HMR can help general practitioners manage patients rather than treat them.

HMR is a collaborative medication review service where general practitioners and pharmacists work together to improve patient medication management. If the patient lives at home and is at risk of medication mismanagement, then HMR can be utilised and Medicare Item 900 can be claimed annually. The item number includes referral and plan and is claimed after the plan is complete.

Benefits of HMR to the patient

Medication is the most likely treatment for most conditions. Once the prescription is written and dispensed, there is an expectation by the general practitioner that the patient will take what was ordered. There are many studies that show that lack of adherence to medication regimen can be a major reason for poor control of many conditions. However adherence has to first be identified as an issue, so finding out what the barriers are to medication taking is useful and HMR can do that.

There are many strategies to improve adherence. There is good evidence that more education can help. Helping the patient to a better understanding of why the medication will be beneficial is important. Providing a reference list or some triggers for medicine taking can help as well. An HMR could be the vehicle for providing those strategies.

Of course patients have to know about HMR. Recent evidence suggests that an overwhelming majority of patients were satisfied with the HMR they had and for those who had not had an HMR, were willing to have an HMR if it was recommended by their general practitioner.

Benefits of HMR to the General Practitioner

Do you know what patients do with the medicine you prescribe?
Having an understanding of how the patient is managing at home can help general practitioners make different decisions on treatment.

Do you know what complementary medicines you patients are taking?
There are 1.3 billion dollars spent each year on complementary medicine. Do you know if your patients are taking them? An HMR can find out.

2 http://www.cochrane.org/
4 http://www.nps.org.au/research_and_evaluation/current_research/complementary_medicines
When patients are discharged from hospital after an acute problem, do you know what the medication changes are?

More than 100,000 people were admitted to hospital in 2009 and when they were discharged they were probably given some medication to take home. Is it the same as what they have at home? What happens when it is completed? An HMR can find out.

**Making HMR Happen**

Home Medicines Review is easy to start and can be a complementary service to many other Medicare Items that GPs find useful. If medication is a concern, then HMR can be added to a Health Assessment, a Mental Health plan or a Team Care Arrangement. Computer program have templates that make preparing the HMR Referral easy.

The HMR Referral contains information to help the pharmacist know more about the patient and identify if the medications the patient is taking is what was ordered.

**Where to send the HMR Referral?**

General Practitioners can send the referral to the patient’s pharmacy or to an accredited pharmacist. The general practitioner and the pharmacy have an important role in caring for patients who live at home and both have important information about patients. Sending the referral to the community pharmacy the patient goes to has benefits, because the patient already has a relationship with them. The patient will be more at ease when the pharmacist they know visits them at home. This means better information. If an interview is completed in other places where the patient feels an audit process is occurring then they will not provide good information.

**Completing the Medication Management Plan**

The Plan is a powerful document and can help the patient change their behaviour. It can ensure the pharmacy reinforces what the general practitioner has decided is the best option for that patient. Completing the Medication Management Plan is the GP’s role and is done after reading the HMR Report from the pharmacist. It is an auditable part of the Medicare Item and Item 900 can be claimed once the plan is complete.

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Carlene Smith BPharm MPS AACPA

Carlene has led a creative life in Pharmacy and enjoys being the challenges that such a vibrant profession creates. She has a community pharmacy background and has enjoyed many different roles as a researcher, liaison pharmacist, support clinical pharmacist, change manager and training co-ordinator. Her role at the Pharmacy Guild of Australia, NSW Branch, includes training and support for community pharmacists who conduct Home Medicines Review to help them collaborate with general practitioners.