

Frequently Asked Questions

Q1. What is the ACT Primary Care Pilot?

- The ACT Primary Care Pilot is a federally-funded trial of a collaborative intervention involving primary health care, community-based care and the public health system to provide additional, early community-based support to participating patients at risk of presentation to the Emergency Department (ED) or hospital and to reduce their preventable risk of deterioration.
- In the Pilot, general practices will identify patients, within their practice, who would benefit from collaborative access to services that would reduce their risk of presentation to the ED or hospitalisation. Through this model, GPs will work in partnership with the Canberra Health Services (CHS) Liaison and Navigation Service (LaNS) team to build health and wellbeing supports to improve participating patient health literacy and self-empowerment and strengthen primary health partnerships.
- The Pilot has funding for 18 months and it will aim to provide a 3-month time-limited intervention for each participating patient. Each intervention will be designed to proactively address the sub-acute needs of a participating patient who is at risk of ED presentation or hospital admission.
- The Pilot is a collaboration between Capital Health Network (ACT's Primary Health Network), Canberra Health Services (CHS) and ACT Health.

Q2. How will the ACT Primary Care Pilot help my practice?

Your participation in this Pilot will provide:

- Additional services that help your participating patients maintain their health and wellbeing, avoiding preventable hospitalisation.
- Funding to support participating patients to access appointments at your practice, while participating in the Pilot.
- Supplementary care co-ordination for participating patients in your practice, reducing your time spent contacting, organising, and following up.
- Access to care co-ordinators within the public health system to make connections and improve communication.
- Access to health coaching for your participating patient to improve their skills and confidence in managing their own health.
- Access to phone/virtual advice from certain specialists to help you manage your participating patient's condition(s).
- Enhanced timely access to allied health services through the community care program including increased access to selected allied health services identified for Pilot patients (e.g., physiotherapy, social work and psychology).
- Opportunity for skill and knowledge acquisition in specialty areas.

- Financial support to see participating patients more often and/or for longer appointments.
- Financial support to review participating patient's files and identify deterioration or additional needs requirements.
- Involvement in a Commonwealth-initiated innovation to inform future initiatives and funding models.

Q3. What is expected of me and/or my practice if we participate?

- Once a practice signs the service agreement with CHN, they must be involved until the end of the Pilot.
- Participating practices and GPs must provide feedback and contribute to the evaluation of the Pilot. This may include completing a written survey or being interviewed by an external evaluator, at a time that suits you.
- You will be asked to ensure you are able to meet the needs of each participating patient enrolled by your practice, as per their care plan. This includes ensuring you have the time to spend with the participating patient and to discuss issues with the LaNS team, should they arise.
- CHN will ask you to provide regular reporting about Pilot activity regarding time spent, number of participating patients, and other administrative and statistical data.

Q4. What is the Liaison and Navigation Service?

The Liaison and Navigation Service (LaNS):

- Is a multi-disciplinary team including nursing, allied health and administration staff whose goal is to provide holistic care coordination and navigation, inclusive of health, community and social services.
- Is operated by Canberra Health Services and facilitates access, linkages and communication between health and other providers.
- Will work with participating patients and their supports, to identify goals and form a plan for managing their health and wellbeing.
- Assists participating patients to navigate the health system and build their capacity in health system understanding, health literacy, skills development and confidence in self-management.
- Will continue to operate when the Pilot finishes.

Q5. My practice already coordinates the care of our patients, how is this different?

- LaNS recognises GPs as the primary and ongoing care coordinator for their patients. LaNS is a time-limited service that offers supplementary coordination for patients with complex needs, multiple providers/agencies involved in their care, or during periods where the patient requires additional assistance to navigate the health system.

- LaNS can help you with time-consuming enquiries, follow-up activities and can spend additional time with your participating patients providing education and health coaching to empower self-management of their health condition(s).
- LaNS is available for your participating patients to call if they are worried, have questions or are uncertain about what to do regarding their health.

Q6. How does the access to specialist advice work?

GPs are often required to manage their patients' health decline whilst awaiting non-GP medical specialist or allied health appointments, eventually resulting in the requirement for ED presentations.

One of the aims of this Pilot is to provide timely access to non-GP specialist or allied health knowledge and skills to enable GPs to:

- Continue management of their participating patients within the practice.
- Develop interim plans to keep their participating patients stable whilst awaiting non-GP specialist appointments.
- Provide timely access to expertise resulting in the ability to continue managing the participating patient within the community, without the need for non-GP specialist intervention, in some cases.

Participating GPs can speak to a non-GP specialist virtually or via phone to discuss their participating patients' health issues or concerns and to receive advice on how to manage them.

Your practice can contact LaNS who will arrange a time for you to connect with the non-GP specialist as soon as practicable.

Please note:

- Discussions are between you and the non-GP specialist – the participating patient should not be present for this conversation.
- This is not an emergency service for acutely unwell patients - it is designed for patients at high risk of deterioration or experiencing a sub-acute deterioration of their chronic disease/s.

Q7. Which non-GP specialists are included in the Pilot?

These are yet to be finalised and will largely be demand driven however, based on hospital data about frequent users of the ED, planning is underway to make the below specialties available for advice regarding Pilot patients:

- Endocrinology
- Mental health
- Alcohol and Drug
- Respiratory medicine
- Cardiology
- Uncontrolled acute or chronic pain.

Q8. What will the 3-month intervention entail?

- A care planning meeting with LaNS and the participating patient which will include you or your representative. The care plan will not take the form of a General Practitioner Management Plan (GPMP) or Team Care Arrangement (TCA) under the MBS. Information for GPs about funding under the Pilot is covered in Question 20.
- Regular appointments between you and the participating patient as per the care plan.
- The LaNS team will contact you after 6 weeks to provide an update against the care plan and plan for exit from the Pilot.
- Depending on the needs of the patient identified during care planning, the intervention may include:
 - Complex case management
 - Care coordination, liaison and navigation
 - Health coaching
 - Routine GP appointments
 - Enhanced access to public allied health services
 - Phone/virtual advice from a non-GP specialist to assist with GP participating patient management
 - Support with linkages and referral services.

Q9. How do I know which of my patients are eligible?

You can use the patient selection guide to help you determine which patients may be eligible for the Pilot. The LaNS team may also contact you if they are aware of any patients who attend your practice who they think are eligible, to discuss enrolling them in the Pilot.

Patients are eligible if they have complex multimorbidity or chronic condition/s and are at risk of deteriorating and needing to attend hospital in the coming months without intervention. They also need to be likely to benefit from the interventions offered by the Pilot model.

Q10. What if my participating patient needs to go to ED/hospital?

The Pilot does not prevent people who need acute services from accessing them and respects that certain participating patients will need to go to ED/hospital. The Pilot is not designed for patients who are acutely deteriorating.

The Pilot is designed for patients who GPs determine are at high risk of deterioration or experiencing a sub-acute deterioration of their chronic disease/s. It will provide certain interventions aimed at preventing further deterioration. Of course, when there is deterioration that requires an acute response, the Pilot respects that GPs will send their patients to ED.

Q11. What if a patient still needs the Pilot services after 3 months?

- A participating patient may be re-enrolled into the Pilot program if there is requirement and benefit for ongoing support of at least one of the Pilot elements:
 - Free at point-of-care GP appointments

- GP access to non-GP medical specialist advice
- Assisted access to Community Allied Health services
- Liaison and navigation with other health and wellbeing services
- The Pilot will operate in cycles with the aim of returning most patients to either the routine care of their GP within 3 months; or other less intensive supports. Participating patients that still (or again) meet eligibility criteria for the Pilot can be re-enrolled for another 3-month cycle, up to 2 times (for a total of 3 times overall).
- People who have attended emergency 8 or more times in the previous 12 months can be enrolled as many times as needed.
- Re-enrolments will count towards the total number of participating patients enrolled by the practice (i.e., a newly enrolled participating patient will count towards the practice's quota and each re-enrolment will count again).
- If a participating patient is not eligible for further support from the Pilot, the LaNS team will provide linkages to additional support as required.
- The Pilot funding is available until 2025.

Q12. How many participating patients can my practice enrol in the Pilot?

The Pilot capacity and budget has been modelled on a total of approximately 50 patients per practice however this will vary depending on practice size, the number of practices participating or other factors identified to maximise the success of the Pilot.

You can expect to enrol between 5 and 25 patients per 3-month cycle.

Q13. How long will the Pilot run for?

The Pilot will run for 18 months, however the length of participation for each practice will vary depending on when they commence participation in the Pilot. The 18 months will be broken up into 3-month cycles with a new set of patients enrolling every 3 months.

Q14. How are patients chosen to participate in this Pilot?

You will receive funding to identify patients within your practice who meet the eligibility criteria. The Liaison and Navigation Service (LaNS) may also suggest patients who attend your practice based on hospital data, where the patient has consented for Canberra Health Services to discuss their case with your practice.

Q15. Does the patient need to provide consent to participate in the Pilot and who will be responsible for consent?

- Yes, patients must provide consent to participate in the Pilot. When you identify a suitable patient you should:
 - Talk to them about the Pilot
 - Give them the consumer information sheet
 - Give them a copy of the consent form
 - Get their verbal consent for you to refer them to the LaNS team.

- LaNS will contact the patient upon referral and gain written consent for sharing of information and enrolment in the Pilot program.
- Patients will be asked to consent to participate in the Pilot because information about their care, experience and health will be used to evaluate the components of the Pilot intervention. Ethics approval will be sought for this.

Q16. How will patients enrol in the Pilot?

Patients will enter the Pilot by being enrolled by a participating general practice or the LaNS team.

By the GP

At the beginning of each cycle, your practice will:

- Identify a selection of patients to participate in the Pilot.
- Obtain consumer verbal consent to participate and share information with the LaNS team.
- Complete a Pilot referral form to LaNS.

LaNS will then contact your patient to arrange a care planning session. This will involve you or a representative from your practice.

Throughout the Pilot period, you will also be able to enrol a small number of patients on an ad-hoc basis throughout the cycle following the same process.

By LaNS

If LaNS identifies a patient who attends your practice that has been to the ED or hospital frequently over the previous 12 months, and the patient provides consent for LaNS to contact you, LaNS will contact your practice and suggest they be enrolled in the Pilot.

Q17. How do patients exit the Pilot?

At the end of the 3-month intervention plan, or when the patient no longer requires Pilot services, the participating patient and care teams will discuss and agree to transitioning the participating patient to the routine care of their GP. The LaNS will work with the patient and their GP to ensure they understand and have access to care plans, supports and structures required for ongoing self-management.

The LaNS team will start discussions with you during the 3-month intervention about possible exit strategies for your participating patients based on their individual needs.

Participating patients may receive referrals to ongoing services, opt to enrol in other programs like MyMedicare, or transition to less intensive support based on their individual needs.

Q18. How will my practice know what is happening with our participating patients?

- The LaNS will work with GPs and participating patients to ensure information is provided in a timely and suitable format.
- LaNS will provide a progress update at 6 weeks, a written transition letter upon exiting the patient from the Pilot, and updates as required.
- Confirmation of appointments or connections with allied health and non-GP medical specialists will be provided to the practice.
- Your practice can also contact the LaNS as required.

Q19. Currently, my practice does not bulk-bill patients. With the free at point-of-care component of the Pilot ending after 3-months, how will the services continue beyond this timeframe without some out-of-pocket expenses for the consumer?

It is important to communicate to participating patients that participating in the Pilot is different to their usual attendance at your practice, and that the additional and free at point-of-care services are for a limited time.

Q20. How is the Pilot funding provided and will the general practice or the GP be reimbursed for their time?

Funding is to support costs for care co-ordination activities such as:

- GP time in accessing the medical specialist telephone/virtual advice service.
- Case coordination time including case conference where required.
- Time spent for engagement with other health practitioners.
- Practice administration.
- Free at point-of-care appointments with the GP.

It is recommended that multiple GPs participate from each practice to spread the Pilot model equitably throughout the practice.

There are two funding options: Option A or option B and participating practices will need to choose their funding option at commencement of Pilot to determine how they want to cover costs associated with GP consultations.

All participating practices will receive a block funding amount on initial engagement and an additional payment at 6 months of participation.

- Option A: Full remuneration through the Pilot for the cost of each appointment.
 - The GP will not bill the MBS for these appointments.
 - An additional per patient payment will be made to practices that choose funding option A at the beginning of each Cycle, to cover the cost of 5 long appointments for the

patient over the Cycle. The participating practice must record how many appointments each patient requires and attends.

- Where a participating patient requires additional GP appointments over the Cycle, the practice may claim this cost in arrears at the end of the Cycle.
 - The pricing for Pilot consultations have been set at the per minute rate for average standard consultation charges in the ACT (\$6.06 per minute). This is to ensure GPs are not financially disadvantaged in offering longer consultations for Pilot patients.
 - Where a patient requires less GP appointments over the Cycle or does not attend a scheduled GP appointment and the practice is able to reallocate the time to other funded activities, the practice must either:
 - allocate the corresponding funding towards additional appointment(s) for another Pilot patient or patients at their practice, or
 - offer the corresponding number of appointments to the Pilot patient after the expiry of their care plan.
- Option B: GPs would agree to bulk-bill Pilot participating patients for these appointments. A higher block payment will apply for practices that choose option B.

Q21. Would palliative care patients be eligible to enrol in this Pilot?

The Pilot is not suitable to meet the needs of patients requiring end-of-life care, however palliative care patients who fit the eligibility criteria will be considered.

Q22. What happens to enrolled patients when they do not turn up after one appointment?

LaNS can assist the practice by contacting the patient to understand the reason for non-attendance and offer any support required to attend future appointments. If the patient is unable to be contacted after five attempts, they will be stepped out of the Pilot to enable someone else to participate. They will receive a letter that notifies them of this and provides contact details should they wish to discuss.

Q23. What happens if a participating patient wants to move to another participating general practice during participation in Pilot?

As part of the consent process to the Pilot, patients will need to agree to continue to receive care at the nominated general practice, for the duration of their participation in the Pilot. They should be supported to change their GP within the same practice, if requested.

Q23. Is there a minimum number of patients a practice has to refer?

General practices commit to participating in the Pilot until June 2025, and to refer 5-25 patients into the pilot each Cycle, up to a total of 50 patients per practice. New patient enrolments cease at the end of Cycle 4 (1/11/2024).

Q24. Do the 5 long appointments under Funding option A include ad hoc visits such as if a patient were to attend for a minor short-term issue (e.g., a cold)?

The extra per patient payment for 5 long appointments under Funding option A covers holistic management of the patient during the 3-month Cycle. Participating GPs have the flexibility of providing these 5 long appointments as 10 short appointments or a mixture of both.

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