

MBS remuneration to support planned palliative care for patients

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



Planned palliative care for patients in general practice

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.
- In the example overleaf, remuneration can be up to \$1,389.20 per patient per year.
- Services and care arrangements are at the discretion of the treating GP

See over a suggested timeframe for care, using Medicare initiatives over a 12-month period. Also consider Diabetes Cycle of Care where the patient has Type 2 diabetes, and Asthma Annual Cycle of Care and spirometry where the patient has moderate to severe asthma, and the GP is registered with PIP for incentives.

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

www.nwmpHN.org.au – for program assistance and resources

Palliative Care HealthPathways

melbourne.healthpathways.org.au – search by “palliative”

Palliative Care Australia

www.palliativecare.org.au

Palliative Care Victoria

www.pallcarevic.asn.au

Medicare Benefits Schedule

For eligibility criteria and service requirements please refer to www.mbsonline.gov.au

Planned palliative care for patients in general practice

MBS remuneration to support care of patients in general practice

Suggested timeframe	Medicare initiative	Refer to www.mbsonline.gov.au for eligibility and service components.	MBS item	MBS rebate (100%) as at Sept 2014
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	\$59.35-\$268.80
2nd week	GP Management Plan (GPMP)	For patients with chronic disease; include discussion about Advance Care Planning or palliative care approach.	721	\$144.25
	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	\$114.30
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	\$71.70-\$134.10
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	\$120.95
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	\$154.80
4th month	Level D consultation	To complete Advance Care Plan, following earlier discussions.	44	\$105.55
5th month	Review GP Mental Health Treatment Plan	4 weeks - 6 months after preparation of plan, review referral feedback and progress against goals.	2712	\$71.70
6th month	GPMP Review	Discuss progress against goals and actions	732	\$72.05
	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	739	\$120.95
8th month	Case Conference	Organised by GP; 15-20 minutes long; GP + 2 other providers in 'real' time.	735	\$70.65
5 per year	Practice Nurse care plan monitoring	Where a GP Management Plan is in place.	10997	\$12.00
After 12 months	Repeat health assessment, care plan and reviews, where clinically required.		as above	as above

Planned palliative care for patients in residential aged care

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.
- In the example overleaf, remuneration can be up to \$1,068.85 per patient per year.
- Services and care arrangements are at the discretion of the treating GP.

See over a suggested timeframe for care, using Medicare initiatives over a 12-month period.

Eligible GPs can register for the PIP Aged Care Access Incentive for care of patients in aged care facilities, and receive up to \$5,000 for the financial year, in addition to consultation fees:

- Tier 1 up to \$1,500 for 60 eligible MBS services claimed per financial year
- Tier 2 up to \$3,500 for 140 eligible MBS services claimed per financial year
- Relevant MBS items: 20, 35, 43, 51, 92, 93, 95, 96, 731, 903, 5010, 5028, 5049, 5067, 5260, 5263, 5265 and 5267. See www.humanservices.gov.au/health-professionals/services/medicare/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

MBS remuneration to support care of patients in residential aged care

Suggested timeframe	Medicare initiative	Refer to www.mbsonline.gov.au for eligibility and service components.	MBS item	MBS rebate (100%) as at Sept 2014
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	\$59.35-268.80
	Domiciliary Medication Management Review (HMR)	Referral to eligible pharmacist; ensures optimal management of patient with 5 or more medications and/or complexity.	903	\$106.00
2nd week	GP Mental Health Treatment Plan	Select relevant item depending on time and GP training	2700-2717	\$71.70-\$134.10
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	\$70.40
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	\$120.95
4th month	Level D consultation	To complete Advance Care Directive, following earlier discussions.* Fee for item 44 plus \$46.70 divided by number of patients seen, up to 6 patients. For 7 or more patients, take fee for item 44 plus \$3.30 per patient.	44	\$105.55*
5th month	Review GP Mental Health Treatment Plan	4 weeks - 6 months after preparation of plan, review referral feedback and progress against goals.	2712	\$71.70
6th month	Care Plan Contribution	Review of facility's multidisciplinary plan and above GP contribution.	731	\$70.40
8th month	Case Conference	Organised by GP; 20-40 minutes long; GP + 2 other providers in 'real' time.	739	\$120.95
After 12 months	Repeat CMA, case conferences and care plan contributions where clinically required.		as above	as above

Also consider Diabetes Cycle of Care where the patient has Type 2 diabetes, and Asthma Annual Cycle of Care and spirometry where the patient has moderate to severe asthma, and the GP is registered with PIP for incentives.