

# Healthcare options for Aboriginal and Torres Strait Islander people



Aboriginal health resources

## For all clients

**Aboriginal and Torres Strait Islander Health Assessment**  
 MBS item 715  
 ⌚ Every nine months  
 A comprehensive preventive health assessment for Aboriginal and/or Torres Strait Islander people

**Allied health services**  
 MBS item 81300-81360  
 ⌚ Five per year  
 To provide follow-up allied health services for Aboriginal people

**Practice nurse or Aboriginal health practitioner services**  
 MBS item 10987  
 ⌚ 10 per year  
 To provide follow-up services for Aboriginal people

## For clients with a chronic condition

### Create and review a General Practitioner Management Plan

**General Practitioner Management Plan (GPMP)**  
 MBS item 721  
 ⌚ One per year  
 To coordinate and plan future care requirements for all people with a chronic condition

**Review of a GPMP**  
 MBS item 732  
 ⌚ Every three to six months  
 To review an existing GPMP

**Follow-up allied health services**  
 MBS items 10950-70  
 ⌚ Five per year  
 To provide allied health follow-up services for a GPMP and a TCA

**Allied health chronic condition management case conference**  
 MBS item 10955  
 MBS item 10957  
 MBS item 10959  
 ⌚ Every three to six months  
 For eligible allied health professionals to participate in a multidisciplinary case conference at the invitation of a treating GP

### Coordinate a review of team care arrangements

**Team Care Arrangement (TCA)**  
 MBS item 723  
 ⌚ One per year  
 To provide coordination of care for all people with a chronic condition along with at least two other health care providers

**Review of TCA**  
 MBS item 732  
 ⌚ Every three to six months  
 To coordinate a review of team care arrangements

**Follow-up allied health services**  
 MBS items 10950-70  
 ⌚ Five per year  
 To provide allied health follow-up services for a GPMP and a TCA

**Follow-up practice nurse or Aboriginal health practitioner services**  
 MBS items 10997  
 ⌚ Five per year  
 To provide follow-up services for Aboriginal people with a chronic condition

## Other useful MBS items

**Aboriginal health practitioner Immunisation Service**  
 MBS item 10988  
 For immunisation provided by an Aboriginal Health Practitioner on behalf of a medical practitioner, to an Aboriginal person

**Aboriginal health practitioner Wound Care Assessment**  
 MBS item 10989  
 For wound assessment and/or treatment provided by an Aboriginal Health Practitioner, to an Aboriginal person

**Mental Health Treatment Plan**  
 MBS items 2700-2717  
 To develop a treatment plan for a mental health disorder for all people with a diagnosed mental health disorder

**Please note:** When referring a client to an Aboriginal Community Controlled Health Organisation (ACCHO) they may be asked:

- if they identify as Aboriginal and/or Torres Strait Islander
- to show proof of Aboriginal and/or Torres Strait Islander ancestry
- if they are known within the Aboriginal or Torres Strait Islander community in which they live or formerly lived

before they will be able to access services from the ACCHO.

## What else can you offer your patients?

- 1 **Register your patient** for the Closing the Gap (CTG) – PBS Co-payment Program.
  - Patients must be registered through HPOS using a PRODA account – and scripts no longer need to be annotated with CTG.
  - Chronic disease status is no longer relevant.
- 2 **Sign up** your practice to the Practice Incentives Program – Indigenous Health Incentive (PIP IHI).
- 3 **Refer patient to Integrated Team Care (ITC) program** if patient has a chronic disease and complex care needs.
- 4 **Refer to a local Aboriginal Community Controlled Health Organisation** for access to a range of culturally appropriate health and wellbeing programs.



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