Pharmaceutical Society of Australia

7CPA COMMUNITY PHARMACY AGREEMENT

HMR and RMMR Fact sheet for GPs

Medicines are the most common form of treatment used in healthcare. Patients require more medicines as they age, and their medical needs become more complex.[1] Almost one in two Australians (47%) have a chronic medical condition, with 80% of people aged 65 years and over having one or more chronic conditions.[2] Medication-related problems are common, especially during transitions of care.[3] Collaborative medication reviews support optimal medication use and improve patient health outcomes.[4]

Over 90% of patients have at least one medication-related problem post-discharge from hospital

Over 95% of residents living in aged care homes have at least one medication-related problem; most have three problems

Over half of residents in aged care homes are prescribed medicines that are considered potentially inappropriate in older people

40% - 50% of people living in aged care homes are on medicines that have the potential to cause sedation or confusion

20% of people living in aged care homes are on antipsychotics; more than half use the medicine for too long

Up to one-third of people living in aged care are taking benzodiazepines; more than half use the medicine for too long

References: PSA[1]; PSA[5]

Quality Use of Medicines and Medication Safety is Australia's 10th National Health Priority

Medication safety and quality use of medicines in Australia

There are 250,000 hospital admissions each year due to medication-related problems. Half of this harm is considered to be preventable.[1] Medication-related problems are responsible for 400,000 emergency department presentations each year, and in the last 6 months 1.2 million Australians have experienced an adverse medication event.[1]

How can Home Medicines Reviews (HMRs) and Residential Medication Management Reviews (RMMRs) support better medication management and reduce medication-related harm?

- On average, four medication-related problems are detected for each person who has a HMR, the majority of which can be resolved.[1]
- Medication reviews conducted by pharmacists can reduce medication-related problems and improve adherence.[5]
- HMRs are associated with a reduction in hospitalisation rates for older people living in the community at high risk of medication-related hospital admissions (e.g. those with heart failure taking heart failure medicines and those taking warfarin[7]).
- RMMRs are effective in identifying medication-related problems in aged care homes (on average 2.7-3.9 medication-related problems per resident[8]).
- Targeted activities in aged care homes, including audit and feedback, education and medication reviews reduce inappropriate use of psychotropic medicines, opioids, and antimicrobials.[5]

Who will benefit from a comprehensive medication management review?

A comprehensive medication management review (HMR or RMMR) could benefit a person who is at risk of medication-related harm due to:

- multiple chronic conditions or comorbidities
- age
- social circumstances
- characteristics of their medicine
- complexity of their medication regimen
- limited knowledge and skills to use their medicines effectively and safely.

Table 1 lists examples of risk criteria to identify patients who may benefit from an HMR or RMMR. These are not mandatory criteria nor a comprehensive list but are intended as a guide. Number of medicines (e.g. 5 or more medicines) is not a valid indicator for risk of medication-related harm misadventure.

The referral to an accredited pharmacist should include specific clinical information relating to these risk factors and the patient's clinical status.

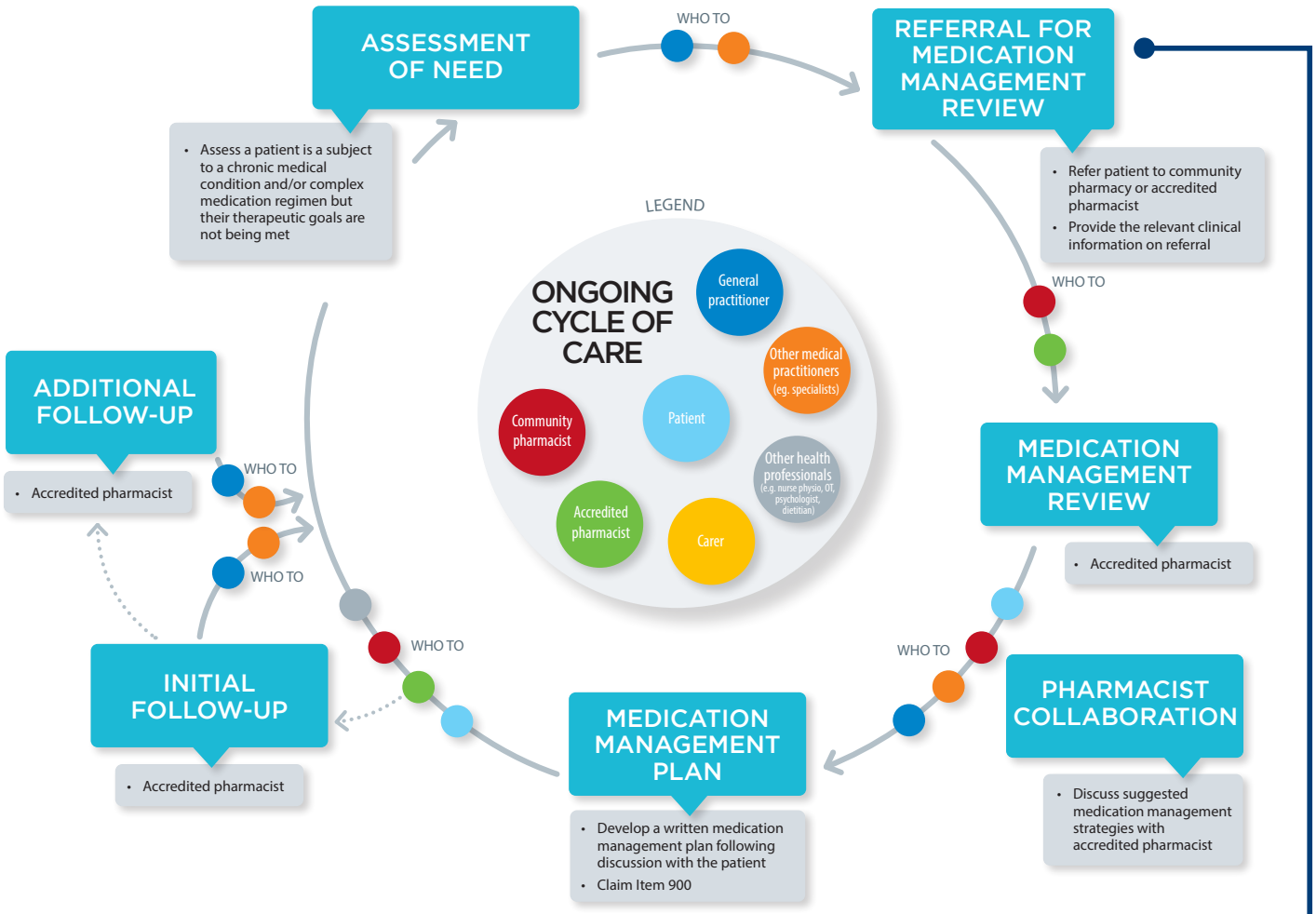
Pharmacists may conduct up to two follow-ups within 9 months of the initial HMR or RMMR, with a brief report to the referring medical practitioner.

HMRs can be integrated with Chronic Disease Management Medicare items for general practitioners to provide multidisciplinary, team-based care.

Table 1. Risk factors suggesting a patient may benefit from a comprehensive medication management review

Goals of medication therapy not reached or maintained, including suboptimal response to medication
Chronic medical condition associated with a high risk of unplanned hospital admission (e.g. chronic obstructive pulmonary disease, heart failure, chronic pain)
Three or more chronic medical conditions
Recent discharge from hospital or frequent unplanned hospital admissions
Recent admission to a residential aged care facility
Significant changes to medication regimen, including newly prescribed medicines
High-risk medicines requiring close monitoring for adverse effects and/or efficacy (e.g. opioids, psychotropic medicines, insulin, anticoagulants, antibiotics, NSAIDs, anticholinergics)
Functional issues that increase the risk of harm and/or reduce the chance of benefit from medicine use (e.g. frailty, frequent falls, cognitive impairment, swallowing difficulty, renal or hepatic impairment)
Symptoms suggestive of any adverse drug reaction
Prescribing cascade (e.g. one medicine to treat an adverse effect of another)
Problems managing medicine-related therapeutic devices (e.g. inhalers, subcutaneous injections, eye drops, transdermal patches)
Difficulty understanding and following medication regimen
Language, literacy or cultural difficulties

MEDICATION REVIEW CYCLE OF CARE



Chronic Disease Management (CDM) Medicare items for General Practitioners – annual cycle

Visit 1: Standard health assessment (Item 703)
Refer HMR

Visit 2: Prepare GPMP or TCA (Item 721 or 723)
Claim HMR

Visit 3: Review GPMP or TCA (Item 732)

Visit 4: Visit 4: Review GPMP or TCA (Item 732)

Visit 5: Visit 5: Review GPMP or TCA (Item 732)

References:

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5. Jokanovic N, Tan ECK, van den Bosch D, et al. Clinical medication review in Australia: A systematic review. Res Social Adm Pharm 2016;12:384–418.
6. Roughead EE, Barratt JD, Ramsay E, et al. The effectiveness of collaborative medicine reviews in delaying time to next hospitalization for patients with heart failure in the practice setting. Circ Heart Fail 2009;2:424-8.
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8. Chen EYH, Wang KN, Sluggett JK, et al. Process, impact and outcomes of medication review in Australian residential aged care facilities: A systematic review. Australas J Ageing. 2019;38 Suppl 2:9-25.

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