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Medication Stewardship In General Practice

a guide to implementation

Resource Developed by Woonona Medical Practice

Introduction

The aim of 'medication stewardship' is to reduce the risk of harm to patients, the practice and community and to improve and monitor the use of a medicine. Implementation depends on the context of the practice, and you will need to consider:

- What are the particular concerns for this general practice, this community and our patients?
- What are the intentions of your medication stewardship approach - standardisation of current practices for multiple medications, or for one medication; is it an existing problem or part of your risk management strategy?
- There will need to be a Project Lead of these changes. This Project Lead should be in a decision making role eg. the practice principal.
- What is the strategy/plan if agreement is not reached by all prescribers?

Steps: Before patients are involved

Determine Project Lead

Outline the proposal to all clinicians in the practice.

If possible or feasible, engage other disciplines in the implementation.

Develop or endorse a medication stewardship policy for the practice.

Determine how patients will be engaged.

Identify patients who have been prescribed the medication of focus.

Install resources into prescribing software.

Steps: Before patients are involved

1 **Determine Project Lead.**

- This is the individual / team responsible for managing and implementing the medication stewardship process into the practice.
- They are responsible for engaging the practice team.

2 **Outline the proposal to all clinicians in the practice.**

- Start with the general practitioners
- Include practice nurses and internal allied health practitioners; for instance, psychologists, co-located physical therapists, pharmacists.
- Consult with reception staff to determine best strategies for informing patients. Ensure they have back-up documentation to support changes brought about by these policy changes.

3 **If possible or feasible, engage other disciplines in the implementation.**

- This may be physical therapists or psychologists who have a relationship with the practice.
- If there is not a pharmacist within the practice, contact the local community pharmacies who can provide support through Home Medication Reviews (HMRs) and/or care planning.

4 **Develop or endorse a medication stewardship policy for the practice.**

- Determine the medications to be included in your stewardship policy. Will it focus on opioids, all drugs of dependence (eg. benzodiazepines and/or 'Z-drugs'), or other medicines used as analgesics (eg. gabapentinoids)?
- Your medication stewardship policy should be developed collaboratively and iteratively; reflecting on feedback from those who will be working with it.
- Determine how to inform pharmacists of your medication stewardship policy (eg. phone calls, emails) and how it will impact on them.

5 **Practice Planning and Education.**

- Provide education about:
  - The potential harms of the medication.
  - The rationale and inclusions in a 'patient-doctor' agreement or 'contract'. Emphasise to patient that repeat prescriptions for the medication of focus will not be given without review by the patient's GP or nominated second GP from the practice.
  - Reasons for requesting patient consent to release MBS / PBS claims data over previous 12 months.
- If introducing an Opioid Stewardship policy, your resources could also include:
  - Use of the 'PEG' questionnaire (Pain, Enjoyment, General activity) during consultations about opioid medications.
  - Explanation of oral morphine milligram equivalent dose (oMEDD) estimation – rationale, purpose and how it is used to ensure safe use of opioids.
- These resources will be uploaded to the prescribing software and can be used by GPs in discussions with patients.
- Outline referral pathways and procedure for patients who may be unwilling to engage with the medication stewardship policy changes or who have been identified with (or potentially have) a substance use disorder.
- Develop a list of allied health therapists for referral of patients affected by the medication stewardship policy changes (eg. physiotherapists, exercise therapists, psychologists).

6 **Identify patients who have been prescribed the medication of focus.**

Use prescribing software to:

- Identify patients recently prescribed the medication of focus.
- Generate a list of each GP's patients prescribed the medication of focus.
- Determine how to inform external providers, such as local community pharmacists. Use phone calls or emails to introduce the new practice policy.

7 **Plan how patients will be engaged.**

- Determine *how patients will be engaged*. These could include handouts, conversation points for GPs and/or video links.
- Develop a practice letter to be sent to all patients impacted by the medication stewardship policy.

8 **Install resources into prescribing software.**

- Resources developed to engage patients should be saved as templates into prescribing software.
- Printing from software will record evidence that the patient was provided with the information.

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Patient involvement

These details are applicable to opioids, but the steps are similar for other targeted medicine groups

1 **Send the practice letter to all patients identified as being on long-term opioids for chronic, non-cancer pain, on approval of each GP.**

- Before sending, check if GPs wish to personalise letters to their patients in some way.
- Ensure that reception staff are aware of the project and have at least one staff member able to field and answer questions from patients.

2 **Arrange for a specific appointment with each patient and their GP.**

- May be in response to the letter, or when the subject is raised by the GP.

3 **During the consultation with the GP or on-site pharmacist, the patient should be made aware that:**

- The practice is implementing a policy that applies to all patients on long-term opioids (if they are not prescribed for the management of cancer pain).
- The patient will be engaged in an 'agreement' or 'contract', which details the GP expectations, boundaries, a nominated second GP from within the practice and the goals of therapy that the patient hopes to achieve.
- There will be active plans to attempt to stabilise and wean the current opioid dose, particularly if it is moderate to high.
- The patient will be encouraged to engage in other therapies: physical, psychological and other pharmacological treatment, if suitable.
- Follow procedure developed in patient engagement process for patients unwilling to engage with policy changes, or those with a substance use disorder.

Role of the pharmacist

1 **If there is a pharmacist on-site, arrange for an appointment with the patient prior to the GP:**

- The logistics of this depends on the practice and will possibly change or develop further
- The pharmacist will undertake medication reconciliation of all drugs, if possible.
- This may need to occur over several visits.
- The opioid handout and agreement can be discussed at this visit, to augment the GP's discussion or to start the conversation with the patient.
- The pharmacist should estimate the oMEDD, based on the patient's opioid formulation and dose, and record this in the patient records.
- Ideally, a medication plan should be proposed that the patient agrees to, that can be shared with the GP for review and endorsement.

2 **A pharmacist can be involved via an HMR for the initial consultation. If a follow-up consultation is required, this must be noted in the HMR report. According to the rules of HMR:**

- The first face-to-face follow-up interview should be undertaken no earlier than one month and no later than nine months after the initial interview.
- If a second face-to-face follow-up interview is required, it should be undertaken no earlier than one month after the first follow-up interview and no later than nine months after the initial interview.
- The HMR pharmacist's role is the same as the on-site pharmacist's role outlined in point 1 above.

Role of practice nurses

1. **Practice nurses (PNs) can have very practical roles in implementation and provide support for the GPs, patients and other healthcare providers involved.**

2. **Outline the proposal to the PNs after agreement with the GPs or at the outset of discussions. The PNs may offer useful strategies for patient engagement.**

- Ensure the PNs are included in practice education sessions and that their questions and concerns are answered.
- PNs educated in the general philosophy of stewardship provide consistent messages to patients and families, as well as clinical assistance in monitoring for unwanted effects.

3. **PNs can be used to identify patients who have been recently discharged from hospital. A PN can scan the medical database for local health district notification of discharges and prompt the GP to commence the pharmacist referral process (either co-located or via a HMR) in a timely manner.**

4. **PNs often review patients after hospital discharge and also those who have experienced an acute injury: the times that opioids may be initially provided to the patient and when information is needed.**

- The opioid handout can be easily provided to the patients at these times; eg, when follow-up care or dressings are being provided.

5. **A PN may be the conduit between the GP and a pharmacist, either co-located or via a HMR or care plan. Their expertise here is in engaging the patient, providing explanations and also liaising with the pharmacist and GP on clinical concerns.**

6. **It may be the role of a PN to search the medical database for patients currently prescribed opioids, to provide lists for the GPs and/or to generate patient reminders about the practice project.**

7. **If a PN's role is in care planning, this also provides an opportunity for supporting stewardship, by giving consistent messages to the patients, referring patients to GPs and pharmacist if there are concerns and monitoring any adverse events experienced by patients.**

Role of the practice manager and receptionist personnel

1. **Reception staff should be made aware of the proposed implementation of the medication stewardship policy and how it will alter practice. For instance:**

- Repeat prescriptions for opioids will only be provided by the patient's regular GP and one other, nominated GP from the practice.
- On-site pharmacist appointments may require follow-up appointments with the patient's GP or PN - reception staff to clarify during booking process.
- If the pharmacist will be participating via HMR, there can be THREE appointments over a period of up to nine months. Reception staff may be responsible for coordinating these and their MBS claims.

2. **The role of the practice manager includes:**

- Arranging for practice education.
- Collating the policy documents and having them available electronically.
- Overseeing recalls and reminders to patients.
- Ensuring reception staff are aware of the rationale of the medication stewardship policy and how it will alter previous practices.
- Providing advice for clinicians and staff and being the central person for the coordination of activities.
- Responding to patient concerns.

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