Wentworth Healthcare

Blue Mountains | Hawkesbury | Lithgow | Penrith

MBS for Chronic Disease Management
Extending knowledge and skills

Nepean Blue Mountains PHN with
Wendy O'Meara – Larter Consulting
17 March 2022
6.30pm – 8.00pm

phn NEPEAN BLUE MOUNTAINS
An Australian Government Initiative

Acknowledgement of Country

I would like to acknowledge the traditional owners of the land in which we all meet today and to pay my respects to Aboriginal elders past, present and emerging.

I would also like to extend my respect to all Aboriginal people present today.

phn
NEPEAN
BLUE MOUNTAINS
An Australian Government Initiative

Wentworth Healthcare
Blue Mountains | Hawkesbury | Lithgow | Penrith

MBS for Chronic Disease Management

- Extending knowledge and skills

Presented by
Wendy O'Meara

Larter.

Learning Outcomes

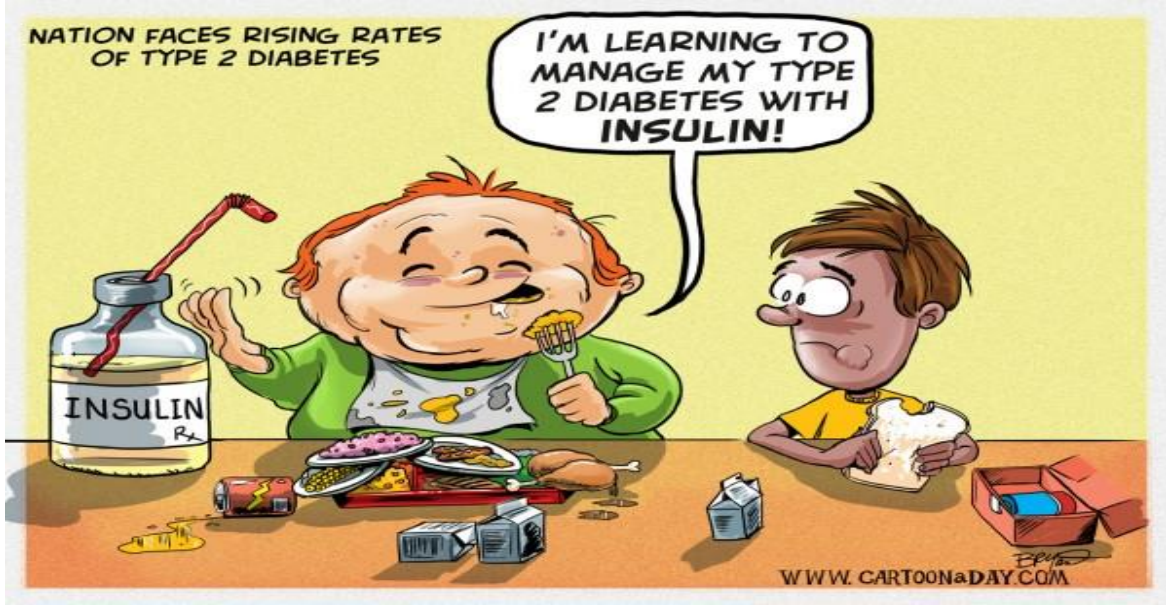
At the end of this workshop, the participant should be able to:

- Describe recent changes to the MBS for general practice - a comprehensive overview of all new item numbers and how they can enhance patient care

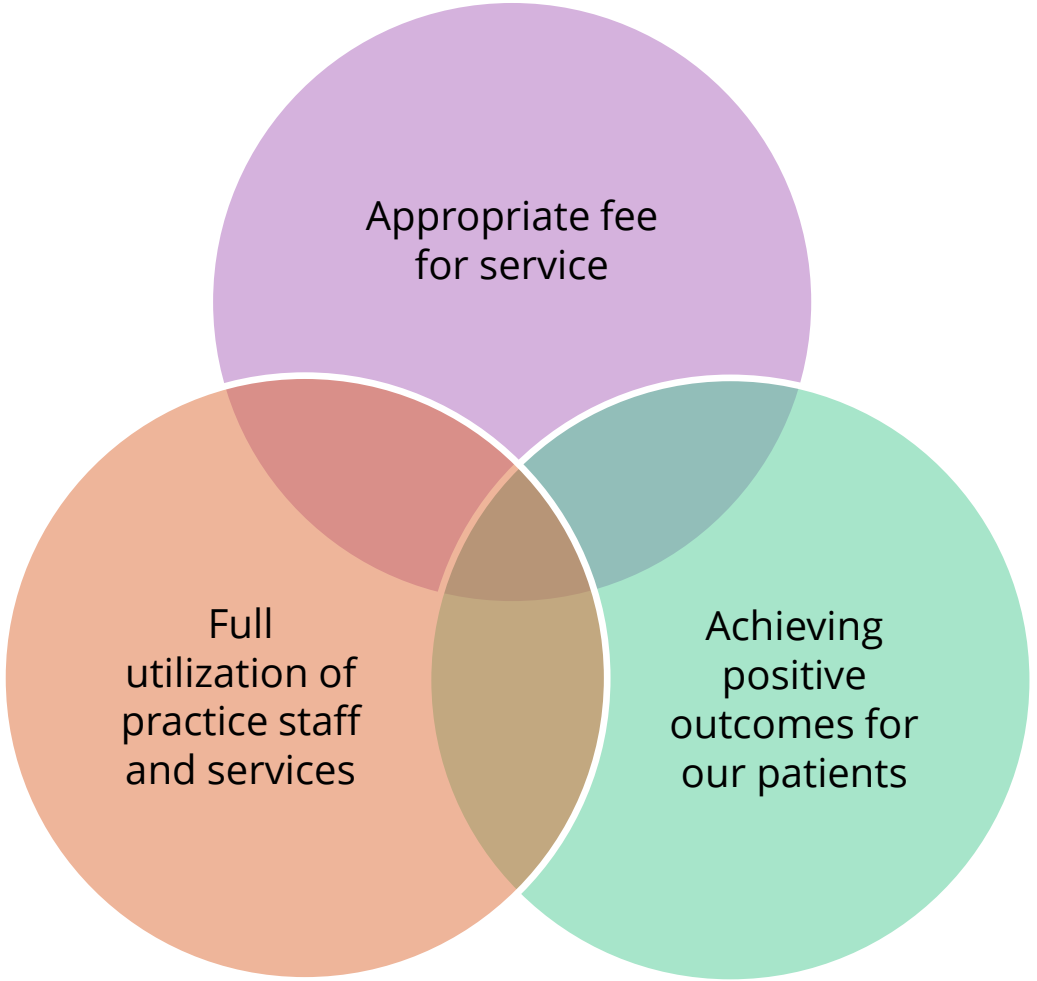
- Recall the evidence behind chronic disease care planning and health assessments and describe how to ensure compliance with MBS requirements, whether face to face, telephone or video conferencing.

- Discuss quality improvement ideas that are known to both enhance patient care in general practice and residential aged care facilities and be financially viable for practices through MBS billing.

Chronic Disease In General Practice

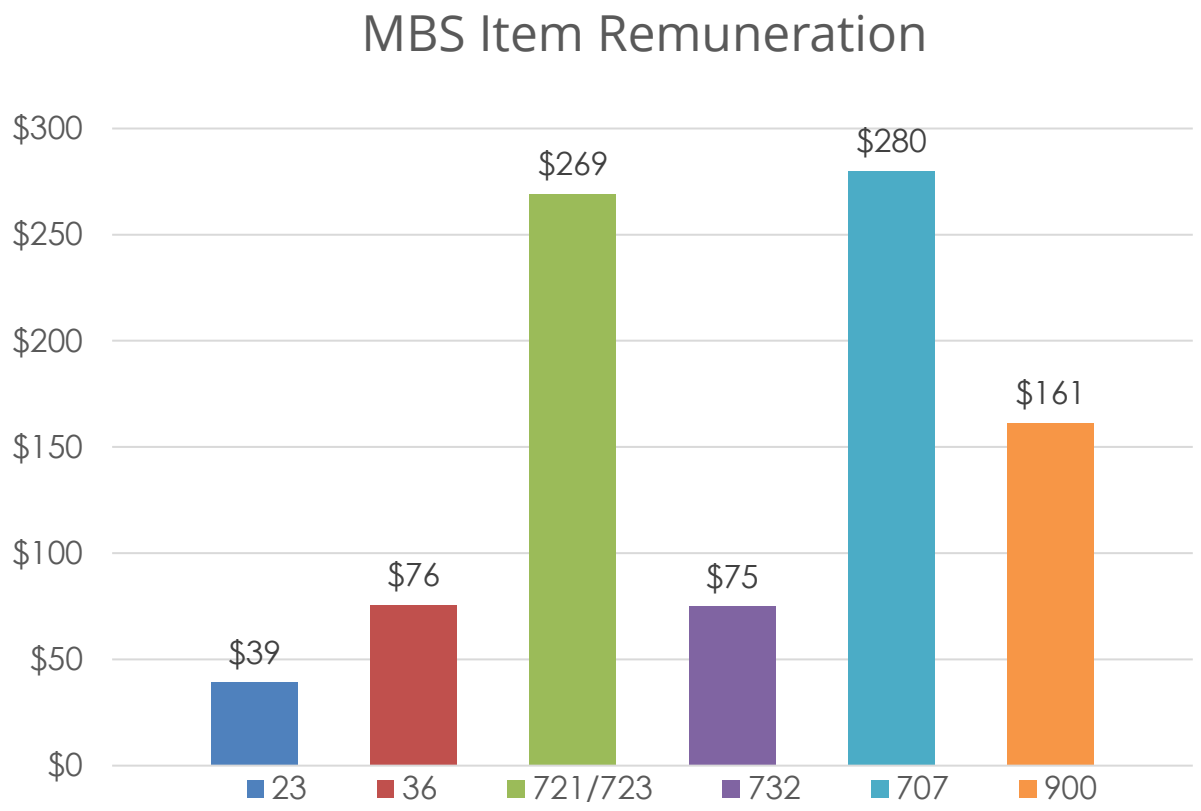


A general practice ‘sweet spot’



What's available for General Practice

- Other MBS items remunerate practices significantly more for planned, proactive care



What's the average MBS $ for a complex patient with chronic illness?

- AAPM modelling (2021) indicates the average MBS revenue for a patient with chronic illness and complex care needs = $890.00

What might this look like in MBS items?					
	Care plan	Care plan review	H/assess (60+ mins)	Other standard consults	Total
Jan	$269.05		$279.70		
Apr		$74.95			
Jul		$74.95		$39.10	
Sep				$39.10	
Oct		$74.95			
Dec				$39.10	$890.00

Why care planning

- GP Care Plans significantly and substantially increased relative likelihood of increased **regularity** of GP contact with no corresponding higher likelihood of increased **frequency** (Gibson et al 2012)

- Patients *feel* they are getting better quality care (Cheong et al 2013) and report increased knowledge of their conditions and how to manage them (McDonald et al 2006)

Why care planning?

- “Multidisciplinary care planning in general practice has been associated with improved outcomes for patients with chronic conditions, especially where there is follow-up”. (Harris et all 2013)

- Important elements
  - Planned framework of care
  - Regular review
  - Constant monitoring of patient
  - Patient understanding important

(Martin et al 2008, Zwar NA, Hermiz O, Comino EJ, et al 2007, Segal L, 2007)

Health Assessments

Type & frequency of MBS health assessment

Type of assessment	Pt. eligibility	Frequency
75 years or older	75+ years old	Annual
Comprehensive medical assessment – residents of aged care facilities	Permanent resident of a residential aged care facility	Annual
Intellectual disability	Intellectual function 2 standard deviations below the average IQ, and would benefit from assistance with daily living activities	Annual
Aboriginal & Torres Strait Islander	Self-identifies as Aboriginal and/or Torres Strait Islander	9 monthly
Type 2 diabetes risk evaluation (40-49)	40-49 years old, identified as 'high risk' through AUSDRISK tool	Once every 3 years
45-49 health check	At risk of developing a chronic disease (specific risk factor identified)	Once only
Refugees & other humanitarian entrants	Within 12 months of arrival or grant of visa 200-204, 070, 695, 786, 866	Once only
Australian Defense Force personnel	Former serving members of permanent or reserve forces	Once only
Healthy Heart Check	Any age- at risk of developing Cardiovascular disease	Annual

MBS rebates for Health Assessments

Name	Item	Medicare Fee (100%)
Brief Health Assessment less than 30 minutes duration	701	$61.75
Standard Health Assessment more than 30 minutes but less than 45 minutes	703	$143.50
Long Health Assessment more than 45 minutes but less than 60minutes	705	$198.00
Prolonged Health Assessment more than 60 minutes duration	707	$279.70
Aboriginal and Torres Strait Islander peoples health assessment Healthy Heart Check- duration minimum 20 minutes	715 699	$220.85 $75.75

Benefits of Health Assessments

Comprehensive review of a patients:

- Physical function
- Psychological function
- Social function

Health Assessments

Nurses time is counted towards time spent

- Allows yearly benchmarks for the patient to be measured against
  - Detects early change

- When conducted properly
  - Rewarding experience for patient
  - Valuable source of information for the GP

Aboriginal Torres Strait Islander Health Assessment

- Conducted every 9 months
- Aim to ensure care is provided that meets individual needs
- Referral to up to 10 additional PN or AHW services
- Enrolment in Closing the Gap Scheme

CLOSING THE GAP PBS

- The Closing the Gap PBS Co-payment Program is available to Aboriginal and Torres Strait Islander people of any age who are registered with Medicare, and in the opinion of a prescriber or Aboriginal Health Practitioner (AHP) would:
  - experience setbacks in the prevention or ongoing management of a condition if the person did not take the prescribed medicine; and
  - are unlikely to adhere to their medicine's regimen without assistance through the program.
  - Provision of PBS subsidized or free medication

Care planning
MBS items

Barriers to Care Planning

- GP time constraints and not having a motivated or skilled nurse to assist or lead programs
- Confusion about Medicare rules and fear of audit
- Don’t believe in the MBS care planning items- to much $, system rorting by others
- Complexity of the process
- Insufficient space for nurses consulting or computer access

Enablers to Care Planning

- Having motivated and skilled practice nurses
- Efficient systems- templates in software, communication protocols and roles for admin staff
- Systems for quality- quality recall system
- Teamwork- communication and understanding of what other disciplines can realistically contribute
- Use of just a few MBS item numbers

Practice nurse monitoring and support funded through #10997

- Follow up services for patients on a care plan, 5 per calendar year (#10997) $12.50
  - Checks on clinical progress
  - Medication compliance
  - Self management advice
  - Collect information to inform reviews

MBS criteria for Management plans and Team Care Arrangements

Common CDM item numbers

Name	Item	Medicare Fee (100%)	Recommended Frequency	Minimum Claiming period
GPMPs	721	$146.55	2 yearly	12 Months
TCAs	723	$116.15	2 yearly	12 Months
Review a GPMP *Or* Coordinate a Review of TCAs/ Multidisciplinary Community Care Plan/ Multidisciplinary Discharge Plan	732	$73.20	6 monthly	3 months
Contribution to or review of another provider's care plan	729	$71.55	-	3 months
Contribution to a care plan in residential aged care facility	731	$71.55	-	3 months

Common CDM item numbers

Name	Item	Medicare Fee (100%)	Recommended Frequency	Minimum Claiming period
GPMPs	721	$146.55	2 yearly	12 Months
TCAs	723	$116.15	2 yearly	12 Months
Review a GPMP *Or* Coordinate a Review of TCAs/ Multidisciplinary Community Care Plan/ Multidisciplinary Discharge Plan	732	$73.20	6 monthly	3 months
Contribution to or review of another provider's care plan	729	$71.55	-	3 months
Contribution to a care plan in residential aged care facility	731	$71.55	-	3 months

General Practice Management Plan (GPMP)

- Patient is living in the community, with a chronic or terminal medical condition (6 months)
    - asthma
    - Cancer
    - cardiovascular disease
    - Diabetes
    - musculoskeletal conditions
    - Stroke
- Between GP and Patient
- Agree on and manage long term goals

Team Care Arrangements (TCA's)

GP coordination for a patient who has a chronic or terminal medical condition **and also** requires ongoing care from a multidisciplinary team of at least three health or care providers.

- Involves the GP collaborating with the other participating providers on required treatment/services

- agreeing to arrangements with the patient, documenting the arrangements and a review date in the patient's TCAs

- providing copies of the relevant document to the collaborating providers.

Reminder: when claiming care plans, billing restrictions apply

Since 1 November 2014, a GP can't claim a care planning item and a general consultation item for the same patient on the same day. Specifically:

- When you claim #721 (GPMP), #723 (TCA) or #732 (review of GPMP and TCA), you cannot also claim a General Consultation Item on the same day

- General consultation items are
  - Standard consultations
  - After hours consultations

However it’s still fine to

Bill care plans and health assessments together

Bill care plans and mental health treatment plans together

Bill health assessments and mental health treatment plans together

HMMR/RMMR

- The Patient is living in a community setting
- The Patient is at risk of, or experiencing, medication misadventure
- 5 or more medications
- 12 or more doses
- Significant change in medication
- Recent hospital admission

DVA Treatment Cycles

- Introduced in October 2019
- One treatment cycle equals 12 visits, or 12 months, whichever comes first
- Can have as many treatment cycles as clinically necessary
- Can have multiple treatment cycles concurrently
- Initial consult must create patient care plan
- Final consult must complete end of cycle report
- RACF eligibility based on care level classification

CVC PROGRAM

- Gold card holders
- Risk of hospital admission
- Practice nurse led- relationship building
- Monthly phone calls
- UP01- $448.05 and UP03- $467.55
- 3 monthly billing

Residential Aged Care

RACF Resident

- Yearly Comprehensive Medical Assessment (CMA)
- 3 monthly review of RACF care plan and documentation of goals
- Residential Medication Management Review (RMMR)

Mental Health

- From 10th December 2020 to 30th June 2022
- Expansion of “better access” program to include aged care residents
- Residents diagnosed with mental health disorders including:
    - dementia
    - anxiety
    - depression

Mental Health

- Access to up to 20 individual psychological services per calendar year (January to December)
- Flag fall item extended to cover these services
- Face to face at RACF or consulting rooms
- Telehealth

Medicare Item Numbers- General Practitioner

Service	RACF face-to-face	RACF video	RACF phone	Rebate
GP without training prepare a mental health treatment plan (MHTP) 20-39 minutes	93400	93404	93408	$74.60
GP without training prepare a MHTP > 40 minutes	93401	93405	93409	$109.85
GP with training prepare a MHTP 20-39 minutes	93402	93406	93410	$94.75
GP with training prepare a MHTP >40 minutes	93403	93407	93411	$138.55
Review of GP mental health plan	93421	93422	93423	$74.60

Larter.

Flag Fall

Practitioner	Flag fall Item number	Benefit	Restrictions
GPs	90001	$57.25	Can only be claimed for first resident
OMP	90002	$41.60	Can only be claimed for first resident
Allied Health	90003	$40.35	Can only be claimed for first resident

Larter.

Allied Health Initiative

- 10th December 2020 to 30th June 2022
- Temporary MBS items available to improve access to multidisciplinary care for residents of RACF
- 5 additional physical therapy services and 2 additional exercise physiology group therapy services
- Total of 10 individual and 10 group sessions per calendar year

Larter.

Implemented in recognition that

- Residents of RACF are at high risk of deconditioning as result of restricted activity
    - Reduced daily activity due to lockdown
    - Family support reduced
    - Staff focus on infection control

- Many residents have contracted and recovered from COVID-19 and require rehabilitation to restore functionality and mobility

Larter.

Medicare Item Numbers- General Practitioner

Service	Current F2F	New F2F	Rebate
Professional attendance by a GP at a RACF to prepare or amend a multi-disciplinary care plan	731	93469	$73.25
Professional attendance by a GP at a RACF to conduct a Health assessment for a resident who is of Aboriginal-Torres Strait Islander decent	715	93470	$220.85

Larter.

Medicare Item Numbers- Allied Health

Additional physical therapies (individual services) GP Management Plan or Multidisciplinary Care Plan		
Service	Existing Items Face to Face (F2F) Only	Additional physical therapies Face to Face (F2F) Only
Exercise physiology service	10953	93518
Occupational therapy health service	10958	93519
Physiotherapy health service	10960	93520

What the changes mean

- Initial Program:

- Up to 5 allied health services for full range of providers

- 8 group sessions for residents with Type 2 diabetes in any combination

    - Dietitian
    - Exercise Physiology
    - Diabetes educator

What the changes mean

- New program:

- Up to 10 allied health services with the additional 5 for physical therapy- additional 5 must be face to face
    - Physiotherapist
    - Exercise physiologist
    - Occupational therapist

- Up to 10 groups sessions, with additional 2 for exercise physiology

MBS requirements

- Allied health provider must be registered with Medicare
- Feedback must be provided to practitioner after first and final service
- Referral must be on appropriate form indicating number of services and separate referral for each provider
- Services must be at least 20 mins long

What's new

- Introduction of a once only initial consultation per resident
  - Must be minimum of 30 minutes
  - Is part of 10 total sessions
  - Higher MBS rebate $96.30
  - Can be claimed by each provider engaged in care, but only once per calendar year
  - Must be provided face to face

- Flag fall for first resident $41.65 (90004)

Larter.

Allied Health Initial Consult Item numbers

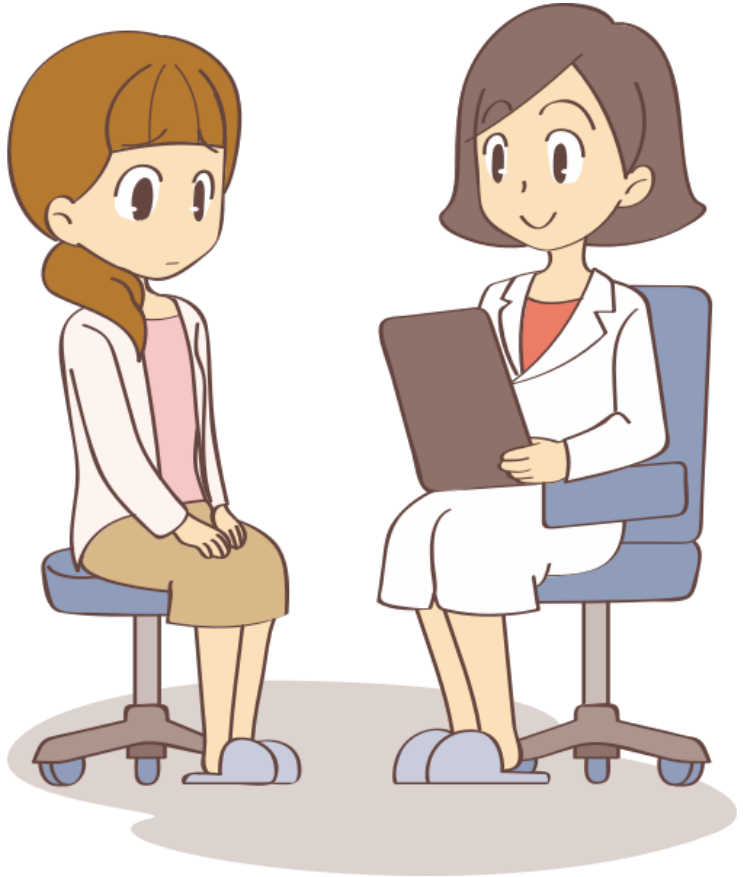
- Relevant Item numbers
- Initial consult
    - 93501 to 93513 $82.60
- Additional Consult
    - 93524 to 93538 $55.10

And finally, Case Conferencing

- 1st November 2021- 3 item numbers for allied health to participate in case conferencing
- Managed under multidisciplinary care plan
- Instigated by GP
- No “existing relationship” rule
- Every 3 months
- 2 additional providers
- Can be Telephone/Telehealth

Service	Items in person, via video conference or via telephone
Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; if the conference lasts for at least 15 minutes, but for less than 20 minutes (other than a service associated with a service to which another item in this Group applies)	10955 $43.25
Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; if the conference lasts for at least 20 minutes, but for less than 40 minutes (other than a service associated with a service to which another item in this Group applies)	10957 $74.10
Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; if the conference lasts for at least 40 minutes (other than a service associated with a service to which another item in this Group applies)	10959 $123.35

Patient Engagement and enrolment in programs



How to Identify Eligibility

- Data base search using clinical parameters
  - POLAR/PENCAT
  - Clinical software
- GP or another referral
- Opportunistic bookings
- Self identify/patient request

POLAR/PENCAT

- Assists practices to meet their PIP QI requirements
- Identifying patients that are eligible for Health Assessments, Care Plans, Team Care Arrangements and Reviews and Mental Health Treatment Plans
- Assists with recalling patients for immunisations, screening tests and other preventative health items
- Assists practices with business planning
- Increase data quality and recording to assist with accreditation
- Improve patient outcomes

Quality Improvement

- Use practice data to target specific cohort for improvement
  - Create business plan
  - Responsibilities
  - Actions
  - Outcome
  - Review period

Business Plan example- Osteoporosis

- Patients over 70 years who have never had a bone density (DEXA) scan
- Patients who have not been scanned in the last two or five years
- Patients who have experienced a fracture since the age of 50
- The practice then investigated local service providers that can perform DEXA scans.
- They found **MeasureUp**, which provides a free mobile van onsite for DEXA scanning and bulk billing for patients over 70 years.

Business Plan example- Osteoporosis

- Letter was sent to patients- this age group responds well to written invite
- The practice identified 421 patients at risk and conducted 170 DEXA scans. This equates to a 40.6 per cent uptake of patients screened
- Of the patients screened, 68.2 per cent were found to have a confirmed diagnosis of either osteopenia (79) or osteoporosis (37).
- Updated Health assessment template to include osteoporosis risk identification

Medicare update

Nicotine Cessation

- Can be co-billed
- Eligible for bulk bill incentive

Service	Face-to-face Items	Telehealth items *via video-conference*	Telephone items *– for when video-conferencing is not available*
Professional attendance for nicotine and smoking cessation counselling, care and advice by a general practitioner at consulting rooms lasting **less than** 20 minutes. **Rebate $39.10**	93680	93690	93700
Professional attendance for nicotine and smoking cessation counselling, care and advice by a general practitioner at consulting rooms lasting **at least** 20 minutes. **Rebate $75.75**	93683	93693	93703

Covid Vaccination Item numbers

MBS Item Number	GP/OMP	Dose and Time Period	Modified Monash Area
93624	GP	First-dose – Business Hours	1
93625	GP		2 to 7
93626	OMP		1
93627	OMP		2 to 7
93634	GP	First-dose – After-hours	1
93635	GP		2 to 7
93636	OMP		1
93637	OMP		2 to 7
93644	GP	Second or subsequent dose – Business Hours	1
93645	GP		2 to 7
93646	OMP		1
93647	OMP		2 to 7
93653	GP	Second or subsequent dose – After-hours	1
93654	GP		2 to 7
93655	OMP		1
93656	OMP		2 to 7
93660	Suitably qualified health professional on behalf of the GP/OMP	Off-Site Remote Supervision	1
93661	Suitably qualified health professional on behalf of the GP/OMP	Off-Site Remote Supervision	2-7
93666	GP/OMP/suitably qualified health professional	Vaccine Booster Incentive	All locations
10660	GP	In-Depth Patient Assessment	All locations
10661	OMP	In-Depth Patient Assessment	All locations
90005	GP/OMP/suitably qualified health professional	Services Outside Consulting Rooms - Flag-Fall	Residential aged care facility Residential disability facility Patient's home

Covid Vaccination Item Numbers

	1st dose	2nd dose	3rd/booster dose (including immunocompromised)
Dose 1 suitability assessment items 93624, 93625, 93626, 93627, 93634, 93635, 93636 or 93637	✓		
Dose 2 and subsequent dose suitability items 93644, 93645, 93646, 93647, 93653, 93654, 93655 or 93656		✓	✓
Remote supervision vaccine assessment 93660 and 93661	✓	✓	✓
Flag fall 90005	✓	✓	✓
In depth patient assessment items 10660 and 10661	✓	✓	✓
Booster incentive 93666			✓

Medicare Update

Covid management support service

- Item 93715- $25.00-can be co-billed

- 24-hour blood pressure monitoring (1/11/21)

    - Suspected of hypertension
    - Not commenced antihypertensives
    - 11607-$91.15

Medicare Update

Changes to Healthy Heart Check (699)

- Not available to under 30

Point of care testing HbA1c

- 73812- GP- $10.05
- 73826 -nurse-$10.05
- 3 times per year
- Accredited against national PoC guidelines- register and must complete training within 12 months

Available via Telehealth/Telephone March 2022

Standard Consultations	F2F	TELEHEALTH	TELEPHONE	REBATE
Consultation Level A	3	91790	91890	$17.90
Consultation Level B	23	91800	91891	$39.10
Consultation Level C	36	9180	92746	$75.75
Consultation Level D	44	91802		$111.50
A/H Consultations				
Urgent AH Telehealth only – UNSOCIABLE HOURS	599	92210		$159.20
Mental Health				
GP Mental Health Care Plan – UNSKILLED < 40mins	2700	92112		$74.60
GP Mental Health Care Plan Review – UNSKILLED > 40mins	2701	92113		$109.85
GP Mental Health Care Plan – SKILLED < 40mins	2715	92116		$94.75
GP Mental Health Care Plan – SKILLED > 40mins	2717	92117		$139.55
GP Mental Health Care Plan Review	2712	92114	92126	$74.60
GP Mental Health Consult- UNLIMITED	2713	92115	92127	$74.60
Pregnancy related				
Antenatal Service	16500	91853	91858	$41.70
Non-directive Pregnancy Counselling-4001	4001	92136	92138	$239.10
Post Natal Attendance by GP	16407	91851	91856	$63.45
Chronic disease Management				
Contribution to multidisciplinary care plan (RACF)	731	92027		$73.25
GPMP (2 years) – (Min 1 year)	721	92024		$150.10
TCA (2 years) – (Min 1 year)	723	92025		$118.95
GPMP/TCA review (can be billed after 3 months and 1 day)	732	92028		$74.95
ATSI Health Assessment	715	92004		$220.85

Thank you.

Wendy O'Meara
wendy@larter.com.au

Evaluations and questions

Wentworth Healthcare
Blue Mountains | Hawkesbury | Lithgow | Penrith

https://forms.office.com/r/AVZ4QV7DXb

phn
NEPEAN BLUE MOUNTAINS
An Australian Government Initiative

Thank you