



Information for Practice Managers and Staff

The new Enhanced Primary Care MBS Item Numbers provide GPs with the opportunity to focus on longitudinal, whole person care including health promotion and care that is integrated with other health care providers. Alliance has produced the following information to assist practice managers and staff to introduce the new Item Numbers into a busy practice.

HEALTH ASSESSMENTS (Item 700 to 706)

The eligibility criteria for a Health Assessment is:

- Patients over 75 years of age; or
- Aboriginal & Torres Strait Islander aged 55 years of age

- ***Do you have a system for identifying and contacting eligible patients? (eg computerised records?) Who will contact the patient? How will the patient be contacted (eg mail, telephone etc)?***

The patient needs to give consent for the Health Assessment to be undertaken. Health assessments require an appointment time of approximately 45 minutes if the GP is doing the full assessment personally. However, practice staff who are adequately trained can conduct the information collection sections of the Health Assessment prior to the patient's appointment, under the supervision of the GP. Health Assessment Proformas are available to steer the gathering of appropriate information during the assessment.

- ***How does the GP wish the Health Assessment to be carried out? In the surgery? In the home? If so, on specific days? At specific times? How will you charge the patient?***

Whatever your usual system for charging that particular patient should continue (eg gap payment, full payment, bulkbill etc). Where a component of the Health Assessments is conducted in the consulting room and a component is conducted in the patient's home, the latter item should be claimed. Medicare claims are processed using the existing system and a copy of the actual health assessment needs to be kept in the patient's personal file, not forwarded to Medicare.

Health assessments should be conducted annually on eligible patients and therefore a recall date should be recorded on completion of the Health Assessment.

- ***Does the practice have a recall system to simplify this task?***

CARE PLANNING and CASE CONFERENCES (Items 720 to 728)

The eligibility criteria for care planning and case conferences using these Item Numbers are:

- Patient of any age suffering from at least one medical condition that has been (or is likely to be) present for at least 6 months, or that is terminal;
- Patient has multidisciplinary care needs with at least 2 other key health providers.

Items 720, 724 and 726

Prepare, Contribute or Review Community Care Plans

- Patient is not an in-patient of a hospital or day hospital facility, or resident of a nursing home.

Items 722, 724 and 728

Prepare, Contribute or Review Discharge Care Plan

- Patient is an in-patient of a hospital or day hospital facility, and is not resident of a nursing home

A community care plan should be prepared annually unless patient's condition has markedly changed, in which case a new one can be prepared after 6 months. The plan may be reviewed after 3 months.

- ***Do you have a system for identifying and contacting eligible patients? (eg computerised records?) Who will contact the patient? How will the patient be contacted (eg mail, telephone etc)?***
- ***Who will contact the other health service providers?***
- ***How will a GPs involvement in a case conference occur? Perhaps an appointment should be made to allow sufficient time for a GP to discuss the patient with other services?***

A discharge care plan is prepared once prior to discharge from any private hospital admission. GPs may only contribute to public hospital discharges.

- ***Who will check records for existing Care Plans, eligibility? Who will contact the patient? How will the patient be contacted (eg mail, telephone etc)?***

Preparation of a care plan involves checking for any existing care plans, meeting with the patient to discuss the preparation of the plan, benefits, costs and sharing of patient information with other providers and, finally, to obtain informed consent.

A care plan / discharge care plan will take the GP approximately 30 to 60 minutes to prepare.