LinkMyCare - COPD

Frequently Asked Questions

Question:

How will the model fit with the changes to the MBS items (721/723) from November 2024.

Answer:

This program funds Practice Nurses to work at top of scope and to assist GPs by leading GPMP preparation. Any changes to MBS items 721/723 will not affect the funding for PNs. The new combined item for GP Chronic Condition Management Plan will be able to be billed under the model.

Question:

With regard to MBS Item 10997, can the Practice Nurse not use that MBS Item with an enrolled patient no matter what the intervention?

Answer:

MBS Item 10997 cannot be used for any intervention carried out by the Practice Nurse on an enrolled patient that falls under the LinkMyCare – COPD care pathway. Any intervention that would normally be claimed under MBS Item 10997, that falls outside of the LinkMyCare– COPD care pathway, can still be claimed

Question:

We have a lung function test machine in our practice. Is this something that could be incorporated into the care pathway?

Answer:

We don't expect the model of care to look exactly the same across all commissioned practices. Conversations around questions similar to the above can be had with the specific practice and viewed on a case-by-case basis. It is suggested that changes / enhancements to the care pathway be placed in the submitted EoI.

Question:

Will there be access to quit smoking type programs to support enrolled patients?

Answer:

Yes, there will be a full suite of programs / education material available to enrolled patients. Patients will be able to access this material via the patient INCA account. Alternatively, the information can be printed off by the Practice and provided to the patient.

Question:

How do I use Lumos and what is involved?

Answer:

Please refer to the following website – Lumos.

There will be little impost on the practice other than signing up. Data is extracted backend using extraction software. Data is encrypted before leaving the practice environment and is then linked by the Centre for Health Linkage at NSW Health.

Your practice will receive a bespoke practice report after every linkage (twice/year). Your Health Care Coordinator can provide you with a sample report.

Question:

During the initial COPD GP workshop does the Respiratory Scientist conduct the spirometry test or is it the nurse who does this using the teachings of the Scientist?

Answer:

This will depend on how the practice wishes to run clinics. The Resp Scientist will be available to the practice once/fortnight. Patients could be booked in for diagnostic testing then. If the practice nurse is confident undertaking the testing post training, then patients might be tested outside of the Resp Scientist Clinic.

Question:

The Implementation Payment 3 covers the cost of the spirometry disposables; however, the spirometry test is done during the Payment 2 meeting.

Answer:

Correct, this appears to be an error in what payment the disposables were listed under. The payment amount for Payment 2 and Payment 3 will not change, but the spirometry disposables should be included under what is covered in Payment 2.

Question:

Is the spirometry test only required every 12 months?

Answer:

Yes, spirometry testing is only required every 12 months. The only variation to this would be if an enrolled patient has an exacerbation and you want to do another test to see if their COPD has worsened (and a spirometry test was not conducted in hospital – if admitted).

Question:

Will the Respiratory Scientist be based in the same area as my practice?

Answer:

The EOIs for the Respiratory Scientist are still out to market. It is our intent for the service to cover all practices enrolled in the program.

It will be up to the Respiratory Scientist(s) to work closely with the commissioned practices to ascertain the best way to get the targeted cohort tested.

Regarding the testing equipment - that can also be discussed with the Respiratory Scientist.

If a practice already has a Respiratory Scientist that they use, or has one attached to the practice, that is also open for discussion.

Question:

How long is the project for? On page 3 Section D of the application form it references a 12-month commitment only.

Answer:

There appears to be an error in the above section of the application form. The project runs until 30 June 2027. We would be expecting a commitment up until that date.

Question:

On page 3, Section D of the EoI Application form it makes reference to providing reports to COORDINARE – what are the required reports?

Answer:

There are no specific reports that are required for this project. You will be required to supply invoices for the instalment and ongoing payments.

Question:

Number of Payments?

Answer:

Implementation – Payment 1 (a one-off payment made once the practice has been commissioned to undertake the project).

Then there will be quarterly payments that can contain payments for:

- Implementation – Payment 2
- Implementation – Payment 3
- Care Pathway Payments
- Yearly Retention Bonus Payment

The quarterly invoice can be made up of a variety of the above payments, depending on which patients are at which stage along the project.

Question:

When and how will the payments be made for the spirometry disposables?

Answer:

The spirometry disposables for the initial test, contacted by the respiratory scientist is included in the per patient instalment payment 2 amount of $90.

Ongoing spirometry disposable costs are included in the care pathway payment of $75 per patient per care pathway visit. A spirometry test needs to be done once a year, and it is expected that it would be done during the patients 12-month cycle of care appointment by the Practice Nurse.

Question:

Do payments continue after the 1st year?

Answer:

Yes, the payments continue until for patients seen up until the end of the program on 30 June 2027. The only payment that is a one-off payment is the Implementation – Payment 1. We would expect that over the course of the program you will be inviting new COPD patients or at-risk patients to visit the practice and therefore you would claim Implementation – Payment 2 and Payment 3.

You will also receive ongoing payments for patients who are enrolled into the program and attend the care pathway meetings. The bonus payment is made if an enrolled patient attends all three care pathway meetings in the 12-month period.

Question:

Is there a minimum number of patients to be seen?

Answer:

While there is no minimum number of patients, we are hoping that practices can sign up 80% of the currently flagged COPD patients in their caseload. Of the practice's daily smoker cohort, that haven't been diagnosed with COPD, we predict that 20% of those patients will have COPD and that of that 20%, 80% will be diagnosed with COPD and enrolled in the program.

Question:

What if we don't hit the expected enrolment numbers?

Answer:

If the expected enrolment numbers aren't achieved by a practice i.e. they only have 20% of their COPD patients enrolled in the program, COORDINARE would work in partnership with the practice to identify barriers.

Question:

What is the start date?

Answer:

There is no specific 'start date'. We are hoping to have the commissioned practices signed up by the beginning of November 2024. The actual 'start date' is driven by how long it takes the practice to clean their data, ascertain the people in the targeted cohort, reach out to those patients, and arrange the initial implementation meeting.

We are expecting that commissioned practices will be at different stages along the implementation pathway.

Question:

On page 2 of the application form it asks for a budget, what is required in this and is there a template?

Answer:

Please ignore this question – this is carried over from previous commissioning projects where specific budgets were assigned.

Question:

What if the practice has not had previous experience in participating in a program / project?

Answer:

This doesn't exclude you from being considered for the program. We are just interested in hearing of any other projects you may have participated in.

Question:

If staff require upskilling in spirometry and smoking cessation how is that arranged?

Answer:

We have created a list of training providers that offer initial and ongoing spirometry training. It can be delivered online, face-to-face, via zoom. It is up to the practice to decide on the training that best meets the needs of their practice. Once they have decided on the training who can assist them with registering and payment of the training.

The commissioned practices will be sent the list of training providers and the different training subjects on offer such as spirometry, smoking cessation, talking about preventative lifestyle changes, and approaching end of life discussions.

The training can commence as soon as the practice is commissioned.

Question:

What is the Patient Flow Portal (PFP) software?

Answer:

The PFP system is used in the hospital and will be used to track enrolled patients so that they will receive the additional transition of care back into the community after being admitted to hospital. When a patient is enrolled into the program, the LinkMyCare – COPD CNC will be added to that patient's care team in INCA. The LinkMyCare – COPD CNC will be advised through INCA that they have been added to a patient's care team and will then flag them in the PFP as an enrolled patient in the COPD program.

Question:

Is vaping considered daily smokers?

Answer:

Yes. The target cohort is patients with a COPD diagnosis and those at risk.