



Medicare Aged Care Initiatives

Aged Care Homes Information Sheet

■ Aged Care GP Panels Initiative

The **Medicare** Aged Care General Practitioner (GP) Panels Initiative aims to ensure better access to primary medical care for residents of aged care homes and to enable GPs to work with homes on quality improvement strategies for the care of all residents.

The GP Panels initiative is being implemented in conjunction with the introduction of a Medicare Benefits Schedule (MBS) item to enable all GPs to undertake comprehensive medical assessments (CMAs) of new and existing residents (if required) of aged care homes. Both initiatives will be funded from **1 July 2004**.

These measures apply to all aged care homes subsidised by the Australian Government including both high care facilities and low care facilities.

The Aged Care GP Panels are designed to support GPs to provide high quality primary care services within aged care homes. They will supplement, and not replace, existing service arrangements. GPs who receive additional funding for participating in Panel arrangements will also have access to Medicare items for any services provided directly to residents.

The scope of the activities to be undertaken by the GP Panels has not yet been finalised but may include:

- participating in arrangements to fill gaps in clinical care; for example providing access to GP services should a resident's usual GP be unavailable, or other arrangements as determined locally;
- assisting in developing emergency care or other local care protocols; and/or
- participating in quality improvement activities in aged care homes, such as:
 - medication advisory committees;
 - quality care committees; and/or
 - implementation of preventive health activities such as immunisation and falls prevention.

Within the agreed scope, aged care homes have an opportunity to consult with Divisions of General Practice and GPs in their areas to select activities that are most appropriate to meet local needs.

■ Role of aged care homes

Aged care homes are well placed to identify gaps in access to GP services by their residents and emerging pressures. Homes should therefore consider working with the Division of General Practice in their area to liaise on these issues and help develop appropriate local responses or solutions. Homes should look to establishing links to Divisions to access the GP Panel arrangements and facilitate access for GPs and residents.

Many aged care homes will already be undertaking quality improvement activities; this initiative will provide these homes with the opportunity to access GPs for medical input into those quality improvement activities where this is appropriate.

Those aged care homes that have not already established such improvement activities or are still in the early stages might consider becoming more involved in these activities with the support of their local Division of General Practice and so gain the most advantage from this initiative.

Strengthening
Medicare

Role of divisions of general practice

Divisions of General Practice can assist GPs and aged care homes in their areas to identify the primary care needs of local aged care residents and to match the work of the Aged Care GP Panels to these needs. This should include working within existing networks and activities that may be in place.

Divisions will be funded to undertake the local liaison, development, and administrative support work for this initiative, and work with the homes in their area to develop local responses including promoting interest among GPs in providing services to residents of aged care homes under the Aged Care GP Panel initiative.

Divisions will administer the payments to GPs for Panel activities. The GP funding component allocated to each Division will be determined using a formula that takes account of the number of aged care homes and aged care beds in the Division.

Implementation

Consultation with the Divisions network, aged care networks and other key stakeholder groups will be undertaken over the next three months to seek input on issues such as: the scope of GP Panel activities; the funding formulae; key performance indicators for Divisions; and a reporting and monitoring framework.

An Advisory Committee has been established to provide advice on the implementation of both the Aged Care GP Panels and the Comprehensive Medical Assessment MBS item initiatives. The Committee includes representatives from consumers, peak groups for aged care

providers, GPs, Divisions, aged care nurses and pharmacists.

It is anticipated that Divisions of General Practice will be funded from **1 July 2004** through a schedule to the new contracts between the Department and the GP divisions, and will be asked to incorporate Aged Care GP Panels activities into their normal business plans and reporting cycles.

The Initiative encompasses two areas of funding to support the establishment of local GP Panels:

- Funding for GPs who participate in Panel arrangements.
- In addition, the Divisions network will receive funds for their role in establishing, managing and supporting the GP Panels.

Aged Care Comprehensive Medical Assessment (CMA) Initiative

GPs will be able to undertake comprehensive medical assessments of new and existing residents (if required) of aged care homes from **1 July 2004**. The CMA will attract a Medicare rebate of around \$140 (exact amount to be determined when consultation and content of the item is finalised). If the service is bulkbilled the GP will also be able to claim the \$5 bulk billing incentive payment for eligible patients.

The CMA will complement other Medicare items for services that GPs can provide to residents including:

- normal consultations; and
- Enhanced Primary Care (EPC) items for contributing to a care plan and for case conferencing.

CMAAs will be voluntary services available to:

- **new residents** on admission into an aged care home; and
- **existing residents** on an 'as required' basis, where it is required in the opinion of the resident's medical practitioner, for instance, because of a significant change in medical condition and/or physical and/or psychological function requiring a CMA.

GPs are encouraged to provide a CMA for new residents as soon as possible after admission to an aged care home, preferably within six weeks following admission.

The CMA item will involve a personal attendance by the resident's usual GP to undertake a full systems review that includes an assessment of the resident's current health and physical and psychological function. Medicare Benefits will be payable for a maximum of one CMA per resident in any twelve-month period.

The CMA will include:

- assessment of the resident's relevant medical history;
- completion of a comprehensive medical examination of the resident to determine the resident's current health and well-being;
- developing a list of diagnoses and/or problems; and
- provision of information based on the outcome of the CMA for the resident's records; this information will inform the provision of care for the resident by the aged care home and the provision of medication management review services for the resident.

In undertaking the CMA GPs will be encouraged to refer to appropriate guidelines and to use available knowledge and information from the aged care home relevant to the assessment.

It is intended that a CMA should generally be undertaken by the resident's usual GP. This is described as the GP, or a GP working in the medical practice, that has provided the majority of care to the resident over the previous 12 months and/or will be providing the majority of care to the resident over the next 12 months. In some cases GPs who provide services on a facility-wide contract basis, and/or who are registered to provide services to aged care homes as part of aged care panel arrangements, may undertake a CMA for residents who do not have access to a 'usual' GP.

The CMA item will focus on a medical assessment of the resident. Unlike the existing EPC older age health assessment items, the CMA will not require an assessment of the resident's social function – this is a matter for the planning and provision of care by the aged care home.

A draft Medicare item for CMAAs has been developed and is currently the subject of consultation with GP groups through the Medicare Benefits Consultative Committee. The draft CMA item has also been provided to aged care stakeholder organisations.

Supporting information for the provision of CMAAs will be provided to aged care homes, Divisions of General Practice, GPs and other stakeholders as part of the implementation of CMAAs. This information will include a sample form that GPs can use when providing a CMA if they prefer, but use of a specific form will not be mandatory.

Further Information

For further information please contact:

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