



Case Conferences

A brief outline of all you ever wanted to know, but never had time to ask...

What is a case conference?

A meeting of **at least three care providers** (that is, you + two other health or community care professionals) to plan and discuss the care of an **individual patient with multidisciplinary needs**. There are two kinds of case conferences: a **community case conference** (discussing a patient's care in a community setting) and a **discharge case conference** (co-ordinating care for a patient who is being discharged from a hospital).

Why conduct a case conference?

Patients with a mental illness often have high level treatment needs, and frequently use a wide range of services. Case conferences are ideal opportunities to increase communication and partnership between GPs and other health providers.

- **You benefit** through increased insight and input into other care activities.
- **Your patient benefits** by receiving more integrated and co-operative care.

Who can be involved in a case conference?

- **You** the GP and **at least two other care providers**, each of whom provides a **different type** of service to the patient.
- Other health professionals and carers who can legitimately take part in a case conference, include: **Aboriginal and Torres Strait Islander health workers, Audiologists, Dentists, Dietitians, Nurses, Occupational Therapists, Optometrists, Orthoptists, Physiotherapists, Podiatrists, Psychologists, Social Workers, Specialist Medical Practitioners and Speech Pathologists**.
- If your patient has a **carer**, they too can participate, although not counted towards the minimum three providers.

How do you conduct a case conference?

As a GP, you can either **initiate** or **participate** in a case conference. You can conduct a community case conference for a single patient **up to five times a year**, either by a **face to face meeting, telephone conference, or video link**. For the statutory requirements, check your latest MBS book and the RACGP *Enhanced Primary Care Standards and Guidelines*. Here is a brief summary:

Before the conference:

- **Identify needs:** Has a case conference been conducted before? What are the diagnoses/problems? What are the health needs and goals?
- **Make sure patient is fully informed:** What are the benefits of a case conference? Who will be present at the case conference? What will be discussed at the case conference? What will it cost to conduct the case conference?
- **Obtain and record patient's informed consent.** Allow patient to specify any information they want to be kept private.
- **Identify and invite other participants:** health providers, community care providers. Involve patient and/or carer if possible.

During the conference:

- **Introduce** participants, establish who will lead discussion, confirm patient's consent. Ensure a minimum of three providers are present for the whole conference.
- **Outline:** purpose and goals of conference; patient's problems, identified needs and goals. Invite other participants to contribute additional information.
- **Identify** care needs and outcomes to be achieved. **Develop** agreed management plan. **Allocate** tasks to team members.

After the conference:

- **Prepare a written summary** & keep in patient's record.
- **Inform patient** of conference outcomes and recommendations.
- **Distribute copies of summary** to patient and each provider present at conference.
- **Schedule** date for a review, and **finalise MBS claim** after all is completed.

Case conferences are covered by Item numbers 740 – 773

For more information...

Read the explanatory notes on item descriptors found in the current Medicare Benefits Schedule book; the Enhanced Primary Care guidelines published by the RACGP; or contact the Division.