

EXPLANATORY STATEMENT

Issued by the Authority of the Minister for Health

Health Insurance Act 1973

*Health Insurance (Allied Health Services) Amendment (Health Care Homes)
Determination 2017*

Subsection 3C(1) of the *Health Insurance Act 1973* (the Act) provides that the Minister may determine in writing that a health service not specified in an item in the general medical services table (the Table) shall, in specified circumstances and for the purpose of specified statutory provisions, be treated as if it were specified in the Table. This Table is set out in the *Health Insurance (General Medical Services Table) Regulation*, which is re-made each year.

The purpose of the *Health Insurance (Allied Health Services) Amendment (Health Care Homes) Determination 2017* (the Amendment Determination) is to amend the *Health Insurance (Allied Health Services) Determination 2014* (the Principal Determination). The Principal Determination sets out items that may be provided as Medicare-eligible services by appropriately qualified allied health professionals, including but not limited to psychologists, osteopaths, chiropractors, physiotherapists and audiologists.

The Principal Determination is being amended to support the commencement of the Health Care Homes Program from 1 October 2017. The amendment will ensure that services remain Medicare-eligible if they are provided to patients enrolled in a Health Care Home.

The Australian health system can seem hard to navigate and disjointed for the millions of people who have chronic health conditions. At times, different health professionals and services work in isolation from each other and care is uncoordinated.

A Health Care Home is a medical practice enrolled in the Commonwealth Government's Health Care Homes Program that coordinates care for patients with chronic and complex conditions. The patient's care team, led by the patient's nominated clinician, will work together with the patient to provide them care and help them manage their health. A shared care plan is developed for the patient as part of managing the patient's care.

Certain allied health services require that the patient's care is being managed under one of various types of care plans. These may include a GP Management Plan and Team Care Arrangements, or a GP Mental Health Treatment Plan. The Amendment Determination will amend the Principal Determination to provide that a shared care plan developed for a patient enrolled in a Health Care Home is an additional pathway to access Medicare-eligible allied health services, where appropriate. All other requirements for allied health services, such as the need for the service to be provided by a qualified health professional or that the service is of a specified duration, remain in force.

Details of the Amendment Determination are set out in the Attachment.

The Act specifies no conditions which need to be met before the power to make the Amendment Determination may be exercised.

This Amendment Determination is a legislative instrument for the purposes of the *Legislation Act 2003*.

This Amendment Determination commences on 1 October 2017.

Consultation

The Health Care Home model of care was developed on the basis of broad stakeholder consultation undertaken by the Primary Health Care Advisory Group in 2015, and described in their report *Better Outcomes for People with Chronic and Complex Health Conditions – December 2015*. More recently, the Health Care Home stakeholder governance groups provided advice on the model, including the need for patients with chronic and complex health conditions to have a single comprehensive multidisciplinary shared care plan developed and contributed to by the Health Care Home together with the patients, their carers and their allied health service providers.

Details of the *Health Insurance (Allied Health Services) Amendment (Health Care Homes) Determination 2017*

Section 1 – Name of Determination

Section 1 provides that the name of the Determination is the *Health Insurance (Allied Health Services) Amendment (Health Care Homes) Determination 2017* (the Amendment Determination).

Section 2 – Commencement

Section 2 provides that the Amendment Determination commences on 1 October 2017.

Section 3 – Authority

Section 3 provides that the Amendment Determination is made under section 3C of the *Health Insurance Act 1973*.

Section 4 – Schedules

Section 4 provides that the Schedule to the Amendment Determination amends or repeals each instrument specified in the Schedule. The Schedule specifies the *Health Insurance (Allied Health Services) Determination 2014* (the Principal Determination).

Schedule 1 – Amendments

The Australian health system can seem hard to navigate and disjointed for the millions of people who have chronic health conditions. At times, different health professionals and services work in isolation from each other and care is uncoordinated.

A Health Care Home is a medical practice enrolled in the Commonwealth Government's Health Care Homes Program that coordinates care for patients with chronic and complex conditions. The patient's care team, led by the patient's nominated clinician, will work together with the patient to provide them care and help them manage their health. A shared care plan is developed for the patient as part of managing the patient's care.

The Amendment Determination ensures that patients enrolled in Health Care Homes can still access Medicare-eligible allied health services.

Certain allied health services require that, in order to be Medicare-eligible, the service must be provided to a patient whose care is being managed under one of a variety of types of care plans, including a GP Management Plan or a GP Mental Health Treatment Plan. The Amendment Determination includes a Health Care Home shared care plan as an alternative requirement.

Item 1 – Subsection 4(1)

Item 1 inserts several new definitions into the Principal Determination to support the amendments. Specifically, it inserts definitions for:

- ***Health Care Homes trial site*** – this refers to a medical practice that has enrolled in the Commonwealth Health Care Homes Program;

- **Health Care Homes Program** – this refers to the Commonwealth program of that name;
- **mental disorder** – this has the same meaning as in the *Health Insurance (General Medical Services Table) Regulations 2017*; and
- **shared care plan** – this is as described in item 3.

Item 2 – At the end of section 7

Section 7 imposes certain conditions on the referral of a patient for psychological therapy and focussed psychological strategies items.

Item 2 inserts new subsection 7(5) to include an additional condition that if the patient is referred for one of these items as part of a shared care plan, certain matters must be included in the shared care plan in addition to those described in new section 9B (item 3 refers).

The additional matters to be included in the shared care plan are:

- the patient’s consent to mental health services;
- an outline of the assessment including the mental health formulation and diagnosis; and
- a plan for crisis intervention and/or relapse prevention, if appropriate.

Item 3 – After section 9A

Item 3 inserts new section 9B into the Principal Determination to describe the meaning of a **shared care plan**. This new section is referenced by the new definition of **shared care plan** in subsection 4(1) (item 1 refers).

A shared care plan is a comprehensive multidisciplinary plan that is developed for a patient enrolled in a Health Care Home, and is prepared by the medical practitioner leading the patient’s care. This shared care plan is intended to facilitate communication among members of the patient’s care team and enables the Health Care Home to lead and coordinate this care.

New subsection 9B(2) specifies the elements that must be included in a shared care plan, at a minimum. These elements are:

- the patient’s current and long-term healthcare needs and goals;
- approaches for achieving those needs and goals;
- identification of responsibilities;
- arrangements for review of the plan; and
- arrangements for the sharing of the patient’s health information among the care team.

Items 4 to 16 – Schedule 2, Part 1, paragraphs (a) and (b) of items 10950, 10951, 10952, 10953, 10954, 10956, 10958, 10960, 10962, 10964, 10966, 10968 and 10970

Items 4 to 16 replace paragraphs (a) and (b) of various chronic disease management items.

Items 10950, 10951, 10952, 10953, 10954, 10956, 10958, 10960, 10962, 10964, 10966, 10968 and 10970 each specify the requirements the service must satisfy in order to be Medicare-eligible. Among these requirements is that the care needs of the person receiving the service are being managed under some form of care plan – namely, a GP Management Plan or, if the person is a resident of an aged care facility, a multidisciplinary care plan – and that the service is recommended by that plan.

The replacement paragraphs include another type of care plan as an alternative to the plans described above – namely, a shared care plan for a person enrolled in a Health Care Home – under which the patient’s care is being managed and which recommends the service.

Item 17 – Schedule 2, Part 2, subparagraphs (a)(i) of items 80000, 80010, 80020, 80100, 80110, 80120, 80125, 80135, 80145, 80150, 80160 and 80170

Item 17 amends subparagraph (a)(i) of various psychological therapy and focussed psychological strategies items.

Items 80000, 80010, 80020, 80100, 80110, 80120, 80125, 80135, 80145, 80150, 80160 and 80170 each specify the requirements the service must satisfy in order to be Medicare-eligible. Among these requirements is that the person receiving the service has been referred as part of some form of plan – namely, a GP Mental Health Treatment Plan or a psychiatrist assessment and management plan.

The amended subparagraphs include another type of plan as an alternative to the plans described above – namely, a shared care plan for a person enrolled in a Health Care Home – by which the patient has been referred for the service.

Item 18– Schedule 2, Part 4, paragraph (b) of items 81100, 81110 and 81120

Item 18 amends paragraph (b) of various diabetes education, exercise physiology and dietetics service items for people with type 2 diabetes.

Items 81100, 81110 and 81120 each specify the requirements the service must satisfy in order to be Medicare-eligible. Among these requirements is that the person receiving the service is being managed under some form of care plan – namely, a GP Management Plan or, if the person is a resident of an aged care facility, a multidisciplinary care plan.

The amended paragraphs include another type of plan as an alternative to the plans described above – namely, a shared care plan for a person enrolled in a Health Care Home – under which the person is being managed.

Items 19 to 31 – Schedule 2, Part 6, paragraph (a) of items 81300, 81305, 81310, 81315, 81320, 81325, 81330, 81335, 81340, 81345, 81350, 81355 and 81360

Items 19 to 31 replace paragraph (a) of various Aboriginal and Torres Strait Islander services.

Items 81300, 81305, 81310, 81315, 81320, 81325, 81330, 81335, 81340, 81345, 81350, 81355 and 81360 each specify the requirements the service must satisfy in order to be Medicare-eligible. Among these requirements is that the medical practitioner has undertaken a health assessment of the person and identified the need for follow-up allied health services.

The amendments add the additional pathway of a need for follow-up allied health services identified in a shared care plan.

Statement of Compatibility with Human Rights

Prepared in accordance with Part 3 of the Human Rights (Parliamentary Scrutiny) Act 2011

Health Insurance (Allied Health Services) Amendment (Health Care Homes) Determination 2017

This Disallowable Legislative Instrument is compatible with the human rights and freedoms recognised or declared in the international instruments listed in section 3 of the *Human Rights (Parliamentary Scrutiny) Act 2011*.

Overview of the Disallowable Legislative Instrument

The Disallowable Legislative Instrument amends the *Health Insurance (Allied Health Services) Determination 2014* to ensure that Medicare-eligible allied health services are accessible for patients enrolled in Health Care Homes.

A Health Care Home is a medical practice that coordinates care for patients with chronic and complex conditions. A shared care plan is developed for a patient enrolled in a Health Care Home as part of managing the patient's care.

Certain allied health services require that, in order to be Medicare-eligible, the service is provided to a patient whose care is being managed under one of a variety of types of care plans, including a GP Management Plan or a GP Mental Health Treatment Plan. The Disallowable Legislative Instrument provides an additional pathway to access Medicare-eligible allied health services, where appropriate.

Human rights implications

The Disallowable Legislative Instrument engages Articles 9 and 12 of the International Covenant on Economic Social and Cultural Rights (ICESCR), specifically the right to social security, including social insurance, and the right to the enjoyment of the highest attainable standard of physical and mental health.

The Disallowable Legislative Instrument ensures that subsidised allied health services are available for a person who is enrolled in a Health Care Home.

Conclusion

The Disallowable Legislative Instrument is compatible with human rights because it ensures that the new Health Care Homes model of health delivery does not adversely affect existing access to subsidised care.

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