

7. Phase Five: Qualitative Research with Consumers

7.1 Introduction

This chapter reports on the key findings from the qualitative research with consumers. The consumer research included 10 focus groups with individuals who were eligible for a HMR but had not had one (referred to as eligible consumers) and in-depth interviews with 28 individuals who had received a HMR (referred to as HMR consumers). In some cases, a carer or spouse was also present. The interviews with HMR consumers were conducted in their homes.

In the focus groups for this research, CR&C canvassed the views of around 100 Australians who met the eligibility guidelines for a HMR but had not received a HMR. The participants had very high levels of illness and most had multiple chronic diseases. Some attended the groups wheeling their portable oxygen machines. Several were transplant recipients (heart, lung, or kidney). Some were on up to 20 different medications a day, though more commonly, they were on approximately 8-10 different medications. Most were on at least one medication with a narrow therapeutic index. Two of the groups were held with consumers who were between 40-60 years of age, to canvass the views of this younger age group. The other eight groups included participants who were over 60, with many participants over 75 and the oldest participant 94.

As with the eligible consumers, HMR consumers represented a broad cross-section of the older Australian population, with all respondents aged over 60. The age range of respondents interviewed was 58 to 90 years with a total of 11 respondents aged over 80. Most HMR consumers were either diabetic, had heart problems or high blood pressure, cardio-vascular disease, or suffered from emphysema or chronic pain. In many cases, the respondent suffered from a combination of several of these conditions.

The consumers represented a very broad cross-section of the older population. The participants ranged from those who had spent 40 years working in a lead-smelter town (Port Pirie); to those who had lived on Western Australian wheat farms all their lives; to those who had worked in casual roles flying in and out of mines in central Queensland; to those from a non-English speaking background; to those who had lived in the sun and on the coast most of their lives; to those who had fought in the Vietnam war.

In both of the 40-60 year old eligible consumer focus groups, the participants were in different life stages from those in the older groups, and despite being very ill individuals, they tended to be still fighting the notion that they had multiple, often life-threatening and certainly, life-restricting, health problems.

Further details on the consumers who participated in this research are contained in Section 2.4.3 in the Methodology chapter of this report.

7.2 Current use of medicines

7.2.1 Systems

A common finding from the focus groups was that eligible consumers had a range of efficient and creative systems they had developed themselves to manage their medications. Most were quite innovative and systematic. The self-developed systems provided evidence of the degree of control that most of these individuals appeared to have over their own medication regimes, even though they were very ill people.

The majority of eligible consumers came to the groups with carefully drawn-up lists of their medication, either handwritten on a small piece of paper, or on a computer generated document printed and stuck on a small piece of cardboard. In some cases the list had included the other brand names for their



medication, when medications should be taken, and a note on the illness or reason for that item (e.g. heart/diabetes/kidneys).

In addition to the careful lists, stories were frequently told of arrangements for setting out the tablets each morning, or preparing for the week's allocation of tablets each Sunday. Some had arranged an alarm on their mobile phone to remind them when certain medications should be taken – particularly where there was a strict timeframe for those particular medications.

The planning and consideration required to deal with the medications was acknowledged by some eligible consumers as being something they valued, as it meant they still had their faculties. Many preferred to have their own system rather than resorting to a Webster pack (where the pharmacy packages all medications according to days and times for the patient).

It's a system, whatever the system is, there's got to be a system. (Eligible consumer)

Some examples of the systems eligible consumers in the focus groups used were:

- 'Bob'¹⁵ has a cardboard medication chart and takes the label off the medication box and places it on the list corresponding to other details. In this way, Bob is able to keep tabs on the medications and what they are for, even though the brand names sometimes change.
- 'Julie' has a dosette pill box with morning, afternoon and night sections. She fills this once a week on a Thursday and notes when she is running low on tablets.
- 'John' keeps a diary of daily self-diagnostic tests and places a tick in a box when tablets have been taken.
- 'Eve-Marie' has seven white film canisters for the morning tablets and seven black film canisters for the evening tablets and she fills these each Sunday.
- 'Sean' uses a fisherman's tackle box 'because you can put three weeks of medication into those'.

'Allen' – 'He's got his system - as soon as he's finished breakfast he gets up and gets his pack down off the fridge, he takes it and I put it back on the fridge. So at night after he's taken it he leaves it on the bench so that I know it's been taken, so he'll take them and go to bed and sometimes he'll come out and say "Didn't take my pills", I'll say "Yes you did, they're down". Off he'll go back to bed'. (Carer for husband)

Others participants reported having a more rudimentary system:

Just put them in the palm of my hand and throw my head back. (Eligible consumer)

I know I take six pills in the morning at breakfast, I take seven after tea and I take one before bed.
(Eligible consumer)

HMR consumers were just as systematic in the management of their medications as the eligible consumers, and most reported that their use of a medication management system pre-dated the HMR visit. The planning and consideration required to deal with multiple medications was clearly a matter of pride for many of the HMR consumer respondents.

The findings of this qualitative research differ from the findings of research conducted under the auspices of the Consumer Health Forum in 2001 and referred to in Section 3.4.3 of this report, within the Literature Review. The methodology for that research was substantially different and little is known about the detail of how it was conducted, other than that it had a limited qualitative component. It is

¹⁵ **Note:** Pseudonyms have been used to protect participants' privacy.

also important to note that the study predated HMRs and its predecessor, DMMRs, and changes have occurred since that time in the availability of support from pharmacies for medication management.

Consumers commonly had medication management strategies they had developed themselves and these worked well for them. For HMR consumers, these medication management systems often pre-dated the HMR visit.

7.2.2 Pragmatic approach

For some eligible consumers, the fact that they had to take so many medications was enough in itself. They did not wish to be thinking about their medication too much beyond that, so had adopted a pragmatic attitude. They closely followed instructions but did not want detail about why they were taking the medications or what the medications themselves did.

I went to see the chemist ... and said 'I want to know what they have got to do' and he says 'You just swallow them, the medications know what they've got to do, you just take them, they know their job'. (Eligible consumer)

I find out what they are first and after that I don't care. I'll query it with the doctor but when I get this list, I just stuff them down my throat. (Eligible consumer)

These consumers had no interest in having a HMR.

Example

'Shirley' in Rockhampton, is 84 and an Indigenous woman who attends the GPs at the local Aboriginal Health Service. She suffers from severe heart complications. She proudly told of having been rushed to hospital in Brisbane where the cardiologist apparently told her 'you're too old; too fat; there's nothing I can do for you' and she happily returned to Rockhampton, glad to have avoided surgery.

She brought along to the focus group, a tidy (though large) plastic bag of medications, and was able to clearly explain what she does to remember to take the medicines and when she needs to take them. Given her circumstances, she did indeed demonstrate a clear and genuine understanding of her medications, in addition to being extremely proud that she did not have diabetes. She presented as highly compliant with her other medications.

On paper, 'Shirley' would have appeared to be in great need of a HMR, yet she had no interest in a HMR.

7.2.3 Names and appearance of medications

Both eligible and HMR consumers reported potential for confusion about changes in the name and appearance of medications when generic medication was prescribed; the likelihood of confusion about changes to their medication after a stay in hospital and some reported adverse reactions from prescription medication where the brand had been changed.

You know when you go to the chemist and they say 'Do you want the cheaper one?' I don't know whether I understand that, I just say 'Give me the other one, I understand that'. (Eligible consumer)

I like to stick to the known brands. (HMR consumer)

I haven't [had any problems with generic medicine] but I was very nervous about it to start with. Eventually it was OK. (Eligible consumer)

Consumers (both eligible and HMR consumers) reported concerns around generic medication brands, including feeling that, at times, generic medications had contributed to adverse events.

Several consumers told of how they had come out of hospital and been confused about their array of new prescriptions and had taken steps to sort out their confusion – generally these steps entailed taking all their medications to their GP, but sometimes they also sought advice from their community pharmacy.

The first time I was in hospital ... I came home with 24 scripts so I came to my doctor and he said 'just chuck half of them out'. The chemist said 'would you like me to come over and go through it?' I think some are pretty proactive. (Eligible consumer)

Stories recounted by consumers indicated a perceived need to sort out medications following discharge from hospital. For eligible consumers, this would appear to be a time when they would be more receptive to HMRs.

Consumers identified a need for assistance with medications at the time of discharge from hospitals.

Some consumers reported an adverse reaction to medication. In some cases, participants blamed a change in brand of medication (even though it was the same active ingredient) for causing the problem. Several HMR consumers claimed that their GP or the hospital had later confirmed the connection. As a result, many consumers had a determination to stick with the same brand, especially when it came to their heart medication.

I was at the hospital and they picked up something and ended up changing the medication. I was building up fluid around the heart and lungs. (Eligible consumer)

I didn't want to take my tablets [due to them making the participant feel sick] and my doctor said it was a necessity, 'if you stop taking them you will drop dead'. (Eligible consumer)

No consumers who had received a HMR suggested that their HMR referral had arisen as a result of an experience with an adverse drug reaction. Often the adverse reaction had occurred some years earlier.

Most HMR consumers appeared to be in good control of their medications prior to the HMR visit and were able to demonstrate this to the researchers in a variety of ways (as outlined in Section 7.2.1).

The majority of HMR consumers were confident in their management of their own medications, despite some reporting that 'signs of confusion' had been part of the reason their GP had requested a HMR.

A small number of HMR consumers did present as being in a very high risk category due to the sheer complexity of their medication regime and the life-threatening nature of their multiple illnesses.

Example

One respondent was taking 20 different prescription medications a day, equating to 28 tablets plus insulin injections. This respondent was 75 years old and had suffered from diabetes for 24 years. Many of her other health problems were a consequence of diabetes complications. She had been through many operations, and was a complex patient requiring considerable attention from both her GP and the pharmacist at her highly trusted rural community pharmacy. As part of her care, she was under the guidance of a diabetes educator, who also liaised with the pharmacist.

With so many medications and her health so finely balanced, health professionals involved in her care were constantly seeking to refine her treatment.

Sometimes the work to get the medicines right for me is very difficult and it can take up to 4 months and the doctor and pharmacist work together. If I was not able to work with the pharmacist, I believe I would be experiencing a lot more pain, whereas for now the pain is reasonably controlled. He also helped me get off the tablets that were aggravating my stomach.

7.3 Awareness and experience of HMRs

7.3.1 Awareness

Most eligible consumers had never heard of a HMR. They then doubted that such a healthcare program would involve a home visit. Most had become accustomed to the cessation of home visits by their GP. There was little awareness of the HMR Program in any focus group, except the group conducted in Launceston, where promotional advertising had been more extensive.

Most eligible consumers did not believe that any additional advice from the pharmacist would be provided at their home as part of a HMR because they felt they already received extensive advice.

Likewise, most HMR consumers had no awareness of the HMR Program prior to the referral and had been surprised to hear about the HMR Program's existence.

Levels of awareness of HMRs were low to non-existent amongst eligible consumers, and HMR consumers generally reported no prior awareness of HMRs.

A number of HMR promotional efforts had been made in Launceston, particularly the *Margaret Fulton* advertising campaign. As a result, there are Margaret Fulton HMR posters on display in several GP clinics in this location. It was noted by the researchers that these posters were also on display in a number of pharmacies in Bankstown and Bayside. Several participants from focus groups in Launceston and Bayside reported that they were aware of the posters. Older participants related well to the Margaret Fulton image. Several consumers had then asked their GP to initiate a HMR visit, only to find that their GP had declined, saying he (the GP) had 'everything under control'.

Younger participants in the Brighton focus group were also aware of the *Margaret Fulton* advertising campaign. These participants had either been given the brochure by their GP (in relation to the health

of a person they cared for) or had seen the brochure in their community pharmacy. These younger participants did not feel the brochure was relevant to them, as they felt Margaret Fulton was much older and not from their own generation.

The *Margaret Fulton* advertising for the HMR Program appeared to have been effective in reaching a number of older participants, however the response of the GP was still the ultimate point at which the HMR either did or did not proceed. Younger eligible consumers did not relate to the *Margaret Fulton* campaign.

7.3.2 Experience

The HMR consumers interviewed for this research were referred for HMRs through a variety of avenues. In some cases the GP had initiated a referral unprompted by any other health professional; in other cases, the GP had made the referral after it was recommended by the practice nurse. In other cases, the pharmacist had prompted the referral by sending information to the GP suggesting that the consumer was eligible for a HMR. In at least one case, a diabetic educator had suggested to the GP that he refer the respondent for a HMR. One respondent had requested the HMR themselves.

I was pleased that [name of doctor] said to me, 'look we will get [patient's pharmacist] to do a home medication check, and that he was able to say, you know that there may be something I [patient's doctor] am missing'. I know that there are still people around that think that the doctor is God and can't make any mistakes. (HMR consumer)

Most consumers referred to the HMR as the '*pharmacist coming to visit*'. The majority of consumers reported that their GP had suggested a HMR, and seemed to make a clear connection between their GP and the home visit.

A substantial number of HMR consumers said they would not change anything about the HMR process. Consumers generally had a very positive view of the HMR process, acknowledging the thoughtfulness of their health professionals in recommending a HMR, the thorough nature of the HMR visit and the positive demeanour of the accredited pharmacist.

Oh, I thought that he was very thorough, documented everything and picked up a couple of things, like that I had not had a test for diabetes for a while, apart from that it was pretty good. (HMR consumer)

We could not fault it - we could not make any suggestions to make it any better. (HMR consumer)

Several respondents were keen to let the government know they thought the program was a good idea.

Tell the Government that I think it's an excellent program and I am very pleased they do it and it is very informative. (HMR consumer)

HMR consumers did not identify any need to change or improve the HMR Program.

7.3.3 Reported outcomes

As reported by consumers, the main outcomes from the HMR visit were: education (this was seen as the main benefit of receiving a HMR); reassurance; and identification and removal of out-of-date medication. A small number of HMR consumers were unsure of the outcomes and a few felt that the HMR visit was not necessary in the first place and did not produce any outcomes for them.

While almost every HMR consumer was positive about their own HMR experience, they tended to remain ambivalent about the HMR Program as a whole. Respondents typically thought it was a good thing for those who need it, with a substantial number stating that the HMR was a good idea *'but not [necessary] for me'*.

For several respondents, the visiting pharmacist had highlighted areas to watch, including ways in which certain foods could interact and reduce medication effectiveness.

She told me I needed to be more consistent with what I ate with it, for example my green vegetables, because of the way this could affect one of my tablets. (HMR consumer)

As a result of having a HMR, some respondents said they felt more confident and less confused about their medications. The most positive respondents cited the HMR visit as having been very informative and felt that it had helped minimise any possibility of confusion over their medications.

I felt less confused, I was taking them, but I didn't know what I was taking them for, so she explained it to me, what I had to do, what every tablet was for and I had to go through and tell her. (HMR consumer)

The educational component of the HMR was the aspect of the review valued most highly by HMR consumers.

I am more aware now that even small changes can affect the interactions between the medicines. I also take a few herbal medicines and so we talked about them too. (HMR consumer)

Some respondents did reveal an underlying fear about their own mortality and for these individuals, the HMR had provided additional reassurance that everything possible was being done.

It was a worthwhile visit. She found that I was reliable; that I knew which medicines to take and that I had my own system. (HMR consumer)

I feel reassured, it has put my mind at ease. Even though I could probably have got the same information from the pharmacy, I can see the sense of this man coming out – it safeguards you. (HMR consumer)

For many consumers, the main outcome they could recall was that the pharmacists had discovered out of date medication, and advised them to dispose of the medication immediately.

Consumers valued the one-on-one discussion time with the pharmacist. Many also seemed to have enjoyed the company of a person visiting them in their own home, and were very appreciative of the opportunity to discuss their wellbeing for up to an hour.

We were so impressed with [name of pharmacist] that we invited her to talk about HMRs at our local Rotary club meeting. (HMR consumer)

Other consumers reported that they did not really learn anything from the HMR.

Not really, I had everything sort of down pat. (HMR consumer)

Regardless of whether HMR consumers had found the HMR visit to be beneficial, most still felt that it was a service that was 'nice to have but not really necessary'. Other respondents reported that they preferred to have their medications left alone for the GP to deal with.

She was lovely, but she needn't have come, she really needn't have come. (HMR consumer)

Reassurance, identification and removal of old medication were important outcomes for many consumers. Consumers valued the pharmacist coming to their own home, but most also had confidence in their capacity to manage their medications themselves prior and post the HMR visit.

7.3.4 Follow-up visits and the review after 12 months

Some respondents reported that they had not been back to see their GP for a follow-up appointment after receiving a HMR. Others reported that they believed the follow-up had simply taken place within a regular check-up appointment. Other respondents reported that they did not know if they needed to see the GP, but would follow this up with their pharmacy.

I thought the next time I go down to the pharmacy I will check up with [Name of pharmacist] [about whether I had to go back to the GP]. Now whether he is going to talk to the GP ... or whether I need to make an appointment is something I completely forgot about yesterday. I thought well, I am down there every day or two; he would go broke if he did not have me. (HMR consumer)

A small number of consumers were aware that the follow-up visit to the GP after the HMR was part of the process.

Yes that's part of the routine, the information goes to the doctor from the pharmacist and then you go to see your doctor again and you know whether there is anything that you need to follow up on. (HMR consumer)

Consumers are not always aware of the need for a return visit to the GP as part of the HMR.

Some HMR consumers expressed concern about the notion of a 12 month follow-up HMR visit. Respondents tended to see no need for another HMR only 12 months later. Other consumers simply felt that they did not need the pharmacist to come out to their home repeatedly, as nothing had changed substantially since the last visit.

I don't think it is necessary for her to come out here, I think that if anything occurred she would come out. (HMR consumer)

7.4 Factors that influence participation in the HMR Program

7.4.1 Trust in health professionals

Consumers reported high levels of trust in their GPs and community pharmacists.

If my doctor says 'take this', I take it. I never considered that the GP didn't have my best interests at heart. (HMR consumer)

It was common for consumers to have been with the same GP for between 10 and 30 years. Where older consumers had been with their GP for a shorter time, it was usually because their previous doctor had retired or moved away, or because they themselves had recently moved to their current location.

I have a lot of trust in my GP - he could cut me to pieces and put me back together. I can talk to him. (Eligible consumer)

I've been with the same doctor for 20 years. I hate him, he hates me, but we love to work together. He tells me I'm too fat, I tell him [where to go]. (Eligible consumer)

Few consumers had made conscious decisions to 'leave' their GP and change to another and where they had it was due to the inability to obtain urgent appointments.

The GPs here are so busy, you can't get in even if it's urgent and so you've got to go to Outpatients. (Eligible consumer)



In contrast to the towns where GPs were in great demand and every clinic had a shortage of GPs, the Sunshine Coast focus group presented a very different picture. The Sunshine Coast has comparatively higher uptake of HMRs and it was possible to see why this may be. GPs are comparatively plentiful, with a very high proportion bulk-billing all of their services for older patients. Many GPs carry out home visits as part of the 'enhanced' services offered to patients and the attitudes of consumers in the area appeared to reflect these different circumstances. Sunshine Coast eligible consumers were also more financially comfortable than those in some other locations where a high number of participants were surviving solely on a pension.

My doctor has just started making home visits. She comes every Friday morning and checks me out. It feels very nice because with my problems I don't drive and she said that [she is] doing that for a lot of the elderly. She says it's a different atmosphere seeing them [her patients] in their home and seeing how they live and the conditions. (Eligible consumer)

HMR consumers in rural and remote areas described the strong relationship between themselves and their GP as a direct benefit of country living. This strong relationship appeared to contribute to highly supportive healthcare for a number of respondents.

I said to him [my doctor] one of the joys of living in a small country community is that these things are not threatening because you know the people involved, he said 'I could not agree more'. (HMR consumer)

The GP was the first choice for seeking advice on medications for virtually all consumers.

I had trouble with one [medication] of mine and I went to the GP. It [the medication] was given to me by the specialist ... Later I told the specialist the GP had changed it and he turned to me and said 'I would've done the same thing', so I wouldn't go to the pharmacist. (Eligible consumer)

I'd agree with going to the GP first because he's the fellow that's got your records and knows what progress you've made and then the pharmacist is to follow up any advice your doctor gives. (Eligible consumer)

Overall, older consumers demonstrated an extraordinary degree of trust in their GPs. Most consumers indicated that their GP would be their first choice for seeking advice on medications - often over the advice of a specialist.

Trust levels in community pharmacies were also very high and most consumers felt they received high quality advice on medications from their local pharmacy as well as from their GP.

It was common for older consumers (both eligible and those who had received a HMR) to have attended the same pharmacy for upwards of 30 years. One eligible consumer had been attending the same pharmacy for more than 50 years. Many participants knew the pharmacist by their first name and took their advice very seriously.

Most consumers were very satisfied with the level of customer service they received at their preferred pharmacy – including the vigilance of the pharmacy staff with regard to advice about new medications and about medications with particular side-effects.

My pharmacist knows so much about my medicines. I trust him so much, even more than the GP. He is even more of a help to me than my doctor. (HMR consumer)



I've been going to the same chemist for 12 years now, he is very helpful, he has to be on the ball with me - I have 18 different types of medications. He makes sure everything is OK. (Eligible consumer)

The continuity of medications was also identified as a factor for consumers in maintaining their ongoing and loyal relationship with their pharmacists.

The consistency of using only one pharmacy provided additional value for consumers due to the Medicare Safety Net. Some consumers who were diabetics reported attending more than one pharmacy, generally because their usual pharmacy was not an agent for the National Diabetes Services Scheme (NDSS), so they needed to attend a different pharmacy to access the NDSS.

Some eligible consumers in the focus groups, for whom money was 'very tight', reported that shopping around for cheaper medication prices had led them to try out different pharmacies from time to time.

If you go to one of the cheaper places, you can pay \$20 less, so if it's a big difference you really look at it. (Eligible consumer)

In addition to the very strong trust in GPs, consumers aged over 60 demonstrated a very high level of trust in their community pharmacy.

Younger eligible consumers also reported trusting their GPs and pharmacists, though the level of trust was more varied than among the older consumers. For some of the younger participants who were still in the workforce using more than one pharmacy was a matter of practicality. Health issues were more likely to be 'just one of the life pressures' for younger participants and as such, their sense of loyalty to a community pharmacy was not necessarily as strong.

A key difference among some of the younger eligible consumers was the issue of the cost of medications. For some, cost presented barriers to maintaining a relationship with a single community pharmacy that were often not present for older participants, who were able to access pensioner arrangements which reduced the cost impact of medications.

I mostly go to the same one [community pharmacy] because it's handy, but I also go to four more, one of them because it lets you buy all the diabetes stuff you want, all of them have something that I need for different reasons. (Younger eligible consumer)

Cost of medications did not come up often in the discussions with older participants, although all were keen to access the Medicare Safety Net. However, some of the younger eligible consumers had made deliberate choices not to take certain prescription medications because they could not afford them.

I used to take medication for my kidneys but had to stop taking it because of the cost. My kidney medication costs \$1 a day and this is on top of all my other medication, so I can't afford that, so I don't take it because I figure I have two kidneys and I can afford to lose one. (Younger eligible consumer)

Cost was a more significant issue for the younger participants. In some cases, cost of medications had led individuals to make calculated decisions that medications could be abandoned.

7.4.2 Independence

The importance of maintaining independence in self-management of medications emerged strongly across both eligible consumers and HMR consumers. The overwhelming majority of consumers



consulted for this research displayed a high level of pride in the fact that they were able to manage their own medications.

Most consumers were intent on maintaining their independence with their medications as well as in their lives more broadly.

The worst thing you can do as you get older and I think all these folks will agree, is start to give things away. As soon as you start giving it away and you don't think about it, you're on your way out. You've got to work to find things out too. (Eligible consumer)

Many consumers appeared to rely upon their resilience and good humour to help them cope with multiple illnesses or degenerative conditions.

My doctor won't let me go off it [a medication], because I've put on so much weight around my tummy and ... when I said this to him, he said 'You either give up eating or you give up breathing, one of the two, take your choice'. (Eligible consumer)

Many eligible consumers had a strong sense of their own responsibility in relation to medications. These participants did not see the GP and their pharmacy acting for them, but instead saw themselves as a member of a team with specific roles and responsibilities.

It's the patient's job to ask questions if they don't know. (Eligible consumer)

However, whilst eligible consumers perceived the HMR as a potential threat to their independence, HMR consumers did not view the home visits as having affected their sense of independence. Rather, HMR consumers took pride in their independence and closely associated this independence with the preference to maintain management of their own medications. Some explained that they did not want to use a Webster pack for their medication because they valued the control they currently had over their own medications.

I don't need a Webster pack. I like to know what's going on with my medications. (Comment by a HMR consumer who was on 20 different prescription medications daily)

Rejecting additional healthcare assistance (such as HMRs) was often presented by eligible consumers as a way of reinforcing their independence, resilience and ability to cope. However HMR consumers still maintained a strong sense of their own independence.

7.4.3 Receptiveness to HMRs

Across the groups of eligible consumers, there was a strong feeling that HMRs were 'not necessary for them', with most participants shaking their heads at the suggestion.

I would say no, I know what it is all about. I can manage myself. I feel I've got it under control. I've had the information given to me up at the [hospital] in the first place. If I didn't get the information I still wouldn't want them to come. (Eligible consumer)

I don't think I require that. What's wrong with going to your chemist if you know your chemist? (Eligible consumer)

There were a number of eligible consumers who appeared to be very anxious about their health. These participants were generally more welcoming of the prospect of any additional measure and any healthcare tool that could possibly assist them.

There were also quite a number of eligible consumers who had a positive response to the concept of a HMR and thought they could learn something from a HMR. They noted the value that would come from the education about medication they would gain from the visit. Others were more easygoing about it and had ‘no problem’ with the idea. Carers were mostly quite keen on the prospect of a HMR as it would provide an avenue for them to become aware of the medications issued to the person they care for (however the carer was not always sure that the GP would agree to it).

Personally I would have no objection to someone coming around and explaining the whole lot to me because really, I've got no idea what most of them are for. (Eligible consumer)

Not understanding the generic ... that would be a good opportunity for them to come and explain. You feel safe in your own home, if you're sitting in that sort of situation. (Eligible consumer)

Many felt that the educational value of a medication review was important as there was little awareness that interaction between drugs can cause adverse events.

Some eligible consumers presented as being more financially secure and having the means to fund high levels of care and specialist assistance to help them stay in their own home. These participants tended to be more open to the prospect of a pharmacist visiting them in their home, as they were already receiving a number of in-home services. Most of these participants were in the Sunshine Coast focus group.

Even when eligible consumers were quite sure they did not need a HMR, they were usually keen to mention that they felt HMRs could be of help to others.

I think there are a lot of proud, elderly people out there that don't want to be a problem to the system and who are also afraid to ask for anything and I think they should ... be visiting these elderly people. (Eligible consumer)

I think it would be useful for carers, because you're not taking the tablets so unless you notice or the person tells you what's happening to them, you don't know. ... I've never seen any of the [list of] side-effects for Dad's meds, so I wouldn't know and he's really not well enough to tell me. (Carer of eligible consumer)

Participants in the younger groups were mostly adamant that they did not want a pharmacist visiting their home. For these participants, a HMR was perceived as a potential burden, with some stating that they were busy individuals who did not have the time to clean and prepare their home for someone to come and visit.

The prospect of a home visit by a health professional made younger participants uncomfortable, as it appeared to be correlated to age, while others considered it to be related to diminished intellectual capacity. To accept a health professional's home visit appeared, for younger participants, to be tantamount to admitting being old and unable to get out and about.

I'm not ready for the white coats to come in just yet. (Younger eligible consumer)

Most of these consumers felt that they could get the advice they needed from their GP or pharmacist, with some using the internet to gain additional information about their medications.

I feel okay about taking all my medication. I have a good relationship with my pharmacist. I just ask questions if I'm concerned. They can be more of an expert than the doctors. (Younger eligible consumer)

Mr Google is always sitting on my computer to give me advice if I am unsure [about my medications] ... Mr Google can give bad advice, but I will always go to my GP for an explanation if I am concerned. (Younger eligible consumer)

Overall, most HMR consumers' attitudes could best be described as being *'happy to go along with it'* when their GP suggested a HMR, even though most did not see themselves as being in great need of the service. Many respondents also commented that they were surprised at the Program's existence.

I just signed for it and agreed to do what they told me but I was surprised to find it was available. (HMR consumer)

Despite not identifying themselves as a person being in need of assistance with their medication, all consumers had been willing to have the HMR take place. Some respondents admitted that they had needed convincing of the value by the accredited pharmacist who visited.

I wasn't in favour of it to begin with. I couldn't see what she could tell me that I didn't already know, but she did [tell me things I didn't know], she really did. (HMR consumer)

When asked why they were willing to have a HMR, the simple response given by most respondents was that it had to be done because their GP suggested it. This response is reflective of the tendency for most consumers to have ultimate trust in their GP.

Other HMR consumers believed that their doctor's decision to refer them for a HMR was a reflection of their doctor's thorough approach.

He is just a very thorough doctor who likes to cross his 't's and dot his 'i's and make sure of things. (HMR consumer)

There were a number of respondents who thought they could learn something from a HMR and so welcomed the opportunity when it was first suggested.

I thought that it was a great thing that she would take the time out to come out and discuss it with [my husband]. (Carer for a HMR consumer)

While HMR consumers expressed a desire for independence and took great pride in the systems they had developed themselves to manage their complex arrays of medications, many were receptive and welcomed the HMR as an opportunity for education.

7.5 Consumer Conclusions

Consumers reported long-term relationships with their GP and community pharmacy, and identified a high level of trust in GPs. Community pharmacies were also identified as important, trusted and frequently used sources of information about medications. However, it is the GP who remains the final arbiter for these consumers regarding all health care decisions and actions, including decisions regarding medications.

Levels of awareness of the HMR Program were low to non-existent amongst eligible consumers. Most participants did not believe that any additional advice from the pharmacist could be provided at their home as part of a HMR because they felt they already received extensive advice from the pharmacist in the pharmacy.

Many consumers took pride in their independence through the management of their own medications, showing high levels of resilience in the face of adversity. Many of these consumers did not feel that HMRs were for them, but when the program was explained to them, they thought it would be a good idea ... for someone who was less independent.

Younger consumers were even less likely than the older consumers to believe that a HMR was appropriate for them.

There was a widespread use of simple, personally devised medication management systems (some of which involved advice from a pharmacist in the pharmacy as a starting point). This reflected the active focus on appropriate medication use, including active engagement with the community pharmacist. The literature suggests that often consumers struggle to cope with complex medication regimes,



however the HMR consumers canvassed for this study typically did not present in this way, perhaps a reflection of their high level of engagement with their community pharmacy. They did however perceive themselves as likely to be at greater risk of confusion if they had just come out of hospital.

While the stakeholder consultation and some submissions identified a perceived concern that consumers would be uncomfortable with an unknown person coming to their homes, this was not identified by consumers themselves (other than where younger eligible consumers did not think it was necessary at their age). This lack of concern appeared to relate to the trust in their GP and community pharmacy. If either made a recommendation, it tended to be respected and this extended to referring a health professional to visit their home.

Messages around HMRs need to be communicated in a way that does not undermine consumer independence and resilience - which were identified as important coping strategies by consumers facing major health problems. Presenting the HMR as a way to help the GP may make it more palatable for consumers. Helping the GP would not impact on their sense of autonomy and self-reliance.

Discharge from hospital was identified by consumers as a time when medication management could be more difficult. Hospital discharge and prescriptions of generics were seen by consumers as likely to lead to adverse drug events.

The use of generic prescriptions was identified as an aspect of concern by some consumers who reported adverse effects associated with taking generic medications and were aware of the potential for confusion and problems if constantly switching brands.

Consumers who had experienced HMRs considered them to be 'nice but not always necessary'. These consumers felt that they were managing their medications well and did not identify any apparent outcome, for example most believed there had been no change in their medication as a result of the HMR.

In summary, consumers are likely to participate in a HMR if it is recommended by their GP, but they would be unlikely to request that their GP arrange a review.

Policy development and practical implementation of HMRs can benefit from consideration of the resilience and desire for independence of Australian consumers.