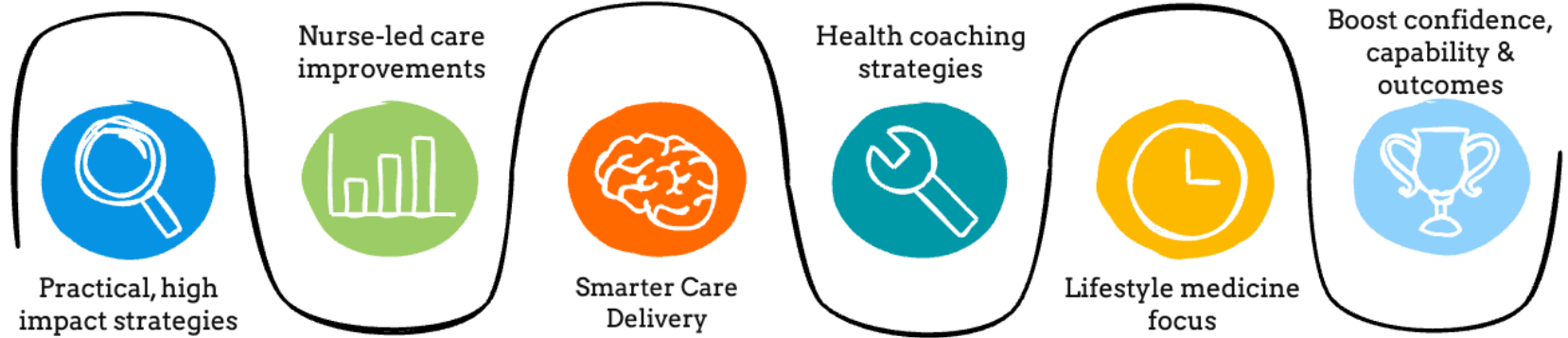


# Transforming Clinical Care | The Webinar Series



Webinar #4 of 7 (Recorded)



Primary Care  
Innovation

Optimising Health Assessments

# Acknowledgement of Country

Primary Care Innovation acknowledges Traditional Owners of Country throughout Australia and recognizes the continuing connection to lands, waters and communities.

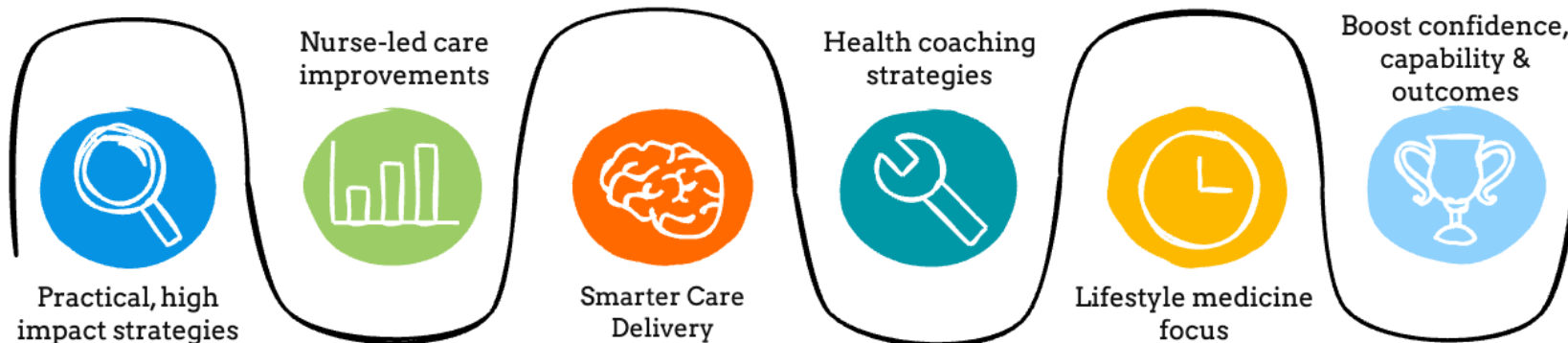
We pay our respect to Aboriginal and Torres Strait Islander cultures, and to Elders past and present.



Primary Care  
Innovation



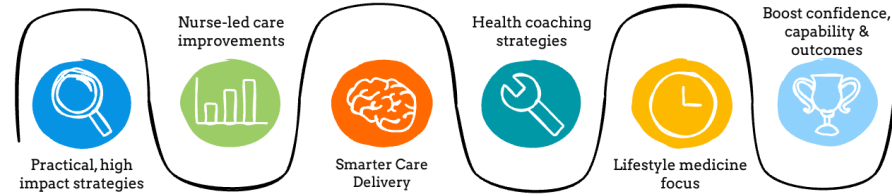
# Transforming Clinical Care | The Webinar Series



## The Webinar Series

1. **A Framework for nurse-led Clinics**
2. **Planning, Goal Setting with patients & Health Coaching**
3. **Patient Engagement via Coaching Voices**
4. **Optimising Health Assessments**
5. **Optimising GPCCMPs**
6. **Optimising QI-PIP and Indigenous Health Incentives**
7. **GPiACI & Palliative Care**

# Agenda



- Health Assessments
- Heart Health Checks
- Peri/menopause Health Assessments
- Advance Care Planning & Directives
- MyHealthRecord
- Q & A
- Resources

# Health Assessments at a Glance

Assessment Type	Target Group	MBS Item(s)	Frequency
45-49 Health Assessment	Chronic disease risk	701-707	Once off
75+ Health Assessment	Health optimisation	701-707	Annual
ATSI Health Assessment	Aboriginal/Torres Strait Islander	715	Every 9 months
Heart Health Check	45-79 yrs (30-79 ATSI)	699	Annual
Type 2 Diabetes Risk	40-49 years	701-707	Every 3 years
RACF Assessment	Residential aged care residents	701-707	Annual
Intellectual Disability	Adults with intellectual disability	701-707	Annual
Refugee/Humanitarian	New entrants (eligible)	701-707	Once off
Defence Force Post-Discharge	Defence veterans on discharge	701-707	Once off
<b>Perimenopause/Menopause NEW JULY 2025</b>	Eligible patients experiencing symptoms	695 / 19000	<b>Annual</b>

Available from 1 July 2025 - initial two-year period

# What Every Assessment Must Include

## Information Collection

Patient history, examinations, and investigations arranged as required

## Holistic Assessment

Physical, psychological and social function - all three domains

## Written Report

Offered to the patient with recommendations and a management strategy

## Management Plan

Documented follow-up plan based on assessment findings and patient priorities

## Record Keeping

Minimum 2 years retention - a legislative requirement, not a guideline

## Clinical Responsibility

Individual providers are responsible for all claims under their own provider number

# Time-Tiered Items: Getting the Code Right

## GENERAL TIME-TIERED (701-707)

Code	Duration	Description
701	<= 30 min	Brief
703	> 30 to 45 min	Standard
705	> 45 to 60 min	Long - range of issues
707	> 60 min	Prolonged, complex

## SPECIALIST ASSESSMENT ITEMS

Code	Duration (min)	Type
699	20 min	Heart Health Check (annual)
715	20 min	ATSI (max every 9 months)
695	20 min	Perimenopause/Menopause
19000	20 min	Menopause telehealth

### KEY RULE

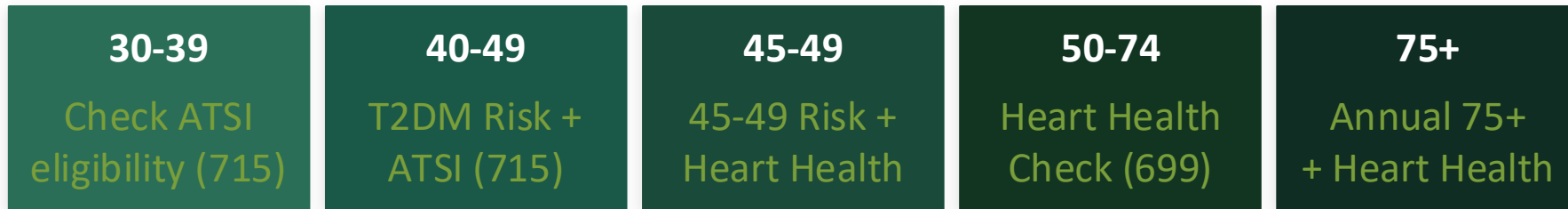
A patient may receive a Perimenopause/Menopause assessment AND a **separate** time-tiered or ATSI assessment - no minimum interval between different assessment types. Always check prior assessment history before billing.

Time is one factor - also consider complexity, health needs, and nurse assistance provided when selecting the item.

# Health Assessment Eligibility: The Decision Tree

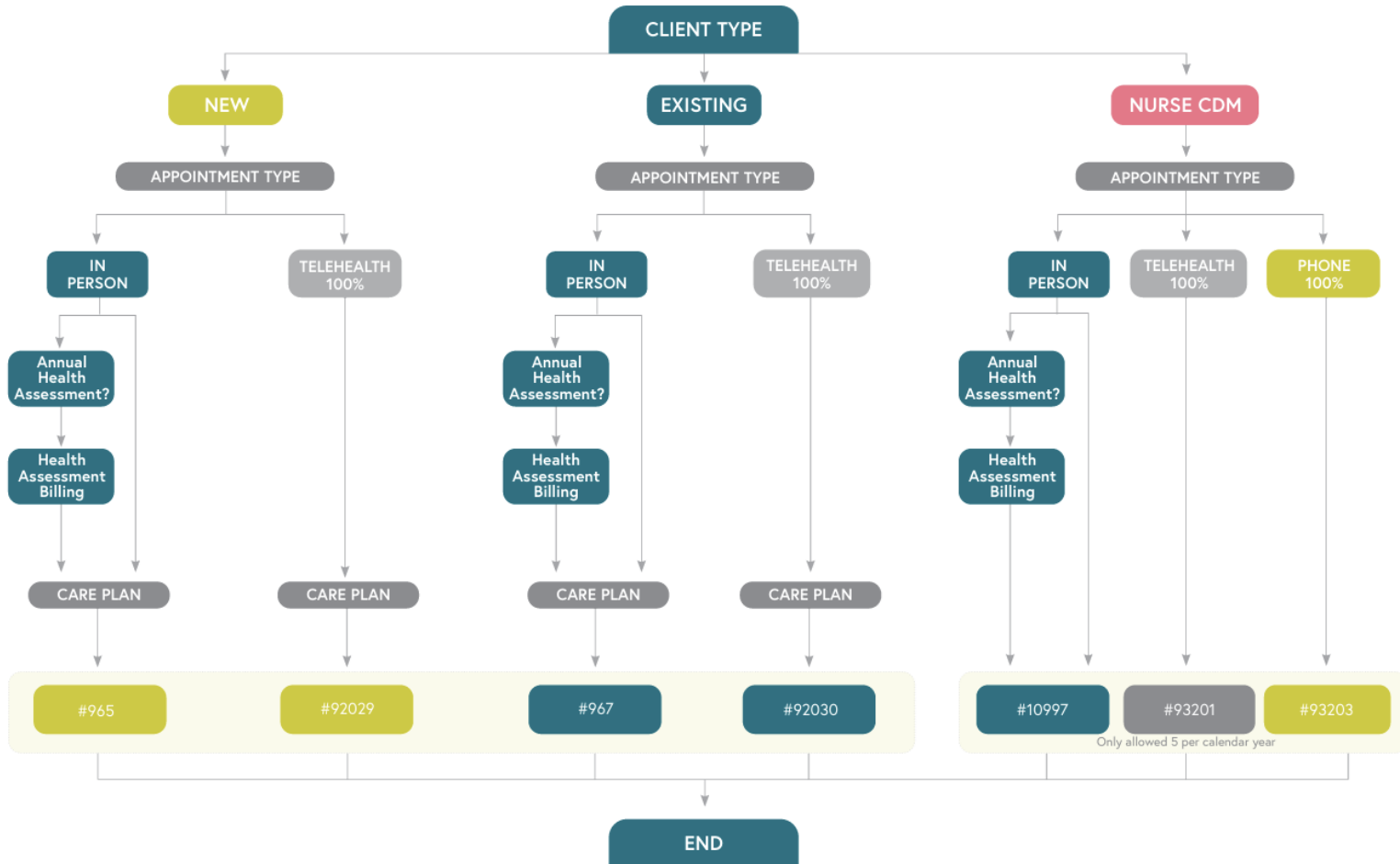
Screen for ALL eligible assessment types at every booking. One patient may qualify for more than one.

## STEP 1 - PATIENT AGE



## STEP 2 - OTHER ELIGIBILITY FLAGS

<p><b>ATSI</b></p> <p>Any age / Every 9 months</p>	<p><b>RACF Resident</b></p> <p>Annual comprehensive assessment</p>	<p><b>Intellectual Disability</b></p> <p>Annual for adults</p>
<p><b>Refugee/Humanitarian</b></p> <p>Once-off assessment</p>	<p><b>Defence Force Post Discharge</b></p> <p>Once-off assessment</p>	<p><b>Peri/Menopause</b></p> <p>Annual from 1 July 2025</p>



# Heart Health Check: What, Who & How

## WHO IS ELIGIBLE?

30-79 years and no diagnosed CVD

Annual - Item 699  
20-minute consult

LOW RISK

## WHAT IS INVOLVED?

- Blood pressure
- Lipid profile (fasting)
- BMI and waist circumference
- Smoking status
- Family history
- Absolute CVD risk calculation

MODERATE RISK

## BILLING RULE

Cannot be billed if another health assessment was done in the last 12 months (exceptions apply)

GP reviews and manages based on low, moderate or high risk stratification

HIGH RISK

# "Where Do I Start?"

## BRENDA

47 years old  
New Patient  
"Just a general  
check-up"

### Eligibility Screen at Booking

Nurse identifies: possible ATSI health assessment AND T2DM risk assessment eligibility. Also flags Heart Health Check eligibility (age 47).

### Billing Pathway

New patient > In-person > Health Assessment > Care Plan > Bill #965. Can Heart Health Check also be billed today? Yes - if 12 months clear and criteria met.

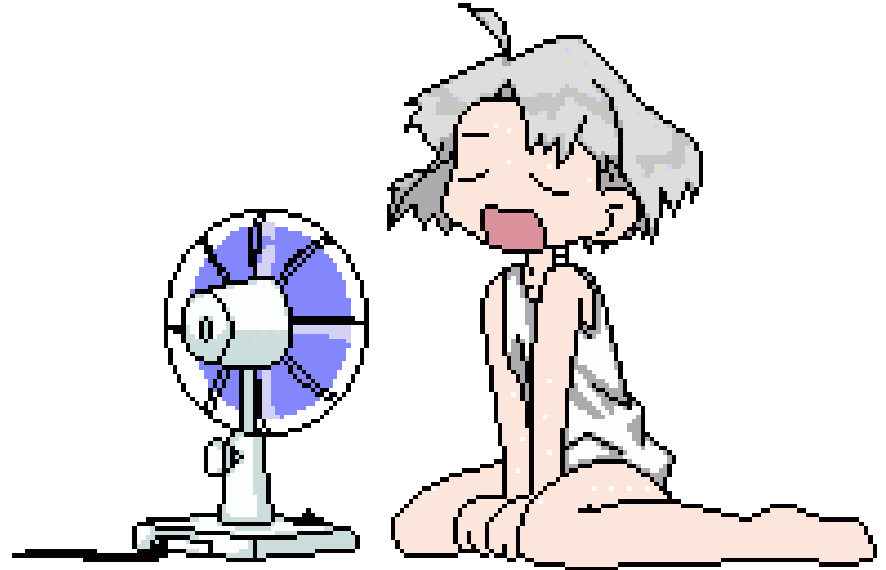
### Key Teaching

Proactive eligibility screening at BOOKING is the single biggest workflow win. The nurse-led check should be a non-negotiable standard - not an afterthought.

# NEW Item: Perimenopause/Menopause Assessment + Optimising Your Clinics

NEW FROM 1 JULY 2025

<b>Items:</b>	695 and 19000
<b>Duration:</b>	20 minutes
<b>Frequency:</b>	Annual
<b>Who:</b>	Eligible patients with perimenopause or menopause signs/symptoms
<b>Key Rule:</b>	Can be billed alongside a time-tiered or ATSI assessment - no minimum interval
<b>Action:</b>	Build a prompt into Women's Health consultation templates in BP/MD



# Perimenopause/Menopause Assessment + Optimising Your Clinics



## THE ASSESSMENT

### History & Assessment

- Determine menopausal status
- Review wellbeing & contraindications for management

### Physical Exam

- BP
- Height & Weight

### Investigations & Referrals

- Order tests as clinically indicated
- Consider cervical screening, mammography & bone densitometry

### Management Discussion

- Outline non pharmacological & pharmacological options
- Discuss risks & benefits

### Prevention

- Physical activity
- Smoking cessation
- Alcohol consumption
- Nutrition & weight management

## OPTIMISING YOUR ASSESSMENT CLINICS

### Recall & Reminder System

Identify all eligible patients before they present  
- don't wait for them to ask

### Appointment Type Allocation

Build nurse time into the appointment type -  
not bolted on at the last minute

### Clinical Software Templates

Auto-prompt eligibility and auto-populate MBS  
codes in BP and MD

### Audit Your Billing Regularly

Cross-check codes against workflow; verify prior  
assessment dates via MBS claims in MHR



# ACP vs ACD: Know the Difference - and When to Raise It

## ACP

Advance Care Planning

The PROCESS - ongoing conversations about values, preferences, and what matters most to the patient if they lose decision-making capacity.

*Involves patient, family and health professionals - not necessarily a legal document*

## ACD

Advance Care Directive

The LEGAL DOCUMENT - a written instructional directive about specific treatment wishes and/or formal appointment of a decision-maker.

*Forms and legal requirements vary by state/territory - always check local legislation*

## MTDM

Medical Treatment Decision Maker

The PERSON - legally appointed or determined by hierarchy who makes medical treatment decisions when the patient cannot.

*It is the responsibility of all clinicians to identify who the patient's MTDM is*

### NATURAL TRIGGERS IN GENERAL PRACTICE

75+ Health Assessment

New serious/chronic diagnosis

RACF admission

Post-discharge assessment

Cognitive decline noted

# MBS, Documentation & State Legislation

## MBS & BILLING

No dedicated MBS item for ACP

ACP discussion can be incorporated into:

- 75+ Health Assessment
- CDM plans and reviews
- Chronic disease consultations

Document the ACP discussion within the health assessment record.

ACPA provides a guide on MBS items for ACP:  
[advancecareplanning.org.au](http://advancecareplanning.org.au)

## STATE & TERRITORY LEGISLATION

Each state and territory has different forms and legal requirements. Always direct patients and staff to Advance Care Planning Australia for jurisdiction-specific guidance.

For example; Victoria - Medical Treatment Planning and Decisions Act 2016 - requires THREE documents:

1. Advance Care Directive (ACD)
2. Medical Treatment Decision Maker (MTDM)
3. Support Person document

## PRACTICE SYSTEM MUST-DOS

✓ ACP status field in clinical software

✓ ACP documents accessible after hours (deputising services)

✓ ACP flagged in recall for patients 70+, RACF, new serious diagnoses

✓ Regularly reviewed when patient situation changes

# The Practice Team's ACP Roles

## PRACTICE MANAGER

Build ACP into the recall system for patients 70+, RACF residents, and those with new serious diagnoses

Ensure clinical software templates include an ACP status field

Establish after-hours access protocols - ACD must be accessible to deputising and locum services

Coordinate regular staff education - brief scenario-based training works best

## PRACTICE NURSE

Initiate the ACP conversation - nurses are often better placed than GPs for this first discussion

Screen for existing ACP documents at every relevant health assessment

Assist patients to upload ACD to MyHealthRecord (walkthrough available in BP/MD)

Document ACP discussions in the clinical record and flag for GP review

## GP

Review ACP documents and countersign or witness where required (varies by state)

Lead conversations for complex diagnoses or patients approaching end of life

Coordinate ACP with specialists, aged care facilities and hospital teams

Ensure the MTDM is correctly identified and documented at every review

*Golden Rule: If the ACD is not in MyHealthRecord, it might as well not exist in an emergency.*

# "The Conversation Nobody Had"

## PHYLLIS

82 years old  
RACF Resident  
Nurse CDM  
Appointment

### **Billing: Nurse CDM > In-person > Health Assessment > #10997**

Standard Nurse CDM billing pathway. Nurse has allocated 20 minutes and is conducting the annual health assessment.

### **Daughter Arrives Distressed**

"What happens if Mum gets worse? Nobody has EVER talked to us about this." MHR check reveals a 6-month-old discharge summary documenting declining cognition - never communicated to the practice. No ACD. No MTDM documented anywhere.

### **What the Nurse Does Now**

Document the conversation, escalate to GP immediately, initiate ACP process, book a dedicated follow-up appointment. At next visit: nurse walks the family through completing the ACD and uploads to MHR using BP software.

# What Lives in MyHealthRecord + The 2025 Game-Changer



Rx	Shared Health Summaries	Lab	Pathology Reports	Img	Diagnostic Imaging	PBS	PBS & Prescriptions
Vax	Immunisation (AIR)	MBS	MBS Claims Data	Hsp	Discharge Summaries	ACP	Advance Care Directives

## THE 2025 GAME-CHANGER: SHARING BY DEFAULT

### Feb 2025

Health Legislation Amendment passed - pathology and imaging providers now required to upload to MHR by default

### Oct 2025

Most pathology reports visible to patients immediately on upload; 5-day delay for some test types

### Mar 2026

X-ray reports for limbs now available in MHR immediately after upload - that's RIGHT NOW

### 24.7M

Active MHR records nationally as of November 2025 - 6.12 million in Victoria alone

# MHR + Health Assessments: Your Pre & Post Checklist



## BEFORE THE APPOINTMENT

- ✓ **Review prior pathology and imaging**  
Avoid duplicate testing - saves patient co-payments and clinical time
- ✓ **Check MBS claims data for prior assessment dates**  
Confirm eligibility before allocating appointment time
- ✓ **Review immunisation status via AIR**  
Identify gaps and prompt at assessment - especially important for ATSI patients
- ✓ **Retrieve any recent discharge summaries**  
Critical for post-discharge assessments; may reveal unactioned clinical issues

## AFTER THE APPOINTMENT

- ✓ **Upload a Shared Health Summary to MHR**      Best practice after every health assessment - supports continuity of care across all providers
- ✓ **Upload ACD to MHR (if completed or updated)**      Walk patients through the 1800Medicare app so they can access their own record



# "The Frequent Flyer"

## RAYMOND

68 years old  
Established Patient  
T2DM & Hypertension  
Due for annual  
CCM review

### Billing Pathway

Existing patient > In-person > Annual Health Assessment > Care Plan > Bill #967

### MyHealthRecord Reveals a Surprise

Nurse checks MHR pre-appointment and finds a hospital discharge summary from 3 months ago that was NEVER communicated to the practice. Adds to clinical record proactively.

### Heart Health Check Timing

Heart Health Check done 11 months ago - just short of the 12-month mark. Set the recall for 4 weeks TODAY. MHR also shows recent lipid results - no need to re-order; saves time and co-payment.

# Privacy, Consent & Practical Realities

## Opt-Out Model

Every eligible Australian has a MHR unless they opted out before January 2019. People can delete their record at any time - once deleted, all information is permanently and irreversibly gone.

## Patient Controls Access

Patients choose which healthcare providers can view their record. They can set a Record Access Code for additional privacy. In an emergency, treating clinicians may override access controls to view health information.

## MHR Is Never Complete

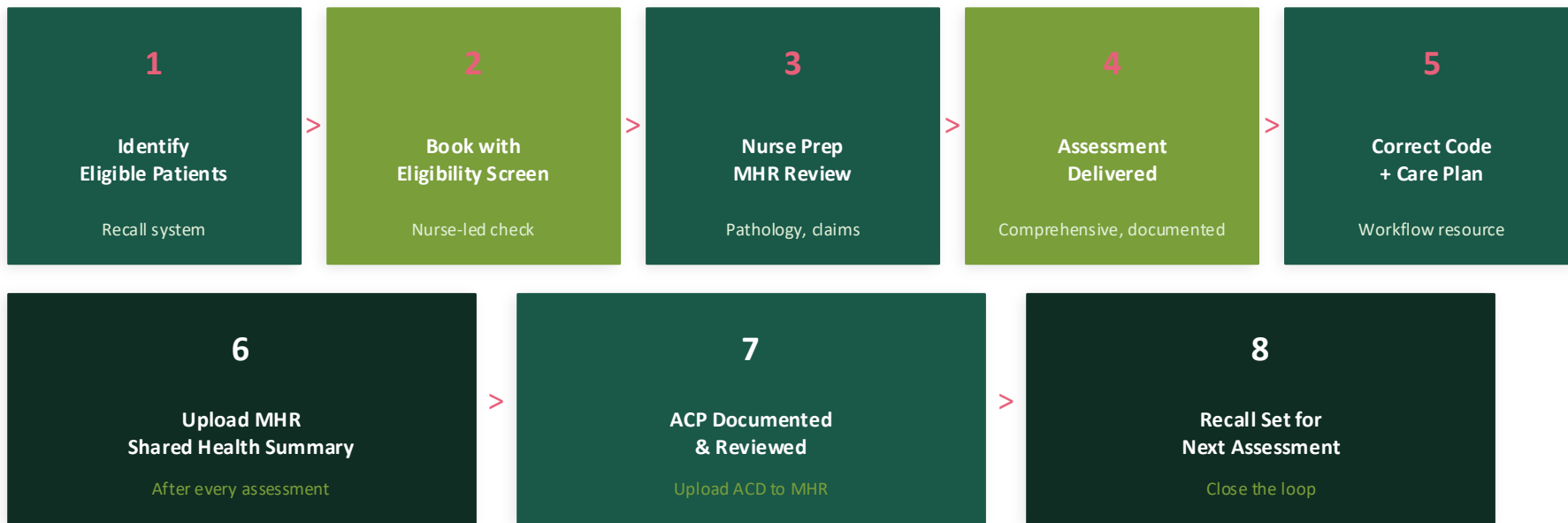
Not all results or records will appear - patient opt-outs, provider exceptions and system issues apply. Never assume MHR contains the full clinical picture. Always supplement with direct patient history.

## Access Requirements

Register via HPOS. Clinical staff need their HPI-I linked. Three key identifiers: HPI-O (organisation), HPI-I (individual provider), IHI (patient).

For patients: 1800Medicare app

# The Optimised Health Assessment Workflow



## YOUR PRACTICE CHECKLIST



Recall flags all eligible patients by assessment type



MediCoach Billing Chart at the nurses' station



ACP status field in clinical software templates



MHR Shared Health Summary after every assessment



ACP documents in MHR and accessible after hours



# Thank You!

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## RESOURCES

- > MBS Online - [mbsonline.gov.au](http://mbsonline.gov.au)
- > Services Australia - MBS Health Assessment Billing
- > Advance Care Planning Australia - [advancecareplanning.org.au](http://advancecareplanning.org.au) | 1300 208 582
- > Australian Digital Health Agency - [digitalhealth.gov.au](http://digitalhealth.gov.au)
- > 1800Medicare app - Apple App Store or Google Play
- > RACGP Red Book & ACP Position Statement

## NEXT SESSION

**15 April  
2026**

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**Optimising  
GPCCMPs**

Patient buy-in  
Workflows & outcomes  
PREMs & PROMs  
AI tools