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The Aged Care GP Panels Initiative

Bronwen Dowse
Primary Care Division
Department of Health & Ageing

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The Aged Care Initiatives

- Announced on 18 November 2003 as part of the *MedicarePlus* package
- Two complimentary measures
  - Comprehensive Medical Assessment (CMA)
  - Aged Care GP Panels
- Both commence 1 July 2004

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Rationale for the Initiatives

- Difficult for aged care homes to keep GP services for regular consults for residents
- Services are being provided by a small proportion of GPs that is decreasing
- Increasingly there are more aged care residents with high care needs and complex conditions

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Guidelines

- Developed in consultation with:
  - Implementation advisory committee
  - Evaluation working group
- Draft Guidelines were distributed for comment
- Now finalised and are part of:
  - Funding agreement schedule
  - Handbook

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Aim of the Panels Initiative

- 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
- to assist GPs and Divisions to work more effectively with aged care homes

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Supporting Existing Arrangements

- GP panels supplement existing MBS arrangements
  - panel GPs access MBS items for any direct clinical services provided to residents
  - panel funding for broader activities and overall access
  - panel arrangements will improve the working environment for all GPs

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Funding

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

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Funding component for GP activities

- Approx $18.2m to 2006-07
- Administered by Divisions to GPs
- GP funding component model
  - 20% of funding split evenly across Divisions
  - remaining 80% of funding based on the number of aged care **homes** and the number of aged care **beds** in the Division
- Average Division (24 homes and 1260 beds) will get $49,167

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Funding component for Divisions network

- Approx $15.1.m to 2006-07
- funding in year 1 is higher than in later years to acknowledge additional work to establish panels
- Divisions funding component model
  - 33% of funding split evenly across Divisions
  - remaining 67% of funding based on the number of aged care **homes** in the Division
- Average Division (24 homes) will get $57,500 in year one

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What is a Panel?

- a number (list) of GPs who have agreed to work collaboratively with aged care homes.
- GPs do not need to be a member of a Division to participate.
- Number of GPs in Panel arrangements vary across Divisions.
- the actual arrangements put in place, and methods of payment, will vary.

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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

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Scope of Panel Activities

- **Activities will include**
  - facilitate provision of care for residents without a usual GP, or whose usual GP is unable to provide care
  - assisting in sourcing or adapting protocols
  - addressing barriers to primary care service provision
  - participating in QI activities (eg quality care committees, implementing preventive health activities)

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Role of Divisions

- Work in partnership with aged care homes and GPs to identify priority needs
- Promote interest among aged care homes and GPs in the panel arrangements
- Establish and manage panel arrangements
- Support and complement panel activities
- Provide avenues for up-skilling and professional support to panel GPs

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Role of SBOs

- Provide leadership at State level
- Assist Divisions with implementation and development
- Promote the initiative to Divisions and aged care peak bodies
- Work in partnership with State/Territory based aged care peak bodies and related stakeholders
- Work with State/Territory Departments to improve linkages

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Role of ADGP

- Provide National leadership, assistance and support for Divisions and SBOs
- Promote the initiative to Divisions and aged care peak bodies
- Identify and disseminate information and resources to aged care peak bodies and Divisions
- Establish and maintain relationships with aged care peak bodies and other stakeholders

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Role of aged care homes

- **Participation is voluntary and may include working in partnership with**
  - Divisions and GPs to identify
    - current service arrangements, gaps and pressures
    - panel activities to be undertaken to meet needs of aged care home residents
  - Divisions to appoint GPs to participate in Panel arrangements
  - Divisions and GPs to source and adapt protocols and tools to streamline GP involvement in aged care homes

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Establishing Panels

- **The process might involve**
  - meeting/workshop to determine current service arrangements and priority activities
  - canvassing GPs to determine interest in participating
  - establishing contractual arrangements with panel GPs
  - developing an Action Plan in collaboration with panel GPs and aged care homes
  - undertaking panel activities as outlined in the Action Plan

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Sources of Information

- HIC data
- Aged care homes survey
- Divisional information

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Indicators

- **Performance information to cover initiative aims**
  - ensuring better access to primary medical care
  - enabling GPs to work with aged care homes on quality improvement strategies
  - assisting GPs and Divisions to work more effectively with aged care homes

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Reporting

- **Timing and requirements**
  - Follow core agreement provisions (first updates by 31 August)
  - Proforma provided to streamline and assist in developing a national picture

- **Additional once-off implementation report (by 6 December)**

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Evaluation of the Initiative

- **12 month review to examine:**
  - funding models
  - role of geriatricians
  - general progress

- **A formal evaluation will inform 2007 Budget considerations**

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Where to From Here?

- Sign up to contract schedule
- Funding from 1 July
- Review information already available
- Consult and gather local information
- Establish partnerships and panels

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Comprehensive Medical Assessment (CMA) Initiative

Bronwen Harvey
Primary Care Division
Department of Health & Ageing

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Aim

- **To improve access and quality of primary medical care for residents of aged care homes**

- CMA and GP panels initiatives *do not aim to resolve all issues* impacting on the aged care GP interface (eg workforce)

- CMA not a substitute for normal medical care

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What is CMA?

- A new MBS item for new residents and existing residents (if required)
- Available to all GPs (not just Panel GPs)
  - resident's 'usual doctor', including panel GPs
- Rebate of $150.05
  - if bulkbilled, $5 or $7.50 incentive payment for eligible patients

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What is CMA?

- **Full systems review of resident**
  - health & physical & psychological function

- **CMA includes:**
  - relevant medical history
  - comprehensive medical examination
  - diagnoses/problems
  - written summary of outcomes for resident's records, to inform provision of care by home and medication management review

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How will it work?

- CMA is a normal Medicare service and will operate similarly to other aged care GP services
  - eg in terms of consent, carer's role
- CMA will be facilitated by good GP - aged care home working relationships
- CMAs should draw on relevant information from the home, and provide useful information for planning and provision of care by the home

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How will it work?

- CMA is one of a number of MBS items available to support GPs to work in aged care homes
  - CP, CC
  - normal items
  - SIPs

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Implementation

- CMA item has been agreed with GP groups through the MBCC
- CMA item and supporting information will be provided to GPs, Divisions, aged care homes and other parties
- This will include Q&As, checklist and information on working with homes in partnership to provide CMAs