



Prevention of Type 2 Diabetes Program – Lifestyle Modification Programs

Frequently Asked Questions (FAQs)

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AGPN represents a network 111 local organisations (Divisions) as well as eight state-based entities. More than 90 percent of GPs and an increasing number of practice nurses and allied health professionals are members of their local Division. The Network is involved in a wide range of activities including health promotion, early intervention and prevention strategies, chronic disease management, medical education and workforce support.

Our aim is to ensure Australians have access to an accessible, high quality health system by delivering local health solutions through general practice.

Australian General Practice Network
PO Box 4308
MANUKA ACT 2603
AUSTRALIA

Telephone: +61 2 6228 0800
Facsimile: +61 2 6228 0899
Email: agpnreception@agpn.com.au
Web: www.agpn.com.au

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Prevention of Type 2 Diabetes Program Lifestyle Modification Programs (LMP) FAQs

These Frequently Asked Questions should be read in conjunction with the following documents available from the Department of Health and Ageing:

- Medicare Benefits Schedule Item Descriptor and Explanatory Notes for Item 713 – Type 2 Diabetes Risk Evaluation
- Type 2 Diabetes Risk Evaluation Questions and Answers;
- Australian type 2 diabetes risk assessment tool (AUSDRISK)
- GP referral form
- LMP brochure

The Item Descriptor and Explanatory Notes are available via the MBS on-line, while all other support documents are available at: www.health.gov.au/epc

The following support documentation is also available from AGPN:

- Diabetes prevention patient flow chart
- Standards for LMPs for People at Risk of Type 2 Diabetes

For further information, Divisions of General Practice and LMP providers should also refer to the Program Guidelines and Operational Guidelines available from the AGPN website at www.agpn.com.au.

What is the Prevention of Type 2 Diabetes Program?

In April 2007, the Council of Australian Governments (COAG) announced a cost-shared initiative to address the growth in type 2 diabetes (*reducing the risk of type 2 diabetes*).

The cost shared components of this package are: the Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK); and the National Standards and Accreditation Guiding Principles for prevention programs.

The Commonwealth only components are:

- a new Medicare item (item 713 – the Type 2 Diabetes Risk Evaluation) for general practitioners to undertake a diabetes risk evaluation and provide lifestyle modification advice for people in the 40-49 year age group who are a high risk of developing type 2 diabetes; and
- subsidised, accredited Lifestyle Modification Programs (LMPs) provided or purchased by the Divisions of General Practice for eligible patients referred by their GP through the MBS items 713 (the Type 2 Diabetes Risk Evaluation), 710 (the Aboriginal and Torres Strait Islander Adult Health Check) or 717 (45-49 year old health check).

Draft national standards have been developed to ensure that LMPs offered to the public are both safe and effective in reducing the risk of type 2 diabetes.

To participate in the Commonwealth's Program, LMPs will need to be accredited against the National Standards and Accreditation Guiding Principles (available for download from www.agpn.com.au).

Who is coordinating the program?

The Divisions of General Practice Network is responsible for the brokering and in some instances delivery of LMPs in your local area. For further information contact your local Division. Details of all Divisions of General Practice across Australia are available via the AGPN Divisions Directory at www.agpn.com.au.

What is a Lifestyle Modification Program?

A Lifestyle Modification Program (LMP) is an individual or group education program to support people to make healthy lifestyle changes to prevent or delay the onset of Type 2 diabetes.

What is included in a Lifestyle Modification Program?

A typical LMP will be a group education program, running over at least a six month period including the following content based on national LMP standards:

- Risks of diabetes and their relationship to lifestyle factors;
- Importance of regular diabetes screening;
- Nutrition advice and education;
- Physical activity advice;
- Behavioural strategies to support the adoption and maintenance of lifestyle changes;
- Smoking cessation and alcohol reduction advice or referral, if required; and
- Information about community resources relevant to sustaining lifestyle change

The majority of program content will be delivered through an initial 'intensive phase' of at least four months duration with a subsequent end program follow-up session at least six months after the commencement of the program.

What are the national LMP standards?

The national LMP Standards have been developed to provide guidelines for the content and presentation of lifestyle modification programs to reduce the risk of type 2 diabetes among adults already identified as being at risk of the disease.

A copy of the national Standards may be accessed from the AGPN website at www.agpn.com.au.

A program that demonstrates its capacity to meet these standards may be accredited and would be eligible to deliver subsidised LMPs.

How will an LMP become accredited?

All potential LMPs must be awarded accreditation before they can start delivering services and receiving the patient subsidy. The Department of Health and Ageing is undertaking the formal accreditation assessment for LMPs under the Prevention of Type 2 Diabetes Program.

The accreditation of all LMPs will be against the National Standards and Accreditation Guiding Principles.

There are two main requirements for accreditation, the first being a 'self-assessment' using the accreditation self assessment form, and the second being the submission of the accreditation application and copies of all facilitators and participants materials to the Department of Health and Ageing for the formal accreditation assessment.

For further information on the accreditation requirements for LMPs, or to download an accreditation pack, visit the AGPN website at www.agpn.com.au.

How will I know if an LMP is accredited?

All accredited LMPs will be listed on the AGPN website. Divisions will be provided with an up to date list of all accredited LMPs offering programs in their area. This list will be used to support GP referrals to accredited LMPs.

To find out which programs are accredited in your area, contact your local division or check the AGPN website at www.agpn.com.au.

Is there a cost to becoming an accredited LMP?

No – there is no cost for an LMP to be accredited.

Is it the program itself, or the program facilitator/s that is accredited by the accreditation agency?

The LMP itself is accredited.

However, the program must be delivered by a facilitator that can demonstrate they meet the core competency regarding facilitators under the national Standards.

The accreditation process also requires that all facilitators who will be delivering the program complete a facilitator application form. These form must be submitted with the application pack to the Department of Health and Ageing.

Accredited LMPs must also advise if a new facilitator will be delivering the program. In this instance, the LMP must complete and submit a facilitator application form, for each new provider, to the Department of Health and Ageing prior to the facilitator commencing delivery of the program.

What are the core competencies for an LMP facilitator?

The core competencies are outlined in the national Standards. An extract from the Standards is detailed below:

Facilitators will have to demonstrate current capacity to deliver the program (or specific program components within the program) and can do so in a way that increases the capacity of participants to make and sustain positive lifestyle changes. This includes understanding and sensitivity to the issues for individuals trying to make and sustain significant lifestyle changes.

At each program session, a person with a current first aid certificate, or the capacity to provide assistance to at least first aid standard, will be available to provide assistance if needed.

Who can deliver an LMP?

Appropriately qualified health professionals are able to deliver accredited LMPs. For further information see the national Standards and Accreditation Guiding Principles.

Subsidy

A subsidy payment of \$239.80 (incl GST) per patient completing a LMP is available for accredited LMP providers.

Payments will be provided as follows:

- Patient enrolment \$77 (GST inclusive)
- Patient completion of 'intensive phase' \$121 (GST inclusive)
- Patient completion of 'follow-up' \$41.80 (GST inclusive)

The LMP provider will be able to collect a co-payment from LMP participants of up to a maximum of \$50. The co-payment will be waived for clients who have been identified by their GP as a health care card or concession card status on the completed referral form. A compensatory payment of \$50 (GST inclusive) will be paid on completion of the intensive phase of an accredited LMP to the provider in respect these clients for whom the co-payment is waived.

LMPs should contact the State Based Organisation (SBO) in their state for information on payment processes. SBO details are available on the Divisions Directory of the AGPN web site: www.agpn.com.au

Who can refer a patient to an LMP?

Under the national program, a GP can refer an eligible patient to an LMP under the following MBS item numbers:

- Item 710 Adult Aboriginal and Torres Strait Islander Health Check
- Item 713 Type 2 Diabetes risk evaluation
- Item 717 45-49 year health check
- A subsequent consultation to Medicare item 717 under a general consultation item

For further information see:

- Type 2 Diabetes Risk Evaluation Q&A at www.health.gov.au/epc
- Diabetes prevention patient flow chart – contact AGPN

Who is eligible to attend an LMP?

Patients between 40 and 49 years, at 'high risk' of developing type 2 diabetes are eligible to be referred to a subsidised LMP. The patient's level of risk must be determined by application of the AUSDRISK.

Aboriginal and Torres Strait Islander patients aged between 15 and 54 years of age, who are at high risk of diabetes based on the AUSDRISK tool, are also eligible to be referred to LMP under the Aboriginal and Torres Strait Islander adult health check (item 710).

The AUSDRISK may be accessed at www.health.gov.au/epc

To be eligible, patients must also provide consent for de-identified patient information to be passed on to the Divisions of General Practice network by the LMP provider for program monitoring and evaluation purposes.

How many times is a patient eligible to attend an LMP?

The patient subsidy for attending an LMP is available once per patient.

However, patients who have previously completed an LMP under the Government subsidy, may participate in subsequent LMPs as private, full fee paying patients.

Can a person who has diabetes be referred to and LMP?

No. LMPs are designed to reduce the risk of type 2 diabetes among adults identified as being at *high risk* of the disease by the AUSDRISK.

Group education for people with existing diabetes is available under the Commonwealth Government's Allied Health Group Services under Medicare for patients with type 2 diabetes.

For further information go to www.health.gov.au/epc

Can a patient younger than 40, or older than 49 attend a subsidised LMP?

Indigenous patients between the ages of 15 and 54 that are identified as being at high risk of developing type 2 diabetes (through application of the AUSDRISK) are eligible to be referred to an LMP under an item 710.

All other patients at high risk as determined by AUSDRISK must be between 40 and 49 to be eligible for a subsidised LMP.

However, patients who are not eligible under the subsidy can still participate in an LMP if it is through private arrangements with the LMP provider.

Where a provider delivers an LMP to a group with both subsidy and private patients, the LMP provider must ensure the LMP is delivered in accordance with the full requirements of the national standards (ie group size cannot exceed 15).

Are there existing LMP programs that potential providers can receive training to deliver?

AGPN in partnership with the Baker-IDI Heart and Diabetes Institute has developed an LMP package – RESET your life - for use by trained facilitators in division catchment areas. For further information contact AGPN.

In the future other organisations may choose to develop this service for potential providers.

How will GPs know who they can refer to?

Divisions of General Practice will be responsible for providing member GPs with a list of providers in the local area.

A list of accredited providers will be available on the AGPN website. Divisions of General Practice will also maintain a local directory to support GPs identify and utilise local referral options.

What information will GPs need to provide to refer a patient?

GPs will need to utilise the LMP GP referral form developed by the Department of Health and Ageing to refer patients to a subsidised LMP.

For a copy of the form go to: www.health.gov.au/epc

This form contains basic information required by LMP providers, and is a requirement for patient participation and program accountability.

The form includes a patient consent field that must be signed by the patient.

For GP's wishing to use their medical software to refer patients, there is a GP Referral Form template for Medical Director available from the AGPN website. This template has been developed by the North East Valley Division of General Practice.

GPs can modify the referral form for use in their relevant medical software, as long as all information on the form is retained and completed.

Why is patient consent required?

The consent field notifies the patient that the information provided on the referral will be provided to the Divisions of General Practice network by the LMP provider. By signing the form, the patient is acknowledging that the information provided will be de-identified by the Divisions of General Practice network and provided to the Department of Health and Ageing and AGPN for program monitoring and evaluation purposes.

What if a patient does not provide consent?

If a patient does not agree to the provision and use of their personal information, they will not be eligible to participate in a subsidised LMP.

The patient's GP will need to discuss other appropriate options available to the patient.

What feedback will GPs receive from LMP providers?

To meet the national standards' core competency regarding end of program assessment the facilitator or manager must provide a report back to the participant's medical practitioner on completion of the program. The report will include the participant's progress in achieving goals, physical indicators and program attendance.

The report should also detail the recommendations for supporting the patient in maintaining their healthy lifestyle, including ongoing physical activity, weight loss and healthy eating goals.

What data will LMP providers have to provide to the Divisions of General Practice Network for program monitoring and evaluation purposes?

For each patient, LMP providers will need to make the following completed forms available to the Divisions of General Practice network to receive a funding subsidy:

- General practitioner referral form
- Completion of intensive phase feedback form
- End program feedback form

To find out the process for submitting these forms and receiving payment, contact the SBO in your state.

These forms can be downloaded from the AGPN website at www.agpn.com.au. It is important to note that payment to the LMP provider will not be made unless the appropriate form, or a copy of the form, has been submitted with the provider's invoice.

AGPN is developing an online data capture system, to collect and analyse a minimum data set for each patient enrolled in an LMP. When this system becomes available, LMP providers will be able to enter data directly into the online system. This will have a number of benefits for providers, including tracking patient progress, speeding payment and reducing individual paper-based administrative systems.

Further information for Divisions and LMP providers is also available in the Program Guidelines and Operational Guidelines.

What if a patient is not eligible to attend an LMP?

For patients with existing diabetes, the Diabetes Annual Cycle of Care and Chronic Disease Management (CDM) items (721 – 731) provide a suite of items for the management and review of diabetes.

For patients at intermediate to low risk of developing diabetes, GPs may utilise the suite of Lifescripts resources and/or the RACGP S.N.A.P guidelines to support patients to address the risk factors contributing to their level of risk.

Further information on local referral options may also be sought from local divisions of general practice www.agpn.com.au/divisionsdirectory.

What insurance will a LMP provider be required to have?

Appropriate public liability and professional indemnity insurance will need to be in place in the event of adverse events for which providers may be found liable.

As part of the accreditation process lifestyle modification program providers will be required to demonstrate that they have an appropriate level of public and professional indemnity insurance.

It is also the responsibility of each LMP provider to ensure all patient information, and copies of patient forms are kept in a secure place in accordance with the Privacy Act.

Can State funded services provider or MAHS/ATAPS service providers deliver accredited LMPs?

Yes, if a service provider can meet the core competencies outlined in the nationally agreed standards for LMPs, they are eligible to deliver an accredited LMP.

Isn't this double dipping?

Double dipping means an LMP provider cannot be paid twice (from different funding streams) for delivering the same service.

In most instances, the arrangements many divisions are currently using are totally acceptable. The issue with double dipping would arise where a full time division staff member (funded under a Government program such as MAHS or ATAPS) would be delivering an LMP, and the division used the patient subsidy to offset that providers full time salary. In this scenario, to ensure there was no double dipping, the staff member would need to deliver the LMP outside of business hours, or use the patient subsidy to pay a co-facilitator.

If the MAHS employer was only on a part-time arrangement, they could claim the patient subsidy to “top up” their position to full time, by delivering LMPs during hours outside of their part-time arrangement.

Many divisions are private employers of allied health professionals who may be delivering LMPs. Provided funds from the LMP patient subsidy are not used to pay the provider for the same service for which they are currently employed to deliver (ie under MAHS or ATAPS), they will not be double dipping.

For private and community health providers, the same double dipping rules apply – ie providers cannot be paid twice, from different funding streams such as state health or local government funding, for delivering the same service.

These providers may still deliver LMPs, and should investigate arrangements to overcome double dipping issues, such as delivery of LMPs outside their paid or salaried hours.

Are Indigenous and CALD patients expected to attend mainstream LMP services that may not be culturally appropriate for their needs?

Yes, however providers may develop and offer LMPs that meet both the national standards and the cultural needs of indigenous or CALD patients.

Where do I go if I have a complaint about an LMP?

Any person who has a complaint against an LMP should, in the first instance, email LMPaccreditation@health.gov.au. The initial email should include the contact details for the complainant and full details of the complaint. Where requested, details of the complainant will be kept confidential.

It should be noted that all complaints will be investigated. Where complaints are found to be vexatious, the complaint will be dismissed and action against the complainant may be undertaken.

What if some of my patients drop out of the LMP – can I still get paid?

The initial payment (\$77 GST incl) is paid for each patient, on their enrolment (subject to receipt of a valid tax invoice and provision of the patient MDS).

For the provider to receive the intensive phase payment (\$121 GST incl), the patient must have attended at least 50% of sessions offered during the intensive phase (which must run for a minimum of four months). The number of sessions attended must be completed on the ‘Completion of Intensive Phase Form’ for the payment to be made, which requires a patient signature for acknowledgment.

In the absence of a patient acknowledgement of attendance, to receive payment the LMP provider will need to provide both proof of attendance (e.g. session attendance rolls signed by the patient), and proof of attempted follow-up with the patient; and

If a patient drops out of the program, the LMP provider cannot receive the third payment of \$41.80 (incl GST). This payment is only available for patients who complete the program.

How long will the Program run for?

The Prevention of Type 2 Diabetes Program is a three-year program. It commenced on 1 July 2008 and will end on 30 June 2011. Subsidised, accredited LMPs will be available during this period.

The GP is required to provide their GP Provider Number on the Referral Form. Will this information be collected by the divisions network?

The GP is only required to enter their provider number on the GP referral form to indicate the referral is legitimate. The GP provider number will not be collected or kept as part of the online MDS or for any other aspects of the program evaluation.