

Creating a Medication Management Plan

Best Practice – using a custom template. Complete a DMMR-HMR.

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

Complete a DMMR–HMR and claim Medicare Item 900 after developing a Medication Management Plan as per MBS requirements. This should follow a discussion with the patient about the DMMR–HMR report.

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: 19
Address: 12 John St Annerley 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	Diarhoea	Moderate	Preventive health	30/04/21
Trauma	Nausea	Moderate		

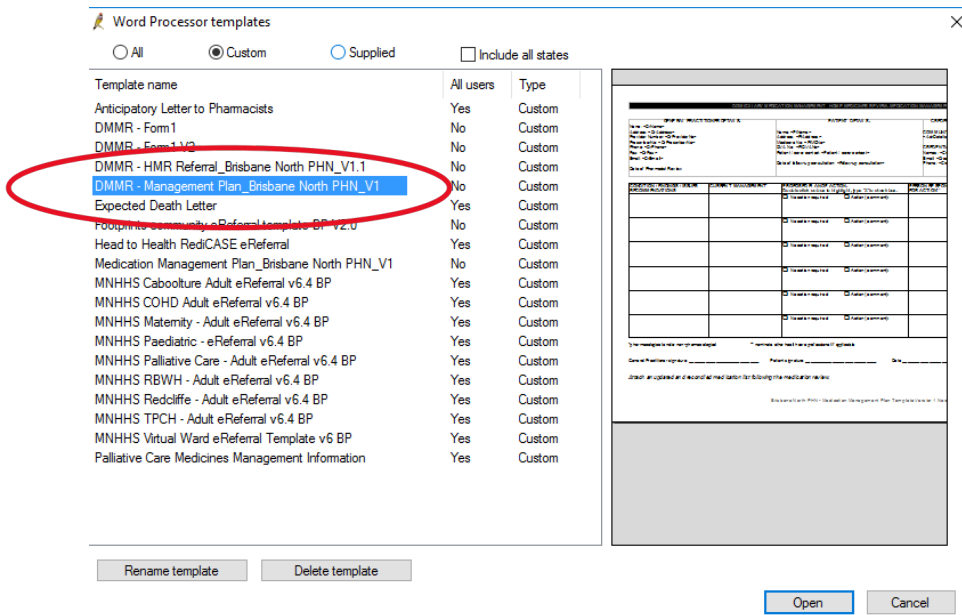
3. Select **Templates** from the top drop-down menu and select **Use Template**.

Word Processor - Untitled

View Insert Format Table Templates Utilities Help

- New template
- Edit template
- Import template
- Export template
- Use template**
- Edit letterhead
- Customise system templates

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



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

- 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 MEDICINES 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: <PtName> Address: <PtAddress> Medicare No: <PM/CI No> DIA No: <PDI/VAR> Patient / carer contact: <Patient / carer contact> Date of follow-up consultation: <Follow-up consultation>		CREDENTIALED PHARMACIST and COMMUNITY PHARMACY: COMMUNITY PHARMACY DETAILS: <Ad>Details 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
		<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 and/or Community Pharmacy and other relevant health professionals by chosen secure messaging method.
- Claim MBS Item 900