



COMMUNITY

- ► Adult Migrant English Program (AMEP) students
- ► Multiple backgrounds
- ► Health Literacy
- ▶ Mobilisation
- ▶ Religious & Cultural Events





HEPATITISVICTORIA

In order for the pathology to be bulk billed we will need the requestor to have a provider number that is entitled to request medicare services.

Can you ensure your nurse practitioner's provider number covers that please? Otherwise we will need to have a general practitioner listed on the request form.

Alternatively you could set up an account with us, where we invoice Hepatitis Victoria for the pathology and any on site collection our staff participate in.

Just to followup on your request below. Before this proceeds any further we would need to clarify how this is going to be funded.

As per the MBS - Medicare benefits are not payable where:

(d) the service is a health screening service.

The Health Insurance Act 1973 excludes payment of Medicare benefits for health screening services except where Ministerial directions have been issued to enable benefits to be paid, such as the Papanicolaou test.

• Population based screening is where a screening test is offered



PATHOLOGY

- Population based screening is where a screening test is offered systematically to all individuals in the defined target group within a framework of agreed policy, protocols, quality management, monitoring, evaluation and review. Population based screening is an organised integrated process where all activities along the screening pathway are planned, coordinated, monitored and evaluated through a quality improvement framework. All of these activities must be resourced adequately to ensure benefits are maximised (e.g. breast cancer screening).

 Entire Commission

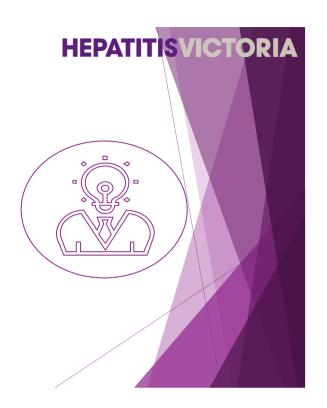
 Commission

 **Commission
- Case-finding or opportunistic screening is where a test is offered to an
 individual with or without symptoms of the disease when they present to a
 health care practitioner for reasons unrelated to that disease (e.g. when a GP
- Targeted risk screening is screening of selected high risk groups. This can
 include genetic screening of people with a strong family history of certain
 cancers that may have a known genetic cause, or a group with specific
 exposures through environmental and occupation health, such as asbestos-
- Routine examinations or planned opportunistic screening are a wellestablished pattern of medical examinations extending through life which may provide protection against disease through early intervention (e.g. school based organism).
- Diagnostic testing occurs when a test is offered to an individual with symptoms of a disease or medical condition to confirm or exclude the suspected condition.
- · How to navigate the field of privatised pathology
- · Where does community based testing sit?



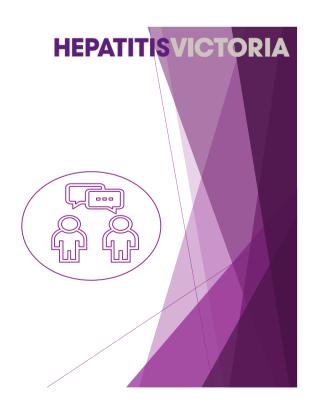
BUDGET

- ► Community education grant from GSK
- ► Inclusion of Project Officer
- Cost of outreach clinics
- ▶ Education resources
- ► Cost Vs Benefit



TIME

- ► Appropriate planning stage
- ▶ Adequate engagement and education
- ► Appropriate time for consultation
- ► Clinical turn-arounds
- ▶ Religious, cultural and schooling events
- ► Individual time perspective



RESOURCES

- ▶ Human
- ► Financial
- ▶ Clinical
- ▶ Educational
- ► Sustainable?



HEPATITISVICTORIA

HEPATITISVICTORIA Hepatitis B Community Screening Programs - do we continue?

- ► Merits further investigation
- ▶ Redefine our health care models
- ▶ Look out into communities
- ► Support our GPs work and expand roles
- ► Challenges are a plenty, but so are improved outcomes



