



# PROGRAM RULES

## Home Medicines Review

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## HOME MEDICINES REVIEW

### 1 INTRODUCTION

This document outlines the Program Rules governing the Home Medicines Review (HMR) Program. This document must be read in conjunction with the *Pharmacy Programs Administrator General Terms and Conditions* (General Terms) and the *Guidelines for Comprehensive Medication Management Reviews* (PSA Standards). Definitions in the General Terms apply in these Program Rules.

The HMR Program is one of the Medication Management Programs funded under the Seventh Community Pharmacy Agreement to support quality use of medicines services.

### 2 DEFINITIONS

**DVA** means Department of Veterans' Affairs.

**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 Referring Medical Practitioner, in which the Referring Medical Practitioner, General Practitioner (if this is not the Referring Medical Practitioner), other members of the Patient's healthcare team (including the Patient's usual Community Pharmacy if they have one), Accredited Pharmacist, Patient, and where appropriate, a carer participate. For the purposes of remuneration under this program, this includes:

- An initial face-to-face Interview with the Patient, and if required the Patient's carer;
- Clinical assessment of the Patient and written HMR Report to be provided to the Referring Medical Practitioner, the General Practitioner (if this is not the Referring Medical Practitioner) and any member of the Patient's healthcare team requested by the Patient, including an indication of whether or not a follow-up service is recommended;
- If required, a first face-to-face follow-up Interview with the Patient, and if required the Patient's carer, no earlier than one month and no later than nine months after the initial Interview;
- Clinical follow-up assessment of the Patient and written correspondence to be provided to the Referring Medical Practitioner, the General Practitioner (if this is not the Referring Medical Practitioner), and any member of the Patient's healthcare team requested by the Patient, including an indication of whether or not a second follow-up service is required;
- If required, a second face-to-face follow-up Interview with the Patient, and if required the Patient's carer, no earlier than one month after the first follow-up and no later than nine months after the initial Interview;
- Clinical follow-up assessment of the Patient and written correspondence to be provided to the Referring Medical Practitioner, the General Practitioner (if this is not the Referring Medical Practitioner) and any member of the Patient's healthcare team requested by the Patient.

**Referring Medical Practitioner** (Referrer) means any medical practitioner registered with the Medical Board of Australia from the list below:

- General Practitioner (GP);
- Specialist in Pain Medicine;
- Specialist Physician;

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- Specialist Psychiatrist; or
- Specialist in Palliative Medicine.

*Note: only a GP can currently claim MBS Item 900 for referring a Patient for a HMR Service.*

**Service Provider** means any of the following who have been approved to provide HMR Services in accordance with the General Terms and these Program Rules:

- An owner of an approved Section 90 Community Pharmacy;
- A business entity with an Australian Business Number (ABN) with a relationship with an Accredited Pharmacist. This includes an Accredited Pharmacist operating as a sole trader.

A business entity does not include:

- Any organisation that is able to initiate a referral for the HMR Service (which includes an Accredited Pharmacist embedded within a medical practice who is paid as an employee of the practice to undertake HMR services as part of their employment);
- A Section 94 Pharmacy; or
- A public or private hospital.

**Patient** means a person living at home in the community setting.

### 3 BACKGROUND

The policy intent of the HMR Program is to support the quality use of medicines and reduce medication misadventure, by assisting Patients to better manage and understand their medicines through a medication review conducted by an Accredited Pharmacist in the Patient's home.

The objectives of a HMR are to:

- Support safe, effective, and appropriate use of medicines
- Detect and address medicine-related problems that interfere with desired Patient outcomes
- Improve the Patient's quality of life and health outcomes using a best practice approach, which involves collaboration between the Referrer, GP (if this is not the Referrer) Pharmacist, other relevant health professionals and the Patient (and where appropriate, their carer)
- Improve the Patient's, and health professional's understanding of the medicines the Patient is taking
- Facilitate collaborative working relationships between members of the health care team in the best interests of Patient health and wellbeing
- 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 (as defined in Section 4.2) whose Referrer determines that a HMR is clinically necessary to address the Patient's needs and to optimise the quality use of medicines.

A complete HMR Service includes the service provided by the Referrer, the Service Provider, the Patient's choice of usual Community Pharmacy (if relevant) and input from the multidisciplinary team from the time the Patient is identified through to the implementation, ongoing monitoring of the medication management plan and any follow-up service(s) as required.

## 4 PARTICIPATION REQUIREMENTS

To be eligible to participate in the HMR Program, Service Providers must meet Program Eligibility Criteria and register for the Program on the Pharmacy Programs Administrator (PPA) [Portal](#).

### 4.1 Service Provider eligibility

Service Providers must fulfil the following requirements for ongoing participation in the HMR Program:

- Abide by the General Terms, available from the PPA online [website](#)
- Undertake to provide HMR Services in accordance with these Program Rules
- Agree to undertake services in accordance with the PSA Standards
- Provide the HMR initial Interview and any required follow-up Interviews in the Patient's home, unless a Program Variation has been requested and approved (see Section 6.1)
- Be able to certify that the same Accredited Pharmacist will conduct the Patient Interview, the clinical assessment and initial report writing steps of the HMR Service, unless a Program Variation has been requested and approved (see Section 6.2)
- Understand that no more than 30 HMR Services per Service Provider per calendar month will be remunerated
- Understand that any Accredited Pharmacist can undertake no more than a total of 30 HMR Services per calendar month under this program (irrespective of the number of Service Providers they provide HMR Services on behalf of). Follow-up services do not count towards this restriction.

### 4.2 Patient eligibility

The Patient must satisfy the following mandatory HMR Service Eligibility Criteria:

- The Patient is a current Medicare or DVA cardholder
- The Patient is living in a community setting
- The Patient is at risk of, or experiencing, medication misadventure
- The Patient's Referrer confirms that there is an identifiable clinical need for a HMR Service.

HMR Services are not available to in-patients of public or private hospitals, day hospital facilities, transition care facilities or to residents of an Aged Care Facility (ACF).

### 4.3 Frequency of service

One HMR Service can be conducted per eligible Patient on referral from a medical practitioner (Referring Medical Practitioner (Referrer) – see Section 2).

A subsequent HMR may only be conducted if more than 24 months has elapsed since the date of the most recent Patient Interview or when the Patient's medical practitioner (Referrer) specifically deems a subsequent review is clinically necessary, such as when there has been significant change to the Patient's condition or medication regimen.

Reasons why an additional review may be requested include but are not limited to:

- Discharge from hospital after an unplanned admission in the previous four weeks

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- Significant change to a patient's 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.

Provision of a subsequent HMR Service must not be triggered solely by an 'anniversary' date. Similarly, provision of a follow-up service should only be undertaken where clinically indicated.

In the event that any subsequent referrals are issued and an additional initial face-to-face Interview is conducted and claimed, no follow-up service(s) can be undertaken on the first HMR Service.

It is the responsibility of the Service Provider to ensure that no subsequent HMR Services have been initiated prior to conducting a follow-up service.

## 5 HMR PROCESS

A HMR Service consists of a Patient Interview, clinical assessment and written initial HMR report provided to the Referrer and the Patient's choice of Community Pharmacy (if relevant) with input from the multidisciplinary team and up to two HMR follow-up services if clinically indicated. The same Accredited Pharmacist must conduct the initial Patient Interview, assessment and HMR report and should ideally conduct any associated follow-up services. A Registered pharmacist may participate in the provision of a HMR Service by conducting the Patient Interview step of the initial review. This involvement is permitted under very limited circumstances and requires prior approval (see Section 6.2). A Registered Pharmacist may conduct follow-up services in collaboration with the Accredited Pharmacist and the health care team when it is not possible for an Accredited Pharmacist to undertake the follow-up services.

The Service Provider in receipt of the referral must lodge the claim for payment.

From 1 March 2020 each approved Service Provider may be remunerated under this program for up to a total of 30 HMR Services per calendar month; any Accredited pharmacist may undertake no more than a total of 30 HMR services per calendar month under this program (irrespective of the number of Service Providers they provide HMR Services on behalf of). Follow-up services do not count towards this restriction.

### 5.1 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, or the complexity of their medication treatment regimen.

If the Patient has not been identified by the Referrer, a recommendation based on the Patient's current clinical need should be provided to the Referrer. The recommendation may be provided by a

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Registered Pharmacist, the Patient/carer or another health care professional. However, the Referrer is required to provide the initial referral.

### 5.2 Referral

The Patient's Referrer will assess suitability and eligibility and outline the HMR Service to the Patient. If the Patient agrees that a HMR Service is necessary and is willing to have the interview conducted in their home, the Referrer will obtain Patient consent to participate in the HMR Service. Following a discussion between the Referrer and Patient, the Patient may choose to be referred to the Patient's choice of/usual Community Pharmacy or to another Service Provider (including a sole trader Accredited Pharmacist) who meets the Patient's needs. The HMR referral should include the reason for referral and all relevant prescribing and clinical history. The Patient Interview must take place within 90 days of the date of the referral to be remunerated under the HMR Program.

### 5.3 Patient consent

If the Referrer and the Patient determine a Home Medicines Review is to be undertaken, the 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;
- Access to the Patient's My Health Record (if the Patient has one); and
- A copy of the written HMR Report, and any follow-up reports, to be provided to the Patient's healthcare team, including usual Community Pharmacy.

The consent obtained by the Service Provider is separate to the consent obtained by the Referrer in Section 5.2.

### 5.4 Timeliness

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

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

### 5.5 Patient Interview

The initial Patient Interview must occur in the Patient's home and must be conducted by an Accredited Pharmacist who is approved to conduct a Home Medicines Review.

In limited circumstances the initial Patient Interview may be conducted outside the Patient's home or by a Registered Pharmacist. This requires prior approval (see Program Variations below).

### 5.6 HMR Report

The HMR Report involves assessing the information gathered from the clinical assessment and other relevant sources and preparing a written report. The Report must state the findings of the Review and outline recommendations to assist in the development of a medication management plan and an indication of whether or not any follow-up service(s) are necessary.



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The Report must be prepared by the Accredited Pharmacist who conducted the Patient Interview and clinical assessment. If a Program Variation is approved for a Registered Pharmacist to conduct the Patient Interview the Accredited Pharmacist must still complete the HMR Report. The Service Provider must provide a copy of the written HMR Report to the Referrer and discuss relevant findings and suggested management strategies.

The HMR Report must also be forwarded (with Patient consent) to relevant members the Patient's healthcare team, including a Community Pharmacy of their choice, and discussed if necessary.

The report should also be uploaded to the Patient's My Health Record (if the Patient has one).

### 5.7 Medication Management Plan

The Patient and the Referrer must agree on a medication management plan. With Patient consent, the medication management plan should be forwarded to the Service Provider and relevant members of the Patient's healthcare team, including a Community Pharmacy of their choice. If relevant, the Patient's 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.

### 5.8 Follow-up services

In the event that one or more follow-up services are required due to the Patient's clinical status and as a result of subsequent discussions between the Service Provider and the Referrer, in conjunction with other members of the Patient's healthcare team, it is expected that this will follow a similar, but less complex, process to the initial Patient Interview.

Follow-up services are expected to focus on the resolution of medication-related problems identified at the initial consultation.

Information on what should be included in the follow-up service can be found in the *Guidelines for Comprehensive Medication Management Reviews*.

The pharmacist undertaking the follow-up service must make a clinical record of the follow-up, and any actions or recommendations arising from the review. The record should be available to the healthcare team and uploaded to the My Health Record (if the patient has one).

If required, the first face-to-face follow-up Interview should be undertaken no earlier than one month and no later than nine months after the initial Interview.

If a second face-to-face follow-up Interview is required it should be undertaken no earlier than one month after the first follow-up Interview and no later than nine months after the initial Interview.

Ideally all components of the HMR are undertaken by the same Accredited Pharmacist. Where this is not possible, an alternative Accredited Pharmacist may undertake follow-up services, if required, in collaboration with the Accredited Pharmacist who completed the initial Patient Interview and HMR Report and the health care team. Where it is not possible for an alternative Accredited Pharmacist to undertake follow-up services, a registered pharmacist may undertake follow-up services, in collaboration with the Accredited Pharmacist who completed the initial Patient Interview and HMR Report and the health care team.



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### 5.9 Telehealth

The intent of the HMR Program is for the Interviews to be undertaken in the setting described in Section 4.1 and this option should be offered first.

In response to the COVID-19 pandemic, telehealth services, also known as video conferencing services, may temporarily be offered where a Patient meets the following eligibility criteria:

- Meets the current national triage protocol criteria for suspected COVID-19 infection after consultation with either the national COVID-19 hotline, state COVID-19 hotlines, a registered medical or nursing practitioner or COVID-19 trained health clinic triage staff;
- people aged over 70;
- identify Aboriginal and Torres Strait Islander people aged over 50;
- people with chronic health conditions or who are immunocompromised; or
- parents with new babies and people who are pregnant.

Telehealth services are the preferred approach for substituting a face-to-face consultation. However, if video is not available, Service Providers will also be able to offer audio-only services via telephone.

In the case where a Patient is isolating themselves at home on the advice of a medical practitioner for confirmed COVID-19 cases, it is recommended that the referring medical practitioner be contacted to confirm whether or not a service is still clinically appropriate and, if so, the service may be undertaken remotely. It should be noted that a patient's ability to participate in a service may be impacted and this should be taken into consideration.

If an Interview is conducted via telehealth, Patient consent must still be obtained. This may be either written or verbal consent. A consent form for both types of consent can be found [here](#).

## 6 PROGRAM VARIATIONS (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 at the Patient's home by a Registered Pharmacist, the Service Provider must submit a Program Variation Request through the Pharmacy Programs Administrator [Portal](#).

The Program Variation request must provide a detailed and reasonable justification for the request.

Program Variation requests must be submitted at least 10 working days prior to the proposed date of the initial Interview. Requests will be forwarded by the Pharmacy Programs Administrator to the Department of Health to assess based on the evidence provided. The Pharmacy Programs Administrator will advise the Service Provider of the outcome via email within seven working days from the date of submission. Additionally, Service Providers will be able to see the approval status of their Program Variation request on the Pharmacy Programs Administrator Portal.

It is the responsibility of the Service Provider to explain the prior approval process to the Patient (and to the Registered Pharmacist if one is to be involved at the Interview stage) and seek consent for their details to be shared with the Department of Health and the Pharmacy Programs Administrator for the purpose of assessing the Program Variation request.

In the event that a Program Variation is approved for a HMR Service, this approval will apply to any follow-up service(s) undertaken in relation to the initial face-to-face Interview.

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Service Providers who conduct Patient Interviews outside a Patient's home or by using a Registered Pharmacist without prior approval will not be remunerated for those HMR Services. Approval will not be granted retrospectively. Receiving prior approval in either situation should not be construed as a guarantee that any future application, even for identical circumstances, will be approved.

If a Program Variation has been approved, Service Providers should submit the associated HMR Initial Service claim through the Pharmacy Programs Administrator [Portal](#) by clicking the new claim button attached to their approved Program Variation request, rather than submitting as a separate new claim.

### 6.1 Location of Patient Interview

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

- For cultural reasons
- Where there is a concern for the safety of the Pharmacist undertaking the face-to-face Interview relating to being inside the Patient's home.

If either circumstance applies, prior approval to conduct the HMR Interview in an alternative location must be obtained prior to the initial Interview commencing.

In the event that a Program Variation is approved for the initial Interview to be undertaken outside of the home, this will also apply to any follow-up Interview(s) undertaken in relation to the initial Interview. If the initial Interview has been undertaken in the Patient's home, any follow-up Interviews must also be in the Patient's home and no requests can be lodged.

### 6.2 Patient Interview and/or follow-up services conducted by a Registered Pharmacist

A Registered Pharmacist may conduct the initial Patient Interview only when access to an Accredited Pharmacist is not possible. Approval for a Registered Pharmacist to visit the Patient at home and conduct the Patient Interview must be gained prior to the Patient Interview commencing.

A Registered Pharmacist proposing to conduct a HMR Service outside the Patient's home must submit Program Variation requests for both the location of the Patient Interview and for an Interview conducted by a Registered Pharmacist.

In the event that a Program Variation is approved for the initial Interview to be undertaken by a Registered Pharmacist, this approval will apply to any follow-up service(s) undertaken in relation to the initial face-to-face Interview.

## 7 FEES

Approved Service Providers can claim the following payments under the Program:

Description	Fee (per patient)
Provision of initial HMR Service (includes the initial Interview, assessment and HMR Report)	\$222.77

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First follow-up service	\$111.39
Second follow-up service	\$55.70

## 8 CLAIMS SUBMISSION

Service Providers must submit claims online via the Pharmacy Programs Administrator [Portal](#).

If a Program Variation has been submitted and approved, Service Providers should submit the associated initial Service claim through the Pharmacy Programs Administrator [Portal](#) by clicking the new claim button next to their approved Program Variation request.

A follow-up service can only be claimed where an initial service has been claimed and paid.

Additionally, if a second follow-up service is required, this may only be claimed where a first follow-up service has already been claimed and paid.

HMR initial services and follow-up services must be claimed by the end of the next calendar month after the initial Interview or follow-up Interview was conducted (e.g. Interviews undertaken in March must be claimed by 30 April).

Claims that are outside this timeframe, that are incomplete, or that do not meet Program Rules cannot be submitted and will not be paid. (e.g. where the HMR Interview was conducted more than ninety days after the date of referral or where a Service Provider has exceeded their monthly cap of thirty HMR Services).

## 9 AUDIT REQUIREMENTS

Service Providers must retain all records for seven years to demonstrate that they have complied with the General Terms and these Program Rules when providing and claiming for a HMR Service.

Service Providers will be subject to audits by the Australian Government to ensure HMR Services are provided in accordance with the General Terms, these Program Rules and the PSA Standards.

Service Providers that do not provide HMR Services in accordance with the General Terms, these Program Rules and the PSA Standards may no longer be able to participate in the HMR Program or be eligible to receive HMR Program payments. Under section 137.1 of the Criminal Code Act 1995, giving false and misleading information is a serious offence.

## 10 RURAL LOADING ALLOWANCE

If the Patient's home is located in a rural or remote area, the Service Provider may be eligible for the HMR Rural Loading Allowance for all three face-to-face components of a HMR Service. The *HMR Rural Loading Allowance Program Rules* are available on the [PPA website](#).

Approved Service Providers must apply for the HMR Rural Loading Allowance through the Pharmacy Programs Administrator Portal.

The Service Provider who submits the HMR Rural Loading Allowance claim must be the Service Provider who has submitted the relevant HMR Service claim(s).

## 11 RESOURCES

HMR Program resources are available for download on the PPA [website](#).

Not in Use