

Patient Journey for planned Chronic Disease Management over 12 months

Thursday 2nd July 2020

Presented by the Primary Care Improvement Officer Team

Sli.do #MMCDM

We acknowledge the traditional owners of the lands we live and work on and extend our respects to elders past, present and emerging.

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Learning Objectives

- **Identify and implement a streamlined and consistent booking schedule for patients with chronic, palliative and complex diseases**
- **Develop and strengthen internal processes to provide clinically appropriate and timely care to patients with chronic disease**

The Patient Journey

GP determines patient requires Chronic Disease Management

Timeframe	Description	Item No.	Remuneration
Day 1	GP Management Plan	721	\$148.75
	Team Care Arrangement	723	\$117.90
1 month	Nurse follow up	10997	\$12.40 (+GP attendance if required)
2 months	Nurse follow up	10997	\$12.40 (+GP attendance if required)
3 months	Review of GPMP	732	\$74.30
	Review of TCA	732	\$74.30
4-5 months	Nurse follow up	10997	\$12.40 (+GP attendance if required)
6 months	Review of GPMP	732	\$74.30
	Review of TCA	732	\$74.30
7-8 months	Nurse follow up	10997	\$12.40 (+GP attendance if required)
9 months	Review of GPMP	732	\$74.30
	Review of TCA	732	\$74.30
10-11 months	Nurse follow up	10997	\$12.40 (+GP attendance if required)

12 months (366 days) **New GPMP & TCA Or continue reviews** **Total for year:** **\$774.45** (\$968.20 if the patient has also seen the GP at the Nurse Follow up visits)

Steps to success in planning a cohesive patient journey

Clinical coding of diagnoses ensures accurate searches

PenCat or your clinical software identifies your patients due for chronic disease management plans, reviews, Nurse follow up and appropriate clinical interventions

Grouping interventions at planned visits (eg. Prescriptions, Pathology requests, Home Medicine Review referral, ECG, Spiro, ABI) uses patient visits and GP and Nurse time efficiently and reduces risks of gaps in care

Nurse and GP schedules are planned and reflect adequate appointment time for each patient

Recalls and Reminders and booking next visit at time of consult increases likelihood of patient attendance at correct intervals

MBS items checker in HPOS verifies patient eligibility for billing. If not yet due for billing, My Health Record allows you to check the date of item numbers attended by another provider

An open brown suitcase is shown from a top-down perspective. The top lid is propped open, revealing a whiteboard inside. The whiteboard has the words "Case Studies" written in a bold, green, sans-serif font. The suitcase has a black handle on the front and two silver latches. The background is plain white.

Case Studies

Case Study 1

- **Mrs. Grey**
- **Just turned 45 years old**
- **Diagnosed diabetic**
- **Has presented to the practice for renewal of scripts**

PRACTICE ITEM NUMBER CALCULATOR

An Australian Government Initiative

ITEM	ACTIVITY	MBS ITEM NO.	OF SERV	MBS FEE	INCOME GENERATED
HEALTH ASSESSMENTS	Heart Health Assessment - (45-74 Years)	699 (Standard)		\$75.05	\$0.00
	45 - 49 year old Health Check	705 (Long)	1	\$196.25	\$196.25
CHRONIC DISEASE MANAGEMENT	GP Management Plan	721	1	\$148.75	\$148.75
	Team Care Arrangement	723	1	\$117.90	\$117.90
	Review GP Management Plan	732	3	\$74.30	\$222.90
	Review Team Care Arrangement	732	3	\$74.30	\$222.90
	PN contribution to CDM	10997	5	\$12.40	\$62.00
DIABETES	Cycle of Care Completed (Level C)	2521	1	\$73.95	\$73.95
BULK BILLING ITEMS	Bulk Billing item (<16 or concession) - urban	10990		\$15.20	\$0.00
	Bulk Billing item (<16 or concession) - rural	10991	18	\$23.05	\$414.90
OTHER SERVICES	ECG	11700	1	\$32.25	\$32.25
	HMR (assist referral process)	900	1	\$159.65	\$159.65
	ABI	11610	1	\$65.70	\$65.70
				TOTAL	\$1,717.15

Case Study 2

- **Mr. Collins**
- **30-year old Aboriginal patient**
- **Family history of stroke, cardiovascular disease, cancer and Kidney disease**
- **Daily smoker**
- **Daily drinker**
- **Obese**
- **A recent diagnosis of COPD**

PRACTICE ITEM NUMBER CALCULATOR

An Australian Government Initiative

ITEM	ACTIVITY	MBS ITEM NO.	OF SERV	MBS FEE	INCOME GENERATED
HEALTH ASSESSMENTS	Aboriginal & Torres Strait Islander	715	2	\$218.90	\$437.80
	Follow up service provided by PN or AHW	10987	10	\$24.75	\$247.50
CHRONIC DISEASE MANAGEMENT	GP Management Plan	721	1	\$148.75	\$148.75
	Team Care Arrangement	723	1	\$117.90	\$117.90
	Review GP Management Plan	732	3	\$74.30	\$222.90
	Review Team Care Arrangement	732	3	\$74.30	\$222.90
	PN contribution to CDM	10997	5	\$12.40	\$62.00
BULK BILLING ITEMS	Bulk Billing item (<16 or concession) - urban	10990		\$15.20	\$0.00
	Bulk Billing item (<16 or concession) - rural	10991	31	\$23.05	\$714.55
OTHER SERVICES	ECG	11700	2	\$32.25	\$64.50
	Holter Monitor	11709		\$172.70	\$0.00
	HMR (assist referral process)	900	1	\$159.65	\$159.65
	Spirometry (Confirm Diag Asthma/COPD)	11505	1	\$42.40	\$42.40
	Spirometry	11506	1	\$21.20	\$21.20
	ABI	11610	1	\$65.70	\$65.70
				TOTAL	\$2,527.75

The 15 Minute GP Consult

Standard Consult - \$ 38.75

- Outcome – Patients immediate needs met.. until the next time.
- Long term health outcomes don't change. Many patients with a Chronic Disease are managed this way & they don't know there is an alternative.

GP Management Plan/Team Care Arrangement New - \$266.65

- Outcome – Patient has new understanding of their health.
- They know they have a role to play in improving this.
- They have a plan for their health needs that's just for them and it will be reviewed regularly.
- They have a team to help them met their goals.
- They can come back for help & support between reviews
- GP would need to do 6.88 Standard consults to generate the same income BUT more importantly, the health gain is maximized for the patient.

How do you want to use your 15 minutes?

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Useful Resources & Links

- **Medicare eLearning**
 - Medicare Benefit Schedule
 - Compliance

https://www.servicesaustralia.gov.au/organisations/health-professionals/subjects/education-services-health-professionals?utm_id=9

- **MBS Enquiry and Interpretation:** www.mbsonline.gov.au
- **ASK MBS online support via email:** askMBS@humanservices.gov.au
- **Dept. of Human Services Provider Enquiry Line:** ☎ 132 150
- **Department of Health – Chronic Disease Management website**

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare-chronicdiseasemanagement-qanda#member>

HNECC PHN Primary Care Improvement Team and Quality Improvement toolkits

<https://www.hneccpnh.com.au/programs-resources/quality-improvement/>

ANY
QUESTIONS
?

What does care planning (721/723) currently look like in your practice?

Booked appointments



Opportunistic only



Not doing GP Management Plans/Team Care Arrangements



How much time do you allocate for chronic disease management?

GP only: 15-30min



Nurse 15min, GP 15min



Nurse 30min, GP 15min



Nurse 45min, GP 15min



Not doing GP Management Plans/Team Care Arrangements

