

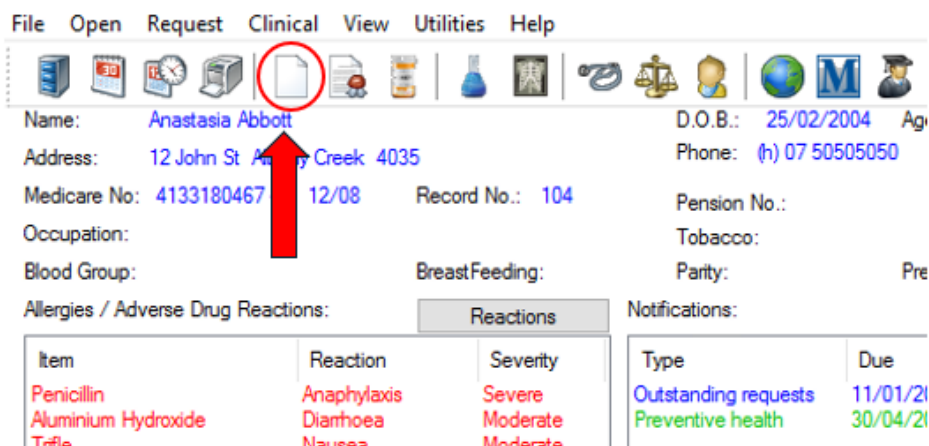
Creating a Medication Management Plan

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.



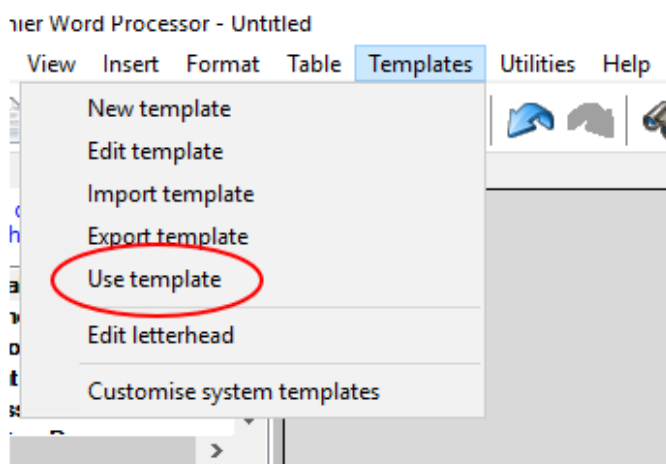
File Open Request Clinical View Utilities Help

Name: Anastasia Abbott D.O.B.: 25/02/2004 Age: 12/08
Address: 12 John St Albany Creek 4035 Phone: (h) 07 50505050
Medicare No: 4133180467 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
Typhoid	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
HMR 2 Management Plan Brisbane North PHN V1	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	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					
GENERAL PRACTITIONER DETAILS: Name: <DrName> Address: <DrAddress> Provider Number: <DrProviderNo> Prescriber No: <DrPrescriberNo> Phone: <DrPhone> Fax: <DrFax> Email: <DrEmail> Date of Pharmacist Review		PATIENT DETAILS: Name: <PName> Address: <PAddress> Medicare No: <PMICNo> DVA No: <PIDVAInfo> Patient / carer contact: <Patient / carer contact> Date of follow-up consultation: <Follow-up consultation>		CREDENTIALED PHARMACIST and COMMUNITY PHARMACY: COMMUNITY PHARMACY DETAIL: <AdDetails> CREDENTIALED PHARMACIST (if different): 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
		☐ No action required ☐ Action (comment):			
		☐ No action required ☐ Action (comment):			
		☐ No action required ☐ Action (comment):			
		☐ No action required ☐ Action (comment):			
		☐ No action required ☐ Action (comment):			
		☐ No action required ☐ 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

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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

