

# Explained: Medicare Urgent Care Clinics

## What is being announced today?

- The Federal Government recently announced the opening of the Registration of Interest process for the five Medicare Urgent Care Clinics (UCCs) across South Australia.
- Applications to deliver urgent care services will be open to existing general practices, community health centres and Aboriginal Community Controlled Health Services in Southern Adelaide Metro, Adelaide City, Outer Northern Adelaide Metro, and Outer Southern Adelaide Metro.
- The ROI will close on Friday 24 March 2023 with a formal grant opportunity process led by Adelaide PHN to follow.
- Medicare UCCs are a new model of care to reduce pressure on hospital emergency departments (EDs).

## What is Medicare Urgent Care Clinic (UCC)?

UCCs are intended to provide short term, episodic care for urgent conditions that are not immediately life-threatening.

## Why was Medicare UCC introduced?

The Medicare UCCs will ease the pressure on our hospitals and give Australian families more options to see a healthcare professional when they have an urgent, but not life threatening, need for care. The clinics will:

- be based in existing GP clinics and community health centres
- provide free services
- be open after normal business hours and accept walk-in patients
- provide treatments that would not require a hospital admission such as broken bones, wounds, and minor burns
- be diverse and respond to the needs of the local community.

Medicare UCCs will work with local hospital systems, and local primary health care providers to ensure that people receive the right care, in the right place at the right time.

## Who is going to staff the UCCs given we already have significant workforce issues, particularly in regional areas?

- Adelaide PHN recognises that there are significant existing challenges in securing health workforce, particularly after-hours.

- Medicare UCCs are intended to be GP led, with staffing mix based on the local need.
- The staffing mix may include other suitably qualified medical practitioners, nurse practitioners, extended care paramedics, allied health and Aboriginal Health Practitioners, depending on local circumstances.
- It will be essential to use the existing workforce as efficiently as possible and potentially look at alternative models of care depending on local needs.
- Adelaide PHN will work with the states and territories and other stakeholders on allowing flexibility for Medicare UCCs to adapt to local conditions and needs, including where there are particular workforce shortages.

### Who can apply to the ROI and how will they apply?

All existing general practices, community health centres and Aboriginal Community Controlled Health Services in the five regions are eligible to put forward a registration of interest.

The ROI will close on Friday 24 March 2023 with a formal grant opportunity process led by Adelaide PHN to follow.

Further information will be available on the Adelaide PHN website.

### Where will the Adelaide PHN's UCCs be located?

- Southern Adelaide Metro
- Adelaide City
- Outer Northern Adelaide Metro
- Outer Southern Adelaide Metro



## How will UCCs reduce pressure on the hospital system?

- Medicare UCCs will be available after normal business hours and with no out of pocket cost to patients.
- Medicare UCCs will ease the pressure on our hospitals and give Australian families more options to see a healthcare professional when they have an urgent, but not life threatening, need for care.
- In 2020-21 there were 8.8 million presentations to ED in Australia; of these 4.1 million (4.7%) were non-urgent or semi-urgent.
- Clinically appropriate diversion of patients to UCCs will allow hospital resources to focus on higher urgent, life-threatening conditions.

## How long will UCCs be open for?

UCC's will be open 7 days a week and for extended hours. Exact hours will depend on local conditions and needs.

## What services will UCC provide?

- Wound management including gluing, suturing and dressings (including for minor burns)
- Incision and drainage of abscesses
- Basic fracture management including application of backslabs and plasters
- Intravenous cannula insertion to allow for IV antibiotics and IV rehydration fluids
- Urinary catheter management and changes for males and females
- Removal of foreign bodies from the ear and nose
- It will provide care for acute exacerbations of chronic disease (such as infective exacerbation of chronic obstructive pulmonary disease) but should not provide ongoing chronic disease care including chronic disease care plans or health assessments.

## What services are excluded from UCC?

UCCs will not provide preemployment or training medical assessments, GP mental health care plans, routine antenatal care or routine vaccinations of childhood and adulthood or travel related vaccines.

UCC will not provide referrals for radiology, pathology or specialist care unless these constitute part of the acute treating episode.

## In times of emergency, what services could UCC provide?

UCCs are not intended to treat potentially life-threatening problems (such as cardiac chest pain, severe shortness of breath or altered conscious state) or manage labour and birth.

However, UCCs should have capacity to identify and manage these problems should people present with them including capacity to stabilise conditions whilst awaiting transfer to hospital, including providing resuscitation where required.

### Will there be new infrastructure required for each UCC?

No. Medicare UCCs will be based in existing general practices, community health centres or Aboriginal Community Controlled Health Services. A one-off, upfront payment will be available for practices to ensure they are able to make any necessary equipment upgrades.

### How much will people have to pay to attend a UCC and what is the MBS contribution to Urgent Care Clinics?

It will be free to attend a Medicare UCC.

- Medicare UCCs will be able to bill certain MBS items, appropriate for the care expected to be provided in a Medicare UCC.
- This means they have access to Medicare items which are deemed appropriate under nationally agreed operational guidance.
- For example, acute episodic care for minor injuries and illnesses including closed fractures, simple eye injuries, minor burns, treating a UTI or ear infection.
- It doesn't include things like mental health treatment plans, chronic disease management or preventive health procedures such as cervical screening tests.

### Does the UCC have referral pathways?

The UCC should be part of a referral network aimed to ensure patients are directed to the most accessible and efficient service for their need. All referral pathways into and out of the UCC should be driven by local need and co-designed with relevant stakeholders including local general practices.

While UCCs should have capacity to accept patients who self-refer, referral pathways into the UCC should also include ambulance, local emergency departments, local general practices, local after-hour services, other non-GP primary health care services such as Allied Health and community-based nursing services, Health direct and other telehealth triage services.

The UCCs should also have clear escalation and referral pathways to local hospitals for acute care including:

- The emergency department
- Inpatient services including expedited access to specialist advice (including systems to organise direct admission where appropriate)
- Direct referral to outpatient clinics

It should also have pathways and direct referral for follow up care to hospital and community-based systems including:

- Mental health services
- Community health
- Hospital in the home
- Outpatient services (e.g., fracture clinic)
- Other community support services
- Virtual care option

Where appropriate and based on local context, pathways may also be developed with:

- Local residential aged care homes
- Disability accommodation
- Private hospitals and other private providers including medical specialists and optometrists (for investigation and treatment of acute eye complaints) – noting that any private follow up must be based on patient preference and awareness of any potential costs.

#### Will the UCCs be evaluated?

- The Medicare UCC program will be evaluated to identify the impact and outcomes on the community and the health system more broadly and inform future health reform policy.
- The evaluation will start as the clinics open and will continue for the duration of the program.

#### Were UCCs discussed as part of the Strengthening Medicare Taskforce?

- The Strengthening Medicare Taskforce discussed the importance of primary care services being available and accessible to people who need them, including for urgent care and after hours.