1. EPC Web Page

Click on to the title as a shortcut to the EPC page.

What's New on the EPC Web Page?
GPDV Quarterly Report to DH&AC 1st Quarter 2001
Link to EPC Package May 2001 Newsletter
Summary of newsletter prepared by GPDV
Recently asked EPC questions to Medicare Branch

2. RACGP

Lynette Mackenzie from Newcastle University has contacted the RACGP re: acknowledgment for use of her Home Falls and Accidents Screening Tool (HOME FAST) pages 105 – 109, in the RACGP Guidelines. Lynette was consulted in the development of the EPC Standards and Guidelines and is more than happy for people to utilise the HOME FAST (or elements of it) when developing checklists etc. for GPs but would like the source properly acknowledged.

If you use this form in any way please acknowledge the author as follow;

Mackenzie L, Byles J, and Higginbotham N (2000) *designing the Home Falls and Accidents Screening Tool (HOME FAST): Selecting the items* British Journal of Occupational Therapy 63 (6) 260-9

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3. Questions recently asked by Victorian Divisions

VMOs

Question: Is it the VMO status of the GP that precludes use of the EPC items? For example, a patient is admitted to hospital under a specialist. The patient's GP has VMO rights but is not looking after this patient's care in hospital in this instance. Can the hospital engage the GP to contribute to the care plan?

A. There is no restriction on a patient claiming a Medicare rebate in respect of a service provided by a GP who is acting in a purely private capacity, ie outside any VMO agreement with the hospital. If in this case the GP is invited by the hospital to contribute to the discharge care plan and provides his services separately and independently of any VMO arrangement with the hospital then his/her service would attract a Medicare rebate. Note that if the GP were providing his services as part of a VMO arrangement he/she could still contribute to the discharge care plan but the patient would not be eligible for a Medicare rebate for his/her contribution.

CARE PLANNING TEAM

Question: In the case of the GP making a referral to a team (an aged care team or a rehabilitation team) the GP would not know the name of the actual provider until the patient had been seen and allocated to a provider. In this case it is impossible for the GP to have the agreement from the actual person providing the service at the time of drawing up the plan. Is it then reasonable for the GP to have 'in principle' agreement from the team?

The GP has responsibility for insuring that the health services required by the patient are available and can be easily accessed. Therefore, if the GP has discussed this with the team Coordinator then it would be reasonable that this would be considered appropriate for the care plan.

Question: Should GPs be working only with the health and care providers listed in the RACGP Guidelines and MBS Explanatory Notes as members of multidisciplinary care teams?

A. The health and care providers listed in the RACGP Guidelines and pro-formas and in the MBS Explanatory Notes are examples only of persons who, for the purposes of care planning and case conferencing may be included in a multidisciplinary care team. These lists are not exclusive or prescriptive. It may be appropriate for health or care providers other than those listed to be members of a multidisciplinary care team, where they are providing a different kind of care or service to meet the health or care needs of the patient.

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