- FACT SHEET -

Changes to the Federal Government's Enhanced Primary Care MBS items:

New items for Residential Aged Care Facilities
Improvements to existing EPC MBS Items

and New MBS Items:

Case conferencing for consultant physicians

In November 1999 the Government introduced a range of new Medicare services as part of the Enhanced Primary Care (EPC) Package. The new services allow primary care providers, especially general practitioners, to focus on preventative care for older Australians and better-coordinated care for people with chronic illness and multidisciplinary care needs.

The EPC MBS items provide a framework for a multidisciplinary approach to health care through a more flexible, efficient and responsive match between care recipients' needs and services.

These new Medicare items – ***health assessments, multidisciplinary care plans and case conferences*** – have been reviewed in consultation with the medical profession and other key stakeholders to identify any problems in their operation to date.

This review identified that the new items were working well, with some aspects where services could be improved. As a result, several changes have been made to the new items, ensuring more effective services to enhance patient health and well being.

These changes have effect from 1 November 2000, and include:

- providing access to appropriate EPC MBS items to care recipients in residential aged care facilities; and
- strengthening some existing requirements for the EPC MBS items to encourage and support good practice.

A related change, also with effect from 1 November, is the introduction of case conferencing items for consultant physicians, including case conferencing in residential aged care facilities.

New EPC MBS Items available to care recipients in residential aged care facilities

Significant quality improvements can be made in residential aged care and in the care of older Australians in the community by engaging attendant professionals, including general practitioners, in the design and delivery of care.

The aim of these new EPC MBS items is to strengthen the role of general practitioners in residential aged care services through integration and linkages with other primary health providers, and deliver improved health for residents.

The delivery of quality care in residential care needs to be a partnership between providers, families, the Government and professionals, such as GPs. These new Medicare items will encourage GPs to involve themselves more fully in the delivery of care in residential aged care services.

GPs are now able to **contribute to a multidisciplinary care plan** for a care recipient in a residential aged care facility. A residential aged care facility is a facility in which residential care services are provided, as defined in the *Aged Care Act 1997,* and includes facilities that were formerly known as nursing homes and hostels.

As with the corresponding EPC MBS items in the community setting, this item is available to residents with a chronic medical condition and multidisciplinary care needs. (A chronic condition is defined as a medical condition that has been, or is expected to be, present for 6 months or longer, or that is terminal).

The GP's involvement in care planning for a person receiving care in a residential aged care facility must be at the request of the facility in question. The contribution made by the GP should be documented in the multidisciplinary care plan maintained by the RACF, and recorded in the resident's medical record. GPs are not able to **organise a multidisciplinary care plan** for people receiving care in a residential aged care facility, as care plans are already required to be prepared by the facility.

GPs are also now able to **organise and coordinate, or participate in, multidisciplinary case conferences** for people receiving care in all residential aged care facilities. These items, similar to those practiced in the community setting, are available to residents with a chronic condition and multiple care needs. The items are time-tiered, ranging from case conferences lasting at least 15 minutes to conferences lasting at least 45 minutes. The GP must give a record of the conference (or a record of his/her participation in the conference) to the residential aged care facility, place a copy in the resident's medical records and offer a copy to the resident.

The EPC MBS items for **health assessments**, which are focused on the community setting, are not available to people receiving care in residential aged care facilities, whatever their level of care.

The new EPC items can be utilised in residential aged care facilities in many ways, for example:

- The care-planning item can allow a facility to utilise the expertise of the resident's GP when developing a new resident's individual care plan.
- Case conferencing can allow GPs more time to assess a resident's care needs, taking into consideration social and emotional factors that may be impacting on their condition. Within a residential care setting, case conferencing could include a GP, the Director of Nursing (DON) and an accredited pharmacist, specialist, physiotherapist or social worker.
- Case conferencing can also be used to encourage discussions between GPs, consultant pharmacists and facility staff following medication management reviews.
- The EPC items can be utilised when a residential aged care service is undertaking the yearly Resident Classification Scale (RCS) review on behalf of a resident. The facility

can involve the resident's GP and other health professionals when reviewing the care needs of the resident.

Improvements to existing EPC MBS Items

Other changes to the EPC MBS items have been made with effect from 1 November. These changes include an increase in the scheduled fee for **contribution to a care plan** (in the community, discharge or residential aged care facility setting). Changes have also been made to some of the requirements for the items to encourage and support good practice.

These changes include:

- Lifting the former restriction on ordering pathology and diagnostic imaging tests during a **health assessment**. While health assessments are not designed to be a "screening" service, tests can now be ordered as part of the health assessment where the assessment detects problems that require clinically relevant diagnostic imaging or pathology services.

- Clarifying the requirements for using a third party service provider (such as a nurse or other assistant) to collect information during a **health assessment**. These requirements include, for example, that:
  - the service provider acts under the supervision of the GP;
  - the GP is satisfied that the third party service provider has the necessary skills, expertise and training to collect the information required for the assessment; and
  - the GP has established how the information is to be collected and recorded and is consulted on any issues that arise during the information collection.

- Changing the MBS *Explanatory Notes* to reinforce that EPC services are intended to be provided by the patient's "*usual*" doctor or usual practice. This term has been defined as the doctor/practice who has provided the majority of services over the previous 12 months (and/or is likely to provide the majority of services in the next 12 months). When another doctor/practice provides an EPC MBS service, a copy of the **health assessment/case conference/multidisciplinary care plan report** should be sent to the patient's "usual" doctor (subject to the patient's agreement).

- Increasing the fee for **contribution to a multidisciplinary care plan** (community, discharge or residential aged care facility) from I November 2000 to $37.90. This increase recognises the level of complexity of work that can be involved in contributing to a care plan.

These changes are documented in the November 2000 MBS book – see the *Explanatory Notes* (pp 32-39) and *Item Descriptors* (pp 57-61).

Additional guidance on these changes to the EPC MBS items will be provided to GPs through a supplement to the RACGP Standards and Guidelines kit. The RACGP will develop and publish the supplement in keeping with the existing Standards and Guidelines. It will contain updated information reflecting the changes to the MBS items, including guidance on how GPs should use the new items in residential aged care facilities. It is expected that an interim draft of the supplement will be available on the RACGP's website early in the new year, with a final hard copy version to be available shortly afterwards.

New Case conferencing items for consultant physicians

Eight new MBS items have been introduced for consultant physicians, allowing them to **organise and coordinate,** or **participate in**, **case conferences** in the community, discharge or residential aged care setting. While these items are separate to the EPC package, they take into account appropriate linkages with the EPC MBS items.

These items for consultant physicians have been developed to further establish and coordinate the management of the care needs of eligible patients. They also facilitate more coordination and interaction between GPs and consultant physicians as they work together as members of multidisciplinary case conference teams.

These new services are available for patients with a chronic condition and multidisciplinary care needs. Case conferences involving consultant physicians are time tiered items, ranging from conferences lasting at least 30 minutes to those lasting longer than 60 minutes, reflected in the schedule fees for the items.

Case conferencing items for consultant physicians require the involvement of an additional 3 care providers (not including the consultant physician) in the multidisciplinary care team.

Consultant physicians for the purposes of the case conferencing items are:

- Infectious Diseases
- Clinical Genetics
- Internal Medicine
- General Medicine
- Immunology
- Thoracic Medicine
- Medical Oncology

- Cardiology
- Clinical Haematology
- Endocrinology
- Gastroenterology
- Renal Medicine
- Clinical Pharmacology
- Intensive Care

- Neurology
- Nuclear Medicine
- Paediatric Medicine
- Rehabilitation Medicine
- Rheumatology
- Geriatrics
- Psychiatry

The Department of Health and Aged Care is committed to facilitating delivery of the best quality EPC services to as many eligible people as possible. Issues arising in the operation of the EPC MBS items will be monitored and investigated, including as part of the ongoing evaluation of the items, which will run to mid-2002.

For more information on the EPC MBS items please contact the Medicare Inquiry Line on ***13 20 11,*** *or visit the Department of Health and Aged Care EPC website:*

http://www.health.gov.au/hsdd/primcare/enhancpr/enhancpr.htm

Enquiries can also be directed to the EPC Implementation Team (ph (02) 6289 8536).