



Residential Medication Management Reviews

Questions and Answers

INTRODUCTION

A Residential Medication Management Review (RMMR) is a service for permanent residents of aged care homes, including veterans. It involves collaboration between a general practitioner and a pharmacist to review the medication management needs of a resident.

Medicare benefits for GP involvement in RMMR services became available on 1 November 2004.

Benefits of Residential Medication Management Reviews

Benefits to residents and their families

RMMR can enhance the quality of medical care provided to residents of aged care homes by optimising the therapeutic effectiveness and management of the residents' medication regimens and minimising possible adverse effects.

Benefits to GPs

An RMMR provides an opportunity for GPs and pharmacists to assess medication-related information so as to identify and resolve any medication-related issues or needs.

Benefits to aged care homes

Good practice medication management in aged care homes includes the development of medication management plans for residents. The results of the RMMR should form the basis for developing a medication management plan for agreement with the resident and their carer, as appropriate.

The assessments will identify the resident's medical needs and provide important information, including diagnoses and

problems, for planning individual care and medication management strategies.

Benefits to the community

Increased engagement of general practice with aged care can help prevent avoidable deterioration in the health and functioning of residents, and help reduce emergency department visits and hospital admissions.

RMMRs and other related initiatives for aged care homes provide a more integrated approach to addressing current service gaps and greater incentive for GP involvement in aged care. These initiatives include Comprehensive Medical Assessments (CMA), aged care GP panel arrangements, and Enhanced Primary Care (EPC) multidisciplinary care planning and case conferencing.

Linkage between Comprehensive Medical Assessment and RMMR

A Comprehensive Medical Assessment (CMA) is a voluntary service for residents of aged care homes. It involves personal attendance by the resident's doctor to undertake a full systems review, including an assessment of the resident's health and an assessment of the resident's physical and psychological function.

Information obtained from the CMA can be provided to the reviewing pharmacist to inform the pharmacist's component of RMMR. To enable this, new residents should, ideally, have a CMA before receiving an RMMR.

PATIENT ELIGIBILITY

Who is eligible for an RMMR?

RMMRs are available to all permanent residents of a facility in which residential care services are provided, as defined in the *Aged Care Act 1997*.

New residents are entitled to an RMMR on admission. Existing residents can have an RMMR where it is required in the opinion of the resident's medical practitioner. For instance, an RMMR may be needed because of a significant change in the resident's medical condition or medication regimen.

QUESTIONS AND ANSWERS

What is considered to be a significant change that can indicate the need for a second RMMR or an RMMR for an existing resident?

A significant change in medical condition, physical and/or psychological function may be indicated, for example, where there has been:

- (a) discharge from an acute care facility in the previous four weeks;
- (b) significant changes to medication regimen in the past three months;
- (c) change in medical conditions or abilities (including falls, cognition, physical function);
- (d) prescription of medication with a narrow therapeutic index or requiring therapeutic monitoring;
- (e) presentation of symptoms suggestive of an adverse drug reaction;
- (f) sub-therapeutic response to treatment;
- (g) suspected non-compliance or problems with managing drug related therapeutic devices; or
- (h) risk of inability to continue managing own medications (e.g. due to changes with dexterity, confusion or impaired sight).

Are residents of other aged care institutions eligible?

No. Medicare benefits for RMMRs are available only to people receiving Commonwealth-subsidised aged care. People receiving care in other institutions not funded under the Aged Care Act are eligible for Home Medicines Review services.

SERVICE REQUIREMENTS

Is the resident's consent required before an RMMR is done?

Yes. An RMMR is a voluntary service and the resident's consent must be obtained prior to initiating the service. The resident's consent should be obtained as per normal practice when obtaining consent to medical services. The GP should make sure the resident has agreed to the RMMR and to any patient charges above the Medicare rebate that may be involved, at the time of obtaining consent.

What if a resident is incapable of making decisions about medical treatment?

Where a resident is incapable of making decisions about medical treatment, normal practice for the provision of medical care to the resident should be followed.

It may be useful for the GP providing an RMMR service to know whether the resident has given anyone an enduring power of attorney (covering medical treatment) or equivalent, or whether a guardian with power to make decisions about the resident's medical treatment has been appointed. Where this is known, it may be useful to document this in the patient's records.

What if the resident has specified in advance the type of treatment preferred?

The right to accept or reject any treatment or procedure ultimately resides with the patient. This includes the right to accept or refuse resuscitative and any other life-saving or sustaining measures, should they become medically necessary.

It may be useful for the GP to find out if the resident has specified the type of treatment preferred in the event of the resident becoming incapable of making decisions. A resident may do this in the form of an advance directive, or by providing an enduring power of attorney, or

through the appointment of a guardian. Note that the terminology and requirements for these processes and documents may vary from state to state. If dealing with these processes, GPs should be familiar with or able to refer to, relevant requirements applying in their state or territory.

What is an Advance Directive?

An advance directive specifies the types of medical care a person would or would not want to undergo in the event of becoming incompetent. It allows a person to set out their wishes for the future, which can help reduce family conflict at a time that can involve trauma and stress.

Who can identify the need for an RMMR for an existing resident?

The need for an RMMR can be identified by the resident, the resident's carer or a member of the resident's health care team. The team could include staff of the aged care home, the resident's doctor, the pharmacist providing medication management review services in an aged care home, or a pharmacist supplying medication to the resident. However, the resident's doctor must assess the resident and decide whether an RMMR is clinically necessary.

Who can provide an RMMR?

An RMMR must be provided by a medical practitioner in collaboration with a pharmacist. This includes non-vocationally registered GPs (Other Medical Practitioners - OMPs). It does not include a specialist or consultant physician.

The following GPs can also provide an RMMR:

- The resident's usual GP;
- GPs providing services on a facility-wide contract basis;
- GPs participating in aged care GP panels arrangement;
- A locum GP

The resident's usual GP should be given a copy of the written medication management plan.

Who is the resident's usual GP?

The medical practitioner providing the RMMR for a resident should generally be the resident's 'usual' doctor. This is the medical practitioner, or a medical practitioner working in the medical practice, that has provided the majority of care to the resident over the previous 12 months and/or will be providing the majority of care to the resident over the next 12 months. Where the RMMR is done by another GP, the resident's usual GP should be given a copy of the written medication management plan.

Can the resident's carer be involved in the RMMR?

Where the resident has a formal, informal, or family carer, the GP may find it useful to consider having the carer present for the RMMR, with the resident's agreement. The carer can provide useful information on matters such as medication usage and compliance, physical and psychological function.

PARTICIPATING IN A RESIDENTIAL MEDICATION MANAGEMENT REVIEW

What activities are to be undertaken by the medical practitioner?

The activities to be undertaken by the medical practitioner as part of the RMMR include:

- (a) discussing and seeking consent for an RMMR from the new or existing resident;
- (b) initiating the RMMR and collaborating with the reviewing pharmacist regarding the pharmacist component of the review;
- (c) providing input from the resident's CMA, ... or, if a CMA has not been undertaken, providing relevant clinical information to the reviewing pharmacist;
- (d) participating in a post-review discussion (either face-to-face or by telephone) with the reviewing pharmacist (unless

exceptions apply) to discuss the outcomes of the review including:

- the findings of the pharmacist's review;
 - medication management strategies; and
 - means to ensure the strategies are implemented and reviewed, including any issues for implementation and normal follow-up;
- (e) developing or revising the resident's Medication Management Plan after discussion with the reviewing pharmacist and finalising the plan after discussion with the resident;
- (f) offering a copy of the Medication Management Plan to the resident (and/or their carer or representative, if appropriate), providing a copy for the resident's records and for the nursing staff of the Residential Aged Care Facility, and discussing the plan with nursing staff, if necessary.

When do exceptions apply to a post-review discussion with the pharmacist?

A post-review discussion between the medical practitioner and the reviewing pharmacist is necessary except where:

- (a) there are no recommended changes from the pharmacist's component of the review;
- (b) recommended changes from the pharmacist's component of the review are minor in nature, not requiring immediate discussion; or
- (c) the reviewing pharmacist and medical practitioner agree that issues from the review should be considered in an Enhanced Primary Care (EPC) case conference.

Exceptions to mandatory discussion should be covered in an agreement on their preferred means of communication between the medical practitioner and reviewing pharmacist.

How does collaboration between the GP and the pharmacist take place?

The medical practitioner and reviewing pharmacist should agree on a preferred means for communicating issues and information relating to the provision of an RMMR service. This should include the method(s) of initiating the RMMR, exceptions to the post review discussion, and the preferred method of communication.

Must the meeting between the GP and the pharmacist be face-to-face?

No. The meeting between the GP and the reviewing pharmacist can either be face-to-face or by telephone, or other means agreed by the GP and the pharmacist.

What is involved in the preparation of a Residential Medication Management Plan?

A medication management plan should identify medication management goals and the proposed medication regimen for the resident. The preparation of the plan involves:

- (a) discussing the medication management strategies with the reviewing pharmacist;
- (b) discussing the medication management strategies with the resident and gaining the resident's consent;
- (c) developing a written medication management plan.

What should the medication management plan include?

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

Who should be given a copy of the medication management plan?

A copy of the medication management plan should be offered to the resident (and/or their carer, or representative, if appropriate) and a copy provided for the resident's records and for the nursing staff of the aged care home.

MEDICARE BILLING REQUIREMENTS

When can a new resident have an RMMR?

Generally, new residents should receive an RMMR as soon as possible after admission. Where a resident has had a Comprehensive Medical Assessment (CMA), the RMMR should be undertaken preferably after the results of the CMA are available to inform the RMMR.

When can an existing resident have an RMMR?

An existing resident can have an RMMR where it is required because of a significant change in medical condition or medication regimen.

How soon can a resident who has had an RMMR have another one?

A maximum of one RMMR item is payable for each resident in any 12 month period. However, a resident can have another RMMR where it is required in the opinion of the resident's doctor, because of a significant change in their medical condition or medication regimen. In such cases, the patient's invoice should be annotated to indicate that the RMMR service was required to be provided within 12 months of another RMMR service.

How can it be verified that the resident has not had an RMMR in the previous 12 months?

Where it is unclear whether the resident has

had an RMMR in the previous 12 months, the resident or their representative can ring the Medicare Enquiry Line 13 2011 to verify the date of the previous RMMR (if any). The person will need to quote the resident's Medicare Number and the service (item 903). Note that the representative must have power of attorney and must have previously lodged this with HIC.

When can the Medicare benefit for an RMMR be claimed?

Benefits are payable after all the activities of an RMMR have been completed. In some cases, an RMMR may not be able to be completed due to circumstances beyond the control of the medical practitioner (e.g., because the resident decides not to proceed with the RMMR, or because of a change in the circumstances of the resident). In these cases, the relevant MBS attendance item should be used in relation to any consultation undertaken with the resident.

What are all activities of an RMMR for claiming purposes?

An RMMR comprises all activities to be undertaken by the medical practitioner from the time the resident is identified as potentially needing a medication management review up to the development of a written medication management plan for the resident.

The RMMR may be completed over one or more visits, provided all the components of the RMMR are undertaken. Benefits are payable once all the activities of an RMMR have been completed. In some cases an RMMR may not be able to be completed due to circumstances beyond the control of the medical practitioner (e.g., because the resident decides not to proceed with the RMMR, or because of a change in the circumstances of the resident). In these cases, the relevant MBS attendance item should be used in relation to any consultation undertaken with the resident

Combining RMMRs with other Medicare services

The RMMR item covers the consultation at which the RMMR service is initiated:

- if the consultation at which the RMMR is initiated, including discussion with resident and obtaining consent for the RMMR, is only for the purposes of initiating the review. Only the RMMR item should be claimed;
- if the RMMR is initiated during the course of a consultation undertaken for another purpose, the other consultation may be claimed as a separate service and the RMMR service would also apply;
- if the medical practitioner determines that an RMMR is not necessary, the RMMR item does not apply. In this case, relevant consultation items should be used; and
- RMMRs do not count for the purposes of derived fee arrangements that apply to other consultations in a Residential Aged Care Facility.

Can the GP charge for a consultation as well as an RMMR?

An RMMR service covers the consultation at which the results of the medication management review are discussed and the medication management plan agreed with the resident.

In regards to any action necessary as a direct result of the RMMR:

- (a) immediate action required at the time of completing the RMMR, should be treated as part of the RMMR item;
- (b) subsequent follow up should be treated as a separate consultation item;
- (c) an additional consultation in conjunction with completing the RMMR should not be undertaken unless it is clinically indicated that a problem must be treated immediately.

Are RMMRs counted for the purposes of derived fee arrangements?

No. RMMRs do not count for the purposes of derived fee arrangements that apply to other consultations in an aged care home.

What resources are available to the GP undertaking an RMMR?

In undertaking an RMMR, the medical practitioner may wish to consult appropriate guidelines (for example, the 'Silver Book' - the current edition of the Royal Australian College of General Practitioners (RACGP) publication: *Medical Care of Older Persons in Residential Aged Care Facilities* – see www.racgp.org.au). Where practical, the medical practitioner may also use available knowledge and information from the aged care home, as relevant to the RMMR.

Is there a standard form to use for an RMMR?

The Department of Health and Ageing has developed a sample form to record the activities involved in an RMMR, including the GP component, the pharmacist's component and the Medication Management Plan. It is not mandatory to use this, or any other specific form, but it is important that any forms developed by Divisions or other organisations to assist GPs in providing RMMRs, must enable GPs to meet the requirements of the Medicare benefits item.

Further information

For more information go to the Department of Health and Ageing website at:

www.health.gov.au/internet/wcms/publishing.nsf/Content/health-epc-whatsnew.htm