



Case Conferencing

In Primary Care

Brought to you by MediCoach & Medical Business Services



Acknowledgement of Country

In the spirit of
reconciliation, we
acknowledge the
traditional custodians of
the lands on which we
meet and
pay our respects to their
elders past, present and
emerging.

Module Overview

Learning Outcomes

Case conferencing | a new beginning! (Allied health access)

Item numbers & Medicare Compliance

Ideal patient candidates for case conferencing

‘Arranging’ & ‘Participating’

Workflows, Processes & Technology

Documentation

Staff training & facilitation

Review & Quality Improvement



Case Conferencing for Allied Health

- New addition to MBS from 1 November 2021
- 'Participate' (not 'arrange'...)
- 10955 | 15-20 min \$43.25
- 10957 | 20-40 min \$74.10
- 10959 | over 40 min \$123.35
- Community or RACF case conference
- <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-AHCC>





Case Conferencing

GPs

Arrange

MBS Fee 1/7/21

- 735 15-20 minutes \$73.55
- 739 20-40 minutes \$125.85
- 743 40+ \$209.80

Participate

- 747 15-20 min \$54.05
- 750 20-40 min \$92.60
- 758 40+ min \$154.20

OMPs

Arrange

- 235 \$58.85
- 236 \$100.70
- 237 \$167.85

Participate

- 238 \$43.25
- 239 \$74.10
- 240 \$123.35



Case Conferencing

Eligibility

- At least 1 medical condition
- Has been or likely to be present for at least 6 months or;
- Terminal and;
- Requires ongoing care from multidisciplinary case conference team
 - Medical practitioner and;
 - At least 2 other members providing different kind of care/service
 - Is NOT a family carer
 - 1 may be another medical practitioner
- Provided by usual GP
 - Provided or providing majority of services | 12 months
- <http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&qt=NoteID&q=AN.0.49>

Siloed Communication Pathways





Case
Conferencing
team



Document

- Informed patient consent by all 'arranger' & 'participants'
- Date, start & finish times
- Participants
- Patient's multidisciplinary care needs
- Outcomes to be achieved & services delivered
- Tasks to achieve outcomes & allocation to care team
- Assess/review achievement of previous tasks & outcomes

Process

Discuss patient history

Continuity of care

Regularity of scheduling case conferences

Participation at request of organizer 'arranger'

At completion

- Offer patient/carer and participants a summary of conference
- Discuss outcomes with patient
- Discuss with carer if appropriate and consented

Ideal Patients & Candidates for Case Conferencing

Complex care patients

- Complex diabetes
- Complex pain
- Cancer care
- Aged care
- See case studies | additional recordings

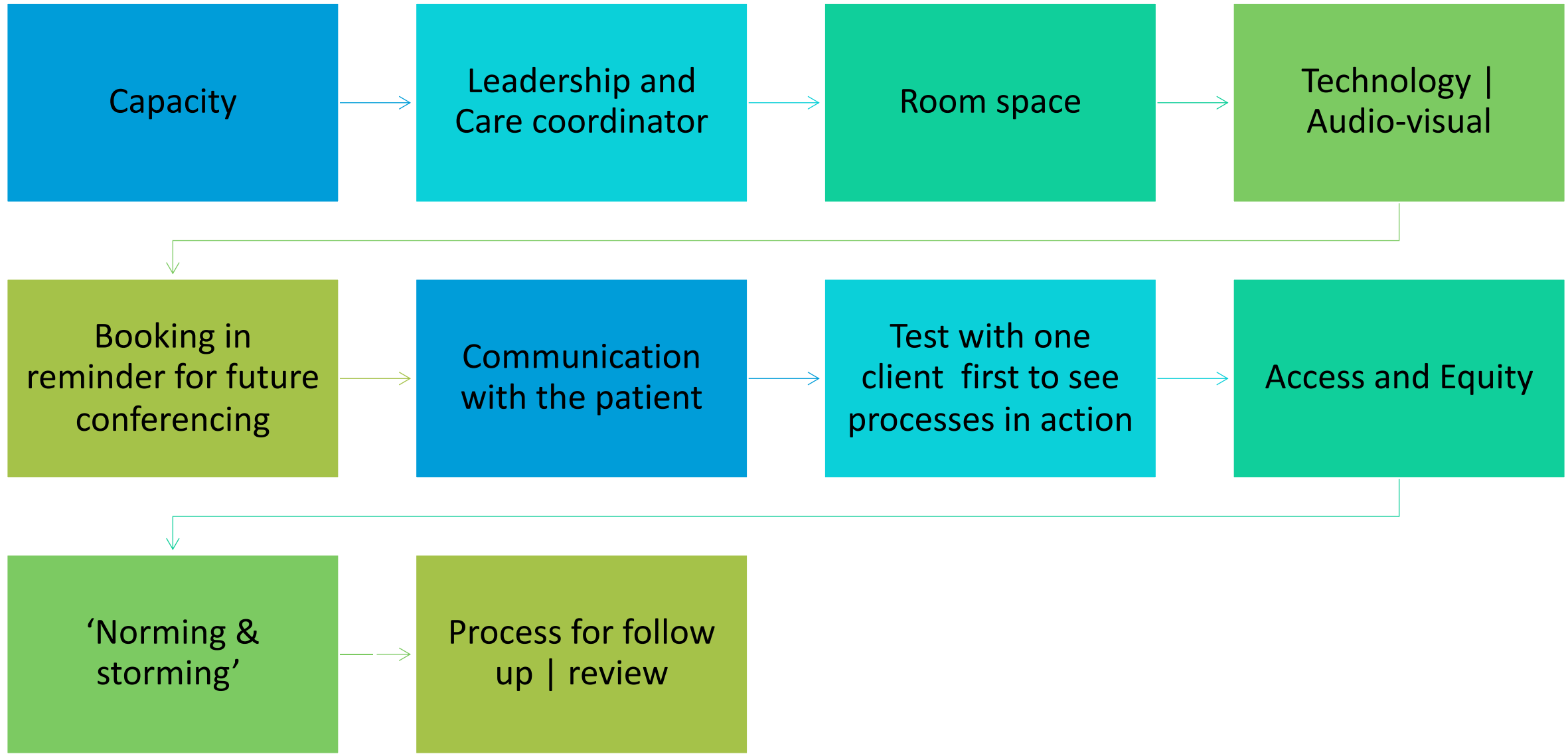
Multiple co-morbidities

Current care suboptimal | Not achieving outcomes

Identifying suitable patients

- PenCAT recipes
- Ask GPs!

Work Flows | Getting Started



Case Conferencing

Referral Pathways

Whose role is it to obtain Consent from Family/Carer and to coordinate the team

Documenting the session

Who is going to Facilitate the discussion
Who is going to record the compliance components and record keeping in the software systems of both RACF and GP practice.

Identification of a Need

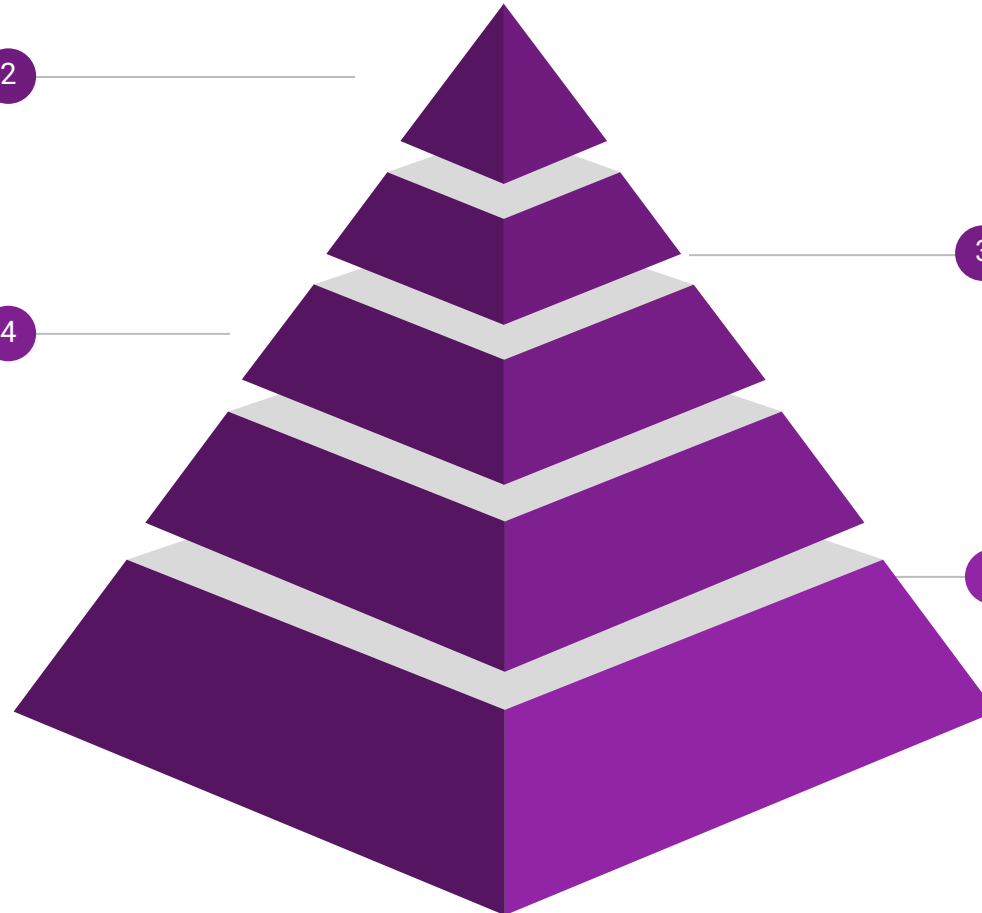
Who will benefit and why are we wanting a 3D discussion ie. new issue or reviewing a previous case conference

Booking the session

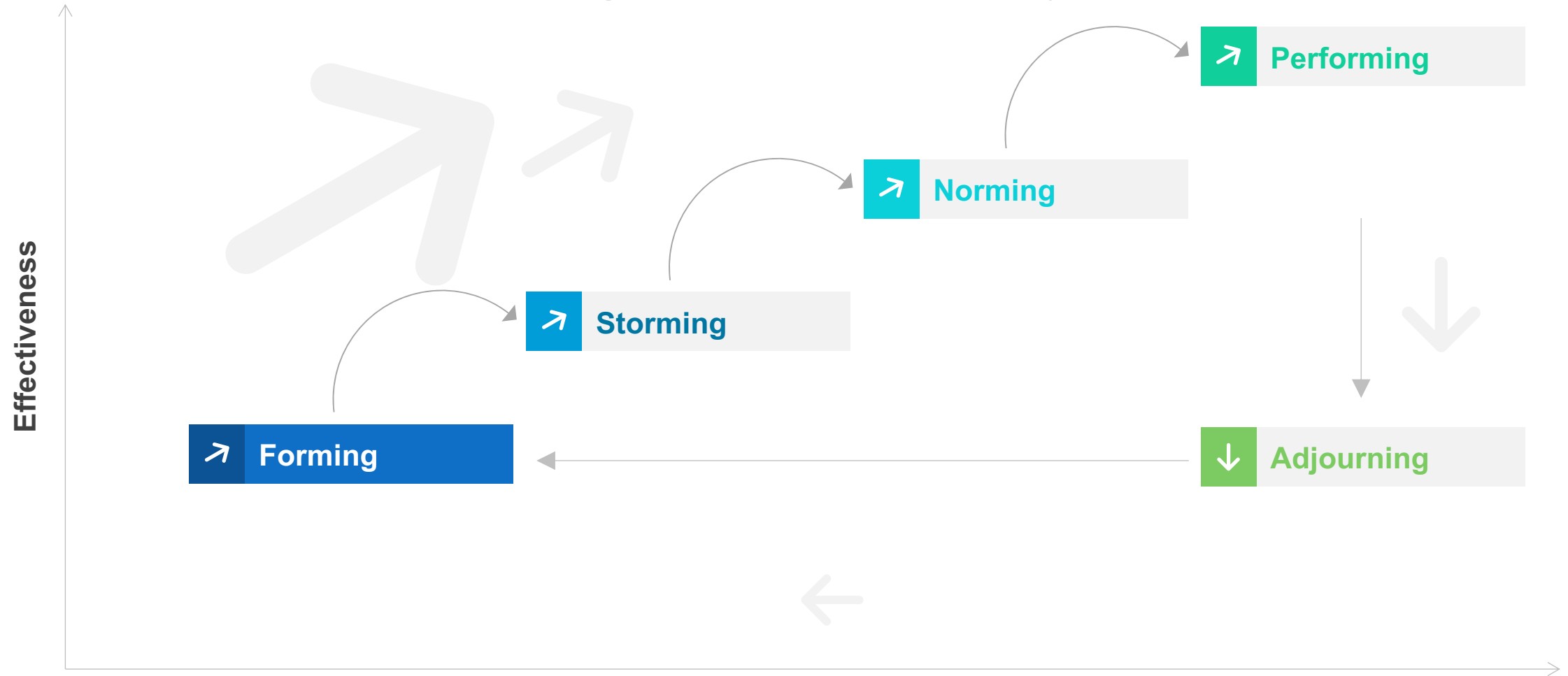
What time is going to suit most; What modality are required ie. telephone/telehealth, face to face. Who is going to attend to reminders or are we using calendar reminders software functionality

Next Steps

Who is going to Communicate with the patient or the family the outcomes of the case conference and has another case conference been identified as required. Who will process the billing

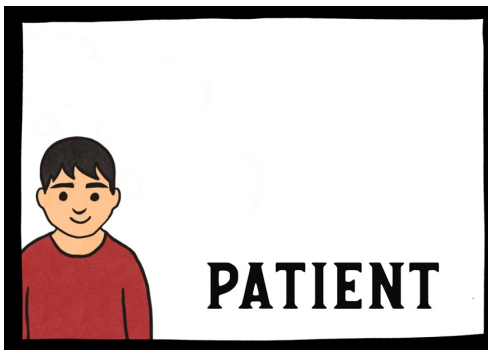
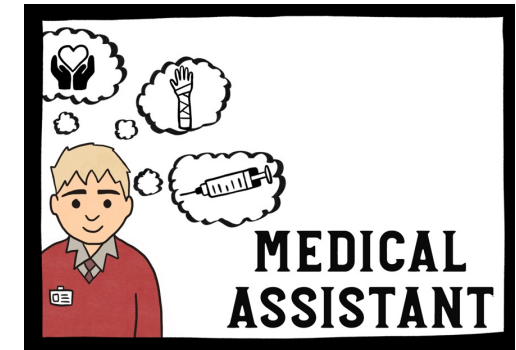
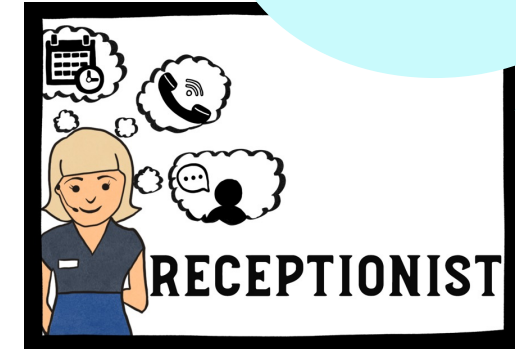
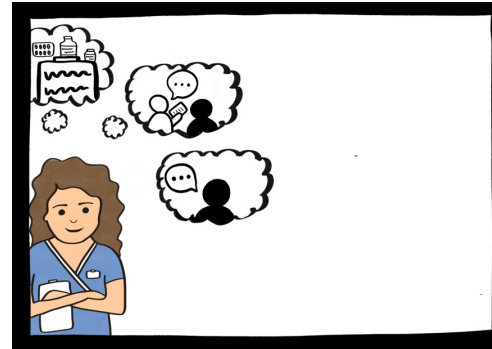


Understanding new team dynamic



As a...

As a....
I want....
So that...





I want...

How do you want it to work in the
future?

For you...

For your team...

For your communities...

For the health systems at large...

As a....
I want....
So that...

So that...

How does this fit into the
bigger picture?

As a....
I want....
So that...

- IDENTIFIES COMPLEX CLIENT
- PATIENT CONSENT
- REFERRAL
- REMINDERS RECALLS
- DISCUSS OUTCOME WITH PATIENT

GP

- CHECKS CORRESPONDENCE
- COLLABORATE WITH ADMIN
- COMMUNICATION WITH CC TEAM
- REMINDERS RECALLS
- PATIENT ADVOCACY

Nurse

Case
Conference

- MEDICARE COMPLIANT!
- DOCUMENTED
- GOALS, TASKS, OUTCOMES

Admin

- BOOK & COORDINATE SESSION(S)
- ROOM & TECH CHECK
- REMIND & FOLLOW UP
- BILLING

The background of the image features a collection of 3D geometric shapes on a light gray surface. These shapes include a blue rectangular prism, a yellow rectangular prism, a green rectangular prism, and a red rectangular prism, all with rounded edges. There are also several gray L-shaped and T-shaped blocks scattered around. The lighting creates soft shadows, giving the objects a three-dimensional appearance. A semi-transparent gray overlay covers the entire image, and the text "Design YOUR workflow" is centered in white.

Design YOUR
workflow

Reminders, Recalls & Frequency

Whose role?

Automated or
Care Coordinator
role

Booking in the
multidisciplinary
team in advance

Running an
appointment
schedule

- Recommended 5X per year

Finalise Billing & Communicating with Your Patient



What was the result



Next steps from each team member



Next steps for patient



Book in with care co-ordinator/ GP for teach back - ensure patient understanding if a change to current treatment plan

Scheduling Case Conferences

- ☐ Patient consent obtained
- ☐ GP noted reason for CC
- ☐ Team members to attend noted
- ☐ Month nominated
- ☐ Online poll of availability sent (Doodle or Xyondo)
- ☐ Room available
- ☐ Team member 1 booked & consented
- ☐ Team member 2 booked & consented
- ☐ Team member 3 booked & consented
- ☐ Patient attendance required/arranged
- ☐ Team members confirmed
- ☐ Technology available/required

Arrange
1/7/21

MBS Fee

Recording of Case Conference

- 735 15-20 minutes \$73.55
- 739 20-40 minutes \$125.85
- 743 40+ \$209.80

☐ Date: ____ / ____ / ____

☐ Start time:

☐ Finish time:

☐ Total time:

☐ MBS item to claim: Arr 735, 739, 743 Par 747, 750, 758

☐ Participant 1 & mode:

☐ Participant 2 & mode:

☐ Participant 3 & mode:

Participate

- 747 15-20 min \$54.05
- 750 20-40 min \$92.60
- 758 40+ min \$154.20

Recording of Case Conference

- ☐ Review of previous outcomes
- ☐ MDC needs:
- ☐ Outcomes:
- ☐ Services delivered:
- ☐ Tasks & Allocation
- ☐ Reminder/recall for next CC:



Staff training & facilitation

Set up

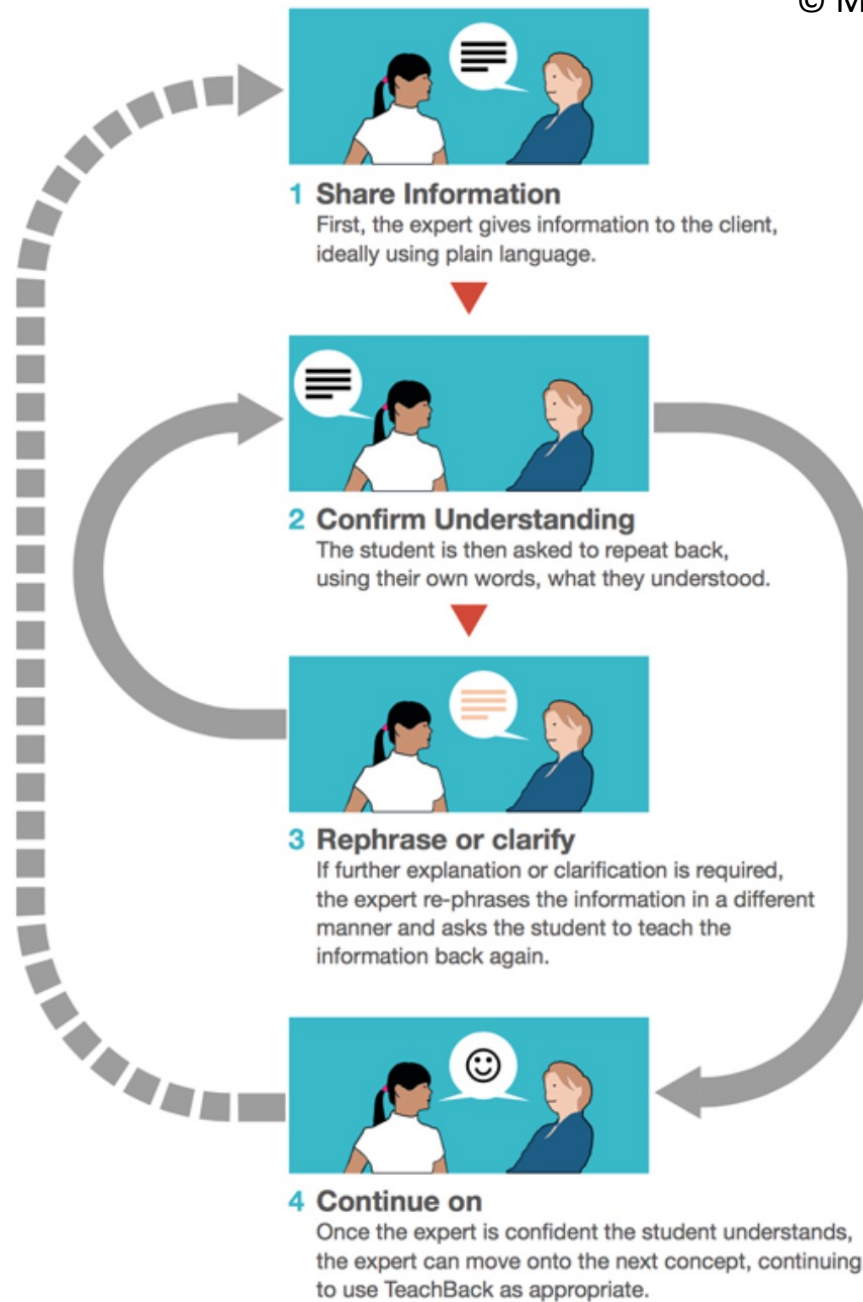
Set up regular meetings to discuss processes

Induct

Induct all team members to templates and the facilitation process

Teach back

Teach back for follow up with patients if required



The teachback process in healthcare

Reviewing Your Systems & Quality Improvement



Plan reflective time



Feedback from participants



Group/team dynamics



Adjust as required



Write up as QI activity | QI-PIP & accreditation

What's next?

- Download templates
- Case studies
- Further training opportunities
 - Developing & Implementing Nurse Led Clinics
 - Care Coordination
- Contact Kim Poyner | Riwka Hagen

