

# ADDICTION MEDICINE SPECIALIST (AMS) MULTIDISCIPLINARY CASE CONFERENCE FORM

12 Lilburne Street, Lucas VIC 3350 | Phone 53384500



Please ensure all details in this form are completed.  
Email completed form to [amsclinic@bchc.org.au](mailto:amsclinic@bchc.org.au)

## DATE & TIME OF CASE CONFERENCE:

**CASE CONFERENCE PARTICIPANTS TO ATTEND:**  Face to Face  Telehealth  Video conferencing

**Obtain consent** from the patient, Substitute Decision-Maker (SDM) or Person Responsible for the case conference to occur. Consent:  Yes  No

### PATIENT DETAILS

Name:	DOB:
Address:	Medicare Number:
Telephone:	HCC/Pension Number:
Gender at birth:	DVA Number:
ATSI:	Identifies as:
Preferred language:	Next of Kin (name & contact details):
	Patient to attend: <input type="checkbox"/> Yes <input type="checkbox"/> No

### CASE CONFERENCE PARTICIPANTS – HEALTHCARE PROFESSIONALS

**Required— In addition to the AMS and the participating GP, at least one other Allied Health professional must be in attendance.**

- |    |  |  |
|----|--|--|
| 1. | Name: Adam Straub<br>Organisation: Ballarat Community Health | Discipline: AMS<br>Phone: 5338 4500        |
| 2. | GP name:<br>Practice:  | Discipline: General Practitioner<br>Phone: |
| 3. | Other provider name:<br>Practice:                            | Discipline:<br>Phone:                      |

### CASE CONFERENCE PARTICIPANTS - OTHER

Substitute Decision-Maker, Person Responsible, Family members and/or carers in attendance (if applicable).

- |    |       |        |
|----|-------|--------|
| 1. | Name: | Phone: |
| 2. | Name: | Phone: |
| 3. | Name: | Phone: |

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## CLINICAL INFORMATION

**Primary drug/s of concern:**

**Secondary drug/s of concern:**

**Current substance use issues/concerns:**

**Patient mental health history:**

**Patient medical history:**

**Current medications and dosage:**

**Allergies/alerts:**

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## Key Issues Screening Questions

### Advanced Planning – consider:

- Does the patient understand the diagnosis and prognosis?

Identified Issues:	Actions:	Who will address:

### Emergency Contacts and Substitute Decision Makers:

- Clarify SDMs/Persons Responsible
- If they are present clarify their responsibility to "act in the patient's shoes"
- Clarification of other main contacts and who should be contacted in an emergency

Identified Issues	Actions	Who will address:

### Symptom Management

- Does the patient have distressing symptoms?

Identified Issues	Actions	Who will address:

### Care Needs and Supports – consider:

- Does the patient have adequate supports?
- What is the capacity of those providing supports, and do they need further support?
- Are there any service providers currently involved, or that should be involved?

Identified Issues	Actions	Who will address:

### Other Issues to Consider:

- Psychosocial issues
- Financial issues
- Housing

Identified Issues	Actions	Who will address:

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## Record of Case Conference

*Import from Progress Notes*

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## CHECKLIST PRIOR TO ATTENDING THE APPOINTMENT/CASE CONFERENCE

Confirm (where relevant and appropriate):

- Telehealth or video conferencing technology to be used for the case conference is available and working
- GP Management Plan (required for MBS billing purposes)
- Patient medical history, medication list, allergy list and relevant correspondence are available
- Ensure the patient, SDM, Person Responsible, family members and/or carers have been notified of the time and location of the case conference if they are to attend.

**Note:** if the case conference is to be conducted via Telehealth, please ensure you are ready to receive the phone/video call at the agreed time.

## Part 2: MBS BILLING

### MBS Multidisciplinary Case Conference Items

#### GP Criteria for MBS billing:

- Patients with a chronic or terminal medical condition and complex care needs requiring care or services from their usual GP and at least two other health or care providers are eligible for a case conference service.

#### Items:

There are six case conferencing items based on the duration of the service and on whether the GP is organising and coordinating or participating in the case conference.

**Note:** It is expected that a patient would not usually require more than 5 case conferences in any 12 month period.

**Note:** CDM items cannot be claimed in conjunction with case conference items or on the same day

Duration of the Service	Participate	Organise, Coordinate & Participate
At least 15 minutes and less than 20 minutes	747	735
At least 20 minutes and less than 40 minutes	750	739
At least 40 minutes	758	743

#### Allied Health Criteria for MBS billing:

- Patient must be under the care of a GP for chronic disease management

#### Items:

There are three case conferencing items per patient group that can be used based on duration.

Note: These patients must have a Chronic Disease Management Plan in place before claiming these items

Duration of the Service	Participate	Organise, Coordinate & Participate
At least 15 minutes and less than 20 minutes	10955	N/A
At least 20 minutes and less than 40 minutes	10957	N/A
At least 40 minutes	10959	N/A