

## CASE CONFERENCE

If you are a resident with a chronic or terminal medical condition that has been present, or is likely to be present for 6 months or longer you are eligible for a case conference. With your consent a case conference can be organised by either your usual GP or the facility staff.

A case conference is a team of health care providers including your usual GP and at least 2 other health professionals who meet face to face (or by teleconference if necessary) to discuss your medical plan.

During the conference the team will review your medical history, organise and set goals to meet the needs of your care. You may be asked to be present at this meeting, which is voluntary and you are able to specify what personal information you want conveyed or withheld from the other health care providers.

A copy of the management plan will be made available to facility staff, your usual GP, other health providers involved and you.

A case conference can be undertaken up to 5 times during the calendar year.

**If you would like to know more about any of these services ask your GP or Residential Aged Care Facility Manager.**



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## New Medicare Services for Residents in Residential Aged Care Facilities

(Enhanced Primary Care Initiative)

**Information leaflet for Residents  
on the new Medicare services  
available.**

The Commonwealth Department of Health and Ageing, has introduced a new initiative under the title of *“Enhanced Primary Care”*. This aims to improve the health care of residents in residential aged care facilities (RACFs) by providing incentives for GPs to work with aged care homes to improve the quality of care and access to visiting GPs. The new items under *Enhanced Primary Care* are:

1. **Comprehensive Medical Assessment**
2. **Residential Medication Management Review**
3. **Contribution to &/or review of a Care Plan**
4. **Case Conference**

### **COMPREHENSIVE MEDICAL ASSESSMENT**

If you are a new & permanent resident you will be eligible to have your usual GP undertake a Comprehensive Medical Assessment.

If you are an existing resident and your medical condition changes significantly, another comprehensive medical assessment may be undertaken.

With your consent, the assessment will review all aspects of your health and completed by both residential aged care staff and your usual GP. The information gathered will be used to plan and manage your medical care at the aged care facility.

### **RESIDENTIAL MEDICATION MANAGEMENT REVIEW**

Residential Medication Management Reviews are designed to ensure regular reviews of your medications are undertaken.

With your consent, both your usual GP and the designated pharmacist will work together to develop your medication plan. Your GP will then discuss the proposed medication plan with you and provide a written plan to the nursing staff and a copy in your medical file.

Medication reviews can be conducted once every 12 months, however earlier reviews can be arranged if your condition changes significantly.

### **CONTRIBUTION TO & / OR REVIEW A CARE PLAN**

Upon admission to the aged care facility, all permanent residents will have a care plan developed. The plan is a written set of information about what you need in managing your medical needs.

The nursing staff may also identify other health care providers that could contribute to your care plan. With your consent, the nursing staff at the facility will identify and invite relevant health providers (at least 2) to form a team and work together to develop a plan based on your care requirements.

Your usual GP can contribute and/or review your care plan only if you are a resident with a chronic or terminal medical condition that has been present, or is likely to be present for 6 months or longer.

Once the plan is in place, it is recommended that a review take place approximately every 6 months. Earlier reviews can be arranged if your condition changes significantly.

### **ALLIED HEALTH SERVICES**

If your GP has contributed to your care plan by indicating the need for allied health (AH) and you are eligible to access up to 5 AH services per calendar year. Examples of AH professionals that can provide services include podiatrists & speech therapists.

Please note that the AH available in each aged care facility will vary as it is dependent upon the contractual arrangements the facility has with health care providers. Your GP will fill out a referral form for the appropriate AH service and the facility will assist by co-ordinating your visit(s). Your GP will be provided with treatment details after you have visited the health care providers.

### **ARE THERE MEDICARE REBATES?**

Residents who have their usual GP contribute to their care plan are eligible for 5 Medicare rebates per year (to the value of \$46.80 per visit as of Nov 2006) for services provided by AH professionals as nominated by your GP.

The AH professional(s) must be registered with Medicare Australia before Medicare will rebate the service. To check this, ask your GP, or nursing staff at the facility.

Medicare Australia has to approve the claim made by your GP before you can claim your rebates.

As a resident you must choose EITHER a Medicare rebate OR private health insurance for the service, not both. This also applies if you and the health professional choose to claim through DVA. If you do, you will NOT be able to claim through Medicare or private health insurance.

**★Please note that there may be a gap payment over the Medicare rebate, so check with the allied health professional before your appointment.**

**★★See over page for information about Case Conferences.**