Adolescent health – as easy as EPC

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BACKGROUND There are a number of very serious health trends for adolescent Australians. A major barrier to young people's access to high quality health care is poor general practitioner remuneration for longer consultations for complex adolescent issues.
OBJECTIVE This article discusses the use of the Enhanced Primary Care Medicare items for adolescents presenting to community general practice, youth specific health centres and community health centres.
DISCUSSION Medicare items for care planning, case conferencing, mental health, asthma, diabetes, and cervical screening may be used to improve outcomes for young people and increase GP remuneration in this poorly funded area.

Young people in Australia have generally been viewed as having good health, a perception shared by young people themselves. However, health problems that disproportionately affect young people include accidental injury, intentional injury (including suicide), mental disorders (depression, anxiety, psychosis, eating disorders) and substance abuse. Other adolescent health problems have major implications for later health including alcohol and tobacco use, risky sexual behaviour, physical inactivity, obesity and sun over exposure.[1] Asthma and diabetes have become more prevalent over recent decades and are now National Priority Areas. Some Australian statistical trends are very concerning:

- Youth suicide rates remain unacceptably high and Australia has the fourth highest suicide rate for young males in the western world[2–4]
- Reported rates of depression in young people are increasing, with depression predicted to become the second leading cause of disease burden worldwide by 2020[5]
- Mortality in males due to drug dependence has markedly increased in the past 20 years and is now responsible for six deaths per 100 000 in the 12–24 years age group[1]
- Australia has the second highest rate of teenage pregnancy terminations in the developed world, and a high number of teenage mothers compared with other countries[6]
- The proportion of overweight and obese children and adolescents has doubled since 1985 with a range of serious physical and psychological consequences[7]
- HIV notifications have increased by over 50% in some states since 1999, many in people aged under 25 years.[7]

General practitioners provide approximately 115 million contacts with people each year and are key providers of primary health care in Australia.[9] While about 85% of young people aged 15–24 years present to a GP each year, studies have suggested that many of these young people are poorly served by the current general practice system.[10] Unfortunately figures are not available for the 12–18 years age group. However, the attendances in the 15–24 year range suggest the potential for GPs to address many serious adolescent health problems.[11]

Barriers to good adolescent health care

Many barriers have been identified that deter young people's access to high quality health care in traditional general practice. These include:

- poor undergraduate and postgraduate GP training in adolescent health
- GPs' lack of confidence in dealing with young people's issues
- young people's concerns about confidentiality and judgmental attitudes
- inconvenient clinic times
- uninviting clinic environments, and
- cost of consultations.[12]

To help GPs overcome these barriers, training programs in adolescent health are now available from the Centre for Adolescent Health, and a number of youth specific health centres such as 'Clockwork' have been set up around the country to provide better access to young people, particularly for those who are marginalised.

Funding

Another major barrier is poor GP remuneration for longer consultations for complex adolescent issues. In addition, many young people fail to keep GP appointments, do not have Medicare cards and present with high risk situations that require GPs to engage in time consuming dialogues with families, schools and other youth service providers.

To prevent 'double dipping', legislation does not permit GPs working in state government funded youth and community health centres to receive an hourly rate as well as Medicare fees. Patients may assign their Medicare rebate to the community health centre and the centre may employ the GP on an hourly rate, but this rate must not be subsidised by state funds.

The state government recognises the difficulties in retaining GPs at youth specific and community health centres because of inadequate remuneration.[13] A number of youth health centres (Clockwork in Geelong and Frontyard in Melbourne, Victoria) report that GPs would commonly see only 5–6 young patients with very complex and time consuming health needs at each session compared with an average of 15–20 patients in traditional practice.

The Enhanced Primary Care Program (EPC) of the commonwealth government has been primarily promoted to GPs as a method of improving quality care to adult and elderly people with chronic disease. The following section discusses how this program may be extended to adolescent patients.

Table 1. Chronic conditions in young people likely to last longer than six months and qualify for the EPC item numbers

- Depression
- Psychotic disorders
- Anxiety/panic disorders
- Drug addiction
- Eating disorders
- Learning disabilities
- Trauma (past history of physical or sexual abuse)
- Chronic medical conditions such as asthma and diabetes
- HIV, hepatitis C and hepatitis B

Table 2. Examples of other workers who could be invited to participate (items require two or more workers)

- Aboriginal health and liaison workers
- Alcohol and drug treatment services
- Allied health professionals
- Career guidance services
- Child protection services
- Community health services
- Education providers including teachers
- Employment services
- Family mediators
- Juvenile justice
- Legal aid
- Medical specialists
- Mental health services
- Migrant services
- Private psychiatric services
- Probation officers
- Sexual assault services
- Other youth workers

New Medicare items relevant to young people's health

Medicare items in relation to care planning, case conferencing, mental health, asthma, diabetes, and cervical screening may be used for young people. These items provide an increased Medicare rebate or a Service Incentive Payment (SIP).

Only practices registered with the Practice Incentives Program (PIP) may claim the Medicare items for mental health, asthma, diabetes, and cervical screening.

Vocationally registered (VR) GPs in accredited practices may use all the items above under the A18 classification in the Medicare Benefits Schedule (MBS). Nonvocationally registered (non-VR) GPs may use all the items under the A19 classification (MBS pages 84–87).

All GPs may claim the care planning and case conferencing items. Care planning and case conferencing offer the best opportunities to improve GP remuneration and patient care within the multidisciplinary setting of youth specific and community health centres.

Care planning and case conferencing Medicare items for all GPs

Care planning Medicare items are used when a patient has a chronic medical condition (Table 1) and requires multidisciplinary input from at least two other key health or other providers (Table 2). A care plan is a comprehensive longitudinal plan for the care of an individual patient with a chronic or terminal condition with multidisciplinary needs and is usually offered annually, but is permitted after six months if the condition has changed.

A case conference is with two or more health professionals or service providers to identify and discuss the care goals of the patient. A case conference can take

place either by telephone, video conference or face-to-face. A maximum of five case conferences per year are permitted.

General practitioners are required to complete a proforma (see Resources) including the psychosocial history, a problem list, goals and consent. The GP must contact the providers and record their agreement to be involved and the client must be given a copy of the care plan.

Group therapy

All GPs need to be aware of an older MBS item for group consultations. Items 170 to 172 may be charged for the purpose of family group therapy of not less than one hour involving members of a family and persons with close personal relationships with that family for two or more patients.

Medicare items for VR and non-VR GPs working in accredited base practices

There are a range of PIP payments linked to the newer MBS items and GPs working at accredited practices must first register with the PIP (see Resources). Eligible GPs receive a one-off payment of approximately $1000 (per full time GP) to set up systems to implement the items into practice.

The following new MBS incentive items may be charged after certain requirements are met. The Medicare rebate in each case corresponds to level B, C and D consultations and the new item number automatically alerts the PIP. A separate, additional payment is then made by the PIP to the individual GP following the completion of requirements for the item. This separate payment is a Service Incentive Payment (SIP).

Mental health

General practitioners must complete two hours of familiarisation training and over six hours of accredited mental health training to be eligible to claim these items. There must be a minimum of three consultations of more than 20 minutes each (C or D consultations only) and at least two of the consultations must be planned visits. At the first visit, the presenting complaint, a biopsychosocial history, a mental state examination, risk assessment and formulation are documented. At the second visit, a mental health plan is prepared in consultation with the patient. The first and second consultations are billed as normal level C or D consultations. At visit three (within 1–6 months of the second consultation or the development of a mental health plan), the new MBS incentive item is charged for the review. Completion of a proforma makes this process easier (see Resources).

Asthma

No prior training is required for the asthma item number. At least three visits are required to complete an Asthma 3+ Plan and at least two visits must be planned recalls within four months. The three visits must achieve a diagnosis, assessment of severity, review of medication, provision of a written asthma plan and education of the patient. Similar to the mental health plan, the first and second visits are normal level B, C or D items and the third visit is eligible for the incentive item when the requirements are completed.

Diabetes

The diabetes item is charged after an annual care of care including measurement of HbA1c, eye examination, body mass index measurement, blood pressure, examination of the feet, blood lipids, and microalbuminuria. Education must also be provided on self care, diet, physical activity, smoking and medication.

Cervical screening

The cervical screening item may be charged when taking a cervical smear from a woman aged 20–69 years who has not had a test in the past four years. This includes high risk young women presenting for their first cervical smear after the age of 20 years. Extra payments are made to practices that reach their target levels of cervical screening in the female population.

Putting it into practice

General practitioners have been reluctant to take up the newer Medicare items because of the paperwork and time involved. However, use of the items is facilitated by proformas available to GPs and their receptionists (see Resources).

Medical Director (the software program used by many GPs) assists the recall of patients in a number of ways. An annual register of patients may be recalled if the patient condition (eg. depression, asthma, diabetes) is recorded at the time of the visit. Alternatively, a list of patients claiming a particular Medicare item number may be recalled.

On the second visit of an asthma or mental health plan, a message may be noted under 'Action list' on Medical Director and the GP will be automatically alerted at the next visit to charge the appropriate item number. In youth and community health centres, where relatively small numbers of patients are involved, manual systems in patient records suffice.

Conclusion

There are a number of very serious health trends for young Australians. Many barriers have been identified that deter young people's access to high quality health care in general practice. A major barrier is poor GP remuneration for longer consultations for complex adolescent issues. The use of EPC Medicare items for adolescents presenting to traditional general practice, youth specific health centres and community health centers may be used to improve outcomes for young people and increase GP remuneration.

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Resources

Detailed information about the use of the new Medicare items and proformas are available at divisions of general practice: www.adgp.org.au and the RACGP website: www.racgp.org.au

Further information

Medicare Benefits Schedule Book[14]	
Dept Health and Ageing	03 9665 888
Medicare Eligibility	03 9605 7964
Provider Liaison	132 150
Practice Incentive Program	1800 222 032

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