



## Item 900 Home Medicine Reviews

Dear Doctor

The Australian Government Department of Health and Ageing have called for submissions regarding the Home Medicines Review (HMR) Program. The submission asks for particular issues that will add value to the program:

1. Improving effectiveness of HMRs and the program
2. Increasing involvement of health professionals in the HMR program
3. Improving access and participation of consumers.

The Division will be preparing a short submission and requests your input. The submission has to be sent by Monday 18 February, therefore to enable us to collate your responses we request return of the following questionnaire by **Tues 12 February**. Email to [jenny.gowan@ndgp.org.au](mailto:jenny.gowan@ndgp.org.au) or FAX to Jenny Gowan at 9416 7749

### ***HMR Questionnaire***

1. Have you ever generated a DMMR or Home Medication Review (MBS item 900) referral either manually or via a template in your computer program?

Yes  No  (If answered No, Please go to Q8)

*If you answered Yes at Q1*

2. How many HMR referrals have you or your practice nurse generated in the past 12 months (per doctor)

1-3  4-8  8-12  . > 12

Comment:

3. How have you found the information quality of the HMR reports that you have received?

Not useful  Sometimes useful  Useful  Very useful  Excellent

Comment:

4. How have you found the response time to the HMR reports that you have referred?

Never received response  Too long  Acceptable  Very prompt  |

Comment:

**5. Would you like to have the option of being able to refer directly to the accredited Pharmacist of your choice for HMRs?**

YES  NO

Comment:

**6. Have the Residential Medication Management Reviews (RMMR- Item 903) that you have received influenced you to make HMR referrals for your patients?**

Yes  No  Not applicable

**7. How would you improve co-operation and communication between Community Pharmacy and General Practice in implementing HMRs?**

**8. If you answered No at Q1**

i) Do you know the criteria for a HMR referral?

Yes  No

ii) Would you like a visit from the facilitator to assist you in implementing HMRs in your practice?

Yes  No  Contact:details: Dr  
Phone:

**Please circle/underline the most appropriate response**

(a) I cannot see any benefit to my patients as I review their medications regularly.  
*Totally disagree Disagree slightly Neutral Agree Completely agree*

(b) Generating HMR referrals is not an effective use of my time.  
*Totally disagree Disagree slightly Neutral Agree Completely agree*

(c) Pharmacist input is not relevant or useful to the management of my patients.  
*Totally disagree Disagree slightly Neutral Agree Completely agree*

(d) There are too many MBS item numbers to claim now.  
*Totally disagree Disagree slightly Neutral Agree Completely agree*

(e) The practice I work in does not have a practice nurse who could generate HMR referrals as part of patient assessments.  
*Totally disagree Disagree slightly Neutral Agree Completely agree*

(f) I am too busy seeing patients to get involved in more programs.  
*Totally disagree Disagree slightly Neutral Agree Completely agree*

(g) Remuneration for participation in the HMR program is inadequate.  
*Totally disagree Disagree slightly Neutral Agree Completely agree*

Thank you

**FAX to: 9416 7749**

Jenny Gowan HMR Facilitator

(Optional)

Name:

Surgery:

Phone number:

**Further comments:**