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MedicarePlus Aged Care Initiatives

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Overview

- Background to the *MedicarePlus* Aged Care Initiatives
- Comprehensive Medical Assessment (CMA)
- Aged Care GP Panels and progress in implementation
- Questions?



Background

- Announced on 18 November 2003 as part of the *MedicarePlus* package
- Two aged care initiatives
 - Comprehensive Medical Assessment (CMA)
 - Aged Care GP Panels
- Both commence 1 July 2004
- \$47.9 million to end of 2006-7



Background

- Aim of aged care initiatives
 - to ensure better access to primary medical care for residents of aged care homes
 - to enable GPs to work with aged care homes on quality improvement strategies for the care of residents
- Initiatives do not aim to resolve all issues impacting on the aged care GP interface
 - eg other initiatives to address more general workforce issues



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Comprehensive Medical Assessment (CMA)

- A new MBS item for new residents and existing residents (if required)
- Available to all GPs
- Rebate of around \$140
 - if bulkbilled, \$5 incentive payment for eligible patients
- Complements other MBS items including EPC (CP and CC)



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Comprehensive Medical Assessment (CMA)

- Maximum of one CMA per resident per 12 month period
- Personal attendance
 - resident's usual GP
- Focus on medical assessment, including physical and psychological function
 - does not require assessment of social function
 - GP cannot delegate but can use information collected by aged care home



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Comprehensive Medical Assessment (CMA)

- The CMA includes
 - assessment of relevant medical history
 - completion of a comprehensive medical examination
 - development of a list of diagnoses and/or problems
 - provision of information for the resident's records



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Comprehensive Medical Assessment (CMA)

- Detailed content of assessment will vary according to needs of individual resident
- CMA will inform the provision of
 - care for the resident by the home
 - medication management review services



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CMA Implementation

- Draft CMA item has been developed
- Consultation through usual Medicare Benefits Consultative Committee process
 - next meeting 8 April 2004
- Supporting information to be developed once item finalised
 - will be provided to GPs, Divisions, aged care homes and other stakeholders



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Aged Care GP Panels

- Two components
 - funding GPs who participate in panel arrangements
 - funding Divisions network for
 - establishing, managing and supporting the panels
 - working with aged care homes



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Aged Care GP Panels

- Aged care homes include high care (nursing home) and low care (hostel) facilities subsidised by the Australian Government
- GP panels supplement existing MBS arrangements
 - panel GPs access MBS items for any direct clinical services provided to residents



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Scope of Panel Activities

- Not finalised, but may include
 - participating in arrangements to fill gaps in clinical care for aged care residents
 - assisting in developing protocols eg for emergency management of residents
 - participating in QI activities
 - quality care committees
 - medication advisory committees
 - implementing preventive health activities



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Scope of Panel Activities

- Flexibility at local level to select activities most appropriate to meet primary health care needs of aged care home residents



Role of Divisions

- Liaising with aged care homes and GPs to identify
 - current service arrangements, gaps and pressures
 - panel activities to be undertaken to meet needs of aged care home residents
- Promoting interest among GPs in participating in panel arrangements
- Selecting GPs to participate in panels, in consultation with aged care homes



Role of Divisions

- Establishing contractual arrangements with panel GPs and administering GP payments
- Providing administrative support services to the panels
- Providing avenues for upskilling and professional support to panel GPs
- Monitoring, evaluating, reporting



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Role of Divisions

- SBOs
 - assisting Divisions with implementation at State level
- ADGP
 - Aged Care GP Panel Coordinator
 - Debbie Bampton
 - assisting Department and Divisions with implementation and consultation processes



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Allocation of Funding

- GP funding component
 - based on formula that includes a base amount and an additional amount that takes account of both the number of aged care homes and the number of aged care beds in the Division



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Allocation of Funding

- Division funding component
 - based on formula to be negotiated
 - likely to include a flagfall amount and an additional amount based on the number of aged care homes
 - funding in year 1 is higher than in later years to acknowledge additional work needed in the establishment phase



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Implementation

- Implementation Advisory Group
 - First meeting 6 April 2004
 - Membership
 - GP groups: ADGP, RACGP, AMA, RDAA
 - GP (Dr Anne McBryde, BNDGP)
 - Peak Aged Care bodies: ANHECA, ACSA
 - Consumer: COTA
 - Aged care nurses : Geriaction
 - Pharmacists: Pharmacy Guild



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Implementation

- Information to be made available to Divisions soon
 - indicative funding
 - list of homes in each Division
- Further information sheets for Divisions as policy develops



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Implementation

- Further developments
 - Information sheet for aged care homes
 - will be available soon
 - Guidelines
 - Funding Agreements



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Questions?