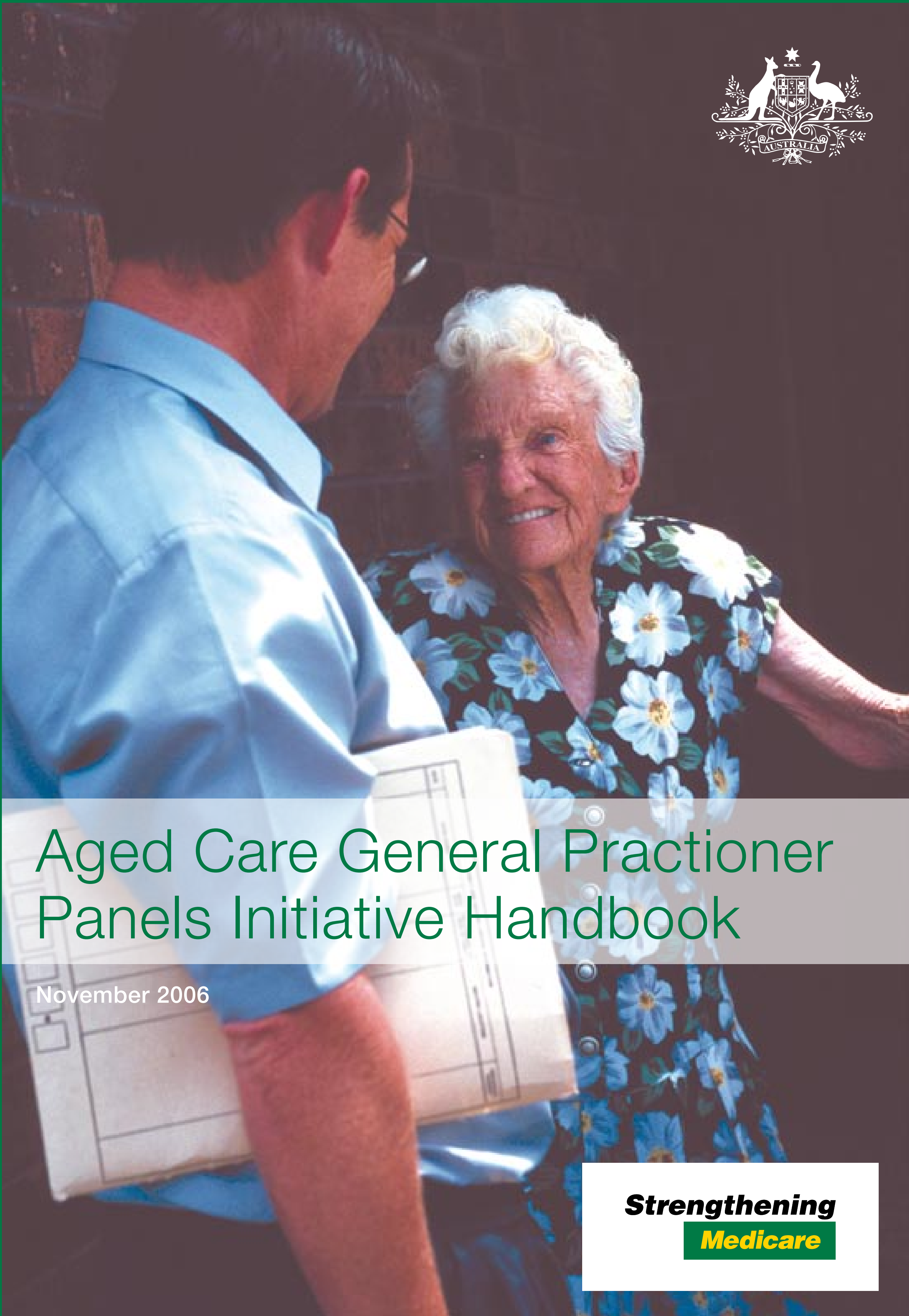

Aged Care General Practioner Panels Initiative Handbook

November 2006

Strengthening Medicare

Australian Government Department of Health and Ageing
Aged Care General Practitioners Panels Initiative 2006

ISBN: 1 74186 147 0
Online ISBN: 1 74186 148 9
Publications Approval Number: 3951

This book includes the guidelines for the Aged Care General Practitioner Panels Initiative, contact details for further information about the initiative and information and ideas about relevant work that has already been undertaken in residential aged care.

The guidelines included in this handbook explain the operation of the Aged Care General Practitioner Panels Initiative under the Enhanced Medicare Package (the Initiative) and may be cited as the Aged Care GP Panels Initiative Guidelines. The Guidelines have effect from 1 July 2004.

GUIDELINES

for the

AGED CARE GP PANELS INITIATIVE

November 2006

Table of Contents

1) Background

a) Government Direction

Australia's population is ageing. The number of residents of aged care homes is increasing. There is also evidence that the proportion of residents of aged care homes with high care needs and complex conditions is growing.

Some residents of aged care homes experience difficulties in keeping the services of general practitioners (GPs) who could provide regular consultations for residents. This is especially the case where a resident does not have a regular doctor.

Evidence about the nature and extent of the difficulties surrounding the provision of GP services to residents of aged care homes is limited. However, data from the Medicare Benefits Schedule (MBS) suggested that the services are provided by a small proportion of GPs and that this proportion is shrinking. Without intervention, it is possible that this trend would continue, particularly given the changing GP demographics and workforce patterns.

To address barriers to service provision, including coordination and support mechanisms to GPs providing services to residents of aged care homes, on 18 November 2003, the Minister for Health and Ageing, the Hon Tony Abbott MP, announced a range of aged care initiatives as part of the *Strengthening Medicare package*. One such initiative was the Aged Care GP Panels initiative (the Panels initiative).

The Panels initiative is run through the Divisions of General Practice.
As part of the announcement, funding of $33.3 million was made available from 2004-05 to 2006-07, for the Panels initiative. This includes $18.2 million for GPs participating on the Panel arrangements and $15.1 million for support work undertaken by the Divisions network.

b) Related Initiatives

The Panels initiative has been implemented as part of a broader set of changes being introduced to strengthen and protect Medicare including a number of new Medicare items that improve access to services for people living in aged care homes. These include the Enhanced Primary Care items in particular Comprehensive Medical Assessments and Residential Medication Management Reviews.

Enhanced Primary Care (EPC)
EPC Medicare items are intended to provide more preventive care for older Australians and improve care coordination between general practitioners and other health professionals, by providing care for people of any age with chronic conditions and complex care needs.

EPC Medicare Items provide a framework for a multidisciplinary approach to health care through a more flexible, efficient and responsive match between patient's needs and services.

EPC items cover:

- Health Assessments;
- Chronic Disease Management (previously known as Care Plans); and
- Multidisciplinary Case Conferencing.

EPC items for contribution to a care plan and for organising or participating in multidisciplinary case conferences are available for aged care residents.

For further details visit the Department's website at www.health.gov.au/epc

Comprehensive Medical Assessment (CMA)

CMAs were introduced on 1 July 2004. CMAs are closely aligned with GP Panels and assist in achieving better access and quality of care for residents of aged care homes. CMA is a Medicare item involving a personal attendance by the resident's usual GP. The item provides a Medicare rebate for a full systems review of a patient, which provides important information for their care planning and medication management.

CMAs involve a GP taking a detailed medical history, conducting a comprehensive medical examination, developing a list of diagnoses or problems, and providing a written summary of the outcomes for the resident's records.

CMAs are available to new permanent residents on admission to an aged care home and existing residents as required. Medicare benefits will be payable for a maximum of one CMA per resident in any twelve-month period.

For further details visit the Department's website at www.health.gov.au/epc

Residential Medication Management Reviews (RMMR)

RMMRs were introduced on 1 November 2004 for permanent residents of aged care homes. They support GPs work in collaboration with pharmacists to review the medication management needs of residents who are likely to benefit from such a review. This includes residents for whom quality use of medicines may be an issue or who are at risk of medication misadventure because of their medical condition or medication regimen.

A RMMR is available to a new resident on admission into an aged care home and to existing residents.

Medicare benefits are available for one RMMR for a resident in any 12 month period, except where there has been a significant change in medical condition or medication regimen. A RMMR should generally be undertaken by the resident's usual GP.

For further details visit the Department's website at www.health.gov.au/epc

2) The Initiative

a) Development of the initiative

Before the Panels initiative started, the Department established an Implementation Advisory Group (IAG) of consumers, GPs, peak groups for aged care providers, peak GP organisations, Divisions, aged care nurses and pharmacists, to provide advice on program scope, implementation, funding and evaluation. The IAG provided valuable advice to the Department on these program issues.

It is important to note that some aged care homes, GPs and Divisions are already working together to address the issues of medical access for residents. The Panels initiative will complement and build on this work.

b) Aims

The Panels initiative has three main aims. These are:

1. To improve access to appropriate medical care for all aged care residents through:
   - The provision of comprehensive assessment of medical needs for new and existing residents as required;
   - General practice consultations for residents of aged care homes;
   - Providing medical care for residents whose usual GP arrangements have broken down; and
   - Ensuring access to emergency or after hours care.

2. To increase participation of GPs in aged care initiatives aimed at improving quality of care, including through:
   - Sourcing and adapting quality care protocols; and
   - GP participation in quality care activities.

3. To ensure GPs and Divisions are working more effectively with aged care homes to:
   - Identify key areas of concern;
   - Implement measures to address concerns raised; and
   - Reduce barriers to GP involvement in aged care homes.

The Panels initiative has been designed to supplement, and not replace, existing arrangements. Where successful arrangements are already in place in aged care homes, this initiative will provide an opportunity for aged care homes, GPs and Divisions to work together to enhance and further establish those arrangements.

c) The Participants

The key participants in the Panels initiative include:

- GPs
- Aged Care Homes
- Divisions of General Practice (Divisions)
- State Based Organisations (SBOs)
- Australian Divisions of General Practice (ADGP)
- The Australian Government Department Of Health and Ageing
- Other participants including geriatricians and other health care providers.

d) Funding

The Panels initiative is being run through Divisions of General Practice. The initiative comprises of two separate funding streams to support the establishment of local Panels. These are:

1. GP remuneration stream – which includes funding for GPs undertaking Panel Activities; and
2. Division Support Work Stream – which includes funding for the Divisions network to undertake activities to support Panels.

GP remuneration Stream

Approximately $24.5 million is available from 2004-05 to 2007-08 for GPs participating in Panel arrangements. This is made up of approximately $5.9m in 2004-05, $6.1m in 2005-06 and $6.2m in 2006-07 and $6.3m in 2007-08.

Funding for Panel activities will enable Divisions to purchase the time of Panel GPs to undertake activities within the scope of these guidelines. Divisions administer the Panel activity payments to Panel GPs through contractual arrangements.

Division Support Work Stream

Approximately $19.1m is available from 2004-05 to 2007-08 to support the work of the Divisions network (i.e. Divisions, SBOs and the ADGP). This is made up of approximately $7.4m in 2004-05, $3.8m in 2005-06 and $3.9m in 2006-07 and $4.0m in 2007-08.

This funding is provided to Divisions, SBOS and the ADGP through contractual arrangements with the Department of Health and Ageing.

3) Roles and Responsibilities

a) Department of Health and Ageing

The Department's Central Office in Canberra, and each of the Department's State and Territory Offices have a role in managing the initiative.

Central Office

Central Office has the following responsibilities:

- Establishing the policy framework;
- Developing and maintaining program guidelines;
- Publicising the Panels initiative and communicating requirements;
- Articulating relationships with other program areas;
- Determining and putting in place funding models and arrangements;
- Determining and establishing reporting requirements;
- Setting up contracts;
- Establishing and managing the contract for a National Coordinator based at the Australian Divisions of General Practice;
- Monitoring and managing the Panels initiative (including adjustment where needed); and
- Evaluating and reporting on the Panels initiative.

State and Territory Offices

The State and Territory Offices have the following responsibilities:

- Publicising the Panels initiative and communicating requirements;
- Establishing and managing contractual arrangements with Divisions of General Practice and State Based Organisations;
- Making payments to Divisions and SBOs in accordance with contractual arrangements;
- Monitoring the implementation of activities;
- Analysing reports provided by Divisions and SBOs; and
- Assisting Divisions with obtaining data to assist with planning, including advice on opening of new aged care homes.

Communication with the Department about the Panels initiative should be with the relevant State or Territory Office in the first instance.

b) The Divisions network

The Divisions network comprises of the Australian Divisions of General Practice Ltd (ADGP), the State Based Organisations (SBOs) and the Divisions of General Practice and they each have an important role in implementing, promoting and managing this initiative.

Australian Divisions of General Practice

The ADGP has been funded to provide national leadership, coordination and advice in developing, implementing and operating the GP Panels.

Specifically, the role of ADGP in the initiative is to:

- Provide national leadership and support for Divisions, principally through SBOs, in achieving the aims of the Panels initiative;
- Coordinate and synthesise the views of the Divisions network to contribute to the policy and program development of the Panels initiative;

- Establish and maintain relationships with relevant aged care peak bodies and other relevant peak bodies in order to promote and further develop the Panels initiative;
- Contribute to the dissemination of information and resources throughout the Divisions network and other relevant organisations; and
- Further promote good models and good practice in order to reduce duplication of effort across Divisions.

State Based Organisations

State Based Organisations (SBOs) are funded to work with Divisions and aged care homes in their state to promote the initiative and provide support to Divisions in the management of this initiative.

In particular, the role of SBOs under the Panels initiative is to:

- Provide leadership at the state level by contributing to national policy development and program outcomes of the Panels initiative;
- Work with, assist and support Divisions to implement and manage the Panels initiative;
- Work with Divisions to promote the Panels initiative and share information about successful Panels arrangements; and
- Work in partnership with key aged care and related stakeholders to establish linkages and improve outcomes.

Divisions of General Practice

Divisions of General Practice have a key role in the implementation and operation of GP Panels and undertaking related activities to improve access to GP services for residents of aged care homes.

The role of Divisions of General Practice is to:

- Undertake local liaison, development and administrative support work for the Panels initiative;
- Work with aged care homes in their area to develop local responses to barriers;
- Work with GPs and aged care homes to determine activities to address needs at the local level;
- Promote interest among GPs in providing services to residents of aged care homes; and
- Facilitate the implementation and operation of the Panels initiative and undertake related activities to achieve the Panels initiative's aims.

c) GPs

GPs have an important role in undertaking locally identified activities aimed at improving access and quality of care for residents of aged care homes.

Under the Panels initiative, participating GPs will be required to:

- Participate on local Panel arrangements;
- Work flexibly with staff of aged care homes to improve access to, and quality of, care for residents of aged care homes;
- Work with Divisions and aged care homes to determine activities to address local needs; and
- Undertake specified activities which have been identified as local priorities.

d) Aged Care Homes

There is no specific funding for aged care homes under the Panels initiative and participation is voluntary. However, there are many potential benefits for both residents and staff of aged care homes when participating in the initiative including the opportunity for staff of aged care homes to work with GPs and Divisions to develop flexible solutions to improve access to high quality care for aged care home residents, and to seek support and advice from GPs and Divisions.

Other benefits may include:

- More timely access to primary medical care for residents;
- Improved quality medical care to residents;
- Improved communication between GPs and aged care home staff;
- Reduction in inappropriate emergency transfers to hospital;
- Ability of homes to use the Panels initiative to make changes to local processes, networks and supports; and
- Assistance in homes meeting accreditation standards.

Aged care homes are an important group in this initiative and should they choose to participate, their responsibilities include:

- Working with their Division and GPs to identify current service delivery arrangements (including which GPs currently provide service) and service delivery gaps and pressures. This will assist Divisions and GPs to better understand the needs of the aged care home and its residents;
- Working with the Division to select appropriate Panel arrangements and activities that best suit the expectations and preferences of all stakeholders;
- Identifying the key priorities to improve access to GP services for residents of aged care homes;
- Working with their Division to appoint appropriate GPs to participate in the Panel arrangements (eg by identifying those GPs that already have significant resident patient load, and/or contribute to existing quality arrangements);
- Working cooperatively with Panel GPs to facilitate Panel activities for the benefit of aged care home residents; and
- Working with their Division and Panel GPs to source and adapt protocols and tools to streamline GP involvement.

e) Other Participants

Geriatricians

It is recognised that geriatricians can provide a source of support to GP Panels through participating on advisory committees and providing expert advice on the development of protocols to meet the needs of residents of aged care homes and GPs.

Geriatricians may support the aims of the initiative in number of ways, including through:

- Contributing to facilitating up-skilling and education for Panel GPs and/or aged care homes in the Divisions region;
- Providing specialist advice as needed to assist with complex clinical conditions;
- Assisting to improve continuity of care and access to medical records and assessments that are undertaken by a geriatrician; and
- Providing vital links with regional aged care services (eg ACATs, domiciliary therapy, in-patient rehabilitation).

While there is no specific funding under the Panels initiative for the participation of geriatricians, if a Panel identifies a need for geriatrician participation in their local panel arrangement, funds under the GP remuneration stream may be used to engage the services of a geriatrician. When using the GP remuneration in a flexible way, such as this, there must be agreement from GPs on the panel around the use of these funds. Divisions may also use funds in the Division Support Work stream to engage the services of a geriatrician under this initiative.

Other Health Care Providers

As for geriatricians, there is no specific funding to engage other expertise, such as that of other health care providers, ACATs or education/training providers. However, it is recognised that these groups may provide a source of support to GPs. In particular, the enhancement or development of partnerships between Panel GPs and other health care providers will enable the sharing of ideas and valuable input to local level planning.

4) GP Panels

a) Definition of Panels

For the purposes of the Panels initiative, the term Panel is used to describe a list, or group, of GPs who have agreed to undertake priority activities that have been locally determined by the Division in partnership with aged care homes and GPs and in line with these program guidelines. The work of GPs participating on the Panels arrangements should complement and build on successful activities already being undertaken in aged care homes in the Division, or assist with the development of new activities.

There is flexibility for different arrangements to operate in different Divisions to ensure that local needs are addressed. The Panel arrangement that is established should take into account the needs of residents as well as the needs of aged care homes.

The Panel arrangements will not necessarily include all GPs who provide services within aged care homes. However, all GPs in the area, as well as residents of aged care homes, should benefit from the activities undertaken by participating GPs.

b) Appointment of GPs to Panels

GPs do not need to be a member of a Division in order to participate in the initiative. In appointing GPs to Panels, Divisions should ensure that they are aware of the work already being undertaken by GPs in homes within the Division, and of the needs of aged care homes.

A key consideration for Divisions in appointing GPs will be to ensure that those GPs with a strong track record of working with aged care homes are supported to continue and expand this work. Other GPs with an interest in working with aged care homes should also be supported to take part in the program.

Divisions should also consider the specific skills and attributes required to undertake Panel activities. Aspects for consideration may include:

- Demonstrated interest and skills in aged care, such as:
  - high case load of patients in aged care homes; and
  - training in geriatrics/aged care and/or willingness to undertake relevant additional training.

- Demonstrated ability to work cooperatively with aged care homes and other health professionals in quality activities, such as:
  - previous or current membership of medication advisory committees or quality care committees; and
  - previous or current contributor to improving quality in aged care homes.

- Demonstrated skills in liaising with other GPs to achieve agreed outcomes, such as:
  - experience in coordination of roster arrangements
  - experience in working with others to develop agreed protocols

The appointment of GPs to Panels should be based on a range or criteria to ensure consistency and transparency.

Divisions may remunerate GPs who belong to a different Division under the Panel arrangements. This allows flexibility for those GPs to participate who cover homes that are in a different geographical area to where they have their practice. Contractual arrangements will need to be worked out between the GPs participating in the Panel arrangements and the Division.

As Divisions, in partnership with aged care homes in the Division, make the final decision on the membership of the Panel, due care must be taken when electing to appoint some GPs and not others. Where the Division and aged care homes determine that a GP already working in aged care should not participate in the Panel arrangements, care must be taken by the Division to avoid alienating the GP and potentially losing that GPs service to aged care homes.

Divisions should also consider sustainability of the Panel arrangements in relation to the GP workforce. If those GPs that are providing services to aged care homes in a particular area are close to retirement age, Divisions should develop strategies to attract younger GPs to the aged care environment.

c) Panel Activities

All Divisions must have at least 1 GP panel in operation. Divisions will be required to work with GPs and aged care homes to identify relevant activities to be undertaken by Panel GPs. Activities must be aimed at improving both access to medical care and quality of care for residents of aged care homes.

Divisions, in partnership with GPs and aged care homes, should develop approaches that fall within scope of the Panels initiative. They should take into account the needs of residents and aged care homes, the range and location of aged care homes and the interests of participating GPs.

The core activities that Panels arrangements must cover are:

- Addressing issues of resident access to GPs, including for residents without a usual GP, or whose usual GP arrangements have broken down;
- Participating in aged care homes quality improvement activities;
- Sourcing or adapting protocols that assist in improving medical care for residents and streamlining GP activities; and
- Addressing barriers to primary care service provision.

To cover core activities specified above, GP Panels may undertake a range of activities which include, but are not limited to:

- Recruiting a cooperative roster of GPs;
- Recruiting GPs prepared to provide care to residents without a usual GP, or whose usual GP arrangements have broken down;
- Sourcing or adapting protocols for emergency care, medication management and GP communication with aged care homes;
- Promoting the use of protocols among GPs and in aged care homes;
- Developing protocols where none exist;
- Participating in committees, such as medication advisory committees or quality care committees;
- Undertaking activities that coordinate/support GP work in aged care homes;
- Undertaking preventative health activities or programs such as immunisation and falls prevention;
- Providing education to aged care home staff, residents and carers;
- Working with aged care homes and Divisions to identify and implement solutions to barriers for integration, and encourage a merging of the cultures of aged care homes and general practice;
- Implementing mechanisms for continuity of care; and
- Sharing resources for improvement in care provision.

d) Funding – GP remuneration

There are three basic options for remunerating GPs participating in Panel arrangements. These include:

1. Remunerating GPs for time spent undertaking Panel activities as described above (eg on an hourly basis);
2. Remunerating GPs for Panel activities through a retainer payment - this should be commensurate with the level of services expected; and
3. Remunerating GPs based on outcomes achieved for example developing medication management or emergency care protocols where none existed.

The payment method employed within the Division will be dependent upon the model developed jointly by the Division, the GPs and aged care homes. The payment method should match the model developed at the local level and the models must address local priorities. Divisions must remunerate GPs through contractual arrangements.

Although this stream of funding is provided specifically for GPs, this funding may be used flexibly to assist with Division support work or other activities but only if the Panel GPs themselves agree and the following conditions are met:

- Funding for the Panels initiative is not used for any other programs run by Divisions;
- Funding for Panels is not used for activities that others (eg Aged Care Homes) are already funded to provide; and
- Divisions must gain agreement from the GP Panel when using the GP funds in a more flexible way.

5) Division Support Work

a) Activities of Divisions

When implementing the Panels initiative, Divisions will need to be responsive to local needs. To the extent possible, Divisions should involve a multi-disciplinary team in decision-making in relation to the initiative. Such teams may include:

- GP education/training providers;
- Directors of Nursing/staff of aged care homes;
- Geriatricians/other healthcare providers;
- Aged care assessment team manager or members; and
- Pharmacists.

As part of the Panels initiative, Divisions will be expected to undertake a number of core activities including:

- Consulting with GPs and aged care homes to identify current service delivery arrangements, service delivery gaps and pressures, and current quality improvement activities within aged care homes;
- Identifying key priorities within the Division boundaries to improve access to GP services for residents and to address quality improvement activities within aged care homes;
- Selecting and establishing appropriate models that best suit local needs and the expectations and preferences of GPs, residents and aged care homes;
- Liaising and communicating with GPs, aged care homes and other relevant stakeholders;
- Engaging GPs to participate on the Panel arrangements in collaboration/partnership with aged care homes;
- Establishing and managing contractual arrangements with Panel GPs;
- Promoting interest among GPs in providing services to residents of aged care homes;
- Sharing resources and working with other Divisions to implement and sustain the Panels initiative;
- Monitoring, evaluating and reporting on the implementation and operation of the Panels initiative in their area;
- Reviewing and adapting the model operating within the Division dependant on changing needs; and
- Working with GPs and aged care homes to establish or support quality activities.

Divisions may engage with the aged care sector in a number of ways, including through:

- a mail out and/or e-mail to aged care homes with information on the initiative including details of the Division's area in which they fall;
- regional level workshops to be developed in partnership between Divisions and State aged care peak bodies;
- local level meetings and promotion of benefits and activities; and
- presentations at relevant conferences (eg on models which are working well.).

Divisions should work with staff of local homes and may also need to establish links with 'head offices' of groups or chains of homes. Collaborative work with other Divisions as well as the SBO and the ADGP may assist in this.

To gain a further understanding of the types of activities currently being implemented by Divisions of General Practice nationally, the Australian Divisions of General Practice Ltd website contains information on the models implemented by Divisions, and the types of activities that are being undertaken through the Panels initiative. See http://www.adgp.com.au/site/index.cfm?display=2488

b) Funding - Divisions Support Work

Funding for Divisions support work under the Panels initiative may be used for the employment of a project officer as well as for other costs including:

- Costs associated with the administration of the Panels initiative
- Costs associated with up-skilling and facilitating specialist advice (eg from a geriatrician);
- Costs related to renting a location for education/training purposes;
- Costs associated with the development of resources to strengthen the Panels initiative; and
- Payments to non-GP professionals and service providers.

These costs should be planned for and identified in Divisions' Annual Budgets which must be approved by the relevant State or Territory Office.

c) Reporting Requirements

Divisions of General Practice

Under the Panels initiative, Divisions are required to report on their activities, progress and outcomes and they must provide a number of Reports to the Department including:

- An Agreement Plan;
- Annual Plans;
- Annual Budgets;
- 6 Month Reports (due in February each year);
- 12 Month Reports (due in September each year); and
- Aged Care GP Panel Standard Data Items (with the 6 & 12 Month Reports).

Divisions should refer to their funding agreements for more specific information on their reporting requirements, and associated timeframes, under the Panels initiative. When providing reports to the Department, Divisions must use the templates provided by the Department.

State Based Organisations

State Based Organisations (SBOs) are also required to report on their activities, progress and outcomes under the Panels initiative. Similarly with Divisions, SBOs must provide a number of reports to the Department including:

- An Agreement Plan;
- Annual Plans;
- Annual Budgets;
- 6 Month Reports; and
- 12 Month Reports.

SBOs should refer to their funding agreements for more specific information on their reporting requirements, and associated timeframes, under the Panels initiative. When providing reports to the Department, SBOs must use the templates provided by the Department.

Australian Divisions of General Practice (ADGP)

The Australian Divisions of General Practice are funded to undertake the role of national coordinator for the Panels initiative. As such, they are also required to report to the Department on their activities, progress and outcomes under their funding agreement.

6) Performance, Monitoring & Evaluation

a) Types of Data

The Department collects information to assist in monitoring the progress of the initiative and determining the extent to which the initiative is meeting its objectives. This information will assist the Department to obtain a better understanding of the operation of the program to inform future policy advice.

The Department collects information from:

- 6 and 12 Month Reports from the Divisions network;
- Aged Care GP Panel Standard Data Items (collected in 6 & 12 Month reports);
- Medicare activity data;
- National Quality and Performance System Performance Indicators;
- Aged Care GP Panel Performance Indicators; and
- Survey of aged care homes.

When examining the data, the Department recognises the need to consider the data in context.

b) Performance Indicators

National Quality and Performance System (NQPS) Performance Indicators

The National Quality and Performance System (NQPS) has been developed to drive continuous improvement across the entire Divisions network, while allowing flexibility, support and recognition of the individual nature of Divisions. Through the NQPS, the Government will work with the Divisions network and build on its existing strengths and achievements in order to advance primary health care in Australia.

The national performance indicators reflect the Government's expectations of the Divisions network, centred on the Government's priority areas to strengthen primary health care, and sharpen the focus and clarify roles and expectations.

By providing a consistent national approach, the national performance indicators will also reduce the administrative burden for an organisation by assisting in strategic planning and reporting processes.

The NQPS priority area for the Panels initiative is ACCESS and the domain is RESIDENTIAL AGED CARE. The Divisions network will be required to report against, at a minimum, the compulsory indicators in this priority area outlined in the *Future Directions Toolkit* as well as the program based performance indicators as outlined below.
The *Toolkit* can be found at http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-pcd-programs-divisions-rictoolkit.htm

Aged Care GP Panels Initiative Indicators

In addition to the compulsory indicators under the NQPS, there are a number of program level performance indicators that Divisions must report against in their 6 and 12 Month Reports. These overarching national indicators cover the three key aims of the Panels initiative and include:

1. Improved access

A range of information will be used to determine whether access has improved.

These include:

- NQPS indicator 3.1 – Number of:
  - GP consultations in RACFs;
  - Comprehensive medical assessments (CMA); and
  - Residential medication management reviews (RMMR), provided by GPs practising in the Division's area compared to the number of RACFs beds in the Division's area. (refer to the *Future Directions Toolkit*).
- Aged care homes' advice that access to GP services has improved

The number of aged care homes is increasing in line with the ageing of the population. GP services will need to increase accordingly, in order for access to GP services to be maintained for residents of aged care homes.

2. Increased involvement in aged care homes' quality activities

Key performance measures will be:

- Proportion of aged care homes that have general practitioner involvement in their quality improvement activities
- Aged care homes' satisfaction with the outcomes of general practitioner involvement in their quality improvement activities.

It is not expected that all aged care homes will show an increase (as a home may not choose to have GP involvement in their quality activities), but the proportion should increase as a result of the initiative. Account will also be taken of factors identified in Divisions reports where these have impacted on performance against this indicator.

3. Effective partnerships and collaboration

It is important that the Initiative is implemented and managed in a collaborative way with aged care homes if it is to have maximum effect.

Performance measurement under this objective will consider:

- NQPS indicator 1.1 – Division collaborates with RACFs, service providers and consumer/carer groups to facilitate access to general practitioner services for residents of RACFs within the Divisions boundaries (refer to the *Future Directions Toolkit*).
- Advice of aged care homes that the Panel is undertaking work to address key concerns.

Divisions will be required to provide information in their reports on establishment and maintenance of communications and partnerships with aged care homes and relevant professionals. Divisions may also establish additional indicators in order to ensure local needs and priorities are also reflected.

4. Other Information

Apart from the above performance information, Divisions must also provide information relating to the establishment and management of Panels including:

- identification of key priorities to address needs within the Division's boundaries;
- whether Divisions have an operational Panel;
- standard data items such as number of panels and number of GPs per Panel;
- transparent and accountable processes for appointment of Panel GPs are established and maintained;
- the Panel model is built on and amended in light of the Initiative's development; and
- appropriate expenditure of funds has occurred.

In addition, the Department will also need to collect performance information relating to:

- The performance of the ADGP and SBOs
- Its own performance
- The scope and achievements of the Initiative overall
- How well accountability requirements have been met
- Broader policy questions about workforce, access, quality in the residential aged care sector.

Divisions should refer to their funding agreements with the Department for more detailed information about specific reporting requirements for these performance indicators.

c) Evaluation

Twelve Month Review

During implementation, the Department committed to review the program, following 12 months of operation. This recognised that Aged Care GP Panels was a new program for Divisions and that minor adjustments to the program arrangements might be needed to resolve unanticipated implementation issues.

The 12 Month Review examined a number of issues relating to the implementation of the initiative. The issues considered as part of the review process were:

- The funding split between GP remuneration and Division Support Work
- Performance Indicators
- The Role of Geriatricians
- Good Models and Good Practice

As a result of the review, a number of key recommendations are currently being implemented. These are:

- GP remuneration funding can be used flexibly at the discretion of local GP Panels.
- The number of Aged Care GP Panels program level performance indicators for Divisions is reduced from 14 to 8 performance indicators in order to eliminate duplication and reduce unnecessary reporting requirements for Divisions.
- Program guidelines are reviewed to allow for greater participation of geriatricians, where possible, within the Aged Care GP Panels initiative.
- The Department works with the ADGP to communicate good models and good practice to the Divisions network and to reduce duplications of work/output by Divisions.

These changes to the program have been articulated through contract variations offered to Divisions in late 2005.

d) Program Evaluation

In line with departmental requirements, a formal evaluation of the Panels initiative will be undertaken prior to the end of the funding period for the program.

7) Appendices

a) Stakeholder Consultation

Divisions will be required to undertake stakeholder consultation to identify current service delivery arrangements, service delivery gaps and pressures. Divisions will need to identify the key priorities within the Division boundaries to improve access to GP services for residents of aged care homes. At a minimum this would include consultation with:

- Aged care homes
- GPs
- Consumers

Depending on local circumstances, Divisions may also undertake discussions with a range of groups relevant to the Initiative, including:

- the State/Territory Health Department
- private medical services (eg private hospitals including bush nursing hospitals)
- pharmacies that supply medicines to aged care homes
- Aboriginal and Torres Strait Islander health services and advisory mechanisms
- Medical Deputising and Locum Services, who may be able to assist Divisions to determine workforce gaps and pressures and provide advice on how to best implement the Initiative in that area.

Divisions are required to periodically review their assessments of stakeholders' needs. Ongoing monitoring of the needs of aged care residents within a Division should occur as part of this process.

b) Establishing/Changing GP Panel arrangements

The process for establishing a Panel is expected to vary depending on the local circumstances of the Division such as the number and distribution of GPs in the Division, the level of GP interest in participating in Panel arrangements, the needs of the residents of aged care homes in the Division and arrangements already in place in aged care homes within the Division.

The following outlines some of the steps that Divisions might take when establishing or changing panel arrangements. These are not intended to be prescriptive – it will be appropriate for different processes to operate in different Divisions.

i The Division provides aged care homes and GPs in the Division with information on the initiative and invites them to a meeting/workshop.

ii A possible agenda for this meeting/workshop might include:
  - Identify gaps and pressures to primary care access/quality
  - Identify possible solutions to gaps and pressures (within the scope of the Initiative)
  - Develop a list of priority actions
  - Identify next steps (eg timing and items for discussion for next meeting).

iii Following the meeting, the Division draws up a Charter of Priorities from the priority activities identified at the meeting.

iv The Division circulates this Charter of Priorities to all aged care homes and GPs for comments and/or holds a second meeting to finalise priority actions for the Panel that will be established in the Division.

v The Division contacts/writes to all aged care homes to identify which GPs are involved in providing services to residents and/or participating in quality Initiatives.

vi Once the Division knows which GPs are interested, the Division meets with Directors of Nursing (or staff as appropriate) of aged care homes in the Division to agree which (and how many) GPs should participate in the Panel arrangements.

vii The Division contacts/writes to all GPs in the Division (including GPs who are not members of the Division) and to GPs outside the Division who are providing services to determine their interest in undertaking the activities identified in the Divisional Charter of Priorities.

viii A selection process is undertaken if necessary.

ix The Division notifies successful/unsuccessful GPs.

x The Division arranges a meeting for GPs on the Panel, Directors of nursing (or staff as appropriate) of aged care homes to agree how the Panel will operate.

xi A possible agenda for this meeting might include:

- Specification of the roles of Panel GPs, aged care homes and the Division
- How Panel GPs will be remunerated (eg hourly or using retainer payments)
- Scope of activities which can be achieved within allocated funding
- Which GPs will do what activities/timing of activities
- How the Panel GPs, aged care homes and Division will communicate and how often (eg may elect a liaison officer for the Panel who meets with/works with aged care homes and/or Division and then reports back to other Panel members)
- Next steps (eg agree actions, set up next meeting).

xii The Division develops and circulates to meeting participants an Action Plan which includes activities, timeframes and a statement of roles and responsibilities, based on what was agreed at the meeting.

xiii Once roles and activities have been finalised, the Division establishes a contract with each Panel GP clearly identifying payment arrangements and expected activities and outcomes for Panel activities.

xiv The Panel begins operating in accordance with the agreed Action Plan.

c) Contacts

Department of Health and Ageing

Communications relating to the Panels initiative should be directed to the relevant State or Territory Office as identified below.

New South Wales

Program Manager
Aged Care GP Panels initiative
GPO Box 9848
SYDNEY NSW 2001
Phone: (02) 9263 3569

Northern Territory

Program Manager
Aged Care GP Panels initiative
GPO Box 9848
DARWIN NT 0801
Phone (08) 8946 3401

Queensland

Program Manager
Aged Care GP Panels initiative
GPO Box 9848
BRISBANE QLD 4001
Phone (07) 3360 2614

South Australia

Program Manager
Aged Care GP Panels initiative
GPO Box 9848
ADELAIDE SA 5001
Phone: (08) 8237 8319

Victoria

Program Manager
Aged Care GP Panels initiative
GPO Box 9848
MELBOURNE VIC 3001
Phone: (03) 9665 8906

Western Australia

Program Manager
Aged Care GP Panels initiative
GPO Box 9848
PERTH WA 6848
Phone: (08) 9346 5430

Tasmania

Program Manager
Aged Care GP Panels initiative
GPO Box 9848
HOBART TAS 7001
Phone: (03) 6221 1426

ACT

Program Manager
Aged Care GP Panels initiative
GPO Box 9848
CANBERRA ACT 2601
Phone (02) 6289 3360

Should you wish to contact the Central Office of the Department, you may do so via email through agedcaregppanels@helath.gov.au

SBO and ADGP Contacts

Information and support relating to the implementation and management of the Panels initiative may also be obtained from the ADGP or SBOs as listed below.

Australian Divisions of General Practice

PO Box 4308
MANUKA ACT 2603
Phone: (02) 6228 0821
www.adgp.com.au

WA General Practice Network

Suite 1
4 Sarich Way
BENTLEY, WA, 6102
Ph: (08) 9742 2922
www.wagpnetwork.com.au

Alliance of NSW Divisions of General Practice

GPO Box 5433
SYDNEY NSW 2001
Phone: (02 6652 3866
www.answd.com.au

SA Divisions of General Practice

1st Floor
66 Greenhill Road
WAYVILLE SA 5034
Phone: (08) 8271 8988
www.sadi.org.au

Queensland Divisions of General Practice

PO Box 85
KELVIN GROVE QLD 4056
Phone: (07) 3105 8300
www.qdgp.org.au

ACT Division of General Practice

PO Box 3571
WESTON ACT 2611
Phone: (02) 6287 8099
www.actdgp.asn.au

General Practice Divisions Victoria

Level 1
458 Swanston St
CARLTON VIC 3053
Phone: (03) 9341 5200
www.gpdv.com.au

Tasmanian Divisions of General Practice

GPO Box 1827
HOBART TAS 7001
Phone (03) 6224 1114
www.tgpd.com.au

General Practice and Primary Health Care NT

GPO Box 2562
DARWIN NT 0801
Phone: (08) 8982 1050
www.gpphcnt.org.au

Aged Care Organisations

There are a number of aged care sector organisations that may provide useful information for the Panels initiative.

Aged and Community Services Australia (ACSA)

Level One, 36 Albert Road
SOUTH MELBOURNE VIC 3205
Phone: (03) 9686 3460
www.agedcare.org.au

Aged Care Association Australia

PO Box 335
CURTIN ACT 2605
Phone: (02) 6285 2615
www.agedcareassociation.com.au

Geriaction Inc

Suite 308, 282 Victoria Avenue
CHATSWOOD NSW 2067
www.geriaction.com.au

Australian Society of Geriatric Medicine

145 Macquarie St
SYDNEY NSW 2000
(02) 9256 5460
www.asgm.org.au

d) Resources

Commonwealth Department of Health and Ageing:

Aged Care GP Panels:
www.health.gov.au/internet/wcms/publishing.nsf/Content/aged-care-gp-panels-initiative-1

Comprehensive Medical Assessments:
www.health.gov.au/internet/wcms/publishing.nsf/Content/health-medicare-health_pro-gp-cmarach.htm

Residential Medication Management Review:
www.health.gov.au/internet/wcms/publishing.nsf/Content/health-epc-dmmrqa.htm

Resources for aged care clinicians:
http://www.health.gov.au/internet/wcms/publishing.nsf/Content/ageing-clinicians-1

Review of Pricing Arrangements in Residential Aged Care – Full Report:
www.health.gov.au/internet/wcms/publishing.nsf/content/health-investinginagedcare-report-index.htm

Residential Aged Care Entry Pack
www.health.gov.au/internet/wcms/publishing.nsf/content/ageing-rescare-resentry.htm

Residential Care Manual:
www.health.gov.au/wcms/publishing.nsf/content/ageing-manuals-rcm-rcmindx1.htm

Other Residential Care Manuals:
www.health.gov.au/wcms/publishing.nsf/content/Residential%20Care%20Manuals-1

Palliative Care:
www.health.gov.au/wcms/publishing.nsf/content/palliative%20Care-1

Other Websites

Palliative Care Australia – Guidelines for a Palliative Approach in Residential Aged Care:
www.pallcare.org.au/Default.aspx?tabid=315

Australian Divisions of General Practice
Aged Care GP Panels: www.adgp.com.au/site/index.cfm?display=2343
Aged Care Resource Directory: www.adgp.com.au/site/index.cfm?display=3660

Royal Australian College of General Practitioners – Silver Book 3rd edition:
www.racgp.org.au/downloads/pdf/20040618silverbook.pdf

Aged and Community Services Australia: Residential Care News and Updates:
www.agedcare.org.au/Residential_Care/RC_news_and_updates.htm