

SUMMARY OF AMA PLAN TO IMPROVE CARE FOR PATIENTS WITH CHRONIC AND COMPLEX CARE NEEDS

Australia has a high-quality primary health care system, built on the solid foundation of the role of the GP. GPs could do more to provide access to multidisciplinary care and support services for patients with chronic and complex disease.

However, existing chronic disease management arrangements are too limited, cumbersome, difficult for patients to access, and are wrapped up in red tape and bureaucracy.

To deliver real benefits for patients and maximise the impact of available funding, new arrangements need to be put in place that better support GPs to provide patients with chronic and complex disease with access to multidisciplinary care and essential support services. The Government's limited program for patients with diabetes will not achieve this goal.

The National Health and Hospitals Reform Commission (NHHRC) suggested "An enhanced Medicare in the future"¹ that:

- Supplements medical services with a broad package of health services (allied health, nursing and other health professionals) to support complex and continuing care;
- In addition to personal individual consultations, encourages and supports team-based and multidisciplinary care;
- Adds to current benefits as it pays for a mix of private and publicly delivered services (expanded to cover state-funded primary health care services, public hospital outpatient specialist services and selected allied health and other health professional services);
- Adds greater scope to support stronger focus on prevention, health promotion, early intervention and wellbeing, including supporting people in self-management;
- Supports a broader range of specified services by health professionals providing care within their defined scope of practice (and provided it is safe and cost-effective) and for innovative, collaborative care models within services;
- Supports the development of more integrated safety net arrangements that protect people from unaffordable costs; and
- Also pays for different types of services – email, telephone, telehealth (e.g. video conferencing) – that do not involve the physical presence of the patient. Payment for these services may be part of episodic payment or grant payments.

The AMA believes that there is a much simpler way of reforming the current system than proposed by the Government, which satisfies the intentions of the NHHRC goals as detailed above.

¹ Excerpts from National Health and Hospital Reform Commission Final Report June 2009 Table 4.1 An evolving Medicare

GP Management Plans

GP Management Plan (GPMP) arrangements in the MBS provide a structured approach to caring for patients with chronic and complex disease, although presently they do not provide patients with access to allied health and other support services. To provide access to allied health services GPs must also prepare a team care arrangement, which involves additional red tape.

We know that early intervention helps to improve health outcomes and in this regard initial access to a limited number of multidisciplinary and other support services through GPMPs could yield significant benefits for patients. The GPMP pathway could also provide access to medically appropriate preventive health services for individuals at high risk, eg developmental delay in children.

The AMA believes that GPMP arrangements should be simplified and reformed so that they provide “automatic” access to a predetermined number of GP referred services. On referral from a patient’s usual GP, GPMP arrangements should provide patients with access to:

- Five funded visits to allied health services per annum²;
- Parenting programs for children at risk; and
- Selected home aids including home safety, mobility aids, vital call, diabetes equipment, continence aids and therapeutic appliances.

In relation to the latter, we believe that it would be possible for Medicare Australia to contract with relevant suppliers for the provision of these services.

The existing GP Management Plan Review item in the MBS should be retained and enhanced so that it includes the option to provide access to extra clinically relevant allied health services beyond the threshold set out above.

Patients that need more support

For patients with chronic and complex disease that need greater support than can be provided through a GPMP, we need a new program administered through Medicare Australia that will provide these patients with streamlined access to a range of services relevant to their clinical needs.

The AMA proposes an overhaul of the existing MBS Team Care Arrangement (TCA) item. Under the AMA model, the existing TCA item would essentially be transformed into an assessment item for entry into the new program.

In this model, the current requirement for the GP to consult with other care providers would be removed. It is burdensome and does not accord with accepted medical practice. When patients are referred by GPs to other specialists, they are not subject to the same level of prescription and red tape.

² Noting that private providers, community health centres or public hospitals could provide these services.

The AMA accepts that strict eligibility guidelines would need to be developed to govern access to the program, including the requirement for the patient to already have a current GPMP in place. Patients would only be eligible to access the program where they were assessed by their usual GP as requiring additional support beyond what was available through a GPMP.

This program should be used, in relation to relevant conditions, to open up funded access to the following:

- GP-referred allied health and nursing services;
- A broader range of home aids, ramps for disability, home safety, mobility aids, wheel chairs and vital call;
- Transport services to assist with access to medical or allied health care;
- An enhanced safety net for medications;
- Dressings; and
- Education programs.

The program would retain a review mechanism similar to existing MBS review items in order to assess a patient's progress and ongoing eligibility for this extra support.

Why is this program better?

The AMA proposal is a comprehensive plan to address the needs of patients with chronic and complex disease, not a disease-specific proposal as put forward by the Government. The AMA's proposal:

- Ensures that patients do not lose their entitlement to a Medicare rebate;
- Ensures funding arrangements do not interfere in the doctor/patient relationship;
- Means patients would have more choice and greater control over decisions about their health care;
- Provides patients with multiple conditions with improved access to GP coordinated care services;
- Seeks to enhance proven existing arrangements so that they work better for patients;
- Provides access to a broad range of allied health and other support services;
- Does not require the establishment of new bureaucracies in general practice;
- Respects the professionalism of GPs and the comprehensive care that they provide to patients;
- Reduces the red tape burden on GPs; and
- Is both clinically and cost effective.

Most importantly, patients will receive care in accordance with their clinical needs rather than a predetermined budget set by governments that are not in the position to understand the care needs of individual patients.

To read the AMA plan in full, please visit <http://www.ama.com.au/node/5519>