

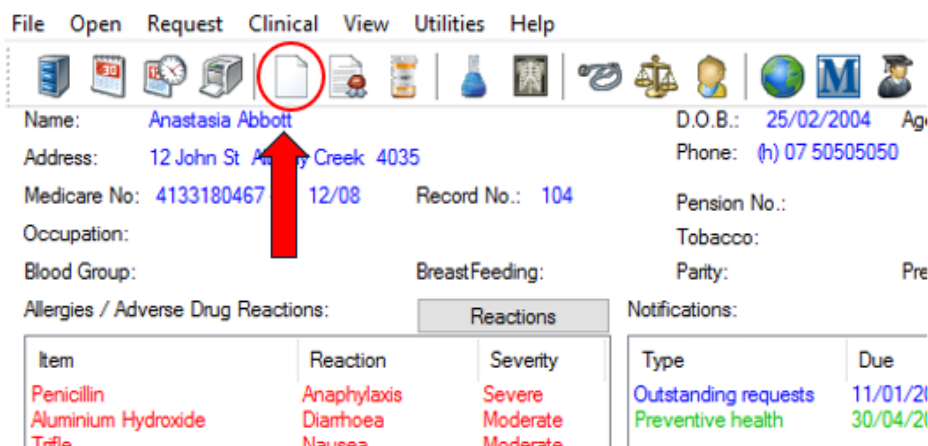
# Creating a Medication Management Plan

## Best Practice – complete a Home Medicines Review using a custom template

**Claim Medicare Item 900** only after developing a **Medication Management Plan (MMP)**, in accordance with MBS requirements. This should involve a discussion with the patient about the HMR report findings and include agreed-upon goals and actions.

To start, import custom template [HMR 2 Management Plan Brisbane North PHN](#)  
Refer to [Importing template instructions for clinical software](#).

1. Open the **Patient Clinical File**.
2. Open the **Word Processor** by clicking on the **New Letter** Icon.



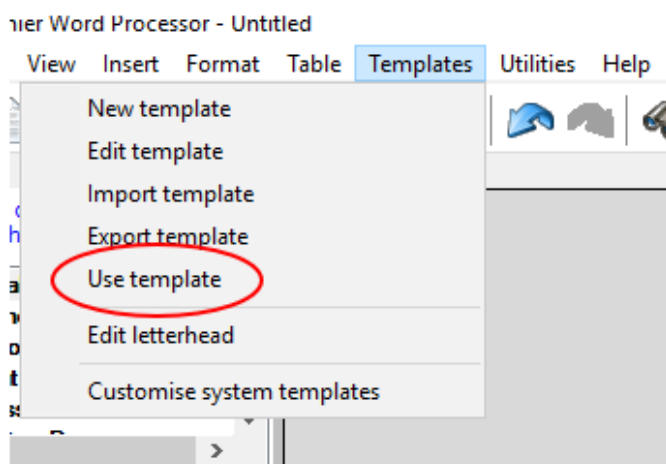
File Open Request Clinical View Utilities Help

Name: **Anastasia Abbott** D.O.B.: **25/02/2004** Age: **Ag**  
 Address: **12 John St Aspley Creek 4035** Phone: **(h) 07 50505050**  
 Medicare No.: **4133180467** 12/08 Record No.: **104** Pension No.:  
 Occupation: Tobacco:  
 Blood Group: BreastFeeding: Parity: **Pre**

Allergies / Adverse Drug Reactions:

Item	Reaction	Severity	Type	Due
Penicillin	Anaphylaxis	Severe	Outstanding requests	11/01/21
Aluminium Hydroxide	Diarrhoea	Moderate	Preventive health	30/04/21
Trauma	Nausea	Moderate		

3. Select **Templates** from the top drop-down menu and select **Use Template**.



- Select **Custom** template tab.
- Double click **HMR 2 Management Plan Brisbane North PHN**

Word Processor templates

☐ All ☒ Custom ☐ Supplied ☐ Include all states

Template name	All users	Type
HMR 1 Referral Brisbane North PHN V2	Yes	Custom
<b>HMR 2 Management Plan Brisbane North PHN V1</b>	Yes	Custom
HMR Recommendation eTool - BP V1	Yes	Custom
MNHHS Caboolture Adult eReferral v6.5 BP	Yes	Custom
MNHHS COHD Adult eReferral v6.5 BP	Yes	Custom
MNHHS Maternity - Adult eReferral v6.5 BP	Yes	Custom
MNHHS Paediatric eReferral v6.5 BP	Yes	Custom
MNHHS Palliative Care - Adult eReferral v6.5 BP	Yes	Custom
MNHHS RBWH - Adult eReferral v6.5 BP	Yes	Custom
MNHHS Redcliffe - Adult eReferral v6.5 BP	Yes	Custom
MNHHS TPCB - Adult eReferral v6.5 BP	Yes	Custom
My_Mental_Health_Services_eReferral_BP_V2.1	Yes	Custom

Rename template Delete template

Open Cancel

- Select **Community Pharmacy** details from the local directory and add **Credentialed (Accredited) Pharmacist** details if different to pharmacy. **Select Insert.**

DMMR - Management Plan Brisbane North PHN\_V1

Patient / carer contact	
Follow-up consultation	<input type="text" value="19/11/2024"/>
Credentialed Pharmacist name	
Credentialed Pharmacist email	
Credentialed Pharmacist phone no.	

Insert

Cancel

- Complete the table ensuring all fields are filled and patient agrees to proposed plan of action.  
**Please note:** To manually check a box, **double click on box to highlight, type 'X' to check box.**

DOMICILIARY MEDICATION MANAGEMENT - HOME MEDICINE REVIEW: MEDICATION MANAGEMENT PLAN					
<b>GENERAL PRACTITIONER DETAILS:</b> Name: <DrName> Address: <DrAddress> Provider Number: <DrProviderNo> Prescriber No: <DrPrescriberNo> Phone: <DrPhone> Fax: <DrFax> Email: <DrEmail> Date of Pharmacist Review		<b>PATIENT DETAILS:</b> Name: <PName> Address: <PAddress> Medicare No: <PMICNo> DVA No: <PIDVAInfo> Patient / carer contact: <Patient / carer contact> Date of follow-up consultation: <Follow-up consultation>		<b>CREDENTIALED PHARMACIST and COMMUNITY PHARMACY:</b> <b>COMMUNITY PHARMACY DETAIL:</b> <AdDetails> <b>CREDENTIALED PHARMACIST (if different):</b> Name: <Credentialed Pharmacist name> Email: <Credentialed Pharmacist email> Phone: <Credentialed Pharmacist phone no>	
CONDITION / FINDINGS / ISSUES RECOMMENDATIONS	CURRENT MANAGEMENT*	PROPOSED PLAN OF ACTION: Double click on box to highlight, type 'X' to check box.	PERSON RESPONSIBLE FOR ACTION*	EXPECTED OUTCOMES	PATIENT AGREES
		<input type="checkbox"/> No action required <input type="checkbox"/> Action (comment):			
		<input type="checkbox"/> No action required <input type="checkbox"/> Action (comment):			
		<input type="checkbox"/> No action required <input type="checkbox"/> Action (comment):			
		<input type="checkbox"/> No action required <input type="checkbox"/> Action (comment):			
		<input type="checkbox"/> No action required <input type="checkbox"/> Action (comment):			
		<input type="checkbox"/> No action required <input type="checkbox"/> Action (comment):			

\*pharmacological and/or non-pharmacological \*\* nominate other health care professional if applicable

General Practitioner signature: \_\_\_\_\_ Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_ Copy to be offered to patient & Pharmacist

Attach an updated and reconciled medication list following the medication review.

- Attach an updated and reconciled medication list following the medication review.
- Both parties sign completed documentation.
- Offer a copy of the medication management plan to the patient.
- Send a copy of the medication management plan to the Credentialed Pharmacist/Community Pharmacy and other relevant health professionals by chosen secure messaging method.
- Claim MBS Item 900

# Creating a Medication Management Plan

## Best Practice – using a custom template

To start, import custom template [HMR 2 Management Plan Brisbane North PHN](#)  
Refer to [Importing template instructions for clinical software](#).

GO TO:

**PATIENT FILE**



**NEW LETTER**



**TEMPLATES**



**USE TEMPLATE**



**CUSTOM, HMR 2 Medication Plan Brisbane North PHN**



**DISCUSS HMR FINDINGS WITH PATIENT**



**COMPLETE TABLE AND ISSUES IDENTIFIED**



**AGREE PROPOSED PLAN OF ACTION**



**OFFER COPY OF MMP TO PATIENT**



**SEND MMP TO CREDENTIALLED PHARMACIST/PHARMACY**



**CLAIM MBS ITEM 900**

