



Case Conferencing Quick Guide

Purpose of Case Conferencing

Case conferencing is a structured, collaborative process that brings together multidisciplinary health professionals to coordinate care for patients with complex, chronic or mental health conditions. Case conferencing is recognised by Medicare and is encouraged to support improved patient experience and outcomes, with facilitated input by the care team. It aims to:

- Improve care coordination and continuity
- Reduce hospital admissions and emergency department visits
- Enhance patient outcomes
- Support culturally safe and goal-directed care

Team Member Roles & Responsibilities

1. General Practitioners (GPs)

- ☐ **Clinical Lead:** Typically serve as the lead clinician, responsible for initiating and coordinating the case conference.
- ☐ **Care Planning:** Develop and review care/management plans, provide referrals, and ensure follow-up.
- ☐ **Communication:** Share clinical summaries, patient goals, and updates via secure messaging and My Health Record.

2. Practice Nurses (PNs)/ Care Coordinators / Nurse Navigators

- ☐ **Care Coordination:** Provide support for follow-ups, recalls, and monitoring of patient progress. Serve as the Case Conference facilitator by coordinating scheduling with all team members, ensuring timely participation. During the conference, record clinical notes and manage time to maintain structure and keep discussions on track.
- ☐ **Clinical Input:** Provide insights into patient barriers, enablers, and social risks.
- ☐ **Documentation:** Update shared health summaries and assist with MHR entries.
- ☐ **System Navigation:** Coordinate communication with all members attending the case conference (GP, allied health, specialists, pharmacist and others). This may include coordination between the primary care setting and other health services such as residential aged care homes, hospitals, outpatient services and specialists.
- ☐ **Health Literacy Support:** Empower patients to self-manage, build knowledge and understanding of care plans.

3. Allied Health Professionals (AHPs)

- ☐ **Specialist Input:** Deliver targeted interventions (e.g., physiotherapy, dietetics, psychology).
- ☐ **Medication Management:** Pharmacists conduct reviews and audits, educate clinicians.
- ☐ **Team Collaboration:** Participate in huddles and case conferences. Allied health practitioners can use MBS items to participate in multidisciplinary case conferences with the patient's medical practitioner and other providers.

For more information on Allied Health Practitioners participating in **multidisciplinary case conferences** see [MBS Online - Allied Health Case Conferencing Requirements of care plans and case conferences - Health professionals - Services Australia](#) or for Allied Health Practitioners participating in **mental health case conferences** see [MBS Online - Mental Health Case Conferencing items](#)

4. Aboriginal and/or Torres Strait Islander Health Practitioners

- ☐ **Cultural Safety:** Ensure care is culturally appropriate and inclusive.
- ☐ **Community Linkage:** Bridge communication between clinical teams and Aboriginal communities.
- ☐ **Coordination and Clinical Care:** Coordinate and deliver care (see [NAATSIHWP scope of practice](#)).

5. Other Specialists and consultants (such as paediatrician, psychiatrist, gerontologist, or other medical specialty relevant to the patient's condition).

- **Specialist Input:** Deliver targeted interventions.
- **Communication:** Share clinical summaries, patient goals, and updates via secure messaging and My Health Record.

Case Conference Structure & Tools

Consider some tools and templates that may make your case conference easier to carry out:

- **Templates for Invitations and Attendance:** Standardised forms help track participant roles, consent, and participation status.
- **Action and Follow-Up Templates:** Structured tables for listing objectives, responsible parties, deadlines, and areas for review to support accountability.
- **Case Presentation Slides or Checklists:** Visual aids and step-by-step guidance ensure clarity when presenting complex cases.

The flowchart below depicts each stage of the case conference process, a practice team member (e.g. practice nurse) can assist as a case conference ‘facilitator’ to pull all of the details and documentation together that is required for the case conference, including distributing a record of the case conference to all participating health professionals and documenting actions on a patient’s care plan.



Case Conference MBS Rules

- The multidisciplinary case conference team must include a GP/prescribed medical practitioner and at least 2 other members providing different kinds of care to the patient. [Note MN.3.2 | Medicare Benefits Schedule](#)
- A mental health case conference [Note AN.15.1 | Medicare Benefits Schedule](#) must be organised by a medical practitioner (GP, prescribed medical practitioner or consultant physician in their specialty of paediatrics or psychiatry) and involve at least two other members of the multidisciplinary case conference team providing different kinds of treatment to the patient.

Key Enablers for Effective Case Conferencing

- Co-location of services in health hubs or effective use of virtual platforms
- Shared electronic medical records
- Clear protocols and team charters
- Use of telehealth (in particular videoconferencing) for outreach and coordination

To learn more, contact Northern Queensland Primary Health Network’s Primary Care Engagement team at pce@nqphn.com.au