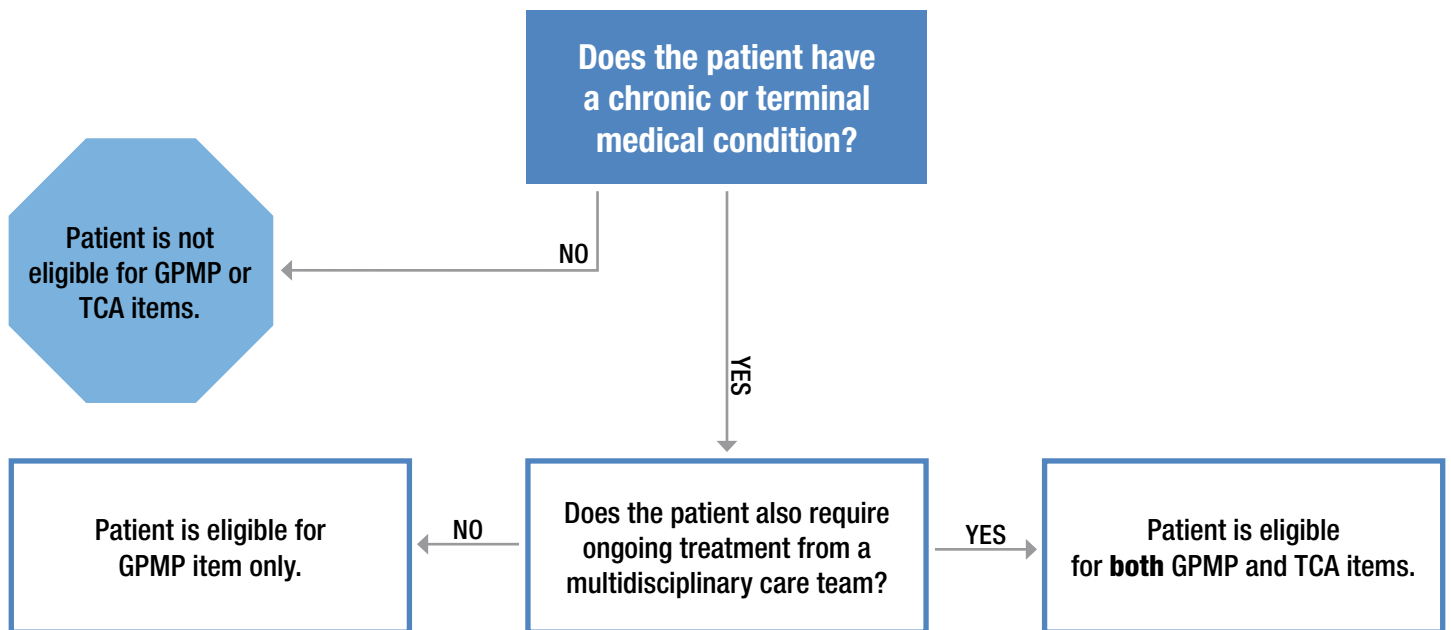




Quick reference guide for general practitioners

GP Management Plans (GPMP—Medicare Item 721)
Team Care Arrangements (TCA—Medicare Item 723)



GPMP (Item 721) requirements†

- Assess to identify and/or confirm patient’s health care needs, health problems and conditions.
- Agree management goals with the patient.
- Identify actions to be taken by the patient.
- Identify treatment and services for the patient.
- Make any necessary arrangements for the provision of treatment and services required by the patient.
- GPMP must be a comprehensive written plan including the above and specify a date to review the GPMP (MBS Item 725—recommended every six months).
- Offer a copy of the GPMP to the patient.

TCA (Item 723) requirements†

- Discuss with the patient the treatment required and the proposed treatment/service providers.
- Obtain consent from patient to share relevant clinical information with the proposed service providers.
- Obtain agreement from the service providers to participate in the TCA.
- Collaborate with the service providers to discuss potential treatment/services to achieve management goals for the patient.
- TCA must document treatment and service goals for the patient, treatment and services that collaborating providers have agreed to provide, actions to be taken by the patient and specify a date to review the TCA (MBS Item 727—recommended every six months).
- Offer a copy of the TCA to the patient.

Quick reference guide for general practitioners

Chronic condition

A chronic medical condition is a condition that has been, or is likely to be, present for at least six months, including, but not limited to: asthma, cancer, cardiovascular illness, diabetes mellitus, musculoskeletal conditions and stroke.

Multidisciplinary care team for the purposes of a TCA

- GP plus at least two other health or care providers who will be providing ongoing treatment/care for the patient.
- Each of the health or care providers must be providing a different type of ongoing treatment/care.
- A patient's informal or family carer does not count as one of the other two health or care providers but can be involved in the TCA process.

TCA collaboration

- Must be based on two-way communication. Preferably this communication would be oral (telephone or face to face), however, if this is not practicable, it can be via an exchange of faxes or email (ensuring privacy of patient information is safeguarded).
- Should relate to the specific needs and circumstances of the patient.
- Must include advice from providers on treatment and management of the patient.

† **GPMP** and **TCA** services should be undertaken by the patient's usual GP. The patient's usual GP is considered to be the GP, or a GP working in the medical practice, who has provided the majority of care to the patient over the previous 12 months and/or will be providing the majority of care to the patient over the next 12 months.

Claiming frequency: The recommended frequency of GPMP or TCA services is once every two years, with regular reviews (recommended six monthly) of the patient's progress against the plan. This should be applied with regard to the patient's requirements. In general, a new GPMP or TCA should not be prepared unless required by the patient's condition needs and circumstances. The minimum claiming period is 12 monthly although in exceptional circumstances (e.g. repeated discharge from hospital), more frequent claims can be made. If the GP is unsure whether the patient currently has a GPMP and/or TCA in place, they should contact Medicare Australia on **132 150***.

It is suggested that practices establish systematic ways of encouraging patients to attend for a review of their care plan. The MBS review items are 725 (GPMP) and 727 (TCA).

The GPMP and TCA items already cover a consultation and therefore a separate MBS consultation item should not be claimed on the same day that GPMP and TCA items are claimed unless it is clinically indicated that the problem must be treated immediately.

Access to allied health services (MBS items 10950—10970)

Patients can, on referral, access individual allied health services once the GP has completed both the GPMP and TCA services.

Important: GPMPs and TCAs are not designed simply as mechanisms to provide Medicare rebates for allied health services. They are tools to coordinate the care of people with chronic conditions and help to reduce the need for ad hoc consultations.

It is strongly recommended that health professionals refer to the latest Medicare Benefits Schedule for full information about the items, including the explanatory notes. Information is available at www.health.gov.au/epc as well as useful tools, templates, checklists and questions and answers.

* Call charges apply