item \textsuperscript{24} Ibid.
\end{itemize}
Timeframes for Conducting HMRs

Recent claims that HMRs are being provided in excessively short time-frames will be surprising to many consumers, and are thoroughly at odds with the available data on the HMR Program. Research shows that while patients at high risk benefit from prompt HMRs, under the current model, this is known to be close to unworkable.

Findings of the HMR Qualitative Research Project suggest that there are chronic and ingrained issues with the timeliness of HMRs in community pharmacy, largely as a result of communication issues between pharmacists and GPs. According to clinicians participating in the project, this has resulted in lengthy delays in reaching consumers at high risk. These findings are supported by research showing that current approaches to HMRs in community pharmacy do not result in high uptake, and can lead to considerable delays in the process.

While the research on the time delays in HMRs has been consistent in its findings, CHF believes that any allegation of careless behaviour by providers should be taken seriously. If claims of HMRs being conducted in inappropriately short time-frames can be substantiated, or if those making the allegations have direct knowledge of practices occurring outside the guidelines of the HMR Program, CHF considers that they should be reported to the appropriate authorities. This approach has been supported by NPS, who have advocated for an audit of the program, rather than a suspension.

CHF believes that any specific allegations of HMRs occurring outside the program’s guidelines should be reported. If these issues are found to be widespread, the program should be audited, rather than suspended.

Sustainability of the HMR Program

To date, the overspend on the HMR Program has amounted to $4.2 million, largely as a result of a recent spike in demand. CHF notes that $52.11 million has been allocated for the provision of the HMR Program, much of which has not yet been spent, and argues that the HMR Program should be considered within the broader context of the $15.4 billion provided to community pharmacists under the 5PCA.

The 5CPA provides community pharmacies and pharmacists with $386.14 million in funding for the provision of professional services, with an additional $277 million for programs to support and deliver patient services. This amounts to total funding for programs to deliver professional services over the life of the Agreement of around $663 million. CHF also notes that the PSA has initiated moves to improve the business rules associated with the HMR Program in 2012, and has described the proposed moratorium as unnecessary.

CHF does not believe that the HMR Program is unsustainable, and notes that no evidence has been provided to suggest that it could not be cross-subsidised within the existing parameters of the 5PCA.

29 Ibid.
31 Campbell Research and Consulting Op cit.
32 Ibid.
33 Society of Hospital Pharmacists of Australia Op cit.
34 NPS MedicineWise Op cit.
Conclusion

Based on the strength and consistency of the Australian and international data, and the findings of consumer consultations on adverse events and medication errors, CHF strongly supports HMR Program as an effective initiative aimed at reducing medication errors. CHF considers HMRs to be an essential tool in cutting hospital readmissions, reducing medication errors and lowering rates of adverse events. CHF rejects calls for a moratorium on HMRs.

Literature scoping shows that they key characteristics associated with high-risk consumers are already reflected in the current criteria for an HMR. Considering the high-risk status of consumers accessing HMRs, CHF would oppose any attempt to supplement the existing criteria and sees no justification for additional restrictions on the HMR Program. Indeed, measures to restrict access to the program would ultimately be counter-productive.

The research also shows that there a number of barriers to accessing HMRs among specific populations. Specific populations with particularly low access to the HMR Program include people from culturally and linguistically diverse backgrounds, older Australians and Indigenous Australians. Each of these groups is highly likely to experience elevated rates of hospitalisation due to medication misadventure. Rather than suspend or restrict access to the HMR Program, CHF therefore believes that any change to the program should aim to remove barriers to access for high-risk consumers who would benefit from HMRs.

Available data on the time delays in the HMR Program appear to be at odds with claims made regarding short time-frames in HMRs and careless behaviour by providers. However, CHF calls for known cases of practices occurring outside the guidelines of the HMR Program to be reported to the appropriate authorities.

Finally, CHF’s analysis concludes that the HMR Program is not unsustainable. We note that no evidence has been provided to suggest that the program could not be cross-subsidised within the existing parameters of the 5PCA.

Further Information

Further information about CHF’s work in this area can be found on the CHF website, www.chf.org.au. Alternatively, interested persons can contact CHF Policy Manager Maiy Azize at m.azize@chf.org.au or (02) 6273 5444 (STD calls will be returned).
The Consumers Health Forum of Australia (CHF) is the national peak body representing the interests of Australian healthcare consumers. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems.

CHF does this by:

1. advocating for appropriate and equitable healthcare
2. undertaking consumer-based research and developing a strong consumer knowledge base
3. identifying key issues in safety and quality of health services for consumers
4. raising the health literacy of consumers, health professionals and stakeholders
5. providing a strong national voice for health consumers and supporting consumer participation in health policy and program decision making

CHF values:

- our members’ knowledge, experience and involvement
- development of an integrated healthcare system that values the consumer experience
- prevention and early intervention
- collaborative integrated healthcare
- working in partnership

CHF member organisations reach millions of Australian health consumers across a wide range of health interests and health system experiences. CHF policy is developed through consultation with members, ensuring that CHF maintains a broad, representative, health consumer perspective.

CHF is committed to being an active advocate in the ongoing development of Australian health policy and practice.