

## IMPORTANT FACTS ABOUT GP Management Plans and Team Care Arrangements

- Your Doctor will decide if you fulfill the eligible requirements set by Medicare Australia, prior to preparing a plan.
- Medicare Australia has restriction on who can and can't have a Management Plan prepared. **Not everyone with a chronic condition will be eligible.** If you are unsure if you qualify for a plan, please ask your Doctor.
- The time required to prepare a plan will vary between people depending on how complex the conditions. The Practice Nurse may assist in this process.
- People with a Team Care Arrangement can access a total of five (5) health care professional services per calendar year.
- Health Care Services, under a Team Care Arrangements are not free, a rebate from Medicare applies.
- Health Care Services provided by practice "MAHS" providers, Public Hospital eg Physiotherapy , Dietetics, etc are **not eligible** for rebates from Medicare under a Management Plan. Only services provided by "Private" Health Care Professionals can be claimed. Public providers can of course be included as part of your health care team
- Each person with a Management Plan will be offered a copy of the plan.



Albury Wodonga Regional GP Network

AWRGPN and North East Victorian Division of General Practice

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NE VICTORIAN  
DIVISION OF  
GENERAL PRACTICE



Albury Wodonga Regional GP Network



## GP MANAGEMENT PLANS AND TEAM CARE ARRANGEMENTS

Patient information

## GP Management Plans (GPMP)

### What is GP Management Plan?

A GP Management Plan involves your Doctor developing a written plan of management in consultation with you. The GPMP is a written information to help you manage your chronic and complex condition.

### Why should I have a GP Management Plan?

A GPMP is important as it will give you and your GP a better understanding of your care needs. The plan will coordinate the care you receive more effectively, particularly when you have a number of Doctors and other Health Professionals. A GPMP aims to ensure everyone involved in your care works together to help you manage your condition.

### Who is eligible for a GP Management Plan?

Only people with a chronic or terminal medical condition that has been present, or is likely to be present for 6 months or longer. For example Diabetes, Asthma, Arthritis, Cancer and Heart Disease.

### What happens if I am eligible?

When your GP decides you are eligible together you and your GP will decide;

- What your health problems and needs are?
- What goals you would like included in the plan?
- What, if any, other health care or services you need?

In many cases, the Practice Nurse will assist in the process. You may also wish to have your regular carer or a family member present. When preparing a plan, GPs and nurses will consider your physical, psychological and social needs.

### How often should this be done?

GPMP's can be prepared once a year but is recommended once every two years. Reviewing a GPMP is just as important as preparing it. After preparing a plan, you and your GP will decide when you should review it. A review of your plan will usually take place 6 months after the plan has started, and again at 12 and 18 months. Earlier reviews can be arranged if your condition changes significantly.

## Team Care Arrangements (TCA)

### What does this mean?

After preparing your GPMP, your Doctor may identify that you could benefit from the input of other Health Care Providers. In this case, your Doctor may recommend a TCA. A TCA involves at least two other health care professionals who will provide ongoing services in addition to your Doctor. With your consent, your GP will ask the relevant health providers to form a team and work together in developing a plan based on your care requirements. In many cases, a Practice Nurse will assist in the process.

### Other private Health Care Professionals Who May Be Part Of Your Team Care Arrangements

A list of health care professionals that can be nominated by your Doctor and that can provide services for people with Team Care Arrangement is provided below. These services include only "private providers", not services delivered from a public hospital or MAHS providers. Private providers may include:

Aboriginal Health Worker

Mental Health Worker

Audiologist

Occupational Therapist

Chiropractor

Osteopath

Chiropodist

Physiotherapist

Diabetes Educator

Dietitian

Podiatrist

Psychologist

Exercise Physiologist

Speech Pathologist

### How often can a Team Care Arrangement be done?

Team Care Arrangements can be prepared once a year but is recommended once every two years. Once the plan is in place, it is recommended that a review take place approximately every six months. Earlier reviews can be arranged if your condition changes significantly.

### Are there Medicare Rebates?

People with a GPMP and TCA are eligible for 5 Medicare rebates per year for services provided by "Private" health care professionals. The health care professionals must be registered with Medicare Australia before Medicare will rebate the service. To check this, ask your Doctor, Practice Nurse or Health Care Professional. Medicare has to approve the claim made by your GP before you can claim your rebate from the allied health professional.