



## **Information to assist GPs, Pharmacists and Aged Care Homes to integrate changes to Residential Medication Management Review (RMMR)**

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Please use the following information in conjunction with the information recently developed by the Department of Health and Ageing. The Department has developed a Question and Answer Document, Flow chart, sample form and information sheets for GPs and ACHs. They can be found at <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-epc-dmmrqa.htm> or on the ADGP Aged Care Website.

The GP component of the RMMR arrangement has been approved and sits as part of a suite of Medicare item numbers aimed at increasing GP capacity to work effectively in residential aged care, as outlined in the November 2004 edition of the Medicare Schedule. It has been designed to compliment the MBS items for Comprehensive Medical Assessment (712), EPC items of care planning (720-730 ) and case conferencing and the allied health item numbers of 10950- 10970.

The Pharmacy Guild of Australia will be attempting to negotiate the pharmacy component as part of the 4<sup>th</sup> Community Pharmacy Agreement, which will begin in July 2005.

In the interim, there may be some confusion about how the new collaborative GP model will interface effectively with the existing pharmacy model and how the new services will ultimately be implemented for the benefit of residents of Aged Care Homes and the efficient use of health care providers' time and expertise. The next six months will also provide the opportunity for all involved to become familiar with the details of how the GP item can integrate with pharmacy RMMR model.

It is important to note that the current pharmacy model RMMR relies on an accredited pharmacist being contracted by an Aged Care Home (ACH) to provide annual reviews of residents and contracted accredited pharmacists are the only eligible provider of RMMRs in the ACH. The pharmacist is remunerated on a per bed basis (ie: is remunerated depending on the number of beds in the ACH, not necessarily the number of reviews completed).

**Information for the GP:**

The Comprehensive Medical Assessment (CMA) links well to a referral for a medication management review for all new residents, annual reviews and those residents whose recent clinical needs have changed significantly. The new GP item numbers provide remuneration for time spent on these activities. As pharmacy arrangements will not change until after July 2005, it is suggested that referrals for residential medication management reviews (RMMRs) will need to take into account the current contract arrangements between the accredited pharmacists and the ACH until the new integrated services are available.

**Information for Pharmacists:**

GPs may start to refer for Residential Medication Management Reviews (RMMRs) as part of an integrated process. This process stems from a Comprehensive Medical Assessment (CMA) which provides the GP with the opportunity to assess the resident's overall needs and provides an ideal starting point for an RMMR. Until the new pharmacy model is introduced, the aim will be to encourage pharmacists to continue their contribution to the medication management of residents in ACH, identify how to respond to the new referrals from GPs and acquaint all participants of their role in the new collaborative model.

**Information for Aged Care Facilities:**

The GP Aged Care Panels have been established and the aims include:

- increasing access to medical care by residents of aged care facilities,
- increasing GP participation in quality activities within aged care facilities, and
- developing partnerships with the aged care sector.

It is hoped that the associated release of several new claimable GP item numbers will encourage increased GP capacity to provide for comprehensive medical assessments, contribute to care planning and medication management review. Facilities are encouraged to work closely with the Divisions of General Practice to integrate these processes. The Medicines Advisory Committee (MAC) would be an appropriate forum to develop protocols for conducting RMMR services within the specific ACH.

Changes to the pharmacy arrangements for RMMR are still being negotiated. In order to ensure high quality pharmacy involvement continues in residential aged care, it is important that all stakeholders have an understanding of this collaborative model; a model which is vital for ongoing GP and Pharmacy funding in relation to this activity.

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