



COMPREHENSIVE MEDICAL ASSESSMENTS (CMA) FOR AGED CARE RESIDENTS FACT SHEET

Item 712

This fact sheet must be read in conjunction with the item descriptor and explanatory notes for Item 712 (as set out in the Medicare Benefits Schedule Book).

Comprehensive Medical Assessments (CMA)

Medicare Benefits Schedule (MBS) Item 712 enables General Practitioners (GPs) to undertake Comprehensive Medical Assessments (CMAs) of new and existing residents of aged care facilities, including veterans. CMAs involve a personal attendance by the resident's GP to undertake a full systems review, but are not a substitute for normal medical care.

The CMAs complement normal aged care consultation items and other Medicare items available for residents of aged care facilities, such as contribution to a multidisciplinary care plan and case conferencing.

Where a resident's GP has contributed to a care plan for a resident, the resident is eligible to access Medicare items for certain allied health and dental services on referral from their GP.

Eligibility for a CMA

CMAs are available to permanent residents of a Residential Aged Care Facility (RACF). There is no age restriction, however residents who are receiving respite care are not eligible.

CMAs are voluntary and involve a personal attendance by the resident's GP to undertake an assessment of the resident's health and physical and psychological function.

New residents, including veterans, are entitled to a CMA on admission to aged care facilities. Existing residents can have a CMA where it is required in the opinion of the resident's medical practitioner.

The CMA is an annual activity and only one Medicare rebate is payable to a resident in any 12 month period.

Patient Consent

The GP undertaking a CMA must ensure consent to the CMA has been given by the resident or a representative. CMAs are voluntary and the GP providing the assessment should make sure that the resident or representative has agreed to the CMA and to responsibility for any charges above the CMA Medicare rebate that may be involved, before beginning the CMA.

The resident's carer

Where the resident has an informal or family carer, the GP may find it useful to consider having the carer present for the CMA or for some of its components, with the resident's agreement. The carer can provide useful information on matters such as medication usage and compliance and physical and psychological function, including specific matters such as continence.

Performing the CMA

In accordance with Item 712, the GP must make an assessment of the resident's relevant medical history, complete a medical examination to determine the resident's current health and wellbeing, and develop a list of diagnoses and/or issues.

GPs may review and incorporate into the CMA relevant assessments or information about the resident that is available from the aged care facility.

The MBS explanatory notes provide more information on the health issues that should be included in the patient's history, the matters to consider in the examination and some intervention options.

A CMA must include a personal attendance by a GP to:

- Take a detailed relevant medical history;
- Conduct comprehensive medical assessment of the patient;
- Develop a list of diagnoses or issues based on the medical history and medical examination; and
- Provide a written summary of the outcome of the CMA for the resident's records to inform the provision of care for the resident by the RACF and to assist the reviewing pharmacist in providing medication management review services for the resident.

A CMA must be provided by a medical practitioner; this includes general practitioners but does not include specialists or consultant physicians. The health check should generally be undertaken by the patient's 'usual doctor', that is, the GP who has provided the majority of services to the patient in the past 12 months, or is likely to provide the majority of services in the following 12 months.

Practice Nurses working in the aged care facilities are not required to undertake any components of the assessment, but can assist GPs.

The CMA may be completed over one or more visits, provided all the components of the CMA are undertaken before the item is claimed.

A comprehensive medical examination

A comprehensive medical examination is a full systems review of the resident. In undertaking the comprehensive medical examination the medical practitioner may wish to consider the following, as appropriate to the resident, and taking into account relevant information from the aged care facility:

- a. Cardiovascular and respiratory systems, and other systems as indicated;
- b. Physical causes of acute and chronic pain;
- c. Assessment of the resident's:
 - Physical function, including activities of daily living;
 - Psychological function, including cognition and mood;
 - Oral health, nutrition status and dietary needs; and
 - Skin integrity.

A GP providing services on a facility-wide contract basis and/or a GP registered to provide services to aged care facilities as part of aged care panel arrangements may also undertake CMAs for residents as part of their services.

A Locum can conduct a CMA provided the resident's usual GP has delegated the provision of this service to the Locum. The resident's usual GP should be given a copy of the written summary of the outcomes of the CMA.

Additional considerations to be included in the CMA

A CMA should also cover matters of particular relevance to the resident. For example, an assessment of the following factors may be undertaken as relevant to the resident:

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| ▪ Fitness to drive; | ▪ Foot care; |
| ▪ Hearing and vision; | ▪ Sleep; and |
| ▪ Smoking and alcohol use; | ▪ Cardiovascular risk factors. |

A detailed relevant medical history

A detailed relevant medical history is an assessment of the resident's relevant previous medical records. Taking the resident's history may include a review of:

- a. Results of relevant assessments by previous GPs and/or specialists, including any relevant previous community-based assessments (such as EPC health assessments);
- b. Results of relevant previous investigations and allied health interventions;
- c. Results of assessment and intervention by nursing staff of the RACF;
- d. Details of allergies and any drug intolerance;

- e. The resident's medication (including prescription and non-prescription drugs), to inform medication management review services for the resident;
- f. Acute and chronic pain;
- g. Falls in the last three months;
- h. Immunisation status for influenza, tetanus and pneumococcus;
- i. Continence; and
- j. Factors leading to admission into the aged care facility, taking into account the results of the resident's Aged Care Assessment Team (ACAT).

The written summary of the CMA

A written summary of the outcomes of the CMA should contain sufficient information to serve as a communication tool from the GP to other health and care providers involved in the care of the resident. The CMA outcomes may be recorded in a manner that is integrated with the aged care facility's system.

The diagnoses and/or issues should be included in the summary prepared by the doctor following the CMA. This is useful for facilitating the integration of the resident's medical care, medication review, care planning and provision of care by the aged care facility.

A copy of the written summary should be provided to the aged care facility to inform the provision of care for the resident and to assist the reviewing pharmacist in providing medication management reviews for the resident.

The GP may wish to offer the resident (and/or his/her carer, where appropriate, and with the resident's agreement) a copy of the summary or relevant parts thereof.

Making decisions about medical treatment

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

It may be useful for the GP providing a CMA 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 information is known it may be useful to document this in the patient's records.

Resources and Guidelines

In undertaking a CMA, the medical practitioner may wish to consult the current edition of the Royal Australian College of General Practitioners (RACGP) publication: *Medical Care of Older Persons in Residential Aged Care Facilities* – the ‘Silver Book’ – see www.racgp.org.au.

Where practical, the medical practitioner may also use available knowledge and information from the aged care facility as relevant to the CMA.

For more information call Medicare Australia 132 011 or visit www.health.gov.au/epc