

Ballarat Health Services Working Together in Residential Aged Care



**- a practical Guide for GPs
and Practice Nurses**





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THE PRINCIPLES OF QUALITY CARE FOR RESIDENTS OF AN AGED CARE FACILITY

Both the Residential Facility and GPs have mutual responsibilities in providing care for Residents. These responsibilities are different for both disciplines but together will work to ensure a high standard of care.

LIST OF MUTUAL RESPONSIBILITIES FOR GPs AND AGED CARE FACILITIES

Aged Care Facilities agree to:-

1. The provision of appropriately trained and well informed staff to care for Residents and to discuss their medical needs with visiting GPs.
2. The provision of effective communication tools to enable GPs to address any ongoing issues relating to a Resident.
3. To ensure GPs are contacted appropriately, and in a timely manner regarding important or serious matters relating to a Residents health and wellbeing.
4. The provision of a satisfactory work space and the accessibility of an appropriate records system including an electronic database.

General Practitioners agree to:-

1. Attend the Facility at least three (3) monthly to visit Residents and maintain appropriate records, planned visits to the Facility being preferred;
2. Maintain and update the Medication Chart, including to confirm telephone orders and provide prescriptions as necessary;
3. Ensure the provision of Urgent and After-Hours care for Residents.
4. Provision of alternative arrangements for cover when on leave.
5. Maintain Medical Registration and appropriate Indemnity Insurance.
6. Participate in the provision of a multidisciplinary approach to chronic and complex care needs.

For further information please refer to;

[Supporting the delivery of quality healthcare for aged care residents- Residential aged care services, general practitioners and health services.](#) State of Victoria, Department of Health and Human Services, June 2016



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OVERVIEW OF BALLARAT HEALTH SERVICES RESIDENTIAL AGED CARE SERVICES

Ballarat Health Services Residential Aged Care Service is comprised of 10 separate Residential Facilities accommodating approximately 500 residents. These Facilities can provide a range of levels of aged care accommodation including Psycho-Geriatric and Dementia-Specific Care recipients, and are available on either a respite or permanent basis. This care is provided in a safe and caring environment and the needs of the Resident determine the level of care required.

The 10 Facilities are located at five separate suburbs within a radius of 8 kilometres around the City of Ballarat, and the following is a Quick Reference Chart locating all Ballarat Health Services Residential Aged Care Facilities in the area.

BHS - Residential Services Contact Details

| FACILITY | NO. OF BEDS | STAFF |
|--|-------------|---|
| Eureka Village Hostel (RACS ID 3369) 16-40 Balmoral Drive Windsor Gardens, Ballarat East Ward Clerk: Ph: 03 5337 1550 Fax: 03 5337 1551 Nurse Unit Manager: Ph: 03 5337 1554 | 45 | Registered Nurses and/or Enrolled Nurses Personal care workers (PCA) |
| Geoffrey Cutter Centre (RACS ID 3515) Kenny Street Windsor Gardens, Ballarat East Ward Clerk: Ph: 03 5337 1564 Fax: 03 5337 1573 Nurse Unit Manager: Ph: 03 5337 1572 | 60 | Registered Nurses and Enrolled Nurses |
| Talbot Place Aged Care Facility (RACS ID 3518) 1205 Dana Street, Ballarat Ward Clerk: Ph: 03 5320 3755 Fax: 03 5320 3894 Nurse Unit Manager: Ph: 03 5320 3746 | 30 | Registered Nurses and Enrolled Nurses |
| Bill Crawford Lodge (RACS ID 4442) 1101 Dana Street, Ballarat Ward Clerk: Ph: 03 5320 3970 Fax: 03 5320 3980 Nurse Unit Manager: Ph: 03 5320 3976 | 30 | Registered Nurses and/or Enrolled Nurses Personal care workers (PCA) |
| Queen Elizabeth Village Hostel (RACS ID 3224) 302 Gillies Street, Nth Wendouree, 3355 Ward Clerk: (9am-1pm) Ph: 03 4313 6100 Fax: 03 4313 6122 Nurse Unit Manager: Ph: 03 4313 6124 | 45 | Registered Nurses and Enrolled Nurses |



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| FACILITY | NO. OF BEDS | STAFF |
|---|--------------|---|
| P S Hobson Nursing Home (RACS ID 4459) 302 Gillies Street, Nth Wendouree, 3355 Ward Clerk Ph: 03 4313 6166 Fax: 03 4313 6155 Nurse Unit Manager: Ph: 03 4313 6166 | 60 | Registered Nurses and Enrolled Nurses |
| Hailey House Hostel (RACS ID 3262) 701 Norman Street, Ballarat Ward Clerk: (9am – 1pm) Ph: 03 5338 7916 Fax: 03 5338 7990 Nurse Unit Manager: Ph: 03 5338 7916 | 60 | Registered Nurses and/or Enrolled Nurses Personal care workers (PCA) |
| Jack Lonsdale Lodge (RACS ID 4414) 232 Spencer Street, Sebastopol Ward Clerk: Ph: 03 5335 0522 Fax: 03 5335 0532 Nurse Unit Manager: Ph: 03 5335 0523 | 60 | Registered Nurses and Enrolled Nurses |
| James Thomas Court Hostel (RACS ID 3273) 117 Morgan Street, Sebastopol Ward Clerk: Ph: 03 5335 0504 Fax: 03 5335 0528 Nurse Unit Manager: Ph: 03 5335 0505 | 34 15 | Registered Nurses and/or Enrolled Nurses Personal Care Workers (PCA) |
| Steele Haughton Unit (RACS ID 3422) Dana Street Ballarat PO Box 199, Ballarat VIC 3353 Ward Clerk: Ph: 03 5320 3592 Fax: 03 5320 3545 Nurse Unit Manager: Ph: 03 5320 3595 | 20 | Registered Psychiatric Nurses Division 2 Psychiatric Endorsed Nurses |



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ACCESS TO BALLARAT HEALTH SERVICE RESIDENTIAL CARE FACILITIES

How does my patient get into Aged Care?

Aged Care Assessment Service (ACAS)

All individuals seeking accommodation within Residential Facilities are required to have an Aged Care Assessment completed. To organise an ACAS assessment you can fax your referral letter to My Aged Care Centre 1800 728 174 or use the [Make a Referral](#) page on the My Aged Care website and enter details into the online form. You can add attachments to the information that you enter on the online form or call the My Aged Care call centre on 1800 200 422 8am-8pm weekdays and between 10am -2pm Saturdays, local time Australia wide.

A GP Referral into the Service is desirable, but anyone in the Community can refer a Patient, for example, a Carer, a Relative, or indeed an individual person may refer him- or herself for assessment. **A valid Consent Form is always required for this process.**

The BHS Aged Care Assessment Service Team can be contacted on 5320 3740.

Residential Service Admissions Co-ordinator

The Residential Services Admissions Co-ordinator oversees the admission process and can be contacted on 5320 3620. The Co-ordinator can assist families with pre-admission details and appropriate Waiting-Lists for Facilities following the Resident's ACAS assessment.

Respite Care

Respite Care is understood to mean, 'residential or flexible care (as the case requires) provided as an alternative care arrangement, with the primary purpose of giving a Carer or Care-recipient a short-term break from their usual care arrangement.'

ACAS documentation is required prior to a person entering Respite Care in a Residential Facility.

Residential Respite Care may be used on a planned, or on an emergency basis to help with Carer stress, illness, holidays, or the unavailability of the Carer for any reason. Respite Care is not intended for rehabilitation following an acute episode of illness, unless there is a genuine respite element involved. It cannot be used as a waiting facility for people seeking a permanent bed.

MEDICAL MANAGEMENT OF RESIDENTS

Engaging a GP and requesting Medical Records

As the needs of a patient change and evolve, and they move from independent-living to Residential Care, their need for regular Medical Care continues, and indeed may escalate. In general, GPs provide the bulk of care to Residents of Residential Aged Care Facilities, and ideally, this would continue to be provided by their regular GP.

However, for a variety of reasons, not all GPs are able to provide this care, and this is especially the case if the Resident has moved away from their original locality.

The Charter of Residents Rights includes their right to choose their treating GP.

The Royal Australian College of General Practitioners Practice Accreditation Standards require that Practices inform Residents of their services, and of their availability to provide care in a Residential Aged Care Facility.

Prior to admission, an incoming Resident is asked to inform the Residential Aged Care Facility of the details of the GP they have engaged, and who has agreed to provide their medical care at the Facility. If this is not their usual GP, a request for the Patient's History should be made by the Resident or their representative, using a Medical Records Transfer Form. The Resident, or their family or Carer are asked to take responsibility for obtaining the Medical Records from their previous GP.



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Consent Form

With the increase in complexity of privacy laws, it is important that the Residential Aged Care Facility ensures that a valid Consent Form is used in the admission process to allow for a Resident's Health Information to be disclosed to all those involved in providing medical care to the Resident. This ensures the continuity of their medical care, and especially during After-Hours or other acute episodes, when the Resident's GP may not be available and other Service Providers are called to assist, e.g. another GP, an Ambulance crew or Hospital Emergency Departments.

GP Accreditation – credentialling process

It is a requirement of the Victorian Department of Health that all Health Practitioners who are attending Residents at any of the Ballarat Health Services Residential Aged Care Facilities undertake our credentialling process, and includes GP Registrars and Locums. For assistance with this please go to the BHS GP Liaison Unit website <https://gp.bhs.org.au/node/156> or contact the GP Liaison Unit (03) 5320 6676

Geriatrician Access

Ballarat Health Services is fortunate to have Geriatricians on staff. They are available to speak with GPs to discuss medical and management issues relating to Residents, or if necessary, to see patients in Residential Care.

This service can be organised by contacting Medical Services at the Queen Elizabeth Campus on 5320 3791.

Referrals can also be faxed to Medical Services on 5320 3661.

In-Reach Program

The Residential Aged Care In-Reach Program is an acute In-Reach service operating through the Hospital-In-The-Home program. The program works closely with the Resident's General Practitioner and Residential Care Staff with the aim being to:

- Reduce avoidable Emergency Department presentations by caring for Residents with acute illness in their Aged Care homes
- Minimise functional decline in the elderly by avoiding hospital admissions where possible
- Reduce the length of stay of Residents admitted to acute services by facilitating earlier discharge with Residential In-Reach support

This service is available in both private and public residential aged care facilities. For further information contact the Nurse Unit Manager of Hospital-In-The-Home on (03) 5320 4676

Transitional Care Program (TCP)

Transition care provides short-term support and active management for older people at the interface of the acute/subacute and residential aged care sectors. It is goal-oriented, time-limited and targets older people at the conclusion of a hospital episode who require more time and support in a non-hospital environment to complete their restorative process, optimise their functional capacity and finalise and access their longer term care arrangements.

To access Transition Care, a person must first be assessed and approved for Transition Care by an *Aged Care Assessment Team* (ACAT). The TCP episode is **12 weeks**, however an extension of up to **6 weeks** can be granted by the ACAT team under exceptional circumstances.

TCP beds are NOT admitted patient episodes –thereby the person is considered to be the *responsibility of the GP* – the program however is under Ballarat Health Services. The GP therefore provides all medical care for the patient.



Advance Care Planning (ACP)

The concept of Advance Care Planning is designed to facilitate the ability of a Resident to participate in self-determination, and to clarify their choices for End-of-Life decisions. It is helpful in reducing both unwanted and unwarranted medical treatments, as well as reducing unnecessary hospitalisation. Alternatively, it ensures that a Resident's wish to continue treatment is acknowledged.

Considerable skill is required in formulating a Plan, and GPs are well placed to perform this task in assisting Residents and their families to make their wishes known. GPs are encouraged to participate in a guided discussion with the Resident and the family in determining their preference for both providing and/or withholding treatments under certain situations. The Plan would preferably be completed prior to the Resident entering Residential Aged Care and a copy provided to the aged care facility.

Medications and Prescriptions

Most, but not all Residents of a Residential Aged Care Facility will require medication, and for those who do, their safe administration is of paramount importance.

Indeed, dispensing and administration of pharmaceutical agents is tightly regulated by Governmental Agencies, and all Residential Aged Care Facilities are bound to comply with these Regulations.

The ways in which these Regulations most directly affect GPs attending Residential Aged Care Facilities are in both the provision of Prescriptions for the supply of Medications, and in the completion and maintenance of a valid Medication Chart.

All Ballarat Health Services Facilities utilise Medication Charts produced by Compact Business Systems and which last for a maximum of six months. If there have been no changes over that time, a new Chart will then need to be written.

However, GPs are encouraged to review the Resident's Medication Chart each 6-8 weeks, and to sign-off on any changes.

Facility Staff will regularly identify Residents requiring new Medication Charts and will notify the GP in advance.

Again it must be stated that the stringent regulations prohibit Staff from administering any medications from a Medication Chart that has expired, and GPs are asked to refrain from 'post dating' or 'forward-dating' charts - Residential Facility Staff are required and obliged to commence using a new Medication Chart on the day it has been written by the GP.

Use of the Compact Business Systems Medication Chart

Ballarat Health Services Residential Aged Care Facilities use the Compact Business Systems Medication Chart and many Medical Software suites provide for the printing of prescribed medication items onto a sticky label sheet, which can then be placed into a new chart. GPs are encouraged to explore their software to check for this facility.

Compact Business Systems also produce an adhesive sheet with 2 pre-cut labels per page for this purpose and providing labels of the correct dimensions for the Chart.

The Product Code is:- LTMC-MD1 and can be ordered directly through them.. Their web address is: <http://www.compact.com.au/index.html> and the Phone Number is: 1800 777 508

Of course, an A4 Label Sheet can be used and cut into two.

Telephone Orders

Telephone Orders for medication changes are regularly required, but it is requested of GPs that they complete a Confirmation of Telephone Order (CTO) slip, which must then be faxed and also posted to the particular Facility.

The use of multiple medications for Residents of Aged Care Facilities is constantly under review by the Department of Health. A quarterly report of the "Incidence of Residents using nine (9) or more different medications" is required to be provided to the Department from all Public sector Residential Aged Care Facilities. In general, unless there are multiple complex medical issues, it is generally considered that the majority of patients should require no more than eight (8)



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medications. GPs are asked to regularly review their Resident's Medication List with this in mind and to inform the Residential Aged Care Facility staff of any changes and variations.

Immunisations

All people over the age of 65 are eligible for free Annual Seasonal Influenza Vaccination as well as 5-yearly Pneumovax. All Residents are offered these vaccinations.

For their administration, GPs are asked to prescribe the required Immunisation in the Medication Chart, together with an order for Adrenaline in the event of an allergic reaction. This requirement applies whether the GP or the Residential Aged Care Facility Staff are to administer the vaccination. All administrations of course must be signed for.

As stated, the vaccination may be given by either the GP, or by a member of the Residential Aged Care Facility Staff, and stocks of vaccinations will be ordered and supplied by the Residential Facility once quantities are known.

To ensure the Cold Chain is not broken, GPs are asked not to provide stock from their community supply.

Documentation and use of iCare

All Residential Facilities within Ballarat Health Services use a software package called **iCare** to electronically manage all documentation relating to each Resident. This documentation includes personal information, medical history, progress notes, assessments, care plans and Aged Care Funding Instrument reports and level of funding

iCare incorporates specific measures to maintain security and confidentiality. Each Staff Member or GP has a unique Login and Password (provided at confirmation of credentialling). The same Login and Password can be used in any Facility once a GP has been logged on to the system. Quick Guides for operating iCare are available within each Facility.

Every page used in iCare, has a photograph of the Resident at the top as a visual identification check to ensure the correct file is being used. For reasons of security, every entry made into iCare is annotated with the name and designation of the person making the entry, together with the date and time of that entry. Any documents not entered directly into iCare can be scanned and attached to the Residents iCare file. This would include Pathology and Radiology reports, handwritten letters or other Progress Notes not able to be directly entered into iCare.

GPs can access their software system from BHS Residential Facilities, facilitating their ability to ensure medical notes are up to date in both the GP's system and the iCare record. For further assistance contact the BHS GP Liaison Unit (03) 5320 6676.

ORGANISING GP ORIENTATION TO BHS RESIDENTIAL FACILITIES

Familiarity with the Facility and with their Staff is a very important component of developing an effective and healthy working relationship between GPs and the Residential Aged Care Facility and new and existing GPs are encouraged to make a tour of the Facilities they attend.

To organise a tour at a convenient time, please contact the Nurse Unit Manager within each Facility (please refer to the Residential Contact List located on pages 6 & 7 of this Manual).



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ALLIED HEALTH SERVICES

Ballarat Health Services Directorate of Allied Health provides a full range of Allied Health services and disciplines for Residents.

Services available include Dentistry, Dietetics, Occupational Therapy, Podiatry, Prosthetics and Orthotics, Physiotherapy, Psychology, Social Work and Speech Pathology, and may be arranged as required. There is no fee for services provided by BHS Allied Health.

Residents or their family, as well as GPs and Nursing Staff, are all able to initiate a request for an Allied Health Assessment. Referrals for BHS Directorate of Allied Health services may be sent by Fax to the Central Intake Service on 03 5320 3800. Private Allied Health Practitioners can also provide services to Residents in Ballarat Health Service Residential Facilities. However, they must be accredited with Ballarat Health Service, and charges will apply.

GP CONSULTATIONS IN A RESIDENTIAL AGED CARE FACILITY

OPTIMISING THE USE OF THE MEDICARE BENEFITS SCHEDULE ITEMS

Despite some improvements in the Medicare Benefits Schedule allowing for better remuneration for GPs providing care to Residents in Residential Aged Care Facilities, it is known that GPs generally undercharge for their services and do not take advantage of the full range of Medicare Benefit Schedule items available.

One reason for this is probably the complexity of the Schedule, and this section is written to try and clarify the steps and processes involved.

The Medicare Benefits Schedule (MBS) lists the Item descriptors and Medicare rebates available for GPs providing services to people living in Residential Aged Care Facilities. The Medicare Benefits Schedule items available cover the following range of services:

- GP consultations in an Aged Care Facility;
- Health Assessments;
- Chronic Disease Management and GP Management Plans
- Residential Medication Management reviews;
- Case Conferences;
- GP contributions to a Resident's Care Plan.

Routine GP Consultations

The purpose of the Medicare Benefits Schedule items for GP consultations at a Residential Aged Care Facility is to reimburse the GP for routine medical care, including a component for travel time. As with consultations in the rooms, Medicare reimbursement per patient increases with the length and complexity of the consultation.

A number of measures have been introduced to improve the remuneration for GPs working in Residential Care as the rebate levels have not previously included components to reflect the value of some elements that are essential and substantial aspects of the routine medical care of a Resident.

Some of the issues which needed to have been addressed included:- seeing multiple Residents at the Facility, the complexity and time spent during consultations, time spent with Staff and Residents' family members, management of Medication Charts and Prescriptions, and the writing of clinical notes. Medicare has gone some way towards addressing and correcting these inadequacies.

What are the consultation levels?

The base consultation fees follow the MBS descriptors for Brief (Item 20), Standard (Item 35), Long (Item 43) and Prolonged (Item 51) for a 'Consultation at a Residential Aged Care Facility'. GPs will be familiar with this categorisation.



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Clarification of Charging for Multiple Consultations during the one visit.

To cover the situation where multiple patients are seen during the one visit to the Facility, there is an additional component which may be charged depending on the number of Residents seen. This component decreases from a maximum for 1 patient down to a minimum amount for 7 or more patients.

As from November 2010, this component is: \$44.05 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients, an amount of \$3.15 per patient is added to the base fee. **Please note that this figure is revised each year.**

Consultation levels follow the standard time-based plus complexity format, (Levels A, B, C & D) and

Full descriptors and a further explanation on the most appropriate item number to use, see –

<http://www.health.gov.au/internet/mbsonline/publishing.nsf/Content/Medicare-Benefits-Schedule-MBS-1>

Urgent and After-Hours Consultations in a Residential Aged Care Facility

Provisions have been made in the Medicare Benefits Schedule to address GP consultations for medical care provided outside normal business hours.

There are 4 categories of Visits to Residential Aged Care Facilities. They are:-

Routine Visits, Urgent Visits, After-hours Visits, and After-hours Visits during Unsociable Hours.

What is the definition of ‘In and After-Hours’?

‘In-Hours’ is defined in the Medicare Benefits Schedule as the hours between **8am and 6pm on weekdays** and **8am and 12 noon** on a **Saturday**.

After-Hours Consultations are those performed outside of these hours, or on a **Public Holiday**, and attract appropriate consultation fees.

After-Hours visits are further broken down into ‘After-Hours - Unsociable Hours’, being those between the hours of 11pm and 7.00am, and those classified as ‘After-Hours - Urgent’.

What is the definition of ‘Urgent’?

To qualify for an Urgent After-Hours Consultation, the request for the GP to attend must be made by the patient or the responsible person during, or no more than two hours before the beginning of an unbroken after-hours period. The urgency of the patient’s condition is to be identified by the attending GP; however, their opinion regarding the patient’s condition must be acceptable to the general body of Medical Practitioners.

What are the Consultation levels?

After-Hours Consultations, but excluding those for ‘Urgent’ or ‘Urgent in Unsociable Hours’ (597 & 599), are divided into the same four levels (A, B, C & D) to acknowledge the complexity of the consultation and the time involved in providing appropriate care for the patient.

(N.B. - Items Numbers 597 & 599 are not time-based)

A complete listing of all After Hours MBS Item Numbers and descriptors for Residential Care is at the following website,:-

<http://www9.health.gov.au//mbs/fullDisplay.cfm?type=note&q=A10&qt=noteID&criteria=after%20hours>



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A **Health Assessment**, previously known as a Comprehensive Medical Assessment, is an overall summary of a Resident's History and Examination and Treatment Plan.

A **GP Management Plan**, previously known as a Chronic Disease Management Plan covers the involvement and contribution from a GP in the development of a Multidisciplinary Care Plan.

A **Resident Care Plan** is an overall summary of a Resident's Total Management Plan from a Nursing Care perspective and is undertaken by the Residential Aged Care Facility staff.

All Residents of a Residential Aged Care Facility will, as a matter of course, have a Resident Care Plan undertaken as part of their admission procedure, and the information from the Health Assessment, as well as the GP Management Plan, if applicable, would be incorporated into the Resident Care Plan.

HEALTH ASSESSMENTS

Patients who are permanent Residents of a Residential Aged Care Facility are eligible for a Medicare rebatable item for a Health Assessment and the applicable Item Numbers are 701, 703, 705 and 707, depending on the time and complexity involved.

Whilst not a formal requirement for the GP's management and care of the Resident, the completion of a Health Assessment is a Practice Accreditation Standard and it is recommended that an assessment should be undertaken as soon as possible after admission, ideally within 2 weeks. A rebate is available providing that a Health Assessment has not already been undertaken in another Residential Aged Care Facility within the previous 12 months. It can be repeated at 12 month intervals thereafter.

The Health Assessment **requires** includes assessment of the resident's health and physical and psychological function, and must include making a written summary of the Medical History and Examination, and the development a list of diagnoses and medical conditions. A copy of the Summary should be provided to the Residential Aged Care Facility, and also offered to the Resident.

Practice Nurses are permitted to undertake these visit patients in BHS RACFs and may assist the GP in performing the Health Assessment - their role is further clarified later in this document.

The information from a Health Assessment can be used to:

- Assist the GP in planning medical management, including preventive care, treatment of chronic conditions, acute events, medication monitoring, palliative and Advance Care Planning.
- Discuss goals of care and Advance Care Planning with the Resident and their Relatives.
- Establish closer working relationships between the GP and the Residential Aged Care Facility Staff.
- Provide medical information to Residential Aged Care Facility Staff and other Service Providers to assist in the preparation of a Resident Care Plan and for referral to a Consultant Pharmacist for a Residential Medication Management Review

The Health Assessment complements normal Aged Care Consultation Items and other Medicare Items such as Case Conferences, contributions to a Multidisciplinary Care Plan and Residential Medication Management Reviews.

For a summary of the relevant MBS item numbers and RACGP Accreditation Standards, please refer to Appendix 1 (p30) of the Department of Health & Human Services publication – 'Supporting the delivery of quality healthcare for aged care residents' (include link)



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GP MANAGEMENT PLANS

Item Number 731 applies to the preparation of a GP Management Plan for a resident of an aged care facility and Item covers a contribution by the GP to the preparation of, or a review of a Multidisciplinary Care Plan for a patient in a residential aged care facility. The resident must have at least one medical condition that has been present for at least 6 months, or who is a terminally ill patient, and who requires ongoing care from at least 3 collaborating Health Care Providers, one of whom is a Medical Practitioner. The patient must be a care recipient in a Residential Aged Care Facility.

This rebate is claimable no more frequently than once every 3 months, unless there is a change in circumstances requiring a new contribution to the Multidisciplinary Care Plan.

An important component of a GP Management Plan is the preparation of an Advance Care Plan and GPs are encouraged to discuss this issue with the resident and their relatives or carers, and to complete an ACP.

For a summary of the relevant MBS item numbers and RACGP Accreditation Standards, please refer to Appendix 1 (p30) of the Department of Health & Human Services publication – ‘Supporting the delivery of quality healthcare for aged care residents’ (include link)

RESIDENTIAL MEDICATION MANAGEMENT REVIEWS

What is a Residential Medication Management Review?

A Residential Medication Management Review is a collaborative service available to residents of a Residential Aged Care Facility and provides an opportunity for GPs and Pharmacists to assess medication related information to assist in identifying and resolving any issues or needs.

Who should have a Residential Medication Management Review?

A Residential Medication Management Review is available to all permanent residents of a Residential Aged Care Facility on admission, and on a 12 monthly basis, as well as for existing residents on an ‘as needs’ basis where, in the opinion of the treating doctor it is required because of a significant change in the medical condition or treatment regimen.

Where a resident has had a Health Assessment, the Residential Medication Management Review should preferably be performed after the results of the Health Assessment are available. Staff can assist GPs in identifying those Residents who need a Residential Medication Management Review and by advising the GP.

Who is responsible for undertaking a RMMR?

Residential Medication Management Review are undertaken as a collaborative effort between a Resident’s GP and a Consultant Pharmacist and in doing so, can help to establish closer working relationships between the GP and the Pharmacist.

What are the benefits of Residential Medication Management Reviews?

Residential Medication Management Reviews can enhance the quality of medical care provided to a Resident. It can be used to assist the GP in developing, or revising a Medication Management Plan, thereby optimising the therapeutic effectiveness and management of the Resident’s medication regimen and minimising possible adverse effects.

A copy of the Review should be provided to the Resident, as well as to the Residential Aged Care Facility staff.

MBS item number for a Residential Medication Management Review

The MBS item number for a RMMR is 903 and complements the normal Aged Care Consultation items and other Medicare items such as for Health Assessments, GP Management Plans and Case Conferences.

The following link provides the MBS descriptor for Item Number 903:

<http://www9.health.gov.au/mbs/search.cfm?q=903&sopt=S>



CASE CONFERENCES

What is a Case Conference?

A Case Conference, better known as a Multi-disciplinary Case Conference is available **for patients who have at least one medical condition that has been (or is likely to be) present for at least 6 months, or who is terminal, and who requires ongoing care from a Multidisciplinary Case Conference Team which includes both a Medical Practitioner and at least two other members (one of whom may be a second Medical Practitioner), and each of whom provides a different kind of care to the patient.**

Case Conferences provide the opportunity to plan for urgent or short-term Health Care needs in a coordinated fashion, or to coordinate Medical Care for specific aspects of a Resident's condition.

For the purposes of the Medicare Benefits Schedule Item descriptors, a Multidisciplinary Case Conference is a process by which a Multidisciplinary Case Conference Team discusses the patient's history, identifies the patient's multidisciplinary care needs, thereby identifying outcomes to be achieved by members of the team and services to the patient, and identifying tasks that need to be undertaken to achieve these outcomes. Tasks are then allocated to members of the team, and an assessment is made whether previously identified outcomes (if any) have been achieved.

Participation in a Multidisciplinary Case Conference must be at the request of the person who organises and coordinates the Conference.

A GP may either organise and coordinate a Conference, or simply participate in the Conference, and different Item numbers apply. A Case Conference may be held without the attendance of a GP, but of course, there is no MBS rebate available in these circumstances.

Alternatively, the Conference may be organised by Residential Aged Care Facility Staff.

Conferences may be held over a period of several days, or over the course of say, a year, and a maximum of 5 Conferences can be claimed in any 12 month period.

It is recommended that the Resident, or their Relative or Carer is involved in the discussions in the conference process, but they are not counted as participants in the Conference for meeting the Medicare Benefits Schedule requirements.

The following is a list of some of the Health Care Providers who may participate in a Multidisciplinary Case Conference:-

Aboriginal Health Workers

Dental Therapists

Directors of Nursing

Optometrists

Pharmacists

Psychologists

Asthma Educators

Diabetes Educators

Mental Health Workers

Orthotists and Prosthetists

Physiotherapists

Registered Nurses

Audiologists

Dietitians

Occupational Therapists

Personal Care Worker

Podiatrists

Social Workers



WORKING TOGETHER



RELEVANT MBS ITEMS AND RACGP ACCREDITATION STANDARDS

The Medicare Benefits Schedule (MBS) includes a number of items to support the medical care of residents. They include:

- comprehensive medical assessment (items 701, 703, 705 and 707) once every 12 months
- Resident Medication Management Review (item 903)
- GP contribution to a multidisciplinary care plan (item 731) up to four times per year
- GP participates in a case conference (items 747, 750 and 758) up to five times per year
- GP organises and coordinates case conference (items 735, 739 and 743) up to five per year
- GP consultation at a RACS (items 20, 35, 43 and 51)
- GP consultation at a RACS after hours (items 5010, 5028, 5049 and 5067).

Information regarding these MBS items can be found at <www.mbsonline.gov.au>.

RACGP Accreditation Standards for General Practice

Two items that relate specifically to access to care (RACGP 2015):

- **Home and other visits:** Regular patients of our practice are able to obtain visits in their home, residential aged care facility, residential care facility, both within and outside normal opening hours where such visits are deemed safe and reasonable (Standard 1.1; Criterion 1.1.3)
- **Care outside normal opening hours:** Our practice ensures safe and reasonable arrangements for medical care for patients outside our normal opening hours (Standard 1.1; Criterion 1.1.4). Practices are aware of the arrangements in place for their patients to access after-hours care. Practices have processes in place to alert their patients to these arrangements. (Supporting the delivery of quality healthcare for aged care residents 2016: Department of Health and Human Services)



WORKING TOGETHER



THE AGED CARE FUNDING INSTRUMENT (ACFI)

The ACFI is the method now used for determining the subsidies for Residential Care

Principles of the Aged Care Funding Instrument

- *“The Aged Care Funding Instrument has been designed to focus on the core measurable needs that best explain the differences in Residential Care costs and involves an assessment of the person’s ‘usual care needs’ It does not look at care plans or ongoing care documentation and is considered to be a more objective instrument. There are more tightly specified assessment and documentation requirements”*

Structure of the Funding Model

Three Funding Domains

Activities of Daily Living

Behaviour Supplements

Complex Health Care Supplement

- determined by questions 1 – 5
- determined by questions 6 – 10
- determined by questions 11 & 12

There are twelve questions as stated above to cover these three domains.

Each question has an assessment stage to determine a rating of A, B, C or D for that question and these ratings have different values for each question. The values are then used to ‘classify’ the Resident’s needs as Low, Medium or High in each of the three domains

The Impact on the Medical Practitioner

Some criteria within the ACFI are very specific and complex, and so that a Resident may attain the maximum and appropriate level of funding, it may be necessary to provide some quite specific details and information, especially regarding diagnoses and their verification. For example, to achieve the highest level for the Behavioural Supplement, a Dementia, Psychiatric or Behavioural Diagnosis is required. In the case of diagnoses covering Depression, Psychotic and Neurotic disorders, the Diagnosis, Provisional Diagnosis or re-confirmation of the Diagnosis must have been made within the past 12 months.

From time to time, the Residential Aged Care Facility staff may ask the Treating Doctor to provide more specific documentation when the ACFI tool is used.

GPs are asked to show some understanding towards the Facility in its need to optimise its income.

The following is a link for the User Guide to the ACFI:-

<https://agedcare.health.gov.au/aged-care-funding/residential-care-subsidy/basic-subsidy-amount-aged-care-funding-instrument/aged-care-funding-instrument-acfi-user-guide>



WORKING TOGETHER



Role of the Practice Nurse and their Involvement within Residential Aged Care Facilities

Working within a Residential Aged Care Facility, the General Practitioner's Practice Nurse is able to assist in the conduct of a Health Assessment, much the same as would occur in the setting of the GP's Office.

A Protocol for the involvement of Practice Nurses in Ballarat Health Services has been developed and is on the BHS GP Access website. <https://gp.bhs.org.au/node/156>

Practice Nurse(s) employed by the GP Practice are required to be Registered with the Australian Health Practitioner Regulation Agency, have Indemnity Cover (usually part of the GP's Cover), and have had a Police Check.

GP Reminder and Recall System

The setting up of a Recall System using the GP Medical Software is another valuable tool to be utilised for such reminders as investigations to be scheduled, timing of Medication Chart updates, Immunisations due, and of course, a reminder of when the next Health Assessment is due.

Continuity of Care after Return from Hospital

The GP should review the Resident and their Medical Care Plans as soon as practicable and, ideally within **seven days** of the Resident returning to the Facility. Ballarat Health Services uses the BOSSNET system for scanning the patient's Electronic Medical Record, and Staff members within each Facility have access to this system.

A GP review can be undertaken and remunerated as a Residential Aged Care Facility consultation, or as a Health Assessment (MBS item 731).



WORKING TOGETHER



AGED CARE AND GP HELPFUL CONTACTS

| | CONTACT / WEBSITE | ADDITIONAL INFORMATION |
|--|---|--|
| BHS GP Liaison Unit | Tel: 03 5320 6676 Fax: 03 5320 8725 | |
| Aged Care Assessment Service | Tel: 03 5320 3740 Fax: 03 5320 3660 | Dana Street, Ballarat, Victoria 3350 |
| Rural Ambulance Victoria | Emergency: 000 Non-Urgent Transfer: 133 009 Tel: 03 5338 5000 | |
| Australian & New Zealand Society for Geriatric Medicine | http://www.anzsgm.org | |
| Public Advocate Office | Ph: 1300 309 337 http://www.publicadvocate.vic.gov.au | |
| ACCV – Aged and Community Care Victoria | Ph: 03 9805 9400 https://www.agedcareonline.com.au/home-and-community-care/victoria | |
| The National Aged Care Alliance (NACA) | Ph: 02 6232 6533 http://www.naca.asn.au | PO Box 4239 Kingston ACT 2604 |
| Drug Choice Companion: Aged Care | http://www.amh.net.au | Australian Medicines Handbook Subscription Required |
| Geriatrics at Your Fingertips | http://geriatricscareonline.org/ | American Geriatrics Society |
| Medical Care of Older Persons in Residential Aged Care Facilities | http://www.racgp.org.au/silverbookonline | Royal Australian College of General Practitioners |
| Medicare Benefits Schedule Online | http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/news-201601-January-MBS | |
| Therapeutic Guidelines | http://www.tg.com.au | Subscription Required |
| The Merck Manual | http://www.merck.com | |