# MBS remuneration to support planned palliative care for patients

phn
NORTH WESTERN MELBOURNE
An Australian Government Initiative

A guide for health professionals working in general practice and residential aged care.

# Planned palliative care for patients in general practice

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## MBS remuneration to support care of patients in general practice

Planning palliative care will benefit patients with a progressive chronic disease, who have recent or persistent decline in their health and a positive response to the "surprise" question.

A palliative approach does not mean a shift away from active medical care. The aim is to focus on symptomatic management and support quality of life for the patient until death.

- The practice nurse can assist GPs with planning palliative care services.
- Set up reminders for care planning, case conferences and advance care planning.
- Schedule longer appointments for planned services.
- Include Advance Care Directive discussion in health assessments and care plans.
- Use general consultations to address unplanned care needs.
- Services and care arrangements are at the discretion of the treating GP

The next page shows a suggested timeframe for care, using Medicare initiatives over a 12-month period.

For details of remuneration for the items in the example overleaf, visit mbsonline.gov.au

## Prognostic indicator

**Use the "surprise" question as a prompt to start planned palliative care: "Would you be surprised if this patient dies in the next year?"**

**Note, it is unhelpful to try to predict a date in discussion with the patient and family.**

## Further Information

North Western Melbourne PHN for program assistance and resources
nwmphn.org.au

HealthPathways - Palliative Care
melbourne.communityhealthpathways.org
search by 'palliative'

Palliative Care Australia
palliativecare.org.au

Palliative Care Victoria
pallcarevic.asn.au

Medicare Benefits Schedule
For eligibility criteria and service requirements please refer to mbsonline.gov.au

# Planned palliative care for patients in general practice

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## MBS remuneration to support care of patients in general practice

| Suggested timeframe | Medicare initiative | Refer to mbsonline.gov.au for eligibility and service components. | MBS item |
|---|---|---|---|
| 0 months | Over 75 Year Health Assessment | Select relevant item based on complexity and PN + GP time. Introduce a discussion about Advance Care Planning or palliative care. | 701-707 |
| 2nd week | GP Management Plan (GPMP) | For patients with chronic disease; include discussion about Advance Care Planning or palliative care approach. | 721 |
| | Team Care Arrangement (TCA) | Requires at least 3 providers, including GP, to collaborate on care. Entitles the patient to Medicare allied health services (EPC): 5 per calendar year. | 723 |
| 3rd week | GP Mental Health Treatment Plan | Select relevant item depending on time and GP training. As per-Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria | 2700-2717 |
| 1st month | Case Conference | Opportunity for holistic informed approach to ongoing care for providers, carers and family. Organised by the GP; 20-40 minutes long; requires GP and at least 2 other providers (eg. Palliative Care Specialist) in 'real' time. | 739 |
| 2nd month | Domiciliary Medication Management Review ('HMR') | Referral to eligible pharmacist; ensures optimal management of patient with 5 or more medications and/or complexity. | 900 |
| 4th month | Level D consultation | To complete Advance Care Plan, following earlier discussions. | 44 |
| 5th month | Review GP Mental Health Treatment Plan | 4 weeks - 6 months after preparation of plan, review referral feedback and progress against goals. | 2712 |
| 6th month | GPMP Review | Discuss progress against goals and actions | 732 |
| | TCA Review | Discuss progress with team members. Can claim item 732 twice in same day if services are separate and times noted: see www.mbsonline.gov.au | 732 |
| 8th month | Case Conference | Organised by GP; 15-20 minutes long; GP + 2 other providers in 'real' time. | 735 |
| 5 per year | Practice Nurse care plan monitoring | Where a GP Management Plan is in place. | 10997 |
| After 12 months | Repeat health assessment, care plan and reviews, where clinically required. | | as above |

# Planned palliative care for patients in residential aged care

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## MBS remuneration to support care of patients in residential aged care

Planned palliative care will benefit residents with a progressive chronic disease who have recent or persistent decline in their health and a positive response to the "surprise" question.

A planned palliative approach does not mean a shift away from active medical care. The aim is to focus on symptomatic management and support quality of life for the patient until death.

- Ensure you discuss decisions for a palliative approach with facility staff.
- The practice nurse can assist GPs with planning palliative care services.
- Set up reminders for care planning, case conferences and advance care planning.
- Schedule longer appointments for planned services.
- Include Advance Care Directive discussion in health assessments and care plans.
- Use general consultations to address unplanned care needs.
- Services and care arrangements are at the discretion of the treating GP.

The next page shows a suggested timeframe for care, using Medicare initiatives over a 12-month period.

For details of remuneration for the items in the example overleaf, visit mbsonline.gov.au

Eligible GPs can register for the PIP Aged Care Access Incentive for care of patients in aged care facilities, and receive incentive payments in addition to consultation fees.

- Relevant MBS items: 232, 249, 731, 741, 763, 772, 789, 903, 5010, 5028, 5049, 5067, 5260, 5263, 5265, 5267, 90020, 90035, 90043, 90051, 90092, 90093, 90095, 90096, 90183, 90188, 90202 and 90212.

  For eligibility and payment details visit: servicesaustralia.gov.au/general-practitioner-aged-care-access-incentive-for-practice-incentives-program

## Prognostic indicator

**Use the "surprise" question as a prompt to start planned palliative care: "Would you be surprised if this patient dies in the next year?"**

**Note, it is unhelpful to try to predict a date in discussion with the patient and family.**

## Further Information

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# Planned palliative care for patients in residential aged care

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## MBS remuneration to support care of patients in residential aged care

| Suggested timeframe | Medicare initiative | Refer to mbsonline.gov.au for eligibility and service components. | MBS item |
|---|---|---|---|
| 0 months | Comprehensive Medical Assessment (CMA) | On admission, then annually. Identify who is appointed to assist with healthcare decisions for patients who do not have 'capacity' for palliative care discussions. Select relevant item based on complexity and PN + GP time. | 701-707 |
| | Domiciliary Medication Management Review (HMR) | Referral to eligible pharmacist; ensures optimal management of patient with 5 or more medications and/or complexity. | 903 |
| 2nd week | GP Mental Health Treatment Plan | Select relevant item depending on time and GP training | 2700-2717 |
| 1st month | Care Plan Contribution | For patients with chronic disease; GP contributes to facility's plan. GP contribution entitles the patient to Medicare allied health services (EPC), 5 per calendar year. | 731 |
| 2nd month | Case Conference | Opportunity for holistic informed approach to ongoing care for providers, carers and family. Organised by the GP; 20-40 minutes long; requires GP and at least 2 other providers (eg. Palliative Care Specialist) in 'real' time. | 739 |
| 4th month | Level D consultation | To complete Advance Care Directive, following earlier discussions.<br>* Item 90001 provides a call-out fee for the initial attendance by a GP at one RACF, on one occasion, applicable only to the first patient seen on the RACF visit. | 90051<br>90001* |
| 5th month | Review GP Mental Health Treatment Plan | 4 weeks - 6 months after preparation of plan, review referral feedback and progress against goals. | 2712 |
| 6th month | Care Plan Contribution | Review of facility's multidisciplinary plan and above GP contribution. | 731 |
| 8th month | Case Conference | Organised by GP; 20-40 minutes long; GP + 2 other providers in 'real' time. | 739 |
| After 12 months | Repeat CMA, case conferences and care plan contributions where clinically required. | | as above |

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