



Health Care Home bundled payments

Case study: enrolled patient with a mental health condition

This case study has been prepared by the department in response to questions raised by general practices and Aboriginal Community Controlled Health Services about the scope of the Health Care Home bundled payments.

The case study identifies a varied range of health services that a person with chronic and complex conditions might access over a defined period, where one of the chronic conditions is a mental health condition, and identifies which of these services are covered by the Health Care Home bundled payment.

Whether the services are considered to be covered by the bundled payment or not is informed by the modelling for the stage one trial and is consistent with advice on bundled payment inclusions/exclusions in current Health Care Homes' materials, for example the Handbook and QandAs.

This case study has not been designed to fully reflect the broad range of innovative and flexible services that stage one trial Health Care Homes will deliver, nor the new workforce roles made possible under the bundled payment approach.

Case study: Janice, aged 56 years

Janice is a 56 year old woman who lives with her partner of 35 years and her 14 year old son. Janice is currently working 15 hours per week as a receptionist in a real estate office in a small country town. She has a BMI of 29, is a non-smoker and reports having one or two glasses of wine with dinner most evenings.

Janice was placed on a disease-modifying antirheumatic drug (DMARD) after being diagnosed with rheumatoid arthritis two years ago, and also takes a nonsteroidal anti-inflammatory drug (NSAID) as required for pain management. Janice has been hospitalised twice: once for pain management and once for surgery to correct deformities in her right foot. She has also been taking a selective serotonin reuptake inhibitor (SSRI) for 15 months after being diagnosed by her GP with moderate anxiety when she reported feeling stressed, on edge and nervous for no good reason along with shaking, stomach cramps, and insomnia over a protracted period of time.

Over the last two years, Janice's husband was made redundant, her mother died from metastatic breast cancer, her 14-year-old son has been experimenting with alcohol and possibly other substances, and her two eldest children moved out of the family home. Janice's husband continues to search for work and they are both holders of a low income health care card.

Janice has been enrolled in a Health Care Home (HCH) as a moderate complexity or Tier 2 patient, with a bundled payment of \$1,267 per annum. Janice received the following services



over her first 12 months as an enrolled patient, all of which were covered by the HCH bundled payment.

- A comprehensive health assessment undertaken by Janice's GP and a practice nurse.
- Collaborative development of a shared care plan, including a mental health care plan, led by Janice's GP and the practice nurse, and informed by other members of the HCH team. (N.B. A separate GP Mental Health Care Treatment Plan is not required for enrolled patients to access allied mental health services.)
- Care coordination by the practice nurse, including facilitating referrals to the local hospital rheumatology clinic and for access to Mental Health Care services commissioned by the local Primary Health Network (PHN).
- Six-monthly reviews and updating of the shared care plan by all members of Janice's HCH team, including consultation with her rheumatologist and clinical psychologist.
- Regular monitoring of C-reactive protein (CRP) blood counts.
- Treatment provided by Janice's GP related to her chronic conditions, including provision of repeat prescriptions and the influenza vaccine.
- Follow up phone calls from the practice nurse to Janice following medication changes. The practice nurse ensured that Janice's GP was aware of any adherence issues or adverse reactions and phoned Janice to discuss the management strategy proposed by her GP.
- Provision of focussed psychological strategies on two occasions by Janice's GP, who has completed appropriate mental health training recognised through the General Practice Mental Health Standards Collaboration.
- Treatment for flare ups of Janice's rheumatoid arthritis provided by another GP in the HCH while Janice's GP was absent.

Janice also received the following services that are not covered by her HCH bundled payment. Of these services, those that related to Janice's chronic conditions were coordinated through her HCH and/or outlined in her shared care plan.

- Provision of treatment and medical certificate by Janice's GP when Janice presented with influenza symptoms.
- A one-off consultation with Janice's GP when Janice was concerned about her 14 year old son's challenging behaviours.
- An ECG administered by the HCH practice nurse and reviewed by Janice's GP when Janice reported experiencing pain down her left arm.
- Six clinical psychology sessions delivered by a clinical psychologist registered to deliver services through Medicare (under the Better Access initiative). This service was selected by Janice's GP as it will bulk bill Health Care Card holders on arrangement and therefore does not require a gap payment from Janice.
- Six group sessions focussed on reducing anxiety and including mindfulness-based stress reduction training delivered in the psychologists rooms (also funded under the Better Access initiative).
- Review by the local hospital rheumatology clinic.
- Surgery to correct a right foot deformity – Janice was admitted as a public patient.
- Services provided by the local public hospital while Janice was an in-patient.
- Post-operative allied health outpatient services provided by the local hospital, including hydrotherapy.
- Five treatment sessions provided by a private physiotherapist, which were bulk billed against MBS Chronic Disease Management Allied Health service item benefits.



- A long consultation (funded under the MBS) with Janice's GP that focussed on her cancer risks, including conduct of a Cervical Screening Test. Janice's records confirm that she had a mammogram within the previous two years through BreastScreen Australia, and had recently received a negative FOBT result through the National Bowel Cancer Screening Program.
- Blood counts undertaken by the local hospital's pathology department.
- Medications dispensed by a community pharmacy.
- Analysis of blood samples undertaken by a private pathology lab.
- Diagnostic imaging services provided by the local hospital diagnostic service.