

Chronic pain session 2 – focus on case conferencing

HUNTER NEW ENGLAND INTEGRATED
CARE PARTNERSHIP

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HNECC PHN ACKNOWLEDGES THE TRADITIONAL OWNERS & CUSTODIANS OF THE
LAND THAT WE LIVE & WORK ON AS THE FIRST PEOPLE OF THIS COUNTRY.

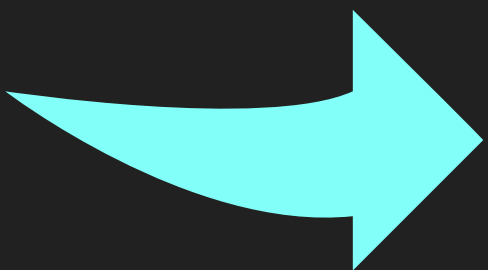


Learning outcomes



Describe the biopsychosocial model and whole-person approach for the management of chronic pain

Describe the evidence for prescribing and deprescribing opioids and other medications in the management of chronic pain

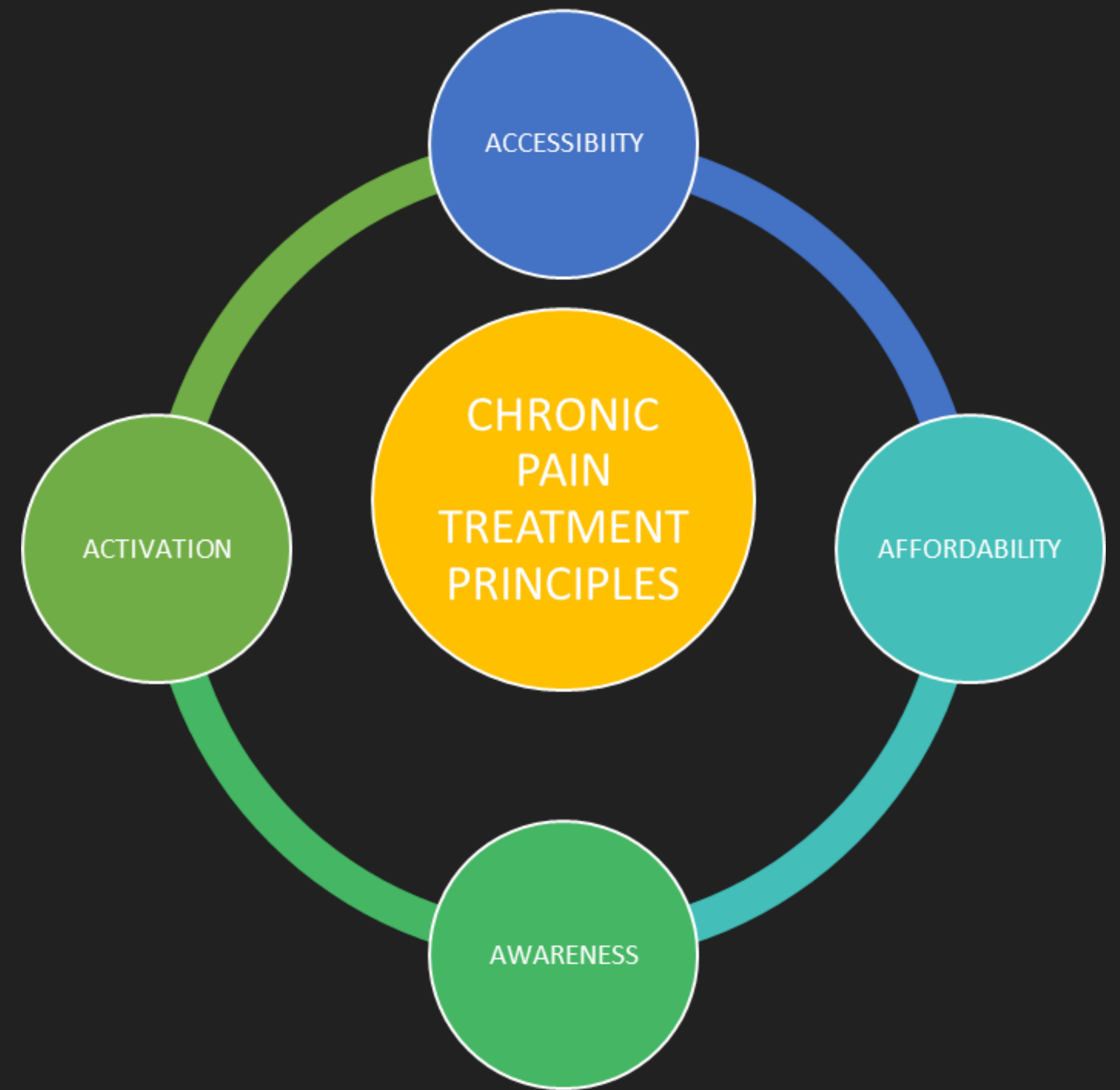


Describe the role of interdisciplinary care and allied health practitioners in the management of chronic pain

Understand Medicare processes for case conferencing with pain specialist and primary care allied health providers

Session 1 - Recap

- HNE Integrated Care Partnership is a partnership between HNELHD and HNECCPHN
- Chronic pain identified as a priority area
- **Better coordination between primary and tertiary care**
- **Case conferencing**



A WHOLE PERSON APPROACH TO PAIN

Recovery from chronic pain is possible



BIOMEDICAL

Your pain system can be over-active

Your scan does not explain your pain

Long term medications can be slowly reduced



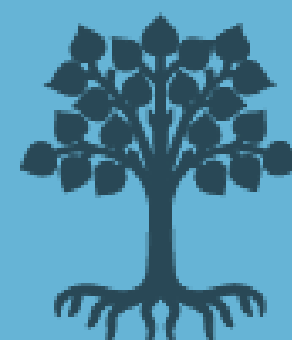
CONNECTION

Connection to people and place is valuable

Build a support team

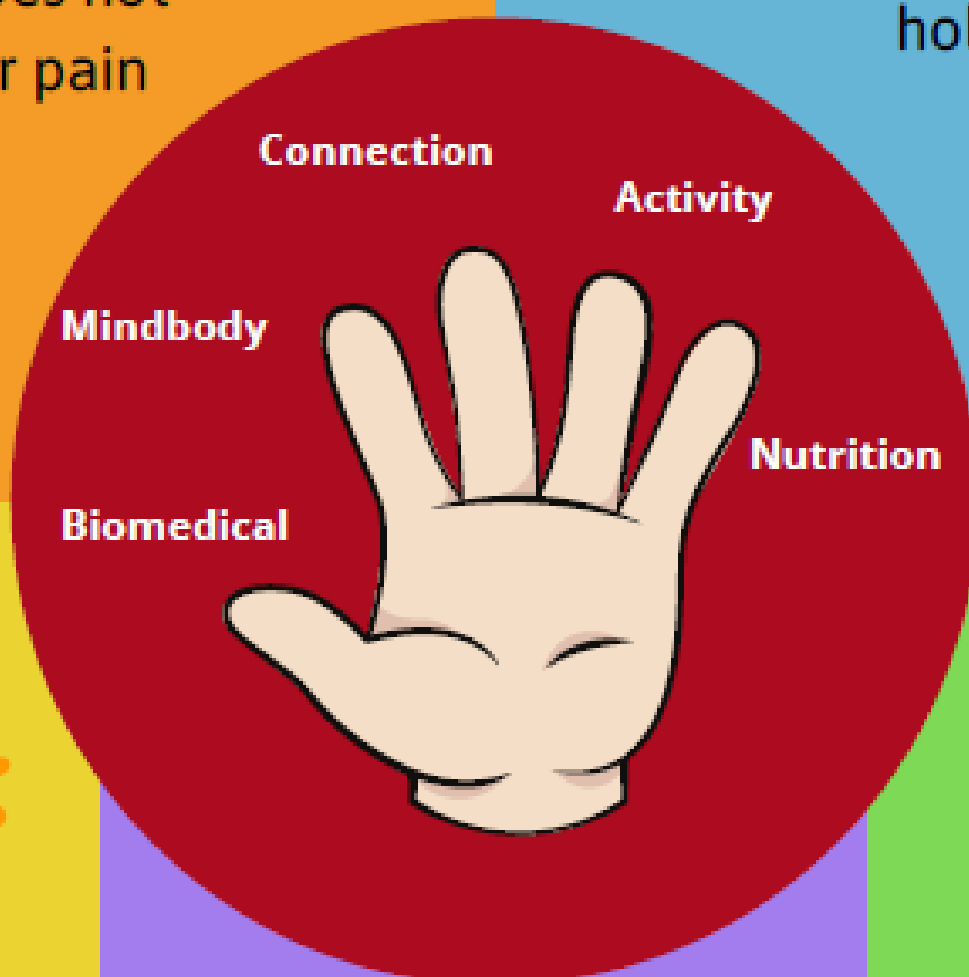
MINDBODY

Mind and body are linked



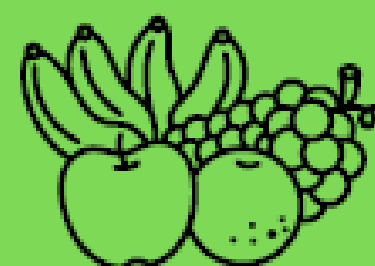
Explore beliefs that may hold you back

Address fear and other emotions that may keep you stuck



NUTRITION

Eat a variety of natural foods



Avoid or limit processed food and added sugars

Try healthy swaps

ACTIVITY

Moving is safe with chronic pain



Strength training boosts recovery

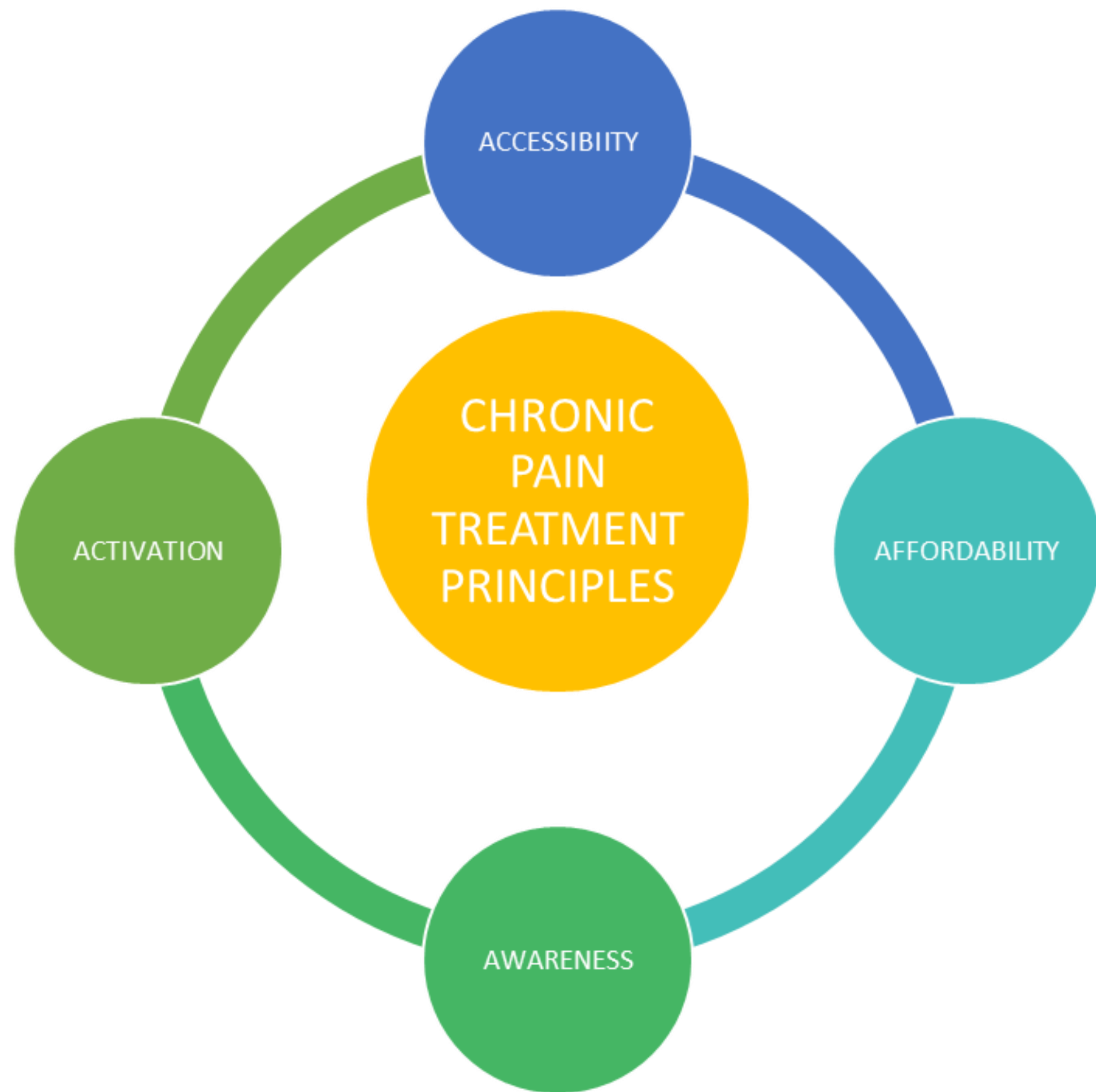
Infographic, available on HIPS website

Key messages

1. Whole person approach
2. Good outcomes are possible
3. It takes time
4. Behaviour change - It's simple but not easy



WHY CASE CONFERENCE?



Accessibility - travel, time, shared plan

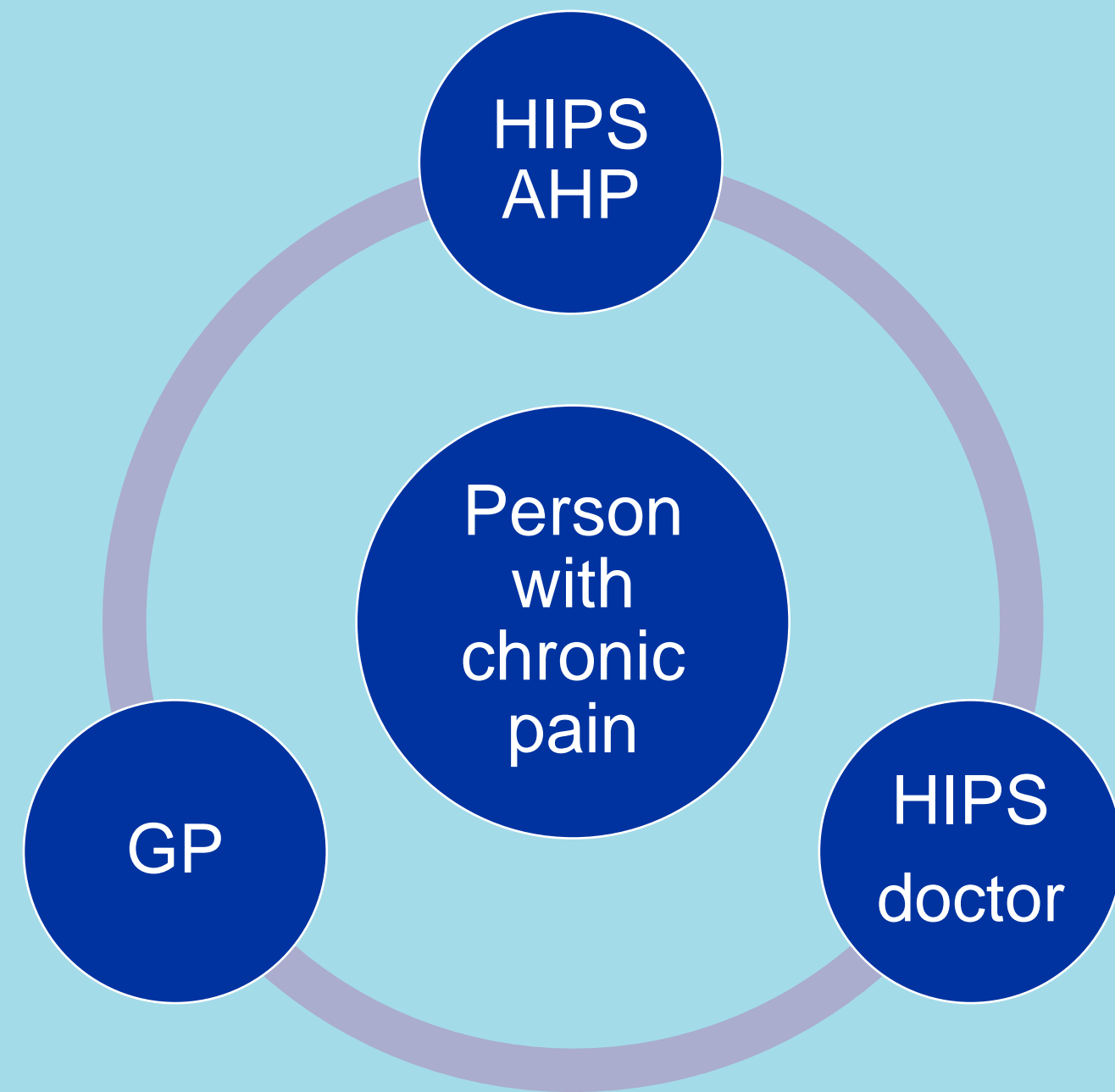
Affordability - Medicare rebates

Awareness - education, upskilling

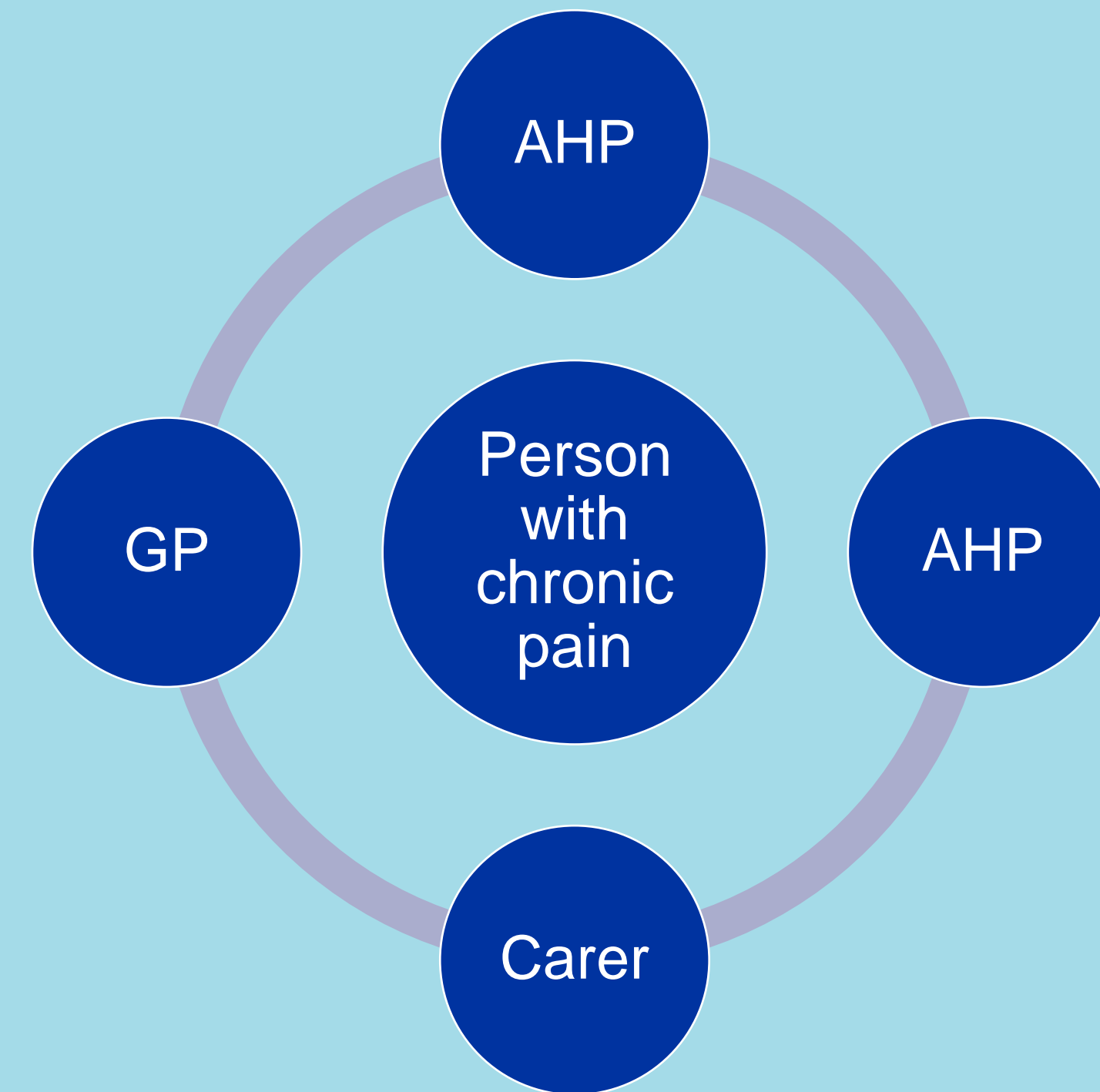
Activation - person centred, team working

EXAMPLES OF CASE CONFERENCES

With specialist pain service



Within primary care



AHP = Allied Health Professional

HIPS = Hunter Integrated Pain service

GP = General Practitioner

Multidisciplinary case conferences can improve patient outcomes...

- ✓ Improve care coordination
- ✓ Higher quality decision making
- ✓ Reduce hospitalisation
- ✓ Improved outcomes for patients

Best practice care should focus on patient goals and good teamwork

- ✓ Shared goals
- ✓ Outcomes that matter most to patients
- ✓ Good communication
- ✓ Positive relationships with all participants
- ✓ Clear roles and expectations



PRACTICALITIES

- Patient consent
- Invitations
- Setting an agenda
- Participants' email addresses
- Timing
- Video conferencing software
- Medicare

https://www.digitalhealth.gov.au/sites/default/files/2020-11/Online_conferencing_technologies-Connected_secure_consultations.pdf

<https://www.racgp.org.au/clinical-resources/covid-19-resources/telehealth/guide-to-provide-phone-and-video-consultation>

[http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/F47F4FC1848FAEC2CA25855D008395C9/\\$File/Factsheet-privacy-checklist-for-telehealth-services-20200804.pdf](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/F47F4FC1848FAEC2CA25855D008395C9/$File/Factsheet-privacy-checklist-for-telehealth-services-20200804.pdf)

USING ONLINE CONFERENCING TECHNOLOGIES SECURELY



*A guide for
healthcare organisations
– ‘Connected, secure consultations.’*

A MEDICARE CASE CONFERENCE

- Provides multidisciplinary input to the person's care
- Can be provided either face-to-face, by telephone or by video link, or a combination of these
- The minimum of 3 care providers for participating in a case conference **must** be present for the whole of the case conference

When can case conferencing be used?

- For GP and community-based team to seek an opinion from a pain specialist doctor and/or allied health professional from the specialist pain service. Or for community-based providers to develop a management plan
- All requirements of the item descriptors are met. [Note AN.0.49 | Medicare Benefits Schedule \(health.gov.au\)](#)
- For eligible allied health practitioners to access the MBS case conferencing item numbers, patients must have a GP Chronic Disease Management Plan in place

Claiming case conference items with other items

- Medicare benefits are payable to both items where a GP carries out a health assessment and case conference service for the same patient on the same day, if the requirements for both services are met
- The Chronic Disease Management (CDM) services can't be claimed on the same day as the case conference

CASE CONFERENCE – PATIENT ELIGIBILITY IN CHRONIC PAIN (CHRONIC DISEASE MANAGEMENT)



Case conferencing services are for patients who:

Live in the community or in RACF; and

Have at least one medical condition which;

has been (or is likely to be) present for at least 6 months; or

is terminal

AND

Require ongoing care from a multidisciplinary case conference team which includes:

a medical practitioner; and

at least 2 other members, each of whom provides a different kind of care or service to the patient and is not a family or carer of the patient, and one of whom may be another medical practitioner

Minimum interval 3 months

MULTIDISCIPLINARY CASE CONFERENCE TEAM MEMBERS

For case conferences organised by the patient's usual GP, the minimum of 3 providers would be the usual GP, and 2 other care providers.

The following allied health practitioners have access to Medicare rebates for attending the Chronic Disease Management Case Conference Services (10955, 10957, 10959)

Mental health workers

Occupational therapists

Osteopaths

Physiotherapists

Podiatrists

Psychologists

Speech pathologists

Aboriginal and Torres Strait Islander health practitioners

Aboriginal health workers

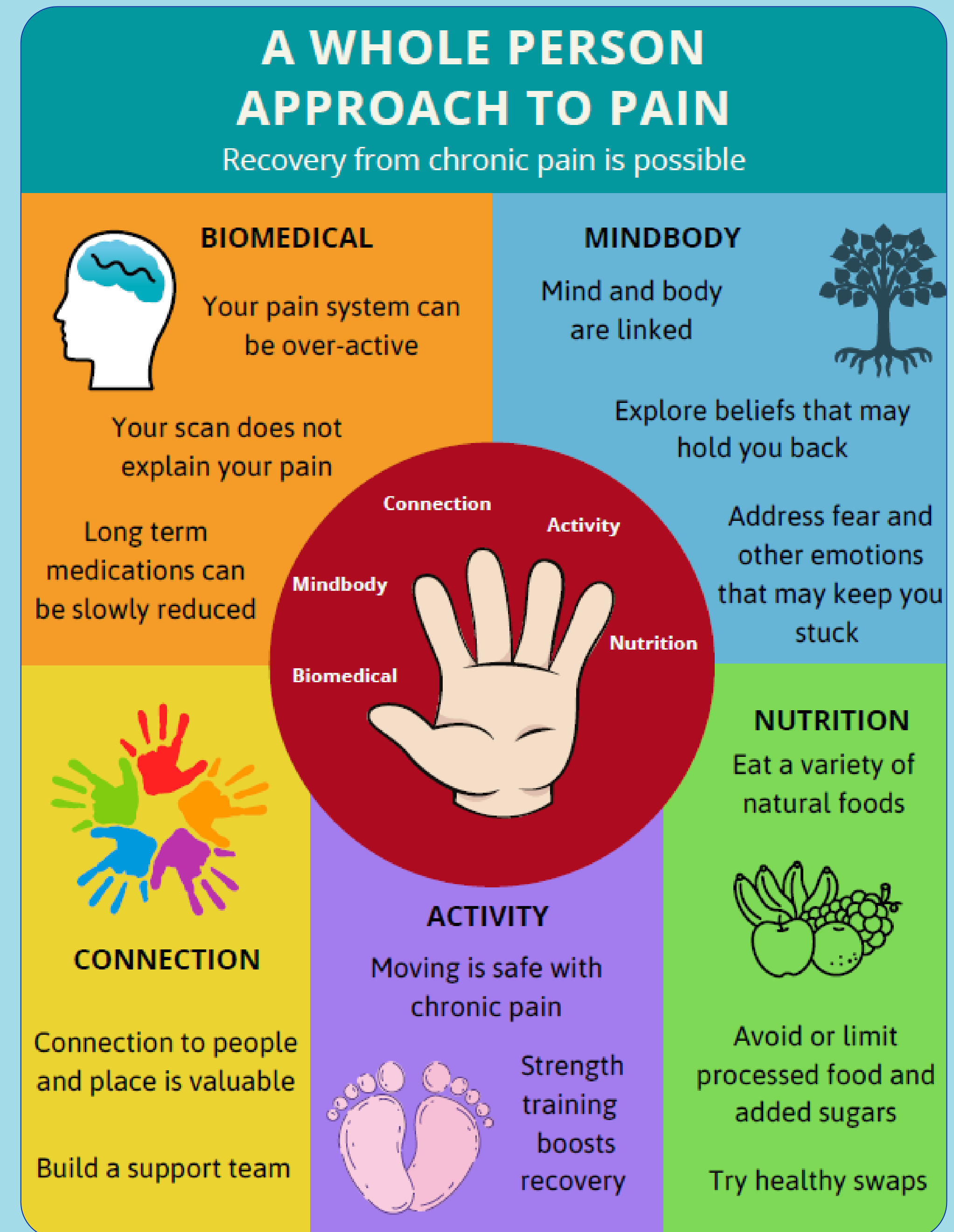
Audiologists

Chiropractors

Diabetes educators

Dietitians

Exercise physiologists



Other providers can participate in case conferences; however, they will not be able to access the MBS

These include:

Home and community service providers, or care organisers, such as: education providers; "meals on wheels" providers; personal care workers (workers who are paid to provide care services); probation officers

Allied health professionals being registered nurse; pharmacist; orthoptist; orthotist and prosthetist, optometrist; social worker, asthma educator, dental therapist, dentist

The patient's informal or family carer may be included as a formal member of the team in addition to the minimum of three health or care providers. The patient and the informal or family carer do not count towards the minimum of three



Note- a practice nurse cannot count as one of the minimum 3 team members unless acting independently of the GP and providing a distinct type of care

CASE CONFERENCE – MEDICARE BENEFITS SCHEDULE (MBS)

General Practice	Multidisciplinary Team	Conference time	Item no.	Medicare fee*
Attendance by a general practitioner , as a member of a multidisciplinary case conference team, to organise and coordinate a community, discharge into the community from hospital or residential aged care facility case conference (other than a service associated with a service to which items 721 to 732 apply)	Minimum of 3 formal care providers from different disciplines	15 – 20 mins	735	\$74.75
		20 – 40 mins	739	\$127.85
		> 40 mins	743	\$213.15
Specialist	Multidisciplinary Team	Conference time	Item no.	Medicare fee*
Attendance by a specialist , or a consultant physician, in the specialty of pain medicine, as a member of a multidisciplinary case conference team, to participate in a community case conference	Minimum of 3 formal care providers from different disciplines	15 – 30 mins	2958	\$107.20
		30 – 45 mins	2972	\$170.95
		> 45 mins	2974	\$234.75
Allied Health	Multidisciplinary Team	Conference time	Item no.	Medicare fee*
Attendance by an eligible allied health practitioner , as a member of a multidisciplinary case conference team, to participate in a community or residential aged care facility case conference	Minimum of 3 formal care providers from different disciplines	15 – 20 mins	10955	\$51.65
		20 – 40 mins	10957	\$88.55
		> 40 mins	10959	\$147.40

*The payment of benefits for professional services listed in the MBS vary between providers. Medicare Fees listed are shown at 100% of the Schedule fee. Please refer to [MBS Online](#) for further information on the fee schedule.

MEDICARE REQUIREMENTS

A record of the case conference must be kept in the patient's medical record.

This includes:

- ✓ Patient's agreement to the case conference
- ✓ A list of participants
- ✓ The times the conference commenced and concluded
- ✓ A description of the problems
- ✓ Goals and strategies
- ✓ Summary of the outcomes





Questions?

HIPS experience with GP advice and case conferencing

- Asynchronous v synchronous communication
- Standard HIPS triage category – GP advice letter and invitation to attend introductory seminar
- Case conferencing for select few cases – often frequent presenters

Professional Development Opportunities

- Faculty of Pain Medicine online Better Pain Management modules
- USyd and UniSA have Certificate and Masters level courses
- Australian Pain Society (APS) Annual Scientific Meeting
- Noi Group have many short Pain Science based courses
- PMRI Sydney - Short courses and webinars
- Aus Physio Assoc - Pain Level 1 Course
- Australia College of Nursing – several courses
- Emotional Awareness and Expression Therapy for Chronic Pain