New GPSC incentives support physicians in planning for palliative care and acute care discharge

Two new incentives launched 1 June 2009 by the General Practice Services Committee (GPSC) are the latest in a comprehensive package developed to acknowledge physicians' efforts in caring for specific groups of patients.

Starting this month, GPs can bill for palliative care planning and acute care discharge planning conferencing—two very demanding areas of practice for physicians, says Dr Cathy Clelland.

"It takes a lot of time and effort to provide good care to patients and their families in these situations," says Dr Clelland, who supported the development of the incentives in her role as executive director, Society of General Practitioners. "By recognizing that time and effort, these incentives encourage physicians to be actively involved in their patients' care."

Palliative care planning promotes quality care

The new palliative care planning fee is part of the GPSC's End-of-Life Initiative, which supports family physicians to provide compassionate, collaborative, holistic care. The fee, says Dr Clelland, compensates physicians for helping patients through a difficult time.

"Imagine telling your patients that there is no cure for their condition—but that they need to make decisions that affect the quality of the rest of their lives," says Dr Clelland, herself a family physician. "It's an emotional time for physicians as well, many of whom have known their patients for years."

The palliative care planning fee is applicable for community or assisted living care, rather than hospital or hospice care.

"In the community, physicians coordinate most of the end-of-life care," explains Dr Clelland. "They're well placed to help patients manage end-of-life decisions and the dying process, and to support the family to cope with grief and loss."

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The $100 fee is payable to family physicians for developing a care plan for patients with life-limiting illness. Elements of the plan include:

- The physician's statement that the patient is medically palliative and will no longer seek treatment aimed at cure.
- A pain management plan.
- A list of referrals and coordination activities to enable access to palliative care services.
- A list of other health care professionals whose care may be needed.
- A copy of the patient's most current advance health care planning (if available).
- The completion and retention of forms to support a planned natural home death (if applicable).

Once the plan is complete and the fee billed, the physician can bill for phone or e-mail follow-up management fees ($15 per communication up to the maximum number allowed per calendar year).

Acute care discharge planning conferencing eases transitions

The acute care discharge planning conference fee ($40 per 15 minutes up to 60 minutes in one day, maximum 90 minutes per calendar year) may be billed for patients who need support—from a multidisciplinary team—transitioning from an acute care facility to the community or to another facility. Eligible patients include frail elderly, palliative care, end-of-life, mental illness, or patients of any age with multiple medical needs or complex comorbidity.

"This is the group of patients who are still vulnerable after they leave the hospital," says Dr Clelland. "They need a lot more care in the community to ensure they don't end up back in hospital, which takes coordination—and, until now, physicians have not been paid for their participation."

The planning conference may be requested by the community GP or by the facility. It must include at least two interdisciplinary health professionals (another physician, long-term care nurse, home-care nurse, care coordinator, liaison nurse, rehab consultant, psychiatrist, social worker, chronic disease management nurse, or any health professional responsible for discharge and follow-up) and family members when available.

Details about the two fees and how to bill for them have been mailed to all family physicians.

—Greg Dines
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