

Program Specific Guidelines

Home Medicines Review

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This document outlines the Program Specific Guidelines governing the provision of the Home Medicines Review Program from 15 March 2013.

This document is to be read in conjunction with the 5CPA General Terms and Conditions and the MMR Programs Terms and Conditions located at www.5cpa.com.au/hmr. All definitions in the 5CPA General Terms and Conditions apply to these Program Specific Guidelines.

It is the HMR Service Provider's responsibility to ensure that HMR Services are conducted in accordance with the MMR Programs Terms and Conditions, the 5CPA General Terms and Conditions and the HMR Program Specific Guidelines. No claim will be entertained for loss of payment or any other loss as a result of the HMR Service Provider failing to operate under the current version of the Program Specific Guidelines.

Under the Home Medicines Review Program the Department of Health and Ageing (DoHA) may direct the Department of Human Services (DHS) to decline payment to a HMR referrer or HMR Service Provider if DoHA is satisfied that the organisation has not complied with an obligation imposed by the HMR Program in respect of any participating person.

1. Definitions

Accredited Pharmacist means a Registered Pharmacist who has current accreditation to conduct medication management reviews from an approved Accreditation Body.

Accreditation Body means the Australian Association of Consultant Pharmacy (AACP) or the Society of Hospital Pharmacists of Australia (SHPA).

Community Pharmacy means a pharmacy approved to dispense pharmaceutical benefits as defined in Section 90 of the *National Health Act 1953*.

DHS means the Department of Human Services.

DoHA means the Department of Health and Ageing.

Government Funded Facility means an aged care facility which receives residential care subsidy in accordance with the Aged Care Act 1997 and includes nursing homes, hostels and multipurpose services (MPS).

Guild means the Pharmacy Guild of Australia.

HMR means Home Medicines Review, also known as Domiciliary Medication Management Review (DMMR) under the Medicare Benefits Schedule.

HMR Service means a review requested by the eligible Patient's general practitioner, in which the general practitioner, Community Pharmacy, Accredited Pharmacist, Patient, and where appropriate, a carer or other member of the health care team participate.

HMR Service Provider means any of the following who have been granted approval by DHS to provide HMR Services in accordance with the HMR Program Specific Guidelines and the MMR Program Terms and Conditions:

- an owner of an approved Section 90 Community Pharmacy;
- an Accredited Pharmacist; or
- a business* that employs or has a service contract with one or more accredited pharmacists to conduct Home Medicines Reviews on their behalf.

**this does not include hospitals, Section 94 pharmacies or referrers for HMR Services such as GPs or businesses employing GPs or HMR referrers.*

MMR Program Terms and Conditions means the DHS – Medication Management Review Programs Terms and Conditions located at www.5cpa.com.au/hmr.

Patient is a person living at home in the community setting.

PSA means the Pharmaceutical Society of Australia.

Registered Pharmacist means a person who holds a general (non-provisional) registration as a pharmacist with the Pharmacy Board of Australia and has a Pharmacist Registration Number.

Service Payment means the amount DHS will pay to a HMR Service Provider for each eligible HMR Service provided.

2. Introduction

2.1 Background

The Fifth Community Pharmacy Agreement (5CPA) provides funding to a suite of medication management programs and their respective services including the Home Medicines Review (HMR) Program. Indicative funding of up to \$52.11 million has been allocated for the HMR Program.

The policy intent of the HMR Program is to enhance the quality use of medicines and reduce the number of adverse medicines events through a comprehensive medication review conducted by an Accredited Pharmacist in the Patient's home.

The objectives of a HMR are to:

- Achieve safe, effective, and appropriate use of medicines by detecting and addressing medicine-related problems that interfere with desired Patient outcomes;
- Improve the Patient's quality of life and health outcomes using a best practice approach, that involves cooperation between the general practitioner, pharmacist, other relevant health professionals and the Patient (and where appropriate, their carer);
- Improve the Patient's, and health professional's knowledge and understanding about medicines;
- Facilitate cooperative working relationships between members of the health care team in the interests of Patient health and wellbeing; and
- Provide medication information to the Patient and other health care providers involved in the Patient's care.

A HMR Service is available to an eligible Patient whose general practitioner (GP) determines that a HMR is clinically necessary to address the Patient's needs and optimise the Patient's quality use of medicines. The current HMR model appears at the end of this Program Specific Guidelines document.

A complete HMR Service includes the service provided by the GP, the HMR Service Provider and the Patient's usual Community Pharmacy from the time the Patient is identified through to the implementation and ongoing monitoring of the medication management plan.

3. Participation in the HMR Program

3.1 Requirements for participation

HMR Service Providers must fulfill the following requirements for ongoing participation in the HMR program:

- i. Abide by the MMR Programs Terms and Conditions and 5CPA General Terms and Conditions available from www.5cpa.com.au/hmr
- ii. Agree to accept the Service Payment as full payment
- iii. Undertake to provide the HMR Service in accordance with these Program Specific Guidelines
- iv. Able to certify that the same Accredited Pharmacist (who is approved by DHS to conduct HMR Services) will conduct the Patient interview, the clinical assessment and report writing steps of the HMR Service

- v. Agree to cooperate in providing information requested by DHS in support of investigations or audits of HMR Service claims
- vi. Meet professional standards for protection of Patients' rights to privacy and protection of information
- vii. Provide the HMR interview in the Patients' home
- viii. Agree that Patient information (including contact details) that is made available for the purpose of conducting a HMR Service, can only be used for the purpose that it was intended for and cannot be used (or divulged to a third party) once the report has been finalised.

If for any reason a HMR Service Provider no longer meets the requirements for participation, the HMR Service Provider must cease providing HMR Services and notify DHS within sixty (60) days.

3.2 Patient Eligibility Criteria

The Patient must satisfy the following mandatory HMR Service eligibility criteria:

- The Patient is a current Medicare/DVA cardholder
- The Patient is living in a community setting
- The Patient is at risk of or experiencing medication misadventure
- The GP confirms that there is an identifiable clinical need and the Patient will benefit from a HMR Service.

HMR Services are not available to in-patients of public or private hospitals, day hospital facilities or permanent residents of a Government Funded Facility.

3.3 Frequency of service

One HMR Service can be conducted per eligible Patient on referral from a general practitioner. A HMR Service is not an ongoing 12 monthly review cycle. Subsequent reviews should only be provided when the GP deems it is clinically necessary such as when there has been a significant change in the Patient's condition or medication regimen.

A Patient may be eligible and benefit from an alternate medication management service available through community pharmacies such as a MedsCheck, Diabetes MedsCheck or Clinical Intervention. Information on the 5CPA medication management services is located at: www.5cpa.com.au

3.4 Identifying a Patient

A HMR could benefit a Patient for whom quality use of medicines may be an issue, or patients who are at risk of medication misadventure because of factors such as their co-morbidities, age or social circumstances, the characteristics of their medicines, the complexity of their medication treatment regimen, or a lack of knowledge and skills to use medicines to their best effect.

If the Patient has not been identified by the GP, a recommendation based on the Patient's current clinical need should be provided to the GP. The recommendation may be provided by a Registered Pharmacist, the Patient/carer or another health care professional. However, the GP is required to provide the initial referral.

Provision of a subsequent Home Medicines Review should not be triggered on a 12 month referral cycle. An additional review should only be provided when there has been significant change to the Patient's condition or medication regimen.

Reasons why an additional review may be requested include:

- Discharge from hospital in the previous four weeks
- Significant change to medication regimen in the past three months
- Change in medical condition or abilities (including falls, cognition, physical function)
- Prescription of a medicine with a narrow therapeutic index or requiring therapeutic monitoring
- Presentation of symptoms suggestive of an adverse drug reaction
- Sub-therapeutic response to therapy
- Suspected non-compliance or problems with managing medication-related devices
- Risk of, or inability to continue managing own medicines due to changes in dexterity, confusion or impaired vision.¹

3.5 Referral

The Patient's GP will assess eligibility and outline the HMR Service to the Patient. If the Patient agrees that a HMR Service is necessary, the GP will obtain Patient consent to participate in the HMR Service. Following a discussion between the GP and Patient, the Patient may choose to be referred to the Patient's usual Community Pharmacy or an Accredited Pharmacist who meets the Patient's needs. The HMR referral should include reason for referral and all relevant prescribing and clinical history.

3.6 Patient consent

If the GP and Patient determine a Home Medicines Review meets the Patient's needs, the HMR Service Provider must receive Patient consent prior to conducting the Patient interview to allow:

- access to relevant Patient data from the Patient's usual Community Pharmacy; and
- a copy of the written HMR report to be provided to the Patient's usual Community Pharmacy(s).

3.7 Timeliness

The HMR Service Provider or Accredited Pharmacist is required to arrange the interview with the Patient and advise the referring GP of the interview with the Patient, including the date of the interview and details of the Accredited Pharmacist conducting the HMR Service, unless the GP has indicated a preference not to receive this information.

If the HMR Service Provider is unable to provide a HMR Service within two weeks or in the specified time frame, the HMR Service Provider must contact the GP and state when the HMR Service will be provided. The GP will determine, and discuss with the Patient if necessary, whether the specified time frame meets the Patient's needs.

3.8 Location of Patient Interview

The Patient interview must occur face-to-face at the Patient's home except in the following circumstances:

1. for cultural reasons; or
2. because of safety concerns associated with a visit to the Patient's home.

If either circumstance applies, prior approval to conduct the HMR interview in an alternate location must be obtained (see Section 6).

Approval for interviews conducted in an alternate location will not be granted retrospectively; interviews conducted in any location other than the Patient's home without prior approval will not be remunerated by DHS.

A HMR Service cannot be provided in a Government Funded Facility, hospital or over the telephone.

¹ Guidelines for pharmacists providing Home Medicines Reviews (HMR) services. (2011) Pharmaceutical Society of Australia. Canberra.

4. Home Medicines Review Process

A HMR Service consists of a patient interview, clinical assessment and written HMR report provided to the referring GP and the Patient's usual Community Pharmacy. The same Accredited Pharmacist must conduct all steps of the HMR Service. A Registered Pharmacist may participate in the provision of a HMR Service by conducting the Patient interview step only. This involvement is permitted under very limited circumstances and requires prior approval (see Section 6). The HMR Service Provider must lodge the *Claim and Confirmation for HMR Service* form to enable payment.

4.1 Patient Interview

The Patient interview must occur in the Patient's home and must be conducted by an Accredited Pharmacist who is approved by DHS to conduct Home Medicines Reviews. A Registered Pharmacist may conduct the Patient interview step only when access to an Accredited Pharmacist is not possible. Approval to do so must be gained prior to the Patient interview commencing (see Section 6).

If, for reasons of cultural sensitivity or pharmacist safety, the Patient's home is not a viable location for the Patient interview, prior approval must be sought to use an alternate location. Approval to conduct the Patient interview at an alternate location must be gained prior to the interview commencing (see Section 6).

4.2 HMR Report

The HMR report involves assessing the information gathered from the clinical assessment and other relevant sources and preparing a written HMR report. The report must state the findings of the Review and outline recommendations to assist in the development of a medication management plan.

The report must be prepared by the Accredited Pharmacist who conducted the Patient interview and clinical assessment. When prior approval has been granted for a Registered Pharmacist to conduct the Patient interview the Accredited Pharmacist must still complete the HMR Report. The HMR Service Provider must provide a copy of the written HMR report to the referring GP and discuss relevant findings and suggested management strategies.

It is vital that the HMR report is forwarded to the Patient's usual Community Pharmacy(s) and discussed if necessary.

4.3 Medication Management Plan

The Patient and the GP must agree on a medication management plan. With Patient consent the medication management plan should be forwarded to the Patient's usual Community Pharmacy(s). The Patient's usual Community Pharmacy must contribute to the implementation where applicable and continue to monitor the medication management plan in the normal course of contact with the Patient.

5. Claims

5.1 Claim Lodgment

HMR Services conducted in one calendar month must be claimed on or before last day of the next calendar month. Claims submitted outside these timeframes will not be paid.

5.2 HMR Service Payment Claim

Claims for a HMR Service Payment can only be made using the DHS *Claim and Confirmation for Home Medicines Review Service* form available from www.5cpa.com.au/hmr.

HMR Service claims must be submitted using the correct versions of DHS forms.

Note: The new *Claim and Confirmation for HMR Service* form and *HMR Claim cover sheet* must be used for all HMR Services conducted on or after 15 March 2013.

From 15 March 2013 any HMR Service claims submitted on an old *Claim and Confirmation for HMR Service* form will be rejected.

5.3 No Charge to Patient

The HMR Service must be provided to the Patient at no charge. The HMR Service Provider must not claim any amount from the Patient for providing a HMR Service.

5.4 Rural Loading Allowance

If the Patient's home is located in a rural or remote area, the HMR Service Provider may be eligible for the HMR Rural Loading Allowance. The HMR Rural Loading Allowance Program Specific Guidelines and electronic Application Form are available at www.5cpa.com.au/hmr

6. Prior Approval

To seek prior approval on a case by case basis for a Patient interview to be conducted outside the Patient's home or for the Patient interview to be conducted by a Registered Pharmacist, the HMR Service Provider must submit an application using the relevant Prior Approval Request form available at www.5cpa.com.au/hmr. Either situation requires detailed and reasonable justification to be provided.

HMR Service Providers who conduct Patient interviews outside a Patient's home or by utilising a Registered Pharmacist without prior approval, will not be remunerated by DHS for those reviews. Approval will not be granted retrospectively meaning that no backdating of prior approvals will be granted. HMR Service Claims will be rejected if prior approval is backdated.

Interviews conducted in any alternative location or interviews conducted by a Registered Pharmacist will not be remunerated by DHS unless prior approval has been granted.

Prior approval in either situation should not be construed as a guarantee that any future application, even for identical circumstances, will be approved.

Evidence of prior approval must be attached to the *Claim and Confirmation for Home Medicines Review Service* form.

6.1 Submissions for Prior Approval

Submissions must be made in writing via email to medication.management@health.gov.au at least ten (10) working days prior to the proposed date of Service. As part of the assessment process, some information contained in the submission may be shared with relevant authorities and the Department of Human Services–Medicare. DoHA will make a decision and respond to the Accredited Pharmacist/HMR Service Provider via email within seven (7) working days from the date of submission.

It is the responsibility of the Accredited Pharmacist/HMR Service Provider to explain the prior approval process to the patient (and Registered Pharmacist if one is to be involved at the interview stage) and seek consent for their details to be shared with DoHA for the purpose of assessing the request for prior approval.

7. Important Information

7.1 Keeping information

HMR Service Providers must keep all records necessary to show that they have complied with these Program Specific Guidelines and the MMR Programs Terms and Conditions for seven (7) years.

7.2 Audit Requirements

HMR Service Providers will be subject to random audits to ensure that the HMR Service is provided according to these Program Specific Guidelines and the MMR Programs Terms and Conditions. Service Providers that have not adequately demonstrated the ability to provide the HMR Service in line with the procedures described may be deregistered from the Program. HMR Service Providers and Accredited Pharmacists should also be aware that fraudulent claims may be subject to additional penalties, including civil or criminal charges and funds recovery.

7.3 Sharing of information

Information contained in the *HMR Claim coversheet* and *Claim and Confirmation for Home Medicines Review Service* forms may be forwarded to DoHA and the Guild to assist in verification of prior approval requests and claims for the HMR Rural Loading Allowance.

7.4 Unscheduled Termination of the Program

In the event of unscheduled termination of the HMR Program, the Australian Government and the Guild will determine the obligations and requirements for participating HMR Service Providers to finalise Service Payment arrangements.

8. Information and Resources

The PSA has developed Standards and Guidelines that intend to support pharmacists providing Home Medicines Reviews. These are available for download at www.5cpa.com.au/hmr

HMR Program resources are available for download at www.5cpa.com.au/hmr

For general enquiries email: support@5cpa.com.au or phone 1300 555 262

For further information or assistance with DHS application and claiming forms email: sa.guild.govt.prog@medicareaustralia.gov.au or phone 08 8274 9641.

Home Medicines Review Model

