



Community
Pharmacy
Agreement

HOME MEDICINES REVIEW (HMR)

Effective from 1 July 2015

Programme Specific Guidelines are currently available in draft form and will shortly be updated to comply with the Commonwealth Grants Rules and Guidelines. Updates to these programme guidelines will not change the intent of this programme, but will provide additional clarity for participants. This programme will continue to operate under these draft guidelines until updated programme guidelines are published.

PROGRAMME SPECIFIC GUIDELINES



Australian Government
Department of Health



The Pharmacy
Guild of Australia

PROGRAMME SPECIFIC GUIDELINES

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1. INTRODUCTION

This document outlines the Programme Specific Guidelines governing the Home Medicines Review (HMR) Programme. This document must be read in conjunction with the 6CPA General Terms and Conditions. Definitions in the 6CPA General Terms and Conditions apply in these Programme Specific Guidelines.

HMR is one of the suite of Medication Management Programmes funded under the Sixth Community Pharmacy Agreement to support quality use of medicines services that are designed to reduce adverse events and associated hospital admissions or medical presentations.

2. DEFINITIONS

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

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

HMR Service Provider means any of the following who have been approved to provide HMR Services in accordance with the 6CPA General Terms and Conditions and these Programme Specific Guidelines:

- An owner of an approved Section 90 Community Pharmacy; or
- A business entity with an Australian Business Number (ABN), this includes an Accredited Pharmacist operating as a sole trader;
- A business entity does not include:
 - any organisation that is able to initiate a referral for the HMR Service
 - a Section 94 Pharmacy or
 - a public or private hospital.

Patient is a person living at home in the community setting.

3. BACKGROUND

The policy intent of the HMR Programme is to enhance the quality use of medicines and reduce the number of adverse medicines events, by assisting consumers to better manage and understand their medicines through a medication review conducted by an Accredited Pharmacist in the Patient's home.

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 GP, pharmacist, other relevant health professionals and the Patient (and where appropriate, their carer);
- Improve the Patient's, and health professional's knowledge and understanding of medicines;
- Facilitate cooperative working relationships between members of the health care team in the interests of Patient health and wellbeing; and
- 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 (as defined in clause 4.2) whose GP determines that a HMR is clinically necessary to address the Patient's needs and optimise the Patient's quality use of medicines.

A complete HMR Service includes the service provided by the GP, the HMR Service Provider and the Patient's choice of usual Community Pharmacy from the time the Patient is identified through to the implementation and ongoing monitoring of the medication management plan.

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4. PARTICIPATION REQUIREMENTS

4.1 Requirements for participation

HMR Service Providers must fulfil the following requirements for ongoing participation in the HMR Programme:

- 1) Abide by the 6CPA General Terms and Conditions available from www.6cpa.com.au;
- 2) Undertake to provide the HMR Service in accordance with these Programme Specific Guidelines;
- 3) Be able to certify that the same Accredited Pharmacist (who is approved to conduct HMR Services) will conduct the Patient interview, the clinical assessment and report writing steps of the HMR Service;
- 4) Understand that no more than twenty (20) HMR Services per HMR Service Provider per calendar month will be remunerated;
- 5) Understand that any Accredited Pharmacist can conduct no more than a total of twenty (20) HMR Services per calendar month (irrespective of the number of HMR Service Providers they provide HMR Services on behalf of);
- 6) Provide the HMR interview in the Patients' home, unless prior approval is granted in accordance with clause 9.

4.2 Patient Eligibility Criteria

The Patient must satisfy the following mandatory HMR Service eligibility criteria:

- The Patient is a current Medicare/Department of Veterans' Affairs (DVA) cardholder;
- The Patient is living in a community setting;
- The Patient is at risk of or experiencing medication misadventure; and
- 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, transition care facilities or to residents of an ACF.

4.3 Frequency of service

One HMR Service can be conducted per eligible Patient on referral from a GP.

A subsequent HMR may only be conducted if more than 24 months has elapsed since the date of the most recent Patient interview or when the Patient's GP specifically deems a subsequent review is clinically necessary,

such as when there has been significant change to the Patient's condition or medication regimen.

Reasons why an additional review may be requested include:

- Discharge from hospital after an unplanned admission 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.¹

Provision of a subsequent Home Medicines Review must not be triggered solely by an "anniversary" date; the Service is not intended to be an ongoing review cycle.

4.4 Identifying a Patient

A HMR could benefit a Patient for whom quality use of medicines may be an issue or; patients who are at risk of medication misadventure because of factors such as their co-morbidities, age or social circumstances, the characteristics of their medicines, or the complexity of their medication treatment regimen.

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. However, the GP is required to provide the initial referral.

4.5 Referral

The Patient's GP will assess eligibility and outline the HMR Service to the Patient. If the Patient agrees that a HMR Service is necessary and is willing to have the interview conducted in their home, 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 choice of/usual Community Pharmacy or to an Accredited Pharmacist

¹ Guidelines for pharmacists providing Home Medicines Review (HMR) services. (2011) Pharmaceutical Society of Australia Canberra

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who meets the Patient's needs. The HMR referral should include reason for referral and all relevant prescribing and clinical history. The Patient interview must take place within ninety (90) days of the date of the referral to be remunerated under the Home Medicines Review Programme.

4.6 Patient consent

If the GP and the Patient determine a Home Medicines Review meets the Patient's needs, the HMR Service Provider must receive Patient consent prior to conducting the Patient interview to allow:

- Access to relevant Patient data from the Patient's usual Community Pharmacy; and
- A copy of the written HMR report to be provided to the Patient's choice of Community Pharmacy.

4.7 Timeliness

The HMR Service Provider is required to arrange the interview with the Patient and advise the referring GP of the details, including the date of the interview and details of the Accredited Pharmacist conducting the HMR Service, unless the GP has indicated a preference not to receive this information.

If the HMR Service Provider is unable to provide a HMR Service within two weeks or in the specified time frame, the HMR Service Provider 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.

4.8 Location of Patient Interview

The Patient interview must occur face-to-face at the Patient's home except in the following circumstances:

- 1) For cultural reasons; or
- 2) Because of safety concerns relating to being inside the Patient's home.

If either circumstance applies, prior approval to conduct the HMR interview in an alternative location must be obtained.

Approval for interviews conducted in an alternative location will not be granted retrospectively; interviews conducted in any location other than the Patient's home without prior approval will not be remunerated under the Home Medicines Review Programme.

5. AUDIT REQUIREMENTS

HMR Service Providers must retain all records for seven (7) years to demonstrate that they have complied with the 6CPA General Terms and Conditions and these Programme Specific Guidelines when providing and claiming for a HMR Service.

HMR Service Providers will be subject to audits by the Australian Government to ensure HMR Services are provided in accordance with the 6CPA General Terms and Conditions and these Programme Specific Guidelines. HMR Service Providers that do not provide HMR Services in accordance with the 6CPA General Terms and Conditions and these Programme Specific Guidelines may no longer be able to participate in the HMR Programme or be eligible to receive HMR Programme payments. Under section 137.1 of the *Criminal Code Act 1995*, giving false and misleading information is a serious offence.

6. HOME MEDICINES REVIEW PROCESS

A HMR Service consists of a patient interview, clinical assessment and written HMR report provided to the referring GP and the Patient's choice of Community Pharmacy. The same Accredited Pharmacist must conduct all steps of the HMR Service. A Registered Pharmacist may participate in the provision of a HMR Service by conducting the Patient interview step only. This involvement is permitted under very limited circumstances and requires prior approval. The HMR Service Provider in receipt of the referral must lodge the claim for payment.

Each approved Service Provider may conduct up to a total of twenty (20) HMR Services per calendar month that will be remunerated; any Accredited Pharmacist can conduct no more than a total of twenty (20) HMR services per calendar month that will be remunerated (irrespective of the number of HMR Service Providers they provide HMR Services on behalf of).

6.1 Patient Interview

The Patient interview must occur in the Patient's home and must be conducted by an Accredited Pharmacist who is approved to conduct Home Medicines Reviews. If, for reasons of cultural sensitivity or pharmacist safety, the Patient's home is not a suitable location for the Patient interview, prior approval must be sought to use an alternative location. Approval to conduct the Patient interview at an alternative location must be gained prior to the interview commencing.

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A Registered Pharmacist may conduct the Patient interview only when access to an Accredited Pharmacist is not possible. Approval for a Registered Pharmacist to visit the Patient at home and conduct the Patient interview must be gained prior to the Patient interview commencing. A Registered Pharmacist proposing to conduct a HMR Service outside the Patient's home must seek both forms of Prior Approval.

6.2 HMR Report

The HMR report involves assessing the information gathered from the clinical assessment and other relevant sources and preparing a written HMR report. The report must state the findings of the Review and outline recommendations to assist in the development of a medication management plan.

The report must be prepared by the Accredited Pharmacist who conducted the Patient interview and clinical assessment. When prior approval is granted for a Registered Pharmacist to conduct the Patient interview the Accredited Pharmacist must still complete the HMR Report. The HMR Service Provider must provide a copy of the written HMR report to the referring GP and discuss relevant findings and suggested management strategies.

The HMR report must also be forwarded (with patient consent) to the Patient's usual Community Pharmacy or a Community Pharmacy of their choice and discussed if necessary.

6.3 Medication Management Plan

The Patient and the GP must agree on a medication management plan. With Patient consent the medication management plan should be forwarded to the Patient's usual Community Pharmacy or a Community Pharmacy of their choice. The Patient's usual Community Pharmacy must contribute to the implementation where applicable and continue to monitor the medication management plan in the normal course of contact with the Patient.

7. CLAIMS

7.1 Claim Submission

Claims must be submitted online via the 6CPA Registration and Claiming Portal available at www.6cpa.com.au

HMR Services must be claimed within thirty (30) days from the date of the Patient interview. Claims submitted outside this timeframe will not be paid and cannot be resubmitted.

7.2 Claim Amendments

HMR Service claims that are submitted with incomplete information or incorrect Patient or HMR Service Provider details will be required to be amended within thirty (30) days of the amendment notification. Claims that are not amended within thirty (30) days of the amendment notification will not be paid.

HMR Service claims that are rejected due to submission more than thirty (30) days from date of the Patient interview as per clause 7.1, or because the HMR interview was conducted more than ninety (90) days after the date of referral as per clause 4.5, or submitted without prior approval being granted as per clause 9, cannot be resubmitted.

HMR Service claims submitted that exceed a HMR Service Provider's or an Accredited Pharmacist's monthly cap of twenty (20) HMR Services as per clause 3.1, will not be paid and cannot be resubmitted.

7.3 Number of HMR Services that may be claimed

Each approved HMR Service Provider may claim up to a total of twenty (20) HMR Services that have been conducted within a calendar month as per clause 5.1.

7.4 Number of HMR Services that may be conducted

Each Accredited Pharmacist may conduct no more than a total of twenty (20) HMR Services that can be claimed by an approved HMR Service Provider per calendar month irrespective of the number of approved HMR Service Providers they provide HMR Services on behalf of.

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8. RURAL LOADING ALLOWANCE

If the Patient's home is located in a rural or remote area, the HMR Service Provider may be eligible for the HMR Rural Loading Allowance. The HMR Rural Loading Allowance Programme Specific Guidelines and electronic Application Form are available at www.6cpa.com.au

9. PRIOR APPROVAL

To seek prior approval on a case by case basis for a Patient interview to be conducted outside the Patient's home or for the Patient interview to be conducted at the Patient's home by a Registered Pharmacist, the HMR Service Provider must submit a Prior Approval Request via email to prior.approval@6cpa.com.au. The Prior Approval form and a submission must be provided that outlines a detailed and reasonable justification for the request.

HMR Service Providers who conduct Patient interviews outside a Patient's home or by using a Registered Pharmacist without prior approval will not be remunerated for those reviews. Approval will not be granted retrospectively. Receiving prior approval in either situation should not be construed as a guarantee that any future application, even for identical circumstances, will be approved.

Evidence of prior approval must be included in the claim for payment where required.

9.1 Submissions for Prior Approval

Submissions must be made via email to prior.approval@6cpa.com.au at least ten (10) working days prior to the proposed date of interview. As part of the assessment process, some information contained in the submission will be shared with the Department of Health. Requests will be assessed on the evidence provided and the HMR Service Provider will be advised of the outcome via email within seven (7) working days from the date of submission.

It is the responsibility of the HMR Service Provider to explain the prior approval process to the patient (and to the Registered Pharmacist if one is to be involved at the interview stage) and seek consent for their details to be shared with the Department of Health and the Guild for the purpose of assessing the request for prior approval.

10. RESOURCES

HMR Programme resources are available for download at www.6cpa.com.au

CONTACT

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