

Home Medicines Review Information for Health Professionals

Introduction

This leaflet provides information about Home Medicines Reviews (HMR) or Domiciliary Medication Management Reviews (DMMR) as they are also known.

A HMR may form part of a Care Plan or other service in which several health professionals may have specific roles. These could include diabetes educators, occupational therapists or community nurses to name a few.

What is a Home Medicines Review?

A HMR is service to consumers in the community, focusing on quality use of medicines.

The process incorporates a pharmacist interview with the consumer, (preferably in the consumer's home) a clinical assessment and written report back to the consumer's General Practitioner (GP).

Any one can identify a patient in need of a HMR and refer them to their regular GP for initial assessment.

Objectives of Home Medicines Review

The objectives of a HMR are to:

- Achieve safe, effective, and appropriate use of medications by detecting and addressing medication-related problem/s that interfere with desired patient outcomes;
- Improve the patient's quality of life and health outcomes using a best practice approach, that involves a collaborative

effort between the GP, pharmacist, other relevant health professionals and the patient (and where appropriate, their carer);

- Improve the patient's, and health professionals', knowledge and understanding about medications, and
- Facilitate cooperative working relationships between members of the health care team, in the interests of patient health and well-being.

Selecting patients who may benefit

Anyone can request a HMR, the GP, patient, carer or other health professional.

In some cases you may become aware that a consumer is not managing, or becoming confused about their medicine, for example during a home visit or other interaction with the consumer.

You can suggest the consumer discusses a HMR with their GP. In some cases a written referral requesting a HMR to the GP will be appropriate.

The GP can then discuss the possible benefits of a HMR at the patient's next visit.

The consumer must see the doctor before a HMR can be started.

Risk Factors

Risk factors known to predispose people to medication-related problems include:

- Currently taking 5 or more regular medications or 12 or more doses of medication per day;

- Significant changes in medication treatment regimen during the last 3 months;
- Medication with a narrow therapeutic index and/or requiring therapeutic monitoring (eg warfarin, digoxin);
- Symptoms suggestive of an adverse drug reaction;
- Sub-optimal response to treatment with medicines;
- Suspected non-compliance or inability to manage medication-related therapeutic devices;
- Literacy or language difficulties, dexterity problems, impaired sight, confusion/dementia or other cognitive difficulties;
- Attending a number of different doctors, both general practitioners and specialists; and
- Recent discharge from a facility/hospital (in the last 4 weeks).

The above examples serve as a guide for determining eligibility of patients for HMR, however this list is not exhaustive. For example, a patient may be eligible for a HMR because of a change in circumstances, such as loss of a spouse who was principally responsible for medication management within the home.

GP Initiates Process

Prior to the pharmacy organising a HMR the GP must see the consumer, assess the clinical need for a HMR, and obtain the consumer's consent to proceed. An appointment will be necessary.

The GP then completes a written referral to be forwarded to the pharmacy of the consumer's choice.

Arranging the Interview

This is the responsibility of the community pharmacy. The HMR interview normally takes place in the consumer's home.

A pharmacist will ask the consumer questions about how they manage and understand the medication they take and explain how and when to use medications or devices, such as the best technique for using asthma inhalers.

They will check on any over the counter medicines, vitamins or herbal medicines the consumer may be taking to ensure they are safe to take with their prescription medicines.

Rarely it may be necessary to conduct the interview at some other place such as a relative's home or the pharmacy.

The consumer's partner or carer is welcome to participate in the interview if the consumer wants them to.

Information required to conduct the interview

The GP provides a written referral, which includes a list of medications and other medical information the GP thinks the accredited pharmacist will need.

The pharmacy will prepare a printout of the consumer's medication from the dispensary records. This allows the pharmacist to check if medications are the same as the GP, other GPs or specialists ordered, doses and regimen are appropriate and as ordered and to check compliance.

Privacy regulations require that the patient is aware that this health information is shared with the community pharmacist, accredited pharmacist and the GP. If the HMR is part of a Care Plan other health professionals may also be given relevant information. Explaining this is the responsibility of the GP and pharmacists involved.

The interview Process

Usually the pharmacist will spend half an hour to an hour with the consumer talking to them about their medicines.

Outcomes include helping the consumer to understand their medication, how, when and why they may need to take medication.

It may also discover adverse effects or problems as a result of taking or sometimes not taking their medicine as prescribed.

The pharmacist will tell the consumer what to expect when they start. For example: "I need to ask you some questions about your medicines, would you like me to check the expiry dates as we go?" They might also explain how to use asthma inhalers and check nebulisers if the person was an asthmatic.

Report Preparation

The pharmacist then uses all the information gathered (GP referral, pharmacy dispensing record, patient interview, clinical information) to conduct the medication management review. A written report with any recommendations is prepared. The report is provided to the GP and a copy to the community pharmacy.

The pharmacist is available to discuss aspects of the report with the GP if necessary.

GP and patient select ongoing patient management

The GP then sees the patient for a second time and discusses the outcome of the report with the patient. They decide if any changes are necessary or if the current medication management is to continue.

Even if no changes are made the GP and patient should agree on a medication management plan. The GP must forward a copy of this plan to the pharmacy and keep a copy in the patient's medical record. This plan may be of benefit to other members of the patient's health care team.

It may be necessary if one medicine is stopped to be sure the consumer does not accidentally get old repeat prescriptions dispensed. This is an area where community nurses may be involved.

Record Keeping:

Both GPs and pharmacist are required to keep records relating to HMRs conducted for their clients.

Cost to Consumers

The charges to consumer may vary.

HMR is part of the Medicare rebated Medical Benefits Schedule (MBS), item number 900 (DMMR: Domiciliary Medication Management Review). Most practices will have a policy on whether to bulk bill the MBS item number for all or part of the service or to charge the patient a gap fee.

The consumer should ask the GP or practice staff to explain the fees for this service.

The visit by the pharmacist and the pharmacist's written report is provided at no charge. The pharmacy claims directly to the government for payment.

Further Information

Brochures explaining the process to consumers are available from the Health Insurance Commission or the HMR Facilitator at the Division of General Practice.

Contact MGPN:

Heather C. Pym
Consultant Pharmacist
Melbourne General Practice Network
Suite 9, 233 Cardigan Street CARLTON VIC 3053
Ph: (03) 9347 1188 or Mob: 0401 801 123
Fax: (03) 9347 7433
Email: heather.pym@mgpn.com.au