



# Dose Administration Aid (DAA) Service Veteran's Six Monthly Review (VSMR) Instructions for Pharmacists

This form is to be completed ONLY after the veteran's **20th week of DAA use**.

## About this form

The Veteran's Six Monthly Review is intended to:

- **assist you** (the pharmacist) in assessing the veteran in his/her use of the DAA so you can provide a **recommendation to the GP** whether to continue the Department of Veterans' Affairs (DVA) DAA Service for the veteran; and
- define the current DAA Service being provided to the veteran.

This form, when completed, is a confidential document as it contains patient's medical details and information.

## What you need to do

- 1) The **veteran must be interviewed** for this review.
  - *If interviewed in the pharmacy* – it is essential the veteran brings ALL of their medicines (including non-prescription items and those no longer used).
  - *If interviewed in the veteran's home* – please ask to see ALL medicines.
- 2) **Explain to the veteran** that:
  - this review is to assess whether the DAA is helping them and to assist their GP, the pharmacy and DVA in providing a better service;
  - questions in relation to a carer do not in any way diminish the right to use the DVA DAA Service. The purpose of the DVA DAA Service is to assist the veteran and/or carer in managing the veteran's daily quality use of medicines.
- 3) **Complete the VSMR form**
  - **Summary** – Page 1 of the VSMR form is a summary and should be completed **after you have conducted the interview**.
  - **Section A** – Questions in Section A are intended to help you make an assessment of the veteran's use of the DAA in the last six months and ensure that the DVA DAA Service is tailored to support their specific lifestyle requirements.
  - **Section B** – Questions in Section B are intended to help you assess the need for continuation of the DVA DAA Service. The questions are based on the criteria listed by the Pharmaceutical Society of Australia, *Guidelines and Standards for Pharmacists, Dose Administration Aids Service, July 2007* (PSA Guidelines) and DVA DAA Service information and guidelines.  
**Please note:** DVA's DAA Service only funds DAA types that are tamperproof and comply with the PSA Guidelines.
  - **Section C** – Questions in Section C are intended to gauge the veteran's opinion of the DVA DAA Service.

On completing the interview and review, complete page 1 of the VSMR form with your recommendations to the GP.

## 4) Fax the completed form

When completed, fax pages 1–7 of this VSMR form to the veteran's GP. This completed VSMR form must be received by the referring GP before an ongoing authority prescription can be issued by DVA.



# Dose Administration Aid (DAA) Service Veteran's Six Monthly Review (VSMR) Pharmacist's Report – Confidential

VAPAC use only  
Authority Number

Australian Government  
Department of Veterans' Affairs

▶▶ FAX pages 1–7 of this completed VSMR form to the veteran's GP.

Total number of pages in this fax transmission <input type="text"/>		<b>FROM: Pharmacy (sender)</b>	
<b>TO: General Practitioner (recipient 1)</b>		Pharmacy name and address	
Name <input type="text"/>		<input type="text"/>	
Phone ( <input type="text"/> )		<input type="text"/>	
Fax ( <input type="text"/> )		Phone ( <input type="text"/> )	
Expiry date of current DAA script <input type="text"/> / <input type="text"/> / <input type="text"/>		Fax ( <input type="text"/> )	
		Pharmacy approval number <input type="text"/>	

<b>Veteran's details</b>	Family name <input type="text"/>
	Given name(s) <input type="text"/>
	Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
	DVA file no. <input type="text"/> Card type: Gold <input type="checkbox"/> White <input type="checkbox"/> Orange <input type="checkbox"/>

**Summary of recommendations** — To be completed AFTER completing pages 1–7 of this VSMR form.

**1 Continuation of the DAA Service for this veteran is:** Not recommended   
 Recommended  ▶ **To the GP** — If you agree with this recommendation, call VAPAC on 1800 552 580 for an authority prescription approval authorisation.

**2 This recommendation is made on the basis that the veteran currently:**

a) has adequate support systems in place to access and use DAA's safely and effectively	No <input type="checkbox"/>	Yes <input type="checkbox"/>
b) has a continuing need for the DAA Service	No <input type="checkbox"/>	Yes <input type="checkbox"/>
c) has expressed willingness to continue with the DAA Service	No <input type="checkbox"/>	Yes <input type="checkbox"/>

**3 Other factors for GP's consideration**

<input type="text"/>
<input type="text"/>
<input type="text"/>

**4 Has your pharmacy provided more than 50% of services for the veteran's last 6 months of DAA use that this report relates to?** No  Yes  ▶ **Are you the pharmacist who provided more than 50% of services?** No  Yes

**5 Pharmacist's details**

Pharmacist's signature 	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Pharmacist's name <input type="text"/>	

**Please note:** The information on this form is intended only for the recipients named above. If received in error please contact the sender immediately and destroy all copies. This facsimile transmission contains personal information which is protected by the Commonwealth Privacy Act 1984.

## SECTION A — Background and pharmacist's activity to support the DVA DAA service during the last 6 months

1 Where was the VSMR conducted? Home  Pharmacy  Other

2 Whose responses are recorded? Veteran's  Carer's  Veteran's and carer's

3 Was the veteran using a DAA prior to starting the DVA DAA Service? No  Yes  For how long before changing over to the DVA DAA Service?  years  months

4 How does the veteran mainly obtain the DAA? Collected from pharmacy   
Home delivered   
Other

5 Number of DAA packs per week  Collected weekly? No  Yes

6 Has the type of DAA being used changed during the last 6 months? No  Yes  Reason for change

7 Has the veteran's medicine changed during the last 6 months? No  Yes  How many times?  
Once  2-5 times  More than 5 times

8 What do the pharmacy's records for this veteran show as the number of current medicines?  
• Include non-prescription medicines in total count.  
• Double strength doses should be counted as 2 current medicines.

a) Total number of **current** regular oral solid medicines

b) Total number of **current** non-solid medicines

c) Total number of **current** short term and as required (PRN) medicines

9 During your discussion with the veteran/carer, what were the main comments/subjects raised regarding the DVA DAA service?

a) Main **positive** comment/subject raised

b) Main **negative** comment/subject raised

c) Comments on **possible improvements** to the DVA DAA Service arrangements

10 During the past 6 months, what are your observations of the veteran's DAA use?

Has managed medicines adequately, including packed and non-packed

Is managing the packed medicines, but noticeable decline in use of non-packed medicines

All packed medicines not always used

Unable to refill DAA prescriptions on time

Confused by DAA being repacked when medicines change

Other

**SECTION A — continued**

**11 What activities have been undertaken by the pharmacy to support the DAA Service?**

(Tick all that apply)

A Home Medicine Review (Medicare Benefits Schedule Item 900)  Date

- Assistance to help with adherence of non-DAA medicine
- Maintain Veteran DAA profile
- Monitor DAA use
- Education in the use of the DAA
- Reminders for renewing prescriptions (e.g. calendar/list)
- Counselling on medicine storage conditions

Other

**12 Has communication between the GP, veteran and pharmacist increased through involvement in the DVA DAA Service?**

No  Reasons   
Yes

**13 SUMMARY**

**Overall, does the veteran access and use DAA's safely and effectively?**

No  Yes

The questions in Section A should provide you with adequate consideration to provide a response to Question 2a on the *Summary of Recommendations* on Page 1.

## SECTION B — Pharmacist’s perceptions on the veteran’s need to continue DAA use

▶▶ Ask the veteran to get out ALL their medicines, including herbal medicines, vitamins and any other medicines even if they are not currently taking them.

Question 14 is related to Question 8 and seeks to assess concordance between what the veteran is taking and what is in the pharmacy records. Response to this question will also provide an indicator of the veteran’s understanding of the number of medicines, complexity of their treatment and potential hoarding.

<b>14 Looking through all the medicines the veteran has brought out, what is the total number of medicines?</b> <ul style="list-style-type: none"> <li>• Include non-prescription medicines in total count.</li> <li>• Double strength doses should be counted as 2 current medicines.</li> </ul>	a) Total number of <b>current</b> regular oral solid medicines the veteran is taking (include medicines in the DAA and medicines not in the DAA)	
	b) Total number of <b>current</b> regular non-solid medicines	
	c) Total number of <b>current</b> short term and PRN medicines	
	d) Total number of medicines <b>not currently</b> being taken, including expired medicines	

▶▶ Ask the veteran the following 7 questions (i.e. Questions 15–21). These questions are meant to examine how well the veteran feels they are coping with their medicines.

**15 What support do you have in managing your medicines?**

Minimal support, if any (e.g. you live alone)

Occasional assistance (e.g. you live independently but with periodic help)

Routine assistance (e.g. you have a regular carer)

Complete assistance (e.g. someone prepares and helps you to take your medicine)

<b>16 In general, how often during the last 4 weeks did you:</b>	Not at all	Rarely (only 1 or 2 times)	Sometimes (between 2 and 5 times)	Most of the time (between 6 and 10 times)	All of the time (more than 10 times)
a) feel you were in good health?	1	2	3	4	5
b) find that you were unable to refill a prescription before your supply of medicine ran out?	1	2	3	4	5
c) feel that you were careful in taking your medicines?	1	2	3	4	5
d) stop taking your medicine because you felt worse after taking it?	1	2	3	4	5
e) forget to take your medicine?	1	2	3	4	5
f) take your medicine at the same time each day?	1	2	3	4	5
g) not take your medicine because you felt better?	1	2	3	4	5
h) follow the doctor’s instructions for taking your medicine?	1	2	3	4	5

**17 Has the DVA DAA Service helped you take your packed medicines as your doctor has instructed?**

No  Yes

**18 Has the DVA DAA Service helped you with your non-packed medicines?**

No  Yes

19 In the past 6 months did you go to your GP, or to hospital, because of problems with your medicine (e.g. dizziness, fall)? No  Yes

20 Realistically, do you think some of your medicines could work better? No  Yes

21 Do you know the long term benefits of your medicines? No  Yes

22 I would like you to think of a scale between zero and one hundred Response as a number between 0 and 100

a) If zero is the worst *health* you can imagine and 100 is the best *health* you can imagine, what number best describes your *health today*?

b) If zero is no *pain* and 100 is the worst *pain* you can imagine, what number best describes your *pain today*?

▶▶ As the pharmacist, please answer Questions 23–27 **from your own perspective only**.  
DVA recommends that the ongoing provision of the DVA DAA Service is in accordance with the principles outlined in the *PSA Guidelines and Standards for Pharmacists, Dose Administration Aids Service, (July 2007)*.  
Questions 23–27 relate to Section 4 of the PSA Guidelines and Criterion 2 of those guideline’s Standards.

23 Does the veteran have any problems using the DAA? No  Yes  ▶ a) Please specify problems observed

Confusion   
Forgetfulness   
Manual dexterity (e.g. opening containers)   
Vision (e.g. difficulty reading instructions)   
Literacy/language problems (e.g. difficulties understanding instructions)   
Ability to take medicines (e.g. difficulties swallowing)   
Dislikes one or more medicines (e.g. due to side effects)   
Inadequate support network

Other  ▶

b) If problems have been identified, how is the veteran being helped?

24 Does the veteran have a complex regimen of medicines? No  Yes  ▶ Please specify complexity

Several routes of administration   
Multiple doses per day   
Multiple non-DAA packed items

Other  ▶

25 Does the veteran have a medical history suggesting problems managing medicines (e.g. prior hospitalisation due to poor adherence)? No  Yes  ▶ Please specify

26 Are there signs of cognitive or physical impairment that may affect the veteran's ability to effectively manage medicines? No  Yes  Please specify


27 Are there any other reasons why the veteran will benefit from continuing to use a DAA (e.g. risk of medication misadventure)? No  Yes  Please specify


►► Questions 28–30 seek **your perspective** on the veteran's overall health, understanding of their medicines and their medication adherence using the DAA.

28 Thinking of a scale between zero and one hundred, where zero represents *health worse than a majority of people at a similar age (i.e. worst)* and 100 represents *health better than a majority of people at a similar age (i.e. best)*, what number best describes *your views on the veteran's overall health*?

Response as a number between 0 and 100

--

29 What level of understanding do you believe the veteran has of the medicines they take?

**Please note:** 'Understanding' is based on a layman's explanation of medicine name, appearance, purpose, dosing schedule and contraindications.

The veteran's level of understanding is expressed as a percentage of the total number of all medicines they take.

Understands less than 25% of their medicines   
 Understands between 26% and 50%   
 Understands between 51% and 75%   
 Understands more than 75%

30 On a ranking of 0–10, to what extent do you believe the veteran is adherent to his/her medication regimen for:

	0	1	2	3	4	5	6	7	8	9	10
a) <b>Solids</b> (e.g. tablets, capsules)? (Circle ONE number only)											
	Not at all adherent										Completely adherent
b) <b>Non-solids</b> (e.g. puffers, drops, creams)? (Circle ONE number only)											
	Not at all adherent										Completely adherent

31 **SUMMARY**

Does the veteran have a continuing need for DAA? No  Why not? Yes


The questions in Section B should provide you with adequate consideration to provide a response to Question 2b on the *Summary of Recommendations* on Page 1.

## SECTION C — The veteran's opinion of the DVA DAA Service

▶▶ Ask the veteran the remaining questions (i.e. Questions 32–38).

**32 As a ranking between minus 5 and plus 5, where zero represents 'no change', to what extent has the DVA DAA Service given you greater control of your treatment?**

-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
Worse (worst)					No change		Better (best)			

**33 As a ranking between minus 5 and plus 5, where zero represents 'no change', to what extent has the DVA DAA Service met your expectations?**

-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
Not met at all					No change		Met all expectations			

**34 If you were not using a DAA prior to using the free DVA DAA Service, was this because of the cost of the DAA?**

No  Yes  N/A

**35 Have you incurred any additional out-of-pocket expenses by participating in this free service, for example, the cost of additional visits to the doctor?**

No  Yes  ▶ Approximately how much per week? \$  per week

**36 Ask the carer only (if applicable):**  
**As a ranking between minus 5 and plus 5, where zero represents 'no change', to what extent has the DVA DAA Service been helpful to you in managing the veteran's medicine?**

-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
Not at all helpful					No change		Extremely helpful			

**37 Do you have any additional suggestions or comments you would like to make**


**38 Do you want to continue with the DVA DAA Service?**

No  ▶ Why not?

Yes


**Pharmacist:** ▶▶ The questions in Section C should provide you with adequate consideration to provide a response to Question 2c on the *Summary of Recommendations* on Page 1.  
 Please consider the responses to this questionnaire in completing the *Summary of Recommendations* on page 1 of this VSMR form, and when complete, fax ALL pages to the referring GP.