



# General practice business



Introduction to general practice  
Module 3: June 2009

# Learning objectives

On completion of this module participants will have:

- an awareness of the diversity of the general practice environment
- an understanding of general practice financing and its impact on the practice nurse
- an understanding of Medicare, bulk billing, and other aspects of funding
- an appreciation of the role of the practice nurse in Enhanced Primary Care and Chronic Disease management
- knowledge of the role played by the practice nurse in contributing to enhancing quality and practice accreditation.

# General practice

The Royal Australian College of General Practitioners definition:

*“General practice is the provision of primary continuing comprehensive whole patient care to individuals, families and their communities”*

*“It involves the ability to take responsible action on any medical problem the patient presents, whether or not it forms part of an ongoing doctor patient relationship”*

*“In managing the patient the GP may make appropriate referral to other Doctors, health care professionals and community services”*

# General practice: gate keeper to health care

In 2008 - 2009 in the North West of Tasmania alone, there were 540,061 visits to a GP billed to Medicare

A total of \$21,434,706 paid in Medicare benefits.

# Multidisciplinary practices

- general practitioners
- practice nurses
- practice managers
- receptionists
- allied health professionals
- links to community services
- Aboriginal health services
- super clinics

# Medicare funding

Medicare is Australia's universal health care system introduced in 1984 to provide eligible Australian residents with affordable accessible and high quality health care.

Medicare benefits are paid for professional services provided by eligible medical practitioners, participating optometrists, dentists (specified services only) and allied health professionals

# Medicare benefits schedule (MBS)

The MBS contains information on professional services covered by Medicare.

It also has notes to explain the Medicare program and each part of the MBS in detail. The MBS is developed, maintained, and published by the Department of Health and Ageing (DoHA).

Each professional service contained in the MBS has been allocated:

- a unique item number
- a service descriptor
- a Medicare schedule fee (also referred to in the MBS as 'fee')
- a reference to any explanatory notes relating to the item, where applicable.

- Medicare benefits are based on a percentage of the fee for each service as listed in the MBS.
- rate of benefit for services is at least 85% of the MBS Schedule fee for an item
- In general, out-patient GP based attendance items attract a 100 per cent rebate. For all other out-patient services, benefit is calculated at 85 per cent of the fee. Refer to the example below.
- For in-patient services, benefits are calculated at 75 per cent of the fee. Refer to the example below.

**Category 3 - THERAPEUTIC PROCEDURES**

**30029** ⓘ

SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF WOUND OF, other than wound closure at time of surgery, not on face or neck, small (NOT MORE THAN 7 CM LONG), involving deeper tissue, not being a service to which another item in Group T4 applies

[Multiple Services Rule](#)

(Anaes.)

**Fee:** \$85.00 **Benefit:** 75% = \$63.75 85% = \$72.25

(See para [T8.7](#) of explanatory notes to this Category)

[<Previous - Item 30026](#) [Next - Item 30032>](#)

# Classification of standard patient consultation attendances

Level	Definition
<b>A</b> MBS Item Number 3	These are for obvious and straightforward cases and records would reflect this. It requires a short patient history and limited examination and management or action taken. An example would be Triple Antigen or Tetanus Immunisation
<b>B</b> MBS Item Number 23	These consultations involve the taking of a selective history and implementation of a management plan in relation to one or more problems. Selective history relates to a specific problem or condition and implementation of a management plan includes deciding on a plan of management and any immediate action or treatment, ordering tests or referring the patient. Level B is the most commonest type of consultation. An example would be symptoms of an upper respiratory infection.
<b>C</b> MBS Item Number 36	Greater complexity is involved through the taking of a detailed history and examination of multiple systems. Physical attendance of at least 20 minutes is required. This is followed with arrangement of investigations and implementation of a management plan. An example would be essential hypertension presenting with headaches.
<b>D</b> MBS Item Number 44	This category covers those difficult problems where the diagnosis is elusive and highly complex requiring consideration of several possible differential diagnoses. Therefore, there is a need for a comprehensive history and examination of multiple systems, arranging investigations and development of a management plan. The duration is at least 40 minutes. Examples include: headaches with peripheral neurological signs, depression accompanied by insomnia or headaches and complex psychological or family relationship problems.

# Medicare benefits schedule (MBS)

The Medicare benefits schedule can be accessed online at:

- <http://www.health.gov.au/internet/mbsonline/publishing.nsf/Content/Medicare-Benefits-Schedule-MBS-1>

# General practice software packages

- There are a number of medical software packages available to General Practice
- All of the programs have the capacity to manage the accounting process, appointment systems and clinical patient records.

# Practice Incentives Program

The Practice Incentives Program (PIP) aims to recognise general practices that provide comprehensive, quality care, and that are accredited or working towards accreditation against the Royal Australian College of General Practitioners *Standards for General Practices*.

The PIP is part of a 'blended payment' approach to general practice funding. That is where payments made through the program are in addition to other income sources for GPs and the practice, such as patient fees and Medicare rebates.

- PIP payments are mainly dependent on practice size, which is based on patients seen, rather than on the number of consultations performed. A rural loading is also paid to practices in rural and remote locations.

## Practice nurse MBS item numbers

In 2004, the Australian government introduced MBS item numbers for practice nurses to provide a service on behalf of a GP.

# Medicare item numbers for practice nurses

Description	Item Numbers
Immunisation given by a nurse on behalf of GP	10993
Cervical smear and preventative checks provided by practice nurse <ul style="list-style-type: none"><li>• with preventative health check</li><li>• without preventative health check</li></ul>	10994, 10995 10998, 10999
Wound management by a nurse on behalf of GP	10996
Chronic disease: monitoring and support <ul style="list-style-type: none"><li>• checks on clinical progress</li><li>• monitoring medication compliance</li><li>• self management advice</li><li>• collection of information to support GP review of care plans</li></ul>	10997
Antenatal checks	16400
Healthy Kids check	10986

# Items where nurses can assist GP's

Description	Item Number
<b>Health assessments</b>	
Allow a medical practitioner to undertake a more comprehensive assessment of a patient with complex health issues,	<ul style="list-style-type: none"><li>▪ 701</li><li>▪ 703</li></ul>
Address the needs of specific groups (Aboriginal & Torres Strait Islander people, refugees and aged care residents) in a targeted and culturally appropriate manner	<ul style="list-style-type: none"><li>▪ 705</li><li>▪ 707</li></ul>
<b>Care Planning</b>	
<ul style="list-style-type: none"><li>▪ GP Management Plan (GPMP)</li><li>▪ Team Care Arrangements (TCA)</li><li>▪ reviews of GPMP and TCA</li></ul>	<ul style="list-style-type: none"><li>▪ 721</li><li>▪ 723</li><li>▪ 732</li></ul>
<b>Asthma cycle of care</b>	<ul style="list-style-type: none"><li>▪ 2546</li></ul>
<b>Diabetes cycle of care</b>	<ul style="list-style-type: none"><li>▪ 2517</li></ul>
<b>Cervical Smear: unscreened women</b>	<ul style="list-style-type: none"><li>▪ 2501</li></ul>

# Primary Care

## Designed to:

- provide more preventive care for older Australians
- improve coordination of care for people with chronic conditions and complex care needs
- provide a framework for a multidisciplinary clinical approach.

# Health Assessment Items

Description	Item No	Rebate
Brief Health Assessment of less than 30 minutes duration	701	\$55.00
Standard Health Assessment lasting more than 30 minutes but less than 45 minutes	703	\$127.80
Long Health Assessment lasting more than 45 minutes but less than 60 minutes	705	\$176.30
Prolonged Health Assessment lasting more than 60 minutes	707	\$249.10
The Aboriginal and Torres Strait Islander peoples health assessment	715	196.65

# Range of EPC item numbers

Target Group	Frequency of Service
Type 2 Diabetes Risk Evaluation for people aged 40-49 years (inclusive ) with a high risk of developing type 2 diabetes as determined by the Australian Type 2 Risk Assessment Tool	Once every three years to an eligible patient
A health assessment for Refugees and other humanitarian entrants	Once only to an eligible patient
A Health Assessment for people aged 45-49 years (inclusive) who are at risk of developing a chronic disease Health Check	Once only to an eligible patient
Health Assessment of a patient with an intellectual disability	Provided annually to an eligible patient
A comprehensive medical assessment for permanent residents of residential aged care facilities	Provided annually to an eligible patient
A Health Assessment for people aged 75 years and older	Provided annually to an eligible patient
A Health Kids Check for children aged at least 3 years and less than 5 years of age, who have received or who are receiving their 4 year old immunisation	Once only to an eligible patient

# Chronic disease management (CDM)

- designed to most effectively manage the health care of clients with chronic medical conditions, including those requiring multidisciplinary care
- clients can have a GP Management Plan (GPMP) or a Team Care Arrangement (TCA).

# Range of CDM item numbers

Service	Item No	Rebate
GP Management Plan (GPMP)	721	\$ 133.65
Team Care Arrangements (TCA)	723	\$ 105.90
Review of GPMP & TCA	732	\$ 66.80
Contribution by GP to Care Plan	729	\$ 65.20
Contribution by GP to Care Plan RACF	731	\$ 65.20

# Australian Childhood Immunisation Register (ACIR)

- national register: records details of vaccinations
- facilitates checks on immunisation status
- forms the basis of an immunisation history
- provides information to facilitate family payments
- provides information for incentive payments to GPs.

# Practice accreditation

- continual work for improvement in terms of structures, processes and outcomes
- RACGP Standards for General Practice
  - benchmarks of quality and safety
  - registration for accreditation (AGPAL, GP Accreditation Plus)
  - self assessment against standards
  - ongoing cycle of quality improvement.