

<b>Item 900 HOME MEDICINES REVIEW – HMR (also known as DMMR)</b>	
<ul style="list-style-type: none"> <li>• Is claimed after completion of the second visit</li> <li>• Fee: \$143.40 Benefit: 100% (as at 1 November 2009) Can add Bulk Billing rebate.</li> <li>• Can only be claimed yearly unless there are significant changes to medication</li> </ul> <p><b>GP can initiate for a patient if they</b></p> <ul style="list-style-type: none"> <li>• Have supplied the majority of services over the last 12 months OR</li> <li>• Will provide majority of services over the next 12 months</li> </ul>	
<b>IDENTIFY PATIENT then GP to assess clinical need for an HMR REFERRAL</b>	
<ul style="list-style-type: none"> <li>• GP, specialist, pharmacist, patient, carer or other health professional may identify a patient</li> <li>• Patient must be living at home (not Aged Care facility)</li> <li>• <b>Patient is at risk of medication misadventure</b></li> </ul>	
<b>ASSESS THE CLINICAL NEED</b>	
<b>EXAMPLES of known risk factors</b> that may lead to medication misadventure in patients	
<ul style="list-style-type: none"> <li>• Taking 5 or more medications,</li> <li>• Taking more than 12 doses per day,</li> <li>• Many changes to their medication regimen,</li> <li>• Taking medications with a narrow therapeutic index,</li> <li>• Symptoms suggestive of an adverse drug reaction,</li> </ul>	<ul style="list-style-type: none"> <li>• Suspected non-compliance,</li> <li>• Difficulty managing their medications because of literacy, language, dexterity, impaired vision, confusion or cognitive difficulties,</li> <li>• Attending different general practitioners</li> <li>• Recent discharge from hospital,</li> <li>• Other, such as loss of spouse</li> </ul>
<b>**First visit: INITIATE THE HOME MEDICINES REVIEW</b>	
<p>GP to obtain and document informed consent for</p> <ul style="list-style-type: none"> <li>• Conducting the Home Medicines Review</li> <li>• The exchange of information between the pharmacist and the GP</li> <li>• The pharmacist to conduct an interview, preferably at the patient's home</li> <li>• Patient aware that they will have to return for the second visit</li> <li>• Patient aware of any GP costs involved (no cost to patient for pharmacist's visit)</li> <li>• GP to send information with HMR referral form to the Community Pharmacy that includes diagnosis, current medications, relevant test results and medical history</li> </ul>	
<b>REFERRAL FORM GIVEN TO THE PATIENT'S PREFERRED COMMUNITY PHARMACY</b>	
<p>The pharmacy is responsible for co-ordinating the Home Medicines Review. They will organise the accredited pharmacist, who will conduct the interview and write a report for the GP (based on the assessment of the information from the patient interview and the GP's referral).</p>	
<b>REPORT AND DISCUSSION with the accredited pharmacist (or interviewing pharmacist)</b>	
<p>Discuss the written report from the accredited pharmacist. This may help with the development of the Medication Management Plan</p>	
<b>**Second visit: DEVELOP A MEDICATION MANAGEMENT PLAN</b>	
<ul style="list-style-type: none"> <li>• To be prepared in consultation with the patient at the return visit.</li> <li>• Document patient agreement to implement the plan.</li> <li>• Copies for patient file, community pharmacy and patient to be offered a copy. (It may be useful to also send a copy, with patient's agreement, to the health care professional who originally identified the patient)</li> </ul>	
<b>CLAIM FOR HOME MEDICINES REVIEW (Domiciliary Medication Management Review)</b>	
<p>Make the Item 900 claim after the Medication Management Plan (second visit) is completed. (The item covers identifying the patient, preparation of information for the pharmacy, discussion with the pharmacist and development of the Medication Management Plan.)</p>	