

# Allied Health Multidisciplinary Case Conferences

New Medicare Benefits Schedule (MBS) items  
Thursday 7 October 2021



Australian Government  
Department of Health

[www.health.gov.au](http://www.health.gov.au)

# Our speakers today

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**Dr Anne-marie Boxall**

Chief Allied Health Officer  
Department of Health



**Louise Riley**

Assistant Secretary  
Medical Benefits Division  
Department of Health



**Robyn Stephen**

Speech Pathologist  
Principal Clinician  
Melbourne Child Development



**Peter Clark**

Dietitian  
Principal Clinician  
Healthier You Dietetics

# Housekeeping

- Acknowledgement of Country
- The session will be recorded and be made available on the health.gov.au website
- Q and A run through Poll EV -  
<https://pollev.com/alliedhealthcaseconferencing291>
- Answers after the presentations – can submit answers at any stage

# Overview

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## Overview of the new items

Dr Anne-marie Boxall

## Accessing the new items

Louise Riley

## A clinician's insight

Robyn Stephen

## Panel discussion

Peter Clark, Robyn Stephen, Louise Riley,  
Dr Anne-marie Boxall

## Q and A



# Allied Health Multidisciplinary Case Conferences

## OVERVIEW

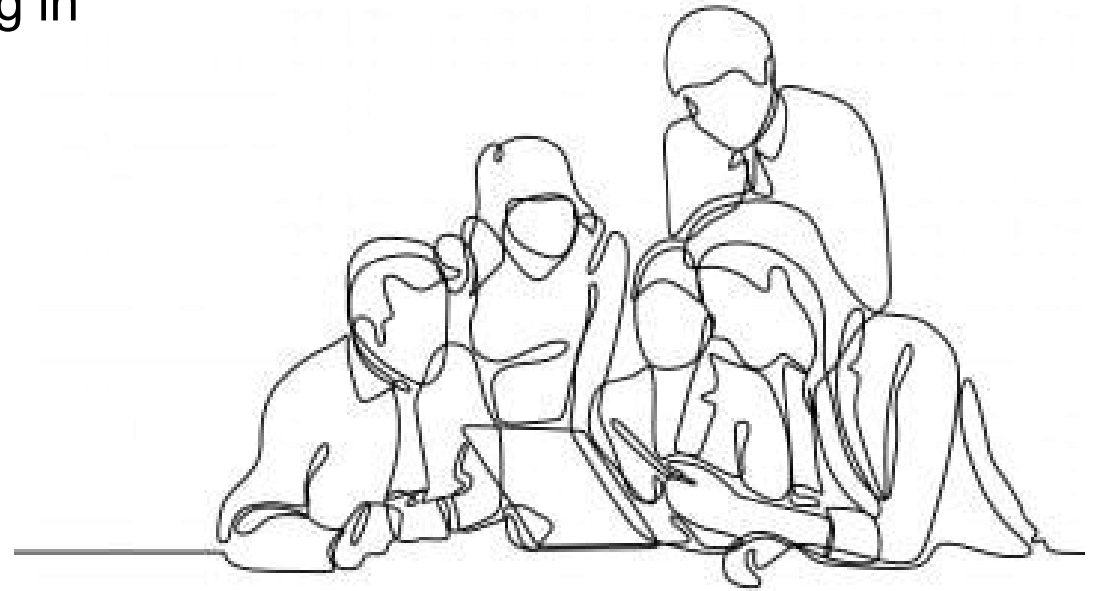
Dr Anne-marie Boxall, Chief Allied Health Officer



# Background

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- New Medicare Benefits Schedule (MBS) items to reimburse allied health professionals for participating in doctor-led multidisciplinary case conferences
- Available from **1 November 2021**
- Follows recent recommendations from clinical committees of the **MBS Review Taskforce**:
  - Allied Health Reference Group
  - General Practice and Primary Care Clinical Committee

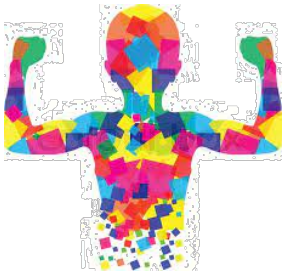


# Eligible patients



## Chronic disease management (CDM)

Patients under the care of a medical practitioner in either community or residential aged care settings



## Pervasive developmental disorder (PDD)

Early diagnosis and treatment for children under 13 years with, or suspected of having, a pervasive developmental disorder (including autism) or an eligible disability, under the care of a specialist, consultant physician or medical practitioner

*In non-admitted  
settings and not  
part of a  
discharge*



# Eligible allied health providers

## Chronic disease management

- Aboriginal and Torres Strait Islander health practitioners
- Aboriginal health workers
- Audiologists
- Chiropractors
- Diabetes educators
- Dietitians
- Exercise physiologists
- Mental health workers (e.g. social workers)
- Occupational therapists
- Osteopaths
- Physiotherapists
- Podiatrists
- Psychologists
- Speech pathologists

## Pervasive developmental disorder

- Aboriginal and Torres Strait Islander health practitioners
- Aboriginal health workers
- Audiologists
- Mental health nurses
- Mental health workers (e.g. social workers)
- Occupational therapists
- Optometrists
- Orthoptists
- Physiotherapists
- Psychologists
- Speech pathologists



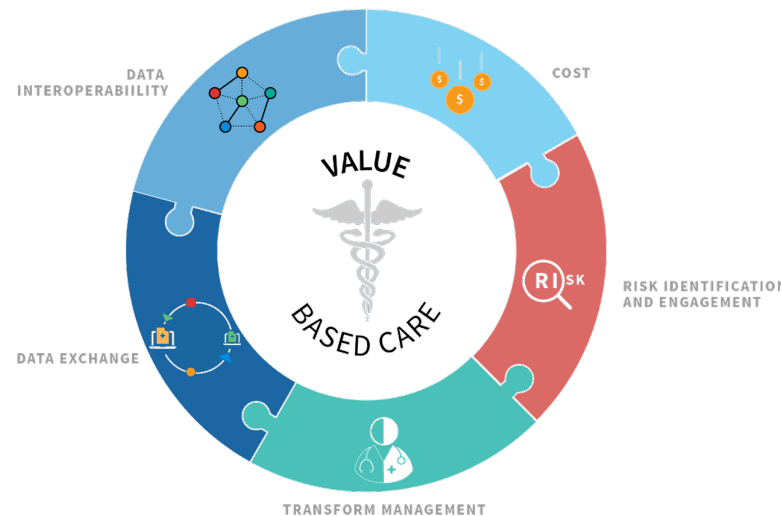


# Benefits of Case Conferencing

**Multidisciplinary case conferences can improve patient outcomes...**

- ✓ Improved care coordination
- ✓ Higher quality decision making
- ✓ Reduced hospitalisation
- ✓ Improved outcomes for patients
- ✓ Allied health remuneration expected to increase uptake

**...but best-practice care should focus on patient goals and good team work**



- ✓ Shared goals
- ✓ Outcomes that matter most to patients
- ✓ Good communication
- ✓ Positive relationships with all participants
- ✓ Clear roles and expectations

# Allied Health Multidisciplinary Case Conferences

## ACCESSING THE NEW ITEMS

Louise Riley, Assistant Secretary  
Medical Benefits Division, Department of Health



# Claiming

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## **Three time-tiered items**

15-20 minutes, 20-40 minutes and over 40 minutes

## **The new items are in addition to existing service caps**

For both CDM and PDD patients, the new items

## **Initiated by doctors**

Case conferences need to be initiated by doctors (medical practitioners, specialists and consultants)

## **Frequency limitations**

In line with existing arrangements for medical practitioners – every 3 months for CDM but no restriction for PDD

## **At least two other providers must participate for MBS items to apply**

This includes MBS and non-MBS eligible providers, excluding the patient, family members or carers

## **Same items can be accessed for face-to-face, video and telehealth**

But all providers must be involved in the discussion at the same time



# Item Structure

Duration	CDM item no.	PDD item no.	Scheduled fee
At least 15 minutes, but for less than 20 minutes	10955	82001	100% = \$50.85 85% = \$43.22
At least 20 minutes, but for less than 40 minutes	10957	82002	100% = \$87.15 85% = \$74.08
At least 40 minutes	10959	82003	100% = \$145.10 85% = \$123.34

# Eligibility case studies

Scenario	Allied health eligible?	Reason
1. Doctor, one allied health provider, the patient and their carer	No	At least two other providers are needed
2. Doctor, <u>two or more</u> allied health providers and the patient	Yes	Two other providers are present
3. Doctor, two allied health providers in the room and one via telehealth	Yes	The new items are available as face-to-face, video or telehealth
4. Doctor, two allied health providers in the room and a third allied health provider who speaks to the doctor afterwards	Yes, excluding the third provider	All participants must be present at the same time
5. Doctor, an occupational therapist (OT) and an educator (i.e. teacher)	OT only	Only eligible allied health can claim, but other providers (excluding family and carers) count to the two provider minimum

# **For more information**

- Fact sheet available at MBS Online – [mbsonline.gov.au](http://mbsonline.gov.au)
- Queries relating to interpretation of the schedule – [askMBS@health.gov.au](mailto:askMBS@health.gov.au)
- Department of Health's work in allied health – [health.gov.au/health-topics/allied-health](http://health.gov.au/health-topics/allied-health)

# Allied Health Multidisciplinary Case Conferencing MBS items.

Robyn Stephen Director/Principal Clinician  
Melbourne Child Development



MELBOURNE  
CHILD DEVELOPMENT



# Benefits of Case Conferencing

- Set up an agreed plan. Which AHP required? Allocation of the 5 sessions for the best outcome
- Patients feel they have a co-ordinated and supportive team and don't have to repeat their story, or report and/or justify advice from different health professionals
- Patients have confidence in the advice
- Patients can be supported holistically with better outcomes
- Education between practitioners for broader perspective of all patients/clients
- New MBS items may encourage Allied Health Practitioners to start the conversation with doctors to initiate a CC
- We are already conducting Case conferences according to best practice. Opportunity to be paid.



# Hurdles

- Motivation of Doctor to initiate and participate
- Patient incurs gap fee for 3 health professionals.
- Number of case conferences allowed are disproportionate to the 5 CDM sessions
- Keep data of success and road blocks and Multidisciplinary CC that occur between AH practitioners



# In practice

## Assessment phase

- Multidiscipline case history
  - ASD
  - Attentional disorders
  - Learning disorders
  - Feeding
  - Selective mutism
  - Severe Speech disorders (consultant or GP)
- Differential diagnosis/comorbid conditions
  - ASD, DLD, CAS, ADHD/attention, Anxiety Disorder, Intellectual, SLD
- Parent feedback, planning next steps



# In practice

## Reviews and goal setting

- Crisis points
- Transitions
- Interventions
- Team

## Overall positive change and step in the right direction

- Keep data

Thankyou to Dr. Anne - Marie Boxall and her team



MELBOURNE  
CHILD DEVELOPMENT

# Allied Health Multidisciplinary Case Conferences

Responses to online questions from the  
7 October 2021 sector webinar



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#	Question	Answer
1	<i>Are allied health professionals reimbursed the same amount as GPs for participating in (as opposed to organising) case conferences? If not, why not?</i>	<p>Allied health will be reimbursed at the same rate as or Other Medical Practitioners (OMPs) who participate in case conferences.</p> <p>The scheduled fees for each provider group are a decision of Government.</p>
2	<i>Are there specific Telehealth platforms disallowed? eg: We use ZOOM Professional Is this acceptable?</i>	<p>The only requirements for the use of telehealth are that businesses ensure these platforms meet privacy legislation and operate on a secure network. If these conditions are met, then any platform is acceptable.</p>
3	<i>Do allied health professionals need to be specifically listed on the Patient's CDM Plan, or can they be included in the case conference to provide input into management even if not a direct treating provider?</i>	<p>The allied health professional does not need to be listed on the CDM plan, but the patient must agree to the allied health professional being part of the case conference, and this consent must be recorded.</p>

#	Question	Answer
4	<i>How can a professional association collate Data from clinicians practice management software? Should this be supplemented by the Govt to get the correct data and assist in the huge costs associated to get the appropriate data like our medical colleagues.</i>	Clinicians interested in collecting patient-level data should consult with their professional association and/or Allied Health Professionals Australia (AHPA).
5	<i>Do all allied health providers need to have seen the patient prior to a case conference? What documentation is recommended?</i>	As case conferences can be used to determine what type of care may be needed going forward, the new items do not require the allied health practitioner to have a pre-existing relationship with the patient. The case conference may lead to an agreed care plan between all participating providers, including the number of MBS-subsidised allied health items that will be used and how they are allocated among eligible allied health practitioners. The allied health practitioner should ensure that the patient has agreed to a case conference (either directly or via the GP or non-VR GP) and that their agreement has been recorded appropriately.
6	<i>Does a practice nurse count as one of the three required health professionals?</i>	A nurse/practice nurse may participate in the case conference if their input is needed and can count towards the three required health professionals, however they cannot claim an MBS item for their participation.



#	Question	Answer
7	<i>Could you have a case conference with e.g. a GP, Medical specialist and a 'Specialist' Allied health person from e.g. a Specialist clinic but then also the treating Allied health person of the same discipline? EG GP+ENT and Speech at specialist clinic+local Speech who is doing ongoing treatment ?</i>	In some instances, two eligible allied health practitioners from the same profession may need to participate in the same case conference, with both providing different aspects of care to the patient. In this instance, both providers will be able to claim the new items.
8	<i>What information is being provided to GPs and other medical providers about the potential for client care using these case conferencing items. - it would be a shame these items were not used if case conferences not initiated in first instance.</i>	The Department is engaging with doctors through multiple channels to raise awareness of the new allied health case conferencing items.
9	<i>Aboriginal and Torres Strait Islander people are entitled to an extra five Chronic Disease Management items per year. Will the case conferencing entitlement for Aboriginal and Torres Strait Islander patients be the same?</i>	The new case conference items are in addition to existing Chronic Disease Management service items. The frequency restriction of one case conference every 3 months for patients with chronic disease is the same for all patients, as this aligns with restrictions on how often Team Care Arrangements can be reviewed by GPs or OMP.

#	Question	Answer
10	<i>If people are also receiving services from a social worker under Better Access, and they wish their social worker to also attend the case conference, could the social worker also claim for their attendance?</i>	Social workers are eligible providers for the new items as long as they are a 'Member' of the Australian Association of Social Workers (AASW) and are certified by AASW as meeting the standards for mental health set out in the document published by AASW titled 'Practice Standards for Mental Health Social Workers' as in force on 8 November 2008.
11	<i>Does Dr led include led by a specialist or is it just a GP?</i>	For patients with chronic disease, the case conference must be organised by a GP. For children under 13 with autism or another pervasive developmental disorder, the case conference can be organised by a specialist, consultant physician, GP or OMP.
12	<i>Hi, I'm a dietitian in a specialist eating disorder private practice. Our patients are referred under Eating Disorder Management Plans, as opposed to Team Care Arrangements or Chronic Disease Management items. Are we able to access the new case conference items? Or would we possibly need to request that GPs refer under Team Care Arrangements for 1st 5 sessions?</i>	The patient needs to meet the definition of chronic disease to be eligible for case conferencing. Patients do not need Team Care Arrangements in place in order to be eligible for the case conference items, as a case conference may support the decision to initiate a Team Care Arrangement. However they do need a Chronic Disease Management Plan established by their usual GP or OMP. Therefore, patients with eating disorders that meet the legislated definition of a chronic disease are eligible for multidisciplinary case conferences organised by the patient's medical practitioner with eligible allied health professionals able to claim for their time.

#	Question	Answer
13	<i>Do all members of the care team need to claim MBS items - what if the medical practitioner or therapists are employed in public health?</i>	All team members do not need to claim. Only those MBS registered medical practitioners and eligible allied health professionals identified on the Fact Sheet with MBS provider numbers are able to claim these item numbers, provided that the event meets the definition of a case conference and the patient is eligible for the service. Other team members may participate in the case conference even if they are not MBS-eligible, however the organising doctor has to bill the MBS so that the allied health providers claim can be linked.
14	<i>In the pain management area, the physio or OT, psychologist and pain medicine specialist would highly value case conferences. Does it matter if the GP isn't involved, given they will have written the Chronic Disease Management plan?</i>	Case conferences for patients with chronic disease must be organised by the GP or OMP, however specialist physicians are able to participate.
15	<i>Many other AHPs, including speech pathologist, work very closely with educators. Are there any considerations around extending item for medical providers, educators and OTs to other AHPs who play such crucial role in care for clients in school settings?</i>	Legislation requires that access to MBS items is by registered health professionals, who have an MBS provider number. Educators may participate in the case conference, but are not able to claim using the MBS item numbers.

#	Question	Answer
16	<i>Can you suggest ways an AHP can initiate a case conference from a GP who are not co-located in a practice? (i.e., start with a letter to GP after CDM is initiated and suggest case conference?). Your thoughts are appreciated.</i>	At the 7 October 2021 sector webinar, speech pathologist Robyn Stephen (presenter) recommended contacting the treating doctor, defining their role and being explicit in defining the outcomes possible for the patient. Robyn also recommended providing the GP with the relevant case conferencing numbers GPs can access, and following up with a letter, outlining the benefits of case conferencing for the patient. The case conference may be conducted with members participating by either videoconferencing, phone, or in-person, which will reduce the administrative burden to organise a case conference. Dietitian Peter Clark (panel member) outlined that it may be beneficial to phone the treating doctor and point out that the new items can bring about improved patient outcomes.
17	<i>The case studies all include a doctor in the 3+ health providers. Would allied health be eligible if they held a meeting of 3 allied health professionals without a medical doctor? For example, a dietitian, exercise physiologist and diabetes educator discussing patient care.</i>	The case conference must be initiated by a GP (chronic disease) or medical specialist (PDD). The 3 team members must include an organising GP/OMP or specialist and at least 2 other eligible health practitioners in order to claim the item numbers. All team members must be present at the same time to be able to claim.

#	Question	Answer
18	<i>We provide an Outpatient service from within our hospital (there are no other dietitian services in our town), we see a lot of patient who are referred from local GPs but also Interstate specialists (eg. surgeons for bariatric patients). Are we eligible to claim these case conference items?</i>	So long as the allied health professionals are not already being paid for the services through another funding stream (eg through the hospital) and the case conference is organised by a medical practitioner, allied health participating in the case conference are able to access the new items.
19	<i>May we access a recording for this webinar if we are unavailable at the webinar time?</i>	The webinar recording has been published on the Department of Health website.
20	<i>Are we able to get a copy of the slides from today - especially what Louise talked through?</i>	A copy of the presentation has been published on the Department of Health website.
21	<i>What plans does the patient need to have in place before a case conference can be held? Does a chronic disease patient need a Chronic Disease Mgmt Plan or Team Care Arrangements? Does a PDD patient need a PDD plan?</i>	For chronic disease case conferences, a patient must have a Chronic Disease Management Plan in place. Team Care Arrangements do not need to be in place, as a case conference may be needed to determine whether a TCA is appropriate. For PDD patients, a treatment plan does not need to be in place, as the case conference may help assist in the diagnosis and assessment of the child's needs.

	Question	Answer
22	<i>Yes would love to see the GP MBS items they can use for case conferences. Are these in addition to the team care arrangement items?</i>	<p>There are several existing items for doctor where an allied health providers can access the new items. These include:</p> <p>Item 723</p> <p>Item 729</p> <p>Item 731</p> <p>Item 732</p> <p>Item 735</p> <p>Item 739</p> <p>Item 743</p> <p>More information on these items can be found on <a href="#">MBS Online</a>.</p>
23	<i>I work as a social worker within a allied health team in a child care. Can the paediatrician claim case conferencing under medicare if the rest of the allied health team aren't providing services under a medicare banner</i>	<p>Medical practitioners are able to access existing case conferencing items as long as they meet the definition of case conferences. Paediatricians are able to be the organising doctor for a PDD case conference, however for a chronic disease case conference, a GP or OMP will still need to be the organising doctor. More information on individual items for medical practitioners can be found on <a href="#">MBS Online</a>.</p>