

Program Specific Guidelines

Home Medicines Review



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This document outlines the Program Specific Guidelines governing the provision of the Home Medicines Review Program from 1 October 2011.

This document is to be read in conjunction with the 5CPA General Terms and Conditions located at www.5cpa.com.au, the MMR Program Terms and Conditions, and the PSA Guidelines for pharmacists providing Home Medicines Review services.

1. Definitions

Accredited Pharmacist means a Registered Pharmacist who has current accreditation to conduct medication management reviews from an approved Accreditation Body

Accreditation Body means the Australian Association of Consultant Pharmacy (AACP) or the Society of Hospital Pharmacists of Australia (SHPA)

Community Pharmacy means a pharmacy approved to dispense pharmaceutical benefits as defined in Section 90 of the National Health Act 1953

HMR means Home Medicines Review, also known as Domiciliary Medication Management Review (DMMR) under the Medicare Benefits Scheme

HMR Service means a review requested by the eligible Patient's general practitioner, in which the general practitioner, Community Pharmacy, Accredited Pharmacist, Patient, and where appropriate, a carer or other member of the health care team participate

Medicare means the Department of Human Services – Medicare

MMR Program Terms and Conditions means the Medicare - Medication Management Review Program Terms and Conditions located at www.medicareaustralia.gov.au/provider/pbs/fifth-agreement/files/4718-mm-terms-and-conditions-270611.pdf

Patient is a person living at home in the community setting

Service Payment means the amount Medicare will pay to a HMR service provider for each eligible HMR Service provided

2. Introduction

2.1 Background

The 5CPA provides funding for a suite of medication management programs and their respective services including the Home Medicines Review (HMR) Program.

Indicative funding of up to \$52.11 million has been allocated for the provision of the HMR Program. The aim of the HMR Program is to maximise the quality use of medicines and prevent medicine related problems.

The objectives of a HMR are to:

- Achieve safe, effective, and appropriate use of medicines by detecting and addressing medicine-related problems that interfere with desired Patient outcomes
- Improve the Patient's quality of life and health outcomes using a best practice approach, that involves cooperation between the general practitioner, pharmacist, other relevant health professionals and the Patient (and where appropriate, their carer)
- Improve the Patient's, and health professional's knowledge and understanding about medicines
- Facilitate cooperative working relationships between members of the health care team in the interests of Patient health and wellbeing
- Provide medication information to the Patient and other health care providers involved in the Patient's care

A HMR Service is available to an eligible Patient whose general practitioner (GP) determines that a HMR is clinically necessary to optimise the quality use of medicines and to address the Patient's needs. Refer to Attachment 1: HMR Model.

3. Participation in the HMR Program

3.1 Criteria for participation

Providers must meet the following criteria for ongoing participation in the HMR program:

- I. abide by the MMR Program Terms and Conditions
- II. agree to accept the Service Payment (refer to section 5) as full payment
- III. undertake to provide the HMR Service, in accordance with these Program Specific Guidelines



- IV. able to certify that all Registered Pharmacists participating in any step of the HMR Service adhere to the PSA Guidelines for Pharmacists providing Home Medicines Review (HMR) services
- V. able to certify that an Accredited Pharmacist will conduct the clinical assessment and report writing steps of the HMR Service.(refer to section 4.6)
- VI. agree to cooperate in providing information requested by Medicare in support of investigations or audits of HMR Service claims
- VII. meet professional standards for protection of Patients' rights to privacy and protection of information
- VIII. commit to the provision of HMRs in the Patients' homes (refer to section 4.5)
- IX. agree that Patient information (including contact details) that are made available to the Community Pharmacy or Accredited Pharmacist, can only be used for the purpose of the HMR Service that it was intended for and cannot be used (or divulged to a third party) once the report has been finalised.

If for any reason a HMR service provider no longer satisfies the eligibility criteria, the HMR service provider must cease providing HMR Services and notify Medicare within sixty days.

3.2 Patient Eligibility Criteria

The Patient must satisfy the mandatory HMR Service eligibility criteria.

Mandatory Patient eligibility criteria:

- Current Medicare/DVA cardholder
- the Patient is living in a community setting
- the Patient is at risk of or experiencing medication misadventure
- the GP confirms that there is an identifiable clinical need and the Patient will benefit from a HMR Service.

HMR Services are not available to in-patients of public or private hospitals, day hospital facilities or permanent residents of Australian government funded residential aged care facilities.

A Patient may be eligible and benefit from another medication management service. Information on medication management services is located at www.5cpa.com.au.

4. Service Requirements

A complete HMR Service includes the service provided by the GP and the Community Pharmacy or Accredited Pharmacist (approved by Department of Health Services – Medicare) from the time the Patient is identified through to the implementation and on-going monitoring of the medication management plan.

4.1 Identifying a Patient

Patients who have an identifiable clinical need may benefit from a HMR Service.

If the Patient has not been identified by the GP a recommendation based on the Patient's current clinical need should be provided to the GP. The recommendation may be provided by a Registered Pharmacist, the Patient / carer or another health care professional.

4.2 Referral

The Patient's GP will confirm eligibility and outline the HMR Service to the Patient. If the Patient agrees that a HMR Service is necessary, the GP will obtain Patient consent to participate in the HMR Service. Following a discussion between the GP and Patient, the patient may choose to be referred to the patient's preferred Community Pharmacy or an Accredited Pharmacist (who has been approved by Medicare) who meets the Patient's needs. The HMR referral should include all relevant prescribing and clinical history.

4.3 Patient consent

If the GP and Patient determine a direct referral to an Accredited Pharmacist meets the Patient's needs (refer to Attachment 1: HMR Model), the Accredited Pharmacist must receive patient consent prior to conducting the Patient interview to allow:

- access to relevant Patient data from the Patient's usual Community Pharmacy
- a copy of the written HMR report to be provided to the Patient's preferred Community Pharmacy(s)

4.4 Timeliness

The Community Pharmacy or Accredited Pharmacist must arrange the interview with the Patient and advise the referring GP the date of the interview and details of the Accredited Pharmacist conducting the medicine review, unless the GP has indicated a preference not to receive this information.



If the Community Pharmacy or Accredited Pharmacist is unable to provide a HMR Service within two weeks or in the specified time frame, the Community Pharmacy or Accredited Pharmacist must contact the GP and state when the HMR Service will be provided. The GP will determine, and discuss with the Patient if necessary, whether the specified time frame meets the Patient's needs.

4.5 Location of Patient Interview

The Patient interview must occur face-to-face at the Patient's home except in exceptional circumstances (see clause 6).

4.6 Medicine Review

A HMR Service consists of a patient interview, clinical assessment and HMR report writing.

An Accredited Pharmacist will conduct the clinical assessment and reporting writing steps of the HMR Service, and wherever possible, conduct the patient interview. A Registered Pharmacist employed by the patient's preferred Community Pharmacy may conduct the patient interview (see clause 6).

One HMR Service can be conducted per eligible person in a 12 month period on referral from a GP unless there has been a significant change in the person's condition or medication regimen, in which case an additional HMR Service can be provided.

4.6.1 HMR Report

The HMR report involves assessing the information gathered from relevant sources and preparing a written report stating the findings and outlining recommendations as a basis for a medication management plan.

The report must always be prepared by an Accredited Pharmacist.

The Community Pharmacy or Accredited Pharmacist must provide a copy of the written report to the referring GP and discuss if required. If the GP provided the referral directly to an Accredited Pharmacist (refer to Attachment 1: HMR Model) the report should also be forwarded to the Patient's usual Community Pharmacy(s) and discussed if necessary.

4.7 Medication Management Plan

The Patient and the GP must agree on a medication management plan. The medication management plan

should be forwarded to the Patient's usual Community Pharmacy(s). The Patient's preferred Community Pharmacy must contribute to the implementation where applicable and continued monitoring of the medication management plan in the normal course of contact with the Patient. Where appropriate, the Community Pharmacy must involve the GP and other members of the health care team.

5. Claims

5.1 Service Payment Claim

Claims for a Service Payment can only be made using the correct forms on Medicare's website (www.medicareaustralia.gov.au).

5.2 No Charge to Patient

The HMR Service must be provided to the Patient at no charge. The HMR service provider must not claim any amount from the Patient for providing a HMR Service.

5.3 Rural Loading Allowance

If the Patient's home is located in a rural or remote area, the Community Pharmacy or Accredited Pharmacist may be eligible for the HMR Rural Loading Allowance. The HMR Rural Loading Allowance Program Specific Guidelines and Application Form are located at www.5cpa.com.au.

6. Exceptional Circumstances

If an exceptional circumstance exists that in order to provide a HMR Service and to meet the clinical needs of the Patient these Program Specific Guidelines will not be adhered to, the HMR Service can be conducted, provided that sufficient information is provided on the Medicare HMR claim form (e.g. cultural reasons, safety concern, timely access to an Accredited Pharmacist).

7. Important Information

7.1 Audit Requirements

HMR service providers may be subject to random audits to ensure that the service is provided according to these Program Specific Guidelines and the MMR Programs Terms and Conditions. HMR service providers that do not adequately demonstrate the ability to provide the HMR Service in line with the procedures described may no



longer be able to provide the HMR Service or be eligible for further Service Payments. Pharmacists should also be aware that fraudulent claims may be subject to additional penalties, including civil or criminal charges.

7.2 Unscheduled Termination of the Program

In the event of unscheduled termination of the HMR program, the Australian Government and the Guild will determine the obligations and requirements for participating HMR service providers to finalise Service Payment arrangements.

8. Information and Resources

For general HMR information:

Visit: www.5cpa.com.au

Phone: 1300 555 262

Email: support@5cpa.com.au

