



Australian Government
Department of Health and Ageing



CLOSING THE GAP
tackling
Indigenous
chronic
disease



Closing the Gap

Indigenous Chronic Disease Package

Information for General Practice,
Aboriginal Community Controlled Health Services
and Indigenous Health Services



Aboriginal and Torres Strait Islander people have the worst health outcomes of any cultural group in Australia, experiencing lower rates of access to primary health care and higher rates of hospitalisation than non-Indigenous Australians.

Chronic diseases such as diabetes, cardiovascular disease, chronic kidney and respiratory diseases and cancer are the major contributors to the higher mortality rates for Aboriginal and Torres Strait Islander people.

The Indigenous Chronic Disease Package aims to support both health services and Aboriginal and Torres Strait Islander individuals to improve access to and outcomes of care.

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Disclaimer

To many Aboriginal and Torres Strait Islander communities, it is disrespectful and offensive to display photographs of persons who have passed away. This brochure may contain such photos and we apologise to any communities who may be offended.

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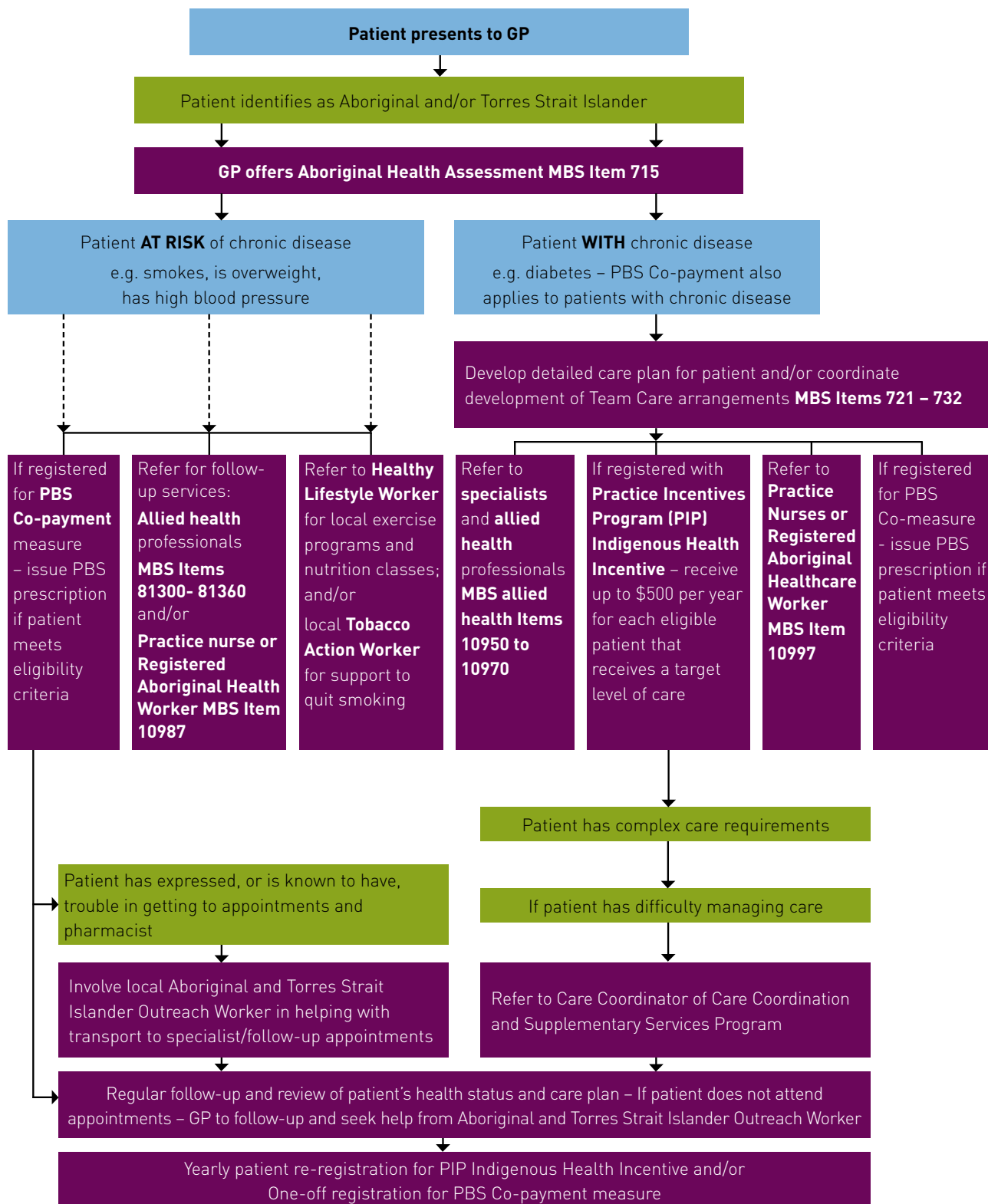
Improve your Aboriginal and Torres Strait Islander patients' health

The Australian Government's Indigenous Chronic Disease Package (ICDP) provides general practices and Indigenous Health Services* with access to additional resources to support the care of Aboriginal and Torres Strait Islander patients with a chronic disease or at risk of developing one. This program supports general practices and Indigenous Health Services to:

- Develop and implement systems to identify Aboriginal and/or Torres Strait Islander patients and encourage regular health checks.
- Receive additional payments through the *Practice Incentives Program (PIP) Indigenous Health Incentive*.
- Prescribe more affordable Pharmaceutical Benefits Scheme (PBS) medicines for Aboriginal and/or Torres Strait Islander patients through the *PBS Co-payment measure*. Those with an existing chronic disease or those who, in your judgment, are at risk of developing one and who need assistance will be eligible.
- Develop a team approach to care: your practice team will be able to improve care for Aboriginal and/or Torres Strait Islander patients with a chronic disease by accessing training for practice nurses and Aboriginal Health Workers in the *Chronic Disease Self-Management Program*.
- Ensure Aboriginal and/or Torres Strait Islander patients with a chronic disease are able to access specialists and allied health professionals consistent with their care plan through the *Care Coordination and Supplementary Services Program*.
- Refer Aboriginal and/or Torres Strait Islander patients with or at risk of chronic disease to regionally-based, and culturally appropriate, supports - such as tobacco action workers and healthy lifestyle workers.

*For the purpose of this booklet, an Indigenous Health Service is a practice, Aboriginal Community Controlled Health Service, Aboriginal Medical Service or a clinic providing primary care services to a predominantly Aboriginal and/or Torres Strait Islander population; and is a provider of Medicare rebated services.

GP and patient journey^{1,2}



1 Department of Health and Ageing 2010. MBSOnline: Canberra: DOHA; 2012. Available at: www.health.gov.au/mbsonline

2 Department of Health and Ageing 2010. Practice Incentives Program Indigenous Health Incentive Guidelines, March 2010

How to participate in the ICDP (Overview)³

Step 1. Register the practice/service with Medicare Australia as a participant in the Practice Incentives Program (PIP) Indigenous Health Incentive

To gain registration the practice/ service will need to:

- Be accredited against the Royal Australian College of General Practitioners (RACGP) *Standards for general practices*, or be registered for accreditation; and
- Have at least one GP and one other staff member undertake cultural awareness training within 12 months of registration (see exemptions on page 12 of this booklet).

In addition, your practice would benefit from:

- Understanding how 'chronic disease' and 'at risk' are defined for the purposes of this program;
- Developing a process to ask **all** patients whether they are of Aboriginal and/or Torres Strait Islander origin, consistent with accreditation requirements under RACGP *Standards for general practices* (3rd Ed); and
- Establishing a recall and reminder system for Aboriginal and/or Torres Strait Islander patients: annual recalls for a health assessment, review of risk factors and care plan reviews at clinically indicated intervals.

Benefit to the practice/service:

If you register your practice for the PIP Indigenous Health Incentive and meet the sign-on requirements, your practice will receive a one-off payment of \$1,000.

Step 2. Offer health checks to the Aboriginal and/or Torres Strait Islander patients in your care

Encourage your Aboriginal and/or Torres Strait Islander patients to participate in an Aboriginal and Torres Strait Islander health assessment and, if required, ongoing management of risk factors for a chronic condition.

Benefits to the practice/service:

This provides an opportunity to identify patients who could be registered for the PIP Indigenous Health Incentive.

Each Medical Benefits Schedule Aboriginal and Torres Strait Islander Health Assessment (MBS Item 715) attracts MBS benefits.

³ Department of Health and Ageing 2010. Practice Incentives Program: Indigenous Health Incentives Guidelines, March 2010.

Step 3. Develop a care plan for patients with a chronic disease

Develop a GP Management Plan (MBS Item 721) for patients with a chronic or terminal medical condition. For patients with a chronic medical condition and complex care needs, develop Team Care Arrangements (MBS Item 723). In addition to the item requirements, care planning may include:

- Determining patient eligibility and obtaining patient consent to register for the PIP Indigenous Health Incentive;
- Assessing patient need for PBS Co-payment measure support and seeking their consent to be registered for the PBS Co-payment measure;
- Arranging specialist and allied care services as appropriate;
- Assessing patient need for additional support through Care Coordination and Supplementary Services Program (CCSS)*;
- Accessing additional support for patients to attend medical appointments through local Aboriginal and Torres Strait Islander Outreach Workers*; and
- Referring to additional support services such as regional tobacco action workers and Quitline, for culturally appropriate quit smoking programs; and healthy lifestyle workers for culturally appropriate nutrition and exercise programs*.

Benefits to your practice/service:

- (i) Patient Registration Payment: receive \$250 per year for each eligible patient registered with the general practice or Indigenous Health Service for chronic disease management through the PIP Indigenous Health Incentive.
- (ii) Outcomes payment: annual payments to the general practice or Indigenous Health Service of up to \$250 for each eligible patient for whom a target level of care has been provided and the practice/service has provided the majority of care for the registered patient.
- (iii) Prescribe more affordable PBS medicines for your eligible Aboriginal and Torres Strait Islander patients through the PBS Co-payment measure.
- (iv) Provide up to 10 practice nurse or Aboriginal Health Worker follow-up services and up to 10 services from selected allied health providers, for each Aboriginal and/or Torres Strait Islander patient following a health assessment (per calendar year).
- (v) Access specialist and allied health services for your patient through the Care Coordination and Supplementary Services Program*, Urban Specialist Outreach Assistance Program* and the Medical Specialist Outreach Assistance Program – Indigenous Chronic Disease.
- (vi) Access additional support services such as regional tobacco action workers, healthy lifestyle workers and Aboriginal and Torres Strait Islander Outreach Workers.

* These programs are being implemented progressively over the period 2009-10 to 2012-13. Your Division of General Practice or NACCHO Affiliate will let you know when they become available in your area.

Step 4. Provide ongoing monitoring of 'at risk of chronic disease' patients

- Assess patient need and eligibility for PBS Co-payment measure.
- Obtain patient consent and complete one-time registration for affordable PBS medicines under the PBS Co-payment measure.
- Access additional support services such as regional tobacco action workers and Quitline for culturally appropriate quit smoking programs; and healthy lifestyle workers for culturally appropriate nutrition and exercise programs where locally available.
- Access follow-up care from specialist and allied health providers under the Medical Specialist Outreach Assistance Program – Indigenous Chronic Disease (MSOAP-ICD).

Benefits to your practice/service:

- (i) Able to prescribe PBS medicines that will be more affordable for your eligible Aboriginal and Torres Strait Islander patients.
- (ii) Access additional support services for your 'at risk' patients such as allied health services and non-clinical support such as regional tobacco action workers and healthy lifestyle workers.
- (iii) For rural and remote practices/services, access to specialist and allied health follow-up care. Upskilling may also be available from visiting health professionals under the MSOAP-ICD.

Step 5. Re-register patients annually for the PIP Indigenous Health Incentive

- The patient registration payment is payable once per patient, per calendar year. If your practice/service registers a patient who has been registered with another practice/service during the calendar year, you will not receive a patient registration payment for that patient in that year.
- Outcome payments will be made to the registered practice that provides the eligible services, regardless of where the patient was initially registered.
- Practices/services are able to phone the PIP team on **1800 222 032** to enquire if an eligible patient is currently registered with another practice/service.



Registering your practice/service for the Practice Incentives Program Indigenous Health Incentive

The Practice Incentives Program (PIP) Indigenous Health Incentive is administered through Medicare Australia on behalf of the Australian Government Department of Health and Ageing.

The PIP Indigenous Health Incentive provides payments to support general practices and Indigenous Health Services to provide better health care for Aboriginal and Torres Strait Islander people. This includes best practice management of chronic disease.

To register for the PIP Indigenous Health Incentive, practices/services, must be accredited, or registered for accreditation, against the RACGP *Standards for General Practices*.

As shown in Table 1, there are three components to payments under the PIP Indigenous Health Incentive: a 'sign-on' incentive payment, a patient registration payment, and annual 'outcomes' payments.

Table 1: Payments and requirements of the PIP Indigenous Health Incentive

Component	Payment	Activity required for payment
Sign-on Payment	\$1,000 per practice/service	One-off payment to practices/services that agree to undertake specified activities to improve the provision of care to their Aboriginal and Torres Strait Islander patients with a chronic disease.
Patient Registration Payment	\$250 per eligible patient per calendar year	A payment to practices/services for each Aboriginal and/or Torres Strait Islander patient aged 15 years and over, registered with the practice for chronic disease management.
Outcomes Payment Total: \$250	Tier 1: \$100 per eligible patient per calendar year	Payment to practices/service for each registered patient for whom a target level of care is provided by the practice in a calendar year.
	Tier 2: \$150 per eligible patient per calendar year	Payment to practices/services for providing the majority of care for a registered patient in a calendar year.

Further information and the PIP application forms are available on the Medicare Australia website at: www.medicareaustralia.gov.au/pip



Registering your eligible patients for the PBS Co-payment measure

As part of the Indigenous Chronic Disease Package, accredited practices/services and those working towards accreditation, can prescribe more affordable PBS medicines for eligible Aboriginal and/or Torres Strait Islander patients with, or at risk of, chronic disease who meet the measure's needs-based criteria.

To participate in this initiative, general practices will need to be registered for the PIP Indigenous Health Incentive.

Non-remote Indigenous Health Services are eligible to participate in the PBS Co-payment measure without being required to participate in the PIP Indigenous Health Incentive. Indigenous Health Services not participating in the PIP Indigenous Health Incentive but still wishing to assist their eligible patients with the cost of PBS medicines can complete the *Indigenous Health Service Application to Participate in the PBS Co-payment measure* application form available at the following website <http://www.health.gov.au/internet/ctg/publishing.nsf/Content/subsidising-pbs-medicine-co-payments>. The Department of Health and Ageing will assess these applications and notify the Indigenous Health Service in writing whether or not their application has been successful. Patients cannot be registered for the PBS Co-payment measure until the Indigenous Health Service has received notification that they have registered for the measure.

Benefit to the patient

When obtaining PBS medicines at their local pharmacy, eligible patients who would normally pay the full PBS co-payment (\$33.30 per item as at 1 July 2010) will pay the concessional rate (\$5.40 per item as at 1 July 2010). Those who would normally pay the concessional price will receive their PBS medicines without being required to pay a PBS co-payment. However, premiums for a small number of medicines will still need to be paid by the patient.

Community pharmacists will be reimbursed for the proportion of the normal PBS co-payment that has not been paid by the patient.

Patient eligibility criteria

The benefit is available to Aboriginal and/or Torres Strait Islander people of any age who present with, or are at risk of, chronic disease, and in the opinion of the prescriber:

- would experience setbacks in the prevention or ongoing management of chronic disease if the person did not take the prescribed medicine; and
- are unlikely to adhere to their medicines regimen without assistance through the measure.

For further information about assessing these criteria, see Detail Card #9 on this measure.

To register an individual patient for the PBS Co-payment measure

Check your patient's eligibility and gain the patient's signed consent.

General practices and Indigenous Health Services that are eligible for the PIP Indigenous Health Incentive may obtain the relevant patient consent forms from the Medicare website at:

<http://www.medicareaustralia.gov.au/provider/incentives/pip/forms-guides.jsp>

If you are an Indigenous Health Service not eligible for the PIP Indigenous Health Incentive, you will need to obtain separate PBS Co-payment measure forms from the ICDP website located at:

<http://www.health.gov.au/internet/ctg/publishing.nsf/Content/non-pip-participants>

Once a patient is registered, participating GPs will need to annotate the prescriptions of registered patients to indicate that they are eligible to receive co-payment relief. All PBS medicines are covered under the measure whether or not the medicines are being used to treat chronic or acute medical conditions. The cost of filling dose administration aids such as webster packs is a service fee that is negotiated between the individual patient and pharmacist and is not covered under the PBS measure. The measure only relates to the cost of the PBS medicines that the patient receives.

If your prescribing software has not been upgraded to automatically annotate prescriptions for registered patients, you can manually annotate prescriptions by writing the letters 'CTG' and your initials or signature next to the annotation (Refer to the sample diagram shown below). You will need to print the annotation at the top of the prescription or on the right hand side of the prescription to the right of the patient's name and address area.

Upon presenting a correctly annotated prescription to a pharmacy for dispensing, your patient will be supplied the medicine at the reduced rate.

For information about the PBS Co-payment measure go to:

<http://www.health.gov.au/internet/ctg/publishing.nsf/Content/subsidising-pbs-medicine-co-payments>

DR GARY HOLMES
24 GILMOUR CRESCENT
RIVERSIDE NSW 2019

123123 *Dr. Holmes*
CTG

Pharmaceutical Benefits Entitlement Number

SAFETY NET ENTITLEMENT CARD HOLDER CONCESSIONAL OR DEPENDANT PBS BENEFICIARY OR SAFETY NET CONCESSION CARD HOLDER

PATIENT'S NAME *MR JOHN CITIZEN*

ADDRESS *123 HIGH STREET* POST CODE *9023*

DATE *2/7/10* MAINVILLE

PBS RPBS
(tick appropriate box)

R ATORVASTATIN 20mg tabs
+ tab p.o. daily.
Send 30 tabs + 5 repeats

Dr. Holmes.

DOCTOR'S SIGNATURE
I certify that I have reviewed this medication and the information relating to any entitlement to fee for concessional pharmaceutical benefits is not false or misleading.

Date of Supply Patient's or Agent's Signature
Agent's Address

PS 38115/001



Cultural awareness training: who needs it?

As part of the requirements for registration under the PIP Indigenous Health Incentive, at least two staff members from the practice (one of whom must be a GP), will need to have completed an endorsed cultural awareness training program in the 12 months before the practice signing onto the PIP Indigenous Health Incentive or within 12 months of joining the Incentive.

A number of cultural awareness programs are available. Information about endorsed training packages can be obtained through your professional medical college, or through the National Aboriginal Community Controlled Health Organisation (NACCHO) and its affiliates.

Exemptions: Practices/services under the management of an Aboriginal Board of Directors, or a committee comprising predominately Aboriginal community representatives, are exempt from this requirement. A GP who works in these practices/services on a regular basis will be considered to be equivalent of one GP staff member having undertaken cultural awareness training.

Cultural awareness training is also a requirement for health professionals participating in the MSOAP-ICD.

Defining 'chronic disease' and 'at risk'

The aim of the Australian Government's Indigenous Chronic Disease Package is to assist in closing the life expectancy gap between Indigenous and non-Indigenous Australians.

The package is designed to improve the prevention, early detection and ongoing management of those chronic diseases that are the main causes of mortality for Aboriginal and Torres Strait Islander people such as cardiovascular disease, diabetes, chronic respiratory disease, cancer and chronic renal disease.

'Chronic disease'

The MBS definition of a chronic disease is:

"A disease that has been, or is likely to be, present for at least six months, including but not limited to asthma, cancer, cardiovascular illness, diabetes mellitus, musculoskeletal conditions and stroke".

Where a patient has a mental health condition as well as a chronic or terminal condition and complex care needs requiring team based care, the GP can use both GP Management Plan and Team Care Arrangements; and GP Mental Health Treatment Plan.



Defining 'chronic disease' and 'at risk'

'At risk'

The PBS Co-payment measure recognises that the risk of developing chronic disease over a person's lifetime is influenced by complex biological, environmental and socially determined factors and could include, for example:

- in utero and early childhood factors, such as low birth weight and recurrent childhood infections. It is recognised that developmental health problems play a critical role in future health outcomes;
- behavioural and biological factors, such as smoking, physical inactivity, poor nutrition, family history of chronic disease, high blood pressure and cholesterol; and
- social and economic factors, such as financial hardship, substance abuse and emotional well-being.

Prescribers are encouraged to use clinical judgment to determine whether a patient has risk factors for chronic disease.

Identifying and signing up eligible patients

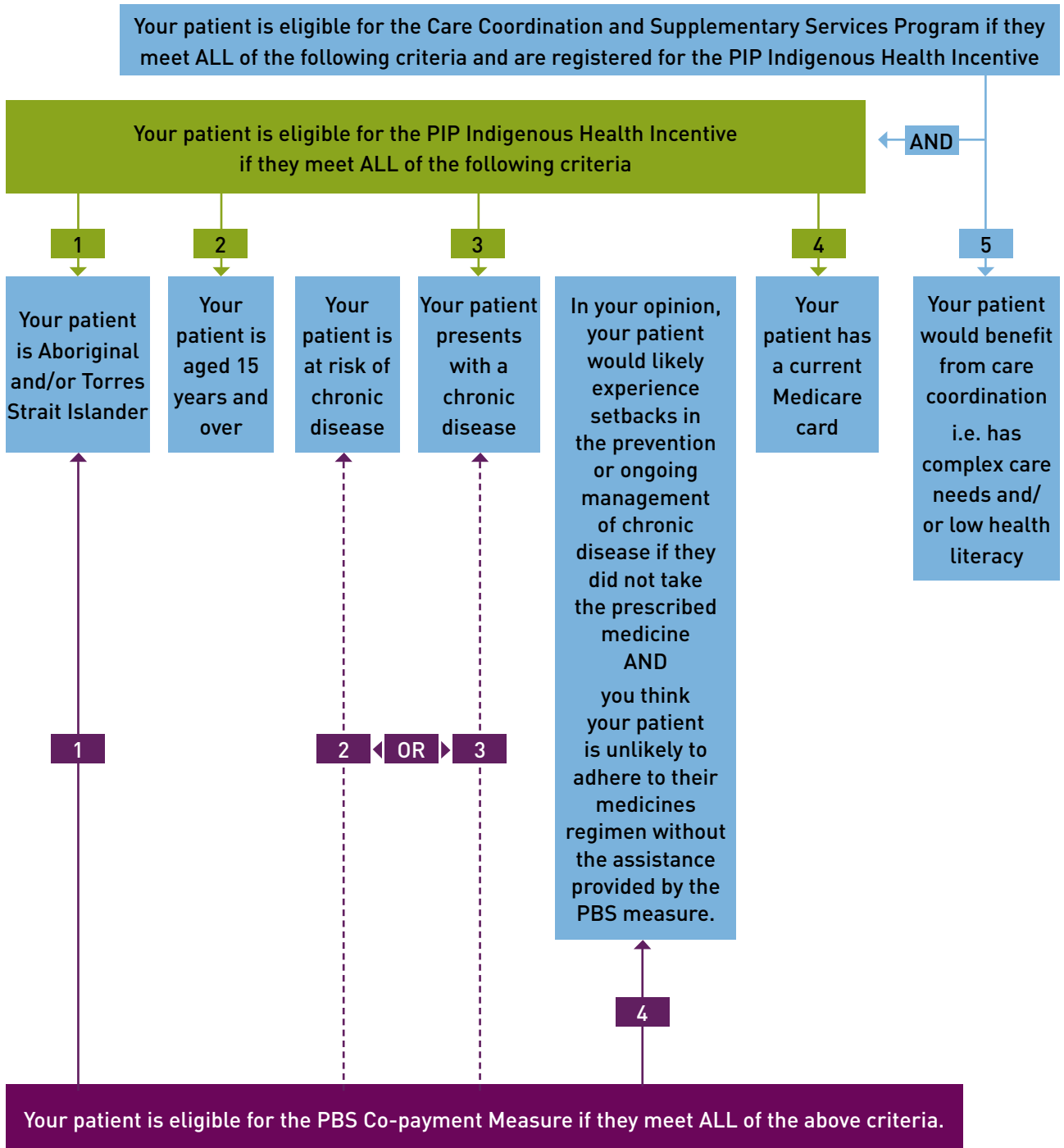
Initiatives under the Package have varying eligibility requirements. Patients need to:

- be Aboriginal and/or Torres Strait Islander;
- be over 15 years of age (this applies to the PIP Indigenous Health Incentive but not to the PBS Co-payment measure);
- have a current Medicare card; and
- have a chronic disease (for the PIP Indigenous Health Incentive and PBS Co-payment measure) or be at risk of or have chronic disease (for the PBS Co-payment measure).

To determine whether your patient is of Aboriginal and/or Torres Strait Islander origin, you need to **ask ALL** your patients **if they identify as** Aboriginal and/or Torres Strait Islander, see Patient Identification Detail Card 2.

Identifying and signing up eligible patients

Patient eligibility⁴



4 Department of Health and Ageing. Closing the Gap: Tackling Indigenous Chronic Disease. Canberra:DOHA;2010. Available at: [http://www.health.gov.au/internet/ctg/publishing.nsf/Content/6183E23B7476C13ACA25773D0019F604/\\$File/Fact%20Sheet%20-%20Information%20Sheet%20for%20General%20Practitioners.pdf](http://www.health.gov.au/internet/ctg/publishing.nsf/Content/6183E23B7476C13ACA25773D0019F604/$File/Fact%20Sheet%20-%20Information%20Sheet%20for%20General%20Practitioners.pdf)

Specialist Outreach Programs and Care Coordination⁵

The following three initiatives all aim to improve the access of Aboriginal and/or Torres Strait Islander patients with chronic disease to specialist and allied health medical services. These measures focus on developing multidisciplinary approaches to care and can assist GPs in the development and implementation of a comprehensive and team approach to care.

Medical Specialist Outreach Assistance Program – Indigenous Chronic Disease (MSOAP-ICD) measure

The MSOAP provides rural and remote communities with increased access to medical specialist services. As part of the Australian Government's commitment to tackling Aboriginal and Torres Strait Islander chronic disease, the MSOAP has been expanded to introduce multidisciplinary teams, comprising medical specialists, GPs and allied health professionals, to better manage chronic health conditions in rural and remote Aboriginal and Torres Strait Islander communities.

Urban Specialist Outreach Assistance Program (USOAP)

The USOAP provides access for Aboriginal and/or Torres Strait Islander patients with a chronic disease to outreach medical specialist care in urban areas and inner regional areas.

Care Coordination and Supplementary Services (CCSS) Program

Developing multidisciplinary approaches to care requires significant coordination. General practices and Indigenous Health Services implementing care plans for patients with chronic disease will be able to refer patients identified as needing more complex chronic disease management, or support to access services, to the CCSS Program once it is established in their region, provided they have registered for the PIP Indigenous health Incentive.

The CCSS Program will provide assistance to Aboriginal and/or Torres Strait Islander patients including:

- arranging the health services required;
- ensuring there are arrangements in place for the patient to get to appointments;
- transferring and updating a patient's medical records;
- assisting the patient to participate in regular reviews by their primary care provider;
- adherence to treatment regimes (eg. medication compliance);
- development of chronic condition self-management skills; and
- connection with appropriate community based services such as those providing support for daily living.

For more information, contact your local Division of General Practice or visit:

<http://agpn.com.au/divisions-directory>

⁵ Department of Health and Ageing. Closing the Gap: Tackling Indigenous Chronic Disease. Canberra:DOHA;2010. Available at :<http://www.health.gov.au/internet/ctg/publishing.nsf/Content/Improving-Chronic-Disease-Management-and-Follow-up>

Indigenous Health Project Officers: a resource for General Practices and Indigenous Health Services

Indigenous Health Project Officers work in most state-based organisations, Divisions of General Practice and National Aboriginal Community Controlled Health Organisation (NACCHO) Affiliates to:

- improve the capacity of mainstream primary care providers to deliver culturally sensitive services to Aboriginal and/or Torres Strait Islander people (including through cultural awareness training, quality improvement, health promotion and education and Indigenous liaison);
- increase the uptake of Indigenous specific MBS items including Indigenous health assessments and follow up items;
- increase awareness of the initiatives being provided through the Indigenous Chronic Disease Package;
- help the community, mainstream primary care providers and Indigenous Health Services to work together to improve health outcomes for Aboriginal and Torres Strait Islander people; and
- support Aboriginal and Torres Strait Islander Outreach Workers.

Location of the Indigenous Health Project Officers

Local Project Officers will be able to help medical practices/services get the necessary systems in place to access the benefits of the Indigenous Chronic Disease Package. For more information including what is available locally, contact your local Division of General Practice (visit: <http://agpn.com.au/divisions-directory>) or NACCHO Affiliate (visit <http://www.naccho.org.au>)

Aboriginal and Torres Strait Islander Outreach Workers

Aboriginal and Torres Strait Islander Outreach Workers are employed in some Divisions of General Practice and Aboriginal Community Controlled Health Services to help Aboriginal and/or Torres Strait Islander people access health care and follow-up services.



Chronic disease self-management accredited training for staff

The Australian Government is providing funding for accredited chronic disease self-management training to be provided to 400 existing health workers on how to support and educate their Aboriginal and/or Torres Strait Islander patients so that they can manage their chronic conditions more successfully and live healthy lives while managing their chronic disease.

Training will be available to Aboriginal Health Workers, nurses and other suitably qualified or experienced people who are existing employees of Aboriginal Community Controlled Health Organisations, Indigenous health services, general practices, Divisions of General Practice and state and territory government health services working with Aboriginal and/or Torres Strait Islander people.

National Tackling Smoking Workforce

The Australian Government is funding the rollout of a national network of regional tobacco coordinators and tobacco action workers to work with Aboriginal and Torres Strait Islander communities to reduce the number of people smoking. This workforce will implement a range of community-based smoking prevention and cessation support activities tailored to local Aboriginal and Torres Strait Islander communities.

Healthy Lifestyle Workers

The Australian Government is funding the rollout of a national network of healthy lifestyle workers to reduce the lifestyle risk factors that contribute to preventable chronic disease in Aboriginal and Torres Strait Islander communities.

The healthy lifestyle workers will work to improve nutrition and physical activity for individuals, families and communities. These are non-clinical positions.

To develop the skills and knowledge required, healthy lifestyle workers will receive accredited training through registered training organisations. They will refer people who are at risk of developing a chronic disease to health services for help where necessary. People with established chronic disease will also be referred for help in managing their disease. Healthy lifestyle workers will also work closely with the new tobacco action workers in a team-based approach.

MBS Item Numbers for Aboriginal and Torres Strait Islander Health Services⁶

Health Assessments

Item 715: Aboriginal and Torres Strait Islander Health Assessment

Available to all Aboriginal and/or Torres Strait Islander people, but requirements vary according to age group: 0-14, 15-54, and 55+ years of age.

Fee*	Benefit	Where	Frequency
\$200.20	100% = \$200.20	Place other than a hospital or residential aged care facility	Once in a 9 month period

MBS health assessment resource kits containing additional information and proformas are available from http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare_ATSI_mbsha_resource_kit. Proformas provide useful guidance, but are not mandatory to claim items as long as all requirements are met.

Item 10987: Follow-up service by a Practice Nurse or registered Aboriginal Health Worker[†]

Follow-up services for an Aboriginal and/or Torres Strait Islander person who has received a health assessment.

Fee*	Benefit	Frequency
\$23.10	100% = \$23.10	Maximum of 10 services per year

Patient eligibility

Item 10987 may be accessed by an Aboriginal and/or Torres Strait Islander patient who has received a health assessment (eg. an Aboriginal and Torres Strait Islander Health Assessment (Item 715), or a child who has received a health check as part of the Northern Territory Emergency Response (NTER).

Eligible practitioners

Item 10987 may be claimed by a medical practitioner, where a follow-up service is provided by a practice nurse or registered Aboriginal Health Worker on behalf of that medical practitioner for an Aboriginal and/or Torres Strait Islander person who has received a health assessment.

Item description

Item 10987 may be used to provide:

- examinations/interventions as indicated by the health assessment;
- education regarding medication compliance and associated monitoring;
- checks on clinical progress and service access;
- education, monitoring and counselling activities and lifestyle advice;
- taking a medical history; and
- prevention advice for chronic conditions, and associated follow-up.

⁶ Department of Health and Ageing. MBS Online. Canberra:DOHA;2010. Available at: www.health.gov.au/mbsonline

[†] A registered Aboriginal Health Worker means a person in the Northern Territory who is registered as an Aboriginal Health Worker under the *Health Practitioners Act 2004 (NT)*, who is employed or retained by a general practice, or by a health service that has an exemption to *claim Medicare benefits under sub-section 19(2) of the Health Insurance Act 1973*.

To claim this item, the following criteria must be met:

- the service is provided on behalf of and under the supervision of a medical practitioner;
- the person is not an admitted patient of a hospital; and
- the service is consistent with the needs identified through the health assessment.

For updates on MBS item information visit: www.health.gov.au/mbsonline

Items 81300 to 81360: Allied health services

Available to any Aboriginal and/or Torres Strait Islander person who has had a health assessment during which the need for follow-up allied health services has been identified.

Fee*	Benefit	Frequency
\$59.90	85% = \$50.95	Maximum 5 health services per year

Patient eligibility

A person who is of Aboriginal and/or Torres Strait Islander descent may be referred by their GP for allied health services under items 81300 to 81360 when the GP has undertaken a health assessment and identified a need for follow-up allied health services.

Items 81300 to 81360 are available in addition to items 10950-10970 or they provide an alternative pathway to allied health services for Aboriginal and/or Torres Strait Islander people.

Item	Description
81300	Aboriginal or Torres Strait Islander Health Service provided by an eligible Aboriginal Health worker [†]
81305	Diabetes Education
81310	Audiology Health Service
81315	Exercise Physiology
81320	Dietetics
81325	Mental Health Services
81330	Occupational Therapy
81335	Physiotherapy
81340	Podiatry
81345	Chiropractic
81350	Osteopathy
81355	Psychology
81360	Speech Pathology

[†] Aboriginal Health Workers who have been awarded a Certificate Level III in Aboriginal and Torres Strait Islander Health (or an equivalent or higher qualification) from a Registered Training Organisation that meets training standards set by the Australian National Training Authority's Australian Quality Training Framework can register with Medicare Australia to provide this item.

* Current as at 1 Nov 2010.

Eligible Practitioners

Items 81300 to 81360 can only be claimed for services provided by eligible allied health professionals who meet eligibility requirements, are in private practice and registered with Medicare Australia. There are specific eligibility requirements for allied health professionals providing services under these items and full item descriptions should be reviewed before undertaking these services.

Services provided by eligible allied health professionals under these items must meet the requirements set out in the item descriptors. These requirements include:

- Service is of at least 20 minutes duration;
- Service is provided to the person individually (i.e. not as part of a group service) and in person (i.e. the allied health professional must personally attend the patient);
- Person is not an admitted patient of a hospital; and
- After the service the allied health professional must provide a written report to the GP.

Restrictions

Items 81300 to 81360 do not apply for services that are provided by any Australian Government or state or territory government funded services or provided to an admitted patient of a hospital. However, where an exemption under subsection 19(2) of the *Health Insurance Act 1973* has been granted to an Aboriginal and Torres Strait Islander Community Controlled Health Service or state/territory health clinic, items 81300 to 81360 can be claimed for services provided by eligible allied health professionals salaried by, or contracted to, the service or health clinic. All requirements of the relevant item must be met, including registration of the allied health professional with Medicare Australia. Medicare services provided under a subsection 19(2) exemption must be bulk billed.

For updates on MBS item information visit: www.health.gov.au/mbsonline

MBS Item Numbers for Aboriginal and Torres Strait Islander Health Services

Chronic disease management

Items 721 – 732: Chronic disease management

These items are NOT specifically for Aboriginal and/or Torres Strait Islander people but have been included here because they can be accessed as part of chronic disease management.

Item	Description	Fee*	Benefit**	Frequency#
721	Preparation of a GP Management Plan (GPMP)	\$136.05	100% = \$136.05	12 months
723	Coordination of Team Care Arrangements (TCAs)	\$107.80	100% = \$107.80	12 months
729	Contribution to, or review of a Multidisciplinary Care Plan for patients not in a residential aged care facility	\$66.35	100% = \$66.35	3 months
731	Contribution to, or review of a Multidisciplinary Care Plan for residents of an aged care facility	\$66.35	100% = \$66.35	3 months
732	Review of a GP Management Plan or coordination of a review of Team Care Arrangements	\$68.00	100% = \$68.00	3 months

#CDM services may be provided more frequently in exceptional circumstances.

** Services provided in hospital are rebated at 75% of the schedule fee.

Items 10950 and 10997: Services provided by a Practice Nurse or Aboriginal Health Worker

These items are NOT specifically for Aboriginal and/or Torres Strait Islander people but any person with a chronic condition.

Item	Description	Fee*	Benefit	Frequency
10950	Aboriginal or Torres Strait Islander health service by an eligible Aboriginal Health Worker† (For persons with a chronic condition and complex care needs)	\$59.90	85% = \$50.95	Maximum of 5 services per year (includes 10950)
10997	Service provided by a Practice Nurse or registered Aboriginal Health Worker	\$11.55	100% = \$11.55	

Patient eligibility

Items 10950 and 10997 are NOT specific to Aboriginal and/or Torres Strait Islander people. They can be accessed by any eligible patients.

For updates on MBS item information visit: www.health.gov.au/mbsonline

10950: Aboriginal Health Worker Service

This item may only be accessed by a patient with a GP Management Plan *and* Team Care Arrangements OR by a resident of an aged care facility whose medical practitioner has contributed to a Multidisciplinary Care Plan (items 721, 723, 729, 731 and 732).

Item 10950 is for an Aboriginal or Torres Strait Islander health service provided to a person by an eligible[†] Aboriginal Health Worker.

To claim this item, the following criteria must be met:

- the service must be recommended as part of team care arrangement or Multidisciplinary Care Plan;
- the service is of at least 20 minutes duration; and
- the person is referred to the eligible Aboriginal Health Worker by the medical practitioner using a referral form that has been issued by the Department of Health and Ageing or a referral form that contains all the components of the form issued by the Department.

Item 10997: Service provided by a practice nurse or registered Aboriginal Health Worker

Item 10997 may only be accessed by a patient with a GP Management Plan, Team Care Arrangements or Multidisciplinary Care Plan (items 721, 723, 729, 731 and 732).

This item will assist patients who require access to ongoing care, routine treatment and ongoing monitoring and support between the more structured reviews of the care plan by the patient's usual GP.

Item 10997 may be used to provide:

- checks on clinical progress;
- monitoring medication compliance;
- self management advice, and;
- collection of information to support GP reviews of care plans.

For updates on MBS item information visit: www.health.gov.au/mbsonline

Additional MBS items provided by a nurse or registered Aboriginal Health Worker

These items are NOT specifically for Aboriginal and/or Torres Strait Islander people but have been included here because they can be provided by a registered Aboriginal Health Worker.

Item	Description	Fee*	Benefit	Frequency
16400	Antenatal service by a midwife, nurse or registered Aboriginal Health Worker ^{††} Provided at or from a practice in RRMA 3-7	\$26.25	85% = \$22.35	10 services per pregnancy

[†] Aboriginal Health Workers who have been awarded a Certificate Level III in Aboriginal and Torres Strait Islander Health (or an equivalent or higher qualification) from a Registered Training Organisation that meets training standards set by the Australian National Training Authority's Australian Quality Training Framework can register with Medicare Australia to provide this item.

^{††} A registered Aboriginal Health Worker means a person in the Northern Territory who is registered as an Aboriginal Health Worker under the *Health Practitioners Act 2004 (NT)*, who is employed or retained by a general practice, or by a health service that has an exemption to claim Medicare benefits under sub-section 19(2) of the *Health Insurance Act 1973*.

* Current as at 1 Nov 2010.

General restrictions

Items do not apply for services that are provided by any other Commonwealth or State funded services. However, where an exemption under subsection 19(2) of the *Health Insurance Act 1973* has been granted to an Aboriginal and Torres Strait Islander Community Controlled Health Service or State/Territory Government Health clinic, these items can be claimed for services provided by eligible health professionals salaried or contracted to, the service or health clinic. All requirements of the item must be met.

For updates on MBS item information visit: www.health.gov.au/mbsonline

Notes

