

# Chronic Disease Management: MBS items in Aged Care

Presented by  
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**Larter.**



# Learning Objectives

At the completion of this module you should be able to:

- Discuss the important contributions of general practice in facilitating access to allied health services for residents with dementia and other complex medical needs.
- Describe the new temporary GP and OMP MBS items for multidisciplinary care planning and health assessments, and locate the fact sheet for more information
- Outline how to refer a resident to extended allied health treatment through the MBS initiative
- Discuss with colleagues how to deliver these collaborative services efficiently, to minimise the disruption of usual clinical practice.

# Covid 19 outbreaks in Australian RACF

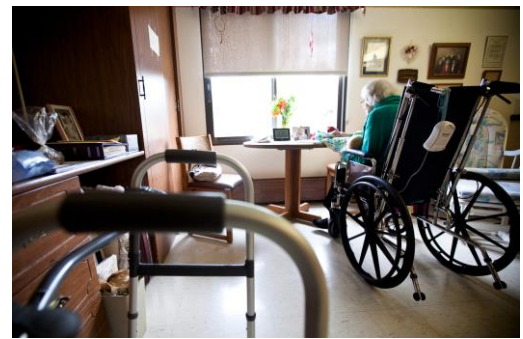
Active outbreaks	65
Active resident cases	199
Active staff cases	115
Deaths this calendar year	59
Total number of residential aged care facilities that have had an outbreak	355
Total number of outbreaks at residential aged care facilities	405
Number of residential aged care facilities with resolved outbreaks	295 (340 outbreaks closed)
Number of residential aged care facilities with resolved outbreaks with only one case (resident or staff member) of COVID-19	175
Total resident cases	2,498
Recovered resident cases	2,174
Total staff cases	2,542
Recovered staff cases	2,259

# Impact of COVID-19 in RACF

- COVID-19 has been the greatest challenge the aged care sector has ever faced.
- Significant impact on residents both
  - Physically
  - Mentally
- Impact on families
- Impact on staff



# The statistics



- As of 1st October 2021, there have been:
  - 728 deaths in RACF in Australia
    - 661 Victoria
    - 62 NSW
- There have been 592 cases in RACF in NSW

<https://www.health.gov.au/resources/covid-19-cases-in-aged-care-services-residential-care>

## Some context.



- Result of the Royal Commission inquiry into the Quality and Safety of Aged Care within Australia
- Final report tabled March 2021
- 148 wide ranging recommendations for the fundamental reform of the aged care system
- 3 most relevant to this presentation


# Royal Commission Recommendations



## Recommendation 3

“The Australian Government should urgently create Medicare Benefits Schedule items to increase the provision of allied health services, including mental health services, to people in aged care during the pandemic.”


“Any barriers, whether real or perceived, to allied health professionals being able to enter residential aged care facilities should be removed unless justified on genuine public health grounds. “





## Recommendation 38

“To ensure residential aged care includes a level of allied health care appropriate to each persons needs, by no later that 1 July 2024:

- Arrangement between aged care provider and allied health for provision of services as required
  - Employ or retain range of allied health providers
  - Ensure provision of care to residents in accordance with their individual care plans”
- 

# Recommendation 61



“Create new MBS items by 1<sup>st</sup> November 2021 for allied mental health practitioners providing services to RACF residents:

- psychologists
- occupational therapists
- social workers

This should cease on 30 June 2024, when the aged care allied health funding arrangement is established”



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# What the data tells us



- 49% of RACF residents were diagnosed with depression in 2018-2019, compared with only 12% in the community.
- 53% of RACF residents were diagnosed with dementia

**Australian institute of health and welfare, Dementia: A snapshot (2019)**


- These numbers are expected to escalate as a direct result of the impact COVID-19 has had on residents within RACF.

# Mental Health


- From 10<sup>th</sup> December 2020 to 30<sup>th</sup> 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 ( extended until 31<sup>st</sup> December 2021)
- 

# Mental Health

- Requires development of mental health plan by regular GP
  - Initial referral for 6 psychological sessions
  - Review of mental health plan
    - Must be completed after initial 6 sessions
    - Feedback received
- 


# Mental Health



- Referral for further 4 sessions
- Additional review of mental health plan
- refer for additional 10 sessions if appropriate
- If review not claimable- substitute with mental health consult



# Benefits of allied health to residents with Dementia

- Advise on the use of modalities other than speech
  - Assess cognitive difficulties affecting behaviour and offer strategies to manage
  - Provide music, art or sensory therapy to reduce agitation
  - Focus care on retained abilities
  - Adapt environment to facilitate optimal functioning and minimize distress
- 

# 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

# 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

# Allied Health




# Allied Health in RACF

- Allied health providers play a significant role in maintaining quality of life for residents of RACF.
- Lack of activity and exercise significantly impacts physical function
  - Strength
  - Mobility
  - Balance
  - Cognitive and mental health


Resulting in increased risks of falls and hospital admissions




# Allied Health Initiative

- 10<sup>th</sup> December 2020 to 30<sup>th</sup> 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
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# 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
- 

# Eligibility requirements

- Currently being managed under:
    - Multidisciplinary care plan
    - GP Management plan
    - Shared care plan
    - team care arrangement
    - Aboriginal and Torres Strait Islander Health assessment
- 



# 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

# 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
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# 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)
- 


## But wait....

- Allocation/distribution of services?
  - The initial 5 EPC visits must be used before new services can be referred.
  - How is this tracked?
    - Relies of feedback from allied health
    - Regular care plan review
- 

# Allied Health Initial Consult Item numbers

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


# In addition

- Targeted measure focused on aged care homes that have experienced COVID-19 outbreaks
  - PHN's to commission **group** allied health services
    - Physiotherapy
    - Exercise Physiology
    - Occupational Therapy
- 




# What is required


Allied health provider will:

- Meet with RACF staff to identify eligible residents
  - Undertake a one-on-one assessment to identify individual needs
  - Provide a six month, twice weekly group session
- 


# Aboriginal Torres Strait Islander health assessments

- Can be conducted every 9 months
  - Allows referral to allied health under new temporary item numbers
    - Additional 5 physical therapy
    - Additional 2 group exercise physiology services
  - Attracts flag fall fee
  - Continues to provide access to 10 follow up sessions by practice nurse or Aboriginal health worker
- 

# 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
- 

# And finally..Case Conferencing

- 1<sup>st</sup> 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
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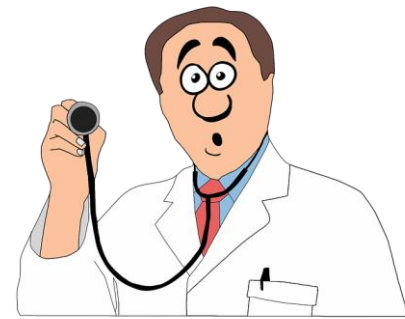
# And finally..Case conferencing

Service	Items in person, via video conference or via telephone
<p>Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in:</p> <ul style="list-style-type: none"><li>(a) a community case conference; or</li><li>(b) a multidisciplinary case conference in a residential aged care facility;</li></ul> <p>if the conference lasts for at least <b>15 minutes, but for less than 20 minutes</b> (other than a service associated with a service to which another item in this Group applies)</p>	<p><b>10955</b></p>
<p>Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in:</p> <ul style="list-style-type: none"><li>(a) a community case conference; or</li><li>(b) a multidisciplinary case conference in a residential aged care facility;</li></ul> <p>if the conference lasts for at least <b>20 minutes, but for less than 40 minutes</b> (other than a service associated with a service to which another item in this Group applies)</p>	<p><b>10957</b></p>
<p>Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in:</p> <ul style="list-style-type: none"><li>(a) a community case conference; or</li><li>(b) a multidisciplinary case conference in a residential aged care facility;</li></ul> <p>if the conference lasts for <b>at least 40 minutes</b> (other than a service associated with a service to which another item in this Group applies)</p>	<p><b>10959</b></p>

**What role does the  
GP play?**

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# What role does the GP play



The impact of COVID-19 has seen a significant reduction in general practitioner visits to RACF


- Limited access to facilities
- GP role has moved from proactive to reactive
- Reduction in all services provided to residents
  - Routine visits
  - Wound care management
  - Chronic disease management
  - Medication review

# Barriers in providing care in RACF

- Lack of trained staff to assist GP or inability to locate
  - Complicated workload of RACF residents
  - Poor remuneration for service
    - Significant time spent per resident
  - Quality of care plans
    - RACF care plans are based on funding and not on complex care needs of residents
- 




# Incentives to care provision

- Rewarding for both practitioner and resident
  - Initiate appropriate services for residents to optimize quality of life
  - Increased financial incentives through new initiatives
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# Aged Care Access Incentive

<b>Tier</b>	<b>Qualifying Service Level (QSL)</b>	<b>Service Incentive Payment (SIP)</b>
<b>Tier 1a</b>	60 to 99 services	\$2,000
<b>Tier 1b</b>	100 to 139 services	+ \$2,500
<b>Tier 2a</b>	140 to 179 services	+ \$2,500
<b>Tier 2b</b>	180 or more services	+ \$3,000

# Efficient Service Delivery

- Generate reports in clinical software to identify:
    - Last billing of care plan reviews, CMA's and mental health plans.
  - Obtain copy or review RACF care plan
  - Schedule time to attend RACF to review all your current residents and update their care plans
  - Initiate referrals for allied health services
  - Organise appropriate referrals
- 


# What can we do?

- Recommence/continue regular reviews of residents
  - Add reminders in clinical software for review of care plans, mental health plans and health assessments
  - Assist RACF to create resident focused care plans
  - Engage with other providers to provide optimum care
  - Schedule regular reviews in advance to ensure adequate time for residents.
  - Encourage uploads of shared health summary to facilitate care for external providers.
- 

# What role does the RACF play

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# RACF – How to contribute

- General practice cannot be expected to work alone in the complex care of residents in aged care facilities.
  - Collaborative care is essential
    - Establish relationships with visiting GP/Allied Health
    - Actively involve them in outbreak planning
  - Resident's file available to GP and Allied health
    - Care plans
    - Pathology and imaging
    - Discharge Summary after hospital admission
- 


# Role of RACF

- Care plans-Invitation to contribute
  - Patient centered
  - COVID-19 Specific directives
- Staff available to attend with visiting GP and Allied health to provide relevant information

## IT systems

- Telehealth requirement
  - Staff trained in use available
- 

# Role of RACF

- Recruitment of service providers
    - contract
    - Employed
    - Retention of current providers
  - Involve family in planning of care
  - Regular meetings with visiting general practitioners and allied health to assess and review for quality improvement
- 




# What role does the Allied health play


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# Allied Health

Allied health professionals are an essential part of the team

- enables older people to function physically, socially and emotionally
  - provide a diverse range of interventions
  - prevent or slow the progression of conditions
  - empower older people to live full and active lives.
- 

# Allied Health

- Access and contribute to RACF care planning
  - Scheduling of routine visits
  - Regular discussion with RACF
  - Create plan that the RACF staff can assist with and document plan
    - exercise
    - Diet
    - therapies
- 

# Links to Fact sheets and further Information

## Allied Health

[http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/D55539AD29D443B0CA25863F0004FEBC/\\$File/Factsheet-RACF-AH.pdf](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/D55539AD29D443B0CA25863F0004FEBC/$File/Factsheet-RACF-AH.pdf)

## GP/OMP

[http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/D55539AD29D443B0CA25863F0004FEBC/\\$File/Factsheet-GP-ACF-AH.pdf](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/D55539AD29D443B0CA25863F0004FEBC/$File/Factsheet-GP-ACF-AH.pdf)


## Mental Health

[http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/4E039FE40AA58218CA2586370081F4E0/\\$File/menhealth10dec.pdf](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/4E039FE40AA58218CA2586370081F4E0/$File/menhealth10dec.pdf)

# In a nutshell....

The effects of COVID-19 on all elderly Australians living in RACF has been devastating.

The provision of a multi-disciplinary, collaborative, person focused plan of care, is essential in addressing both the physical and mental impact that COVID-19 has had on their quality of life.

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# Thank you.

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