INTERACTION BETWEEN EPC, DMMR AND THE NEW PIP INCENTIVES ITEMS

QUESTIONS AND ANSWERS

EPC AND NEW PIP ITEMS

As a general rule, when an EPC service (eg a care plan) can be used appropriately as part of a PIP related item (eg an Asthma 3+ Visit Plan) this is to be encouraged, and the EPC item should be claimed. This will not always be necessary or appropriate, however, as in many cases planning for a patient's clinical care needs does not require joint, multidisciplinary planning with other parties.

EPC care planning and case conferencing items count towards a practice's target for the PIP care planning incentive. It is not possible, however, to use an EPC item to claim the PIP Service Incentive Payment (SIP) for asthma, diabetes or cervical screening – the PIP-related items are all based on standard consultation items. Likewise, it is never appropriate to claim two Medicare rebates for the one service provided to the patient.

Q: Can EPC health assessment items be claimed in conjunction with the new diabetes items for completion of annual cycle of care for patients with established diabetes?

A: Health assessment items should not be claimed with the new diabetes items. EPC health assessments focus on assessment and preventive health care for older Australians and should be undertaken separately to other consultations. If a health assessment identifies that a patient has/may have diabetes, as a new diagnosis it would not be appropriate to claim a PIP diabetes item, which is for completion of an annual cycle of care for patients with established diabetes.

Q: Can EPC items be claimed in conjunction with the new asthma 3+ Visit Plan items?

Where patients meet the eligibility requirements for both an EPC care plan and an asthma 3+ Visit plan, **developing an asthma action plan** can be encompassed as part of the EPC care plan. A rebate can only be claimed for one service (ie an EPC care plan item OR a consultation item) but the service can be counted as the second of the three steps required to complete the Asthma 3+ Visit Plan. Note that an EPC care plan is likely to be wider in scope (in addressing the patient's multidisciplinary needs and involving other providers as part of the multidisciplinary team) than the asthma action plan.

While asthma management may be reviewed as part of an EPC Care Plan Review, **the EPC Care Plan Review Item cannot be used to trigger the asthma service incentive payment (SIP)** – the appropriate asthma item must be used. Note that all steps to complete the requirements of the Asthma 3+Visit Plan (and trigger the SIP payment) must be completed within the previous 4 weeks (minimum) to 4 months (maximum) period.

A review of an EPC care plan focuses on the multidisciplinary needs of the patient and requires the GP who prepared the plan to consult with other members of the team (to determine whether any changed care arrangements need to be made). As with development of an EPC care plan, a review of an EPC care plan is likely to be wider in scope, and involve additional providers, than the third visit of an asthma 3+ Visit Plan.

Q: 1. If a patient with diabetes requires additional levels of care, for example insulin-dependent patients and those with abnormal complications and/or co-morbidities, could this be covered by an EPC care plan?

2. If a doctor performs the minimum requirements of care outlined in the new Medicare Benefits Schedule (MBS) Page 42 then bills one of the Diabetes Mellitus Items, can they then go and bill an EPC Care Plan to help with the care of the condition?

3. A28.5 seems to indicate that if a patient with diabetes suffers from complications and/or co-morbidities then additional levels of care may be needed. Would these then be covered under an EPC Care Plan?

A: 1&2 If a patient has **complex needs** (eg complications and/or co-morbidities) requiring **multidisciplinary care** from a team of health and care providers, then it would be appropriate to develop an EPC multidisciplinary care plan for that patient. EPC multidisciplinary care requires a team approach with meaningful interaction and communication between members of the team to establish what care and services are required for the patient and to make arrangements to provide required services. In many cases an EPC care plan would be initiated when first seeing the patient, not when completing an annual cycle of care. Where a patient is receiving treatment for their diabetes, is eligible for an EPC care plan, and a care plan has not previously been prepared, it would be appropriate to make a specific appointment with the patient for the purpose of preparing a care plan.

When an annual cycle of care is completed for a patient with diabetes, a doctor cannot claim a care plan item (preparation or review) as the final visit to complete the annual cycle of care for the purposes of the diabetes service incentive payment. On completion of an annual cycle of care for a patient with diabetes, one of the new diabetes consultation items should be used. An EPC item and a diabetes (or other) consultation item must be done on separate occasions, unless it is clinically required that both be done on the same day, in which case the Medicare voucher or invoice should be annotated to this effect.

3. A.28.5 of the explanatory notes means that the requirements set out in A28.2 are the minimum requirements needed to provide good care to a patient with diabetes. If a doctor completes an annual cycle of care according to these requirements, they are able to use the relevant MBS diabetes item to claim the diabetes service incentive payment. Where a patient requires additional levels of care to the minimum requirement, **and has complex care needs requiring multidisciplinary care**, they are eligible for the development of an EPC care plan.

Q: 1. Many patients have existing EPC care plans, so can a review of an EPC care plan qualify them for the PIP payment if it completes the yearly management cycle for diabetes or a 3+ Visit Plan for asthma?

2. Can the two items be claimed on the same day, ie. PIP item and review of an EPC care plan?

A: 1. A review of an EPC multidisciplinary care plan cannot be used as a trigger for the service incentive payment for completing the yearly management cycle for patients with diabetes or the 3+ Visit Plan for asthma. These MBS items are different and have their own specific focus and requirements. They are concerned with care provided by a multidisciplinary care team, and care provided by the GP respectively.

The relevant diabetes or asthma item should be claimed to trigger the relevant SIP payment. It is inappropriate for two rebates to be claimed for two MBS items in respect of a single service to the patient.

2. A review of an EPC care plan focuses on the multidisciplinary needs of the patient and requires the GP who prepared the plan to consult with other members of the team (to determine whether any changed care arrangements need to be made). The EPC care plan review will normally be wider in scope, and involve additional providers, than a consultation that completes the cycle of care for a patient with established diabetes or the third visit of an asthma 3+ Visit Plan.

In a specific situation where the review of the EPC care plan and a PIP-related consultation **must be provided on the same day,** the review of the care plan should be undertaken as a separate consultation to the PIP-related consultation. The Medicare voucher or invoice should be annotated that the service was clinically required to be provided on the same day.

DMMR - HOME MEDICINES REVIEW AND OTHER MBS SERVICES

Q: Can a GP refer a patient for a Home Medicines Review as a result of an asthma 3+ Visit Plan or as part of diabetes treatment?

A: The GP may refer a patient for a HMR, if as a result of an asthma 3+ Visit Plan, or as part of treatment for a patient with established diabetes mellitus, the GP assesses that a HMR is clinically necessary to ensure quality use of medicines or address patients needs. A HMR would meet the medication review requirement included as part of the annual cycle of care for a patient with established diabetes mellitus. As with other patients, patients with asthma or diabetes would need to meet the eligibility criteria for a HMR (see notes A.26.3 and A.26.4) and the GP would need to fulfil the MBS requirements for a HMR service.

HMR's are targeted at patients who are likely to benefit from such a review, and for whom quality use of medicines may be an issue or who are at risk of medication misadventure because of their co-morbidities, age or social circumstances, the characteristics of their medicines, the complexity of their medication treatment regimen, or because of a lack of knowledge and skills to use medicines to their best effect.

Q: How does a Home Medicines Review relate to an Enhanced Primary Care (EPC) health assessment, care plan or case conference service?

A: A HMR is a different service from a health assessment, care plan or case conference. There is no restriction on providing or initiating a HMR on the same day as an EPC service. These services are distinct, however, and work undertaken for one service (eg a health assessment) cannot also be claimed for another service (such as a HMR).

For example, medication review is a recommended component of an EPC health assessment. While this may include a review as part of a health assessment in the patient's home, it is likely to be a less comprehensive and less complex review than a HMR service involving collaboration between GPs and pharmacists and a comprehensive home interview with the patient.

As a result of a health assessment (or other EPC service such as a care plan or case conference) the need for a HMR service may be identified and steps taken to initiate such a service. To claim for the HMR service, however, the GP requirements for the HMR service must be met (ie consultation with patient, covering consent and provision of relevant clinical information to preferred community pharmacy, discussion with reviewing pharmacist, and consultation with patient to develop agreed management plan). Work undertaken and claimed for against another service cannot also be claimed to meet the HMR requirements.

Q: If a HMR assessment and subsequent discussion between the GP and pharmacist identifies the need for further assessment, eg a health assessment, care plan or case conference, can the GP claim for the HMR item as well as the EPC item?

A: The final step in the HMR process is for the GP to consult with the patient and develop an agreed medication management plan. If the HMR identifies that another action is required, eg further consultations, or an EPC health assessment, care plan or case conference, these actions can be undertaken as part of necessary ongoing monitoring and follow up. A HMR assessment may provide information which could be used in preparing a care plan, and a pharmacist who is providing an ongoing service or care to the patient (other than normal dispensing services) may be appropriate as a member of a multidisciplinary care planning or case conferencing team.

It would not be appropriate, however, to hold a 'case conference' solely for the purpose of discussing the results of a HMR review with the reviewing pharmacist. The HMR pharmacy service payment and MBS rebate already make provision for this discussion, for pharmacists and GPs. An EPC care plan or case conference, as a multidisciplinary approach to coordinating the care of a patient with a chronic condition and complex needs, would also be expected to cover more than just medication management issues.