

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 designed to improve patient health outcomes. Conducted in collaboration with the patient, General Practitioner (GP) and a credentialed pharmacist, an HMR helps identify and address medication-related problems that may 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, 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.

Credentialed pharmacist conducts Home Medicines Review

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

GP and credentialed pharmacist collaborate post review

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

Medication Management Plan - follow up consultation with GP

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

GP submits [MBS Item 900](#) claim

Submit the claim only after all components of the HMR are completed

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MBS eligibility and the role of the GP

To provide an HMR service for a patient living in the community, the GP must, with the patient's consent:

- **assess the patient's eligibility**, by confirming they have a chronic medical condition, or a complex medication regimen and their therapeutic goals are not being met
- **refer the patient** to a credentialed pharmacist or a community pharmacy for an HMR, and provide relevant clinical information, including the reason for the review and any recent pathology results
- **discuss the findings** of the HMR with the reviewing pharmacist, including any suggested medication management strategies. This discussion may occur in writing, or via phone or video consultation
- **develop a written medication management plan (MMP)** in collaboration with the patient – the HMR report may include space to annotate actions or plans or use clinical software MMP templates
- **provide the written medication management plan** to the patient and their regular community pharmacy/credentialed pharmacist. The date of service is the date this step is completed
- **submit the MBS Item 900** claim only after all of the above components have been completed

Who will benefit from an HMR

Patients living in the community who are at risk of medication-related problems. The reason 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
- complex medication regimen
- 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 may be eligible for an HMR every 12 months if clinically appropriate, or earlier 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 initiating an HMR referral before recommending a dose administration aid
- the credentialed pharmacist may conduct up to two HMR follow-ups to support ongoing medication management. These follow-ups are not billable by the GP.

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 \(medicinesadvice.net.au\)](#)
[HMR and RMMR Fact sheet for medical specialists \(psa.org.au\)](#)

Consumer information

[Home Medicines Review Consumer Brochure](#)
[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](#)