

An Australian Government Initiative

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.

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

Phn HUNTER NEW ENGLAND AND CENTRAL COAST

GP determines patient requires Chronic Disease Management

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

12 months New GPMP & TCA 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

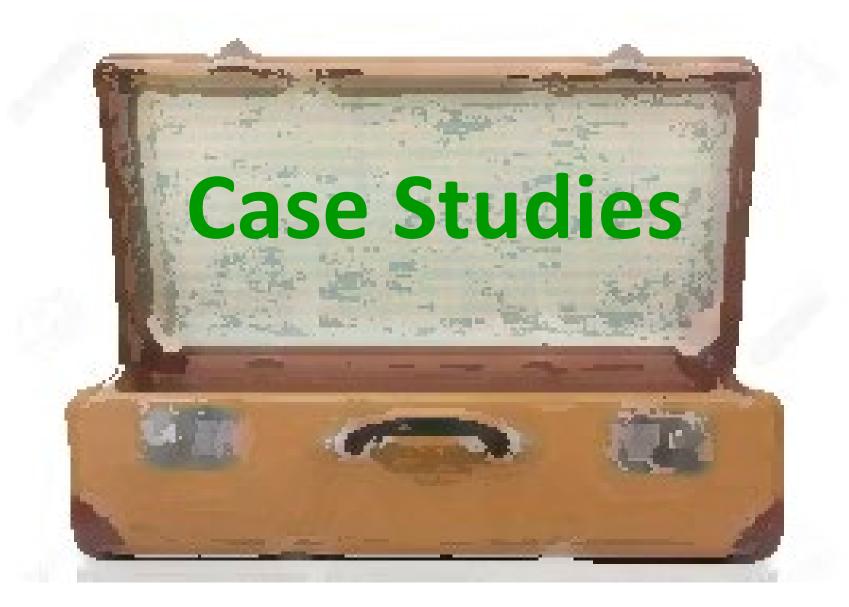
PenCat or your clinical software identifies your patients due for chronic disease management plans, reviews, Nurse follow up and appropriate clinical interventions

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



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

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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
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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
				4	711111
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
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				TOTAL	\$1,717.15
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Case Study 2



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- 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

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ITEM	ACTIVITY	MBS ITEM NO.	OF SERV	MBS FEE	tralian Government Initiative 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

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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?

hneccphn.com.au

Healthy People, Healthy Communities

Useful Resources & Links

- Medicare eLearning
 - Medicare Benefit Schedule
 - Compliance



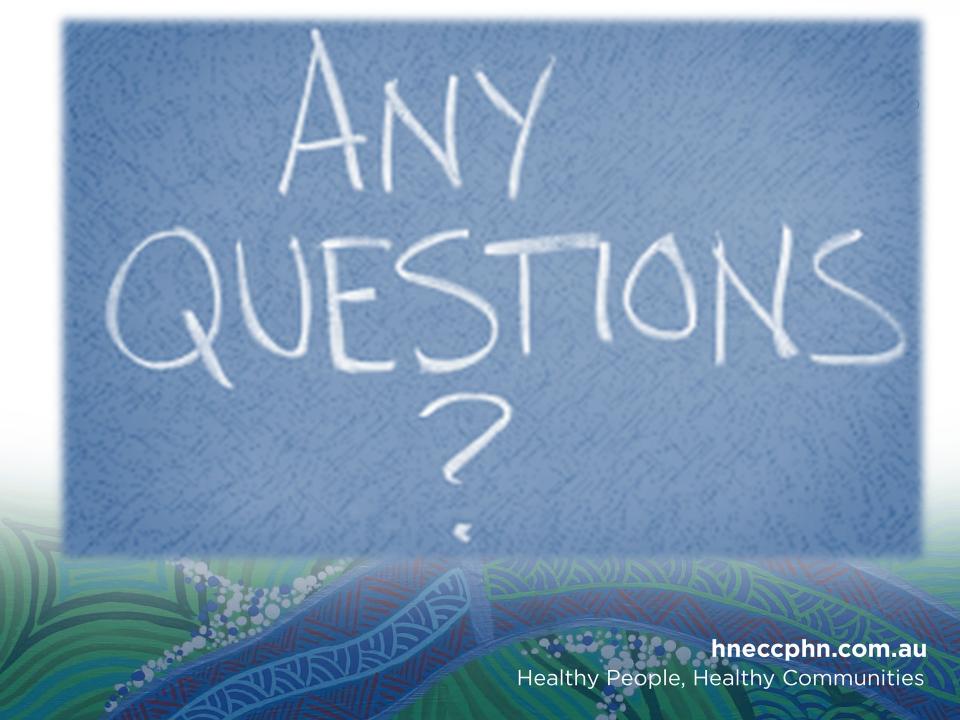
https://www.servicesaustralia.gov.au/organisations/health-professionals/subjects/education-services-health-professionals?utm_id=9

- MBS Enquiry and Interpretation: www.mbsonline.gov.au
- ASK MBS online support via email: <u>askMBS@humanservices.gov.au</u>
- Dept. of Human Services Provider Enquiry Line: 2 132 150
- 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.hneccphn.com.au/programs-resources/quality-improvement/





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

Booked appointments

85 %

Opportunistic only



15 %

Not doing GP Management Plans/Team Care Arrangements



0 %



The 12 Month Patient Journey for Planned CDM (2/2)

How much time do you allocate for chronic disease management?



GP only: 15-30min

15 %

Nurse 15min, GP 15min

0 %

Nurse 30min, GP 15min

45 %

Nurse 45min, GP 15min

40 %

Not doing GP Management Plans/Team Care Arrangements

