



Prevention of Type 2 Diabetes Program - Lifestyle Modification Programs

Program Guidelines

Delivering local health solutions through general practice



AGPN represents a network of 111 local organisations (Divisions) as well as eight state-based entities. More than 90 percent of GPs and an increasing number of practice nurses and allied health professionals are members of their local Division. The Network is involved in a wide range of activities including health promotion, early intervention and prevention strategies, chronic disease management, medical education and workforce support.

Our aim is to ensure Australians have access to an accessible, high quality health system by delivering local health solutions through general practice.

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Table of contents

Introduction	4
Background	4
1. Patient eligibility	4
2. Medicare item numbers	5
3. Program provider eligibility	5
4. Roles	6
Role of State Based Organisations	6
Role of Divisions.....	6
Role of LMP providers.....	6
5. Program standards	7
6. Accreditation arrangements	7
7. Reporting requirements	8
Active referrals	8
8. Referral pathway	9
9. Minimum data set	10
10. Invoicing and funding arrangements	10
Patient consent	10
Patient co-payments	11
11. Demand management	11

Introduction

This document provides program guidelines for the management of subsidised lifestyle modification programs (LMPs).

The program guidelines provide information on:

- Patient eligibility;
- Program provider eligibility;
- Program standards;
- Accreditation arrangements;
- Referral pathways;
- Reporting requirements; and
- Invoicing and funding arrangements.

The program guidelines are intended to be suitable for use by all parties interested in providing LMPs.

Background

In April 2007, the Council of Australian Governments (COAG) agreed to a cost shared package of over \$200 million to address the significant growth in type 2 diabetes. The Commonwealth Government announced that its major contribution to this measure will focus on people at high risk of Type 2 diabetes, in the 40-49 year old age group, with the objective of reducing or delaying their progression to diabetes.

Under this initiative, a new Medicare Benefits Schedule (MBS) item – the Type 2 Diabetes Risk Evaluation (MBS item 713) has been introduced from 1 July 2008. This allows general practitioners (GPs) to evaluate patients in the 40-49 year old age group at high risk of developing type 2 diabetes, as determined by the Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK), provide lifestyle modification advice for eligible patients and where appropriate, refer eligible patients to attend a subsidised lifestyle modification program (LMP) aimed at reducing the risk or delaying the progression to type 2 diabetes.

Patients may also be referred to a subsidised LMP by their GP through the Aboriginal and Torres Strait Islander Adult Health Check (MBS item 710) or the 45-49 year old Health Check (MBS item 717) or a subsequent consultation to MBS item 717 under a general consultation item. Completion of the AUSDRISK is mandatory for all patients prior to being referred to a subsidised LMP.

1. Patient eligibility

The following patients are eligible to be referred to a subsidised LMP:

- Patients aged between 40 – 49 years of age (inclusive) who have undergone a Type 2 Diabetes Risk Evaluation (MBS item 713) or 45-49 year old health check (MBS item 717); or
- Aboriginal patients aged between 15 and 54 years who have undergone an Aboriginal and Torres Strait Islander Adult Health Check (item 710); **and**

- Identified as at '*high risk*' of type 2 diabetes as determined by the AUSDRISK; **and**
- Does not have existing diabetes; **and**
- Have not previously completed a subsidised LMP.

Please note use of the AUSDRISK to determine an individual's risk of developing type 2 diabetes over the next 5 years is mandatory.

2. Medicare item numbers

Patients may be referred to a LMP through the 1 of 3 available MBS item numbers:

1. Type 2 Diabetes Risk Evaluation - MBS item 713; or
2. 45 Year Old Health Check - MBS item 717 or a subsequent consultation to MBS item 717 under a general consultation item (MBS item 23); or
3. Aboriginal and Torres Strait Islander Adult Health Check - MBS item 710

For further information on the referral process, see 'Section 8 – Referral pathways'.

MBS item 713 may be undertaken with patients identified at 'high risk' of type 2 diabetes, through the use of the AUSDRISK.

MBS item 713 provides the ability for a GP to review the factors underlying the 'high risk' score identified by the AUSDRISK, including consideration of the following clinical factors:

- Lifestyle, such as smoking, physical inactivity and poor nutrition;
- Biomedical risk factors, such as high blood pressure, impaired glucose metabolism and excess weight;
- Any relevant recent diagnostic test results; and
- Family history; and
- Referral to a local subsidised LMP.

3. Program provider eligibility

LMP providers must be able to demonstrate the core competencies detailed in the draft national standards for LMPs.

Facilitators of LMPs will demonstrate a current capacity to deliver the content of an LMP (or specific LMP components) in a way that increases the capacity of participants to make and sustain positive lifestyle changes. This includes demonstrating an understanding and sensitivity to the issues individuals face when trying to make and sustain lifestyle changes. LMPs may be provided by more than one health professional or facilitator as part of a multidisciplinary team.

At each program session, a person with a current first aid certificate, or the capacity to provide assistance to at least first aid standard, must be available to provide assistance, if needed.

For more information on the minimum core competencies required for LMP providers, refer to section 'Core Competencies for Lifestyle Modification Program Facilitators' in the draft national standards which can be downloaded from the AGPN website at www.agpn.com.au.

4. Roles

The divisions network has responsibility for administering and implementing the Prevention of Type 2 Diabetes Program, and specifically the establishment and management of the national framework for Lifestyle Modification Programs. This section details the role and responsibilities of each level of the network.

Role of State Based Organisations

State Based Organisation (SBOs) are responsible for:

- Developing and administering funding arrangements between the SBO and LMP providers;
- Submitting minimum data set provided by LMPs to the national data capture system – (in NSW divisions hold and administer service delivery funding to LMP providers and enter MDS data in the national online data capture system)
- Facilitating state-wide approaches to service delivery options, to ensure access to LMPs in all geographical locations;
- Sub-contracting Divisions to provide support and education to general practices to facilitate appropriate referrals to LMPs; and
- Developing and administering funding arrangements between SBOs and Divisions.

The contact details and locations of all State Based Organisations are accessible from:

<http://www.adgp.com.au/site/index.cfm?display=301&leca=16>

Role of Divisions

Divisions of general practice are responsible for:

- In some circumstances, providing LMPs;
- Providing education and training to general practices on the available LMPs and methods for referral;
- Supporting general practice to make appropriate referrals to local LMPs; and
- In some states, divisions administer service delivery funding and enter MDS data in the national MDS data collection system.

The contact details and locations of all divisions of general practice are accessible from:

<http://www.adgp.com.au/site/index.cfm?display=301&leca=16>

Role of LMP providers

LMP providers are responsible for:

- Delivering LMPs in accordance with the program standards and accreditation requirements;
- Liaising with local divisions;
- Completing the patient forms for the program and providing this information to the SBO (or in NSW to the local Division) utilising standard templates; and
- Submitting invoices to the SBO (or in NSW to the local Division) for payment.

- LMP Providers will also be required to enter patient data directly to the MDS system when this function becomes available.

Copies of the three mandatory LMP forms – GP Referral Form, Completion of Intension Phase and End Program Feedback Form – are all available for download from the AGPN website at www.agpn.com.au.

5. Program standards

The draft standards set out the minimum content and delivery requirements for a Lifestyle Modification Program. These standards form the basis of the LMP accreditation process and have been developed based on the results of a systematic review of evidence for the prevention of type 2 diabetes in at risk populations.

The standards cover the minimum requirements of an LMP to be accredited including:

- Core competencies for LMP facilitators
- Program intensity and duration
- General content and format of LMP materials
- Specific content for:
 - Weight loss
 - Nutrition
 - Physical activity
- Self monitoring of progress
- Integration of behavioural change strategies
- A written report on the client's progress to the referring GP on completion program
- Program setting and group size

The draft standards can be downloaded from the AGPN website.

6. Accreditation arrangements

As of 1 October 2008, all LMPs must be accredited to be eligible to provide LMPs under this program.

Accreditation of LMPs will be undertaken by the Department of Health and Ageing. Detailed information on the accreditation process, including application documents are available from the AGPN website at www.agpn.com.au.

The Department of Health and Ageing will manage complaints handling and compliance mechanisms for LMPs accredited for the purpose of this program.

All questions regarding the accreditation process can be emailed to LMPaccreditation@health.gov.au.

All interested LMPs are required to download the accreditation application pack from the AGPN website, and become familiar with the draft standards and accreditation guiding principles.

7. Reporting requirements

Eligible clients are referred to LMPs by their GP. GPs are required to utilise a standard General Practitioner referral form, and gain patient consent to use personal information. This information will be de-identified once it is entered into the MDS system. Upon receipt of a referral, LMP facilitators must complete the evidence of client enrolment section (included in the GP referral form) and submit it to the SBO/division in their jurisdiction with an invoice for the first payment of \$77 incl GST. LMP providers must then enter the required data for each patient into the online MDS system (details to be provided).

Once a patient completes the intensive phase of the program (ie at least 4 months after program commencement), the LMP provider must complete the 'Completion of Intensive Phase Feedback Form' and send a copy of this form with their invoice for \$121 incl GST to the SBO/division.

LMP providers are to submit a final written report to the patient's referring GP. Providers must also complete and enter the data using the Program Completion Form. At this point, when the correct data has been entered, providers can invoice for the final payment of \$37.40 incl GST.

Providers should refer to the Program FAQs for further information.

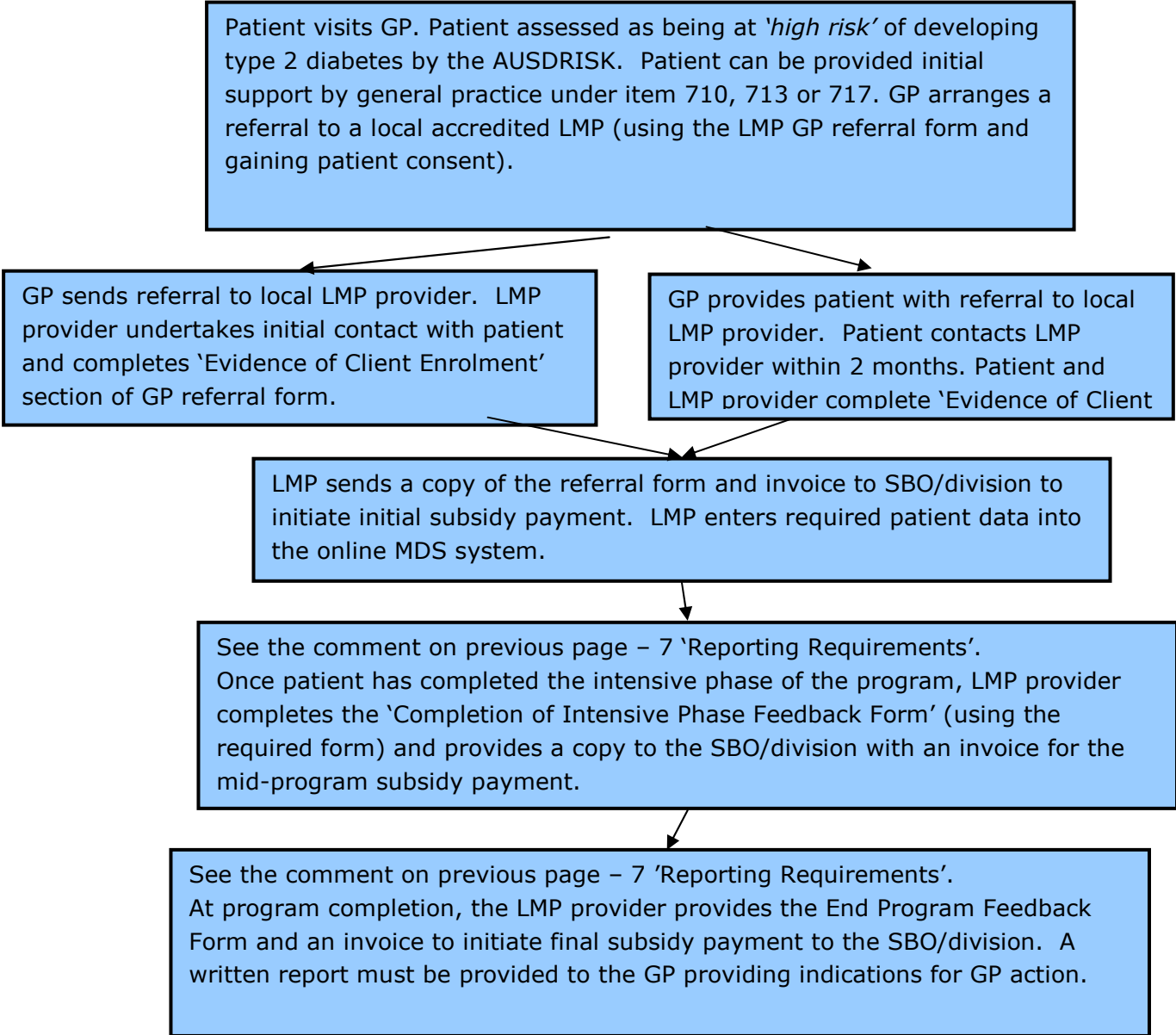
Active referrals

Referrals are only 'active' for two months (60 days) from the date the referral was made. If a referral is not progressed to submission of client enrolment within this timeframe the referral will become inactive and will need to be re-written by the referring GP.

If a referral is to be re-written, the GP should claim MBS item number 23, however still indicate on the GP referral form the original item number claimed when the original referral was written.

8. Referral pathway

The referral pathway and associated reporting requirements are as follows:



9. Minimum data set

The minimum data set (MDS) is designed to gather data for program evaluation purposes to measure program uptake and program effectiveness.

The data that comprises the MDS is included in the GP referral form, completion of intensive phase feedback form and end program feedback form. LMP providers must provide copies of all forms to the SBO in their jurisdiction to meet reporting requirements along with invoices to trigger payments.

LMP providers will also be required to enter a minimum data set for each enrolled patient directly into an online MDS system. This system is scheduled to be made available by December 2008.

10. Invoicing and funding arrangements

The payments to LMP providers whether they be Divisions or third parties outside the general practice network, will be linked to the provision of completed LMP forms. The payments by the fund holder to the LMP provider will be as follows:

- i. \$77 (GST inclusive) upon patient enrolment in an accredited LMP, and provision of proof of enrolment via the completed GP Referral Form;
- ii. \$121 (GST inclusive) upon completion by the patient of the intensive phase of the interim program or an accredited LMP and provision of proof via the completed Intensive Phase Feedback Form by the patient. To be regarded as having completed the intensive phase of the interim program a client must attend over 50% of the intensive phase sessions. In the absence of a patient acknowledgement of attendance by signature on the Intensive Phase Feedback Form, to receive payment the LMP provider will need to provide both proof of attendance (e.g. session attendance rolls signed by the patient), and proof of attempted follow-up with the patient; and
- iii. \$37.40 (GST inclusive) upon patient completion of the program and provision of proof via completion of the end program feedback form by the patient. In the absence of a patient acknowledgement of program completion by signature on the End Program Feedback Form, to receive this payment for patients who have completed the intensive phase of interim program, the LMP provider will need to provide proof of attempted follow-up comprising at least 3 attempts at communication with the patient using different communication media such as telephone, email and letter.

LMP Providers may also charge patients a co-contribution of up to \$50 incl GST. This charge is waived for patients with a concession/health care card, however, the LMP Provider can claim \$50 (incl GST) when the patient completes the intensive phase of the Program (or refer to conditions for payment of the intensive phase above).

LMP providers will only be able to receive payment for their provision of LMPs by providing the fundholder with the completed forms or other evidence as described above with the invoice for services rendered.

Patient consent

The GP referral form includes a patient consent section that each patient must sign. The consent field notifies the patient that the information provided on the referral will be provided

to the Divisions of General Practice Network by the LMP provider. By signing the form, the patient is acknowledging that some of the information provided will be de-identified by the Divisions of General Practice network and provided to the Department of Health and Ageing and AGPN for program monitoring and evaluation purposes.

If a patient does not agree to the provision and use of their personal information, they will not be eligible for a subsidy to participate in a subsidised LMP.

Patient co-payments

An LMP provider will be able to collect a co-payment from LMP participants of up to a maximum of \$50 (GST Inclusive). This payment is not mandatory and LMP providers may choose not to charge a patient co-payment.

The co-payment will be waived for clients who have been identified by their GP as a health care card or concession card status on the completed referral form. The fundholder will pay the LMP provider a compensatory payment of \$50 (GST inclusive) in respect those clients for whom the co-payment is waived on their completion of the intensive phase of their LMP.

11. Demand management

SBOs will be provided with a funding allocation for LMP service provision based on state-wide population levels. SBOs/divisions will be responsible for implementing a process to monitor demand on service delivery funds.

In undertaking this, SBOs/divisions will implement a locally appropriate procedure for tracking the number of 'active' referrals within their jurisdiction. SBOs/divisions will develop a standard procedure for liaising with local LMP providers to determine the number of active referrals received at multiple points over each quarter.