

# Health Care Homes

## Q&A Session Question Guide

The following questions were collated from submissions from participants of the Health Care Home Stage 1 trial practices. These questions were the basis of a conference call with the Commonwealth Department of Health held on 10th July 2017. Answers in red were answered in advance of the conference call.

This document is intended to be a companion to the recording of the QA session, and provides brief answers and directions, including approximate times in the recording relating to the question to help you navigate the recording. Please note the text here is paraphrasing the audio recording and may not be a direct quote.

### Trial Information

- How long is the trial?
  - The Activity Period will commence on 1 August 2017 and end on 30 March 2020 (from the letter of agreement)
- Starting time - October or December... Does Practice have a choice? When will the practices commencing in October be notified?
  - There are no practices within the Adelaide PHN region commencing in October
- What happens if a Practice signs up but is unable to recruit the 55 patients?
  - Refer to section 4.7 of the HCH Handbook: "*The enrolment of 55 patients per full-time equivalent GP should be used by participating general practices and ACCS as a guide for patient enrolment. The Department of Health recognises that there is a wide variation in the size of general practices and ACCS across Australia.*"

### Training

- What is the duration of training and who should attend?

**[Refer Audio 02:15]**

... Training for practices does not have a defined period because the amount of time practices will take to complete the training will depend on your starting point, your needs as a practice and the time you are willing and able to spend working through the modules to embed the lessons within the practice...

- *[Comment]* It is not evident from the training modules that there is any reference to budgeting or monitoring a budget. Practices may benefit from a session on how to set up a budget; how to cost activities; and how to monitor/report on actual to budget.

**[Refer Audio 04:40]**

... Due to the diverse number of business structures that exist in the primary healthcare system we don't have a specific budget module, but...

## Tools - Risk Stratification

- What are the costs of the Risk Stratification tool - both one off and running? Who pays for it?

**[Refer Audio 6:00]**

...All the costs associated with the Risk Stratification Tool for stage one are covered by the Department of Health, this includes software licences for participating practices and PHNs...

- How does the practice data have to be coded for the RST to work optimally & accurately?

**[Refer Audio 06:20]**

...Providers should appropriately code the information in their GP clinical software... Refer to Page 12 in your Health Care Homes handbook for more detail...

- Can we have access to the risk assessment tool now? When will the risk stratification tool be available?

**[Refer Audio 07:22]**

...it is currently being developed... scheduled for installation and training in September 2017... Refer to "Patient Eligibility: Factsheet" ([here](#))...

- Additional Questions **[Refer Audio 08:33]**

Software licensing – as stated, during the trial period this will be paid for by the Department of Health what is the duration for this and how much could the running costs be?

... The Commonwealth will cover costs for practices throughout the trial period using the Risk Stratification software. This will include a period before service delivery commences and practices will have access before 1 Dec. The Department will cover the cost right up to the end of service delivery finishing in 2 years' time (the end of the trial period)...

- What if the decision is to not continue at the end of the trial period?  
... Government would need to decide if the trial will continue or expand and look at the costs of the software moving forward. Practices are covered for the entire trial period, and if the decision is to end the trial there will be no expectation for any costs covered during the trial period to be paid...

## Tools - Shared Care Planning

- Will there be any licence costs or other fees for the use of the shared care planning tool?

### [Refer Audio 10:52]

..The costs of the shared care planning tools are not covered separately by the Department and need to be supported from the grant that we would be paying to practices... in some instances PHNs have been purchasing licenses for their regions, and that's a decision for PHNs so that also may be an option...

- Do we have to use those listed software providers or can we use current software?

### [Refer Audio 11:40]

...Practices can use any software program that meets the minimum requirements listed on the Departments Website...

- Has a decision been made on which shared care planning tool will be used in the Adelaide PHN region?

### [Refer Audio 12:52]

...This is the practice's decision... however regarding a regional solution, Deb Lee (Adelaide PHN CEO) advised there is a provision in forward budgets for

shared care planning for practices who are part of the trial. Discussion with practices will take place to consider what is the most useful platform. Once contracts have been executed by the Department of Health, the Adelaide PHN will arrange meetings with the Practices involved to find out what will be the primary platform preferred...

## Tools - Assessment Tool

- When is Practice Assessment tool becoming available?

**[Refer Audio 14:27]**

...It will become available to PHNs in advance of their training workshops in mid-august this year...

- When will the assurance self-assessment tool be available? (Is this the same as the Practice assessment tool?)

**[Refer Audio 14:44]**

... There is a distinction between the assurance self-assessment tool and the practice assessment tool... The assurance self-assessment tool is around compliance activities... the compliance toolkit will be made available as soon as it's finalised...

## Data Collection

- We have to provide information to the department as evidence of compliance.

What type of information is required?

**[Refer Audio 16:10]**

... Practices will need to keep accurate records for Health Care Homes services provided to an enrolled patient in the patients clinical record... Refer to the Health Care Homes handbook page 13...

- Data driven improvement details is provided in training modules - What data will the department be requiring to be collected and forwarded to the department?

**[Refer Audio 16:55]**

... PHNs will be able to support the data that's required from the GP... what is required is deidentified unit record level data... from the entire practice... this will

be incorporated into the training materials provided by the department...

- How will practices provide HCH stage one related data to the PHNs/ Dept. of Health?

**[Refer Audio 18:54]**

...Practices who currently provide data to their PHNs will continue with that...

- Additional Question **[Refer Audio 20:35]** Collecting data for Closing the Gap funded programs for Aboriginal Health, will there be any conflict on reporting the same data?

...No, the Government is trying to stop data being duplicated. The Aboriginal Medical services are already providing a significant amount of data for a range of purposes. The aim is to collect data once and use it many times. Will need to monitor data currently being collected closely and see how it can be used within the bounds of how it is being collected.

The evaluation framework is being finalised and the data is still being worked through and finalised.

There will be more information to come...

## Clinical

- How do we determine if a presentation is related or not related to a chronic condition so that we can access Fee for service MBS items?

**[Refer Audio 22:20]**

...Because each patient is going to be quite unique... we have deliberately steered away from trying to define what might be a non-chronic activity that can be billed against the MBS... we have intended with the bundled payment that the majority of the care should be able to be provided by the bundled payment, if we have the amount right...

Who is responsible to identifying the significant change in health that increases or decreases the complexity of their health care needs?

**[Refer Audio 24:15]**

...Practices are responsible for the correct registration of enrolled patients on the

DHS HPOS system, and any updates... if there is an incorrect risk stratification of the enrolled patients there is an opportunity half way through the year...

- Who completes the Risk Tier Questionnaire – GP, Patient or Nurse? Is there a Medicare rebate associated with this?

**[Refer Audio 26:55]**

...these should be assessed by a clinician in consultation with the patient... refer to the Health Care Homes Handbook Page 13 ... there is no specific rebate associated with the patient assessment but this is likely to occur before you have activated as an HCH patient and so it would likely sit within a standard consultation so MBS could likely be applied...

- Will there be any penalties or paybacks for Practices if they are stratified higher at the review?

**[Refer Audio 28:10]**

...Stage one is about testing the use of the risk stratification tool and ensuring it is doing what it's intended to do, it's an area of interest in terms of collecting information on patients and their tiers and it's an area of interest for the assurance part of the program... The handbook outlines this should be kept on the clinical record and uploaded onto the MyHealth record.

It is possible that the Department could ask for information relating to risk stratification of a patient and if it's found that a practice has consistently been incorrectly stratifying patients, then this would be followed up...

- Additional Question **[Refer Audio 31:15]** Related to fees for service items, would there be as part of the trial phase, a look at the data and how much fees for service, e.g. if there are more fees for service item than was expected for a patient in the program?

...One of the data sets the Department will have available is the MBS billings of doctors and patients participating in the Healthcare Home model and this will be monitored closely to ensure the bundled payments are at the right value and covering most care. The Department will be able to follow up with outliers to ensure the model is being implemented as intended.

If there is a system with the bundled payment being used and a significant amount of MBS fee-for-service running alongside of it then the program has not worked as intended. The MBS fee-for-service items should be quite small, most of the care for the patients coming in with multiple complex or chronic conditions should be linked to their chronic care. This is related to the Department needing to validate that the tier level is appropriate and can cover most of the care, and this is where the Department will be looking closely at the services provided and making sure the balance is right...

- Additional Question **[Refer Audio 33:58]** Will the tier payment be reviewed at the end of the trial or during the trial period?  
...The Department will be reviewing payments along the way and the evaluation is formative and summative which allows for adjustments to the program if possible during the first phase. The Departments want to be responsive to issues. The payment threshold will not be changed unless it is significantly wrong, however with the modelling and testing that has taken place with practices who are not in stage one, the Department is confident they have it accurate. If a patient is particularly complex, they are a tier 3 patient and you are receiving the maximum amount of funding. If you felt that they need additional support, you could remove them from the first phase of the program and put them back into the MBS stream...

## Payments

- Have payment methodologies been considered/ workshopped and will there be a computer program developed to simplify the process?  
**[Refer Audio 36:04]**  
...we have been working with the Association of Practice Management (AAPM) on the develop of a framework... to use existing practice management software program to build internal systems to support...

- Does the HCH Funding Assurance Toolkit have a template to keep track of the budget?  
**[Refer Audio 37:30]**

...No, the toolkit won't include a template... the toolkit is going to provide a range of policies, procedures, systems and day to day activities that will help you support accurate billing...

- [Comment] Payments are made monthly in arrears on the 15<sup>th</sup> working day of the month. This is a 45-day process where as now doctors get paid fortnightly. This will have an impact on a doctor's cash flow.

**[Refer Audio 38:15]**

... Health Care Homes bundled payments are paid to the practice, it is up to the practice to determine how to manage those funds internally....

## PHN Support

- How can PHNs support enrolling patients in HPOS?

**[Refer Audio 38:53]**

...PHNs are willing and happy to be an assistive resource to practices. This is a Commonwealth Department of Health Initiative... Adelaide PHN has been specifically funded to provide 2 FTE practice facilitators, who have been recruited and commence by the 1<sup>st</sup> of August. Additionally, we have a Digital Health Officer to support the identification and enrolment of patients... We also have 4 Primary Health Care Liaison Officers, and this is key initiative they will support as well. Adelaide PHN have a total of 7 FTE that will be out there supporting General Practices...

- What support are we going to get from PHN – especially Nursing/administrative as it will be a huge burden on a small clinic like us?
  - Please see Handbook Section 5.3 for detailed information

## Additional Questions

- Is the handbook available?
  - The handbook and program documentation is available, the department can get this to you as soon as possible. Please contact Adelaide PHN if

you are having difficulty.

## Additional Updates

There are about 20 practices from the original 200 shortlisted that did not have the information required on their legal entity details.

The Commonwealth is looking to complete required corporate information to make formal offers and get practices on board as quickly as possible. This will assist practices to be ready for training and support from the PHN's. If you have been contacted in relation to this, please provide the information required as quickly as possible. The commonwealth needs to know what type of legal entity they are providing the grant to.