



# Comprehensive Medical Assessment (CMA) Questions and Answers

## INTRODUCTION

### What are CMAs?

CMAs are a voluntary service for permanent residents of aged care homes, including veterans. A CMA involves a personal attendance by the resident's GP to undertake a full systems review, including an assessment of the resident's health and physical and psychological function.

CMAs are not a substitute for normal medical care. They complement normal aged care consultation items and other Medicare items available for residents of aged care homes, such as contribution to a multidisciplinary care plan and case conferencing.

Information from the CMA can help inform a GP's contribution to a multidisciplinary care plan for eligible residents. Where a resident's GP has contributed to a care plan for a resident, the resident is eligible to access new Medicare items for certain allied health and dental services on referral from their GP (New MBS items 10950 to 10977 refer).

### What are the benefits of CMAs?

- **Benefits to residents and their families**  
CMAs can enhance the quality of medical care provided to residents of aged care homes by enabling the resident's GP to more exactly assess the resident's medical condition and identify what the resident requires for ongoing health care. CMAs can provide important information to assist in planning for the care of a resident and in reviewing a resident's medication management needs.
- **Benefits to GPs**  
CMAs provide an opportunity for GPs to get to know the medical history of residents who may be new to them, to undertake a full medical examination, and to develop a good understanding of what care the resident will need. This work has not previously been remunerated as a separate Medicare item. CMAs provide the opportunity for closer working relationships between GPs and aged care homes and make it easier for GPs to contribute to care planning by the aged care home. CMAs can also contribute important information to medication management reviews for residents.
- **Benefits to aged care homes**  
The results of a CMA will feed into the ongoing care of the resident including the resident's care plan. The assessments will identify the resident's medical needs and provide important information, including diagnoses and problems, for planning individual care and medication management strategies.
- **Benefits to the community**  
Increased engagement of general practice with aged care can help prevent avoidable deterioration in health and functioning of residents, and help reduce emergency department visits and hospital admissions. CMAs and other related initiatives for aged care homes including GP panel arrangements provide a more integrated approach to addressing current service gaps and greater incentive for GP involvement in aged care.

## Strengthening

## Medicare

## **PATIENT ELIGIBILITY**

### **Who is eligible for a CMA?**

Medicare CMAs are available to permanent residents of aged care homes, receiving either high or low care. There is no age limit for a resident to be eligible for a CMA. Veterans in aged care homes are eligible for CMAs. New residents are entitled to a CMA on admission. Existing residents can have a CMA where it is required in the opinion of the resident's medical practitioner, for instance, because of a significant change in the resident's medical condition and/or physical and/or psychological function. A Medicare rebate is payable for one CMA for a resident in any 12 month period.

### **What changes can suggest the need for a CMA for an existing resident?**

A significant change in medical condition, physical and/or psychological function may be indicated, for example, where there has been:

- (a) discharge from an acute care facility in the previous 4 weeks;
- (b) significant change to medication regimen in the last 3 months;
- (c) change in medical condition or abilities;
- (d) falls in the last 3 months
- (e) change in cognitive abilities and function; and/or
- (d) change in physical function, including activities of daily living.

A change in the resident's level of care classification (eg from low to high care), or transfer from another facility, might also suggest the need to consider a CMA. A maximum of one Medicare benefit is payable for a resident in any twelve month period.

### **Who can identify the need for a CMA for an existing resident?**

The resident, the resident's carer or a member of the resident's health care team, including staff of the aged care home, the resident's doctor, or the pharmacist providing medication management review services in the aged care home, can identify the need for a CMA. However, the resident's doctor must assess the resident and decide whether a CMA is necessary.

### **What is a "Residential Aged Care Facility"?**

A Residential Aged Care Facility is a facility in which residential care services are provided, as defined in the Aged Care Act 1997. This includes facilities that were formerly known as nursing homes and hostels. This term is used in the Medicare Benefits Schedule, and encompasses aged care homes providing both high and low care to residents.

### **Are CMAs available for people receiving care in other institutions, such as supported residential accommodation facilities, that are not funded by the Commonwealth under the Aged Care Act?**

No, CMAs are available to people receiving Commonwealth-subsidised aged care. People receiving care in other institutions not funded under the Aged Care Act are eligible for the Enhanced Primary Care items available in the community setting, including EPC older age health assessments.

## **Why are CMAs not available to people living in the community?**

This Medicare item is specifically designed to meet the needs of people in aged care homes. Older people living in the community setting can access EPC health assessments that are available to people aged 75 years and over (55 years and over for Aboriginal and Torres Strait Islander people).

## **How can it be verified that the resident has not had a CMA in the previous 12 months?**

Where it is unclear whether the resident has had a CMA in the previous 12 months, the resident or their representative can ring the Medicare Enquiry Line 13 2011 to verify the date of the previous CMA (if any). The person will need to quote the resident's Medicare Number and the service (item 712). Note that the representative must have Power of Attorney and must have previously lodged this with HIC.

## **SERVICE REQUIREMENTS**

### **Is the resident's consent required before a CMA is done?**

Yes, the resident's consent to a CMA should be obtained as per normal practice for obtaining consent to medical services. CMAs are voluntary services and the GP providing the service should make sure the resident has agreed to the CMA and to any patient charges above the CMA Medicare rebate that may be involved, before beginning the CMA.

## **What if a resident is incapable of making decisions about medical treatment?**

Where a resident is incapable of making decisions about medical treatment, normal practice as for the provision of other medical care to the resident should be followed.

It may be useful for the GP providing a CMA service to know whether the resident has given anyone an enduring power of attorney (covering medical treatment) or equivalent, or whether a guardian with power to make decisions about the resident's medical treatment has been appointed. Where this is known it may be useful to document this in the patient's records.

## **What if the resident has specified in advance the type of treatment he/she may prefer to have?**

It may be useful for the GP to find out if the resident has specified the type of treatment he/she would prefer in the event of his/her becoming incapable of making decisions. A resident may do this in the form of an advance directive, or by providing an enduring power of attorney, or through the appointment of a guardian. Note that the terminology and requirements for these processes and documents may vary from state to state. If dealing with these processes, GPs should be familiar with or able to refer to, relevant requirements applying in their state or territory.

## **What is an Advance Directive?**

The right to accept or reject any treatment or procedure ultimately resides with the patient. This includes the right to accept or refuse resuscitative and any other life-saving or sustaining measures should they become medically necessary.

An advance directive specifies the types of medical care a person would or would not want to undergo in the event of his or her becoming incompetent. It allows a person to set out their wishes for the future, which can help reduce family conflict at a time that can involve trauma and stress.

## **Who can provide a CMA?**

A CMA must be provided by a medical practitioner. This includes a general practitioner but does not include a specialist or consultant physician. Non-vocationally registered GPs (Other Medical Practitioners - OMPs) can provide CMAs.

The medical practitioner providing the CMA should generally be the resident's 'usual' doctor. This is the medical practitioner, or a medical practitioner working in the medical practice, that has provided the majority of care to the resident over the previous 12 months and/or will be providing the majority of care to the resident over the next 12 months.

## **Can a GP who is providing services to the aged care home on a facility-wide contract basis or who is a member of the GP aged care panel for an aged care home undertake CMAs for residents of the home?**

Yes. A GP providing services on a facility-wide contract basis and/or a GP registered to provide services to aged care homes as part of aged care panel arrangements, may also undertake CMAs for residents as part of their services.

Where a panel GP provides a CMA on behalf of the usual GP, the panel GP should ensure that the usual GP is given a copy of the written summary of the outcomes of the CMA.

## **Can a Locum provide a CMA?**

Yes - provided the resident's usual GP has delegated the provision of this service to the Locum. The resident's usual GP should be given a copy of the written summary of the outcomes of the CMA.

## **UNDERTAKING A CMA**

### **What is a CMA?**

A CMA is a full systems review, including an assessment of the resident's health and physical and psychological function. A CMA is a voluntary service. The resident's consent to a CMA should be obtained as per normal practice for obtaining consent to medical services.

### **What is involved in a CMA?**

A CMA involves the doctor:

- (a) taking a detailed relevant medical history;
- (b) conducting a comprehensive medical examination of the resident;
- (c) developing a list of diagnoses or problems based on the medical history and medical examination; and
- (d) providing a written summary of the outcomes of the CMA for the resident's records to inform the provision of care for the resident by the aged care home and to assist the reviewing pharmacist in providing medication management review services for the resident.

These elements of the CMA service are mandatory and must be included in each CMA service. The following questions and answers suggest matters that GPs may take into account in addressing these elements, as relevant to the needs and circumstances of the resident. GPs should take account of the most current and relevant information in undertaking a CMA, referring, for example, to results of ACAT assessments for new residents and to more up to date information from the aged care home for existing residents.

## What is a detailed relevant medical history?

**A detailed relevant medical history** is an assessment of the resident's relevant previous medical history. Taking the resident's history may include a review of:

- (a) results of relevant assessments by previous GPs and/or specialists, including any relevant previous community-based assessments (such as EPC health assessments);
- (b) results of relevant previous investigations and allied health interventions;
- (c) results of assessment and intervention by nursing staff of the RACF;
- (d) details of allergies and any drug intolerance;
- (e) the resident's medication (including prescription and non-prescription drugs), to inform medication management review services for the resident;
- (f) acute and chronic pain;
- (g) falls in the last three months;
- (h) immunisation status for influenza, tetanus and pneumococcus;
- (i) continence; and
- (j) factors leading to admission into the aged care home, taking into account the results of the resident's ACAT assessment.

## What is a comprehensive medical examination?

### **A comprehensive medical examination**

is a full systems review of the resident. In undertaking the comprehensive medical examination the medical practitioner may wish to consider the following, as appropriate to the resident and taking into account relevant information from the aged care home:

- (a) cardiovascular and respiratory systems, and other systems as indicated;
- (b) physical causes of acute and chronic pain;
- (c) assessment of the resident's:
  - physical function, including activities of daily living;
  - psychological function, including cognition and mood;
  - oral health, nutrition status and dietary needs; and
  - skin integrity.

## Can additional matters of particular relevance to the resident be included in the CMA?

A CMA should also cover matters of particular relevance to the resident. For example, an assessment of the following factors may be undertaken where and as relevant to the resident:

- fitness to drive;
- hearing and vision;
- smoking and alcohol use;
- foot care;
- sleep; and
- cardiovascular risk factors.

## What is involved in developing a list of diagnoses and/or problems?

The list of diagnoses and/or problems is a useful output of the CMA and should form the basis of any actions to be taken as a result of the CMA. It should be based on the examination of the resident and information from the medical history. The diagnoses and/or problems should be included in the summary prepared by the doctor following the CMA and is useful for facilitating the integration of the resident's medical care, medication review, care planning and provision of care by the aged care home.

## What should the written summary of the CMA include?

The written summary of the outcomes of the CMA should contain sufficient information to serve as a communication tool from the GP to other health and care providers involved in the care of the resident. The GP may wish to include the list of diagnoses and/or problems and recommendations for the care of the resident. GPs can use this information to inform their contribution to a multidisciplinary care plan.

## Who should be given a copy of the written summary?

A copy of the written summary should be provided to the aged care home to inform the provision of care for the resident and to assist the reviewing pharmacist in providing medication management reviews for the resident. The GP may wish to offer the resident (and/or their carer, where appropriate and with the resident's agreement) a copy of the summary or relevant parts thereof.

Where an aged care home uses a care documentation system the GP considers relevant to the CMA, the GP may consider documenting the CMA outcomes of the CMA in that system or in a way that can be integrated with the aged care home's system.

## Can the GP refer the resident following the CMA?

On completion of the CMA, the GP may consider referral to a specialist or to appropriate allied health providers as required, noting that this may involve a cost to the resident. Referrals identified as necessary by the CMA should be made as part of the CMA.

Where a resident's GP has contributed to a care plan for a resident, the resident is eligible to access new Medicare items for certain allied health and dental services on referral from their GP (New MBS items 10950 to 10977 refer).

## Are there parts of a CMA that can only be done by a doctor?

Yes. A CMA must be undertaken by a medical practitioner, who should generally be the resident's usual GP. The doctor must have a consultation with the resident and must undertake the medical component of the CMA, which comprises:

- a personal attendance by the GP to:
  - take a detailed relevant medical history;
  - conduct a comprehensive medical examination of the resident;
  - determine the resident's current health and well-being;
- developing a list of diagnoses and/or problems; and
- preparing a written summary of the outcomes of this assessment.

## What is the role of a practice nurse in a CMA?

Practice nurses can assist GPs with the provision of CMAs in the same way that they assist with other GP consultation items. They can assist the GP in obtaining information relevant to the CMA for the GP's consideration, in taking the resident's history and in the examination, but cannot replace the GP's involvement in these components of the CMA.

The CMA must include a personal attendance by the GP on the aged care resident, usually in the aged care home. Unlike the home visit component of an EPC health assessment, there is no specific component of a CMA that can be undertaken wholly by a practice nurse, in place of the GP. Note also that GPs may wish to review and incorporate into the CMA any relevant assessment or information about the resident that is available from the aged care home.

## Can the resident's carer be involved in the CMA?

Where the resident has an informal or family carer, the GP may find it useful to consider having the carer present for the CMA or for some of its components, with the resident's agreement. The carer can provide useful information on matters such as medication usage and compliance, physical and psychological function, including specific matters such as continence.

## What resources are available to the GP undertaking a CMA?

In undertaking a CMA, the medical practitioner may wish to consult appropriate guidelines (for example, the current edition of the Royal

Australian College of General Practitioners (RACGP) publication: *Medical Care of Older Persons in Residential Aged Care Facilities* – the 'Silver Book' – see [www.racgp.org.au](http://www.racgp.org.au)). Where practical, the medical practitioner may also use available knowledge and information from the aged care home as relevant to the CMA.

## Is there a standardised form to use for a CMA?

As part of supporting information for the CMA, the Department has developed a checklist and a form to assist GPs in meeting the requirements of the CMA. The checklist acts as a prompt for the activities to be undertaken in providing a CMA while the form can be used to record the results of the CMA. It is not mandatory to use these forms, or any other specific form, but it is important that any forms developed by Divisions and/or other organisations to assist GPs providing CMAs must enable GPs to meet the requirements of the MBS.

## MEDICARE BILLING REQUIREMENTS

### How soon can a resident who has had a CMA have another one?

A maximum of one Medicare benefit is payable for a resident in any twelve month period.

### Can the GP charge for a consultation as well as a CMA?

The CMA item covers the consultation at which the CMA service is undertaken:

- (a) if a consultation is for the purpose of undertaking a CMA only, only the CMA item can be claimed;
- (b) if a CMA is undertaken during the course of a consultation in respect of another purpose, the CMA item and the relevant item for the other consultation may both be claimed;
- (c) any immediate action required to be done at the time of completing a CMA, based on and as a direct result of information gathered in the CMA, should be treated as part of the CMA (this includes ordering required pathology tests and making specialist and allied health referrals);
- (d) any further follow up after the completion of the CMA should be treated as a separate consultation item.

### **Are CMA counted for the purposes of derived fee arrangements?**

No. CMAs do not count for the purposes of derived fee arrangements that apply to other consultations in an aged care home.

### **Does the CMA have to be completed in one visit?**

The CMA may be completed over one or more visits, provided all the components of the CMA are undertaken.

### **What is the link between the CMA and the resident's care plan?**

Information obtained through the CMA should be provided as a written summary for the resident's records, to inform the provision of care for the resident by the home and to

assist the reviewing pharmacist in providing medication management review services for the resident. Information from the CMA can also help inform a GP's contribution to a care plan for eligible residents of aged care homes. The CMA item, together with EPC care plan contribution and case conference items, items for access to certain allied health and dental services for eligible patients, and normal consultation items, comprise a package of services that provide additional incentive for GP involvement with the aged care sector.

### **Further information**

Further information is available from the Department's Website at:

[www.health.gov.au](http://www.health.gov.au)