



Australian Government

Department of Health

CHRONIC DISEASE MANAGEMENT

Multidisciplinary Case Conference Medicare Items for GPs

This fact sheet must be read in conjunction with the item descriptors and explanatory notes for items 735 to 758 (as set out in the Medicare Benefits Schedule).

The case conferencing items are for GPs to organise and coordinate, or to participate in, a meeting or discussion held to ensure that their patient's multidisciplinary care needs are met through a planned and coordinated approach.

Eligibility

Patients with a chronic or terminal medical condition and complex care needs requiring care or services from their usual GP and at least two other health or care providers are eligible for a case conference service.

A 'chronic medical condition' is one that has been, or is likely to be, present for at least six months, for example, asthma, cancer, cardiovascular disease, diabetes mellitus, musculoskeletal conditions and stroke. There is no list of eligible conditions. However, the CDM items are designed for patients who require a structured approach and to enable GPs to plan and coordinate the care of patients with complex conditions requiring ongoing care from a multidisciplinary team.

Case conferences can be undertaken for patients in the community, for patients being discharged into the community from hospital and for people living in residential aged care facilities.

The case conferencing team

The case conferencing team must include a GP and at least two other health or community care providers, one of whom can be another medical practitioner. Each team member should provide a different kind of care or service to the patient.

Examples of persons who may be included in a multidisciplinary care team are:

- Allied health professionals;
- Home and community service providers;
- Care organisers such as education providers, "meals on wheels" providers, personal care workers and probation officers.

The patient's informal or family carer can be included as a formal member of the team, but does not count towards the minimum of three service providers.

The patient does not have to be present at a case conference, though in some cases their presence may be appropriate.

A case conference can occur face-to-face, by phone or by video conference, or through a combination of these. The minimum three care providers (including the GP) must be in communication with each other throughout the conference.

The items

There are six case conferencing items based on the duration of the service and on whether the GP is organising and coordinating or participating in the case conference.

Items for organising and coordinating a case conference in a residential aged care facility or a community case conference or a discharge case conference.

- **Item 735:** Organise and coordinate a case conference of **at least 15 and less than 20 minutes**.
- **Item 739:** Organise and coordinate a case conference of **at least 20 and less than 40 minutes**.
- **Item 743:** Organise and coordinate a case conference of **at least 40 minutes**.

Items for participating in a case conference in a residential aged care facility or a community case conference or a discharge case conference.

- **Item 747:** Participate in a case conference of **at least 15 and less than 20 minutes**.
- **Item 750:** Participate in a case conference of **at least 20 and less than 40 minutes**.
- **Item 758:** Participate in a case conference of **at least 40 minutes**.

Participating in a multidisciplinary case conference does not include organising and coordinating a multidisciplinary case conference.

Recommended frequency

It is expected that a patient would not usually require more than five case conferences in any 12 month period.

Claiming case conference items with other items

With health assessment items

Medicare benefits are payable for both items where a GP carries out a health assessment and case conference service for the same patient on the same day, as long as the requirements for both services are met.

With Chronic Disease Management (CDM) items

The CDM services cannot be claimed in respect of a service to which the case conferencing items apply, i.e. the one service cannot be used to claim both a case conference item and a CDM item, and these services cannot be claimed on the same day.

Case conferencing process

The process is the same for all categories of case conferences:

- discuss a patient's history; and
- identify the patient's multidisciplinary care needs; and
- identify outcomes to be achieved by each team member; and
- identify tasks that need to be undertaken to achieve these outcomes, and allocate those tasks to members of the case conference team; and
- assess whether previously identified outcomes (if any) have been achieved.

When participating in a case conference, a GP must:

- explain the nature of the conference to the patient; and
- obtain and record the patient's agreement to the GP participating in the conference; and
- record the details of the teleconference (date, duration, names of participants) and all matters discussed by the team; and
- put a copy of that record in the patient's medical records.

When organising and coordinating a case conference, a GP must do all of the above and also:

- obtain and record the patient's agreement to the conference taking place; and
- offer the patient (and their carer if appropriate) a summary of the conference and provide this summary to other team members; and
- discuss the outcomes with the patient (and their carer if appropriate).

More Information

The explanatory notes and item descriptors for these items are in the [Medicare Benefits Schedule \(MBS\)](http://www.mbsonline.gov.au/) available online at: <http://www.mbsonline.gov.au/>

For inquiries about eligibility, claiming, fees and rebates, call the Department of Human Services (Medicare): patient inquiries 132 011; provider inquiries 132 150.