Enhanced Primary Care (EPC) Package

New MBS Items
GP Education, Support and Community Linkages Program

Update Number 1

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1. Context for the Enhanced Primary Care Package

The 1999-2000 Federal Budget announced a range of measures worth $171 million that are intended to enhance the role of general practice in the primary health system. As part of this initiative $110 million has been allocated to include new items on the Medicare Benefits Schedule (MBS) for preventive health care and management. These are intended to enhance primary care particularly for older Australians, people with chronic illnesses, and those who require a range of services to support them in the community.

2. Why has the Commonwealth Government introduced this package?

The enhanced primary care package is intended to help prevent expensive hospital care and encourage GPs to participate with other health professionals in care planning and coordination for those with chronic and complex needs.

The new items are part of the Commonwealth's strategy to strengthen primary care, as is the whole GP Strategy, the Co-ordinated Care Trials and the Commonwealth's active encouragement and part funding of the restructure of primary care in Victoria.

Other parts of the health service system have moved to case management as a means of planning the care of those with chronic, complex care needs rather than reactively responding to episodes of illness. However, the medical case-management role of the GPs has only been explicitly recognised in the Co-ordinated Care Trials. The new MBS item numbers provide an opportunity for the broader recognition of the GP role in care planning and medical case management, and, for the first time, a means to be paid for this role. (*GPDV Issues Paper Number 12 covers the background to the new items).*

3. Education and Training Strategy

There are six elements to the Enhanced Primary Care package, of which the funding for the new MBS items is the largest component. To encourage GPs to take up the items, use them effectively, and participate in the other elements of the package the Commonwealth has allocated $8 million over 3 years from July 1999 to June 2002.

The Minister has given the responsibility for the implementation of the Education & Training Strategy to GPPAC, which has set up the EPC Task Force to oversee the rollout of the program. The Task Force decided that funding for the Implementation Strategy would be allocated to the State Based Organisations of divisions (SBOs). Thus it will be the SBOs, not DH&AC, that are managing the funding and the administration of the Education and Training Strategy for GPs in each State. This is a new role for GPDV and one which, as is well known,

GPDV has been reluctant to accept. In this case the urgency of the demands of DH&AC and the department's reluctance simply to divide the funding by formula among divisions present GPDV with no alternative. This reluctance stems from the recognition that the education and training of GPs and others in the effective use of the new items will extend over several years, and that there must be a nationally consistent implementation of the new items. It also appears to be caused by a view that the allocation to divisions by formula of the Immunisation Program funds did not always result in effective programs for GPs.

4. Victorian Strategy

GPDV has circulated to divisions a draft plan for GP education and training and a faxback request for comment. The initial response to the two models offered by the plan is that divisions generally prefer to run their own information and training sessions, using materials provided by GPDV and others. This is the model preferred by GPDV.

Victoria will be allocated approximately $1.6 million for GP education and training on the EPC package over three years. None of this funding has yet been received and it will not be available until all states' plans for education and training have been approved. This is to ensure national consistency.

Education and training materials will be developed as soon as RACGP has developed the standards and guidelines for the use of the new items. This work is being trialed currently and should be ready by late January. Some divisions have expressed frustration at the timing of the EPC education and materials, given that GPs have been able to claim the items from 1 November this year. The reason for the early introduction of the new items was to enable the campaign for the promotion of the use of the items to take advantage of the fact that 1999 is the Year of Older Persons.

The Victorian Advisory Committee on General Practice (VACGP) has established a subcommittee on GP Education and Training for the New MBS items. The purpose of this sub-committee is to provide support and advice to GPDV on the development and implementation of the GP education and training associated with the introduction of the EPC items. The sub-committee met on 10 November and will meet again on 17 December, following the national workshop in Canberra on 14/15 December, at which all SBOs will have an opportunity to workshop their draft plans and to work with DH&AC to maintain a nationally consistent content.

Divisions have suggested that the way GPs access the education and use the materials needs to suit local needs. To meet these needs the plan incorporates the flexibility of training on a take-home/self-education basis, a practice visit model, or a CME-type group approach, somewhat like the approaches offered by DVA.

The VACGP subcommittee has suggested that GPDV develop materials relating to each of the three categories of items – Health Assessment, Care Planning and Case Conferencing. The present intention is to develop three education modules - one on each of these topics.

Our proposed timeframe is:

November – February:	• Continue information sessions for GPs through divisions; • Development of the Implementation Plan in consultation with divisions, DH&AC and other stakeholders; • Divisions consulted on their preferred model for the presentation of the training; • Assist RACGP in trailing the guidelines and standards;
January:	• Advertise for an EPC Education Worker; • Discuss with education institutions available materials and module requirements;
March:	• Appoint worker; • Modules developed for trialling in 3 divisions;
May:	• Modifications to materials and processes following trials;
June:	• Modules available for divisions to implement to suit local needs.

5. Current Resources Available

GPDV has organized for Jane Cook, Senior Medical Advisor, Health Access & Financing, DH&AC, to brief division staff and GP leaders on the EPC items. Sessions have been held in Ballarat, Shepparton and Bendigo; Jane will present a session for Gippsland divisions at Traralgon on 9 December and a metropolitan session on 10 December.

Most Victorian divisions have provided GPs with information on the new items through their newsletter and 15 divisions have held an information session for their GPs. Other divisions have such sessions planned. GPDV Division Consultants have participated in some of these sessions by invitation and are available to present this information to GPs if divisions would like to organize such sessions.

The North East Valley Division's summary of the items is available from GPDV and has been very well received by GPs, who find the descriptors in the MBS handbook complex. We also have a copy of some of the assessment tools but suggest that the appropriate use of these tools probably requires some guidance. DH&AC is investigating the copyright issues around some of the instruments. A copy of the generic assessment tool is available on the DH&AC website, and others will be put there as they are developed. The website address is http://www.health.gov.au/hsdd/primcare/enhancpr/newmbs/pdf/generich.pdf

The State Office of DH&AC is sending out to divisions a large collection of Questions & Answers about the new items. Updated Questions & Answers will be forthcoming in response to queries raised by GPs and divisions.