

Creating a Medication Management Plan–completing a Home Medicines Review

Best Practice – using the Enhanced Primary Care template

Complete an HMR and claim Medicare Item 900 after developing a **Medication Management Plan** as per MBS requirements. This should involve a discussion with the patient about the HMR report findings.

1. From the patient screen, expand Enhanced Primary Care, click Medication reviews, then click Add.



- 2. Refer to the drug problems identified and recommended actions in the Home Medicines Review report.
- 3. Discuss proposed plan of action with the patient. Select each drug one at a time, and complete the fields as required. Click **Save.**



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Level 1, HomeCo 120 Chalk Street, Lutwyche QLD 4030 PO Box 845 Lutwyche QLD 4030 t 07 3630 7300

Drag name	e	Strength	Dose	Regular	Last script	Reason for prescript	ion
Accupril 10mg Tablet Agarol Emulsion Dilatrend 3.125mg Tablet Ebixa 10mg/mL Oral Drops Lasix M 20mn Tablet		10mg	1 Twice a day.	Yes	06/05/2004	Hypertension	
		3.125mg 10mg/mL 20mg	10-15mls Before bed. 1 Twice a day. 10mgs Twice a day. 1 Daily	Yes Yes Yes	27/02/2004	Constipation Heart failure Alzheimer's disease Fluid retention	
					27/02/2004		
					01/04/2004		
<	10 T-LI-4	10	1 D-f L-J	v	00/05/2004	i-	>
	Accupril 10mg Tab	let 10mg				Oper	n PI
Dose:	1 Twice a day.						
ndication:	Hypertension						
Problems:	No problems ide	entified					
				Dose too low			
	Duplication with	another product	Dose too low		Dose t	too high	
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- 4. Click **View** to review Medication Management Plan.
- 5. Attach an updated and reconciled medication list following the medication review.

Patient____

GENERAL PRACTITIONER DETAILS: Address: 15 Best Avenue Practiceland 4001 Provider Numer:****** Provider Numer:****** Proscriber No: ******* Phone: 074444444 Fax: 074444445 Email: findscure@bpsoftware.com.au Date of Review: 20/11/2024		PATIENT Name: Mr. Alfred Charles Aldridge Address: Lazy Lakes Nursing Home, Launceston 7250 Home Phone: 03 96781510 Work Phone: Mobile Phone: Medicare No: 5500064971 DVA No: TX4687		
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Medication	Indication	Problems	Actions	Comment
1 Twice a day.	Hypertension		Monitor more frequently.	E pisodes of postural hypotension.
Agarol Emulsion 10-15mls Before bed.	Constipation	Difficulty with administration.	Cease medication.	
Dilatrend 3.125mg Tablet 1 Twice a day.	Heart failure	No problems identified.		
Ebixa 10mg/mL Oral Drops 10mgs Twice a day.	Alzheimer's disease	No problems identified.		
Lasix M 20mg Tablet 1 Daily.	Fluid retention	Adverse reaction.	Decrease dose. Monitor more frequently.	Alternate days, no obvious signs of oedema/ fluid overload, daily weighs. Episodes of postural hypotension.
Normison 10mg Tablet 1 Before bed p.r.n.	Insomnia	Adverse reaction.	Cease medication.	

- 6. Both parties sign completed documentation.
- 7. Offer a copy of the medication management plan to the patient.
- 8. Send a copy of the medication management plan to the Credentialed Pharmacist/Community Pharmacy and other relevant health professionals by chosen secure messaging method.

Date _____

9. Claim MBS Item 900

General Practitioner

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