

Home Medicines Review Fact Sheet for GPs

An [MBS Item 900](#) Home Medicines Review (HMR), also known as a Domiciliary Medication Management Review (DMMR), is a comprehensive review to improve patient health outcomes. Through collaboration with patients, General Practitioners (GPs) and credentialed pharmacists, an HMR helps identify and address medication related problems that interfere with the patient's desired outcomes.

The primary objectives of an HMR are to ensure the safe, effective and appropriate use of all medicines, aiming to prevent or reduce the risk of medication misadventure and ultimately improve health literacy and quality of life.

Initial GP consultation with patient

GP assesses patient's need and eligibility for HMR, and patient provides consent.
GP searches credentialed (accredited) pharmacist using [HealthPathways](#).
GP completes referral using clinical software HMR referral or letter templates, sends securely to credentialed pharmacist or community pharmacy.
GP bills [MBS Item 900](#) billing ON HOLD

Credentialed pharmacist conducts Home Medicines Review

Credentialed pharmacist visits the patient at home to conduct the HMR.
Credentialed pharmacist provides a report with findings and recommendations to the GP.

GP and credentialed pharmacist collaborate post review

GP receives HMR report and discusses medication management strategies with credentialed pharmacist as per MBS requirements (the patient is not required to be present for this step).

Medication Management Plan - follow up appointment with GP

GP develops written Medication Management Plan with patient agreement, outlining goals and actions (annotate HMR report or use clinical software MMP templates).
GP provides a copy of the MMP to the patient and pharmacist/pharmacy.

GP releases [MBS Item 900](#) billing
which was placed on hold when patient initially referred for HMR

The role of the GP in the HMR

To provide a HMR service, the GP must, with the patient's consent:

- assess the patient has a chronic medical condition or complex medication regimen and their therapeutic goals are not being met
- following assessment for eligibility, refer the patient to a credentialed pharmacist or a community pharmacy for an HMR and provide relevant clinical information required, including indications for the review and recent pathology
- discuss the findings of the HMR with the reviewing pharmacist, including suggested medication management strategies
- develop a written medication management plan (MMP) following discussion with the patient – the HMR report may include space to annotate actions/plan or use clinical software MMP templates
- provide the written medication management plan to the credentialed pharmacist and/or community pharmacy chosen by the patient.
- the item number is billed on the day the patient is referred for the service and kept on hold until all requirements have been completed.

Who will benefit from an HMR

Patients living in the community who are at risk of medication related problems. The indication for an HMR may include **one** of the following, but is not limited to:

- significant changes to medication regimen
- recent hospital discharge or frequent hospital readmissions
- high risk medications e.g. opioids, psychotropics, anticoagulants, insulin, anticholinergics, NSAIDs
- multiple medications (≥ 5 regular medications or > 12 doses per day)
- medication with a narrow therapeutic index or requires therapeutic monitoring e.g. digoxin, warfarin, antiepileptics, amiodarone, lithium
- suspected adverse drug reaction or interaction (falls, sedation, dizziness, confusion, constipation)
- suspected non-adherence or difficulty managing medications and/or related devices e.g. poor inhaler technique
- functional issues that increase the risk of harm e.g. frailty, frequent falls, swallowing difficulty, renal / hepatic impairment
- difficulty managing medicines or poor understanding due to literacy or language difficulties, dexterity problems, impaired sight, dementia, or other cognitive difficulties
- attending several doctors, both general practitioners and specialists
- abnormal pathology results; review for potential drug induced causes
- confusion with multiple brands or difficulty using dose administration aid

Additional notes

- Consider including an HMR discussion as part of Care Plans and Health Assessments.
- Patients can have a HMR every 12 months if clinically appropriate, and sooner if there is a significant change in their medical condition or medication management plan e.g. recent transition of care.
- Patients do not need to be prescribed five or more medications to be eligible for an HMR.
- Consider referring the patient for an HMR referral before recommending a dose administration aid.
- The credentialed pharmacist can conduct two HMR follow-ups which the GP cannot bill.

Further information

[Brisbane North Credentialed Pharmacist Directory - Brisbane North PHN](#)
[Credentialed Pharmacists Register - Pharmaceutical Society of Australia \(psa.org.au\)](#)
[MAIA Cumulative-Medicines-Therapeutic-Brief_F.pdf \(medicinesadvice.net.au\)](#)
[MMR Fact Sheet for GPs - Pharmaceutical Society of Australia](#)

Consumer information

[MAIA Cumulative-Medicines-Consumer-Brochure_F1.pdf \(medicinesadvice.net.au\)](#)
[How a medicines review in your home can help you get the most from your medicines \(nps.org.au\)](#)
[A medicines review in your home \(naccho.org.au\)](#)
[Home Medicines Review - Resources in community languages](#)
[Home Medicines Review - Easy Read](#)
[Home Medicines Review community service announcement](#)