Home Medicines Review (HMR)

HMR is also known as Domiciliary Medication Management Review (DMMR) and is covered by Medicare Benefit Schedule Item Number 900.

An HMR is a consumer-focused, structured and collaborative health care service provided in the community setting, to optimise quality use of medicines and consumer understanding. It involves the consumer, their general practitioner (GP), an accredited pharmacist, and the consumer's regular pharmacy, along with any other relevant members of the health care team. Full details of MBS Item Number 900 are shown in **Appendix 1**.

Changes to the rules for HMRs allow GPs to directly refer patients to an accredited pharmacist (see **Appendix 2**).

1. What are the benefits of an HMR?

Following referral, an interview is conducted with the consumer and an accredited pharmacist prepares a report for the GP. This review has a number of major benefits.

- Provides the GP and patient with a comprehensive, up-to-date summary of all the medicines, complementary products, devices and other prescriptions being used by the patient.
- Reinforces the medication related advice given by the GP to the patient. Provides recommendations for the GP on any potential or actual drug related problems that may be an issue for the patient.
- Assists the patient with medications/aids/devices to improve compliance and early detection and management of medicine-related problems.
- Provides patients with an understanding of their medicines and enhances their ability to manage their medicines appropriately.

A bibliography of the key articles outlining the clinical benefits of medication reviews can be found in **Appendix 3**.

2. Who can have an HMR?

Fundamentally, any patient with a chronic disease taking medication is likely to obtain some benefit from an HMR. Particular patient groups have, however, been identified as having improved clinical outcomes following HMRs. These include patients taking anticoagulants, and patients with heart failure, hypertension, diabetes or asthma (see references at end of document). In addition patients in the post-discharge period often benefit from a review to clarify and implement medication changes made in the tertiary care setting.

Examples of known risk factors that may lead to medication misadventure in patients are shown below. The issues listed are only some of the risk factors for medication misadventure and are NOT eligibility criteria.

- Currently taking 5 or more regular medications;
- Taking more than 12 doses of medication/day;
- Significant changes made to the medication regimen in the last 3 months;
- Medication with a narrow therapeutic index or medications requiring therapeutic monitoring;
- Symptoms suggestive of an adverse drug reaction;
- Sub-therapeutic response to treatment with medicines;
- Suspected non-compliance or inability to manage medication related therapeutic devices;
- Patients having difficulty managing their own medicines because of literacy or language difficulties, dexterity problems or impaired sight, confusion/dementia or other cognitive difficulties;
- Patients attending a number of different doctors, both general practitioners and specialists;
- Recent discharge from a facility/hospital (in the last 4 weeks) and/or
- OTHERS (e.g. loss of spouse, different health care professional involved in treatment)

A consumer flyer that can be personalized is attached at **Appendix 4.**

3. What is the HMR Process?

Once consent is gained from the patient, the referral can be sent to the patient's routine pharmacy, or from the 1st October 2011, directly to an accredited pharmacist of the patient's choice. An interview is then conducted with the patient and their medications are checked. Ideally this would take place in the patient's home, but if they do not wish to have the pharmacist visit, it could be arranged in the pharmacy or the medical clinic. A report is provided to the GP and a medication management plan is developed using the recommendations from the accredited pharmacist.

The recommendations from the accredited pharmacist can be used to assist in the completion of a number of other team care and management plan items (see example below). Further details in **Appendix 5**.

Suggested Annual Care Cycle for Chronic Disease Patients (using GP Management Plans)		
Month 1	Visit 1: Standard health assessment- 703 (referral for HMR as part of this and recommendation that a GP Management Plan be set up for patients with chronic diseases) **Fee**:$145.80 **Benefit**: 100% = $145.80	**703: $145.80**
Month 3	Visit 2: Preparation of a GP Management Plan- (MBS Item 721 **Fee**: $152.50 **Benefit**: 75% = $114.40 100% = $152.50), review and claim HMR (Item 900- **Fee**: $163.70 **Benefit**: 100% = $163.70)	**721: $152.50** **900: $163.70**
Month 6	Visit 3: 3 months after visit 2, review GPMP (MBS Item 732 **Fee**: $76.15 **Benefit**: 75% = $57.15 100% = $76.15)	**732: $76.15**
Month 9	Visit 4, 3 months after visit 3, review GP Management Plan (MBS Item 732 **Fee**: $76.15 **Benefit**: 75% = $57.15 100% = $76.15)	**732: $76.15**
Month 12	Visit 5: 3 months after visit 4, review GPMP (MBS Item 732 **Fee**: $76.15 **Benefit**: 75% = $57.15 100% = $76.15). Conduct a new Health assessment (annual MBS item 703) and refer for an annual HMR (MBS Item 900) and continue cycle as above	**732: $76.15**

Suggested Annual Care Cycle for Chronic Disease Patients (Using Team Care Arrangements)		
Month 1	Visit 1: Standard health assessment- 703 (referral for HMR as part of this and recommendation that a Team Care Arrangement be set up for patients with chronic diseases) **Fee**: $145.80 **Benefit**: 100% = $145.80	**703: $145.80**
Month 3	Visit 2: Coordination of Team Care Arrangements (MBS Item 723 Fee: $120.85 Benefit: 75% = $90.65 100% = $120.85) and claim HMR (Item 900- **Fee**: $163.70 **Benefit**: 100% = $163.70)	**723: $120.85** **900: $163.70**
Month 6	Visit 3: 3 months after visit 2, review Team Care Arrangement (MBS Item 732 **Fee**: $76.15 **Benefit**: 75% = $57.15 100% = $76.15)	**732: $76.15**
Month 9	Visit 4, 3 months after visit 3, review Team Care Arrangement (MBS Item 732 **Fee**: $76.15 **Benefit**: 75% = $57.15 100% = $76.15)	**732: $76.15**
Month 12	Visit 5: 3 months after visit 4, review Team Care Arrangement (MBS Item 732 **Fee**: $76.15 **Benefit**: 75% = $57.15 100% = $76.15). Conduct a new Health assessment (annual MBS item 703) and refer for an annual HMR (MBS Item 900) and continue cycle as above	**732: $76.15**

How can I incorporate HMRs into my Practice?

Once the decision to incorporate HMRs into the care of patients with chronic disease is made, there are a number of models for implementation that can be considered. One of the key aspects of all of these models is the identification of appropriate patients.

Patient Identification

There are multiple mechanisms for determining patients who may benefit from an HMR (see above) in a systematic way. Incorporating an HMR into the care cycle for patients with chronic diseases who are having either a GP management plan or a team care arrangement is one mechanism.

HMRAlert Software

The efficiency of the identification of patients can be optimised by HMR-Alert a purpose designed software that integrates with Medical Director and Best Practice. This software allows each GP to set their own parameters for patients and generates an alert when the patient's file is opened. Once consent is obtained the referral is sent electronically to the pharmacist or pharmacy of the patient's choice. More details about HMR Alert can be found in **Appendix 6**.

Dispensing History

Pharmacies can be involved in identifying patients, and this can be done on a day-to-day or campaign basis. On a day-to-day basis, pharmacists dispensing prescriptions can inform patients of the benefits of HMRs and obtain approval to notify the medical clinic of the patient's interest. On a campaign basis, the pharmacy can send information to its high volume prescription customers regarding HMRs, and they can then come in to the clinic or pharmacy to arrange an HMR.

Accredited Pharmacist Interview

The interview with the patient can take place in the patients home, however, if the patient prefers the discussion can take place in another location. Many pharmacies have a consulting room that can accommodate this process and some medical clinics may have a spare consulting room on some days. This model of having the accredited pharmacist consulting on a monthly or fortnightly basis in the medical clinic has a number of benefits that make the HMRs more effective. Pharmacists have access to the medical records of the patients being interviewed and are often in the position to discuss some of the issues with the GP prior to preparing a medication review report.

Medication Management Plan

The end point of the MBS Item 900 is a medication management plan endorsed by the GP and a discussion with the patient to implement the plan. A consistently effective approach has been for the accredited pharmacist to prepare their HMR report in the format of a draft medication management plan. A suggested format for a HMR report and medication Management plan is attached in **Appendix 7**.