Domiciliary Medication Management Review (DMMR) - *Home Medicines Review*

Guidelines for General Practitioners

Background

Medication-related problems cause many unnecessary hospital admissions and even deaths in Australia each year. The financial cost of these admissions is substantial.

There are many potential causes for medication-related problems, including: patient confusion, poor compliance, and prescribers and/or pharmacists not having full details of all the medicines a patient is taking (such as those purchased over-the-counter or prescribed by other doctors). Some patients, particularly the elderly, may have inadequate knowledge about their medications resulting from their belief that they are intruding on their doctor's time by asking questions, or that their questions are not justified.

Domiciliary Medication Management Review (DMMR) provides an opportunity for the patient to benefit from a team approach to their care, to improve their understanding of their medication regimen, and to know how best to take their medication.

What is DMMR?

DMMR, also known as ***Home Medicines Review***, is a service to patients living at home in the community. The goal of DMMR is to maximise an individual patient's benefit from their medication regimen, and prevent medication-related problems through a team approach, involving the patient's GP and preferred community pharmacy, with the patient as the central focus. It may also involve other relevant members of the healthcare team, such as nurses in community practice or carers. The DMMR process utilises the specific knowledge and expertise of each of the health care professionals involved. In collaboration with the GP, a pharmacist comprehensively reviews the patient's medication regimen in a home visit. After discussion of the visit findings and report with the pharmacist, the GP and patient agree on a medication management plan. The patient is central in the development and implementation of this plan with their GP.

Objectives of a DMMR or *Home Medicines Review*

The objectives of a DMMR are to:

- achieve safe, effective, and appropriate use of medications by detecting and addressing medication-related problem/s that interfere with desired patient outcomes;
- improve the patient's quality of life and health outcomes using a best practice approach, that involves a collaborative effort between the GP, pharmacist, other relevant health professionals and the patient (and where appropriate, their carer);
- improve the patient's, and health professionals', knowledge and understanding about medications, and
- facilitate cooperative working relationships between members of the health care team, in the interests of patient health and well being.

Medicare Benefits Schedule Item for DMMR

Medicare provides a rebate for a GP's involvement in a DMMR (see Appendix A), in which the GP:

- assesses a patient's medication management needs and, following that assessment, refers the patient to a community pharmacy for a DMMR, and provides relevant clinical information required for the review, with the patient's consent; and
- discusses with the reviewing pharmacist the results of that review including suggested medication management strategies; and
- develops a written medication management plan following discussion with the patient.

The DMMR Process

1. Identify potential need for DMMR

A request to determine if a DMMR is appropriate may come from the patient, their carer, or another member of the health care team. You can refer a patient for a DMMR after assessment of their medication needs in a consultation. This may be a consultation for another purpose, or a consultation undertaken specifically for the purpose of the DMMR.

2. Check patient eligibility status

- the DMMR process is available to people living at home in the community setting;
- DMMR does not apply to in-patients of a hospital, day hospital facility, or care recipients in residential aged care facilities, including hostels;
- a DMMR service is available to eligible patients once every 12 months. If a patient had a DMMR in the past 12 months, they may be eligible for another DMMR if there has been a significant change in their condition or medication regimen. (For example, a deterioration in their health or a recent discharge from hospital, involving significant changes in medication).

3. Confirm DMMR is appropriate

Assess the need for DMMR and formally initiate the service.

Patients most likely to benefit are those for whom quality use of medicines may be an issue, or who are at risk of medication-related problems. Patients may be at risk of medication-related problems due to: co-morbidities, age, social circumstance, characteristics of their medicines, complexity of their medication treatment regimen, confusion or lack of knowledge and skills about how to use medicines to their best effect.

Risk factors known to predispose people to medication-related problems include:

- currently taking 5 or more regular medications;
- taking more than 12 doses of medication per day;
- significant changes in medication treatment regimen during the last 3 months;
- medication with a narrow therapeutic index and/or requiring therapeutic monitoring (eg warfarin, digoxin);
- symptoms suggestive of an adverse drug reaction;
- sub-optimal response to treatment with medicines;
- suspected non-compliance or inability to manage medication-related therapeutic devices;
- literacy or language difficulties, dexterity problems, impaired sight, confusion/dementia or other cognitive difficulties;
- attending a number of different doctors, both general practitioners and specialists; and
- recent discharge from a facility/hospital (in the last 4 weeks).

The above examples serve as a guide for determining eligibility of patients for DMMR, however this list is not exhaustive. For example, a patient may be eligible for a DMMR because of a change in circumstances, such as loss of a spouse who was principally responsible for medication management within the home.

Following assessment of the patient's needs, you may conclude that a DMMR is not appropriate, and that another approach may be suitable, such as supported medication management (eg through a community nurse, or the patient's carer or family) which may be arranged by a referral or case conference.

4. Discuss potential benefits with the patient

It is important that the patient understands that the review is for his or her benefit. The patient (and their carer where applicable) should have a clear understanding of the information contained in the Patient Information Sheet (see Appendix B).

Potential benefits for the patient that may result from participation in a DMMR include:

- enhanced understanding of their medications;
- heightened confidence about managing their medications, through more effective use of medications, devices and other aids;
- advice about proper and safe storage of medications, and handling of expired or unwanted medications;
- optimisation of the patient's medication regimen;
- reduced likelihood of a hospital admission due to medication-related problems; and
- improved relationships with both you and their pharmacist.

5. Obtain consent from the patient

Obtain consent from the patient during a consultation. In order for the DMMR service to be eligible for an MBS benefit consent must be given, orally or in writing, and recorded in the patient's medical record.

Consent can only be considered to be given if the patient (and their carer where applicable) understands:

- the DMMR process and what their role will be;
- your roles and responsibilities and those of the pharmacist;
- that his or her relevant medical information will be made available to the pharmacist(s) involved;
- pertinent information from other health care professionals involved in their care may also be sought;
- they can ask for information to be withheld from the DMMR process;
- the review occurs at a place of their choice, but preferably in their home;
- the pharmacist(s) will communicate information arising from the DMMR to you;
- the agreed medication management plan may be communicated to other health care professionals involved in the patient's care, with the patient's agreement;
- their Medicare Number or Department of Veterans Affairs Number (whichever is applicable) will be released to the pharmacist and the Health Insurance Commission for payment purposes; and
- the medical costs he or she may incur for the DMMR, and that they will need another consultation with you (as part of the DMMR service) to finalise the DMMR.

6. Complete the referral form

The referral form should include relevant information (eg laboratory results) to enable the pharmacist to make a thorough assessment. Review the patient's medical record and any previous health assessments, care plans and case conference summaries for relevant information. Completing the referral form in detail will reduce the possibility of the pharmacist needing to contact you to clarify background information. Relevant information from the patient's medical record may be attached to the referral form, eg as a printout from your patient record system. If you are not using a specific DMMR referral form you still need to provide patient details and relevant clinical information to the pharmacist.

7. Forward referral form to the patient's preferred community pharmacy

You can give the patient the completed referral form and advise them to present it at their preferred community pharmacy, or you can transmit the referral electronically on their behalf. The community pharmacy will coordinate the service delivery of the DMMR.

The pharmacist consultation

The community pharmacist will arrange the preferred venue and time for the medication management review with the patient, and forward this information to you, along with the name of the accredited pharmacist (if they themselves are not accredited).

An accredited pharmacist is an experienced pharmacist who has undertaken specific programs and/or examinations relevant to medication management. The accredited pharmacist is responsible for the pharmacy component of the medication management review overall, but the preferred community pharmacist, as agreed to by the accredited pharmacist, may undertake some tasks as well as coordinating the delivery of the DMMR service. Where the patient has a clear preference, or where there is no reasonable access to an accredited pharmacist within a timeframe suitable to the patient, the patient's preferred community pharmacist may undertake the patient interview.

The pharmacist interviews the patient, preferably in the patient's own home (unless the patient requests another location). The home setting is preferred as this allows the opportunity to assess how the patient is managing their medications in their usual environment. The medication management review encompasses all prescribed, over-the-counter and complementary (eg herbal) medications, and examines the patient's understanding of their medications and devices, and any issues they have (eg compliance, storage and administration techniques).

Comprehensive information about the patient and their medicine use is collated and assessed. The information that you provided on the referral form is added to during the interview. If necessary, the reviewing pharmacist may also gain additional information from other sources, such as nurses in community practice. The pharmacist will conduct the DMMR service in a manner that is sensitive to the privacy and confidentiality needs of the patient.

During the interview the pharmacist will provide counselling and advice to the patient (and their carer where applicable) regarding their medications and therapeutic devices. Disposal of expired and unnecessary medications may occur with the patient's permission.

The accredited pharmacist will prepare, in a timely manner, a written report which highlights actual or potential drug-related issues and needs, comments and proposed management strategies. Findings that may seriously impact on the patient's health will be communicated to you without delay.

8. Discuss report with pharmacist

A copy of the DMMR report will be forwarded to you. The reviewing pharmacist will discuss the report and its findings with you, either face-to-face or by phone (depending on your preferred means of communication). The DMMR report and its discussion form the basis for the proposed management plan. The discussion should include each participant's role in monitoring and follow-up of the proposed management plan.

If no follow-up appointment has been made yet, you should arrange the follow-up consultation with the patient, as part of the DMMR service.

9. Prepare medication management plan (see attached Plan)

The medication management plan should

- take account of the needs outlined in the pharmacist DMMR report;
- map the proposed management and expected outcomes of the patient's medication regimen;
- specify who is responsible for any further actions and future follow-up and/or monitoring, the timeframe in which these should be completed, and the expected outcomes for the patient; and
- identify any other relevant members of the health care team whose involvement is necessary to the implementation of the plan, including any role expected of the patient's carer.

10. Discuss medication management plan with the patient

Discuss the plan during a consultation to determine which of the proposed changes the patient is comfortable making and to ensure they understand the reasons for the change. Document the actions that both you and the patient agree should be undertaken. If intervention from other health care professionals is suggested, discuss this with the patient to ensure they understand what is involved and agree with the actions proposed. Tell the patient that a copy of the medication management plan will be forwarded to the specified health care professional and that medication management strategies will be discussed with them.

In some cases changes may not be required, but the patient will still benefit from discussion of the DMMR findings, as this will provide an opportunity for you to confirm existing management plans and relevant self-management practices.

11. Finalise the agreed medication management plan

The patient may sign the agreed medication management plan or you may make a note in the patient's medical record that they have agreed to the plan.

Once the medication management plan is agreed, the actions outlined on the plan should be implemented with appropriate follow-up and monitoring.

12. Record keeping requirements

The DMMR referral form is provided to the community pharmacist.

The DMMR report form is produced in triplicate – you retain one copy for the patient's records, one copy is retained by the patient's preferred community pharmacist and one by the accredited pharmacist (if the accredited pharmacist is different to the community pharmacist).

The agreed medication management plan is also produced in triplicate - you retain a copy for the patient's records, the patient is offered a copy, and a copy is forwarded to the preferred community pharmacist.

13. Implementation of the medication management plan

As the **general practitioner,** you implement those actions agreed with the patient and documented in the management plan. This may involve: provision of information and advice; review of the planned schedule of follow-up; variation of the medication regimen; enhanced monitoring, initiation of other health care services or liaison with specialist medical practitioners and other health care providers contributing to the care of the patient.

The **preferred community pharmacist** will implement some actions agreed to by both you and the patient in the medication management plan. This may include reinforcing the advice and information provided by you; provision of medication information, dose administration aids, advice on medication administration and the correct use of medication delivery devices.

Feedback mechanisms and quality assurance

The impact of actions arising from the DMMR on the patient's health and well being should be monitored. Monitoring should assess whether the changes have had beneficial consequences for the patient and/or are producing the desired outcomes, or whether unexpected detrimental effects have occurred. Monitoring should also identify areas where further action may be required.

It may become apparent that in order for effective feedback and future management to be successfully undertaken and implemented, other services such as further consultations or a multidisciplinary case conference (where appropriate) may be

required. The need for a second DMMR in 12 months, or sooner if there is a significant change in the patient's condition or medication regimen, should be kept under review.

Frequently Asked Questions

What are the benefits of a collaborative approach?

Evidence from a number of collaborative studies conducted in Australia have found that programs similar to DMMR may result in:

- improved patient satisfaction, understanding of and concordance with medication regimen;
- positive clinical benefits, in terms of the patient's health and quality of life;
- improved relationships between GP, patient and pharmacist; and
- reduction in health care costs.

These studies have mainly involved the collaborative work of GPs, pharmacists and patients (and their carers where applicable). Pharmacists bring a pharmaceutical perspective to support the GP and patient in achieving the desired goals of therapy.

Studies have shown that some patients do not realise the potential importance of disclosing all medication consumption to their GP, or may choose not to do so.

A thorough review of a patient's entire medication regimen within the home environment lets the pharmacist and the GP understand all the medication currently or recently taken by the patient. The interview also makes it easier to improve the patient's understanding of their medications, and how they manage them, where this is necessary. The attached case studies (Appendix C) illustrate the process and potential benefits.

Can all pharmacists provide this service?

Subject to certain eligibility criteria, all community pharmacies are able to coordinate the DMMR service, however the pharmacist who conducts the clinical assessment of the information gathered during the patient interview and prepares the report for you, must be accredited to conduct medication management reviews. The accredited pharmacist is responsible for the review overall. The community pharmacist coordinating the service will either be, employ, or contract an accredited pharmacist. Where the patient has a clear preference or where there is no reasonable access to an accredited pharmacist in a timeframe suitable to the patient, the patient's community pharmacist may conduct the interview with the patient and examine their medications, subject to agreement with the accredited pharmacist.

Who is an accredited pharmacist?

An accredited pharmacist is an experienced pharmacist who has undertaken specified education programs or examinations, as approved by the Australian Association of Consultant Pharmacy or the Society of Hospital Pharmacists of Australia, and undertakes specified continuing professional education and re-accreditation. You are not required to identify an accredited pharmacist to undertake the review.

What communication is required with the pharmacist?

To maximise benefits of the DMMR process effective inter-professional communication is required.

During the DMMR process there are several points of communication between you and the pharmacist, as outlined below:

- forwarding referral form to the preferred community pharmacy;
- providing relevant information which you consider will assist the review;
- receiving a written report from the pharmacist;
- discussing the relevant findings and suggested management strategies with the pharmacist via telephone or face to face (as you prefer);
- developing a medication management plan with the patient using the DMMR report as a basis; and,
- discussing the plan with the patient and once agreed, forwarding a copy to the preferred community pharmacist.

Have confidentiality issues been considered?

All parties involved in a DMMR have an obligation to respect and maintain patient confidentiality. Information from the patient's medical record, forwarded to the preferred community pharmacy conducting the DMMR, is confidential and will not be passed on to any other parties without the patient's consent. Pharmacists have professional codes concerning confidentiality and all information imparted will be treated as confidential.

Why do I need to provide laboratory results?

Providing information about laboratory results assists the pharmacist to assess the potential for changes in clearance of certain drug therapies, adverse effects that may be drug related, and monitoring of desired therapeutic outcomes. If laboratory results are made available initially, together with the therapeutic goals, the benefit of the medication management review is increased and potential inefficiencies minimised.

Biochemical tests useful for completion of a medication management review may include:

- serum electrolytes
- INR for patients on warfarin
- serum creatinine (allows calculation of creatinine clearance to help calculate dosage requirements)
- plasma drug concentrations
- liver function tests
- thyroid function tests
- plasma lipids

Is DMMR an assessment of prescribing patterns?

DMMR is designed to achieve safe, effective, and appropriate use of medications by detecting and addressing medication-related problem/s that interfere with desired patient outcomes. DMMR is not a mechanism for analysing prescribing patterns.

Who are Medication Management Review (MMR) Facilitators?

Divisions of General Practice may employ MMR Facilitators whose brief is to support the uptake of this collaborative model by both GPs and pharmacists. This will involve promoting the service to each professional group using personal visits, organising combined education and information sessions, and liaising between accredited pharmacists and pharmacist proprietors. They should assist in the implementation of DMMR services, and may be contacted through Division offices.

What is the role of other health professionals?

Much of the information required for DMMR will be provided in the referral or obtained by the pharmacist during the patient interview. However, in order to acquire all relevant information it may be necessary to refer to other sources such as family members or carers, nurses in community practice or other members of the health care team. Before involving other health care professionals, the rationale for their involvement should be explained to the patient and patient consent obtained.

Do pharmacists get paid?

Yes, a fee for service is paid through provisions made under the Third Community Pharmacy Agreement. This payment is made to the community pharmacy that coordinates the service, to cover all pharmacist elements of the DMMR service.

What if I disagree with the pharmacist's suggestions?

You have prime responsibility for your patient's care. The suggestions made by the pharmacist may be based on incomplete information. Discussion with the pharmacist will usually help clarify why suggestions have been made, and allow you to decide which suggestions to try to implement.

How long should it take to complete a DMMR?

The initial patient consent and basic information for the referral form can be achieved within a normal consultation. This may be a consultation for another purpose or a consultation undertaken specifically for the purposes of the DMMR. The timeframe for the subsequent stages of the DMMR needs to be negotiated with the patient and their preferred community pharmacy, and may vary. At the initial referral consultation, the GP should discuss the further stages of the process with the patient, ensuring the patient understands that the completion of the DMMR process requires a further consultation that is part of the overall DMMR service.

Any immediate action required at the time of completing the DMMR (eg writing prescriptions or making referrals) should be treated as part of the DMMR item. Any follow-up subsequent to the DMMR service should be treated as a normal consultation.

What if the patient does not complete the DMMR process?

In some situations a DMMR may not be able to be completed due to circumstances beyond your control (for example, because the patient decides to not proceed further with the DMMR, or because of a change in the circumstances of the patient). In such cases you should claim the relevant MBS attendance item for the work you have already undertaken.

What if I identify the need for a DMMR as part of a consultation for another purpose?

If your patient sees you for another purpose and you identify the need for a DMMR as part of this consultation, you may claim this consultation separately. Provided you complete the other stages of the DMMR, you may then claim for the DMMR.

How does a DMMR relate to an Enhanced Primary Care (EPC) health assessment, care plan or case conference service?

A DMMR is a different service to a health assessment, care plan or case conference. There is no restriction on providing or initiating a DMMR on the same day as an EPC service. These services are distinct, however, and work undertaken for one service (eg a health assessment) cannot also be claimed for another service (such as a DMMR).

For example, medication review is a recommended component of an EPC health assessment. While this may include a review as part of a health assessment in the patient's home, it is likely to be a less comprehensive and less complex review than a DMMR service involving collaboration between GPs and pharmacists and a comprehensive home interview with the patient.

As a result of a health assessment (or other EPC service such as a care plan or case conference) the need for a DMMR service may be identified and steps taken to initiate a service. To claim for the DMMR service, however, the GP requirements for the DMMR service must be met (ie consultation with patient, covering consent and provision of relevant clinical information to preferred community pharmacy, discussion with reviewing pharmacist, and consultation with patient to develop agreed management plan). Work undertaken and claimed for against another service cannot also be claimed to meet the DMMR requirements.

Sources of assistance for queries about the item

The MBS DMMR item is described in the November 2001 Medicare Benefits Schedule book, which is distributed to all medical practitioners and available from AusInfo shops (copy of MBS DMMR item and explanatory notes is also included at Appendix A). MBS items can also be downloaded from the Department of Health and Aged Care's website at http://www.health.gov.au/pubs/mbs/index.htm.

Other sources of information include:

- The Medicare Inquiry Line: 13 20 11
- Department of Health and Aged Care website at http://www.health.gov.au/epc/dmmr, or through DHAC's A – Z web search engine
- Local Divisions of General Practice
- The Office of the Department of Health and Aged Care in each State and Territory

APPENDIX A - DOMICILIARY MEDICATION MANAGEMENT REVIEW (DMMR)

Medicare Benefits Schedule (MBS) Item for GP participation in Domiciliary Medication Management Review (DMMR), proposed for inclusion in November 2001 MBS book:

MBS ITEM DESCRIPTOR:

MEDICATION MANAGEMENT		**ATTENDANCE**
	GROUP A17 – MEDICATION MANAGEMENT	
	Participation by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician) in a Domiciliary Medication Management Review (DMMR) for patients living in the community setting, where the medical practitioner: • Assesses a patient's medication management needs and, following that assessment, refers the patient to a community pharmacy for a DMMR, and provides relevant clinical information required for the review, with the patient's consent; and • Discusses with the reviewing pharmacist the results of that review including suggested medication management strategies; and • Develops a written medication management plan following discussion with the patient. Benefits under this item are payable not more than once in each 12 month period, except where there has been a significant change in the patient's condition or medication regimen requiring a new DMMR. *(See para A.26 of explanatory notes to this Category)*	
900	**Fee:** $120.00 **Benefit:** 75% = $90.00 85% = $102.00	

EXPLANATORY NOTES:

A.26 Domiciliary Medication Management Reviews

A.26.1 This item is available to people living in the community setting who meet the criteria for DMMR. The item is not available for in-patients of a hospital, day hospital facility, or care recipients in residential aged care facilities. Patients may also refer to DMMR as *Home Medicines Review*.

A.26.2 This item should generally be undertaken by the medical practitioner, or a medical practitioner working in the medical practice, that has provided the majority of services to the patient over the previous 12 months and/or will provide the majority of services to the patient over the coming 12 months.

A.26.3 DMMR's are targeted at patients who are likely to benefit from such a review, and for whom quality use of medicines may be an issue or who are at risk of medication misadventure because of their co-morbidities, age or social circumstances, the characteristics of their medicines, the complexity of their medication treatment regimen, or because of a lack of knowledge and skills to use medicines to their best effect.

A.26.4 A medical practitioner must assess that a DMMR is clinically necessary to ensure quality use of medicines or address patient's needs. Examples of risk factors known to predispose people to medication related adverse events are:

- currently taking 5 or more regular medications;
- taking more than 12 doses of medication per day;
- significant changes made to medication treatment regimen in the last 3 months;
- medication with a narrow therapeutic index or medications requiring therapeutic monitoring;
- symptoms suggestive of an adverse drug reaction;

- sub-optimal response to treatment with medicines;
- suspected non-compliance or inability to manage medication related therapeutic devices;
- patients having difficulty managing their own medicines because of literacy or language difficulties, dexterity problems or impaired sight, confusion/dementia or other cognitive difficulties;
- patients attending a number of different doctors, both general practitioners and specialists; and
- recent discharge from a facility / hospital (in the last 4 weeks).

A.26.5 For item 900 a DMMR includes all DMMR-related services provided by the medical practitioner from the time the patient is identified as potentially needing a medication management review to the preparation of a draft medication management plan, and discussion and agreement with the patient.

- The potential need for a DMMR may be identified either by the medical practitioner in the process of a consultation or by receipt of advice from the patient, a carer or another health professional including a pharmacist.
- The medical practitioner must assess the clinical need for a DMMR from a quality use of medicines perspective with the patient as the focus, and formally initiate a DMMR if appropriate.
- If the DMMR is initiated during the course of a consultation undertaken for another purpose, this consultation may also be claimed separately.
- If the consultation at which the medication management review is initiated is only for the purposes of initiating the review only item 900 should be claimed.
- If the medical practitioner determines that a DMMR is not necessary, item 900 does not apply. In this case, normal consultation items should be used.
- The item covers the consultation at which the results of the medication management review are discussed and the medication management plan agreed with the patient. Any immediate action required to be done at the time of completing the DMMR (eg writing prescriptions or making referrals) should be treated as part of the DMMR item. Any subsequent follow up should be treated as a normal consultation item.
- Practitioners should not conduct a separate consultation in conjunction with completing the DMMR unless it is clinically indicated that a problem must be treated immediately.
- The benefit is not claimable and an account should not be rendered until all components of this item have been rendered (See General Notes 7, Billing Procedures).
- Where a DMMR cannot be completed due to circumstances beyond the control of the medical practitioner (for example, because the patient decides to not proceed further with the DMMR, or because of a change in the circumstances of the patient), the relevant MBS attendance items should be used.

A.26.6 The process of **referral to a community pharmacy** includes:

- Obtaining consent from the patient, consistent with normal clinical practice, for a pharmacist to undertake the medication management review and for a charge to be incurred for the service for which a Medicare rebate is payable. The patient must be clearly informed of the purpose and possible outcomes of the DMMR, the process involved (including that the pharmacist will visit the patient at home, unless the patient prefers another location or other exceptional circumstances apply), what information will be provided to the pharmacist as part of the DMMR, and any additional costs that may be incurred; and
- Provision to the patient's preferred community pharmacy, of relevant clinical information, by the medical practitioner for each individual patient, covering the patient's diagnosis, relevant test results and medication history, and current prescribed medications.
- A DMMR referral form is available for this purpose, if this form is not used the medical practitioner must provide patient details and relevant clinical information to the patient's preferred community pharmacy.

A.26.7 The **discussion of the review findings and report including suggested medication management strategies with the reviewing pharmacist** includes:

- Receiving a written report from the reviewing pharmacist; and
- Discussing the relevant findings and suggested management strategies with the pharmacist (either by phone or face to face); and
- Developing a summary of the relevant review findings as part of the draft medication management plan.

A.26.8 Development of **a written medication management plan following discussion with the patient** includes:

- Developing a draft medication management plan and discussing this with the patient; and
- Once agreed, offering a copy of the written medication management plan to the patient and providing a copy to the community pharmacist.

The agreed plan should identify the medication management goals and the proposed medication regimen for the patient.

A.26.9 Benefits for a DMMR service under this item are payable not more than once in each 12 month period, except where

there has been a significant change in the patient's condition or medication regimen requiring a new DMMR (for example, diagnosis of a new condition or recent discharge from hospital involving significant changes in medication). In such cases the patient's invoice or Medicare voucher should be annotated to indicate that the DMMR service was required to be provided within 12 months of another DMMR service.

APPENDIX B—Case studies

Case 1.

Mr Frank C is a 59-year-old moderately overweight man, who has been attending your practice for the past 2 years. This is his first appointment with you since his recent hospital admission for a myocardial infarction (MI). The MI occurred while Frank and his wife were visiting their daughter interstate. Before the MI he was taking one antihypertensive medication, with good effect, plus over-the-counter famotidine, as needed for dyspepsia. Frank has now returned home with multiple medications and is still experiencing some angina pain, which he is having difficulty distinguishing from dyspepsia. He is a heavy smoker and although he has tried numerous times to cease smoking using Nicotine replacement therapy he has been unable to quit permanently.

Frank admits that he is still coming to terms with his experience, he is still on sick leave from work, and is uncertain of the need for, and benefit of, many of his medications. You consider that Frank may benefit from a DMMR and raise the option with him. After an explanation of the service and reading the Patient Information Sheet, Frank agrees to the service and you document consent in his case notes. After completing the DMMR referral form it becomes evident that there are several issues that should be considered when the DMMR is being undertaken. These include:

- counselling about the need for his new medications;
- discussing strategies to aid compliance;
- the need to outline important interactions between prescribed and over the counter medication; and
- the potential for drug interactions between Frank's current medications and bupropion, which you may consider in the future to help Frank stop smoking.

You ask the pharmacist to consider this as part of the DMMR. Frank nominates the local community pharmacist, Harry Jones, who is an accredited pharmacist, to be the service provider. You fax Harry the DMMR referral form, copies of the cardiologist's letter and hospital discharge letter, together with a printout of his current medications and his most recent lipids and CPK levels.

Current medications
atorvastatin 40mg daily
aspirin 100mg daily
metoprolol 50mg twice daily
trandolapril 1mg daily

The following day you receive a return fax from Harry, informing you that he has arranged to visit Frank at his home in two days time. Harry advises that he will fax the completed report to you, and asks that once you have considered the information to call him at your convenience. You ask your receptionist to telephone Harry to confirm these arrangements.

DMMR report

Three days later you receive the DMMR report via fax. You note that Harry has provided both written and verbal information to Frank and his wife about his medications. To aid compliance and continuity of care Harry also gave Frank a medication card stating the generic, brand name(s), purpose and dosage instructions of each of his medications. Harry emphasised to Frank that he take this card with him when he visits you, and any other medical practitioners he attends including his cardiologist, so that it may be kept up-to-date.

The faxed DMMR notes that:

- Frank gets a headache following use of Anginine, finds them difficult to carry around with him and they expire every three months. Harry has suggested that a Nitrolingual pump spray might be a suitable alternative to Anginine.
- as Frank's previous antihypertensive medication has been altered, Harry disposed of Frank's unwanted medications.
- although there is a potential drug interaction between bupropion and metoprolol, this is unlikely to occur at the low dosage that Frank is being prescribed. Harry suggests that if Frank displays signs of increased beta-blockade, you consider either decreasing the dose of metoprolol or swapping to atenolol, a beta-blocker which is not likely to interact.

Discussion with the pharmacist

You telephone Harry to discuss the report and develop the draft medication management plan. During the phone discussion Harry mentions that Frank did not have an opportunity to see a dietician while in hospital and you therefore consider referral to a dietician to be worthwhile. The options for managing Frank's continued smoking are discussed and you decide to discuss a range of smoking cessation options at the DMMR follow-up consultation with Frank.

Following the discussion you formulate a draft medication management plan and ask your staff to contact Frank to make an appointment for the DMMR follow-up consultation.

DMMR follow-up consultation

The following week you see Frank for the DMMR follow-up consultation and discuss the proposed medication management plan. Frank is happy with all aspects of the plan except that he feels he is not yet ready to stop smoking. Frank agrees to visit you again in 6 weeks time to reassess the situation and possibly consider bupropion therapy. You complete the requirements of the DMMR which include providing copies to Frank and the pharmacist and forward a copy to the community health centre dietician where an appointment has been made. You also keep a copy of the medication management plan in Frank's medical record and claim payment for the DMMR MBS item.

Case 2.

Ruby T. is 79 years old, recently widowed and living independently at home. She has close family supports, with two daughters living within 5km. She no longer drives but is confident in catching the bus to do her shopping and attend appointments.

Ruby has been attending your practice for the past 6 years. Her medical history includes osteoarthritis, hypertension, glaucoma and asthma. Her glaucoma is managed with latanoprost eye drops at night. Her asthma has been well controlled with a combination of inhaled steroids and a long acting $beta_2$-agonist at night, with only very occasional use of inhaled salbutamol. You have prescribed a low dose thiazide diuretic and an ACE inhibitor for her hypertension, with good effect. To manage her osteoarthritis, you have counselled Ruby to take regular paracetamol.

Ruby presents to your surgery with her eldest daughter, Liz, who explains that the local pharmacist has given her a request for a referral form for a DMMR. She suggested this when she went to see about purchasing a vaporiser for her mother who has developed a cough. Liz also feels that since her father's death that her mother has not been managing her medications as well as previously and often forgets her puffers and has trouble putting in her eye drops.

DMMR referral

While discussing the problems Ruby is having it becomes evident that she meets the criteria for a DMMR – she is having difficulty with compliance and confidence in managing her medications. Her blood pressure is elevated compared with her last check-up. Ruby mentions that her osteoarthritis has been particularly troublesome in the past week, and that she has been taking some of her late husband's pain relievers (she cannot remember their name). Reviewing her history, you note that Ruby has not had a recent reassessment of her asthma management action plan.

You provide Ruby with the DMMR Patient Information Sheet and explain the benefits, her obligations, your role and that of the pharmacist, and the need for a follow-up consultation. The medical cost of the service is also explained. Ruby gives her consent and states that she would like the pharmacist who made the request for referral to be involved. You document Ruby's consent in her medical record, making a note of the need to assess inhaler technique and to develop a new asthma management action plan at follow-up. After completing a referral form, you offer to fax the form, but Ruby decides to hand it to her community pharmacist herself.

Two days later you receive a fax from Ruby's community pharmacist, Julie, acknowledging receipt of the referral and informing you that she has organised an accredited pharmacist, Sue Smith, to overview the DMMR process. Ruby has asked that Julie conduct the interview with Ruby (and her daughter Liz) in her home in 3 days time. At this point you ask Julie to fax a copy of the completed DMMR report to you, and decide that initial discussion of the report will occur via the telephone.

DMMR report

A week later you receive a copy of the DMMR report, signed by both Sue and Julie. The report outlines issues addressed at the time of the interview. .

- During the interview Julie reviewed how Ruby used her puffer, provided her with some instruction in its use and supplied her with a Haleraid and large volume spacer.
- Julie found that Ruby had been occasionally taking her husband's naproxen instead of paracetamol - with Ruby's permission she disposed of her late husband's remaining medication.
- She found that from the number of tablets left in their packaging, Ruby has not been routinely taking her anti-hypertensives and wonders whether a combination anti-hypertensive would be useful.
- The use of Webster packaging or a Dosette was also discussed and agreed to by Ruby.

Discussion with the pharmacist

The following day you have a teleconference with Julie and the accredited pharmacist. You are happy with the information and actions that have been taken, and agree that rationalisation of her anti-hypertensive tablets and a Websterpak will be beneficial. You discuss a new asthma management plan, and whether Ruby is capable of monitoring her asthma with a peak flow meter and to self-administer steroid medication. Julie confirms her belief that Ruby can manage this, especially with the joint education and support of Ruby's daughters. You note that a referral to an asthma educator may also be beneficial. Using the discussion and report as a basis, you develop a draft medication management plan. You and Julie will undertake ongoing monitoring.

DMMR follow-up consultation

A follow-up appointment is made with Ruby, and Liz is also able to attend. The medication management plan is discussed, principally the asthma management plan. Both Ruby and Liz are very happy with this. You write new scripts for the combination anti-hypertensive and Webster packaging. You complete the requirements of the DMMR which include providing copies to Ruby and the pharmacist, Julie. You also keep a copy of the medication management plan in Ruby's medical record and place a reminder in her case notes to check the need for another DMMR in 12 months time. A claim for payment for the DMMR MBS item is then made.

APPENDIX C – GP DMMR Fact Sheet and Process Chart

What is DMMR?

DMMR is a service provided to patients living at home in the community. Patients may also refer to this service as ***Home Medicines Review***. The goal of DMMR is to maximise an individual patient's benefit from their medication regimen, accomplished through a team approach involving the general practitioner (GP) and the patient's preferred community pharmacy, with the patient as the central focus.

What are the objectives of DMMR?

- achieve safe, effective, and appropriate use of medications by detecting and addressing medication-related problem/s that interfere with desired patient outcomes;
- improve the patient's quality of life and health outcomes using a best practice approach, that involves a collaborative effort between the GP, pharmacist, other relevant health professionals, and the patient (and where appropriate, their carer);
- improve the patient's, and health professionals', knowledge and understanding about medications, and
- facilitate cooperative working relationships between members of the health care team, in the interests of patient health and well being.

Who is eligible to receive DMMR?

The DMMR process is available to people living in their homes. It does not apply to in-patients of a hospital, day hospital facility, or care recipients in residential aged care facilities.

The patient should not have received a DMMR service within the past 12 months (unless there has been a significant change in their condition or medication regimen).

The GP must assess the need for a DMMR based on potential patient benefits and quality use of medicines goals. Those patients most likely to benefit are:

- patients at risk of medication related problems because of their co-morbidities, age or social circumstances;
- the characteristics of their medicines (eg warfarin);
- the complexity of their medication treatment regimen;
- patients recently discharged from hospital with multiple changes in therapy;
- suspected non-compliance or difficulties managing medication related therapeutic devices.

Who is involved in DMMR?

- the patient and their carer, where appropriate, as the central focus;
- the general practitioner;
- a pharmacist from the patient's preferred community pharmacist;
- an accredited pharmacist (if different from the preferred community pharmacist);
- other members of the health care team that are identified as appropriate, such as community nurses, physiotherapists, diabetes educators.

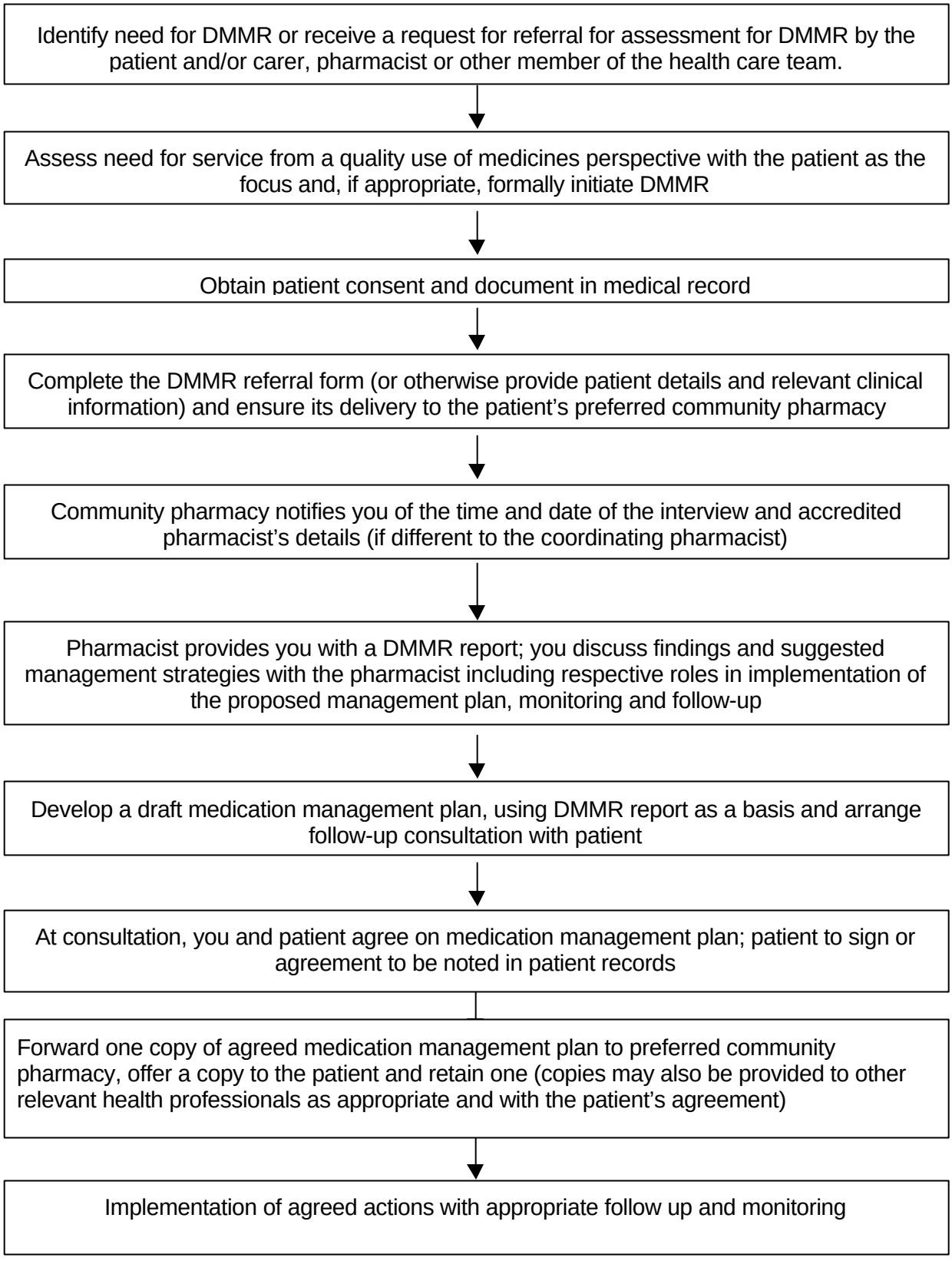
What is the MBS fee for DMMR?

The MBS fee for a GP completing a DMMR is $120. This includes the initial consultation at which the patient's eligibility for DMMR is assessed and the referral form completed, liaison with the pharmacist, and development of the medication management plan for discussion and agreement with the patient at a second consultation. Any further follow-up, if required, would be part of subsequent consultations separate to the DMMR.

How do you claim the MBS DMMR benefit?

You can submit a Medicare claim form or provide the patient with an account. For a DMMR service to be eligible for a Medicare rebate the requirements for the item must be met, including patient consent for the service and agreement with the medication management plan developed.

What is my role in the DMMR process?



APPENDIX D - DMMR Checklist

The following actions/obligations should be undertaken to complete the DMMR process:

- ð Confirm patient's eligibility for DMMR
- ð Obtain patient consent and document in case notes
- ð Complete DMMR referral form and forward to community pharmacy of patient's choice (or otherwise provide patient details and relevant clinical information)
- ð Receive date and time of DMMR interview and name of accredited pharmacist from community pharmacy
- ð Receive DMMR report from pharmacist
- ð Discuss DMMR report with pharmacist and develop draft medication management plan
- ð Arrange follow-up consultation with patient (and carer if appropriate)
- ð Follow-up consultation with patient (and carer if appropriate) to discuss medication management plan
- ð Medication management plan agreed with patient (patient signs or agreement noted in patient's records)
- ð Copy of agreed medication management plan forwarded to pharmacist, copy retained in patient's case notes and copy retained by patient
- ð If relevant and with patient's permission, forward copy of medication management plan to other member/s of health care team
- ð Reminder/recall notice placed in patient's records to consider need for DMMR in 12 months
- ð Implement strategies in medication management plan, monitor and follow-up (eg at next visit)

APPENDIX E—Patient Information Sheet: *Home Medicines Review*

1. What is a Home Medicines Review?

A **Home Medicines Review** is a service that allows a thorough check of all the medicines you are taking by a pharmacist, at the request of your GP, and with your agreement. The review usually takes place in your home, at a time convenient to you. For more information, read the brochure called ***Home Medicines Review*****,** available from your pharmacy. Pharmacists and GPs may also refer to this service as a **Domiciliary Medication Management Review (DMMR)**.

2. Who can have a Home Medicines Review?

Anyone living in their own home can have a **Home Medicines Review** if their GP thinks their condition and the medicines they are taking make the review worthwhile. Some situations are more likely to put people at risk of medicine-related problems, such as:

? taking five or more regular medicines or taking more than a total of 12 doses of medicine(s) per day;

? recent changes to your medication routine (doses or medicines);

? attending a number of different doctors, both GPs and specialists; and

? having recently come out of hospital.

3. Who can decide whether I need a Home Medicines Review?

Your GP can refer you to have a **Home Medicines Review** after thinking about your medication needs during a consultation. Anyone - you, your carer, a family member, your pharmacist or community nurse - can ask the doctor if this service might be helpful for you. If you agree, only your GP can refer you for a **Home Medicines Review**. He or she will then fill out a special referral form, which you take (or your doctor sends) to your preferred pharmacy.

4. What benefits does the service offer?

The review is for your benefit. It gives you the opportunity to spend time asking questions about your medicines that your doctor or pharmacist may not always have the time to answer. **Home Medicines Reviews** can help you better understand your medicines and how to take them. This increased understanding can help to reduce your risk of having medicine-related problems and can improve your overall health.

5. Do I have to have the Home Medicines Review?

It is your decision. You don't have to have the review if you believe it will not be of benefit, you would feel uncomfortable having it or for any other reason. If you refuse, you do not lose the opportunity to have a review later on, if needed.

6. How often can I have a Home Medicines Review?

You can have a **Home Medicines Review** once every 12 months or sooner if there has been a significant change in your condition or your medicines, such as after coming out of hospital. Your GP will take this into account in deciding whether you need a **Home Medicines Review.**

7. What do I have to do?

Tell your GP which is your preferred community pharmacy (chemist). The pharmacy will arrange a suitable time for a pharmacist to visit you and discuss your medicines in detail. Before the visit think about or write down all the questions you would like answered and any concerns you have about your medicines. Make sure you have all your medicines available, including ones bought without a prescription at a pharmacy, supermarket or health food store, those bought from any other health professionals (eg naturopath) or any prescription medicines from other doctors or

hospitals. Information about your medicines and your conditions will be passed to the pharmacist(s) involved.

8. What happens after the pharmacist visits?

Your GP will discuss the results of the review with the pharmacist, including any suggestions of potential benefit to you. You return to your GP to develop a medication management plan together. He or she will offer you a copy and your GP and pharmacist will work with you to put the plan into action.