Health assessments and chronic conditions management:

Finding your way through the maze

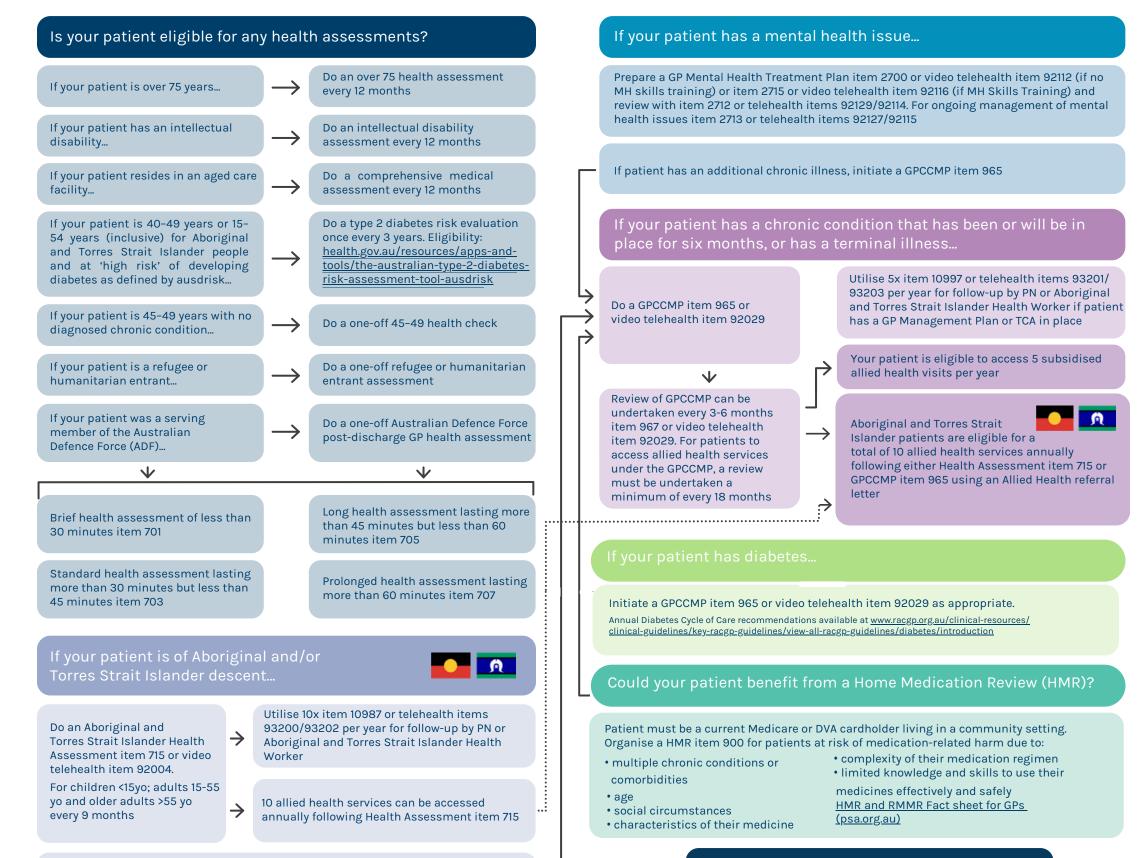
If a patient has a chronic or terminal illness, initiate a GP Chronic Conditions

3-6 months using item 967 or video telehealth item 92030

Management Plan (GPCCMP) item 965 or video telehealth item 92029. Review after



An Australian Government Initiative



Case conferencing

Organise and coordinate a Case Conference item 735, 739, or 743

Participate in a Case Conference item 747, 750, or 758 with two other health care providers.

Consider contributing to multi-disciplinary care plan if requested by another health provider item 729 or video telehealth item 92026

If your patient resides in an aged care facility..

Contribute to RACH Care Plan or to a review after 3–6 months item 731 or video telehealth item 92027

A range of MBS-supported multidisciplinary services may be available to patients with a multidisciplinary care plan, where those services are consistent with the plan

Could your patient be at 'high risk of developing type 2 diabetes? Should your patient be referred to a lifestyle modification program?

- 1.If your patient is of Aboriginal and/or Torres Strait Islander descent and aged 15–54 years, do an Aboriginal and Torres Strait Islander Health Assessment—use ausdrisk tool
- 2.If your patient is 45–49 years with no diagnosed chronic condition, do a 45 year health check—use ausdrisk tool
- 3. If your patient is 40–49 years, use ausdrisk tool to determine diabetes type 2 risk. If patient is at 'high risk' do a diabetes type 2 risk evaluation

If your patient is found to be at 'high risk' of developing type 2 diabetes, Life! program eligibility criteria: lifeprogram.org.au/learn-about-life/

GPs and nurses refer patients to:
lifeprogram.org.au/for-health-professionals/

For those not eligible for a timed Health Assessment consider a Healthy Heart Check item 699 or a Menopause and Perimenopause Health Assessment item 695