



Community Pharmacy Roadmap Program Development Template

Program/Service	Home Medicines Review (HMR)
Quadrant	D - Outreach Health Services and Programs
1. Program/Service Description	
a) Background	<p>Medicine related problems are a major contributor to avoidable hospital admissions. It has been estimated that more than 190,000 hospital admissions in Australia per year are attributable to medicine misadventure, with an associated cost of \$660 million.¹ This suggests that enhanced pharmacy services that improve medication compliance are extremely important. It has also been established that only about 50% of patients take their medicines as prescribed.²</p> <p>Medication reviews and education have been shown to improve knowledge of medicines, improve quality of life, and may also reduce hospital admissions.^{3,4,5,6}</p> <p>The Guild, under the Community Pharmacy Agreements has implemented complementary medication management programs that address these issues. Current programs include Dose Administration Aid, Home Medicines Review and Residential Medication Management Review. A Medicine Use Review (MUR) program will be piloted under the Fifth Community Pharmacy Agreement.</p> <p>There have been 180,000 HMRs completed since the program's inception in 2001, with approximately 40,000 per year currently being conducted.</p> <p>In the future the program should focus on targeting at risk groups. Such groups may include patients in mental health treatment programs and patients recently discharged from hospital.</p>
b) Brief Description	<p>A HMR is a consumer-focused, collaborative health care service provided to optimise understanding and quality use of medicines. A HMR is initiated by a GP with a referral to the community pharmacy. The HMR is conducted by an accredited pharmacist on behalf of the</p>

¹ Roughead, Elizabeth and Semple, Susan. Medication safety in acute care in Australia: where are we now? Part 1: a review of the extent and causes of medication problems 2002–2008. Australia and New Zealand Health Policy 2009, 6:18. <http://www.anzhealthpolicy.com/content/6/1/18> Accessed 29 April, 2010.

² Rigby, Debbie. Adherence Assessment Tools- "Drugs don't work when they're not taken". The Australian Journal of Pharmacy Vol.88 October 2007. http://www.guild.org.au/uploadedfiles/National/Public/Guild_Initiatives/MedsIndex/Medication%20Management%20in%20Review%20October%202007.pdf Accessed 22 April, 2010

³ Roughhead, Elizabeth et al. The effectiveness of collaborative medicine reviews in delaying time to next hospitalisation for heart failure patients in the practice setting: results of a cohort study. Circ Heart Fail 2009. <http://circheartfailure.ahajournals.org/cgi/content/abstract/CIRCHEARTFAILURE.109.861013v1> Accessed 22 April, 2010.

⁴ Pharmacy Guild of Australia. Medication Management Review Program. Canberra. <http://www.guild.org.au/mmr/> Accessed 29 April, 2010.

⁵ Roughead EE, Barratt JD, Ramsay E, Pratt N, Ryan P, Peck R, Killer G, Gilbert AL. Home Medicines Reviews reduce hospitalisations for patients taking warfarin. Presented by Gilbert AL Heart Foundation Conference; 2009 14-16 May.

⁶ Pharmacy Guild of Australia. Medication Management Review Program- Articles. <http://www.guild.org.au/mmr/content.asp?id=407> Accessed 29 April 2010.

	<p>patient's community pharmacy. The accredited pharmacist attends the patient's residence and prepares a report based on the medicines and associated habits of the patient. The subsequent report is provided to the referring GP, who then discusses any recommendations with the patient and may make appropriate changes to their medicines regime.</p>
c) Alignment with Government Policy	<p>Australia's established and well-accepted National Medicines Policy includes a national strategy on Quality Use of Medicines (QUM) and the HMR program is founded on QUM principles.</p> <p>This program also aligns with recommendations from the National Health and Hospitals Reform Commission and Primary Health Care Strategy by better utilising pharmacists as part of the primary health care team.</p>
d) Expected Outcomes for Government and Community Pharmacy	<p>HMRs improve health literacy and QUM with a resulting reduction in medicine misadventure-related hospitalisations. This will translate to increased efficiency and budgetary savings for government and improved health outcomes for the community.</p> <p>From a pharmacy perspective, the HMR program increases the recognition of the role of pharmacists as a member of the primary health care team. The delivery of HMR services through a community pharmacy complements product supply. HMRs also effectively utilise the increasing number of new pharmacy graduates in a manner that benefits both pharmacy practice and the community. Pharmacy graduates will continue to have a positive outlook for community pharmacy as a career.</p>
e) Consumer Benefits	<p>HMRs are beneficial to the consumer as they:</p> <ul style="list-style-type: none"> • help consumers learn more about their medicines and improve health literacy; • identify problems that consumers may be experiencing with their medicines and provide possible solutions; • assist the consumer to understand interactions between medicines, including over-the-counter medicines, and disease states; • enhance the quality use of medicines; and • educate consumers about appropriate storage of medicines. <p>For conditions in which medicines use plays a significant role, HMRs are particularly important for the effective management of a patient's condition, including co-morbidities, and can have a positive impact on their quality of life.</p>
f) Who Performs the Service?	Pharmacists who have been accredited to deliver the HMR service.
g) Collaboration with Other Health Care Professionals	HMRs are delivered in collaboration with the patient's general practitioner.
2. Implementation and Enablers	
a) Stakeholder Consultation	<p><i>Ongoing stakeholder consultation with the following representative bodies should occur:</i></p> <ul style="list-style-type: none"> • Consumer organisations • Government bodies • GP organisations • Pharmacy organisations • Pharmacy software vendors • Relevant health related peak bodies <p>Consistent with the development of a best practice program or service, consultation and/or collaboration with consumers and relevant peak bodies will inform future refinement of the program.</p>
b) IT Requirements	<p><i>Is pharmacy software required to deliver this program?</i></p> <p>IT solutions may assist in the delivery of the HMR service.</p>

	Program software ideally should be integrated with pharmacy software, streamlined for ease of use and consistent with pharmacy workflow.
c) Infrastructure and Staffing	<p><i>Is a private consultation area required to deliver this program?</i> No HMRs are delivered in the patient's home.</p> <p><i>Is the Program within the pharmacist's normal scope of practice?</i> No – accreditation is required</p> <p><i>Will an additional pharmacist likely to be needed?</i> In delivering the program, consideration needs to be given to the impact on the pharmacist's time and capacity within the pharmacy.</p>
d) Training	<p><i>What additional formal training is required?</i> Accreditation is required to be undertaken in order to deliver a HMR service.</p>
e) Supporting Standards, Procedures, Templates / Checklists	<p><i>Will a QCPP standard be required?</i> Yes HMR is a health program or service and a Standard 3 Checklist has been developed and will continue to be reviewed as part of the ongoing review process.</p> <p><i>Will professional guidelines and/or standards for pharmacists be required?</i> Yes</p>
3. Funding	
Funding Options	Funding options include: Community Pharmacy Agreement
4. Timelines	
Timelines	<input checked="" type="checkbox"/> Established community pharmacy practice – opportunity for enhancement <input type="checkbox"/> Immediate to short-term implementation (< 30 June 2015) <input type="checkbox"/> Medium-term implementation (1 July 2015 to 30 June 2020) <input type="checkbox"/> Longer-term implementation (> 1 July 2020)