

Type 2 Diabetes Risk Evaluation (Item 713)

Function & Aims

- The purpose of this item is to support GPs to address the health needs of **patients 40 to 49 years of age who are at 'high risk' of developing type 2 diabetes.**
- The aim of this item is to review the factors underlying the 'high risk' score identified by the Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK Tool) to instigate early interventions, such as lifestyle modification programs, to assist with the prevention of type 2 diabetes.

Patient Eligibility

- ✓ The Type 2 Diabetes Risk Evaluation is targeted at people aged **40 to 49 years (inclusive)** who are at high risk of developing type 2 diabetes (based on their response to the AUSDRISK tool).
- ✗ Patients admitted to hospital or day-hospital facility are not eligible.
- ✗ Patients with newly diagnosed or existing diabetes are not eligible.

MBS Items & Claiming Requirements

- **Item 713 attracts a 100% rebate; the bulk-billing incentive (Item 10990)** can also be used where appropriate. To verify that the patient has not already had an Item 713 claim made, contact the **Medicare Help Line 132 011** with the patient present.
- **Item 713** is only claimable if the patient is assessed as High Risk (15+ on AUSDRISK).
- **Cannot be claimed** if Item 717 was claimed in the last 3 years.
- **Cannot be claimed** if diabetes is detected.

Description	MBS Item	Medicare Fee (100%)	Minimum Claiming Period
Type 2 Diabetes Risk Assessment	713	\$ 61.40	3 yearly

Steps in Preparation of a Type 2 Diabetes Risk Assessment (713)

1	Utilise the Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK).
2	Evaluate (review) "high risk" score determined by AUSDRISK.
3	Make overall assessment of risk factors that contributed to patient's "high risk" score and patient's readiness to make lifestyle changes to address identified risk factors.
4	Update patient's history.
5	Undertake relevant examinations and investigations.
6	Initiate interventions where appropriate including referrals (e.g. Lifestyle Modification Programs) and follow-up relating to the management of any risk factors identified.
7	Provide advice and information (e.g. <i>Lifescrpts</i> resources) to the patient including strategies to achieve lifestyle and behaviour changes where appropriate.

Relationship with other items

Item 713	Cannot be claimed in conjunction with another GP attendance item on the same day, except where this is clinically relevant (i.e. for a health issue unrelated to diabetes risk assessment)
Item 717	45 – 49 yrs Health Check: based on this consultation, if a patient has a high risk of type 2 diabetes, the GP is able to refer the patient to a subsidised lifestyle modification program. A patient who has previously accessed Item 717 can only become eligible for an Item 713 when three years have elapsed. A previous Item 713 does not preclude an eligible patient from accessing Item 717 in relation to the risk of developing other chronic illnesses.
Item 710	Aboriginal and Torres Strait Islander Adult Health Check (15 - <55 yrs): Indigenous Australians are able to access Item 710 and Item 713 if they meet the patient eligibility requirements. GPs are encouraged to use Item 710 where appropriate because it covers a broad range of health issues including diabetes. Under Item 710, GPs can refer patients with a high risk of developing type 2 diabetes to a subsidised lifestyle modification program.

GP Assistance	GP Responsibilities
<p>A Practice Nurse or other health professionals can, acting under GP supervision, assist the GP in the following:</p> <ul style="list-style-type: none"> • identify eligible patients through database searches, risk assessment tools used within the practice; • collect information e.g. height and weight (Body Mass Index), waist circumference, blood pressure; • provide patients with information about recommended interventions and actions patient should take (at the direction of GP) to encourage good health. 	<p>The following responsibilities cannot be delegated and must be completed by the GP:</p> <ul style="list-style-type: none"> • Personal attendance with patient; • Review and analyse information collected (including risk factors underlying "high risk" score identified by AUSDISK); • Make overall assessment of risk factors that contributed to the "high risk" score of patient and their readiness to make lifestyle changes to address these identified risk factors; • Undertake and arrange relevant investigations; • Make relevant referrals, including to lifestyle modification programs; • Identify appropriate follow-up; • Provide information and advice to patient, e.g. to undertake lifestyle modifications, and/or use of <i>Lifescrpts</i> resources. <p>NB: access to subsidized lifestyle modification programs requires use of the formal GP Referral Form (contact the Division to obtain).</p>

GP Referral Form, Resources

<p>① The AUSDRISK tool is available for download from the Hawkesbury-Hills Division's website at http://www.hhdgp.com.au Select the Programs Tab, then select the Type 2 Diabetes Prevention tab.</p> <p>It can also be downloaded from the Department of Health and Ageing website at http://www.health.gov.au/internet/main/publishing.nsf/Content/PreventionofType2DiabetesProgram-RiskAssessmentTool+</p>
<p>② The GP Referral Form can be downloaded at the following addresses:</p> <p>http://www.hhdgp.com.au Select the Programs Tab, then select the Type 2 Diabetes Prevention tab.</p> <p>http://www.agpn.com.au/site/content.cfm?page_id=38849&current_category_code=4836</p> <p>http://www.health.gov.au/internet/main/publishing.nsf/Content/C73A9D4A2E9C684ACA2574730002A31B/\$File/GP_Referral.pdf</p> <p>There is also an RTF version of the GP Referral Form which can be used for creating templates in other medical software packages. Go to: http://www.agpn.com.au/site/content.cfm?page_id=41067&current_category_code=4836</p>

