Home medicines reviews

Do they change prescribing and patient/pharmacist acceptance?

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Home medicines review (HMR) was introduced into the Medical Benefits Scheme in 2001 to improve quality use of medicines, maximise health outcomes, and to encourage general practitioners and pharmacists to work collaboratively.[1,2] The benefits are supported in several Australian reports.[3–6] However, there is little focus on changes in prescribing, patient acceptance and pharmacist issues. Geraldton is a regional centre in Western Australia with a population of approximately 30 000 in the Midwest Division of General Practice (MWDGP) served by 28 GPs and four pharmacists who conduct HMR. More GPs from MWDGP claimed for a HMR during September to December 2002 than the national average.[7]

Methods

Notes from one practice of all patients who received a HMR between August and 2003 and August 2004 were audited. Information recorded included the number of prescribing changes, both minor (adjustments to dosage) and major (addition or removal of drugs) changes. A semi-structured telephone interview was also conducted with these same patients and all four pharmacists who conduct HMR.

Results

The mean number of medications taken by (49) patients was seven (range 2–15). The audit revealed that 84% of patients received at least one change to their medication as a direct result of the HMR (*Table 1*). More patients received minor changes (76%) compared to major changes (35%), and up to three changes. We interviewed 44 out of 49 patients (90% response rate); median age 63 years; 55% women. They reported making changes after their HMR: 20% discarding some medication; and 25% taking their medication differently. They all felt comfortable having the pharmacist in their home; 86% showed them all of the tablets in their house; 66% asked questions about their tablets; 73% wanted to have another review; and 59% of patients talked with their GP about their review.

Table 1. Number (%) of patients with changes to their medication made by the GP following a HMR

Total number of medication changes*	Patients, n (%)
1	16 (33)
2	18 (37)
3	7 (14)
None	8 (16)
Total	49 (100)

* Includes both major and minor prescribing changes

The four pharmacists reported improved relationships and communication with their patients after the review, which they described as holistic, and thought there was improved GP-pharmacist dialogue. However, time was an issue for all four; three feeling overwhelmed by the number of reviews requested. There were minimal financial rewards for conducting the HMR, which was only possible with additional support within their pharmacy. Undertaking the necessary accreditation posed an additional time constraint for one pharmacist.

Discussion

This study had method limitations meaning results cannot be regarded as definitive: numbers were small, subject's responses may not have been valid, and there was no control group to compare changes against. Nonetheless, it suggests HMR may improve the delivery of appropriate medicines and relationships between GPs, pharmacists and patients.[3,5] However, pharmacist issues surrounding locum support, time, accreditation and remuneration need to be addressed if HMR are to be sustain and expand.

Implications for general practice

- We know little about how acceptable HMR are for patients and pharmacists, nor how they influence prescribing.
- GPs in the MDGP use HMR above the national average.
- An audit showed an 84% change to their prescribing following a review.
- Pharmacists said they needed more time, funding, accreditation, and locum support to sustain and expand HMR.

Conflict of interest: none declared.

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