

Integration of all pathways

This last section is about putting the pathways "back together". We looked at the different health professionals pathways to take a less complex view through the health system. In reality all these pathways interact.

At the core of these interactions is the patient or client.

The following chapter illustrated one example:
Increased interactions with Enhanced Primary Care Program.

Scenario: Increased interactions between GP's, Practice Managers and Allied Health

Scenario: a new Client who has been referred by a GP as client on a Enhanced Primary Care Program (EPC). This shows the interactions which occur across multiple stakeholders in the process.



General Practitioner

- I see the client
- I review the patient's medical history
- I take clinical notes
- I determine the appropriate care

- I determine eligibility for EPC I develop a GP Mgt Plan (721), a Team Care Arrang't (723), and a referral form (Enhanced Primary Care Program) specifying number of sessions

- I refer the patient. I explain the care plan to the patient. I get consent from the patient. I provide a copy of the paperwork to the patient

- I co-ordinate the care plan with other providers through my Practice manager

Practice Manager

- I check to see that ECP is compliant

- I help facilitate this process with other providers

Time

minimum 6 weeks - maximum 2 years!

Patient/
Client

- I come to my GP with a health issue e.g. usually chronic

- I am told what a EPC, give consent

- I am told what a EPC, give consent, I get the form

- I go to my appointment, I take my form

- I pay for my appointment and get a receipt

- I take my form and receipt to Medicare to claim my rebate

- I may not have my health fixed... I go back to the GP

Allied Health Receptionist

- I pick up the fax and give to allied health provider

- I take payment from client and explain the next visit

Allied Health Professional

- I get a Referral from a GP. This usually comes by Fax.

- I consider my client load and I agree by making a phone call to client

- I see the client

- I write a report to the GP (for each session)

- I see the client again : more complex cases mean an increase in interaction with other professional which is time consuming and unpaid

issues/
risks

- It is not clear how providers and patients should interact with EPC.

- The paperwork associated with care plans is a burden; 50% of the time I would normally spend with my patients is now absorbed by paperwork.

- Care plans require long consultations which are uneconomical for practices

- Increased burden on all practice staff to answer questions for clients. What education and Support is needed here?

- Issues arise between providers if the providers are not computerised. Allied Health providers are generally paper intensive.

- Not all clients stick to their plans. AH can be left not sure.
- How do clients keep track? What tools do we need?

- Not clear the pathway for client between GP and AH. They get frustrated with wrong advice.

- Unresolved Client issues. Advice is mixed. All parties are frustrated - AH not clear on advice to patients re GP

Notes

- Recognise that Clients who come with a EPC are complex cases
- How can we reduce the reporting burden?
- Enhanced Program of Care (EPC) is not understood among practitioners, so there are differences in how EPCs are managed
- Onsite visit from Medicare would be good to clarify whether we are all doing things right or wrong.
- When dealing with patients suffering complex health conditions, the rebate for these services with respect to Medicare is at less than \$50 and the limit of 5 visits across all allied health - this is inadequate! These patients typically require more time, resources e.g. as far as dressings and additional services such as footwear and foot orthoses that are not funded under the EPC (for podiatrists). The difficulty here is the expectation from both patient and GP that services will be provided within the limited number of services allocated. Contrast to DVA billing schedule which has greater flexibility. These may be policy rather than process issues - but we experience them everyday!!
- Help us (everyone) navigate the complexity!!!

How do we deal with rejected claims? The client/patient has "run out of visits" - How do I explain this to them?

These steps repeat for the number of specified sessions