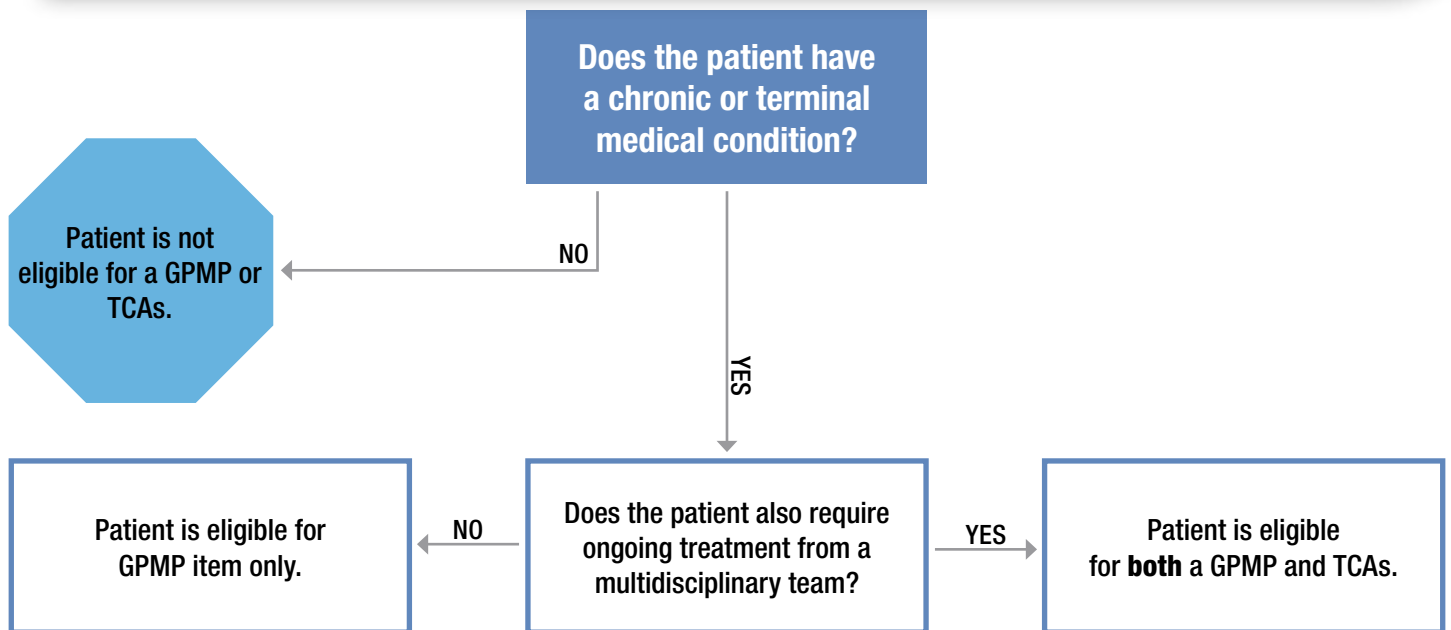




Quick reference guide for general practitioners

GP management plan (GPMP—Medicare item 721)
Team care arrangements (TCAs—Medicare item 723)



GPMP (item 721) requirements†

- Explain to the patient the steps involved in preparing the plan and record their agreement to proceed.
- Assess to identify and/or confirm the 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 and make any necessary arrangements.
- GPMP must be a comprehensive written plan describing the above and must specify a date to review the GPMP (MBS item 732—recommended every six months).
- Offer a copy of the plan to the patient and add a copy to the patient's medical records.

TCAs (item 723) requirements†

- Explain to the patient the steps involved in the development of the TCAs and record their agreement to proceed.
- Consult with at least two collaborating providers, who will provide a different kind of treatment/service to the patient.
- Prepare a document describing 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 TCAs (MBS item 732 - recommended every six months).
- Discuss with the patient the collaborating providers who will contribute to the TCAs and provide treatment/ services.
- Offer a copy of the TCAs to the patient, give copies of the relevant parts of the document to the collaborating providers and add a copy of the document to the patient's medical records.

Quick reference guide for general practitioners

GP management plan (GPMP—Medicare item 721)

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Chronic condition

A chronic medical condition is one 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 team for the purpose of TCAs

- A GP plus at least two other health or care providers who will be providing ongoing treatment/services for the patient.
- Each of the health or care providers must be providing a different type of ongoing treatment/services.
- 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 process.

TCAs 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 through 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 **TCAs** 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 TCAs is once every two years, with regular reviews (recommended every six months) 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 TCAs should not be prepared unless required by the patient's condition, needs and circumstances. The minimum claiming period is 12 months, 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 TCAs 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 item is 732 for reviewing a GPMP and TCAs. Item 732 can be claimed twice on the same day for the review of a GPMP and TCAs provided the MBS item descriptor and explanatory notes for item 732 are met.

The GPMP and TCAs already cover a consultation and therefore a separate MBS consultation item should not be claimed on the same day that GPMP and TCAs 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 TCAs.

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.

For more information

Call **132 150***

Visit **www.health.gov.au/mbsprimarycareitems**

Visit **www.medicareaustralia.gov.au/education** to access other education resources.

*Call charges apply.