

# Diabetes Cycle of Care

## Accessing the MBS item number for the PIP incentive

**Set up a register** of all known patients with diabetes attending the practice. Minimum information should include patient's name, identifier (eg practice file number) and contact details. When you have a register and an active recall/reminder system, sign up the practice to the PIP Diabetes scheme.

**Identify** from the register patients who need specific diabetes care and initiate a "Cycle of Care", including recalls when necessary.\*

(\* If the practice can verify that a demonstrable recall system was already in place, and that the minimum requirements for an annual program of care were already in train for a particular patient then the GP can claim the SIP under 12 months from sign-on.)

### Patient Management

- An annual "cycle of care" must be completed for each patient, based on RACGP and Diabetes Australia guidelines. Where appropriate, use practice nurse and refer to podiatrist, ophthalmologist, dietician, etc. As long as Cycle of Care activities are completed it does not matter which health professional provides the service.
- Use a checklist such as that available on software or from your Division.
- Use normal attendance items for consultations and reviews, except the last visit in the cycle.

**To receive SIP:** Complete an annual diabetes cycle of care for the patient, as below. Use a diabetes specific item number for the last consultation (see MBS explanatory notes) Group A41 **items 2517- 2526 and 2620-2635**, depending on length of consultation and whether in or out of surgery.

SIP = \$40 payable to the GP, paid quarterly. *One SIP per year per diabetes patient.*

**Outcomes Payment:** Made to practices where at least 2% of practice patients are diagnosed with diabetes and GPs have completed a cycle of care for at least 20% of these patients. When target levels are reached, the practice as a whole will receive a further incentive 'outcome' payment of \$20 per patient with diabetes. (Practice's diabetic population is based on number of SWPEs, number of above items claimed, and number with HbA1c tests in previous 2 years).

### Diabetes Cycle of Care – activities which must be completed

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|------------------|--|
| Every 6 months:  | <ul style="list-style-type: none"> <li>• measure BMI</li> <li>• measure BP</li> <li>• examine feet</li> </ul>  |
| Every 12 months: | <ul style="list-style-type: none"> <li>• measure HbA1c</li> <li>• test for micro-albuminuria</li> <li>• TG, total &amp; HDL cholesterol</li> <li>• provide self-care education</li> <li>• review medication</li> <li>• check "SNAP", ie. <u>s</u>moking, <u>n</u>utrition, <u>a</u>lcohol &amp; <u>p</u>hysical activity.</li> </ul> |
| Every 24 months: | <ul style="list-style-type: none"> <li>• Full eye check.</li> </ul>  |

### Optional Associated Activities

#### GP Management Plan (GMP)

MBS Item No. 721

For patient with a chronic condition lasting 6 months or terminal: GP must document assessment, management goals as agreed with patient, and identification of treatment and ongoing service.

#### Team Care Arrangements (TCA)

MBS Item No. 723

For patients with chronic condition and complex needs (eg. co-morbidities or a range of complications impairing function).

GP must collaborate with, and document a plan for, a team including self and at least two other service providers, each of whom provides a different kind of ongoing care or treatment to meet the specific needs of the patient.

#### Review GMP and TCA every six months

MBS Item No. 732

#### Home Medicines Review (HMR)

MBS Item No 900

For patients living at home in the community. Involves the GP and pharmacist working together to ensure quality use of medicines.

*See MBS explanatory notes, and Division's resources for guidelines and forms.*

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