HMR – Putting the Jigsaw Pieces Together

Home Medicines Reviews

DMMR/HMR

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WHY? Some interesting figures

Australia

- **80,000 hospital admissions each year**
- **900 deaths (Macklin 1992)**

USA

- **8.7 million hospital admissions**
- **3 million admissions to long term care**
- **115 million visits to GP**

ALL related to medication misadventure

Home Medicine Reviews Known as HMR/DMMR

What it is?

A structured and collaborative healthcare service by pharmacists and GPs for consumers living at home

Objective

To ensure that medicine use is optimal and fully understood by the patient, so that continuity of care is enhanced

Home Medicine Reviews

Many patients in the community are at particular risk of drug misadventure because of the nature of their illness, the medication taken and the complexity of their drug regimen

Professional pharmacy services are intended to promote the quality use of medicines

Why medication review ?

- Compliance issues ensure optimal therapy
- Adverse Drug Reactions and associated morbidity
- History of hospital admissions due to drug-related problems (5-6%) - 66% of these are possibly or probably preventable
- Conservatively 10% medication reviews result in prevention or resolution of major problems

Benefits of HMR to the general practitioner

The pharmacist will spend on average 30–45 minutes in the patient's home to find out what is really going on in regard to:

- **adverse effects, contraindications,**
- **compliance issues and devices**
- **other medication including OTC medicines taken**
- **out of date medication removed**
- **educational needs**
- **are they going to other doctors?**
- **better relationship with the patient and the pharmacist**
- **Item 900 MBS fee $123**

Benefits of HMR to the general practitioner

- GPs are finally being rewarded for delivering preventative medicine, but retain total control of decision making.
- Saves precious time in consultation by having another health professional check compliance and understanding in patient's home setting.
- Over 18,000 reviews completed till end Feb 2003.
- It is not a check on the prescribing of GPs, but rather to ensure the patient is doing what the records indicate as regards dosage and drugs.

▪Benefits of HMR to the general practitioner – Some potential queries?

Why should GP's get involved?

- **Is it a review of GP prescribing? No**
- **Is it eroding GPs clinical autonomy? No. The final decision to act on the report rests with the GP.**
- **Isn't this just more paperwork and takes ages to complete? No. Paperwork is simple. Templates exist for your prescribing program to order a HMR referral in about 5 minutes.**
- **Are we adequately renumerated? GP item 900 is $123**

▪Benefits of HMR to the general practitioner – Some potential queries?

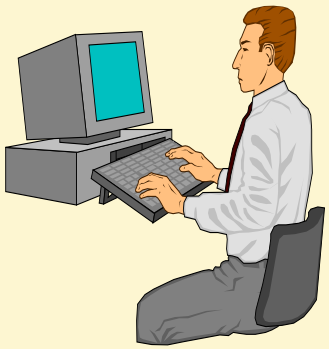
Why should GP's get involved?

- **Were GPs involved in the planning of the program? Yes. ADGP and State Based Organisations have been involved since the planning stage and are active partners with the Pharmacy Guild in promoting the program**
- **Will there be an evaluation ? Yes. In 2003 funding set aside for a complete evaluation of the program.**
- **Greater medico-legal security through the involvement of a pharmacist.**

What's in it for the patient and their family?

- Better understanding of their medications
- Compliance issues addressed
- Removal of out of date medications
- Medications taken at optimal times and doses
- Better relationship with pharmacist and GP
- Check on OTC and complimentary medicines which may interact with prescribed medicines
- Make sure they understand what each medication is for and how to use it correctly

Domiciliary Medication Management Review
Home Medicines Review



How does it occur?

Identify patient for HMR

GP initiates HMR with patient and sends referral to community pharmacy chosen by the patient.

Pharmacy arranges appointment for interview with patient

Pharmacist conducts Home Medicines Review

Pharmacist sends report to GP

GP meets with patient to arrange a consultative management plan for patient

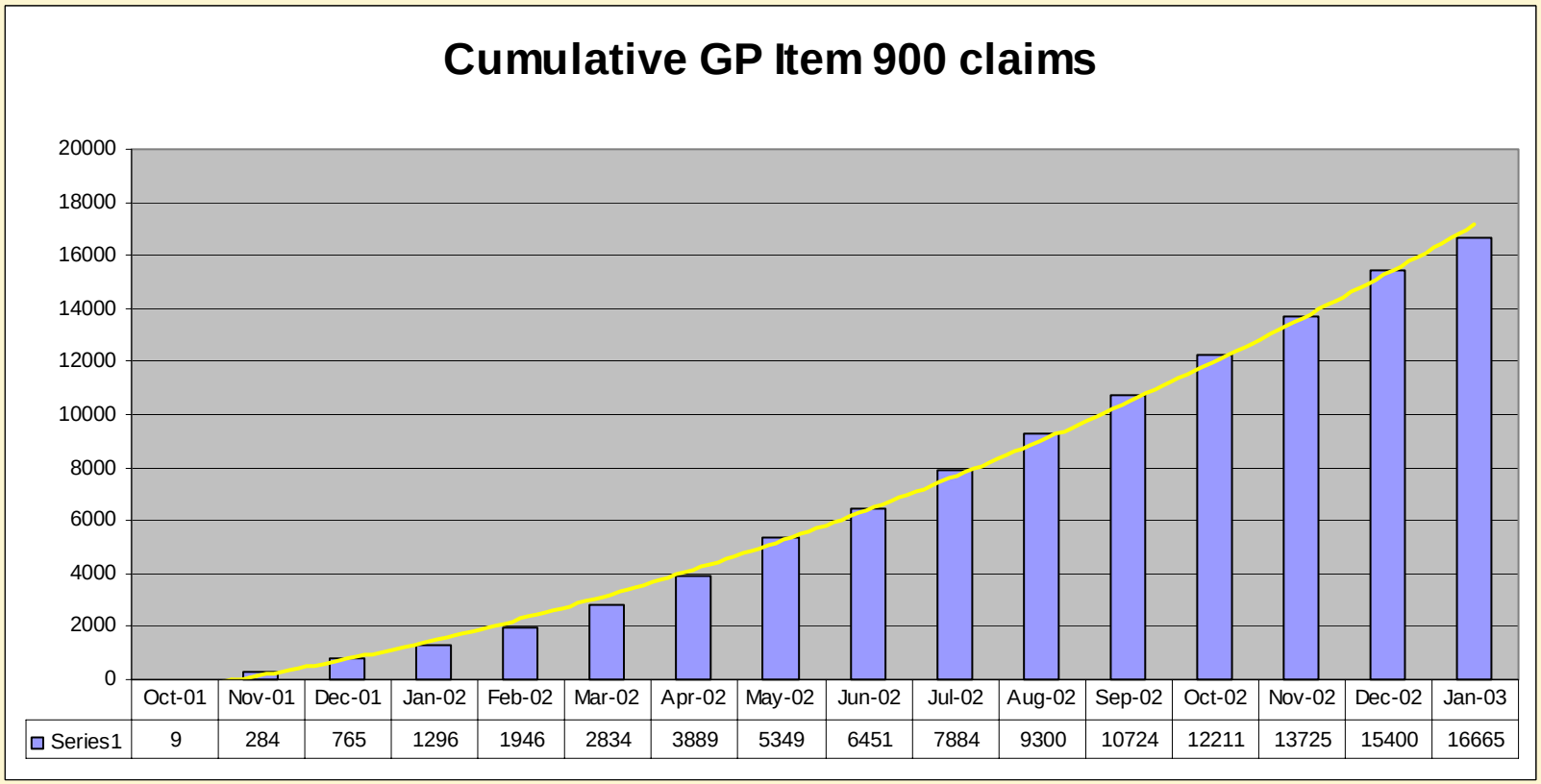
Who can identify a patient for HMR/DMMR?

- Patient
- Relative, carer
- Specialist
- GP
- Pharmacist
- Nurse or other health care professional
- Discharge officer in hospital

HMR Criteria

- Currently taking 5 or more medications
- Taking more than 12 doses per day
- Significant changes to medication regimen
- Medications with a narrow therapeutic index
- Symptoms of a possible adverse drug reaction
- Sub-therapeutic response
- Suspected difficulties with administration
- Suspected other prescribers
- Recent discharge from hospital

How are we going?

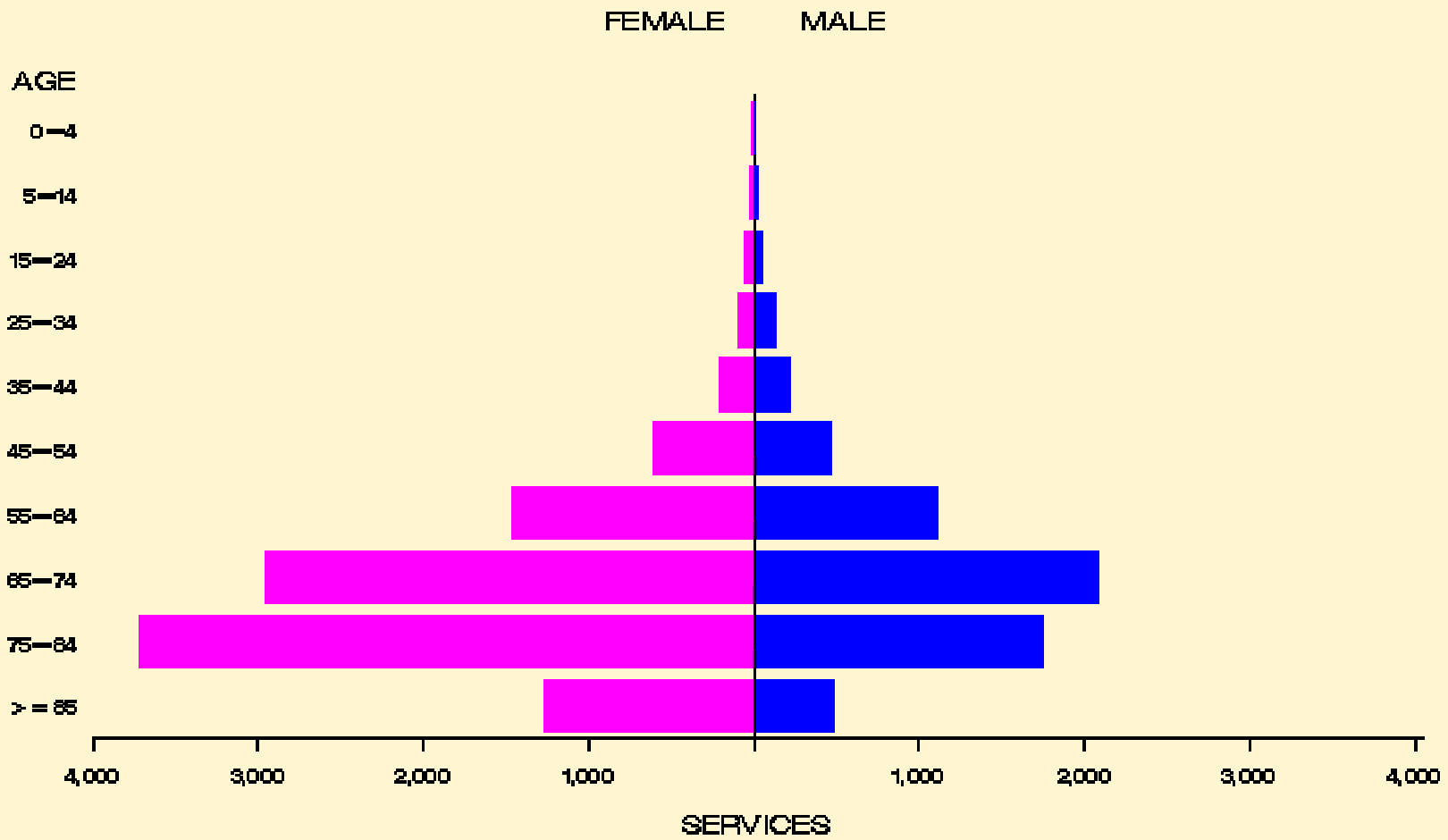


How are we going?

- **Oct 01 to Jan 03**
  - **16,665 GP Item 900 claims ($1.7M)**
  - **16,770 pharmacy claims ($2.35M)**
  - **MMR Facilitators in 108 Divisions of GP to coordinate HMR between pharmacists and GPs**

Item 900 demographics

Patient Demographics



Make the new HMR item work for you

"It is refreshing that GPs are finally being rewarded for delivering preventative medicine. I feel more in control of the long term care of my patients, and working closely with pharmacists is encouraging"

"Allows me to work smarter, not harder"

"I am seeing many patients achieve better outcomes"

Dr Trina Gregory, Port Macquarie GP and ADGP representative on the national management group of the MMR Facilitator program

It is not the strongest species that survive, nor the most intelligent but the ones most responsive to change

Sir Charles Darwin

The Challenge

- **"The challenge of adequately reviewing complex drug regimens cannot be accommodated in the 7-10 minute intervals that define general practitioners' clinical practice. The role of the pharmacist is also degraded, being reduced to that of a passive dispenser, who might occasionally issue warnings in the case of overlooked interactions. With a structured shared approach, the respective talents of doctor and pharmacist could be better harnessed, to the benefit of both patient care and the professional satisfaction of both parties"**
- **Dr Joe Neary, Chair of Clinical Network, Royal College of General Practitioners (British Medical Journal 2001)**

Need help?
Any queries?

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