Adolescent health – as easy as EPC

Leanne Rowe, MBBS, DipRACOG, FRACGP, is a general practitioner, Bannockburn, Victoria, Senior Lecturer, Department of Psychological Medicine, Monash University, and Department of General Practice, University of Melbourne, and Chair, The Royal Australian College of General Practitioners, Victoria.

Craig Hodges, BSW, PG, DipEval, is Manager, Community Services, Centre for Adolescent Health, Victoria.

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. 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.

• Reported rates of depression in young people are increasing, with depression predicted to become the second leading cause of disease burden worldwide by 2020.

• 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.

• 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.

• The proportion of overweight and obese children and adolescents has doubled since 1985 with a range of serious physical and psychological consequences.

• HIV notifications have increased by over 50% in some states since 1999, many in people aged under 25 years.

General practitioners provide approximately 115 million contacts with people each year and are key providers of primary health care in Australia. 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. 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.

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 confi-
  dentiality and judgmental attitudes
• inconvenient clinic times
• uninviting clinic environments, and
• cost of consultations.11
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 remu-
neration 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 con-
suming dialogues with families, schools
and other youth service providers.

To prevent ‘double dipping’, legisla-
tion 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 spe-
cific and community health centres
because of inadequate remuneration.11
A number of youth health centres
(Clockwork in Geelong and Frontyard in
Melbourne, Victoria) report that GPs
would commonly see 5–6 young
patients with very complex and time con-
suming 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.

New Medicare items
relevant to young people’s
health
Medicare items in relation to care plan-
ing, 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 plan-
ing and case conferencing offer the best
opportunities to improve GP remunera-
tion 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 con-
dition (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 indi-
vidual patient with a chronic or terminal
condition with multidisciplinary needs
and is usually offered annually, but is per-
mitted 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

---

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

<table>
<thead>
<tr>
<th>Chronic Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
</tr>
<tr>
<td>Psychotic disorders</td>
</tr>
<tr>
<td>Anxiety/panic disorders</td>
</tr>
<tr>
<td>Drug addiction</td>
</tr>
<tr>
<td>Eating disorders</td>
</tr>
<tr>
<td>Learning disabilities</td>
</tr>
<tr>
<td>Trauma (past history of physical or sexual abuse)</td>
</tr>
<tr>
<td>Chronic medical conditions such as asthma and diabetes</td>
</tr>
<tr>
<td>HIV, hepatitis C and hepatitis B</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Other Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal health and liaison workers</td>
</tr>
<tr>
<td>Alcohol and drug treatment services</td>
</tr>
<tr>
<td>Allied health professionals</td>
</tr>
<tr>
<td>Career guidance services</td>
</tr>
<tr>
<td>Child protection services</td>
</tr>
<tr>
<td>Community health services</td>
</tr>
<tr>
<td>Education providers including teachers</td>
</tr>
<tr>
<td>Employment services</td>
</tr>
<tr>
<td>Family mediators</td>
</tr>
<tr>
<td>Juvenile justice</td>
</tr>
<tr>
<td>Legal aid</td>
</tr>
<tr>
<td>Medical specialists</td>
</tr>
<tr>
<td>Mental health services</td>
</tr>
<tr>
<td>Migrant services</td>
</tr>
<tr>
<td>Private psychiatric services</td>
</tr>
<tr>
<td>Probation officers</td>
</tr>
<tr>
<td>Sexual assault services</td>
</tr>
<tr>
<td>Other youth workers</td>
</tr>
</tbody>
</table>
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.

Acknowledgments

The authors wish to acknowledge the support of Jo Murray, Australian Medical Association, Robyn Fletcher and Wendy Borowiak from Ballarat Division of General Practice and Anne Diamond, General Practice Divisions Victoria.
Conflict of interest: none declared.

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 Book14
Dept Health and Ageing 03 9665 888
Medicare Eligibility 03 9605 7964
Provider Liaison 132 150
Practice Incentive Program 1800 222 032

References


Correspondence

Email: lrowe@pipeline.com.au