



Information Guide For GPs and Practice Nurses

HEAL HEALTHY
EATING
ACTIVITY &
LIFESTYLE™





What is HEAL™?

HEAL™ is an 8-week lifestyle modification program that supports people to develop lifelong healthy eating and physical activity habits. The program aims to:

- Support participants to become more physically active and to participate in regular physical activity
- Promote and improve healthy eating
- Improve nutrition knowledge
- Develop skills in goal setting and behaviour modification
- Develop an understanding surrounding the psychology of eating
- Develop skills required to maintain a healthy lifestyle
- Promote measures of success other than weight
- Improve understanding regarding dietary misconceptions

Who should participate in HEAL™?

HEAL™ is specifically designed for people who are at increased risk of developing lifestyle diseases such as:

- Cardiovascular disease
- Type 2 diabetes

HEAL™ is also suitable for people seeking to manage their:

- Weight
- Type 2 diabetes
- Heart disease (including high blood pressure or high cholesterol)
- Metabolic condition

Who will benefit most from HEAL™?

People who are ready to change their behaviour will benefit most from participating in HEAL™. Such persons would be ready to start planning simple steps and take appropriate action to improve their lifestyle. GPs are well placed to determine if a patient is ready to be involved in this program.

Screening a patient to participate in HEAL™

As HEAL™ includes physical activity sessions, participants will need to be in a reasonable physical condition to safely participate in the exercise component of HEAL™. GPs are encouraged to screen patients during the referral process. See the HEAL™ GP referral form for further details.

Who facilitates the program?

HEAL™ education and exercise sessions are facilitated by allied health professionals. These professionals are trained to support participants who may be unfamiliar with how to make positive health and lifestyle changes or who may be unsure of how to take up physical activity.

What is included in HEAL™?

HEAL™ consists of 2 hours of group sessions over 8-weeks:

- 1 hour of supervised exercise
- 1 hour of lifestyle education

Group exercise sessions involve low to moderate intensity aerobic & resistance activities and are modified to suit individual needs.

One-on-one health consultations to assess current fitness, plan an appropriate exercise program, measure and assist ongoing progress during and following the program:

- At the start of the program
- After the 8 weeks of classes
- 5 & 12 months after starting the program

Participants are encouraged to see their GP at 6 & 9 months after starting the program to monitor progress.

How much will HEAL™ cost?

HEAL™ is being offered to the community at a subsidised rate. HEAL™ program participants are asked to contribute a maximum donation of \$50 to participate in the eight week program. Concession card holders are exempt from this donation.

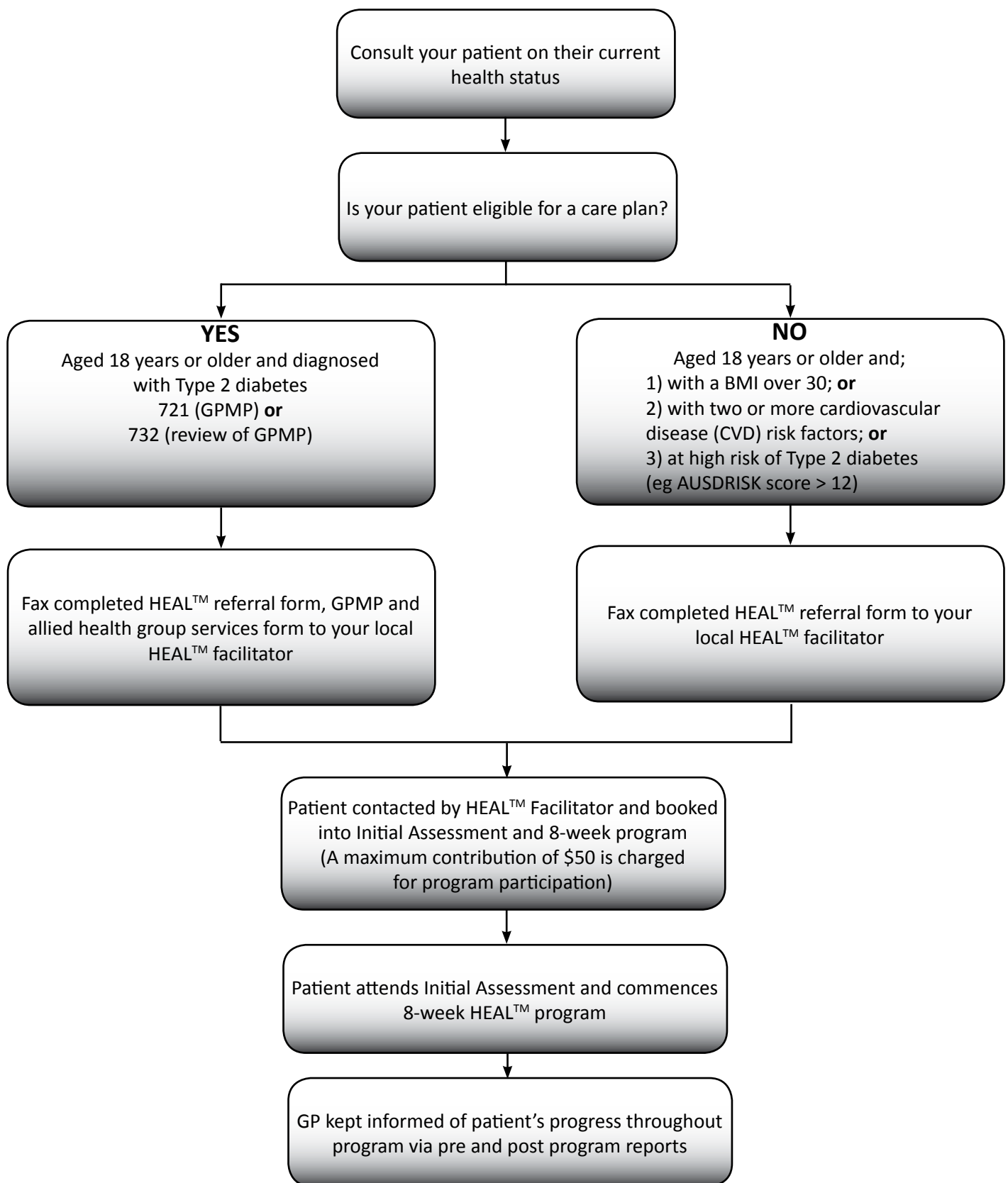
More information

For more information on HEAL™ visit: www.swsml.com.au, www.essa.org.au or contact the clinic below that runs regular HEAL™ programs in your local area.



How do I refer a patient to HEAL™?

Take the following steps to refer a patient into HEAL™:



HEAL™ Provider Details:

Surname: _____ First Name: _____

DOB: _____ Gender: M / F Aboriginal or Torres Strait Islander: Yes / No

Address: _____

Phone: (H) _____ (M) _____

Referral Criteria: Type II diabetes At risk of Type II diabetes
 BMI > 30 2 or more CVD risk factors

Patient has:

A new GP Management Plan (MBS Item 721) **OR** A review of an existing GP Management Plan (MBS Item 732)

A referral form for Group Allied Health Services is also attached

If available, I would also like to refer the patient for individual consultations under EITHER;

A Team Care Arrangement (MBS Item 723) **OR** A review of an existing Team Care Arrangement (MBS Item 732)

CONTRAINDICATIONS:

Absolute: IF ALL ITEMS ARE NOT CHECKED YOUR PATIENT IS NOT SUITABLE FOR EXERCISE

- No recent significant change in resting ECG, recent MI, unstable angina or uncontrolled arrhythmia
- No symptomatic severe aortic stenosis, uncontrolled symptomatic heart failure, myocarditis or pericarditis
- No suspected or known dissecting aneurysm, acute pulmonary embolus or infarction, acute systemic infection

Relative: THESE ITEMS ARE DISCRETIONARY IF EXERCISE BENEFITS OUTWEIGH RISKS -COMMENT IF RELEVANT

- No severe hypertension (SBP>200mm Hg, DBP>110mm Hg), left main coronary stenosis, moderate stenotic heart disease
- No high-degree AV block, ventricular aneurysm, hypertrophic cardiomyopathy, tachydysrhythmia or bradydysrhythmia
- No electrolyte abnormalities, uncontrolled metabolic disease

Comments:

If in doubt a specialist opinion may be necessary before participating in the program.

Please note, the HEAL™ facilitator may refer back to the GP if any contraindications arise during the program.

GP & Patient Consent

- As the GP, I have discussed what the exercise program involves, the benefits & potential risks/ discomforts (e.g. injury, heart problems).
- The contraindications form & any further investigations necessary have been completed.
- I agree, in consultation with the patient, that they are suitable for a low to moderate exercise assessment & exercise sessions.
- As the patient, I have read and understand 'Participating in the HEAL™ Program (below)

GP signature: _____

Patient signature: _____ Date: _____

Referring GP / Practice nurse:

(stamp contact details here)

Participating in the HEAL™ Program

- Participation in the program is voluntary.
- Your personal information remains confidential and all data collected is stored in a secure location. Staff who have access to this data have signed confidentiality agreements. Collated & de-identified data (where all of your personal details have been removed) may be provided to the Commonwealth Department of Health & Ageing and may be used for the purposes of auditing, research, evaluation & quality assurance.
- I hereby agree to my record being provided to the HEAL™ facilitator to assist in my health management.
- I understand that I have the right to withdraw consent at any time, without penalty, by requesting that my personal information be deleted.
- This consent is subject to: 1) the information stored being kept secure & confidential; 2) any information required for an audit, research &/or planning being used on an anonymous basis.
- I also understand that if I have any question relating to the security of my personal information I can ask my doctor, my HEAL™ facilitator or the HEAL™ National coordinator on 1300 179 765.

Referral form for Group Allied Health Services under Medicare for patients with type 2 diabetes

Note: GPs can use this form issued by the Department of Health and Ageing or one that contains all of the components of this form.

PART A – To be completed by referring GP (tick relevant boxes):

- Patient has type 2 diabetes AND either
- GP has prepared a new GP Management Plan (MBS item 721) OR
- GP has reviewed an existing GP Management Plan (MBS item 732) OR
- for a resident of an aged care facility, GP has contributed to or reviewed a care plan prepared by the facility (MBS item 731) [Note: Generally, residents of an aged care facility rely on the facility for assistance to manage their type 2 diabetes. Therefore, residents may not need to be referred for allied health group services as the self management approach may not be appropriate.]

Note: GPs are encouraged to attach a copy of the relevant part of the patient's care plan to this form.

Please advise patients that Medicare rebates and Private Health Insurance benefits cannot both be claimed for this service

GP details

Provider Number

Name

Address Postcode

Patient details

First Name Surname

Address Postcode

Note: Eligible patients may access Medicare rebates for **one** assessment for group services item in a calendar year. Indicate the name of the practitioner (diabetes educator, exercise physiologist or dietitian), or the allied health practice, you wish to refer the patient to for this assessment. The assessment must be done before the patient can access group services.

Allied Health Practitioner (or practice) the patient is referred to for Assessment:

Name of AHP or practice

Address Postcode

Referring GP's signature

Date

PART B – To be completed by Allied Health Professional who undertakes Assessment service:

Eligible patients may access Medicare rebates for **up to 8** allied health group services in a calendar year. Group size must be between 2 and 12 persons.

Indicate the name of the provider/s, and details of the group service program.

Name of provider/s:

Name of program:

No. of sessions in the program:

Venue (if known):

Name of Referring AHP:

Signature and date

AHPs must provide, or contribute to, a **written report** to the patient's GP after the Assessment service and at completion of the group services program.

AHPs should retain a copy of the referral form for record keeping and Medicare Australia audit purposes.

Allied health services funded by other Commonwealth or State/Territory programs are not eligible for Medicare rebates under these items, except where the service is operating under sub-section 19(2) arrangements.

This form may be downloaded from the Department of Health and Ageing website at www.health.gov.au/mbsprimarycareitems.

THIS FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS



Referral Form for Individual Allied Health Services under Medicare for patients with a chronic medical condition and complex care needs

Note: GPs can use this form issued by the Department of Health and Ageing or one that contains all of the components of this form.

To be completed by referring GP:

Please tick:

- Patient has GP Management Plan (item 721 or review item 732) AND Team Care Arrangements (item 723 or review item 732)
- GP has contributed to or reviewed a multidisciplinary care plan prepared by the patient's aged care facility (item 731)

Note: GPs are encouraged to attach a copy of the relevant part of the patient's care plan to this form.

Medicare rebates and Private Health Insurance benefits cannot both be claimed for these services. Patients should be advised that they must choose whether to access one or the other.

GP details

Provider Number

Name

Address Postcode

Patient details

Medicare Number Patient's ref no.

First Name Surname

Address Postcode

Allied Health Professional (AHP) patient referred to: (Please specify name or type of AHP)

Name

Address Postcode

Referral details – Please use a separate copy of the referral form for each type of service

Eligible patients may access Medicare rebates for up to 5 allied health services (total) in a calendar year. Please indicate the number of services required by writing the number in the 'No. of services' column next to the relevant AHP.

No of services	AHP Type	Item Number	No of services	AHP Type	Item Number	No of services	AHP Type	Item Number
	Aboriginal Health Worker	10950		Exercise Physiologist	10953		Podiatrist	10962
	Audiologist	10952		Mental Health Worker	10956		Psychologist	10968
	Chiropractor	10964		Occupational Therapist	10958		Speech Pathologist	10970
	Diabetes Educator	10951		Osteopath	10966			
	Dietitian	10954		Physiotherapist	10960			

Referring General Practitioner's signature

Date signed

The AHP must provide a written report to the patient's GP after the first and last service, and more often if clinically necessary.

Allied health professionals should retain this referral form for record keeping and Medicare Australia audit purposes.

Allied health services funded by other Commonwealth or State/Territory programs are not eligible for Medicare rebates under this initiative.

This form may be downloaded from the Department of Health and Ageing website at www.health.gov.au/mbsprimarycareitems

THE FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS