721 GP MANAGEMENT PLAN (GPMP) for HEPATITIS B
723 TEAM CARE ARRANGEMENTS (TCA) (if applicable)

Patient eligibility

- 721 - patients with a chronic or terminal medical condition (existing or likely to exist for 6 months)
- 723 - patients must also have complex needs that require ongoing care from a multidisciplinary team (GP + at least 2 care providers)
- Patients in the community and private in-patients being discharged from hospital
- Patients NOT available to public in-patients being discharged from hospital NOR residents living in an aged care facility

Date service was provided:	

Patient's name and address:	
Date of Birth:	
Contact Details:	
Medicare No.	
Private health insurance details, if applicable or health care card details:	

Details of patient's usual GP:	**Details of patient's carer (if applicable):**

If the patient has a previous or existing care plan, when was it prepared and what were the outcomes:

Other notes or comments relevant to the patient's care planning eg need for translator:

Current problems:

Medications:

Allergies:

Social history:

Ethnicity, languages spoken:

Other team members (optional)	**Address / phone**

Patient's health problems / health needs / relevant conditions	Management goals with which the patient agrees	Treatment and services required, including actions to be taken by the patient	Arrangements for treatments/services 721 - as needed 723 - mandatory to obtain agreement & collaborate with 2 care providers

Chronic hepatitis B: see www.ashm.org.au www.gesa.org.au www.hepbhelp.org.au			
Confirm patient is HB sAg +ve for > 6 months	Confirm chronic hepatitis B	Check anti-HBs, anti-HBc, HBsAg, HBeAg, anti-HBe, HBV viral load (DNA), LFT	GP
Notify health department	Appropriate notification as required by regulations	Notify all patients diagnosed with chronic hepatitis B if required in your jurisdiction	GP
Determine likely time / mode of infection	More information about source of infection	Obtain history of jaundice or other indications of likely date of infection, family history of hepatitis B / chronic liver disease/ liver cancer	GP
Testing +/- vaccination of family and sexual or household contacts	Detection of chronic HBV in family/contacts Vaccination to protect susceptible contacts	Testing all first degree family and sexual/household contacts – HBsAg, anti-HBs, anti-HBc Vaccination of susceptible contacts	GP / Nurse
Education about hepatitis B	Good understanding of chronic hepatitis B	Patient education re - disease progression - need for life-long monitoring, treatment - potential transmission - screening / vaccinations of family, household, sexual contacts - co-factors such as alcohol	GP / Nurse
Review medication if prescribed	Correct use of medications, minimise side effects, good adherence	Patient education Review medications	GP
Perform baseline examinations and tests	Detect signs of advanced liver disease or cirrhosis	Physical examination Investigations: FBC, coagulation, UEC, LFT, alpha-fetoprotein (AFP) Abdominal ultrasound Specialist referral if symptoms / signs of cirrhosis	GP Specialist
Detect other causes of liver disease	Need to optimise liver health	Check Hep A, Hep D, Hep C, HIV serology, iron studies, auto-immune screen, caeruloplasmin, alpha-1 antitrypsin Review alcohol intake, weight Vaccinate if hepatitis A Ab -ve	GP

Determining phase of infection, monitoring and referral: based on HB eAg, LFT, HBV viral load (DNA)			
Immune tolerant phase HBeAg +ve ALT normal HBV DNA > 20000 IU	Check every 6-12 months to monitor for change in phase	If young annual check or more frequently if any concerns. Consider specialist review if over 40 years.	GP
Immune clearance phase HBeAg +ve ALT elevated HBV DNA variable but may be > 20000	Need for more detailed assessment and possible treatment	Referral for specialist review and possible treatment.	GP Specialist
Immune control phase HBeAg -ve ALT normal HBV DNA < 2000 IU	Check every 12 months to monitor for change in phase	Annual check or more frequently if any concerns	GP

Immune escape phase HBeAg -ve ALT elevated HBV DNA > 2000 IU	Need for more detailed assessment and possible treatment	Referral for specialist review and possible treatment	GP Specialist
Hepatocellular carcinoma (HCC) screening Abdominal ultrasound alpha-fetoprotein (AFP)	Early detection of HCC	6 monthly screening if - cirrhosis - Asian male > 40 - Asian female > 50 - African > 20 - Fhx HCC	GP Specialist

Lifestyle: see RACGP Red Book for details www.racgp.org.au/guidelines/redbook			
Smoking Current:	Complete cessation	Smoking cessation strategy: - set Quit date, consider medication	Patient GP / Nurse
Weight Weight BMI Waist circumference	Target weight: Ideal weight: BMI ≤ 25, Waist <94 cm males, <80 cm females	Monitor Review 6 monthly	Patient GP / Nurse Dietician
Nutrition	Maintain healthy diet	Patient education	Patient GP / Nurse Dietician
Physical activity Current:	Target: Ideal: 30 minutes of moderate activity on most days	Patient exercise routine	Patient GP Exercise Physiologist
Alcohol intake Current drinks / day	Target: drinks / day Ideal: minimal complete abstinence if cirrhosis	Patient education	Patient GP / Nurse

Cardiovascular / metabolic: see RACGP Red Book for details			
CV risk calculation Absolute risk:	Minimise risk	Depends on risk	Patient GP /Nurse
Blood pressure Current:	Ideal: < 120/80 mm Hg	Check every 6-24 months Non-drug eg weight loss Medication if elevated	Patient GP / Nurse
Lipids TC LDL HDL TG	Optimise lipids TC LDL < 2.5 HDL > 1.0 TG < 1.5	Check every 1-5 yr Dietary change Medication if required	Patient GP / Nurse Dietician
Type 2 diabetes Current glucose	Fasting glucose <5.5 mmol/L	Check every 1-5 yrs Dietary change Medication as required	Patient GP / Nurse Dietician
Renal eGFR, urinalysis	eGFR > 90 normal urinalysis	Check every 1-5 yrs	GP / Nurse

Vaccination: see RACGP Red Book for details			
Influenza	Prevent	Annual vaccination if at risk	GP / Nurse
Hepatitis A	Prevent	Vaccination x 2 if a risk	GP / Nurse
Human papilloma virus	Prevent	Vaccination x 3 – females	GP / Nurse
Pneumococcal	Prevent	Vaccination every 5 years if at risk	GP / Nurse
Tetanus/pertussis	Prevent	Vaccination every 10 years	GP / Nurse

Cancer screening: see RACGP Red Book for details			
Colon	Early detection	FOBT (every 2 years age 50 – 75) or	GP / Nurse

		colonoscopy (every 5 years if +ve Fhx)	
Skin	Early detection, prevention	Sun avoidance and protection Regular skin checks (opportunistic, high risk > 40)	GP / Nurse

Breast (female)	Early detection	Mammogram every 2 years (age 50 – 69)	GP / Nurse
Cervical (female)	Early detection	PAP every 2 years	GP / Nurse

Prostate (male)	Early detection	Consider PSA / DRE from age 50	GP / Nurse

Other: see RACGP Red Book for details			
Sexual health screen	Early detection	Screen for Chlamydia if aged 15- 25 Other STI depending on risk group	GP / Nurse
Depression	Early detection, treatment	Opportunistic screening	GP / Nurse
Dental health	Optimise dental health	Referral for regular dental care	GP / Nurse Dentist
Vision / Glaucoma	Prevent visual loss	Referral to ophthalmologist / optometrist if at high risk (Fhx glaucoma, diabetes, > 60)	GP Ophthalmologist Optometrist
Osteoporosis	Optimise bone health	Screen females > 45, males > 50 or younger if risk factors (eg fracture hx, underweight, Fhx, corticosteroid use, endocrine disorder) Review calcium, vitamin D intake	GP / Nurse / Dietician

Other health problems			
Health problems	Management goals	Treatment and services required	Arrangements

721	☑ I have explained the steps and costs involved, and the patient has agreed to proceed with the GP MANAGEMENT PLAN service	(GP's Signature & Date)
723 (if applicable)	☑ I have explained the steps and costs involved, and the patient has agreed to proceed with the TEAM CARE ARRANGEMENTS service ☑ The patient also agrees to the involvement of other care providers and to share clinical information without / with restrictions (identify)	(GP's Signature & Date)

Copy offered to patient?	YES / NO
Copy added to the patient's records?	YES / NO
Date GPMP completed:	**/ /**
Date TCA completed:	**/ /**
Copy / relevant parts of GPMP/TCA supplied to other providers? (*Mandatory for 723)*	YES / NO / NOT REQUIRED
Review Date: *(6 months)*	/ /