Guidelines for pharmacists providing Home Medicines Review (HMR) services

September 2010
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- use of the guidelines for a purpose for which they were not intended;
- any errors or omissions in the guidelines;
- any inaccuracy in the information or data on which the guidelines are based or which are contained in them; or
- any interpretations or opinions stated in, or which may be inferred from, the guidelines.

In addition, the PSA acknowledges that with the implementation of the Fifth Community Pharmacy Agreement, there may be changes to the provision of Home Medicines Review (HMR) services. As such pharmacists are advised to be alert to announcements of these changes and subsequent changes to the guidelines.

Endorsed by PSA Board September 2010
Guidelines for pharmacists providing Home Medicines Review (HMR) services

1. About the document

1.1 The HMR service

The Home Medicines Review (HMR) service was introduced into the Medical Benefits Schedule (MBS) in October 2001 to increase the appropriate use of medicines, reduce the incidence of medication misadventure and assist in improving consumer health outcomes. This HMR program is funded under the Community Pharmacy Agreement for pharmacists and under MBS item 900 – HMR for participating general practitioners (GPs).

Medication management is a Quality Use of Medicines (QUM) initiative consistent with Australia’s National Medicines Policy.6 QUM activities and systematic approaches to medication review processes are actively supported by the Australian Government through the development of the Guiding principles for medication management in the community and the Guiding principles to achieve continuity of medication management which were developed by the Australian Pharmaceutical Advisory Committee (now the National Medicines Policy Committee). These principles aim to achieve continuity in medication management as consumers move from one episode of health care to another.2,3 The literature on medication reviews4,5 provides evidence of improved health outcomes associated with such services.

HMRs are designed to assist consumers living at home (including consumers receiving respite care in transition care situations) to maximise the benefits of their medication regimen and to prevent medication-related harm. The aim of participating in the HMR service is to improve health outcomes for consumers and promote QUM. These objectives are best achieved through collaboration between all health care providers involved in the service and the consumer.

1.2 Purpose of these guidelines

These guidelines have been developed for pharmacists providing HMR services in the community. They are aimed at assisting pharmacists to exercise their professional judgement in individual circumstances and to promote consistently high quality services. These guidelines also provide assistance to pharmacists on professional issues, and assist pharmacy staff in meeting their professional obligations related to HMR activities.

It is important that pharmacists read these guidelines in conjunction with relevant professional practice standards, in particular Standard Four (Medication Review) of the Professional Practice Standards, version 4, 2010 produced by the Pharmaceutical Society of Australia (PSA)6 (also see Appendix 2).

In general terms, guidelines are not definitive statements of correct procedure but are designed to provide advice or guidance to pharmacists on professional process issues, desired behaviour for good practice, and how responsibilities may be best fulfilled.

Standards are objective statements of the minimum requirements necessary to ensure a service is delivered with a desirable level of acceptable or intended performance or results. The standards relate to the systems pharmacists should have in place for the delivery of a service and provide a benchmark against which performance can be assessed.

1.3 Scope of these guidelines

These guidelines are framed around parameters applicable to the delivery of HMR services to consumers in the community. It should be noted that the guidelines concentrate on the appropriate processes for successful implementation of HMR services, and are not intended to provide any clinical information.

Details of legislative requirements are not addressed in these guidelines. It is expected that pharmacists will comply with relevant Commonwealth, State or Territory legislation governing therapeutic goods, drugs and poisons, pharmacists (health practitioners), pharmacies (premises), privacy and confidentiality in the provision of this service.

It is expected that pharmacists will apply professional judgement in providing professional services and manage any risks associated with the provision of these services. They will need to make risk-benefit assessments and other professional judgements from time-to-time based on the best available information. Any significant decisions should always be documented. Pharmacists are reminded that they have a professional and legal responsibility to ensure that medication is appropriate and safe for consumers to use.

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1.4 Terminology

- HMR means Home Medicines Review, and is the accepted nomenclature for community medication reviews. Previous terminology included Domiciliary Medication Management Reviews (DMMR), a term which is still used in practice.
- In the community setting, patients are recognised as consumers.
- An accredited pharmacist is a registered pharmacist who holds a valid accreditation certificate from an accreditation body – the Australian Association of Consultant Pharmacy (AACP) or The Society of Hospital Pharmacists of Australia (SHPA) – to conduct medication reviews.
- An approved HMR service provider is an approved Section 90 pharmacy proprietor who is an accredited pharmacist or has access to the services of accredited pharmacists through employment or service contract relationships and who has been granted the status by Medicare Australia to be a provider of HMR services.
- A member of a health care team may include the consumer, carer, accredited pharmacist, hospital or community pharmacist, GP, nurse or other health care providers.

1.5 Aim and focus of HMR

A HMR is a consumer-focused process that aims to identify, prevent and resolve actual or potential medication-related problems, optimise pharmacotherapy and assist in positive health outcomes for consumers living at home. The HMR process is a structured and collaborative health care service provided to consumers in the community to ensure their medication use is optimal and fully understood, to promote QUM and assist in continuity of care.

The objectives of HMR are to:
- achieve safe, effective and appropriate use of medications by detecting and addressing medication-related problems that interfere with desired consumer outcomes;
- improve the consumer’s quality of life and health outcomes by providing advice on the management of their medication;
- improve consumer and health professional knowledge and understanding about medications;
- facilitate cooperative working relationships between members of the health care team in the interests of consumer health and well-being; and
- provide medication information to the consumer and other health care providers involved in the consumer’s care.

The HMR involves the consumer (including their carer), their general practitioner (GP), an accredited pharmacist, the consumer’s preferred community pharmacy and other relevant members of the health care team. The collaborative model of HMR involves:
- having the consumer as the focus of the medication review;
- courtesy and sensitivity in regard to the relationship that each health care provider has with the consumer;
- respect for the contribution of each member of the health care team; and
- using the specific knowledge and expertise of each of the health care providers involved.

2. Establishing HMR services

2.1 Accreditation requirements for pharmacists delivering HMR services

A HMR service requires the inclusion of an accredited pharmacist who works collaboratively with the consumer’s GP and community pharmacy of choice. Without the inclusion of an accredited pharmacist, the Commonwealth will not provide remuneration for the service. To become accredited to provide medication review services, HMR and Residential Medication Management Reviews (RMMR), the registered pharmacist must have completed the appropriate level of training and credentialing. Accreditation programs are provided by the Australian Association of Consultant Pharmacy (AACP) and The Society of Hospital Pharmacists of Australia (SHPA). The accredited pharmacist must also maintain the relevant level of competency necessary to undertake the specific medication review service.7

The AACP and SHPA have developed criteria for assessment and accreditation to recognise those pharmacists who have the appropriate knowledge and skills to provide medication review services to the required standard. The AACP requires mandatory reaccreditation assessment every three years and yearly evidence of completion of Continuing Professional Development (CPD). The SHPA has annual reaccreditation requirements and full reassessment and certification every five years to ensure knowledge remains relevant and current. Further information is available from the AACP website at www.aacp.com.au and the SHPA website at www.shpa.org.au

2.2 Approved HMR service provider

For a community pharmacist proprietor to provide HMR services they have to apply to Medicare Australia to become an approved HMR service provider. Certain criteria must be met and these include:
- being the owner of an approved pharmacy;
- being an accredited pharmacist or having access to the services of an accredited pharmacist through employment or sub-contract service relationships;

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c) adopting the processes, standards and guidelines of the HMR services from professional bodies;

d) ensuring all registered pharmacists who participate in a HMR service abide by the processes and standards of the PSA, the Pharmacy Guild of Australia and SHPA in relation to HMRs;

e) ensuring only an accredited pharmacist conducts the clinical assessment and report writing steps of the HMR service;

f) certifying that all registered pharmacists involved in any part of the HMR service completes, or is completing, the Communication and Concordance Module and HMR process assessment contained in the Quality Care Pharmacy Program Domiciliary Medication Management Review Service Implementation Module or equivalent from the SHPA;

g) showing evidence of current insurance policies for the service;

h) agreeing to provide information regarding HMR services to the Department of Health and Ageing or Medicare Australia for audit purposes;

i) ensuring the service meets professional standards for the protection of the consumer’s rights to privacy, confidentiality and protection of information;

j) receiving or intending to pursue QCPP accreditation within two years of commencing the HMR program.

For further information refer to Application to Provide Home Medicines Review Services form available at: www.medicareaustralia.gov.au/provider/pbs/fourth-agreement/hmr.jsp#N100DB

2.3 Promoting HMR services

Pharmacists involved in providing HMR services to consumers are strongly encouraged to promote the service within their local community. Pharmacists should actively discuss the aims and benefits of the service to all interested parties including consumers, local GPs, practice nurses, community health workers, carers and family members.

Education and information sessions can be conducted by pharmacists to increase the awareness of the service. Providing HMR consumer brochures and personalised letters to local GPs, other health care professionals and community organisations is another method of promoting this service and highlighting its benefits to the local community.

A major benefit of promoting the HMR service within the local community is the establishment of relationships with key participants in the HMR process. Holding face-to-face meetings with local GPs and their practice nurses, consumers and associated health care providers have been shown to be critical in the establishment of effective working relationships.

It is this relationship development that can be responsible for the effective uptake of the HMR service by GPs and consumers. Continual promotion of the service is also necessary for the ongoing success of the HMR program. Community pharmacists can proactively notify a consumer’s GP that an annual HMR is due. In such cases, the GP then has the opportunity to initiate the referral.

There are a range of GP Medicare items for health assessments that integrate well with the HMR service. Assessments, such as comprehensive annual health assessment, are currently approved for patients 75 years and over and Aboriginal and Torres Strait Islander people aged 55 years and over. There are a range of other health check items for Aboriginal and Torres Strait Islander people, refugees, the intellectually disabled and those suffering from type 2 diabetes. Highlighting the integration of HMR and these Medicare items can strengthen the awareness and usage of HMRs. Practices can use HMRs to identify consumers who qualify for these and other GP-based assessments. GP consumer-based assessment tools can also demonstrate the need for a complete review of the consumer’s medication management using HMRs.

3. Essential components of HMR services

3.1 Consumers’ rights, confidentiality and consent

Recognising each consumer’s right to privacy, dignity and confidentiality is an integral part of the medication management review process. A HMR can only be undertaken with the consent of the consumer which is obtained by the GP when initiating the HMR referral. The consent allows consumer information to be given to the pharmacist conducting the HMR service. It is the consumer's decision to participate in the HMR process and they may elect to withdraw from the service at any time. Informed consumer consent must also be obtained if consumer data is required to be disclosed to the Department of Health and Ageing or Medicare Australia. All information gathered by throughout the HMR process and they may elect to withdraw from the service

Confidentiality should be preserved through the maintenance of secure files (either electronic or in a secure filing cabinet) that allow restricted, secure but timely access to stored


3.2 Communication

The pharmacist plays a pivotal role in establishing and maintaining effective communication during the HMR process allowing for the development of collaborative and trusting relationships between all service participants. Pharmacists are encouraged to have regular face-to-face meetings with the consumer’s GP whenever possible. This is an essential element of establishing and maintaining relationships of trust, which is the basis for cooperation leading to successful health outcomes from the HMR service. The quality of any interaction is dependent on trust as health care team members need to be confident that the information they receive from each other is reliable and accurate. If frequent face-to-face interactions are not possible, telephone discussion may be acceptable.

When communicating with consumers, pharmacists need to be sensitive to and aware of different perspectives, expectations, and levels of understanding and cultural diversity allowing consumers to make informed decisions regarding their medications and treatment. The inclusion of Aboriginal health workers, qualified interpreters, appropriate carers or family members during the HMR interview may allow for greater consumer understanding and involvement in health decision making thus achieving better health outcomes. The quality of any interaction is dependent on trust as health care team members need to be confident that the information they receive from each other is reliable and accurate. If frequent face-to-face interactions are not possible, telephone discussion may be acceptable.

Written communication that is structured and documented must also exist between all participants in the HMR service. Preferred methods of communication need to be recorded and understood by all involved in the service, including the accredited pharmacist, any community pharmacy staff and the consumer’s GP (see Appendix 2, criterion 2). The accredited pharmacist and the referring GP should particularly agree on the preferred method for exchanging and discussing the HMR report.

3.3 Documentation

Effective documentation is essential to maximise safety, quality and efficiency throughout the HMR service. The pharmacist must maintain accurate documentation for all HMR services provided, record all activities undertaken and strategies developed in the course of a HMR. Storage of all HMR documentation should be done in a safe, systematic and secure manner that allows timely and accurate retrieval. The community pharmacist, as the approved service provider, must keep a copy of every completed HMR report for a period of at least seven years. If a community pharmacist sub-contracts the HMR service, then the accredited pharmacist needs to ensure a copy of the HMR report is available to the community pharmacy. The accredited pharmacist is also encouraged to retain a copy of the report for their records (see Criterion 5, Appendix 2).

Consumer documentation needs to be maintained through the establishment of a comprehensive medication profile. The profile can be compiled with input from the consumer, their other health care providers, family and carers. Information for the profile can also be obtained from the dispensing history, the HMR referral, hospital admission or discharge summaries and laboratory test results (see Criterion 7, Appendix 2). The medication profile must include:

- all current medications, including prescription and non-prescription, complementary medications, compliance aids, therapeutic devices and appliances;
- dose, strength, dose form, directions, route of administration and duration of therapy for each medication;
- when necessary (‘prn’) medications and the frequency of their administration;
- short term medications (e.g. antibiotic courses); and
- medication administration instructions.

The GP and the pharmacists involved in the HMR process can use the complete and up-to-date medication profile as a resource to improve continuity of care by discussing the details of the profile with the consumer.

4. The HMR process

4.1 Identifying consumers for a HMR service

A GP, pharmacist, another member of the health care team, the consumer themselves or their carer can identify the potential need for a HMR. The GP must however be consulted prior to any HMR being undertaken. A HMR could benefit a person who is at risk of medication misadventure due to co-morbidities, age or social circumstances, the characteristics of their medication, the complexity of their medication regimen, or a lack of knowledge and skills to use their medication effectively and safely.

A GP may use chronic disease management (CDM) tools such as team care arrangements, GP management plans, and efficiency.
Some possible reasons that a consumer may be identified for a HMR are:

- taking five or more regular medications;
- taking more than 12 doses of medication per day;
- suffering three or more concurrent medical conditions;
- discharged from a hospital in the last four weeks;
- significant changes to medication regimen in the last three months;
- taking medication with a narrow therapeutic index or requiring therapeutic drug monitoring;
- symptoms suggestive of an adverse drug reaction;
- sub-therapeutic response to therapy;
- suspected non-compliance or problems with managing medication-related devices;
- self-managing own medication and are at risk due to literacy or language difficulties, dexterity problems, impaired vision or cognitive deterioration;
- attending a number of different doctors, both GPs and specialists;
- increasing fragility; or
- changes in health status.

These are not criteria for a HMR but are provided as a guide of possible reasons for referring a consumer for HMR services.

### 4.2 Consumer eligibility

To be eligible for a HMR, a consumer must hold a current Medicare card, and be living in the community (this includes respite or transitional care). War veterans, widows and widowers are also eligible for HMR services provided they hold a current DVA card. HMR services are not available to in-patients of public or private hospitals, day hospital facilities or care recipients of residential aged care facilities. The latter group has access to Residential Medication Management Reviews (RMMR). (See Guidelines for the provision of Residential Medication Management Review (RMMR) and Quality Use of Medicines (QUM) Services to Aged Care Homes. Pharmaceutical Society of Australia, July 2010.)

Eligible consumers are entitled to one HMR in any 12-month period. In circumstances where there has been a significant change in a consumer’s medical condition or medication regimen, an additional HMR can be requested by the consumer’s GP. Reasons why an additional HMR may be requested include:

- discharge from hospital in the previous four weeks;
- significant change to medication regimen in the past three months;
- change in medical condition or abilities (including falls, cognition, physical function);
- prescription of a medication with a narrow therapeutic index or requiring therapeutic monitoring;
- presentation of symptoms suggestive of an adverse drug reaction;
- sub-therapeutic response to therapy;
- suspected non-compliance or problems with managing medication-related devices; or
- risk of inability to continue managing own medications, due to changes in dexterity, confusion or impaired vision.

Additional HMRs undertaken should be documented in the consumer’s history by the GP and in the dispensing record by the community pharmacy.

### 4.3 Assessment by the GP

Upon receiving a request for a HMR or identifying an at-risk consumer, the GP consults with the consumer and determines whether to initiate the HMR process. The GP must first consider the potential benefit to the consumer considering their needs, medical history, health status and social circumstances, as well as an assessment of relative risk factors known to predispose consumers to medication-related problems and adverse events. The GP may choose options other than HMR such as chronic disease assessment tools.

### 4.4 Consumer consent for HMR service

Once the clinical need has been established, the GP is required to seek consent from the consumer. The consumer must agree and consent to the exchange of relevant information about their health to the pharmacist.

The consent of the consumer will usually be obtained during the face-to-face consultation with the GP. Consent can also be provided over the telephone by the consumer to the GP or to a GP practice staff member, agreeing to send a HMR referral to the community pharmacy of their choice. Consent will be secured on the understanding that the consumer:

- can withdraw from the HMR process at any time;
- understands the purpose and possible outcomes of the process and the roles of each health care provider involved; and
- understands that relevant personal health information will be collected and provided to those involved in the HMR service.

### 4.5 Referral by GP to community pharmacy

The consumer’s GP initiates the HMR by providing a written referral to the community pharmacy of the consumer’s choice once consent has been obtained. The consumer can either present the referral form to their preferred community pharmacist personally or the GP can post or send the referral electronically on the consumer’s behalf.

The referral should be accompanied by the provision of appropriate and relevant clinical information to assist the accredited pharmacist in completing the HMR. Such information may include the reason for the referral, past medical history, medical and social history, current medications and relevant laboratory results.

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4.6 The community pharmacist coordinates service delivery

The community pharmacist coordinates arrangements for the HMR on receipt of the HMR referral. They need to ensure that an accredited pharmacist completes the HMR service, the consumer interview is conducted at a time and place suitable to the consumer, and that the GP and accredited pharmacist agree on arrangements for exchanging the HMR report. It is the responsibility of the community pharmacist to ensure that all HMR services conducted under their approval number are provided by appropriately qualified and registered accredited pharmacists. This can be done by ensuring that a police check has been conducted and that copies of registration and accreditation details have been sited.

The community pharmacist needs to ensure that all pharmacy staff members are informed about the general nature of the HMR service, have clearly defined roles and responsibilities, are familiar with relevant policies and procedures used by the pharmacy, and understand the unique responsibility the accredited pharmacist has in the delivery of the service.

Once the referral has been received by the pharmacy, the community pharmacist must ensure that the HMR service is conducted in a timely manner. The medication review should be completed within two to four weeks of receiving the referral. The referral, accompanied by a copy of the consumer’s dispensing history, should be given to the accredited pharmacist via the agreed method of communication. If this is not possible, the referring GP needs to be notified. Urgent HMRs or those received on consumer discharge from hospital should be completed within seven to 10 days (see Appendix 2, criterion 4).

The community pharmacist’s responsibilities will vary depending on whether they are accredited to conduct medication reviews themselves or whether they sub-contract the services to an external accredited pharmacist. The community pharmacist can:

- undertake the review themselves if they are an accredited pharmacist or can become an accredited pharmacist by completing the required training, assessment and credentialing. (See section 2.1);
- employ an accredited pharmacist as a staff member who completes the HMR service within their designated daily tasks;
- contract the HMR service (interview and report writing) to an external accredited pharmacist. A contract should be in place which clearly states the responsibilities of both the accredited and community pharmacists. Pharmacists can refer to the AACP sample agreement between an HMR service provider and an accredited pharmacist which clearly defines the roles and responsibilities and agreed remuneration for each pharmacist involved in the service.18 Contact details of accredited pharmacists can also be accessed via the AACP website at: www.aacp.com.au

If the community pharmacist is not accredited, they can conduct the HMR interview if they are unable to secure the services of an accredited pharmacist. They cannot however, write the HMR report. This must be completed by an accredited pharmacist. This arrangement should only occur in exceptional circumstances and the accredited pharmacist who has been tasked to complete the clinical assessment and report writing components of the HMR, should be in full agreement of this approach. Arrangements to effectively liaise with the accredited pharmacist should be made to ensure there is accurate and complete transfer of information. Intern pharmacists or pharmacy assistants cannot conduct the consumer interview.

The HMR service is consumer focused so it is very important that the consumer is aware of the HMR process and understands the role of each pharmacist and the GP in the service. The community pharmacist should make adequate provision for staff time and resources to promote and explain the service to consumers. The GP may also wish to be notified of the details of the accredited pharmacist conducting the HMR.

4.7 The HMR interview

The HMR interview is a vitally important component of the service and its purpose is to:

- obtain information from the consumer to inform the HMR report;
- provide education and counselling to the consumer and if present, their carer and family members so they can learn more about their medicines and improve their health literacy;19 and
- establish a relationship with the consumer to facilitate ongoing communication to achieve the best possible long term health outcomes.

For these outcomes to be achieved, the consumer’s home has been found to be the preferred setting for the HMR interview. Interviewing and observing the consumer in their own home will assist in the identification of aspects of medication management that cannot be seen in the pharmacy or GP clinic. This includes reviewing storage conditions and other environmental factors which could affect safe and appropriate use of medicines, such as storage issues, expired medicines, duplicated medication, or medications no longer prescribed. The pharmacist can also assess other risk factors such as the potential for falls which may result in referral or recommendation of assessment by other health care providers such as occupational therapists or social workers.

It is the right of the consumer to choose where the HMR interview takes place however the benefits of conducting the interview in their home should be explained. While the home is preferable, some consumers may choose to have the interview at a different location which must also be agreeable to the interviewing pharmacist. An alternative location may be chosen due to cultural or religious reasons, to facilitate access to interpreter services or family members or it may be the consumer’s personal preference. For indigenous

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18. AACP sample agreement between HMR service provider and accredited pharmacist. In: Quality Care Pharmacy Program (QCPP) [online]. At: www.guild.org.au

consumers, conducting the HMR interview with an Aboriginal health worker in the primary care setting is often preferable. In exceptional circumstances (i.e. a perceived threat to safety) it may be the interviewing pharmacist's decision to conduct the interview outside of the consumer's home.21

The HMR process in some rural or remote areas may pose logistical difficulties due to distance. When the distance or travel time involved means an interview in the consumer's home is not possible within the appropriate timeframe, the interview may be conducted in the pharmacy or at an alternative location subject to the consumer's consent. Medicare Australia provides a HMR rural loading payment for pharmacies that are located within the Pharmacy Accessibility Remoteness Index of Australia (PhARIA) categories two, three, four, five or six.22 To qualify for the subsidy, a distance of 10 kilometres or greater (return trip measured from the approved pharmacy's principal place of business to the consumer's residence) must be travelled.23

There is no provision for the consumer interview to be conducted via the telephone. Such consultations are not payable under the Community Pharmacy Agreement. There is also no provision for a HMR interview to be conducted in a group setting (i.e. multiple consumers at the one time). A HMR is an individual service designed for single one-to-one consumer access with the spouse, carer or significant other actively involved if necessary.24

The HMR interview requires the pharmacist to demonstrate effective communication skills which need to be accompanied by clinical competence, compassion, understanding, and ethical conduct.25

The pharmacist may also provide written and verbal medicines information and advice to consumers at the time of the consumer interview. This may include Consumer Medicines Information (CMI) leaflets, observing and demonstrating correct therapeutic device technique and offering lifestyle advice. Pharmacists are encouraged to support consumers by providing consumer leaflets and multilingual publications relating to ageing and aged care26 (see Appendix 2, criterion 8).

The pharmacist conducting the HMR interview should:

- display or provide appropriate identification, such as the AACP identification card or proof of pharmacy registration;
- ensure appropriate introduction before entering the consumer's home, as invited;
- explain each step of the interview first;
- ask the consumer’s permission prior to asking questions or providing information;
- exercise tact, respect, empathy, diplomacy, courtesy and patience;
- determine the consumer’s medication-related concerns or needs;
- reiterate that the consumer is the focus of the service, but their spouse, partner, carer and family are also part of the team if the consumer wishes them to be;
- be sensitive to cultural needs and differences;
- listen to the consumer and speak in a language they can understand to facilitate improved consumer health literacy.

In some cases, the use of a family member, an external, professional interpreter or Aboriginal health worker may be required (further information is available from the Translating and Interpreting Service National website at: www.immi.gov.au/living-in-australia/help-with-english/help_with_translating);

- provide reassurance;
- acknowledge the presence of communication barriers, and work to overcome or minimise them;
- recognise when the consumer is receptive to information;
- give the consumer the opportunity to ask questions and encourage them to do so;
- be aware that the consumer’s needs may change over time;
- take care not to undermine the consumer’s confidence in their GP, community pharmacist and other participating health care providers;
- ask permission before moving around the home to inspect medication storage or other areas; and
- thank the consumer for their input and cooperation in the process, and explain the next stages of the HMR, which includes writing the report, making a follow-up appointment with the GP to discuss the HMR report and formulate a medication management plan, and liaising with other pharmacists involved in the medication management of the consumer to ensure all tasks are completed and follow-up occurs.27

The type and range of information gathered should include:

- demographic and/or personal information (e.g. consumer name, Medicare/DVA/concession details, address, date of birth, gender, weight, height, body mass index);
- relevant social history (e.g. previous occupation, lifestyle, cultural factors, family and/or social support systems, attitudes to health, illness and treatment, general understanding of current situation, health status, expectations);
- medical history (surgical and/or specialist history, current conditions or co-morbidities, pathology and/or radiology investigations and results determining renal, hepatic and cardiovascular function and electrolyte status, allergies, previous adverse drug reactions, nicotine, alcohol and caffeine consumption, dietary requirements); and

• consumer assessment (status regarding frailty, vision, hearing, swallowing, falls risk, balance, cognition, memory, mood, gait, movement, psychological status).

4.8 An accredited pharmacist identifies any medication-related problems

After the HMR interview, the information gathered is collated and reviewed by the accredited pharmacist. The accredited pharmacist will assess the information for consumer compliance issues, altered pharmacokinetic and pharmacodynamic parameters and actual and/or potential medication-related problems.

A medication-related problem can be described as any undesirable event experienced by the consumer that is thought to involve drug therapy, and that actually or potentially interferes with a desired consumer outcome. These may include:

• medication use without indication – the consumer is prescribed medication in the absence of medical evidence, with no medically valid indication or PBS indication;

• untreated indication – the consumer has a medical problem that requires drug therapy but is not receiving the appropriate therapy;

• improper drug selection – the consumer has a medical indication but is prescribed the wrong drug, or is taking a drug that is not the drug of choice or the most appropriate or cost effective option for the needs of the individual consumer;

• sub-therapeutic dosage – the consumer has a medical issue and is being prescribed too little of the correct medication;

• over dosage – the consumer has a medical issue and is being prescribed too much of the correct medication;

• continued use of medication for a condition that has resolved or step down therapy for a condition that is well controlled;

• adverse drug reactions – the consumer has a medical issue that is the result of an adverse drug reaction, toxicity or adverse event;

• drug interactions – the consumer has a medical issue that is the result of a drug-drug, drug – disease, drug-food or drug-laboratory test interaction;

• failure to receive medication – the consumer has a medical issue but is not receiving or taking prescribed medication;

• dose/drug related issues, such as confusing dosage schedules, incomplete or missing directions, duplication of medications, disposal of unused or expired drugs, storage issues, problems with brand substitution or duplication, dose forms, dosing interval, route of administration or timing of dosing;

• consumer medication management issues, such as continuing ceased medication, incorrect medication use, signs of adherence issues, confusion or misunderstanding of medication purpose or use;

• determination of correct use and suitability of, or the need for, compliance aids, therapeutic devices and appliances; and

• identification of the need for written/verbal information and education for the consumer regarding safe and effective use of medications, therapeutic devices, compliance aids and self-care activities, which may include CMI leaflets.

Evidence demonstrates that exposure to potentially inappropriate medications in the elderly is associated with increased hospitalisation and attendance to emergency departments, increased harm, poorer health outcomes and even death.

There are several prescribing indicator tools that are designed to identify potentially inappropriate medication prescribing, especially in consumers over the age of 65 years. These include:

• The Drug Burden Index, an evidence-based tool that measures a person’s total exposure to medications with sedative and anticholinergic properties which have been shown to impair cognitive and physical function.

• The Beers criteria, a list of medications or classes of medications that are considered inappropriate in the elderly population which remains a valuable tool for initial screening of prescribed medications.

• The McLeod criteria, which is Canadian data similar to the Beers criteria.

• The Medication Appropriateness Index (MAI) is an indexing system that measures drug therapy appropriateness for elderly patients, using 10 criteria for each medication prescribed.

• Prescribing Indicators tool (Australian) has been developed based on diseases commonly identified in older Australians aged over 65.

Such tools can form an important part of the medication review process and should be considered as a reference guide for accredited pharmacists.

Once identified, the clinical relevance of any medication-related problems should be assessed, evaluated and prioritised in the context of the consumer’s health status. The accredited pharmacist should also consider the efficacy of the consumer’s medication. A review of the appropriate alternatives and options should be conducted and prioritised for consideration by the GP.


4.9 Review of information and preparation of HMR report

The next step in the HMR process, is for the accredited pharmacist to provide evidence-based, pharmacotherapeutic recommendations in a written report for the GP to consider. This report should form the basis of a medication management plan developed by the GP in conjunction with the consumer.

The report should contain details of any issues identified and resolved during the course of the interview, as well as suggested medication management strategies. GPs usually expect that as part of the HMR interview, the accredited pharmacist will bring to their attention any medications currently being taken by the consumer that are not included in the GP’s medication list, such as complementary or self-selected medications. Any medications prescribed by other GPs, specialists, other authorised prescribers (optometrists, podiatrists) or alternative medicine practitioners (e.g. naturopaths) of which the GP is unaware should also be noted. The report should contain details of medication not taken in accordance with the GPs desired instructions or issues of adherence.

The accredited pharmacist should formulate recommendations for resolution or prevention of any identified medication-related problems. Recommendations may include medication changes, education, adherence aids, therapeutic drug monitoring, and comment on the actual or potential impact these changes will have on the consumer. The HMR report should also include details of:

- the date and time of the consumer interview;
- the name of the GP, community pharmacist and other health care providers with whom contact was made as part of the HMR process along with the dates of such contact; and
- documentation of all problems identified, recommendations, interventions and follow-up activities undertaken, the date and time they were made and whether they were verbal or written.

The report should be presented in a manner that allows professional colleagues to assess the date on which any action was taken, what action was taken and by whom.

4.10 Report sent to GP and community pharmacist

When the HMR report is completed by the accredited pharmacist, it should be sent to the GP and the consumer’s community pharmacy of choice. This is a good time for the accredited pharmacist and the GP to discuss the findings of the HMR including suggested medication management strategies. Findings that may seriously impact the consumer’s health should be communicated to the GP as a matter of urgency (Appendix 2, criterion 6).

The community pharmacist should view the HMR report and if appropriate discuss the report with the accredited pharmacist and GP. Findings from the HMR should also be entered into the dispensing software and the report filed in an accessible and secure site.

4.11 A medication management plan is agreed between consumer and GP

The GP and consumer should arrange a follow-up consultation to discuss the HMR report and findings and to agree on a medication management plan. The consumer should be central to the development and implementation of this plan.

The medication management plan aims to address any clinical and medication management issues identified by the accredited pharmacist during the HMR, as well the reasons why the GP referred the consumer for a HMR initially. Any changes to the consumer’s medication regimen will be determined by the GP in consultation with the consumer, their family or carer (if required) and the accredited pharmacist. If requested by the GP, all involved in the HMR may be required to attend a case conference.

The agreed therapeutic goals, treatment regimen and course of action for future follow-up, including the roles of the community pharmacist, will form the basis of the documented medication management plan for the consumer. Once agreed, the details of the plan are communicated to the community pharmacist and other relevant members of the health care team.

In instances where there are no recommendations for change as part of the HMR, the consumer will still benefit from a discussion with the GP confirming that existing medication management plans and relevant self-management practices are effective, and to reinforce their importance to maintaining and improving health outcomes.

The medication management plan needs to be documented, and forms the basis for ongoing discussion and follow-up with the consumer regarding their medications during their normal visits to the GP and the pharmacy. Tasks to be completed as identified from the plan should be assigned, followed up and recorded.

4.12 Implementation of agreed actions

The GP will implement those actions deemed appropriate for, and agreed upon by the consumer, and document these in the medication management plan. This may involve provision of information and advice, review of the planned schedule for follow-up, variation of the medication treatment regimen, initiation of other health care services or liaison with specialist medical practitioners and other health care providers contributing to the consumer’s care.

The community pharmacist plays an important role in the implementation of the actions allocated to the pharmacist as...
part of the management plan. Such actions undertaken by the community pharmacist may include:

- reinforcing advice and information provided by the GP, and, where appropriate, providing additional information and advice about medications, medication aids and therapeutic devices;
- use the agreed medication plan in the normal course of contact with the consumer as the basis for ongoing follow-up, monitoring and documentation of the impact of the plan on the health and well-being of the consumer, including assessment of whether the changes have had beneficial consequences and are producing the desired outcomes;
- be responsible for ongoing support, assessment and guidance of the consumer once the HMR is completed (e.g. checking inhaler technique, behaviour change, adherence assessment and be pro-active in facilitating the consumer’s ongoing adherence to the medication management plan through follow-up actions and monitoring). Documentation of the HMR delivery, and follow-up actions should be recorded in the dispensing software; and
- in undertaking these actions, involve the consumer, community nurses and other members of the health care team as appropriate.

It is important that the consumer’s community pharmacist monitors the impact of any actions arising from the HMR on the health and well-being of the consumer. Monitoring should assess whether the changes are having the desired beneficial effect for the consumer and are therefore producing the expected outcomes. Monitoring by members of the health care team should also identify areas where further corrective action is required as the needs of the consumer will change with time. The roles and responsibilities of each participant in the monitoring and follow-up processes of the management plan need to be determined and made clear, and then agreed upon with the GP.

When there is more than one pharmacist involved in the HMR process, it is important that the findings, comments, recommendations and proposed management plan are discussed, as appropriate, between the accredited pharmacist, the community pharmacist and the GP.

4.13 Claiming for HMR services

Medicare Australia will reimburse the approved HMR service provider the agreed fee for each HMR completed (i.e. the written HMR report for the consumer has been completed and provided to the referring GP). No charge is made to the consumer for the HMR service. Claims for HMR services are submitted monthly, and multiple HMRs may be submitted under a single claim. Further details of the claiming process are available from the Medicare website at: www.medicareaustralia.gov.au

Medicare Australia provides a rebate for a GP’s involvement in a HMR. In order for the GP to claim MBS item 900 – HMR, the GP must actively participate in the HMR process by:

- undertaking an initial consultation with the consumer to identify a potential HMR recipient, assessing whether a HMR is clinically necessary to ensure QUM and to address the consumer’s needs;
- providing a written or electronically encrypted referral to the consumer’s preferred community pharmacy requesting a HMR be undertaken, and providing relevant clinical information required to complete the HMR;
- discussing the findings of the HMR report with the accredited pharmacist and/or the pharmacist conducting the interview (preferably both if they are different pharmacists) where appropriate and proposing medication management strategies to address any identified medication-related issues;
- undertaking a second consultation with the consumer to review the HMR report and discuss the findings in order to implement any changes; and
- producing a copy of a revised medication management plan which should be discussed with, and provided to, the consumer, the accredited pharmacist and to the community pharmacy.

5. Further resource material


Appendix 1. HMR Flowchart

Identify consumer need for HMR
e.g. ≥5 regular medications; ≥12 doses of medication per day; ≥3 medical conditions; discharged from hospital in last 4 weeks; significant changes to medication regimen in last 3 months; medication with narrow therapeutic index or requiring therapeutic drug monitoring; symptoms suggestive of adverse drug reaction (ADR); sub-therapeutic response to treatment; suspected non-compliance/problems managing medication-related therapeutic devices; risk due to language/literacy difficulties, dexterity problems, impaired sight or cognitive difficulties; increasing frailty, etc.

HMR is clinically indicated
GP to gain consent from the consumer to participate in the HMR

HMR referral to community pharmacy
GP provides written referral to the community pharmacy of the consumer’s choice. The referral should be accompanied by the provision of appropriate and relevant clinical information such as the reason for the referral, past medical history, medical and social history, current medications and relevant laboratory results.

Co-ordination of HMR service
The community pharmacy coordinates arrangements for the HMR after receiving the HMR referral. The community pharmacy identifies an accredited pharmacist to conduct the HMR, provides them with relevant consumer information, investigates the preferred venue and time for the consumer interview and ensures the HMR report is sent to the consumer’s GP in a timely manner.

HMR interview – data collection
The HMR interview is conducted preferably in the consumer’s home by an accredited pharmacist. The information gathered during the interview should be collated in addition to the clinical information provided in the HMR referral and by the community pharmacist. The HMR interview is also an opportunity to provide counselling and education to the consumer, their carer and/or family, about their medications.

Identification of medication-related problems
e.g. Medication use without indication; untreated indication; improper drug selection; sub-therapeutic dosage; over dosage; adverse drug reaction; drug interactions; failure to receive medications.

Formulation of recommendations
Recommendations may fall into three categories:
• medication changes;
• education and adherence;
• monitoring.

Documentation and reporting
A record should be kept of all problems identified, recommendations, interventions and follow-up activities (including date and time).
The accredited pharmacist provides a report for consideration by the GP and to the consumer’s community pharmacist. This should be communicated in a way agreed to by the GP and the accredited pharmacist.
All documents should be stored in a safe, secure environment.

Development of a medication management plan
The GP and consumer should arrange a follow-up consultation to discuss the HMR report and to agree on a medication management plan. The medication management plan aims to address any clinical and medication management issues identified by the accredited pharmacist during the HMR, as well the reasons why the GP referred the consumer for a HMR initially. The medication management plan needs to be documented and forms the basis for ongoing discussion and follow-up.

Follow up and monitoring
The medication management plan will contain actions resulting from interventions and recommendations from the HMR. The community pharmacist should use the medication management plan as a basis to provide ongoing care to the consumer including reinforcing advice and information given by the accredited pharmacist and GP, communicating with the consumer’s other health care providers and monitoring the impact of any actions arising from the HMR on the health and well-being of the consumer.

The cycle is repeated
Consumers should have access to one HMR every 12 months. In circumstances where there has been a significant change in a consumer’s medical condition or medication regimen, an additional HMR can be requested by the consumer’s GP.
Appendix 2. Professional Practice Standard 4 – Medication review

Standard

The pharmacist works with the consumer, and other health care providers, to systematically review the consumer’s medication regimen, identify potential areas for improvement, and provide information and advice to optimise health outcomes.

Scope of this standard

- A ‘medication review’ is a systematic assessment of a consumer’s medications and the management of those medications, with the aim of optimising consumer health outcomes and identifying potential medication-related issues within the framework of the quality use of medicines.
- The term ‘medication review’ encompasses a continuum of processes in various formats and complexities, ranging from an opportunistic discussion to a more comprehensive and proactive approach to reviewing the consumer’s medication regimen (see Figure 1).
- This standard covers the key principles underpinning all types of systematic medication review services under any service arrangement including, but not limited to: hospital inpatient medication reviews, medication profiling services, Home Medicines Reviews (HMRs), Residential Medication Management Reviews (RMMRs), and Medicines Use Reviews (MURs). Opportunistic medication history reviews that are conducted during the dispensing process are covered in Standard 5: Dispensing.
- This standard is to be applied in conjunction with the Fundamental Pharmacy Practice and Counselling standards. Refer also to the Health Promotion standard, where appropriate.
- Pharmacists providing medication reviews should also be familiar with the relevant professional guidelines and business rules relating to these services, where available. For specific service-related information, refer to the relevant Professional Practice Guidelines for each individual service.

Figure 1. Medication review services fall along a continuum of increasing complexity. More complex services require additional training and skills from a pharmacist.

Note: Home Medicines Reviews were formerly known as Domiciliary Medication Management Reviews (DMMRs).
### Criteria/Indicators

**Criterion 1: The pharmacist maintains the relevant level of competency necessary to undertake the specific medication review service**

<table>
<thead>
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<th>Self check: Yes/No/NA</th>
<th>Resources</th>
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| 1. Has completed the appropriate level of training and credentialing for the medication review service being delivered | • Australian Association of Consultant Pharmacy. www.aacp.com.au  
  − AACP Competency Map: Medication Management Reviews  
  − Accreditation diagram  
  − HMR Mentoring Service  
  − Fact sheet 5. Reaccreditation for MMRs |
| 2. Maintains currency of the knowledge and skills required to deliver the medication review service | • Society of Hospital Pharmacists of Australia. MMR [Medication Management Review] accreditation. www.shpa.org.au |
| 3. Accesses appropriate resources to support service delivery | |

**Criterion 2: The pharmacist works collaboratively with the consumer and other health care providers**

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<td>2. Ensures the consumer has provided informed consent for both the service and for communication with their other health care provider(s)</td>
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<tr>
<td>3. Conducts the medication review in an environment that meets the needs of the consumer</td>
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<tr>
<td>4. Liaises with any other pharmacists involved in the medication review service to ensure all tasks are completed and follow-up occurs if required</td>
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**Criterion 3: The pharmacist follows a systematic procedure for conducting the medication review**

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<th>Resources</th>
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| 1. Forms an agreement with any other pharmacists involved in different aspects of the review to ensure all tasks are performed | • Australian Association of Consultant Pharmacy. www.aacp.com.au  
  − AACP Procedures and Resources Manual: Medication Management Review  
  − Framework Document for Domiciliary Medication Management Reviews |
| 2. Conducts a consumer interview to compile a medication history, unless direct communication with the consumer is not possible | • Society of Hospital Pharmacists of Australia. SHPA standards of practice for clinical pharmacy. Appendix A: Accurate medication history. J Pharm Pract Res 2005;35:122–46 |
| 3. Reviews consumer’s current medication, utilises consumer files, pharmacy records, and information from other health care providers to further inform the medication review | • Pharmaceutical Society of Australia. www.psa.org.au  
  − Guidelines for pharmacists: Domiciliary Medication Management Review  
  − Guidelines and Standards for the Collaborative and Pharmacist Residential Medication Management Review (RMMR) Program and Associated Quality Use of Medicines (QUM) Services  
  − Medication Profiling Service [guidelines and standards] |
| 5. Assesses the consumer’s medication regimen and identifies potential medication-related issues | |
### Guidelines for pharmacists providing Home Medicines Review (HMR) services

**Criteria/Indicators**

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**Criterion 4: The pharmacist conducts the medication review and reports findings, where relevant, in a timely manner**

1. Completes the medication review within 2–4 weeks of receiving the referral or notifies the referring health care provider if there is to be a delay

2. Completes medication reviews initiated upon hospital discharge, or those indicated as urgent, within 7–10 days of receiving the referral

**Criterion 5: The pharmacist maintains accurate documentation for the medication review service provided**

1. Records all activities undertaken and strategies developed in the course of a medication review

2. Stores all medication review documentation in a safe, systematic and secure manner that allows timely and accurate retrieval

3. Prepares a comprehensive report documenting recommendations, if relevant

**Criterion 6: The pharmacist addresses and follows up any issues arising from the medication review**

1. Addresses any current, or potential, medication-related issues identified in the medication review, in conjunction with other health care providers, where appropriate

2. Prioritises any identified issues and addresses them in a timely manner

3. Promptly communicates to the appropriate health care provider any findings that may seriously affect the consumer’s health

4. Records any follow-up actions resulting from the medication review, if known

**Criterion 7: The pharmacist creates and maintains a comprehensive medication profile with involvement from the consumer and their other health care providers**

1. Uses suitable computer software to record relevant consumer details in the medication profile

2. Maintains a medication profile for each consumer that is current and complete at the time of review

3. Shares and discusses details of the medication profile with the consumer, including how it can be used as a resource to improve continuity of care

4. Obtains relevant information from the consumer’s other health care providers as required

- Australian Association of Consultant Pharmacy. AACP sample agreement between HMR Service Provider and the Accredited Pharmacist. www.aacp.com.au


- National Prescribing Service. Medicines list. www.nps.org.au

## Criterion 8: The pharmacist provides the consumer and other health care providers with relevant information to optimise health outcomes

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<thead>
<tr>
<th>Criteria/Indicators</th>
<th>Self check: Yes/No/NA</th>
<th>Resources</th>
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</table>
| 1. Provides accurate and relevant written and verbal information to the consumer’s other health care providers as needed | • Pharmacy Guild of Australia. www.guild.org.au  
– Medicines Information to Consumers Program  
– When to Provide Consumer Medication Information | |
| 2. Maintains access to current sources of evidence-based information about medicines, therapeutic devices, and lifestyle issues | • Pharmaceutical Society of Australia. www.psa.org.au  
– Consumer Medicine Information and the Pharmacist  
– Guidelines for Pharmacists on Providing Medicines Information to Patients  
– Self care fact cards | |
| 3. Provides the consumer with written and oral information and advice appropriate to their needs | • Consumer Medication Information. www.medicines.org.au | |
| 4. Demonstrates and observes the use of any therapeutic devices, aids, and systems designed to assist in medication use and adherence | • National Prescribing Service. www.nps.org.au  
– Consumer Medicine Information (CMI) search  
– NPS patient resources for health professionals | |
| 5. Provides any other pharmacists involved with the medication review with relevant information to ensure continuity of care | • HealthInsite. www.healthinsite.gov.au  
• Professional Practice Standard 3: Counselling, p. 20 | |

### Additional references

- Pharmacy Guild of Australia. RMMR. Available at: www.guild.org.au/mmrr/content.asp?id=62
Notes