First Health Care Homes consultation

An enrolment checklist for clinicians

Once you have discussed Health Care Homes with a prospective patient, it's time to book them in for a consultation and enrol them.

1. Explain eligibility, benefits, billing and voluntary enrolment

Eligibility

- Confirm that your patient**:**
  - **DOES NOT** live in a residential aged care facility
  - **DOES NOT** receive the Department of Veterans' Affairs (DVA) coordinated veterans care (CVC) program
  - **DOES NOT** have a DVA Gold card.
- These patients are **NOT** eligible for Health Care Homes.

Benefits

Explain the benefits of Health Care Homes:

- A shared care plan.
- A care team — each patient has their own care team, led by their doctor.
- Coordinated care — this may already be provided by your practice. Explain how it will work for Health Care Home patients. For example, it might include following up if your patient goes to hospital or sees their specialist.
- Improved access — tell the patient if your practice will email/call/video call patients or offer after-hours access.

Billing

- Explain the billing arrangements at your practice. Health Care Home patients can contribute to their healthcare costs, but this MUST be agreed with the patient when they enrol.

Voluntary enrolment

- Your patient does not have to enrol in Health Care Homes. If they do enrol they can withdraw at any time.

- If your patient wants to enrol, they:
    - choose a clinician to lead their care team. This will usually be their GP or a nurse practitioner
    - agree to always come to this practice. (If they are travelling they can go to another clinic or GP.)

Enrol the patient

- If they agree, enrol your patient now.

Patient consent

- Your patient signs and dates the Health Care Homes enrolment and consent form
- You complete the **Medical practice to complete** section of the patient's signed enrolment and consent form.
- The date the patient signs is considered the start of enrolment. Practices then have seven days to enrol the patient through the Department of Human Services HPOS system and activate their bundled payment.

My Health Record

- Patient are encouraged to have a My Health Record. If practice staff can help your patient get a My Health Record, tell them this.

Questionnaire

With your patient, go through the **questionnaire** in the risk stratification tool, to:

- confirm their eligibility
- determine their risk tier and level of care they need.

2. Next steps

- If you haven't already given your patient the handbook, give it to them now. Write any contact details for the care team in the back of the handbook
- You can also give them:
    - the patient card with details of next appointment
    - the Health Care Home folder, a copy of the patient information statement and a copy of their signed enrolment and consent form.
- Tell them when you or one of the practice staff will see them next.
- Explain how their shared care plan will be developed.

Checklist for Aboriginal Community Controlled Health Services

Medicare card and My Health Record

- Patients will need to have a Medicare card to participate in the Health Care Home program. If staff can help them obtain a card, tell the patient this. If they do not want to apply, then Health Care Homes may not be the best option for them. They can continue to receive care as they do now.
- Patients are encouraged to sign up for a My Health Record. If staff can help them with either of these, tell the patient this.

Billing

- If an ACCHS is a Health Care Home, it can still receive block funding for primary health care services under the Indigenous Australians' Health Programme.
- Indigenous Health Assessment (MBS item 715) is not included in the Health Care Homes' bundled payment.

Agreeing to a shared care plan

- The shared care plan is a good way of
    - setting patient goals
    - mapping out simple steps your patient can take to keep them healthy
- The care team will help the patient agree on a shared care plan they are happy with.

Transient patients

- People who are transient or travel on and off country can be treated by several Health Care Homes **if a lead Health Care Home is nominated and manages the funding.**
- If a patient moves between communities and doesn't want to nominate a preferred Health Care Home, Health Care Homes may not be the best option for them. They can continue to receive care as they do now.

Resources

- Resources for general practices
- Resources for ACCHS
- Updates and factsheets

Identify eligible patients

- Use practice scan function in the RST to produce a patient list
- Optional: manual review of results to decide which patients to invite
- Contact patients

Discuss HCH with patient

- Discuss the HCH model with the patient
- Give the patient the brochure, fact sheet, handbook
- Discuss out of pocket fees (if applicable)

Complete risk stratification

- Use the questionnaire in the RST to:
  - confirm patient eligibility
  - determine their risk tier

Obtain patient consent

- Answer patient's questions
- Confirm that patient is not:
  - RACF resident
  - or enrolled in DVA Coordinated Veteran's Care program
- Ask the patient to sign and date consent form

Complete consultation

- Give patient:
  - copy of signed enrolment and consent form
  - patient brochure, handbook, patient card (if not already provided)
- File a copy of signed consent form & risk stratification certificate
- Register patient for My Health Record (if needed)
- Make a time to develop a care plan with the patient

Register patient

- Flag patient in clinical system
- Flag patient in practice management system
- Register the patient on HPOS
- Enter patient details into online evaluation application