



## Home Medicines Review HMR

### Eligible

- Any person living in a home/community setting

### Not Eligible

- In-patients of government funded Aged Care Home

### Needs Criteria for an HMR

- 5 or more regular medications
- More than 12 doses a day
- Significant regimen changes
- Narrow therapeutic index drugs
- Adverse drug events or side effects
- Sub-optimal responses
- Non-compliant – suspected or validated
- Cognitive difficulties
- Device problems
- Recent discharge from hospital
- Multiple doctors
- Other needs you can justify



The guidelines are *not prescriptive* – the only need to consider is whether a patient is at risk from their medications.

Only *one HMR per year* **UNLESS** there is a significant change in the patient's circumstances or medical conditions

Posters and brochures available on request. Multilingual brochures available on request or at <http://www.guild.org.au/public/dmmr.asp>

### Enquiries, practice visits, talks to community groups, CPD sessions 1st Wednesday evening of each month:

Dr Jenny Gowan,  
HMR facilitator, Northern & North East Valley Divisions of General Practice  
03 9416 7689 or M 0417 506 944  
[jenny.gowan@ndgp.org.au](mailto:jenny.gowan@ndgp.org.au)

## THE STEPS FOR AN ITEM 900 (HMR)

1. Identify the **need** for an Item 900 and initiate an Item 900 consultation.
2. Check the patient **eligibility** status.
3. Confirm that a HMR is **appropriate**.
4. **Discuss** the potential benefits with the patient.
5. Obtain **consent** from the patient.
6. Complete the **referral** form:
  - (a) Hard copy (purple forms)
  - (b) Personalised letter to the pharmacist
  - (c) Use the HMR Template on Medical Director, other prescribing software  
**Open patient file then under Letter writer supplied template**
    - *Select DMMR [or HMR] referral*
    - *complete as per prompts to include patient's name, address, pharmacist's name, address, patient details of allergies, BP, Ht, Wt, Medical surgical conditions, current medications, relevant pathology tests, consent and your signature*
  - (d) or Use the Templates supplied by NEVDGP [www.nevdgp.org.au](http://www.nevdgp.org.au) if you are not using Medical Director
7. **Forward** to the patient's preferred pharmacy either by FAX, mail or with patient.
8. **Recall** patient after receipt of the HMR report
9. From the report by the Consultant pharmacist **generate** a DMMR care plan, also provided either
  - (a) in purple folder
  - (b) on Medical Director under letter writer
    - Select DMMR [or HMR] Plan
  - (c) File copy, give one to patient and send one to pharmacy
  - (d) Use own letter of actions, or notate HMR report
10. **Claim** Item 900- \$140.20
11. Put a recall for 12 months repeat HMR

### Notes:

1. Claim Item 900 after the medication management plan (second stage) of the HMR
2. Report from pharmacist generally takes two to four weeks – please contact J Gowan if you have difficulties with delayed reports.
3. Let your pharmacists know what information you particularly want from a report, and how you like it returned eg FAX, letter, E-mail (care with privacy – use PKI or similar).