



Residential Medication Management Reviews Information for General Practitioners

A new Medicare Benefits Schedule (MBS) item - item 903 - became available on 1 November 2004. This item enables general practitioners to work in collaboration with pharmacists to review the medication management needs of new and existing residents of aged care homes.

What is an RMMR?

A Residential Medication Management Review (RMMR) is for residents of aged care homes who are likely to benefit from such a service. In particular, it is for residents for whom quality use of medicines may be an issue, or who are at risk of medication misadventure because of a significant change in their condition or medication regimen. A Medicare benefit is payable where an RMMR is provided by the resident's GP in collaboration with a reviewing pharmacist.

RMMRs complement other Medicare Benefits Schedule items for services that a medical practitioner can provide to residents of aged care homes, including Comprehensive Medical Assessments (CMA), normal consultations and Enhanced Primary Care (EPC) services for contributing to a care plan and participating in a case conference.

What is the role of the GP in the RMMR?

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

- discussing and seeking consent for an RMMR from the new or existing resident;
- initiating the RMMR and collaborating with the reviewing pharmacist regarding the pharmacist component of the review;
- providing input from the resident's CMA, or if a CMA has not been undertaken, providing relevant clinical information for the resident's RMMR;

- participating in a post-review discussion (either face-to-face or by telephone) with the 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;
- developing and/or revising the resident's Medication Management Plan after discussion with the reviewing pharmacist and finalising the plan after discussion with the resident;
- 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 aged care home, and discussing the plan with nursing staff, if necessary.

When is a post-review discussion not mandatory?

A post-review discussion between the pharmacist and GP is not mandatory where:

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

Who is eligible for RMMR?

RMMRs are available to permanent residents of a Residential Aged Care Facility (RACF). RMMRs are not available to in-patients of a hospital, a day hospital facility, people receiving respite care in a RACF, or people living in the community setting. Instead, the Medicare item for Home Medicines Review is available to people living in the community setting.

Who can provide an RMMR?

An RMMR should generally be undertaken by the resident's 'usual GP'. This is broadly defined as 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. GPs who provide services on a facility-wide contract basis, and/or who are registered to provide services to RACF's as part of aged care panel arrangements, may also undertake RMMRs for residents as part of their services.

What is the Medicare rebate for an RMMR?

The Medicare rebate for an RMMR is \$88.20. If the service is bulkbilled, the GP will also be able to claim the \$5.10 or \$7.65 bulk billing incentive payment for eligible patients.

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

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.

An RMMR service covers the consultation at which the RMMR was initiated, the consultation at which the results of the medication management review are discussed, the preparation of the medication management plan and discussing and agreeing the plan with the resident. In addition:

- (a) any immediate action required to be done at the time of completing the RMMR, based on and as a direct result of information gathered in the RMMR, should be treated as part of the RMMR item;
- (b) any subsequent follow up should be treated as a separate consultation item; and
- (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.

When does the RMMR have to be completed?

An RMMR service should be completed within a reasonable timeframe. As a guide it is expected that most RMMR services would be completed within four weeks of being initiated.

Will GPs have access to information to support the provision of RMMR?

Information to support the provision of RMMR, including a checklist and a sample form, are available from the department's website.

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