

New MBS items for Mental Health Case Conferencing

The federal government has announced new MBS items for Mental Health Case Conferencing

What has changed?

From the 21st of July 2023 eligible providers will have access to 21 **new** MBS items* to organise, coordinate and participate in case conferences to discuss a patients mental health care where:

- The person has an active eating disorder treatment and management plan (EDTMP) or has been referred for Better Access services (such as Mental Health Care Plan).
- A medical professional has organised and will coordinate the case conference (GP, psychiatrist, paediatrician or other medical practitioner (OMP)).
- The **medical professional and at least 2 other members** of the multidisciplinary team attend the case conference.
- The patient has consented to the case conference and participation of each of the practitioners.
- * Individual item numbers listed at the end of this document.

What do the items include:

- Item numbers for medical practitioners to organise and coordinate a multidisciplinary case conference
- Item numbers for medical practitioners and eligible allied health practitioners to participate in case conferences. This includes:
 - o GPs, psychiatrists, paediatricians, OMPs
 - Clinical psychologists, psychologists, social workers, occupational therapists and dietitians.

Why are these changes important?

- They support/promote communication and shared care between providers.
- Improves access to multidisciplinary, collaborative, and coordinated MH care. Prior to these changes only the GP and other OMPs could claim for case conferences.
- These new item numbers recognise the time, commitment and expertise that allied health practitioners bring to the treatment team to provide the best evidence-based care for people living with eating disorders.
- Ensures equal access to case conferences for patients with mental health conditions and patients with chronic disease.

Where to get more information

http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-MH-case-conferencing

The full item descriptor(s) and information on other changes to the MBS can be found on the MBS Online website at www.mbsonline.gov.au. You can also subscribe to future MBS updates by visiting MBS Online and clicking 'Subscribe'.

The Department of Health and Aged Care provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the *Health Insurance Act 1973* and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS@health.gov.au.



FAQs

What clients are eligible?

Those who have been referred (by a GP, OMP, psychiatrist, paediatrician) for treatment under better access or have an active eating disorder treatment and management plan.

Which practitioners can participate in case conferences?

Each team member present must be invited to attend by the organising practitioner. These can include:

- GPs, psychiatrists, paediatricians, OMPs
- Clinical psychologists, psychologists, social workers, occupational therapists and dietitians.
 If eligible to deliver MBS subsidised psychological or dietetic health services.
- Other individuals who provide support such as counsellors, teachers, peer workers can attend but do not count toward the minimum number of providers required.

Does the patient and/or family need to attend the case conference?

No however the client should be given the option to attend the case conference. Following the case conference, the practitioner organising and coordinating must offer the patient and each other member of the team a summary of the conference.

The family/carer or other supports (friends, counsellor, teacher, peer workers etc.) can also attend if client consents.

Does the case conference have to occur face to face?

All participants must be in communication throughout the conference, either face to face, by telephone or by video link, or a combination of these.

What if there aren't 3 providers available?

Unfortunately it can not go ahead. To claim these new MBS items, the case conference must involve at least three providers.

What does a case conference cover?

During the case conference, the mental health case conference team must:

- discuss the patient's history;
- identify the patient's multidisciplinary care needs;
- identify outcomes to be achieved by members of the mental health case conference team giving care and service to the patient;
- identify tasks that need to be undertaken to achieve these outcomes, and allocate those tasks to members of the mental health case conference team;
- assess whether previously identified outcomes (if any) have been achieved.
- Practitioners should be mindful of the patient's goals and preferences for their treatment in carrying out these activities.



How long can the case conference last?

Depending on the individual item claimed, the items cover case conferences that last at least 15 minutes up to 40+ minutes.

What is defined as "consent" from the patient?

Prior to the case conference taking place, each of the participating health providers must:

- explain the case conference and what it will involve to the patient;
- obtain the patient's agreement for the case conference to take place and for each of the medical practitioners or allied health providers to be present;
- ask the patient if they would like any other persons to be present (for example, parents, carers, peer support workers or counsellors) and obtain the patient's agreement for their participation, if applicable;
- make a written record of the patient's agreement.

Consistent with other case conferencing arrangements in the MBS, providers should offer the patient the option to attend the case conference themselves and provide them with the details of when it will occur. The patient may withdraw their agreement at any time.

How often can the new MBS items be claimed?

Medical practitioners and eligible allied health providers can claim the relevant MBS items for organising and coordinating, or participating in, mental health case conferences **once every 3 months*** for the same patient where clinically relevant.

For each eligible patient, GPs and OMPs can also claim the relevant items for:

- coordinating the development of a TCA (team care arrangement) once every 12 months*.
- coordinating the review of a TCA once every 3 months*.

*These services may be provided more frequently in exceptional circumstances, defined as 'a significant change in the patient's clinical condition or care requirements that necessitates the performance of the service for the patient.'

Can the existing MBS items for Team Care Arrangements (TCAs) be claimed for both mental health and chronic disease management?

Yes, the MBS item numbers for TCAs can now be claimed for both mental health and chronic conditions for the same patient, if they meet the eligibility criteria for each. However, the GP or OMP should consider whether it would be more appropriate to review any existing TCA rather than develop a new one for this purpose.

Within the same 3-month period, can I claim the new items for mental health case conferencing and the existing items for chronic disease case conferencing?

Yes, if the patient's condition and care arrangements meet the criteria for both chronic disease and mental health conditions, the relevant case conferencing MBS item numbers can be claimed within the same 3-month period.

Mental Health Case Conferencing MBS Items

The full item descriptors and further information on claiming requirements for these items can be found on the MBS Online webpage at: www.mbsonline.gov.au.

Practitioner	Item No.	Service	Case Conference Length
GP	930	Organise and coordinate a case conference	At least 15 minutes but less than 20 minutes
GP	933	Organise and coordinate a case conference	At least 20 minutes but less than 40 minutes
GP	935	Organise and coordinate a case conference	40+ minutes
GP	937	Participate in a case conference organised and coordinated by another medical practitioner	At least 15 minutes but less than 20 minutes
GP	943	Participate in a case conference organised and coordinated by another medical practitioner	At least 20 minutes but less than 40 minutes
GP	945	Participate in a case conference organised and coordinated by another medical practitioner	40+ minutes
OMP	969	Organise and coordinate a case conference	At least 15 minutes but less than 20 minutes
OMP	971	Organise and coordinate a case conference	At least 20 minutes but less than 40 minutes
OMP	972	Organise and coordinate a case conference	40+ minutes
OMP	973	Participate in a case conference organised and coordinated by another medical practitioner	At least 15 minutes but less than 20 minutes
OMP	975	Participate in a case conference organised and coordinated by another medical practitioner	At least 20 minutes but less than 40 minutes
OMP	986	Participate in a case conference organised and coordinated by another medical practitioner	40+ minutes
Psychiatrist or Paediatrician	946	Organise and coordinate a case conference	At least 15 minutes but less than 30 minutes
Psychiatrist or Paediatrician	948	Organise and coordinate a case conference	At least 30 minutes but less than 45 minutes
Psychiatrist or Paediatrician	959	Organise and coordinate a case conference	45+ minutes
Psychiatrist or Paediatrician	961	Participate in a case conference organised and coordinated by another medical practitioner	At least 15 minutes but less than 30 minutes
Psychiatrist or Paediatrician	962	Participate in a case conference organised and coordinated by another medical practitioner	At least 30 minutes but less than 45 minutes
Psychiatrist or Paediatrician	964	Participate in a case conference organised and coordinated by another medical practitioner	45+ minutes
Allied Health Professional	80176	Participate in a case conference	At least 15 minutes but less than 20 minutes
Allied Health Professional	80177	Participate in a case conference	At least 20 minutes but less than 40 minutes
Allied Health Professional	80178	Participate in a case conference	40+ minutes