

Residential Medication Management Review (RMMR)

Fee: \$88.20

Benefit 75% = \$66.15

85% = \$75.00

A.26.10 Residential Medication Management Reviews (RMMR) are collaborative services available to residents of a Residential Aged Care facility (RACF) who are likely to benefit from such a review. This includes 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.26.11 RMMR complements other Medicare Benefits Schedule (MBS) items for services that a medical practitioner can provide to residents including:

- normal consultations;
- EPC items for contributing to a care plan and for case conferencing; and
- Comprehensive Medical Assessments (CMA).

A.26.12 RMMRs are available to:

New residents on admission into a RACF; and **existing residents on an 'as required' basis**, where it is required in the opinion of the resident's medical practitioner, for instance, because of a significant change in medical condition or medication regimen requiring an RMMR, with a maximum of one RMMR for a resident in any 12 month period, except where there has been significant change in medical condition or medication regimen requiring a new RMMR.

A.26.13 RMMRs are not available to people receiving respite care in a Residential Aged Care Facility. Home Medicines Reviews are available to these people when they are living in the community setting.

A.26.14 Where the provision of RMMR services involves consultation with a resident it should be read as including consultation with the resident and/or their carer or representative where appropriate.

A.26.15 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.

Patient Eligibility

A.26.16 This item is available to residents of a Residential Aged Care Facility (RACF). *It is 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.*

A.26.17 An RMMR is available to all new residents on admission into a RACF. Generally, new residents should receive an RMMR as soon as possible after admission. Where a resident has a Comprehensive Medical assessment (CMA), the RMMR should be undertaken preferably after the results of the CMA are available to inform the RMMR.

A.26.18 An RMMR is available to existing residents of a RACF where it is required in the opinion of the resident's medical practitioner because of a significant change in the resident's medical condition or medication regimen, for example (but not limit to):

- (a) discharge from an acute care facility in the previous 4 weeks;
- (b) significant changes to medication regimen in the last 3 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) at risk of inability to continue managing own medications (eg due to changes with dexterity, confusion or impaired sight).

A.26.19 The resident's medical practitioner may identify the potential need for an 'as required' RMMR for existing residents, including in the course of a consultation for another purpose. The potential need for an RMMR may also be identified by the reviewing pharmacist, supply pharmacist, Residential Aged Care Facility staff, the

resident, the resident's carer or other members of the resident's health care team.

A.26.20 The medical practitioner should assess the clinical need for an RMMR from a quality use of medicines perspective with the resident as the focus, and initiate an RMMR if appropriate, in collaboration with the reviewing pharmacist.

A.26.21 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.

Consent

A.26.22 A resident's consent should be obtained using normal procedures for obtaining consent for provision of a medical service, before proceeding with an RMMR.

'Usual GP'

A.26.23 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 RACFs as part of aged care panel arrangements, may also undertake RMMRs for residents as part of their services.

CONTENT OF A RESIDENTIAL MEDICATION MANAGEMENT REVIEW

A.26.24 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.

A.26.25 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 pharmacy component of the review;

(c) providing input from the resident's Comprehensive Medical Assessment (CMA), or if a CMA has not been undertaken, providing relevant clinical information for the resident's RMMR and for the resident's records;

(d) 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:

(e) the findings of the pharmacist's review;

(f) medication management strategies; and
(g) means to ensure the strategies are implemented and reviewed, including any issues for implementation and normal follow-up;

(h) 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;

(i) 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.

A.26.26 An RMMR involves a post-review discussion between the medical practitioner and the reviewing pharmacist, unless agreed exceptions apply. The post-review discussion 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.

Exceptions to mandatory discussion should be covered in the communications agreement between the medical practitioner and reviewing pharmacist.

The RMMR Medication Management Plan

A.26.27 The preparation and/or revision of a written medication management plan following discussion with the resident includes:

(a) developing and/or revising a medication management plan and discussing it with the resident;

(b) 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.

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

Medicare Benefits - Billing Arrangements

A.26.28 A maximum of one RMMR item is payable for each resident in any 12 month period, except where there has been a significant change in the resident's medical condition or medication regimen requiring a new RMMR.

A.26.29 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 (eg, 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.

A.26.30 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:

(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;

(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.

Combining RMMRs with other Medicare services

A.26.31 The RMMR item covers the consultation at which the RMMR service is initiated:

(a) 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;

(b) 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;

(c) 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

(d) RMMRs do not count for the purposes of derived fee arrangements that apply to other consultations in a Residential Aged Care Facility.

Information taken from DoHA 1st November 2004 MBS Schedule.