

## Why refer for a Mederev RMMR?

- Mederev RMMRs improve outcomes for your residents through optimising medication use, ensuring the quality use of medicines and improving quality of life.
- Mederev will assign a dedicated pharmacist to collaborate with the team at your aged care facilities and perform RMMRs and follow ups for you.
- Case conferences are encouraged for discussion with families and carers.



Approximately HALF of all older adults are taking a medicine that is harmful or unnecessary



9 out of 10 older adults are willing to stop one or more of their medicines if their doctor said it was possible

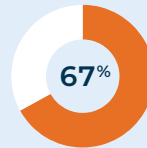
## Deprescribing and Polypharmacy

- Deprescribing medicines that are no longer indicated reduces the risk of drug-related harm from inappropriate prescribing
- Polypharmacy increases time burden on nursing staff, financial burden on families and hospital admissions
- Deprescribing aims to improve the harm vs benefit balance of medicines
- High Drug Burden Index has been associated with a lower quality of life.

## Billing

| Item number | Service  | Fee      |
|-------------|--|----------|
| 903         | RMMR *   | \$109.30 |
| 735         | Multi Discipline Case conference. 15-20 mins (with Mederev pharmacist and nurse) | \$72.90  |
| 739         | Multi Discipline Case conference. 20-40 mins                                     | \$124.75 |

\* Participation by a general practitioner in a residential medication management review (RMMR) for a patient who is a permanent resident of a residential aged care facility-other than an RMMR for a resident in relation to whom, in the preceding 12 months, this item has applied, unless there has been a significant change in the resident's medical condition or medication management plan requiring a new RMMR.

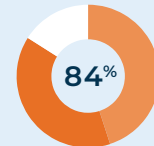


Up to 67% of patients' hospital medication histories **contained at least 1 error**, with a higher incidence among people aged **65+**

RMMR IDENTIFY:

**2.7 - 3.9**

medication related problems per resident



GPs ACCEPT

**45 - 84%**

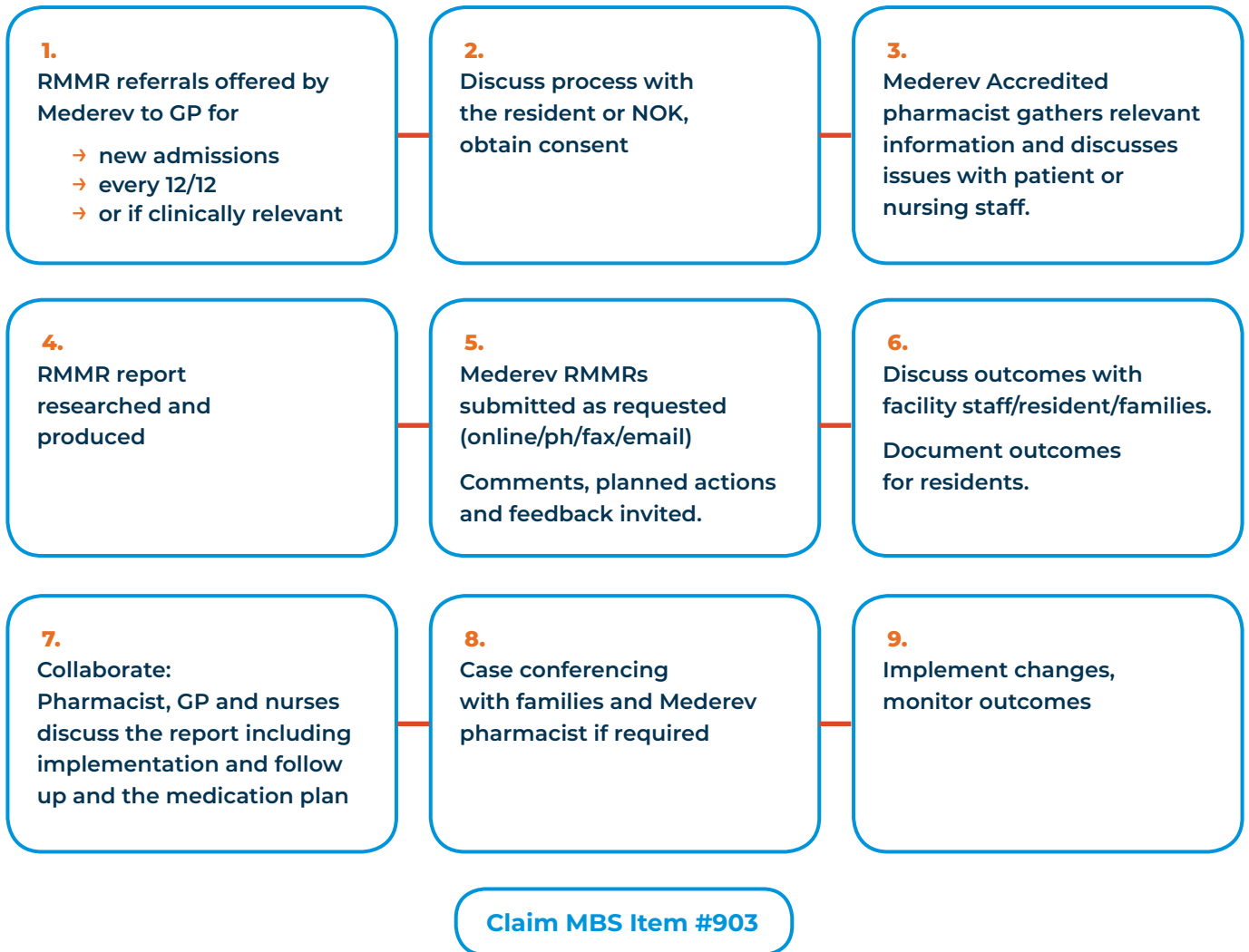
recommendations

## Minimising medication misadventure - successful strategies include:

Older people have complex medication needs and there is a lack of evidence on medication use in advanced age, therefore general principles for prescribing include:

- Start low and go slow
- Pursue lowest effective dose of simplest and safest medication
- Consider the cumulative risk of adverse effects, eg anticholinergic burden or falls risk
- Avoid prescribing cascade: prescribing to compensate for side effects
- Consider non-pharmacological options first
- Consider documenting benefits and risks of treatment, adverse effects and possible drug interactions

## RMMR process



→ Mederev also delivers education for nursing staff, and supports facilities with medication management policies and procedures and MAC meetings.

→ Mederev works with facilities to interpret QUM data and improve outcomes for residents



**200+**  
FACILITIES



**20,000+**  
RESIDENTS



**25+** CLINICAL  
PHARMACISTS



**All 7** STATES  
AND TERRITORIES

