



Not sure of the Home Medicines Review process?

A Home Medicines Review (HMR), conducted by an accredited pharmacist in collaboration with the patient, can help patients better understand, organise and safely manage their medicines in the home.¹

The MBS item number for an HMR (Domiciliary Medication Management Review) is Item 900. The benefit is claimable only on completion of all components of the process.²

Benefits under this item are payable once only in each 12 month period, except where there has been a significant change in the patient's condition or medicine regimen requiring a new HMR, for example, when a new condition is diagnosed or when starting a high-risk medicine, such as an oral anticoagulant. The patient's invoice or Medicare voucher must be marked to indicate the HMR was required to be provided within 12 months of another HMR.²

For the Medicare Benefits Schedule go to **MBS Online**.

How the pharmacist can simplify a dosing schedule during an HMR³

- Reduce dosing frequency and recommend long-acting dosage forms where possible
- Recommend a higher strength to reduce the number of dosage units for a specific medicine where two tablets of the same medicine are taken at different times in a day
- Recommend a lower strength product where the person is cutting tablets in half or into quarters
- Consolidate dosing times to fit in with the patient's lifestyle
- Recommend a combination product if suitable to reduce the number of medicines being used
- Recommend a suitable adherence aid for the patient with cognitive or dexterity issues.

? How will an HMR benefit my patient?

HMRs have been shown to:

- reduce medicine-related harm^{4,5}
- delay time to next hospitalisation^{6,7}
- help patients to better understand, organise and safely manage their medicines⁸
- increase patients' self-confidence and independence in managing their medicines^{4,8}
- improve communication between GPs, pharmacists and patients.^{8,9}

? Who is eligible for an HMR?

An eligible patient must be:

- a current Medicare or Department of Veterans' Affairs (DVA) cardholder
- living in a community setting
- at risk of or experiencing a problem with their medicines, and identified by their GP that they are likely to benefit from an HMR service.¹

? Getting the best out of the HMR for your patient

- Assess the patient to determine if there is a clinical need and whether they are likely to benefit from an HMR (see Box 1 for people likely to benefit from an HMR).
- Discuss the benefits and processes of an HMR with your patient and obtain consent.
- Refer the patient directly to an accredited pharmacist of your choosing or allow the patient to take the referral to their usual community pharmacy. (Most medical software provides HMR referral templates.)
- For a list of accredited pharmacists go to: www.aacp.com.au
- With the patient's consent, give the pharmacist relevant clinical information for the review. To get the most out of the HMR process for your patient, specify the reason for the HMR in the referral. For example, if the patient is having difficulty managing their medicines, ask the pharmacist to simplify the medicine regimen and ascertain the patient's ability to manage their medicines.
- On receipt of the written report, discuss the results and suggested medicine management strategies with the accredited pharmacist.
- Ask your patient to make a follow-up appointment with you to discuss medicines for review and possible changes.
- The pharmacist usually provides a medication management plan. Offer a copy of the agreed plan to the patient and accredited pharmacist and give the patient's community pharmacy a copy.²





Box 1: People likely to benefit from an HMR^{2,3}

People likely to benefit from an HMR:

- are having difficulty managing their medicines or using five or more medicines routinely, including over-the-counter or complementary medicines
- are taking medicines multiple times a day or using multiple formulations, for example tablets, devices, creams and drops
- have multiple co-morbidities
- have had significant changes made to their medicine regimen or started a new medicine in the last three months, especially if the new medicine carries a high risk of adverse outcomes or has a narrow therapeutic index
- are using a medicine that is not having the desired therapeutic effect
- are suspected of non-adherence or are having difficulty in managing medicines related to a therapeutic device
- have been recently discharged from hospital
- are experiencing symptoms suggestive of an adverse reaction to a medicine
- have a number of prescribers, including GPs and specialists, or other authorised prescribers, including dentists, or naturopaths, or
- are having difficulty managing medicines because of dexterity problems, impaired sight or cognitive impairment, increasing frailty or language or literacy difficulties.



References

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