Medication Management Review Reports: Best practice recommendations

NPS MEDICINEWISE

These recommendations aim to assist accredited pharmacists, or pharmacists undergoing accreditation, with applying a person-centred approach to writing Medication Management Review (MMR) reports.

Consider
the individual's goals and preferences, and integrate them into your report

Start your conversation with the individual by eliciting their concerns, goals and preferences.[1] This can help you:
- understand more about the individual and how their medicines fit into their life
- prioritise your recommendations and write a person-centred report
- give weight to your recommendations if they are important to the individual.

Involve their carer, family or substitute decision-maker in the conversation as well, where appropriate.

Consider using the Medicines Conversation Guide: Pharmacist Toolkit and training videos to support your conversations with the individual, their carer and family about any concerns they may have, their goals and preferences.

Consider using validated tools, such as The Goals of Care Management Tool, to document and plan the individual's goals of care.

Communicate
with the medical practitioner to establish goals of the report[2]

Establishing a good working relationship is important to clarify your role and understand what the medical practitioner requires from the report. Medical practitioners may value different aspects of the MMR so it is important to tailor your report to meet the needs and expectations of both the individual and the medical practitioner.

An initial discussion with the medical practitioner about the goals of the MMR report may be useful.[2] Confirming receipt of the referral and indicating when the report will be completed may provide an opportunity for further communication.

Contextualise
the report by seeking a reason for the MMR referral from the medical practitioner

Seeking the specific reason(s) for referral (and other relevant information) provides context and helps you to provide clinically relevant recommendations in line with the individual's goals and preferences.[2]

Seek additional information from My Health Record, the community pharmacy or the medical practitioner if required (eg, pathology reports, recent changes to clinical status). Identify any recent transitions of care, such as discharge from hospital.

Concise
MMR reports written in a professional style, that take into consideration the medical practitioner's preferences, are recommended[3]

Write MMR reports that are practical and address specific questions asked by the medical practitioner in the referral.[4] Address the reason(s) for referral, regardless of whether you identify any actual issues.[3] Consider including a summary at the start of the report to highlight key points of your findings and your recommendations in priority order.

The SBAR tool[3] or SOAP notes[5,6] are examples of standardised communication tools that you can use to write your report in a structured and systematic way.

SBAR		SOAP	
1. Situation What is the situation?	**2. Background** What is the clinical background?	**1. Subjective** Describe the individual's current condition in narrative form.	**2. Objective** Document objective, repeatable and measurable facts about the individual's status.
3. Assessment What is the problem/ issue?	**4. Recommendation** What do I recommend/ ask to be done?	**3. Assessment** Summarise the most important points and the primary recommendation.	**4. Plan** Document a clear plan and estimated follow-up date, including any monitoring required.

Content
in the MMR report should be clinically relevant to the individual and useful to the medical practitioner[2]

Including information in the MMR report about the individual's home environment or personal circumstances may be useful to help provide the best outcomes.[2]

The following list highlights the types of information medical practitioners find most useful in the report, based on an interview study with 32 GPs.[4] It is adapted from the Medicines Conversation Guide: Pharmacist Toolkit.

Issue	Information to include
Medicines	▶ What the individual takes compared to the medical practitioner's medicines list
	▶ Active ingredient names alongside brand names
	▶ Prescribed or self-selected complementary and over-the-counter (OTC) medicines
	▶ Indicate polypharmacy and potentially inappropriate medicines
Dose and administration	▶ Use of dose administration aid or other dosing aids (eg, instillation aids for eye drops) if relevant
	▶ Timing of doses
	▶ Home environment or personal circumstances (eg, how individuals use medicines, swallowing difficulties, issues with reading labels or opening packaging)
Actions taken	▶ Any counselling provided on the use of medicines or devices (including removal of expired or ceased medicines)
	▶ Advice given about timing of doses (eg, time of day, with/without food)
Recommendations	▶ Consider a broad range of individual factors, not just medicine usage (eg, environmental hazards, device techniques, manual dexterity)
	▶ Address specific questions the medical practitioner has asked in the referral
	▶ Provide clear points of action
	▶ Identify medicine-related or specific issues that aren't included in the reasons for referral (eg, confusion, compliance, medicine costs and affordability)
	▶ Give practical instructions for medicine dose adjustments

Customise
the MMR report by tailoring your recommendations to the specific individual

Access to sufficient information (such as care plans and case conference summaries), as well as understanding the individual's concerns, goals and preferences, allows you to write a tailored report.[7] Prioritise and personalise recommendations for resolution or prevention of identified medicine-related issues rather than theoretical issues. Verbally communicate any critical issues to the medical practitioner.[3]

Convey
evidence-based recommendations as a suggestion[4]

Provide clear rationale behind your recommendations.[2] All recommendations should be evidence-based, integrating the individual's concerns, goals and preferences.[3]

Consider making reference to tools that assess appropriateness of medicines in your report, such as STOPP/START criteria, Drug Burden Index, Beers criteria, Medication Appropriateness Tool for Comorbid Health Conditions in Dementia (MATCH-D) and deprescribing tools (Tasmania PHN and NSW TAG).[3]

Many evidence-based guidelines are based on clinical trials involving younger and usually healthier individuals than most older people.[8,9] Tailor guideline recommendations to the older person by considering their frailty, goals of care, function, comorbidities and overall medicines load (eg, anticholinergic burden).[10]

Collaborate
with the medical practitioner for feedback and follow-up post-MMR

Include a section in your MMR report for feedback from the medical practitioner on specific recommendations.[3] Collaboration with the medical practitioner throughout the MMR process may help with implementation of recommendations.[2] Indicate whether follow-ups are needed, and an appropriate timeline for when they should occur.[3]

Discuss with the individual and medical practitioner whether a follow-up visit is required. Up to two remunerated follow-up reviews may be undertaken to resolve medicine-related issues identified at the initial review (after 1 month and within 9 months).[11,12]