



General Practice Coordinated Palliative Care Multidisciplinary Case Conference Guide

1. Patient identified by GP as having complex needs
2. Patient consent obtained for case conference
3. Time identified and booked into General Practice schedule
4. Other disciplines required are identified
5. Request for case conference faxed to other services
6. Case conference held, care plan developed
7. Care plan approved by patient
8. Approved care plan distributed to participants and patient
9. Future reviews established if appropriate utilising the same pathway

Practice staff, such as the Practice Nurse or reception staff, could be engaged to coordinate aspects of the case conference.

Referral Criteria

- All new patients from the region admitted to the Palliative Care Service including those in the local Residential Aged Care Facilities;
- Palliative care patients with complex needs;
- Palliative care patients whom the GP is concerned about and would like input from other members of the multi-disciplinary team;
- Palliative care patients being discharged from hospital who are being referred back to the region.

Guidelines

- A Multidisciplinary Team Meeting Manual, Client & Family Information Sheet and Consent Form, and associated templates can be found at:
www.gpsouth.com.au/pcp.html
- A minimum of three care providers must be present for the case conference to claim MBS.
- Case conferences can be held by teleconference.



MBS Guide for Case Conferences

Item numbers for multidisciplinary case conferences for patients in the community, or patients being discharged into the community from hospital, or people living in residential aged care facilities

GP Organises and Coordinates a Case Conference

MBS Number	Conference Duration
735	15-20 minutes
739	20-40 minutes
743	At least 40 minutes

GP Participates in a Case Conference

MBS Number	Conference Duration
747	15-20 minutes
750	20-40 minutes
758	At least 40 minutes

Who Can Participate?:

The multidisciplinary case conference must consist of a minimum of three health or care providers, including a medical practitioner.

Examples of team members who may be included are: registered nurses, psychologists, social workers, physiotherapists, pharmacists, members of the specialist palliative care service, and dietitians. The team may also include home and community services such as meals on wheels providers and personal care workers.

The patient or their informal or family carer may be included if they desire, in addition to the minimum of three health or care providers.

Rebate Amounts:

Check the most recent rebates for the above item numbers at: www.mbsonline.gov.au

Patient and Family:

For a Client and Family Information Sheet and Consent Form on multidisciplinary team meetings, and other resources on this topic, go to www.gpsouth.com.au/pcp.html