

Advance Care Planning in general practice

Advance Care Planning in General Practice: Guidance on use of MBS Items

This guide describes how MBS Item numbers may be used by GPs for Advance Care Planning (ACP) where clinically appropriate, e.g. existing terminal illness or chronic disease with potential to impact on duration and/or quality of life, or when it is requested by the patient.

Note:

- There is no dedicated Medicare Benefits Schedule (MBS) Item for ACP
- The use of the following MBS item types/numbers for ACP activity in general practice has been endorsed by the Australian Government Department of Health.
- The GP must ensure that the requirements for the services, as set out in the MBS, are met (<http://www.mbsonline.gov.au>). *This information is current as at September 2015.*
- The time required to undertake a general attendance in consulting rooms or a residential aged care facility (RACF) or a Health Assessment service may only include the activities described in the Health Insurance (General Medical Services Table) Regulations 2015 (the Regulations). Any aspects of an ACP that are *not* covered by the requirements of the Regulations may not be included in the time taken to provide the service.
- MBS Items 701, 703, 705, 707 and 715 (Health Assessments) must be provided by a GP personally attending upon a patient. Suitably qualified health professionals, such as practice nurses, Aboriginal and Torres Strait Islander health practitioners, and Aboriginal health workers, may assist GP in performing Health Assessments. Such assistance must be provided in accordance with accepted medical practice and under the supervision of the GP. This may include activities associated with: information collection; and providing patients with information about recommended interventions.

ITEM TYPE	MBS ITEM NUMBER	COMMENTS
<p>General Consultations (Level A-D)</p> <p>A Simple B < 20 mins C 20-39 mins D At least 40 mins</p>	<p>The appropriate item numbers for levels A-D apply as follows:</p> <p>Location:</p> <ul style="list-style-type: none"> - GP consulting rooms - RACF - Place other than consulting rooms or RACF <p>Note: If ACP constitutes part of an After Hours consultation it is important to make an “exceptional circumstances” notation in your clinical records.</p>	<p>A Level B, C or D consultation must include any of the following activities that are clinically relevant:</p> <ol style="list-style-type: none"> taking a (C - detailed, D - extensive) patient history; performing a clinical examination; arranging any necessary investigation(s); implementing a management plan; providing appropriate preventive health care; in relation to 1 or more health-related issues, with appropriate documentation. <p>ACP will usually involve a discussion of medical conditions, prognosis and management options, and planning ahead for future care needs.</p> <p>ACP may be completed over a number of short consults or may require long consult/s such as Level C or D.</p> <p>In addition, although short for most ACP activities, at times, the Level A consultation may be appropriate, for example, to conclude discussions and complete documentation.</p>

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ITEM TYPE	MBS ITEM NUMBER	COMMENTS
Health Assessments (time based) (including for people aged 75+)	701 Simple; < 30 mins \$59.35	A Health Assessment must include the following elements: <ul style="list-style-type: none"> • information collection, including taking a patient history and undertaking or arranging examinations and investigations as required; • making an overall assessment of the patient; • recommending appropriate interventions; • providing advice and information to the patient; • keeping a record of the Health Assessment, and offering the patient a written report about the Health Assessment, with recommendations about matters covered by the Health Assessment; and • offering the patient's carer a copy of the report or extracts of the report relevant to the carer. Consider addressing ACP as part of a Health Assessment for people aged 75+. As this Health Assessment must include the activities listed below, there may not be time to complete all ACP activities. However, it is an opportunity, for example, to offer printed information and organise a follow up consultation.
	703 Standard; not complex; 30-45 mins \$137.90	
	705 Long; needing in-depth consideration and strategies; 45-60 mins \$190.30	
	707 Prolonged; complex patient with significant long-term health issues; 60+ mins \$268.80	
	<p>Frequency: for the Health Assessment for People Aged 75 years and older - not more than once in a 12 month period.</p> <p>Frequency: for the Comprehensive Medical Assessment of Permanent Residents of Residential Aged Care Facilities – On admission to the RACF, provided that a comprehensive medical assessment has not already been provided in another RACF within the previous 12 months, and at 12 month intervals thereafter.</p>	
Aboriginal & Torres Strait Islander Peoples Health Assessment (for people aged 0-14, 15-54, and 55+)	715 (not time based) \$212.25	In relation to item 715, in addition to specific requirements of the three age cohorts (0-14, 15-54, and 55+), an Aboriginal & Torres Strait Islander Peoples Health Assessment must include the elements outlined above.
	<p>Frequency: not more than once in a 9 month period</p>	

For all Health Assessments, Practice nurses, Aboriginal & Torres Strait Islander health practitioners and Aboriginal health workers may assist under GP supervision. Their time to collect information and provide patients with information about recommended interventions may be added to the GP's time taken to complete the assessment.

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ITEM TYPE	MBS ITEM NUMBER	COMMENTS
<p>Telehealth for patients in:</p> <ul style="list-style-type: none"> - a telehealth eligible area (TEA); or - an Aboriginal Medical Service (AMS) or Aboriginal Community Controlled Health Service (ACCHS); or - an RACF <p>Levels</p> <ul style="list-style-type: none"> A Simple B < 20 mins C 20-39 mins D At least 40 mins 	<p>GPs:</p> <ul style="list-style-type: none"> - In TEA: 2122, 2137, 2147, 2199 - In TEA, AMS or ACCHS: 2100, 2126, 2143, 2195 - In RACFs: 2125, 2138, 2179, 2220 <p>Nurse practitioners:</p> <ul style="list-style-type: none"> - In TEA, AMS or ACCHS: 82220, 82221, 82222 - In RACFs: 82223, 82224, 82225 <p>Practice nurses, AHWs or ATSIHPs:</p> <ul style="list-style-type: none"> - In TEA, AMS or ACCHS: 10983 - In RACFs: 10984 	<p>The telehealth items may be useful for conducting ACP conversations with some patients.</p> <p>A patient may participate in a video conferencing consultation with a specialist or consultant physician. If a GP or nurse practitioner (or practice nurse, Aboriginal health worker (AHW) or Aboriginal and Torres Strait Islander health practitioner (ATSIHP) on behalf of, and under the supervision of, a GP) provides clinical support to the patient, the relevant telehealth item may be claimed.</p> <p>Patients in a TEA at the time of attendance, must be at least 15 kms by road from the specialist or consultant physician.</p> <p><i>Note: the specialist may be, for example, a palliative care physician or geriatrician.</i></p> <p><i>Note: for full description and fees for these services, click on:</i> http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/connectinghealthservices-itemlist <i>and scroll to Patient-End Services</i></p>

Examples of use of the use of MBS item numbers for ACP activity in general practice

1. Simple:

The Practice Nurse adds 20 mins of ACP discussion to a 10 min straightforward 75+ Health Assessment with a well patient. The GP then completes the Health Assessment in 20 min (item 705) and arranges a 25 minute consultation a month later to complete the ACP paperwork (item C).

2. Complex:

The GP sees George, an 80-year-old man with worsening heart failure and other co-morbidities for a routine check-up (claim item A-D as appropriate). During the consultation George raises questions about his frailty and looking after his wife. The GP tells George that it is time for his 75+ Health Assessment. He arranges for the Practice Nurse (PN) to see George a week later as part of the assessment. He also provides George with information about ACP, including a blank advance care directive and a blank substitute decision maker (SDM) appointment form. He asks George to discuss these with his wife and children, and for his wife to accompany him when he returns with the documents for his Health Assessment.

At the 75+ Health Assessment, as part of the collection of information from George and the provision of information regarding future interventions, the PN spends 30 mins on the Health Assessment and 15 mins talking to George about ACP. The GP then spends 20 minutes completing the Health Assessment and is able to claim an item 707 (total 65 mins). The GP answers George's questions about his condition and asks George to further discuss his preferences regarding future treatment with his daughter, and for George to return one month later with his wife and daughter. During that 30 minute consultation, the GP assists George to appoint his wife and daughter as SDMs and to complete the advance care directive. He claims a level C (item 36). He informs George that they could review his advance care directive at his next annual 75+ Health Assessment, or sooner if there is a change in his condition or wishes.