



## Care planning and allied health case study: Wimmera Health Care Group

The Podiatry Department of Wimmera Health Care Group (WHCG) had experienced long waiting lists, creating frustration for both clients and staff. A small grant partially funded the employment of an extra podiatrist for clinical work, freeing time for the Chief Podiatrist to closely analyse demand for podiatry services in the Wimmera and formulate a new demand management plan.

### **Audit of clients attending the Podiatry Department**

An audit of client records was conducted to evaluate the reasons for the current strong demand for podiatry services. The audit showed that whilst a large percentage had diabetes mellitus and complex health care needs, their lower limbs were not deemed to be at high risk of complications.

Eligibility criteria for entry to the Podiatry Department of WHCG was clarified so that clients with the following would receive priority access:

- Past history of ulceration / amputation
- Loss of protective sensation
- Peripheral arterial disease (ABI < 0.8);
- Referred for diabetes lower limb assessment (Vascular and neurological assessment);
- Referred for lower limb wound assessment and management;
- Referred for biomechanical assessment;
- Referred for paediatric gait assessment.

Clients not meeting these criteria faced significant financial barriers to accessing private podiatry services in the community. However given that many still had a chronic disease and complex care needs, many would be eligible for a GP-led care plan (combined GP Management Plan and Team Care Arrangements service) that, upon completion, would render them eligible for five MBS-rebateable podiatry services through private Medicare-registered podiatrists in the local community. It was decided to try to coordinate these services for clients.

### **Working with local private providers**

It was decided that WHCG's Director of Medical Services would contact local GPs in private practice to ascertain their willingness to provide care plans for these clients, and to refer them for podiatry services if warranted. Concurrently, the Chief Podiatrist contacted local podiatrists in private practice to determine their capacity and readiness to provide MBS-rebateable podiatry services on referral from GPs through care plans. The Director found that local GPs were also frustrated with the barriers to access for podiatry services for their patients and though they had some misgivings about the time it may take and the paperwork associated with GP-led care plans, they agreed to work with their patients to refer them to private podiatrists for MBS-rebateable sessions. The podiatrists were also contacted to discuss this approach and it was noted which podiatrists had the spare capacity to take additional clients through a GP-led care plan referral. This was then communicated back to the GPs.

Clients that had had an initial podiatry assessment but did not meet the new medical admission requirements for further podiatry services at WHCG, yet for whom podiatry would assist in the management of their chronic disease, were provided with an information flyer outlining the MBS plan. Clients were asked to discuss the possibility of referral to private podiatry through a GP-led care plan with their usual GP. If their GP agreed, a GP Management Plan and Team Care Arrangements service would be completed and the client referred by the GP through the Medicare referral form to private podiatry.

It is also WHCG policy that all WHCG clients with diabetes have an annual comprehensive diabetes lower limb assessment. Clients identified as requiring assistance with periodic foot care were advised about the MBS and encouraged to discuss private podiatry services via GP-led care plans and referrals with their GP.

### **Costs and outcomes**

The MBS plan entailed costs for WHCG including time to review the MBS items, management meetings, GP and private podiatrist engagement and planning processes for promoting the plan to providers and clients. These were funded through the DHS grant. All MBS revenue funded the care planning and private podiatry services.

Waiting times for podiatry services was reduced from 150 days to ten days, and the number of clients waiting reduced from 366 to 38.

### **Enablers**

- Strengthening relationships with GPs and gaining their support for the plan was the most essential element. Often, support was gained by clearly demonstrating how their patient would benefit from being on a care plan with referral to private podiatry.
- Ensuring that podiatrists could accept additional referrals, and were Medicare-registered, helped to prevent potential delays.
- Leadership from WHCG and in particular the Medical Director and Chief Podiatrist approaching private providers in the region
- It was helpful that the majority of WHCG clients not eligible for public podiatry services (according to the new criteria) were eligible for GP Management Plans and Team Care Arrangements.
- The funding grant created additional capacity to help plan the approach.

### **Challenges**

- GPs were initially reluctant to participate in the plan due to concerns about the time it would take to complete GP Management Plans and Team Care Arrangements. [This was sometimes overcome by pointing out that practice nurses could contribute to the care plans and that there are electronic templates on GP software programs that self-populate much of the client information].
- Access to additional appointments with GPs was sometimes difficult due to GP workforce shortages.

With thanks to Sara Coats, Chief Podiatrist.