Pharmaceutical Society of Australia

Guidelines for pharmacists providing Home Medicines Review (HMR) services

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GUIDELINES FOR PHARMACISTS PROVIDING HOME MEDICINES REVIEW (HMR) SERVICES

Contents

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Executive summary of HMR service

Aim

The aims of Home Medicines Reviews (HMR) are to improve health outcomes for consumers and promote the quality use of medicines. These aims are best achieved through collaboration between all health care providers involved in the service and the consumer. HMR is designed to assist consumers living in the community.

Consumer identification

There are many reasons why a consumer may be identified for a HMR based on their clinical need. Some examples include:

- taking more than five regular medicines, 12 doses of medicine per day or being treated for three medical conditions;
- discharged from hospital in last four weeks;
- significant changes to their medication regimen in past 3 months;
- taking a medicine 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; and
- increasing frailty.

Consumers may access a HMR when clinically indicated. 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 General Practitioner (GP).

GP assessment

After clinical need is determined, the GP provides a written referral to either an accredited pharmacist or the consumer's nominated community pharmacy. The community pharmacy and/or the accredited pharmacist must be approved by Medicare to provide HMR services. The referral should be accompanied by appropriate and relevant clinical information such as the reason for the referral, past medical and social history, current medicines and relevant laboratory results.

Consumer consent

After the need for a HMR has been clinically identified, the consumer's GP obtains consent from the consumer to participate in the HMR and to determine their preferred HMR service delivery pathway by choosing either to send the referral to their nominated community pharmacy or directly to an accredited pharmacist.

HMR interview

The HMR interview should be conducted in the consumer's home by an accredited pharmacist. The information gathered during the interview should be considered in conjunction with the clinical information provided in the HMR referral and any information provided by the consumer's nominated community pharmacy. The HMR interview is also an opportunity to provide counselling and education to the consumer, their carer and/or family, about their medicines.

Medication-related problems

The accredited pharmacist identifies any actual or potential medication-related problems after review of all information gathered from the consumer, GP and consumer's nominated community pharmacy. These problems may include medicine use without clinical indication, untreated indication, improper drug selection, sub-therapeutic dosage, over dosage, adverse drug reaction, drug interactions or failure to receive and take medicines.

HMR Report

In the HMR Report, the accredited pharmacist suggests recommendations to the GP that address the consumer's medication-related problems and a summary of actual or potential impact on the consumer. The accredited pharmacist provides a report to the GP for consideration and, if consent is granted by the consumer at the interview, to the consumer's nominated community pharmacy. All documents should be stored in a safe, secure environment and a record kept of all problems identified, recommendations, interventions and follow-up activities including date and time. After the HMR Report has been received by the GP, a follow-up consultation with the consumer should be arranged by the doctor, to discuss the HMR Report and to agree on a medication management plan.

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 as the reasons the GP referred the consumer for a HMR initially. The medication management plan should be documented by the GP and forms the basis for ongoing discussion and follow-up with the consumer. The GP provides a copy of the medication management plan to the consumer and forwards a copy to the consumer's nominated community pharmacy.

Follow up

The medication management plan will contain actions resulting from interventions and recommendations from the HMR. The consumer's nominated community pharmacy 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.

HMR Flowchart

Assessment of clinical need and referral

HMR referral generated by GP based on current clinical needs of consumer

GP and consumer discuss HMR process including reason for HMR and determine most appropriate person to go to consumer's home to conduct review

Consumer gives informed consent for GP referral to consumer's nominated community pharmacy. Consumer's nominated community pharmacy organises HMR	Consumer gives informed consent for GP referral to accredited pharmacist. Accredited pharmacist organises and conducts HMR

Interview, review and report

Accredited pharmacist visits consumer at home and conducts interview

Accredited pharmacist writes and provides HMR Report to GP and to consumer's nominated community pharmacy

Medication management plan

Following receipt of HMR Report and discussion with accredited pharmacist, the GP in consultation with the consumer develops medication management plan

Medication management plan provided to consumer, the accredited pharmacist and the nominated community pharmacy as part of the HMR service

Payment

GP claims MBS Item 900 payment	Consumer's nominated community pharmacy or accredited pharmacist claims HMR payment

Continuity of consumer care

Medication management plan used to ensure continuity of consumer care by community pharmacy and GP

(ADAPTED FROM CHART DEVELOPED BY THE DEPARTMENT OF HEALTH AND AGEING AND THE PHARMACY GUILD OF AUSTRALIA.)

1. About the document

1.1 Background

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

Medication management is a Quality Use of Medicines (QUM) initiative consistent with Australia's National Medicines Policy.[1] 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 reviews provides evidence of improved health outcomes associated with such services.[4–6]

1.2 Purpose

HMR Guidelines have been developed for pharmacists providing HMR services in the community. They are aimed at assisting pharmacists 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 obligations related to HMR activities.

Changes to the funding and administrative arrangements for HMR services provide for an additional GP referral pathway and necessitated the review of these Guidelines.

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) (see Appendix 1).

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

These Guidelines are based on HMR services delivered to consumers living in the community.

It should be noted that the Guidelines concentrate on the best practice model 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 medicine is appropriate and safe for consumers to use.

1.4 Terminology

- **Accredited pharmacist** means a registered pharmacist who has current accreditation to conduct medication reviews from an approved accreditation body – the Australian Association of Consultant Pharmacy (AACP) or The Society of Hospital Pharmacists of Australia (SHPA).
- **Approved HMR service provider** means a Section 90 pharmacy or registered pharmacist who is accredited or business that employs or has a service contract with one or more accredited pharmacists to conduct HMRs on their behalf and has been approved by Medicare to conduct HMR services. Refer to programs terms and conditions at: www.medicareaustralia.gov.au/provider/pbs/fifth-agreement/files/4718-mmr-terms-and-conditions.pdf
- **Consumer** means a person living in the community setting.
- **Health care team** may include the consumer, carer, accredited pharmacist, hospital or community pharmacist, GP, nurse or other health care providers.
- **HMR** means Home Medicines Review, and is the accepted name for community medication reviews. Previous terminology included Domiciliary Medication Management Reviews (DMMR), a term which is still used in practice.
- **Medicare** means the Department of Human Services – Medicare (formally known as Medicare Australia).

- **Nominated community pharmacy** means the preferred pharmacy nominated by the consumer to provide and receive information related to the HMR service.

2. Establishing HMR services

2.1 Accreditation requirements for pharmacists

The HMR service involves an accredited pharmacist who works collaboratively with the consumer's GP. Accreditation to provide medication review services, HMR and Residential Medication Management Reviews (RMMR), requires registered pharmacists to have completed the appropriate level of training and credentialing. Accreditation programs are provided by the AACP and SHPA. The accredited pharmacist must also maintain the relevant level of competency necessary to undertake the specific medication review service.

AACP and SHPA have developed assessment criteria to recognise those pharmacists who have the appropriate knowledge and skills to provide medication review services to the required standard. AACP requires mandatory reaccreditation assessment every three years and yearly evidence of completion of continuing professional development (CPD). SHPA has annual reaccreditation requirements and full reassessment and certification every five years to ensure knowledge remains relevant and current.[7]

Further information is available from the AACP website at www.aacp.moodle.com.au and the SHPA website at www.shpa.org.au

2.2 Approved HMR service provider

To become an approved HMR service provider, the applicant is required to:

a) receive approval from Medicare to be a HMR service provider;
b) adopt the processes, standards and guidelines of the HMR services from professional bodies;
c) ensure all registered pharmacists who participate in a HMR service abide by the processes and standards of PSA, the Pharmacy Guild of Australia and SHPA in relation to HMRs;
d) ensure only an accredited pharmacist conducts the clinical assessment and report writing steps of the HMR service;
e) maintain current insurance policies for the pharmacy and for any accredited pharmacists providing the HMR service;
f) agree to provide information regarding HMR services to the Department of Health and Ageing (DoHA) or Medicare for audit purposes;
g) ensure the service meets professional standards and legislative requirements for the protection of the consumer's rights to privacy, confidentiality and protection of information; and
h) submit a correctly completed application form to Medicare.

For further information refer to Medication Management Review programs terms and conditions. Available at: www.medicareaustralia.gov.au/provider/pbs/fifth-agreement/files/4718-mmr-terms-and-conditions.pdf

2.3 Professional collaboration

All pharmacists involved in the HMR service should collaborate with all interested parties in the HMR service including consumers, community pharmacists, GPs, medical specialists, practice nurses, community health workers, allied health professionals, carers and family members.

Accredited pharmacists should collaborate with the consumer's nominated community pharmacy to obtain the consumer's dispensing history and other relevant consumer information. Accredited pharmacists provide a copy of the HMR Report to the consumer's nominated community pharmacy after gaining consent from the consumer. The GP is required to provide a copy of the medication management plan to the consumer's nominated community pharmacy. Collaboration during the HMR service will ensure continuity of consumer care.

A major benefit of creating an environment of collaboration is the establishment of relationships with key participants in the HMR process. Holding face-to-face meetings with GPs and their practice nurses, consumers and associated health care providers have been shown to be critical in establishing effective working relationships. It is this relationship development that can be responsible for the effective uptake of the HMR service by GPs and consumers.[8]

Education and information sessions can be conducted by pharmacists to increase the awareness of the service and demonstrate how the HMR service can be integrated into the health care of consumers. GPs are able to access a range of Medicare items for health assessments in particular groups of people which may lead to the identification of a consumer's need for a HMR. These include general consultation items, specific health assessment items and chronic disease management items.[9]

All pharmacists offering HMR services may provide HMR consumer brochures and personalised letters to GPs, community and hospital pharmacists, other health care professionals and community organisations to educate and involve these health care professionals in this service and highlight its benefits to the local community.[10]

3. The HMR process

3.1 Aim and focus of HMR

A HMR is a consumer-focussed service that aims to identify, prevent and resolve actual or potential medication-related problems, optimise pharmacotherapy and assist in achieving

better 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 medicine use is optimal and fully understood, to promote quality use of medicines and assist in continuity of care (see HMR Flowchart).

The aims of a HMR are to:

- achieve safe, effective and appropriate use of medicines 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 medicine;
- improve consumer and health professional knowledge and understanding about medicines;
- facilitate cooperative working relationships between members of the health care team in the interests of consumer health and well-being; and
- provide medicine information to the consumer and other health care providers involved in the consumer's care.

A HMR is collaborative involving the consumer (including their carer), their GP and an accredited pharmacist. The HMR service may also involve the consumer's nominated 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.

See the HMR Flowchart.

3.2 Consumer identification

A GP, community pharmacist, hospital pharmacist at hospital discharge, another member of the health care team, the consumer themselves or their carer can identify the potential need for a HMR.

The consumer's GP (but not a specialist or consultant physician) provides a HMR referral to a community pharmacy or an accredited pharmacist who has approval from Medicare to provide HMR services.

A HMR could benefit a person who is at risk of medication misadventure due to multiple chronic conditions, co-morbidities, age or social circumstances, the characteristics of their medicine, the complexity of their medication regimen, or a lack of knowledge and skills to use their medicine effectively and safely.

Examples of risk criteria to identify consumers likely to benefit from a HMR are:[11]

- taking five or more regular medicines;
- taking more than 12 doses of medicine per day;
- having three or more concurrent medical conditions;
- discharged from a hospital in the past four weeks;
- significant changes to medication regimen in the past three months;
- taking medicine 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 medicine 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 frailty; or
- changes in health status.

These are not mandatory criteria for a HMR but are provided as a guide to possible risk factors for referring a consumer for HMR services.

3.3 Consumer eligibility

To be eligible for a HMR, a consumer must hold a current Medicare card, or DVA card in the case of war veterans, widows and widowers, and be living in the community (including respite care). HMR services are not available to in-patients of public or private hospitals, day hospitals or aged care facilities, including those in multipurpose service (MPS). Permanent residents of Australian Government-funded aged care facilities and MPS have 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*. Pharmaceutical Society of Australia, October 2011.)

Eligible consumers are entitled to a HMR when clinical need arises. In circumstances where there has been a significant change in a consumer's medical condition or medication regimen, further HMRs 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 medicine 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, or inability to continue managing own medicines, due to changes in dexterity, confusion or impaired vision.

3.4 GP assessment

Upon receiving a request for a HMR or identifying an at-risk consumer, the GP consults with the consumer and assesses the consumer's medication management needs and determines if there is a clinical need for a HMR. The GP may choose options other than HMR such as Health Assessments, Team Care Arrangements, and Multidisciplinary Care Plans.[9]

The GP provides a written referral to a community pharmacy or an accredited pharmacist who has approval from Medicare to provide HMR services once consumer consent has been obtained.

The referral should be accompanied by the provision of appropriate and relevant clinical information to assist the accredited pharmacist in completing the HMR. This information should include the reason for the referral, past medical and social history, list of current prescribed medicines and relevant laboratory results.[12]

3.5 Consumer consent

Once the clinical need has been established, the GP is required to seek consent, consistent with normal clinical practice, from the consumer for the HMR service. The consumer must agree and consent to the exchange of relevant information about their health to either their nominated community pharmacy or an accredited pharmacist.

The consumer must be clearly informed of the purpose and possible outcomes of the HMR and the process involved (including that an accredited pharmacist will visit the consumer at home, unless exceptional circumstances apply).

The consent of the consumer will usually be obtained during the face-to-face consultation with the GP where the consumer, in discussion with their GP, chooses the preferred pathway for HMR service delivery either to send the referral to their nominated community pharmacy or directly to an accredited pharmacist. Consumer consent can also be provided to the GP or GP practice staff member via the telephone. 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 from their GP and their nominated community pharmacy and provided to those involved in the HMR service.

The HMR service provider is required to gain the consent of the consumer, carer or legal guardian at the HMR interview for the provision and collection of personal information for the purposes of the HMR. Consent is also obtained to provide a copy of the HMR Report to the referring GP, approved HMR service provider and nominated community pharmacy.

3.6 HMR service delivery

Best practice requires that all aspects of the HMR service are conducted by an accredited pharmacist in the consumer's home.

However, under the HMR program guidelines, there is provision for a registered pharmacist to conduct the interview and provide the information to an accredited pharmacist who completes the clinical assessment and writes the report. This can only occur if there is no access to an accredited pharmacist in a timeframe suitable to the consumer and in line with professional standards. Best practice requires that the accredited pharmacist provides input and guidance to the registered pharmacist on the consumer interview. Accredited pharmacists should consider the professional and medicolegal aspects of providing a clinical assessment and recommendations to the GP without consulting with the consumer.

It is considered best practice for the HMR interview to take place in the consumer's home. However, there may be occasions when the consumer's preference, due to cultural and/or due to safety concerns, requires the interview takes place in a location other than the consumer's home. The location of the HMR service must be indicated on the HMR claim form.[11]

All persons involved in the HMR service need to be informed about the service, have clearly defined roles and responsibilities, be familiar with relevant policies and procedures used within its delivery, and understand the unique responsibility the accredited pharmacist has in the delivery of the service. Adequate time and resources need to be allocated to promote and explain the service to consumers.

It is the responsibility of the HMR service provider to ensure that the HMR service is conducted in a timely manner. The HMR service should be completed within two to four weeks of receiving the referral. Urgent HMRs or those received on consumer discharge from hospital should be completed within

seven to 10 days. If this is not possible, the referring GP must be notified (see Appendix 1, Criterion 4).

Where a HMR is conducted through a community pharmacy, the GP referral and a copy of the consumer's dispensing history, should be given to the accredited pharmacist via the agreed method of communication. Where a HMR is conducted by an accredited pharmacist on direct referral from a GP, a dispensing history may be requested from the consumer's nominated community pharmacy.

3.7 HMR interview

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

- obtain information from the consumer to inform the HMR Report; and
- provide education and support to the consumer and if present, their carer and family members to make better informed choices about medicines and health, facilitate health behaviour change, and improve their health literacy.

Best practice recommends that the consumer's home is the preferred setting for the HMR interview. Interviewing and observing the consumer in their own home will assist in identifying aspects of medication management that may not be possible in another setting including assessing storage conditions and other environmental factors which could affect safe and appropriate use of medicines. Other issues likely to be identified in the home environment include expired medicines, duplicated medicine, complementary and non-prescription medicines or medicines no longer prescribed. The pharmacist can also assess risk factors such as the potential for falls which may result in referral to, or recommendation of, assessment by other health care providers.

The location of the HMR interview is the consumer's choice. 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 HMR service provider. An alternate 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 cultural preference. For indigenous consumers, conducting the HMR interview with an Aboriginal health worker in the primary care setting is often preferable.[13,14] In exceptional circumstances (i.e. a perceived threat to safety) it may be the HMR service provider decision to conduct the interview outside of the consumer's home.

The HMR Rural Allowance, administered by the Pharmacy Guild of Australia, provides a HMR rural loading payment based on the location of the consumer receiving the HMR service and the business address of the HMR service provider. Rural Allowance payments may be available where the consumer accessing the service resides in PhARIA 2 to 6.[15,16]

The accredited pharmacist may also provide written and verbal medicines information and advice to consumers at the time of the consumer interview. Resources such as Consumer Medicines Information (CMI) leaflets as well as observing and demonstrating correct therapeutic device technique and offering lifestyle advice may occur at the time of the interview. Pharmacists are encouraged to support consumers by providing consumer leaflets and multilingual publications relating to ageing and aged care where appropriate[17] (see Appendix 1, Criterion 8).

A risk assessment conducted by the accredited pharmacist prior to visiting the consumer in their home should occur using the best available information from the consumer, community pharmacy and the GP. Professional judgement and the management of any occupational health and safety risks associated with the provision of the HMR service, is required for the well being and safety of the accredited pharmacist. All decisions made in regards to the interviewing pharmacist's safety should be documented in the HMR Report.

The HMR interview requires the accredited pharmacist to demonstrate effective communication skills which need to be accompanied by clinical competence, empathy, understanding, and ethical conduct.[18] At a HMR interview, the accredited pharmacist should communicate effectively by:

- displaying or providing appropriate identification, such as the AACP identification card or proof of pharmacy registration;
- ensuring introduction before entering the consumer's home, as invited;
- explaining each step of the interview before commencing;
- asking the consumer's permission prior to asking questions or providing information;
- emphasising 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;
- being sensitive to any cultural needs and differences;
- listening to the consumer and speaking in a language they understand to facilitate improved consumer health literacy. In some cases, the use of a family member, a professional interpreter or aboriginal health worker may be required. Further information is available from the Translating and Interpreter Service National website at: www.immi.gov.au/living-in-australia/help-with-english/help_with_translating;
- taking care not to undermine the consumer's confidence in their GP, community pharmacist and other health care providers;
- asking permission before moving around the home to inspect medicine storage or other areas; and
- thanking 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.

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, mobility and dexterity, psychological status).

Consumer information can be gathered and collated in a comprehensive medication profile. The profile can be compiled with input from the consumer, 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 Appendix 1, Criterion 7).

The medication profile must include:

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

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

3.8 Medication-related problems

After the HMR interview, the information gathered is collated and reviewed by the accredited pharmacist who assesses the information for adherence and persistence issues, and actual 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:[19]

- medicine use without indication – the consumer is prescribed medicine 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 medicine;
- over dosage – the consumer has a medical issue and is being prescribed too much of the correct medicine;
- continued use of medicine 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 medicine – the consumer has a medical issue but is not receiving or taking prescribed medicine;
- dose/drug related issues, such as confusing dosage schedules, incomplete or missing directions, duplication of medicines, disposal of unwanted 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 medicine, incorrect medicine use, signs of adherence issues, swallowing difficulties, dexterity issues, confusion or misunderstanding of medicine 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 medicines, therapeutic devices, compliance aids and self-care activities, which may include CMI leaflets.

Evidence demonstrates that use of potentially inappropriate medicines in the elderly is associated with increased hospitalisation and attendance to emergency departments, increased harm, poorer health outcomes and even death.[20]

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

- START (Screening Tool to Alert doctors to the Right Treatment) which includes criteria indicating medicines that are considered beneficial, arranged according to physiological systems.[21]
- STOPP (Screening Tool of Older Persons' potentially inappropriate Prescriptions) which includes criteria indicating medicines which are considered inappropriate in the older person, including drug-drug and drug-disease interactions, medicines which adversely affect older consumers at risk of falls and duplicate drug class prescriptions, arranged according to physiological systems.[22]
- Drug Burden Index, an evidence-based tool that measures a person's total exposure to medicines with sedative and anticholinergic properties which have been shown to impair cognitive and physical function.[23]
- Beers criteria, a list of medicines or classes of medicines that are considered inappropriate in the elderly population which remains a valuable tool for initial screening of prescribed medicines.[24]
- McLeod criteria, which is Canadian data similar to the Beers criteria.[25]
- The Medication Appropriateness Index (MAI) is an indexing system that measures drug therapy appropriateness for elderly consumers, using 10 criteria for each medicine prescribed.[26]
- Prescribing Indicators tool (Australian) has been developed based on diseases commonly identified in older Australians aged over 65.[27]

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.

3.9 HMR Report

The HMR Report (known as HMR clinical assessment report in the Claim and Confirmation for Home Medicines Review service form) should be concise and written in a style according to the agreed preference of the GP. All recommendations should be evidence-based, integrating the best available evidence with clinical expertise. The consumer's rights, beliefs and preferences need to be considered in making clinical decisions about their medication management.

The HMR Report should include:

- the date, time and place of the consumer interview;
- the name of the referring GP and HMR service provider;
- details of the consumer's nominated community pharmacy, if consent granted;
- details of other health care providers contacted as part of the HMR process;
- advice and resources provided to the consumer during the HMR interview;
- general comments of the consumer's ability to manage and administer all medicines; and
- details of any assessments conducted during the HMR Interview.

Any medicines prescribed by other GPs, specialists, other authorised prescribers (optometrists, podiatrists, nurse practitioners) or alternative medicine practitioners (e.g. naturopaths) should be included. The report should contain details of medicine not taken in accordance with the GPs desired instructions or issues of adherence.

The HMR Report should contain details of any issues identified and resolved during the course of the interview, as well as suggested medication management strategies. The reason for referral should be addressed, regardless of any actual problem.

The accredited pharmacist should formulate recommendations for resolution or prevention of any identified medication-related problems. Recommendations may include addition or cessation of medicines, dosage changes, medication regimen simplification, education, dose administration aids, therapeutic drug monitoring, and laboratory tests relevant to medication monitoring.

The completed HMR Report is sent to the referring GP and to the consumer's nominated community pharmacy by the accredited pharmacist. The HMR service provider may discuss with the GP the findings of the HMR including suggested medication management strategies.[28] Findings that may seriously impact the consumer's health should be communicated to the GP as a matter of urgency (see Appendix 1, Criterion 6).

3.10 Medication management plan

At a consultation, the GP and consumer discuss the findings and recommendations in the HMR Report and agree on a medication management plan which is documented in the consumer's notes. The medication management plan includes agreed therapeutic goals, treatment regimens and lifestyle adjustments. If requested by the GP, all involved in the HMR may be required to attend a case conference.

Once agreed, the details of the medication management plan are provided to the consumer, HMR service provider, the consumer's nominated community pharmacy, and other relevant members of the health care team with consumer consent.

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 in maintaining and improving health outcomes.

3.11 Follow up

The consumer's nominated community pharmacy may be responsible for following up on certain recommendations contained in the medication management plan. If the consumer does not nominate a community pharmacy, there is the opportunity for the consumer to share the contents of the medication management plan with a community pharmacy. Follow-up actions undertaken by the community pharmacist may include:

- reinforcing advice and information provided by the GP as outlined in the medication management plan and, where appropriate, providing additional information and advice about medicines, medication aids and therapeutic devices;
- using the agreed medication management 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;
- being 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 being pro-active in facilitating the consumer's ongoing adherence to the medication management plan through follow-up actions and monitoring);
- documenting the HMR service, and follow-up actions in the dispensing software; and
- undertaking any actions of the medication management plan by involving the consumer, community nurses and other members of the health care team as appropriate.

3.12 Payment

Medicare will pay the agreed fee to the HMR service provider for each HMR undertaken after a referral by a GP. Further details of the claiming process are available from the Medicare website. Available at: www.medicareaustralia.gov.au

Medicare provides a rebate for a GP's involvement in the HMR service. For GPs to claim MBS item 900 – DMMR, they must actively participate in the HMR process by:[12]

- 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 or an accredited pharmacist who has approval from Medicare to provide HMR services 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 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 medication management plan which should be discussed with, and provided to, the consumer, the approved HMR service provider and other relevant health care professionals if consent is given by the consumer.

4. Essential components of HMR services

4.1 Consumers' rights, confidentiality and consent

It is the consumer's decision to participate in the HMR process and they may elect to withdraw from the service at any time. Consent of the consumer is obtained by the GP when initiating the HMR referral. The consent allows consumer information to be given to the accredited pharmacist conducting the HMR. All information gathered throughout the HMR service should be respected and safeguarded acknowledging the consumer's right to privacy and confidentiality. This includes all information acquired in the course of providing the HMR service, exchanged with other health professionals, discussed on the phone or in the pharmacy or stored as a result of a HMR.

Confidentiality needs to be maintained through the development of secure files (either electronic or in a secure filing cabinet). This includes ensuring that any consumer information that is transmitted electronically uses encrypted or secure electronic messaging to enhance security. At no time should consumer information be shared with unauthorised people, relatives or other health care providers without the consent of the consumer or their representative.

Pharmacists should refer to any State or Territory privacy legislation or health privacy frameworks. Pharmacists are also

required to meet the relevant professional practice standards. Refer to Criterion 3 of the *Fundamental Pharmacy Practice* standard of the *Professional Practice Standards*, version 4 in the provision of HMR service.

Where consumer data is required to be disclosed to staff from the Department of Health and Ageing, Medicare or the Standards and Accreditation Agency, informed consent has to be obtained from the consumer or their representative.

Consumer consent needs to be obtained for medication reviews to be conducted and the associated sharing of necessary information between health care providers. The HMR service provider should confirm that appropriate consent has been obtained from the consumer before the HMR service is commenced.

4.2 Communication

Communication can occur between the accredited pharmacist, community pharmacy, consumer's GP, other members of the health care team and the consumer and their carers during the HMR process allowing for the development of collaborative and trusting relationships between all service participants (see Appendix 1, Criterion 2).

All pharmacists involved in the delivery of the HMR service are encouraged to have regular face-to-face meetings with the consumer's GP. This helps to establish and maintain trust, which is the basis for cooperation leading to successful health outcomes from the HMR service.[29] 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.

Accredited pharmacists communicate with the consumer's GP via the written HMR report and either through face-to-face meetings or telephone discussions to review the information contained in the HMR report. Written communication must be structured and, documented and follow the agreed methods of information distribution between the accredited pharmacist and the referring GP.

The consumer's nominated community pharmacy may meet with the consumer's GP as part of the HMR follow up process and provides information on the outcomes of certain recommendations detailed in the medication management plan. This helps to establish continuity of consumer care.

When communicating with consumers, all 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 medicines and treatment. The inclusion of Aboriginal health workers,[13] 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 (see Appendix 1, Criterion 3). By establishing good communication with the consumer, the pharmacist will build trust and enhance the consumer's satisfaction with the service. The consumer will feel more involved in their own health decision making which will lead to increased health literacy.[30]

4.3 Documentation

Effective documentation is essential to maximise safety, quality and efficiency throughout the HMR service. All pharmacists involved in the HMR service must maintain accurate documentation for all HMR services provided, record all activities undertaken and strategies developed in the course of a HMR. The HMR service provider must keep a copy of every completed HMR Report for a period of at least seven years. It is recommended that all documentation is kept including HMR referral and interview notes plus documentation of any other contact with the referring GP and other health care providers.[31]

The accredited pharmacist, if different to the HMR service provider, is encouraged to retain a copy of the HMR Report for their records and the nominated community pharmacy should retain a copy of the consumer's medication management plan for their records (see Appendix 1, Criterion 5).

Storage of all HMR documentation should be done in a safe, systematic and secure manner that allows timely and accurate retrieval by the accredited pharmacist, community pharmacy and the approved HMR service provider.

5. Resources

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Appendix 1. Professional Practice Standard 4 – Medication review

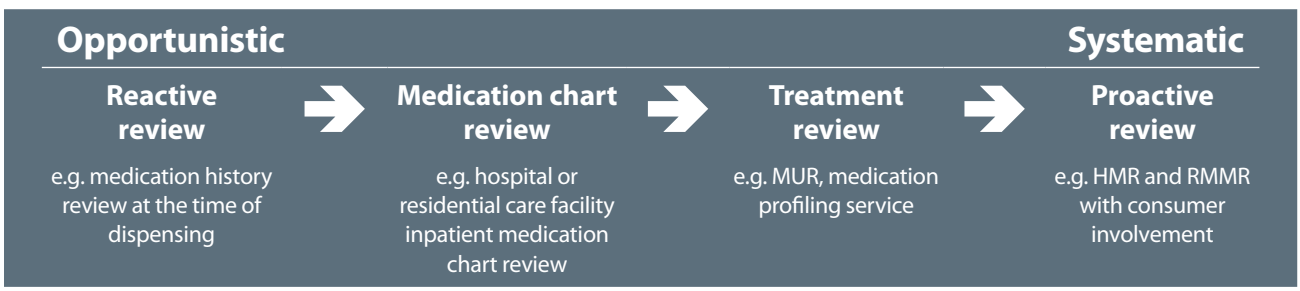
Standard

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	SELF CHECK: YES/NO/ NA	RESOURCES
Criterion 1: The pharmacist maintains the relevant level of competency necessary to undertake the specific medication review service		
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 ∘ Society of Hospital Pharmacists of Australia. MMR [Medication Management Review] accreditation. www.shpa.org.au
2. Maintains currency of the knowledge and skills required to deliver the medication review service		
3. Accesses appropriate resources to support service delivery		
Criterion 2: The pharmacist works collaboratively with the consumer and other health care providers		
1. Determines and uses the preferred method of communication for the consumer and other health care providers		∘ Pharmacy Guild of Australia. Medication Management Review Program. Communication and concordance module. www.guild.org.au
2. Ensures the consumer has provided informed consent for both the service and for communication with their other health care provider(s)		
3. Conducts the medication review in an environment that meets the needs of the consumer		
4. Liaises with any other pharmacists involved in the medication review service to ensure all tasks are completed and follow-up occurs if required		
Criterion 3: The pharmacist follows a systematic procedure for conducting the medication review		
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 ∘ 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 ∘ 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] ∘ Pharmacy Guild of Australia. Quality Care Pharmacy Program. Home Medicines Review checklist (T3F). www.guild.org.au/qcpp
2. Conducts a consumer interview to compile a medication history, unless direct communication with the consumer is not possible		
3. Reviews consumer's current medication, utilises consumer files, pharmacy records, and information from other health care providers to further inform the medication review		
4. Assesses adherence and provides advice on how to improve adherence if necessary		
5. Assesses the consumer's medication regimen and identifies potential medication-related issues		

CRITERIA/INDICATORS	SELF CHECK: YES/NO/ NA	RESOURCES
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		◦ Australian Association of Consultant Pharmacy. AACP sample agreement between HMR Service Provider and the Accredited Pharmacist. www.aacp.com.au
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		◦ Pharmaceutical Society of Australia. Medication Profiling Service [guidelines and standards]. www.psa.org.au ◦ National Prescribing Service. Medicines list. www.nps.org.au ◦ Australian Government Department of Health and Ageing. Medi-list. www.health.gov.au
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		

CRITERIA/INDICATORS	SELF CHECK: YES/NO/ NA	RESOURCES
Criterion 8: The pharmacist provides the consumer and other health care providers with relevant information to optimise health outcomes		
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 • 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
2. Maintains access to current sources of evidence-based information about medicines, therapeutic devices, and lifestyle issues		
3. Provides the consumer with written and oral information and advice appropriate to their needs		• Consumer Medication Information. www.medicines.org.au • National Prescribing Service. www.nps.org.au • Consumer Medicine Information (CMI) search • NPS patient resources for health professionals • HealthInsite. www.healthinsite.gov.au • Professional Practice Standard 3: Counselling, p. 20
4. Demonstrates and observes the use of any therapeutic devices, aids, and systems designed to assist in medication use and adherence		
5. Provides any other pharmacists involved with the medication review with relevant information to ensure continuity of care		

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