



Australian Government
Department of Health and Ageing

Residential Medication Management Review

MBS item 903

Information for General Practitioners

This fact sheet must be read in conjunction with the item descriptors and explanatory notes for Item 903 (as set out in the *Medicare Benefits Schedule*).

What is the role of the GP in the RMMR?

For the provision of an RMMR service, a GP must:

- discuss the proposed review with the resident and seek the resident's consent to the review;
- collaborate with the reviewing pharmacist about the pharmacist's involvement in the review;
- provide input from the resident's most recent comprehensive medical assessment or, if such an assessment has not been undertaken, provide relevant clinical information for the review and for the resident's records;
- participate in a post-review discussion (either face-to-face or by telephone) with the pharmacist to discuss the outcomes of the review including: (i) the findings of the review; and (ii) medication management strategies; and (iii) means to ensure that the strategies are implemented and reviewed, including any issues for implementation and follow-up;
- develop or revise the resident's medication management plan after discussion with the reviewing pharmacist, and finalise the plan after discussion with the resident;
- offer a copy of the medication management plan to the resident (or the resident's carer or representative if appropriate); and
- provide copies of the plan for the resident's records and for the nursing staff

of the residential aged care facility; and discuss 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 post-review discussion between the pharmacist and GP is not mandatory where:
there are no recommended changes to the resident's medication management arising out of the review; or
- any changes are minor in nature and do not require immediate discussion; or
- the pharmacist and medical practitioner agree that issues arising out of the review should be considered in a case conference.

Who is eligible for an RMMR?

RMMRs are available to all permanent residents of a Residential Aged Care Facility (RACF). RMMRs are *not* available to in-patients of a hospital or a day hospital facility, people receiving respite care in an RACF, or 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 RACFs as part of aged care panel arrangements, may also undertake RMMRs for residents as part of their services.

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 RACF.

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.

Further Assistance

The Medicare Enquiry Line: 13 20 11
Local Divisions of General Practice
The Office of the Department of Health and Ageing in each State and Territory
MBS online website: www.mbsonline.gov.au