



Community
Pharmacy
Agreement

RESIDENTIAL MEDICATION MANAGEMENT REVIEW PROGRAMS (RMMR)

and

QUALITY USE OF MEDICINES PROGRAM (QUM)

Effective from 1 July 2017

PROGRAM RULES



Australian Government
Department of Health



The Pharmacy
Guild of Australia

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1. INTRODUCTION

This document outlines the Program Rules governing the Residential Medication Management Review (RMMR) and Quality Use of Medicines (QUM) Programs. This document must be read in conjunction with 6CPA General Terms and Conditions. Definitions in the 6CPA General Terms and Conditions apply in these Program Rules.

The RMMR Program is designed to enhance the quality use of medicines for consumers in approved Australian Government funded aged care facilities, by assisting consumers and their carers to better manage their medicines. The Program will also support activities that are designed to improve quality use of medicines across approved Australian Government funded aged care facilities.

The RMMR Program, including QUM, is part of the suite of Medication Management Programs funded under the Sixth Community Pharmacy Agreement to support quality use of medicines services that are designed to reduce adverse events and associated hospital admissions or medical presentations.

2. DEFINITIONS

Facility means an Australian government funded:

- Aged care facility which receives residential care subsidy in accordance with the Aged Care Act 1997;
- Transition care facility; or
- Multi-purpose Services (MPS) facility.

Patient means a person residing in a Facility.

QUM means Quality Use of Medicines.

QUM Service means a Quality Use of Medicines service provided to a Facility through a facility-wide approach. A Registered Pharmacist or Accredited Pharmacist conducts a QUM service in association with appropriate members of the Facility.

QUM Service Provider means any of the following who have been approved to provide QUM Services in accordance with the QUM Program Rules and the 6CPA General Terms and Conditions: 6CPA General Terms and Conditions:

- An owner of an approved Section 90 Community Pharmacy; or
- A registered Pharmacist; or
- A business entity, with an Australian Business Number (ABN), this includes an Accredited Pharmacist operating as a sole trader;

and have executed a QUM Service Agreement with an eligible residential care facility.

A business entity does not include:

- Any organisation that is able to initiate a referral for the Service; or
- A Section 94 Pharmacy; or
- A public or private hospital.

RMMR means Residential Medication Management Review.

RMMR Service means a Residential Medication Management Review requested by the eligible Patient's general practitioner (GP) in which the GP, Accredited Pharmacist, Patient, and where appropriate, a carer or other member of the eligible resident's health care team participate in a comprehensive review of a Patient's medications.

RMMR Service Agreement means an agreement between a prospective Service Provider and a Facility for the provision of RMMR services. An example agreement is available at www.6cpa.com.au.

RMMR Service Provider means any of the following who have been approved to provide RMMR Services in accordance with these Program Rules and the 6CPA General Terms and Conditions;

- An owner of an approved Section 90 Community Pharmacy; or
- A business entity with an Australian Business Number (ABN), this includes an Accredited Pharmacist operating as a sole trader;

and have executed a RMMR Service Agreement with an eligible Facility.

A business entity does not include:

- Any organisation that is able to initiate a referral for the RMMR Service;
- A Section 94 Pharmacy; or
- A public or private hospital.

3. BACKGROUND

The objectives of the RMMR Program are to:

- Achieve safe, effective, and appropriate use of medicines by detecting and addressing medicine-related problems that interfere with desired Patient outcomes;
- Improve the Patient's quality of life and health outcomes using a best practice approach that involves cooperation between the GP, pharmacist, other relevant health professionals and the Patient (and where appropriate, their carer);

- Improve the Patient's and health professional's knowledge about medicines;
- Facilitate cooperate working relationships between members of the healthcare team in the interests of Patient health and wellbeing; and
- Provide medication information to the Patient and other healthcare providers involved in the Patient's care.

The QUM service is a separate service provided by a Registered or Accredited Pharmacist and focuses on improving practices and procedures as they relate to the quality use of medicines in a Facility.

The objectives of the QUM Program are to:

- Advise members of the Facility's healthcare team on a range of medication management issues in order to meet the healthcare needs of residents;
- Provide medication information and education to residents, carers and other healthcare providers involved in the resident's care; and
- Assist the Facility to undertake continuous improvement activities, including ensuring medication management accreditation standards are met and maintained.

4. PARTICIPATION

4.1 Service Provider Eligibility

To be eligible to participate in the RMMR and/or QUM Program a Service Provider must:

- Be an approved Service Provider;
- Abide by the 6CPA General Terms and Conditions available from www.6cpa.com.au;
- Undertake to provide RMMR and/or QUM Services in accordance with these Program Rules.
- An RMMR Service Provider must ensure that all steps of the RMMR Service are carried out by the same Accredited Pharmacist.

4.2 Residential Care Facility Eligibility

In order for a Facility to participate in the RMMR and/or QUM Programs it must be either:

- An Aged Care Facility which receives residential care facility subsidy from the Australian government in accordance with the Aged Care Act 1997; or
- An Australian government funded transition care facility; or
- A MPS facility providing integrated health and aged care services to small rural and remote communities.

Failure to maintain compliance with any or all of the above eligibility criteria will result in the Service Provider being ineligible to participate in the RMMR and/or QUM Programs for that Facility.

4.3 Patient Eligibility Criteria

The Patient must satisfy the following mandatory RMMR Service eligibility criteria:

- The Patient is a current Medicare/DVA card holder.
- The Patient is at risk of, or currently experiencing, medication misadventure.
- The Patient is a permanent resident of:
 - an Australian Government funded Aged Care Facility, as defined by the Aged Care Act 1997; or
 - a MPS facility.
- The Patient is a resident in an Australian Government funded transition care facility for more than 14 consecutive days.
- The GP confirms that there is an identifiable clinical need and that the Patient will benefit from a RMMR Service.

5. AUDIT REQUIREMENTS

RMMR/QUM Service Providers must retain all records for seven (7) years to demonstrate that they have complied with the 6CPA General Terms and Conditions and these Program Rules when providing and claiming for a RMMR/QUM Service.

RMMR/QUM Service Providers will be subject to audits by the Australian Government to ensure RMMR/QUM Services are provided in accordance with the 6CPA General Terms and Conditions and these Program Rules. RMMR/QUM Service Providers that do not provide RMMR/QUM Services in accordance with the 6CPA General Terms and Conditions and these Program Rules may no longer be able to participate in the RMMR/QUM Program or be eligible to receive RMMR/QUM Program payments. Under section 137.1 of the Criminal Code Act 1995, giving false and misleading information is a serious offence.

6. SERVICE AGREEMENTS

6.1 Service Agreements

To become an approved RMMR Service Provider, an RMMR Service Agreement must be in place. The Service Provider is responsible for ensuring the Agreement entered into with the Facility is consistent with these Program Rules and current, prior to undertaking any reviews.

Newly signed RMMR Service Agreements or variations to existing RMMR Service Agreements must be submitted to the 6CPA Support Team prior to submitting a claim for services at that facility via support@6cpa.com.au.

RMMR Service Agreements may be terminated by the Facility or the Service Provider with 30 days prior written notice. Termination notices must be provided to the 6CPA Support Team prior to the Service Agreement termination date via support@6cpa.com.au.

Only one RMMR Service Provider may be contracted for a single Facility. The RMMR Service Provider can be different to the QUM Service Provider.

The RMMR Service must be provided at no charge.

6.2 QUM Service Agreements

To become an approved QUM Service Provider, a QUM Service Agreement must be in place. The Service Provider is responsible for ensuring the Agreement entered into with the Facility is consistent with these Program Rules and current, prior to conducting any QUM Service. The QUM Service Agreement must include a work plan that details the agreed QUM activities between the Facility and the approved Service Provider.

Newly signed QUM Service Agreements or variations to existing QUM Service Agreements must be submitted to the 6CPA Support Team prior to submitting a claim for services at that facility via support@6cpa.com.au.

QUM Service Agreements may be terminated by the Facility or the Service Provider with 30 days prior written notice. Termination notices must be provided to the 6CPA Support Team prior to the Service Agreement termination date via support@6cpa.com.au.

Only one QUM Service Provider may be contracted to a single Facility. The QUM Service Provider can be different to the RMMR Service Provider.

The QUM Service must be provided to the Facility at no charge.

QUM services cover areas such as medication advisory activities, education and continuous improvement. They are designed to assist Facilities in meeting the healthcare needs of residents.

List of QUM activities:

Medication Advisory Activities

- Participate in Drug Use Evaluation (DUE)
- Advise members of the healthcare team on a range of issues, including storage, administration, dose forms, compatibilities, therapeutic and adverse effects and compliance

- Participate in Medication Advisory Committees (MACs)
- Assist in the development of nurse initiated medication lists
- Participate in policy and procedure development activities
- Assist in the development of policies and procedures to address medication management concerns, for example, sleep, bowel or pain management and infection control

Education Activities

- Provide in-service for nursing staff and carers or residents on medication therapy, disease state management or prescribing trend issues
- Provide drug information for medical practitioners and Facility staff, including provision of newsletters.

Continuous Improvement Activities

- Assist the facility to meet and maintain medication management accreditation standards and to comply with regulatory requirements.
- Assess competency of residents to self-administer medications
- Advise on and assess medication storage requirements, monitoring and standards including:
 - Storage and labelling;
 - Expired stock;
 - Security of medication storage areas; and
 - Safe disposal of unwanted medications
- Conduct medication administration audits and surveys on medication errors, altered dosage forms and psychotropic drug use
- Assist with the development of, and report on, quality indicators and other quality measures

7. FREQUENCY OF SERVICE

One RMMR Service can be conducted per eligible Patient on referral from a GP.

A subsequent RMMR Service may only be conducted if more than 24 months has elapsed since the date of the most recent patient interview, or when the Patient's GP specifically deems a subsequent review is clinically necessary, such as when there has been significant change to the Patient's condition or medication regimen.

Reasons why an additional review may be requested include:

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- Discharge from hospital after an unplanned admission in the previous four weeks;
- Significant change to medication regimen in the past three months;
- Change in medical condition or abilities (including falls, cognition, physical function);
- Prescription of a medicine with a narrow therapeutic index or requiring therapeutic monitoring;
- Presentation of symptoms suggestive of an adverse drug reaction;
- Sub-therapeutic response to therapy; or
- Suspected non-compliance or problems with managing medication related devices.

Provision of a subsequent RMMR must not be triggered solely by an 'anniversary' date; the Service is not intended to be an ongoing review cycle.

The type and frequency of QUM Services are to be documented within the Service Agreement between the Service Provider and the Facility.

8. REFERRAL

The Patient's GP must refer the Patient for a RMMR, however the Community Pharmacy or Accredited Pharmacist, nursing staff or other member of the health care team, the Patient themselves or their carer may identify the need for a RMMR and bring this to the GP's attention. The Patient's GP should be contacted to initiate the review process. The Patient's GP will provide a written referral, which should include reason for referral and all relevant prescribing and clinical history, to the RMMR Service Provider. RMMR referrals are only valid if received on or before the date of the RMMR service and cannot be made retrospectively. It is the RMMR Service Provider's responsibility to ensure that appropriate patient consent has been granted to conduct the RMMR Service. The patient interview must take place within ninety (90) days of the date of the referral to be remunerated under the RMMR Program.

9. PATIENT CONSENT

If the GP and the Patient determine a RMMR meets the Patient's needs, the RMMR Service Provider must receive consent prior to conducting the Patient review to allow sharing of necessary Patient information between health care providers.

10. RESIDENTIAL MEDICATION MANAGEMENT REVIEW PROCESS

A RMMR Service consists of a Patient interview, clinical assessment and written RMMR report. The same Accredited Pharmacist must conduct all steps of the RMMR Service.

10.1 RMMR Report

The RMMR report involves assessing the information gathered from relevant sources and preparing a written report. The report must state the findings of the review and outline recommendations to assist in the development of a Medication Management Plan.

The report must be prepared by the same Accredited Pharmacist that conducted the Patient interview and clinical assessment. The Accredited Pharmacist must provide a copy of the written report to the referring GP and discuss relevant findings and suggested management strategies. The written report should be communicated in a manner agreed upon by the Facility and the Patient's GP.

11. CLAIMS

11.1 RMMR Claim Submission

Claims must be lodged online via the 6CPA Registration and Claiming Portal available at www.6cpa.com.au.

RMMR Services must be claimed by the end of the next calendar month (e.g. services undertaken in March must be claimed by 30 April). Claims submitted outside this timeframe will not be paid and cannot be resubmitted.

11.2 RMMR Claim Amendments

RMMR Service claims that are submitted with incomplete information or incorrect Patient or Service Provider details will be required to be amended within thirty (30) days of the amendment notification. Claims that are not amended within thirty (30) days of the amendment notification will not be paid.

RMMR claims that are rejected due to submission outside the timeframe as per clause 11.1 or because the RMMR interview was conducted more than ninety (90) days after the date of referral as per clause 8, or submitted without prior approval being granted (where necessary) as per clause 12, cannot be resubmitted.

11.3 QUM Claim Submission

Claims must be submitted online via the 6CPA Registration and Claiming Portal available at www.6cpa.com.au.

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QUM claims must be submitted by the end of the next calendar month following the last day of each claiming quarter. Claims submitted outside this timeframe will not be paid and cannot be resubmitted.

The QUM Service fee is paid to Service Providers quarterly in arrears. The quarterly period commences on the date the Service Agreement between the Facility and the Service Provider is signed.

A QUM claiming quarter must:

- Cover three consecutive months;
- Fall within the start and end dates of the relevant Service Agreement; and
- Not overlap any previously claimed quarters.

An approved QUM Service Provider is required to provide quarterly updates via the 6CPA Registration and Claiming Portal to qualify for payment.

Example of QUM Claiming quarters and timeframes:

If the QUM Service Agreement is signed on the 5 April the quarters and claiming timeframe for this Agreement would be as follows:

Claiming quarters	Claiming timeframes
5 April to 4 July	31 August
5 July to 4 October	30 November
5 October to 4 January	28 February
5 January to 4 April	31 May

11.4 QUM Claim Amendments

QUM Service claims that are submitted with incomplete information or incorrect Service Provider details will be required to be amended within thirty (30) days of the amendment notification. Claims that are not amended within thirty (30) days of the amendment notification will not be paid.

QUM claims that are rejected due to submission outside the timeframe as per clause 11.3 cannot be resubmitted.

11.5 QUM Service Payment calculations

A minimum of one agreed QUM Service must be provided each quarter to receive the QUM payment. The QUM Payment consists of a base annual amount plus an additional amount per eligible aged care bed within the Facility.

No adjustments to payments will be made when the number of eligible aged care beds changes during the quarter. The change to the number of eligible aged care beds will take effect from the beginning of the following quarter.

12. PRIOR APPROVAL FOR PHARMACIST ONLY REVIEW

In limited circumstances a RMMR Service Provider may seek to conduct a RMMR Service without a GP referral. This is known as a Pharmacist Only review and requires Prior Approval.

Prior Approval for a Pharmacist Only review may only be sought when:

- A member of the Patient's health care team, the patient or their carer has determined that a RMMR would benefit the resident; and
- Where repeated and reasonable attempts have been made to obtain a referral from the Patient's GP.

The RMMR Service Provider must submit a Prior Approval request via email to prior.approval@6cpa.com.au. The Prior Approval form and a submission must be provided that outlines a detailed and reasonable justification for a service to be conducted without a GP's involvement.

Payment for a RMMR conducted without a GP's referral will only be made when prior approval has been sought and granted. Prior approval will not be granted retrospectively. Receiving prior approval in one instance should not be construed as a guarantee that any future application, even for identical circumstances, will be approved.

Evidence of prior approval must be included in the claim for payment where required.

12.1 Submissions for Prior Approval

Submissions must be made via email to prior.approval@6cpa.com.au at least ten (10) working days prior to the proposed date of interview. As part of the assessment process, some information contained in the submission will be shared with the Department of Health. Requests will be assessed on the evidence provided and the RMMR Service Provider will be advised of the outcome via email within seven (7) working days from the date of submission.

It is the responsibility of the RMMR Service Provider to explain the prior approval process to the Facility and the Patient and seek consent for their details to be shared with the Department of Health and the 6CPA Administrator for the purpose of assessing the request for prior approval.

13. RESOURCES

RMMR/QUM Program resources are available for download at www.6cpa.com.au

14. CONTACT

6CPA Support Team
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