







Home medication review

A personal experience in rural Tasmania

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The Home Medication Review (HMR) was introduced into the Medical Benefits Scheme in October 2001, presuming teamwork and a holistic approach to treatment to be paramount in patient management at the primary health care level.

Ouse is a small rural town in the Central Highlands of Tasmania 90 km northwest of Hobart. It is a town of 300 people with a surrounding rural population yielding a practice population of 1500. I work as a solo practitioner, also dispensing medications at the Ouse General Practice in the district's community hospital. Forming a good team in a rural area where resources are less than adequate is quite challenging.

Medicines are a part of everyday life; general practitioners, however, are often unaware of all the medications their patients are actually taking. Understanding patients' conditions and the medications they take to manage these conditions is important for effective treatment; but in a busy practice it is inordinately time consuming.

At first I felt – like most GPs – that I might not have sufficient time to perform a HMR, which included explaining each medication in detail and answering patients' questions about treatment. I understood that the purpose of the HMR is to focus on quality use of medicines. This is intended to improve the patient's quality of life and health outcome using a best practice approach that necessitates a collaborative effort between the GP, pharmacist and patient, or where appropriate, their carer. I undertook my first patient HMR in 2003. As there is no pharmacy in Ouse (the nearest being at New Norfolk 50 km away) I had to request a phar-

macist to travel from Hobart or New Norfolk.

Following their HMRs, patients expressed their views in different ways. Many were impressed and excited with the service, others were less positive. These differences could be attributed to varying degrees of knowledge about both their disease and contingent medication as well as their level of education.

'It was a great opportunity for me and my wife to talk about our medications. At first we were a bit scared to ask questions, but later on the pharmacist was so friendly, that we ended up discussing a lot. The pharmacist told us about side effects, how to take, when to take, what would happen if not taken as our doctor had advised us. Also he mentioned that if we took any other medication without our doctor's prescription, we should let the doctor know'.

'It is really excellent that we get these services in a rural area'.

'I did not learn anything new'.

Part of the value of the HMR is that patients appear more confident in seeking further advice from their GP on dosage, possible side effects and in discussing the use of new medications or over-the-counter medicines.

Patients seem to have gained both a better understanding of their medication and increased confidence to communicate with their GP. Some GPs might feel they are already doing some form of medication review through their computer records package. Perhaps this is not enough. The pharmacist is able to review patients' use of medication against the GPs management plan and check if other medications are being used. The HMR raised my awareness of what my patients are actually taking from me and, in some cases, from other doctors or over-the-counter. Although some GPs may fear it's like 'big brother' intruding into their practice. I found that by having more understanding of their medications, my patients are much easier to work with.

The HMR gives us a valuable peek inside our patients' bathroom cabinets. It empowers the patient and encourages them to take responsibility for their medicine and their health by feeling comfortable enough to ask about anything of which they are unsure. Although time consuming, HMRs are worth the effort because they give patients satisfaction through a better doctor-patient relationship. Is this not what we all want?

Conflict of interest: none declared.





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