

Asthma 3+ Plan Business Case

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Costs to practice – staff time

Cost of GP time is approximately \$100–\$150 per hour (4–6 Level B consultations per hour).

Cost of practice nurse time is approximately \$25–\$30 per hour.

Costs to practice – spirometer

Cost ranges from \$100s to \$1000s. Consider additional cost for software. Cheaper ones limited in their capabilities. Need to consider cost of consumables ie mouthpieces.

MBS item for spirometry pays \$15.55 (Schedule fee for MBS Item 11506).

Asthma 3+ Visit Plan – income models

Assume six patients are identified as meeting eligibility criteria for Asthma 3+ Visit Plan and concurrently complete three visits for Asthma 3+ Visit Plan.

Model A – Bulk Bill All Visits

Assuming each patient is bulk billed for all visits (Level B consultations) for Asthma 3+ Plan, income will be:

$$\$25 + \$25 + \$25 + \$100 = \$175$$

(Visit 1 + Visit 2 + Visit 3 + Asthma Service Incentive Payment)

$$\$175 \times 6 \text{ patients} = \mathbf{\$1050} \quad \text{*Cost to patient} = \mathbf{nil}$$

Model B – Standard Fee, All Visits

Assuming each patient is charged at the practice's standard fee for Level B consultations (\$45 in this case, \$25 per visit + \$20 out of pocket for patient per visit) for all visits for Asthma 3+ Plan, income will be:

$$\$45 + \$45 + \$45 + \$100 = \$235$$

(V1 + V2 + V3 + Asthma SIP)

$$\$220 \times 6 \text{ patients} = \mathbf{\$1410} \quad \text{*Cost to patient} = \mathbf{\$60}$$

Model C – Patients Drop Out Early

Patients may not be willing/able to attend three or more visits if they are to be charged for every visit. If all six patients refuse to come back for Visit 3, \$100 Asthma SIP will not be awarded and income will be:

$$\$45 + \$45 = \$90$$

(V1 + V2 only)

$$\$90 \times 6 \text{ patients} = \mathbf{\$540}$$

$$\text{*Cost to patient} = \mathbf{\$40}$$

Model D – Compromise 1

Charge practice standard fee for V1 then bulk bill V2 and V3 to lower risk of patient drop-out. Practice income will be:

$$\$45 + \$25 + \$25 + \$100 = \$195$$

(V1 + V2 + V3 + Asthma SIP)

$$\$195 \times 6 \text{ patients} = \mathbf{\$1170}$$

$$\text{*Cost to patient} = \mathbf{\$20}$$

Model E – Compromise 2

Charge practice standard fee for two of three visits, bulk bill other visit. Practice income:

$$\$45 + \$45 + \$25 + \$100 = \$215$$

(V1 + V2 + V3 + Asthma SIP)

$$\$215 \times 6 \text{ patients} = \mathbf{\$1290}$$

$$\text{*Cost to patient} = \mathbf{\$40}$$

Model F – Compromise 1 Incorporating Care Plan

Use billing Model D above and incorporate a care plan (MBS Item 720) at V2 in place of normal Level B consultation item, assuming all patients meet eligibility criteria for both an EPC care plan and Asthma 3+ Visit Plan. Practice income:

$$\$45 + \$192.75 + \$25 + \$100 = \$362.75$$

(V1 @ practice standard fee + V2 @ schedule fee for care plan + V3 bulk billed + Asthma SIP)

$$\$362.75 \times 6 \text{ patients} = \mathbf{\$2176.50} \quad \text{*Cost to patient} = \mathbf{\$20}$$

Recommendations

- Consider mixing billing to ensure all visits attended so can claim SIP. For example, charge the clinic's standard fee for Visit 1 then bulk bill from Visit 2 on.
- Use practice nurse where possible to assist with Asthma 3+ Visit Plans (eg performing spirometry, skin prick testing, etc.) to save GP time.
- If spirometry is required, ideally it will be performed immediately in the practice, while the patient is already present, with practice's own spirometer. If this is not feasible due to practice not owning a spirometer, outsource spirometry by referral or use mobile service if several patients can be booked in on the one day.
- Incorporate an EPC care plan wherever possible to maximise practice income. A subsequent care plan review could further increase the income per patient.
- Ensure recall systems well established within practice – it is essential that patients attend all three visits so GP does not miss out on \$100 Asthma SIP.
- Work with pharmacist ie to assist with promotion of Asthma 3+ Visit Plan benefits to patient.
- Marketing – promote Asthma 3+ Visit Plan within practice, information in waiting room, etc.
- Make sure your Asthma 3+ patients are made to feel like a VIP of the practice to improve compliance throughout plan.
- Ensure all staff in practice are appropriately trained and familiar with 3+ process so can assist wherever possible eg help with spirometry, recalls, etc and save GP time.

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