CASE CONFERENCE RESOURCE GUIDE

Albury Wodonga Regional GP Network acknowledges the financial support of the Australian Government Department of Health and Ageing.
BACKGROUND

- Recent local interest has been shown by key health care providers regarding participation in intentional case conferences.

- With the ever growing focus on multi-disciplinary health care and with innovations in information technology, the realities of co-ordinating and participating in case conferences are becoming more achievable.

- Involving general practice, as the co-ordinators of clinical care in multidisciplinary case conferences can be problematic. Time and resource issues are identified by both General Practitioners and Practice Staff as real barriers in being able to participate and deliver multidisciplinary care.

This guide aims to address issues of time and resources by simplifying the process of co-ordinating and participating in intentional multi-disciplinary case conferences.
This guide has been developed for medical practices and allied health staff to utilise at their discretion. The guide aims to assist general practice in remuneration for participation in case conferencing.

There are two ways that medical practices are able to claim for case conferencing. The first is related to where a case conference is co-ordinated by the doctor themselves. The second is related to where a case conference is organised by an allied health member in the community. Both models have been presented here in two separate flow charts for you to utilise at your discretion.

An electronic copy of all these resources, including the case conference template, are available from Albury Wodonga Regional GP Network. You may have the capacity to incorporate the templates into your health management software, with self generating fields. Please contact the Rural Palliative Care Project Officer if you have any questions in regards to this case conference guide:

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GENERAL PRACTICE CO-ORDINATED CASE CONFERENCE

- See Complex Needs Criteria Guide
- Refer to Case Conference Template
- When booking time with General Practice, book well in advance and book at a time when the GP can co-ordinate their time most effectively. (e.g. First thing in the morning could avoid difficulties if the practice is running behind schedule)
- See Case Conference Request Form
- Other Practice Staff could be engaged to provide this function (e.g. Practice Nurse/Reception Staff)
PATIENT IDENTIFIED AS HAVING COMPLEX NEEDS

REQUEST FOR A CASE CONFERENCE FAXED TO GENERAL PRACTITIONER

PATIENT CONSENT OBTAINED FOR CASE CONFERENCE

OTHER DISCIPLINES IDENTIFIED AND INVITED

CASE CONFERENCE HELD

DOCUMENTATION DISTRIBUTED TO ALL RELEVANT PARTIES

FUTURE REVIEWS ESTABLISHED IF APPROPRIATE UTILISING SAME PATHWAY

COMMUNITY CO-ORDINATED CASE CONFERENCE

ACCEPTED

TIME BOOKED WITH GENERAL PRACTICE

GENERATE CASE CONFERENCE TEMPLATE

DECLINED

CONSIDER CONTINUING CASE CONFERENCE WITH OTHER DISCIPLINES IF APPROPRIATE

SEE COMPLEX NEEDS CRITERIA GUIDE

SEE CASE CONFERENCE REQUEST FORM

WHEN BOOKING TIME WITH GENERAL PRACTICE, BOOK WELL IN ADVANCE AND BOOK AT A TIME WHEN THE GP CAN CO-ORDINATE THEIR TIME MOST EFFECTIVELY. SPEAK WITH PRACTICE STAFF FOR ADVICE.

(E.G. FIRST THING IN THE MORNING COULD AVOID DIFFICULTIES IF THE PRACTICE IS RUNNING BEHIND SCHEDULE)

REFER TO CASE CONFERENCE TEMPLATE
Identifying patients that are appropriate and who may benefit from case conferences can be problematic. The below criteria are guides for health care professionals to assist in the assessment and identification process:

- **MBS CRITERIA**

  - Case conference claims apply only to a service in relation to a patient who suffers from at least one medical condition that has been (or is likely to be) present for at least 6 months, or that is terminal.
  
  - It is expected that a patient would not normally require more than 5 case conferences in a 12 month period.
  
  - The case conference must be arranged in advance within a time frame that allows for all the participants to attend. The minimum three care providers must be present for the whole of the case conference. All participants must be in communication with each other throughout the conference, either face to face, by telephone or by video link, or a combination of these.
  
  - Examples of persons who, for the purposes of care planning and case conferencing may be included in a multidisciplinary care team are allied health professionals such as, but not limited to: Aboriginal health care workers; asthma educators; audiologists; dental therapists; dentists; diabetes educators; dieticians; mental health workers; occupational therapists; optometrists; orthoptists; orthotists or prosthetists; pharmacists; physiotherapists; podiatrists; psychologists; registered nurses; social workers; speech pathologists.
  
  - A team may also include home and community service providers, or care organisers, such as: education providers; "meals on wheels" providers; personal care workers (workers who are paid to provide care services); probation officers.
  
  - The patient's informal or family carer may be included as a formal member of the team in addition to the minimum of three health or care providers. The patient and the informal or family carer do not count towards the minimum of three.
**ITEM NUMBERS 740-744**
ORGANISE AND CO-ORDINATE A COMMUNITY CASE CONFERENCE

<table>
<thead>
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<th>MBS NUMBER</th>
<th>CONFERENCE DURATION</th>
<th>FEE</th>
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<tbody>
<tr>
<td>735</td>
<td>15-30 MINUTES</td>
<td>$65.40</td>
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<tr>
<td>739</td>
<td>30-45 MINUTES</td>
<td>$112.10</td>
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<tr>
<td>743</td>
<td>AT LEAST 45 MINUTES</td>
<td>$186.85</td>
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**ITEM NUMBERS 759-765**
PARTICIPATE IN A COMMUNITY CASE CONFERENCE

<table>
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<th>CONFERENCE DURATION</th>
<th>FEE</th>
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<tbody>
<tr>
<td>747</td>
<td>15-30 MINUTES</td>
<td>$48.10</td>
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<tr>
<td>750</td>
<td>30-45 MINUTES</td>
<td>$82.40</td>
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<tr>
<td>758</td>
<td>AT LEAST 45 MINUTES</td>
<td>$137.35</td>
</tr>
</tbody>
</table>

**PARTICIPANTS:** A case conference team includes a medical practitioner and at least two other members, who participate in the case conference, each of whom provides a different kind of care or service to the patient.

**FREQUENCY:** It is expected that a patient would not normally require more than 5 case conferences in a 12-month period.

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AGPN and AWRGP acknowledge the financial support of the Australian Government Department of Health and Ageing.
### CASE CONFERENCE
For patients with multidisciplinary care needs
(Please turn over for MBS item guide)

<table>
<thead>
<tr>
<th>DATE:</th>
<th>START TIME:</th>
<th>FINISH TIME:</th>
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<tbody>
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<td></td>
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</table>

**HOSPITAL UR**

**PATIENT NAME**

**PATIENT ADDRESS**

**PATIENT ADDRESS**

**DOB**

**GP**

**REVIEW DATE**

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**NEED** | **GOAL** | **TASK** | **PROVIDER** | **REVIEW DATE**
---|---|---|---|---

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**PRINCIPAL DIAGNOSIS AND HEALTH HISTORY**

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**PARTICIPANT/DISCIPLINE/ORGANISATION**

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**PATIENT CONSENT**

My health provider has explained the purpose of a case conference and I give permission for my health provider to prepare a case conference. I give permission to the providers listed above to participate in the case conference and discuss my/my family member’s medical history, diagnosis and current needs. All participants will retain a copy of the case conference summary and will maintain confidentiality in regards to all information discussed and documented. I will also be provided with a copy of the notes from the case conference and will have the opportunity to discuss this with my health provider.

**SIGNATURE**

**DATE**
CASE CONFERENCE REQUEST

Dear __________________ organisation ___________________.

We request your participation in a case conference to discuss the ongoing health care needs of the following patient:

NAME: _______________________________________
DATE OF BIRTH: __________/________/___________
PATIENT ID/UR NUMBER_________________________

CASE CONFERENCE DETAILS

DATE: __________/________/__________
TIME: _______:_______
LOCATION:_______________________________________________
(If personal attendance is required)

TELECONFERENCE NUMBER: _____________________________
(If telephone conference is arranged)

☐ Yes I will be attending this case conference.
☐ No I will not be able to attend this case conference.

(Please fax reply to: Fax Number)

COMMENTS:
______________________________________________________
______________________________________________________
______________________________________________________

This case conference request comes from:

Name: __________________________ Organisation: ________________________
Contact Number: __________________________

This case conference request form was developed by Albury Wodonga Regional GP Network. However the AWRGPN accepts no responsibility for the consequences of any action taken by any person as a result of utilising information contained in this publication.

This fax may contain privileged material and/or personal information. If you received it in error:
- Please let the sender know immediately and then destroy this fax.
- You must not use, copy or disclose any of the information this facsimile contains.