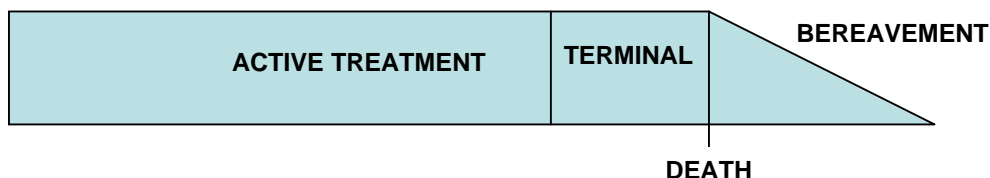


## DEFINITIONS IN PALLIATIVE CARE

Traditionally, palliative care has been associated with the last few days or weeks of life. This was reflected in past education of health professionals and the delivery of palliative care services.



With the changing face of health care, the traditional paradigms of palliative care have also changed. As we improve health care, patients suffering from chronic illness including cancer diagnoses, can have a longer duration of illness and prognosis is often extended.

The palliative approach is now seen as a gradual transition from active treatment to comfort and symptom management. Early within a life-limiting disease process, we are called to consider questions such as advance care planning. Clinical management of chronic illness also undergoes gradual transitions, for example, the transition from inhaled steroids to the utilisation of opioids in COPD patients.



**This is reflected in the World Health Organisation's definition of the palliative approach:**

*Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.*

*<http://www.who.int/cancer/palliative/en/>*

**We therefore encounter patients who may be reasonably medically stable but are still receiving symptom management from a palliative paradigm. This raises interesting questions about the MBS items that we may be able to utilise for patients with a life-limiting illness. Team care arrangements, case conferencing, GP management plans and reviews are indeed appropriate item numbers to utilise for those faced with life-limiting illnesses, despite relative prognosis.**

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*General Practice South would like to acknowledge & thank AWRGPN for the concept of this hand out*

## MBS Items Guide for Palliative Patients and Carers

### MBS Items Claimable

|  |  |
|--|--|
| •Preparation of GPMP   | Item 721 (12 months)                   |
| •Team Care Arrangement   | Item 723 (12 months)                   |
| •Review of GPMP or TCA   | Item 732 (6 monthly, minimum 3 months) |
| •Contribution to<br>Multidisciplinary care plan<br>or TCA  | Item 729                               |
| •Contribution to<br>Multidisciplinary care plan<br>or TCA with a Residential<br>Aged care facility | Item 731                               |
| •Case conference   |  |
| Organise & Coordinate  | Item 735, 739, 743                     |
| Participate  | Item 747, 750, 758                     |
| •Family conferences  | Item 170, 171, 172                     |
| •After hours (non-urgent)  |  |
| Home/Hospital  | Items 5003, 5023, 5043, 5063           |
| Residential Aged Care  | Items 5010, 5028, 5049, 5067           |

### Practice nurses can assist GPs with:

- Assessing patients and documenting results
- Identifying patient needs
- Providing self-management information and other patient education
- Preparing GPMP and contacting services as outlined in plan; GP must confirm and assess this with patient present
- Informing patients of any expenses likely to be incurred as a result of involving other providers
- Preparing TCA and, with patient agreement, providing a copy of the TCA to other relevant health and care providers
- Being a part of the TCA if providing separate services
- Assisting with referring patient to allied health services using specified referral forms and explaining costs to patient
- Ongoing support and monitoring

**FURTHER INFORMATION ABOUT MBS ITEMS IN PALLIATIVE CARE  
CAN BE OBTAINED BY CONTACTING KATE ATKINSON (RURAL  
PALLIATIVE CARE PROJECT)**

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