



## PREPARATION OF A TEAM CARE ARRANGEMENT BY A GP (Medicare Item 723)

### 1. Confirm person meets eligibility for **GP Management Plan** (Item 721).

Document the patient's needs, goals, patient actions, treatment/services and a review date i.e. complete the GPMP document

Patients with a chronic or terminal condition without multidisciplinary care needs will be eligible for the GP Management Plan items able to be provided by their GP. Patients with a chronic or terminal condition **and** complex care needs will be eligible for both the GP Management Plan items and the add-on Team Care Arrangements items

Eligibility criteria includes:

- Chronic medical condition present for at least 6 months or terminal condition; and
- Complex care needs e.g.
  - Unstable or deteriorating condition
  - Increasing frailty and/or dependence
  - Development of complications (increasing falls or incontinence)
  - Co-morbidities
  - Significant change in social circumstances (e.g. death, illness or 'burnout' of family or informal carer) or
  - Two or more hospital admissions in the past six months; and
- A need to see other providers on a regular, frequent and ongoing basis.

The TCA incorporates services provided by a multidisciplinary care team, including:

- Aboriginal health care workers \*
- Audiologists \*
- Dentists \*
- Dieticians \*
- Occupational Therapists \*
- Orthoptists
- Pharmacists
- Podiatrists \*
- Registered Nurses
- Speech pathologists \*
- Asthma educators
- Dental therapists
- Diabetes educators
- Mental Health Workers \*
- Optometrists
- Orthotists or Prosthetists
- Physiotherapists \*
- Psychologists \*
- Social workers \*

\* may be eligible for Allied Health Care Item numbers. See over.

The GP may be assisted by their practice nurse, Aboriginal Health Worker or other health professional in preparing or reviewing a GPMP or TCA - e.g.:

- patient assessment
- identification of patient needs
- making arrangements for services.

However, the GP must review and confirm all assessments and elements of the GPMP, TCA, reviewed GPMP, or reviewed TCA and must see the patient.

### 2. For patients with a chronic or terminal medical condition and who require ongoing care from a multidisciplinary team of at least three health or care providers (including their GP) consider Coordinating **Team Care Arrangement** (Item 723)

### 3. Discuss with the patient which treatment/service providers should be asked to collaborate with the GP in completing TCA (minimum of 2 other services).

### 4. Gain the patient's agreement to share relevant information about their medical history, diagnoses, GPMP etc (with or without restrictions) with the proposed providers.

### 5. Contact the proposed providers and obtain their agreement to participate, realising that they may wish to see the patient before they provide input but that they may decide to proceed after considering relevant documentation, including any current GPMP.

#### The TCA can include services provided by community services providers such as:

- Alcohol & Drug Support Workers
- Community Aged Care Package Coordinators
- Disability Services Coordinators
- HACC services providers - including "meals on wheels" providers
- Community Options Coordinators
- Education providers (teachers, school welfare)
- Personal care or care services workers - paid workers providing personal care
- Probation officers
- Carer respite and support workers

### 6. Collaborate with the participating providers to discuss potential treatment/services they will provide to achieve management goals for the patient.

The collaboration between the coordinating GP and other providers must be based on two-way communication, preferably oral, but if this is not practicable, in writing (including by exchange of fax or email).

### 7. Document the goals, the collaborating providers, the treatment/services they have agreed to provide, patient actions and a review date i.e. complete the TCA document.

### 8. Provide the relevant parts of the TCA to the collaborating providers and to any other persons who, under the TCA, will give the patient the treatment/services mentioned in the TCA.

### 9. When all steps in the TCA process have been completed, GP can submit Medicare claim for preparation of care plan (Item 723).

#### The GP must ensure that:

- (a) the steps involved in providing the service are explained to the patient and (if appropriate and with the patient's permission) to the patient's carer;
- (b) in the case of TCA and TCA review services, any likely out-of-pocket costs to the patient for the involvement of other providers are explained to the patient; and
- (c) the patient's agreement to proceed is recorded.

## MBS Enhanced Primary Care (EPC) Chronic Disease Management Items

Patients with a chronic or terminal condition without multidisciplinary care needs will be eligible for the GP Management Plan items able to be provided by their GP (Item 721). Patients with a chronic or terminal condition **and** complex care needs will be eligible for both the GP Management Plan items and the add-on Team Care Arrangements items (Item 723).

Name	Item number	Medicare Fee (100%)	Recommended frequency	Minimum Claiming Period
Preparation of GPMP	721	\$120	2 yearly	12 months
Preparation of TCA	723	\$95	2 yearly	12 months
Review of GPMP	725	\$60	6 monthly	3 months
Coordination of Review of TCA	727	\$60	6 monthly	3 months

Eligibility criteria includes:

- Chronic medical condition present for at least 6 months or terminal condition; and
- Complex care needs e.g.
  - Unstable or deteriorating condition
  - Increasing frailty and/or dependence
  - Development of complications (increasing falls or incontinence)
  - Co-morbidities
  - Significant change in social circumstances (e.g. death, illness or 'burnout' of family or informal carer) or
  - Two or more hospital admissions in the past six months; and
- A need to see other providers on a regular, frequent and ongoing basis.

Both items 721 & 723 can be claimed at the same time, as long as all criteria are met and the Plan is completed.

A GP Management Plan (Item 721) is not a prerequisite for preparation of a Team Care Arrangement (Item 723). However, a TCA is a requirement for accessing the Allied Health and Dental Care rebates.

**Completion of TCA also enables patient referrals to Allied Health Care providers including:**

- ◆ **Item 10950** – services provided by an **Aboriginal Health Worker**
- ◆ **Item 10952** – services provided by an **Audiologist**
- ◆ **Item 10954** – services provided by a **Dietitian**
- ◆ **Item 10956** – services provided by a **Mental Health Worker** (includes Aboriginal health workers, mental health nurses, occupational therapists, psychologists and some social workers)
- ◆ **Item 10958** – services provided by an **Occupational Therapist**
- ◆ **Item 10960** – services provided by a **Physiotherapist**
- ◆ **Item 10962** – services provided by a **Podiatrist or Chiropodist**
- ◆ **Item 10964** – services provided by a **Chiropractor**
- ◆ **Item 10966** – services provided by an **Osteopath**
- ◆ **Item 10968** – services provided by a **Psychologist**
- ◆ **Item 10970** – services provided by a **Speech Pathologist**

**Schedule Fee:** \$52.85 \*

**Benefit:** 85% = \$44.95

- ◆ **Items 10975 -10977 – Dental Services**

**Schedule Fee:** \$88.05 \*

**Benefit:** 85% = \$74.85

### Overview

- ◆ Patients must have a Team Care Arrangement developed by their GP (MBS Item 723)
- ◆ GP must use allied health referral form to refer patient
- ◆ Allied Health Professional must be registered with the HIC
- ◆ Maximum of 5 allied health services per year (in total). Maximum of 3 dental services per year.
- ◆ Referral form signed by servicing allied health professional must accompany all Medicare claims

\* check MBS schedule for current benefits