## 1. EPC Web Page

*What's New on the EPC Web Page*

- Evaluation Report, from the EPC training skill workshop held in February/March 2001.
- MBS Items Relating to discharge from public hospitals Information sheet

## 2. Advance Notice

"Information Management in Primary Care"

4th May 2001 at Rydges Carlton 10am-4pm.

Eyre Care Peninsular Software will be launched in Victoria at this Primary Care Workshop. This will also be an opportunity to have an EPC network meeting. Full agenda will be sent to you later this week.

*This workshop will focus on information management issues arising from the EPC items. The workshop will include the following:*

- *The launch and demonstration of the Eyre Peninsula software for EPC.*
- *An exploration of who can do what to develop EPC friendly general practices.*
- *An examination of the linkages between PCPs and EPC.*

## 3. Standard EPC Quarterly Activity Report

*Thanks to you all. The October to December 2000* Quarterly Activity Report have all been received. Please note that the January to March report is due on the 23/04/2001.

## 4. Practice Nurse Project Mary Matthews, Monash Division

Mary Matthews from Monash division has Undertaken a project called ""Supporting GPs in EPC: Identifying a role for divisions and practice nurses". Mary has prepared a paper from her work called "Exploring the financial advantage/ disadvantage of Health Assessments in General Practice" which can be viewed on the Monash division website.

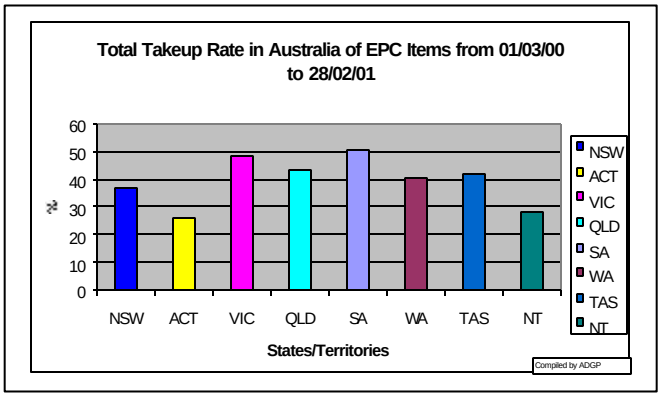
Mary will be speaking about the project at the EPC network meeting on the 4th of May.

http://www.monashdivision.com.au

## 5. EPC National Uptake Data

Can be obtained from the Commonwealth Department Website.

http://www.health.gov.au/hsdd/gp/epc/2001data.htm



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# 6. Recently Asked EPC Questions

## Electronic Consent Record

***Question:*** Has there been any movement to accept electronic consent from GPs patients for health assessments, care plans and conferences rather than a printed document that then needs to be filed? A number of Divisions are working on models to assist GPs with using the Item Numbers and this is creating a disincentive.

***Answer:*** As part of gaining consent the GP must explain to the patient the nature of the health assessment, case conference or care plan. If the GP is unable to get the patient's agreement in person, it may be obtained through a phone call to the patient. In all cases the GP must have the agreement of the patient beforehand. The GP must record the patient's agreement by a signed form or by a note on file eg when the consent is obtained from the patient via a phone call. If the practice has electronic files it is appropriate to note the consent on the patients electronic file

Practices may also be using software packages, such as the new software package, which has been developed by the Eyre Peninsula Division (SA). The software, which links to Medical Director and other packages, provides a tick box to flag that the patient has given their consent for an item to be provided. This tick box facility would be considered sufficient record of consent (this equates to a note on the patient's file). The patient should be made aware that the consent box has been marked and a comment provided in the progress notes. As long as the GP uses this facility correctly and the integrity of the information is protected, this meets the requirement for obtaining/recording consent.

*Collette Murray*
*Medicare Branch*
*April 2001*



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# 7. Mental Health Service - Recently Asked Questions

## Individual Service Plans

***Question:*** When mental health clients are being case managed by a mental health service they usually have an ISP (Individual Service Plan ie. type of care plan). In this instance is a GP able to prepare a care plan, if the ISP does not encompass all of a patient's needs? Or to avoid duplication, should the GP contribute to an ISP only?

**Answer:** If the ISP does not encompass the patient's multidisciplinary needs and is clearly inadequate as a multidisciplinary care plan - in this case the GP may consider organising an EPC care plan as this would not be duplicating an existing plan. If the missing element of the ISP is in fact a medical perspective on the patient's needs and actions required then it may be appropriate for the GP to contribute to the ISP care plan and thereby ensure that the ISP met all of the patient's health and care needs.

## Shared Care

***Question:*** When a GP takes over the main care of a mental health services client (as in a shared care arrangement), it seems appropriate, if the need arises, for the GP to initiate care plans and/or case conference for their patient This would be with mental health services becoming team members in the new care plan. Would this work?

***Answer:*** As with the scenarios above this would depend on the circumstances. In some cases it will be appropriate for the GP to initiate a new care plan (ie where the existing plan is inadequate). A GP, generally being the patient's 'usual medical practitioner' as defined in the MBS notes, can organise or participate in a case conference for their patient The mental health services team could comprise other members of the multidisciplinary care planning or case conferencing team provided each of the members of the team provide a different kind of care or service to the patient.

*Martin Mullane*
*Medicare Branch*
*April 2001*


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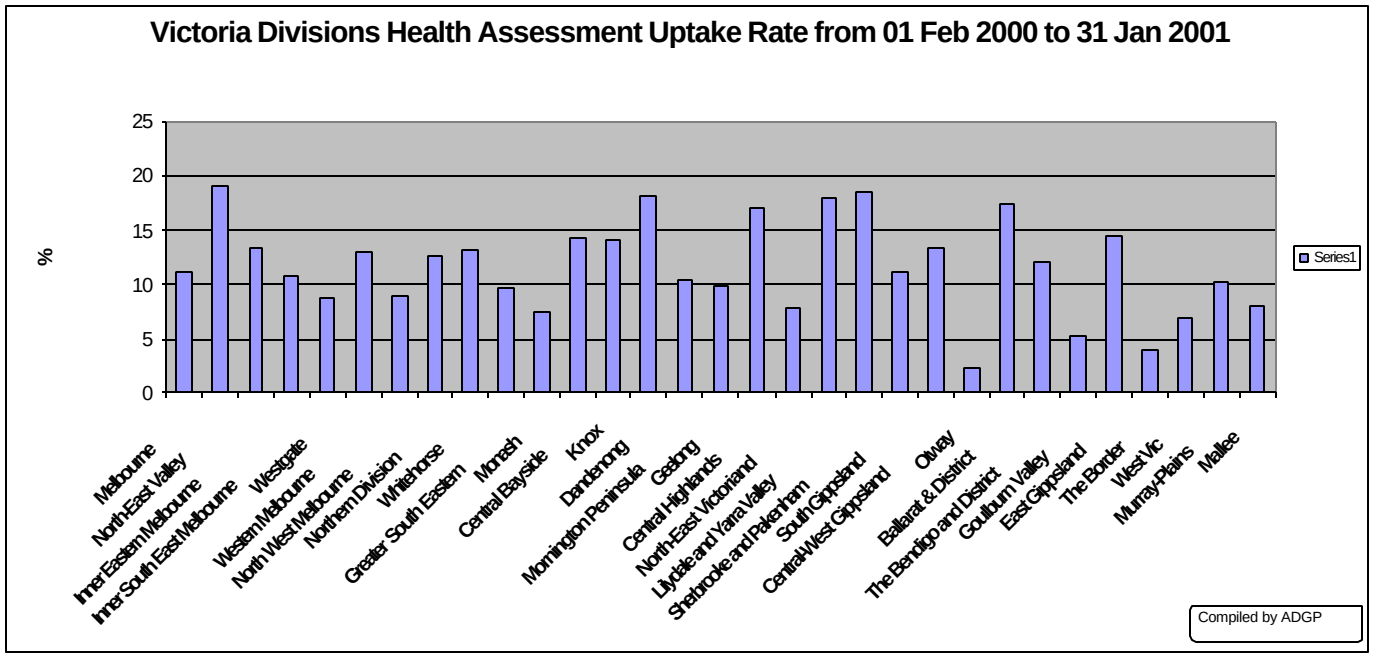
## 8. Victoria Divisions Health Assessment Uptake Rate by over 75s population from 01 Feb 2000 to 31 Jan 2001

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