



# **Prevention of Type 2 Diabetes Program Lifestyle Modification Programs**

## **Operational Guidelines**

Delivering local health solutions through general practice



AGPN represents a network 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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## Introduction

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

The operational guidelines provide information on the establishment, implementation and ongoing operation of the LMPs including:

- The scope of the service;
- The role of the Australian General Practice Network (AGPN), State Based Organisations (SBOs), Divisions, and LMP providers;
- Contractual arrangements, including performance expectations, deliverables and funding arrangements (including subsidy payments);
- Interim service delivery arrangements;
- Ongoing service delivery arrangements;
- Ongoing accreditation arrangements; and
- Referral processes and feedback forms.

The operational guidelines are intended to be used by AGPN, SBOs and Divisions and should be read in conjunction with the Program Guidelines and FAQs.

## 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 Australian Government announced that its major contribution to this measure will focus on people in the 40-49 year old age group with the objective of reducing or delaying their progression to type 2 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 risk 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 Age 45 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.

Divisions of general practice will coordinate the provision of LMPs at the local level and provide education and training to GPs to support appropriate referrals to LMPs in accordance with the requirements of MBS item 713. Divisions will be funded and supported through SBOs,

who will in turn be funded by AGPN. In some states, divisions will act as 'fund holder' for distributing the service delivery funding to LMP providers.

## 1. Scope of the service

The purpose of the Prevention of Type 2 Diabetes Program is to enable eligible patients, at 'high risk' of developing type 2 diabetes as determined by the AUSDRISK to access an accredited, subsidised LMP, aimed at reducing the risk or delaying the progression to type 2 diabetes. Patients may be referred through 3 MBS item numbers:

- Type 2 Diabetes Risk Evaluation – MBS item 713
- 45 Year Old Health Check – MBS item 717 or a subsequent consultation to MBS item 717 under a general consultation item
- Aboriginal and Torres Strait Islander Health Check – MBS item 710

The LMP program guidelines provide information on patient eligibility, the use of the AUSDRISK, referral pathways and the program standards, which define the required content and mode of delivery of LMPs. All LMPs will need to be accredited by the Department of Health and Ageing, and provide minimum program reporting requirements (minimum data set (MDS)) to the Divisions network.

The Divisions network is establishing, implementing and supporting the LMPs. AGPN, SBOs and Divisions, all have key roles in this process.

## 2. Roles

The Department of Health and Ageing has contracted AGPN to manage the implementation of LMPs through the Divisions network.

### 2.1 AGPN

**AGPN is contracted to DoHA**, and is responsible for:

- Providing overall management, leadership and decision making in the establishment and implementation of the LMPs;
- Sub-contracting SBOs to manage Divisions' establishment and implementation of the LMPs;
- Developing and administering funding arrangements between DoHA and AGPN, AGPN and SBOs/divisions;
- Providing an electronic minimum data set capture system;
- Implementation of a communication strategy within the Divisions network for the establishment and implementation of the LMPs; and
- Developing education and training materials for Divisions, general practices and LMPs to ensure the appropriate use of the item number and referral to LMPs.

## 2.2 State Based Organisations (SBOs)

**SBOs are subcontracted to AGPN**, and are responsible for:

- Developing and administering funding arrangements between the SBO and LMP providers; *(In some states Divisions are sub-contracted to undertake this – contact the SBO in your jurisdiction to determine local arrangements).*
- Submitting the minimum data set provided by LMPs to the national data capture system (this function will be undertaken directly by LMP providers once the online system is in place).
- 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.

## 2.3 Divisions

**Divisions are subcontracted to SBOs**, and are responsible for:

- In some circumstances, providing LMPs;
- Providing education and training to general practices on MBS item 713, locally available LMPs and the appropriate referral pathways;
- *In some states, Divisions may be sub-contracted by their SBO to develop and administer funding arrangements between the Division and local LMP providers - contact the SBO in your jurisdiction to determine local arrangements*

## 2.4 LMP providers

**LMP providers are accredited by the Department of Health and Ageing**, and are responsible for:

- Delivering LMPs in accordance with the draft standards and accreditation guiding principles;
- Liaising with local divisions;
- Collecting patient data and providing this information to the SBO (in some cases the local Division) utilising standard templates or directly entering data into the online MDS system (this will be a requirement when the system is available); and
- Submitting invoices to the SBO (In some cases this may be the local Division) for payment.

## 3. Contractual arrangements

### 3.1 Performance expectations and deliverables

The contractual arrangements between the funder (DoHA) and the AGPN are based on five key deliverables:

#### 3.1.1 Establishing and providing an interim arrangement for the management of the LMPs

MBS item 713 became operational on 1 July 2008. The Divisions network has been contracted to develop interim arrangements to ensure that a referral pathway to LMPs will be available shortly after this time.

The interim arrangements included Divisions identifying suitably qualified providers to attend a two-day facilitator training workshop delivered by the Baker-IDI Heart and Diabetes Institute. The LMP developed by AGPN and Baker IDI is the RESET your life program. There are currently 117 accredited facilitators across Australia for the RESET your life program.

If you are unsure of your local LMP provider, contact your SBO who can provide details of the RESET your life training and accredited providers.

The interim period concluded on 30 September 2008.

#### 3.1.2 Managing the LMPs

Phase 2 of the Program – ongoing implementation – commenced on 1 October 2008. SBOs and Divisions will manage the ongoing implementation of LMPs, with support from AGPN.

The deliverables for this contractual requirement include:

Agency	Deliverables
AGPN	Sub-contract SBOs to manage establishment and implementation of the LMP Program
	Develop performance indicators, deliverables and funding arrangements to be incorporated into the sub-contracting arrangement between AGPN and SBOs
	Develop LMP guidelines (Program guidelines) suitable for use by all interested parties in providing LMPs under the Program.
	Develop operational guidelines for the Program
SBOs	Utilise operational guidelines to inform the establishment, implementation and ongoing operation of the Program.
	Implement an ongoing system for the payment of subsidy to LMP providers
	Support is provided in recruiting and engaging providers of accredited LMPs in sufficient numbers to support access by eligible patients
Divisions	Support the recruitment/engagement of local providers of accredited LMPs to support access to services by eligible patients
	In some states, Divisions may be responsible for implementing an ongoing system for the payment of subsidy to LMP providers.

	Utilise operational guidelines to inform the establishment, implementation and ongoing operation of the program.
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### 3.1.3 Establishing an accreditation mechanism

The Department of Health and Ageing provides the accreditation function for all LMPs under the Prevention of Type 2 Diabetes Program. An LMP must be accredited before it can start delivering services and invoicing for the patient subsidy.

The steps to become accredited are:

1. Potential providers to download the accreditation self assessment form available from: [www.agpn.com.au](http://www.agpn.com.au). This self-assessment form will ask potential providers to assess their program against the national standards.
2. Potential providers to complete the self-assessment form. If the potential LMP meets the requirements set out in the self-assessment form, the form and completed accreditation pack must be sent to the Department of Health and Ageing for formal assessment.
3. Applicants will be advised by the Department of Health and Ageing of the outcome of their accreditation application. Where the application for accreditation has been unsuccessful, the Department will provide feedback to assist the potential program in re-applying. Where the application is successful, the Program will be forwarded an accreditation pack from AGPN to assist them in program commencement and the delivering of LMPs.
4. The Department of Health and Ageing, through the AGPN, will provide SBOs and Divisions with an up-to-date list of all accredited providers. This information will also be available through the AGPN website and the online MDS system.
5. Divisions to provide all general practices with an up-to-date list of all accredited providers, to enable program referrals.
6. SBOs/Divisions to contact accredited providers, to confirm local invoicing and administrative arrangements, and to ensure all relevant information on the program is provided to local Divisions.

The Department of Health and Ageing is providing the complaints handling and compliance mechanisms for LMPs accredited for the purpose of this program, irrespective of whether the LMP was accredited by the accrediting entity or its accreditation by another entity was recognised by the Department.

All questions regarding the accreditation process are to be submitted to the Department of Health and Ageing via email – [LMPaccreditation@health.gov.au](mailto:LMPaccreditation@health.gov.au).

The deliverables of this contractual requirement include:

Agency	Deliverables
AGPN	Work actively with DoHA on the development of a self-assessment accreditation package
	Provide up to date register of accredited LMPs to SBOs and Divisions
DoHA	Establish procedures to accredit LMPs
	Manage enquiries from all interested and accredited LMP providers on matters relating to accreditation
	Accredit LMPs

	Establish a register of accredited LMPs to be supplied to AGPN
	Establish mechanisms for complaints handling and investigation of non-compliance
SBOs	Establish or update state-wide referral directory to include all LMP providers
	Support state level organisations in accreditation of LMPs
	Establish and implement a communication strategy with local LMP providers
Divisions	Establish or update a local referral directory to include all local LMP providers
	Support local organisations to achieve accreditation of LMP services

### 3.1.4 Developing and implementing a communication strategy

AGPN will be responsible for developing and implementing a communication strategy to support the ongoing management, coordination and administration of the Program to June 2011. A number of key functions and deliverables have been sub-contracted to SBOs.

The deliverables for this contractual requirement include:

Agency	Deliverables
AGPN	Advise and consult with SBOs on a Network approach and role in supporting the implementation of the LMP program
	Develop educational information that reinforces the intent and requirements of the AUSDRISK, MBS item 713 and other relevant MBS items
	Provide SBOs and Divisions with introductory communication that outlines the program scope, timing, roles, referral pathways and accreditation processes
	Promote and educate the Network, LMPs and other stakeholders about the program guidelines for LMPs
	Support Divisions with resources to support local education activities include continuing professional development events with general practices
	Identify linkages and integration with existing preventative population health initiatives
	Manage issues and provide troubleshooting with regard to program delays, implementation concerns, and supply and demand issues
	Hold a workshop (with SBOs) to provide program orientation and familiarisation to the operational and program guidelines, and the longer term arrangements. Support SBOs to plan and coordinate a training workshop for 1 for interim LMP providers from each division, to provide an orientation to the AGPN Baker-IDI LMP
	Develop a national network of LMP project officers
	Disseminate program and operational guidelines, referral and feedback forms, GP education and other information to SBOs and Divisions
	Disseminate program guidelines and information packs to Divisions and other organisations and service providers who may be eligible to provide LMPs, in association with the accrediting agency
	Support Divisional engagement with practices to provide education to GPs on the MBS item 713 and referral protocols to LMPs.
	SBOs
Participate in the LMP network	
Develop a state-wide network of LMP project officers	
Support Divisional engagement with practices to provide education to GPs on	

	the MBS item 713 and referral protocols to LMPs.
Divisions	Provide general practices with introductory communication that reinforces the intent and requirements of the MBS item 713 and other relevant items, and outlines the program scope, timing, roles, referral pathways and accreditation processes.
	Conduct local education activities include continuing professional development events with general practices
	1 interim provider per Division to attend the AGPN Baker IDI LMP workshop.
	Participate in the state and national LMP networks

### 3.1.5 Developing and disseminating education and training resources

Education and training resources to support the use of MBS item 713 and referrals to LMPs will be developed and provided to general practices through the network.

The deliverables for this contractual requirement include:

Agency	Deliverables
AGPN	Develop an orientation manual for SBOs and participant materials for divisions to run local CPD events and practice support visits
	Develop a 'tool kit' for Divisions to use locally when administering/facilitating access to LMPs including a guide on developing a local service directory for accredited LMPs available in their Division.
	Develop practice support tools including a flow chart to guide application of the new item number and risk assessment tool, referral to LMPs and interaction with other MBS item numbers; quick reference guides, practice detailing cards, case studies etc
	Develop Frequently Asked Questions
	Develop a website presence (to be hosted on the main AGPN website) providing practitioner and consumer information on the new item number and LMPs, risk factors for Type 2 diabetes etc
SBOs	Hold workshops with Divisions to introduce the education and training resources and to orient Divisions to the new MBS item and the LMP program and operational guidelines. Coordinate education and training requirements at the state level, including development of state specific education and training resources demonstrating the link between LMPs and state initiatives.
Divisions	Orient GPs to the new MBS item number and LMP program (including patient eligibility and referral processes), based on the education and training resources.
	Ensure that GPs have access to a current list of available LMPs at all times, including a descriptor of the LMP, cost involved and program availability

### 3.1.6 Minimum data set

A national evaluation will be undertaken to measure program uptake and program effectiveness. The Australian Government Department of Health and Ageing has defined a

minimum data set for this evaluation and the following deliverables will be a part of the networks contract requirements;

Agency	Deliverables
AGPN	Sub-contract a suitable entity to develop an on-line MDS data capture and reporting system
	Provide information and support for SBOs and Divisions to ensure MDS elements are systematically entered into the data capture and reporting system
	Collate national data to inform scheduled program reporting accountabilities.
SBOs	Receive individual patient MDS from LMPs and enter into online MDS data capture and reporting system. This function will only be required for LMP providers without Internet access. Once the online MDS is available, LMP providers will directly enter the MDS for each patient into the system.
	Collate State level data to inform scheduled program reporting accountabilities
	Collate Division level data to inform Divisions of local activity
General Practice	Utilise national GP referral form including MDS data when referring to local LMPs Identify eligible patients at possible high risk of Type 2 Diabetes, encourage patients to complete the AUSDRISK tool. Undertake item 713, 717 or 710 and refer eligible patients to LMPs.
LMPs	Provide individual patient MDS to SBOs (in some States this may be a Divisional role) at program enrolment, mid-program completion and end-program completion and provide feedback to GP at program completion. Once the online MDS system is available, LMP providers will be required to directly enter data into the system and forward a copy of the relevant form with their invoice for payment validation.
Divisions	In some instances, receive individual patient MDS from LMPs and enter into online MDS data and reporting system (check the requirements for your state with your SBO) (refer to above LMP roles)
	Support general practice to utilise national GP referral form including MDS data when referring to local LMPs and in some states administer program service delivery funding and enter patient MDS to the national online MDS system

## 3.2 Funding arrangements

While the patient demand for LMPs is unknown, the Government expects approximately 136,000 people to be referred to LMPs over three years. The **service delivery funding** is **\$29.79 million over three years**.

SBOs (and in some states divisions) will be responsible for administering payments to LMPs and collecting attendance data. This process is outlined in [Attachment A](#). The key components of payment administration include recording minimum data set requirements at three stages, and making associated payments to LMP providers at each stage.

### 3.2.1 Administrative funding

Administration funding will be calculated at up to 17.6% of overall service delivery funds. The administrative funding will cover network program promotion, practice engagement, management of funds, demand management and entry of minimum data. These funds will be administered at a State level by SBOs.

Where SBOs centrally administer LMP payments and upload MDS, divisions will be funded at a rate agreed to between the SBO and Divisions in each jurisdiction for practice engagement, program promotion and local liaison with LMP providers. This will streamline administration and avoid the need for several transactions to accommodate variation in volume at local Divisional level.

In states implementing the program through a decentralised model, division administer LMP payments to providers at the local level and upload/support providers to upload, data to the online MDS system.

Underspent service delivery funds can NOT be utilised for administration activities.

### 3.2.2 Service delivery funding

#### AGPN – SBO – Division Arrangements

The service delivery funding must be utilised for service delivery. Underspends may not be utilised to fund administration or other activities.

The **service delivery funding** includes

<b>GST Inclusive rates</b>	2008-09	2009-10	2010-11
rate per enrolment	\$77.00	\$77.00	\$77.00
rate per intensive phase completion	\$121.00	\$121.00	\$121.00
rate per LMP completion	\$37.40	\$41.80	\$46.20
<b>Total per client if program is completed</b>	<b>\$235.40</b>	<b>\$239.80</b>	<b>\$244.20</b>

There is an allocation of one rebate per patient.

An LMP provider will be able to collect a co-payment from LMP participants of up to a maximum of \$50, inclusive of GST. 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 of those clients for whom the co-payment is waived on their completion of the intensive phase of their LMP.

AGPN will distribute the available service delivery funding to SBOs based on population health data relating to the 40 – 49 year old population cohort in each state and territory, as outlined in Table 2.

For data on the number of males and females between the ages of 40-44 and 45-49 by Division catchment, state and national level – see

[http://www.publichealth.gov.au/data\\_online/aust\\_profiles\\_dgp\\_sla\\_2005\\_07/profiles\\_dgp\\_aust\\_data.xls#!Socio-demog\\_Mar07!D4](http://www.publichealth.gov.au/data_online/aust_profiles_dgp_sla_2005_07/profiles_dgp_aust_data.xls#!Socio-demog_Mar07!D4)

**Table 2: Service delivery funding**

State/Territory	% of Australian 40-49 year old population
New South Wales	33.1%
Victoria	24.6%
Queensland	19.4%
South Australia	7.6%
Western Australia	10.2%
Tasmania	2.4%
Northern Territory	1.0%
Australian Capital Territory	1.6%
<b>Total</b>	<b>100%</b>

While the service delivery funding is based upon population estimates and the assumption of similar referral patterns across all States and Territories, it is important that this funding is administered flexibly to account for potentially different levels of referrals across States and Territories, and different proportions of patients eligible for the co-payment waiver.

AGPN and SBOs will develop an agreed service delivery funding mechanism to ensure available funds are dispersed accordingly. This mechanism will also ensure that SBOs can take approaches to demand management suited to their State/Territory context.

### **Division – LMP Arrangements**

LMP providers will be reimbursed on a per patient, per referral basis. Payments will be made to LMP providers by SBOs on submission of minimum data set requirements as follows:

- i. \$77 (GST inclusive) upon patient enrolment in the interim program or an accredited LMP, and provision of proof of enrolment via the completed General Practice 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 final 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. This final payment is only available in respect of patients who have completed the intensive phase of a program.

As previously indicated the final payment (ie \$37.40) will be indexed in years 2 and 3 of the program.

### **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.

### **Demand management**

AGPN and SBOs will be responsible for implementing a process to manage demand on service delivery funds. Under funding mechanisms agreed to between AGPN and SBOs, SBOs will be provided service delivery funds quarterly, based on local population estimates.

To manage demand on these funds, the number of 'active' referrals across a state will need to be tracked. SBOs (and in some states divisions) will need to develop a standard procedure for liaising with local LMP providers to determine the number of active referrals received at multiple points over each quarter.

SBOs/Divisions will also need to develop a process for advising local providers, Divisions and general practitioners if funding shortages arise.

AGPN will work with SBOs to develop a process for managing demand and establishing demand management procedures.

### **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.

## **4. Referral, payment, feedback and attendance processes**

The referral, payment, feedback and attendance processes, are outlined in [Attachment A](#).

## **5. LMP Examples**

### **Case Study 1 – Sally and Dr Marsh**

The health promotion officer from the local division in NSW recently made a presentation at a staff meeting at the High street medical clinic about a new prevention of type 2 diabetes

program, a new MBS item number and local subsidised LMP programs. As a result, Dr. Marsh has been focussing on reviewing patients for their risk of developing type 2 diabetes.

When Sally visits Dr Marsh, for a check up, Dr Marsh identifies that Sally is 43 years old, and has been overweight for many years and suspects that Sally may have or be at risk of type 2 diabetes. As a result, Dr Marsh orders diagnostic tests to rule out type 2 diabetes.

Sally has the diagnostic tests and results are sent to Dr Marsh. Dr Marsh reviews the results. The diagnostic results indicate that Sally does not have type 2 diabetes.

Upon receipt of the recall letter from the clinic, Sally books another visit to see Dr Marsh. Sally has completed the AUSDRISK and is considered at high risk. In the follow up visit, Dr Marsh explains to Sally that she is at 'high risk' of developing type 2 diabetes according to the AUSDRISK. Dr Marsh spends some time with Sally reviewing the factors that contribute to Sally's high risk of developing diabetes as identified by the AUSDRISK.

Dr Marsh then explains to Sally that she is eligible to attend a Lifestyle Modification Program, to help prevent or delay the progression to type 2 diabetes. Dr Marsh has received a list of all available LMP providers from her Division of General Practice. Dr Marsh explains that there are three different LMPs available in Sally's suburb, and together, they decide on the most suitable LMP. Dr Marsh completes the General Practitioner referral form, and gains Sally's consent for use of personal information and refers Sally to attend the 'Time for Change' LMP. Sally needs to take the referral to the LMP within 2 months to process enrolment.

Dr Marsh claims the consultation against the MBS Type 2 Diabetes Risk Evaluation item number (item 713).

Megan French, the 'Time for Change' program facilitator receives the referral from Sally and organises Sally's enrolment into an appropriate 'Time for Change' group. Sally is enrolled into a group to start in 2 weeks.

Megan then completes the evidence of client enrolment section of the GP referral form and sends it on to the Division (who is responsible for managing the LMP service delivery funding in Megan's state) with an invoice for the LMP initial subsidy payment.

The division receives the referral, enters the MDS elements into the national data capture system and processes the invoice from Megan.

When Sally arrives to start her 'Time for Change' program, she pays her co-payment of \$50. Sally attends all seven fortnightly 'Time for Change' sessions. After completion of the intensive phase of the LMP, Megan sends a report utilising the 'completion of intensive phase client status form' on Sally's progress. This report includes weight and waist circumference and is sent to the Division in accordance with the MDS requirements. Megan also submits an invoice for the second subsidy payment to the division.

Following completion of the program, Megan prepares a written report on Sally's achievements and submits it to Dr Marsh, and the division. An invoice for the final subsidy payment is also submitted to the division. Sally completes the client satisfaction survey and Megan submits this with the invoice for the final payment.

Following the completion of the 'Time for Change' program, Sally visits Dr Marsh for another check up, and discusses ways to continue to make the lifestyle changes she started in the 'Time for Change' program. After reviewing the goals Sally set as a part of the 'Time for Change' program, Dr Marsh provides Sally with a *Lifescrypt* for weight management, and makes another appointment to monitor Sally's progress.

The division records Sally's status as 'complete' on the MDS database. At the end of the quarter, the division compiles the results of all 'complete' attendees, and provides a division level report to the SBO to provide to AGPN.

## **Case Study 2 – Dave and Dr Macintosh**

Dr Macintosh recently attended a CPD event at his local division in NSW where the diabetes educator outlined the support available from the division to implement strategies to identify and recall patients that might possibly be at risk of developing type 2 diabetes.

As a result Dr Macintosh requested a practice visit from the divisions practice support officer, who came and supported the nurse at Dr Macintosh's clinic to review patient records, and send letters to patients identified as possibly at risk of developing diabetes, indicating that they may like to visit the practice to have a health assessment.

Dave is 46 years old, and he recently received one of these letters from Dr Macintosh. Dave makes an appointment to see Dr Macintosh. Dr Macintosh conducts a 45 Year Old Health Check with Dave, and is concerned that Dave may be at risk of type 2 diabetes. Application of the AUSDRISK confirms Dr Macintosh's concerns, and Dave is diagnosed as being at 'high risk' of developing type 2 diabetes.

Dr Macintosh orders diagnostic tests to rule out type 2 diabetes and recommends that Dave attend a Lifestyle Modification Program, and Dave agrees. Dr Macintosh discusses the available LMPs with Dave, and refers Dave to the 'Active Living' program. Dr Macintosh completes the GP referral form for LMPs, ticks the Health Care Card box as Dave has a health care card and gains Dave's consent before handing Dave the completed form. Dr Macintosh claims the consultation against MBS Item 717.

One week later, Dave contacts the 'Active Living' program, to discuss his attendance at the course. The 'Active Living' program commences three weeks later.

Dave attends the first session of the 'Active Living' program and provides his completed GP referral to the program coordinator, and the client enrolment section is completed. As Dave has a health care card he does not have to pay the co-payment.

The 'Active Living' program is being run by the Division of General Practice. The Division already has a dietitian, Karen, contracted for 0.5 FTE. The Division provided Karen with another contract, so she is now working 0.7FTE, and is providing the 'Active Living' program at the Division.

The Division submits a copy of the completed GP referral and client enrolment form to the SBO, with an invoice for initial subsidy payment. The SBO processes the invoice and enters the minimum data set into the database, noting that Dave is a health care card holder, and at

mid-program completion an invoice for an additional \$50 to cover the co-payment will be received from the 'Active Living' program.

Dave's daughter is sick for the next two weeks, and he therefore isn't able to attend sessions two and three. Karen contacts Dave to see if he would like to attend the next Active Living course, scheduled to start in 3 weeks, Dave agrees.

Dave completes intensive phase of the Active Living Course, however does not complete the final feedback phase so does not meet end program requirements.

The Division is able to submit the mid-program status form to Dr Macintosh and also to the SBO with an invoice for the second subsidy payment, including an additional \$50 charge to cover the waived patient co-payment. The SBO enters the data into the national MDS database and processes the invoice.

As Dave did not meet end-program requirements, Karen informs Dr Macintosh. However the Division cannot submit the final end-program client status form and invoice for final payment to the SBO.

Following the 'Active Living' program, Dave visits Dr Macintosh for another check up, and discusses the barriers to completion of the program and ways to continue to make the lifestyle changes he started in the 'Active Living' program.

## Attachment A – Referral, Payment, Feedback and Attendance Processes

Stage	Patient	GP	LMP	Division	SBO	AGPN
<b>Stage 1</b>	Patient 40-49 years visits GP	GP suspects patient may be at risk of diabetes and orders appropriate diagnostic tests				
	Patient fills in Australian type 2 diabetes risk assessment tool OR completes with GP	GP receives results of diagnostic tests and assesses patient as being at 'high risk' with the Australian type 2 diabetes risk assessment tool.				
		GP recalls patient				
	Patient returns to GP <b>OR</b> initial visit to GP for a health check	Under MBS item 710, 713 or 717 GP undertakes assessment of factors underlying the high risk score identified by the AUSDRISK.				
		GP discusses the available LMP options with the eligible patient, and selects the most suitable program.		Division ensures that all GPs have access to a local LMP referral directory		
		GP completes GP				

Stage	Patient	GP	LMP	Division	SBO	AGPN
		LMP referral form, including gaining patient consent and sends to the LMP.				
		GP claims against items 710, 713 or 717				
<b>Stage 2</b>	Patient contacts LMP to register and begin registration process		LMP receives referral from patient			
			LMP completes activities to enable completion of client enrolment section of GP LMP referral form			
			LMP provider arranges for the patient to commence an LMP.			
			LMP submits GP referral with the completed client enrolment section to the SBO with an invoice for initial subsidy payment	<i>In some instances, the GP referral form and invoice will be sent to the division – depending on the respective state administration arrangements. In these instances – divisions should refer</i>	SBO receives a copy of the referral from LMP, and enters this into national MDS data capture and reporting system.	

Stage	Patient	GP	LMP	Division	SBO	AGPN
				<i>to the SBO column.</i>		
					SBO processes initial subsidy payment	
<b>Stage 3</b>	Patient commences LMP and makes co-payment (where applicable).		LMP collects co-payment (where applicable).			
			LMP is provided.			
<b>Stage 4</b>	Patient completes LMP intensive phase requirements as defined by LMP program standards.		Following completion of LMP intensive phase, LMP provider sends intensive phase client status form to referring GP and the SBO. An invoice for second subsidy payment should be included.			
			Patients who have been identified as having a health care or concession card are not required to make the co-payment. LMP providers will receive an additional \$50.00 from the SBO for every patient who		SBO receives mid program client status form and enters details into MDS data capture and reporting system	

<b>Stage</b>	<b>Patient</b>	<b>GP</b>	<b>LMP</b>	<b>Division</b>	<b>SBO</b>	<b>AGPN</b>
			receives the co-payment waiver. LMP providers are to include this request for payment in the second invoice submitted to the Division (after mid-program completion).			
					SBO pays invoice.	
<b>Stage 5</b>	Patient completes feedback phase of LMP.		LMP provider submits end program feedback form to GP and SBO. An invoice for the final subsidy payment should be included.			
		GP receives report from LMP, and actions as required.			SBO pays invoice.	
					SBO receives end program client status form and enters details into MDS data capture and reporting system	
<b>Stage 6</b>					SBO compiles a state-wide LMP completion report and provides to AGPN quarterly.	
				Division receives LMP completion report	SBO compiles a divisional LMP	AGPN receives state-wide

Stage	Patient	GP	LMP	Division	SBO	AGPN
				and reviews. Report results can be utilised in local promotion and activities that support form program implementation.	completion report and provides to each division quarterly	completion report.
						If required, AGPN makes payment adjustments across States.

