

GP Management Plans (Medicare item 721) Important Reminders

The Department of Health and Ageing would like to remind GPs about key requirements of GP Management Plans (GPMP – Medicare Item 721). This list provides a brief summary only. Practitioners should refer to the latest Medicare Benefits Schedule (MBS) for full details of the items (www.mbsonline.gov.au), and the department's web site (www.health.gov.au) for more information including care planning checklists and templates.

1. The recommended frequency for a GPMP is once every two years, with regular reviews recommended every six months. This is not mandatory – in general, a new GPMP should not be prepared unless and until required by the patient's condition, needs and circumstances.
2. To be eligible for a GPMP, a patient must have a chronic (or terminal) medical condition - one that has been or is likely to be present for 6 months or longer, including, but not limited to asthma, cancer, cardiovascular illness, diabetes mellitus, musculoskeletal conditions and stroke.
3. Whether or not a patient is eligible for a GPMP is essentially a matter for the GP to decide.
4. The GP is responsible for the GPMP, which is a plan of action that a GP has agreed with the patient for the management of the chronic condition.
5. GPMPs are designed to improve the quality of patient care and must be done thoughtfully, with adequate clinical input that seeks to improve a patient's health outcome.
6. A GPMP is required by legislation to be a **comprehensive written plan** that describes:
 - the patient's health care needs, health problems and relevant conditions
 - management goals with which the patient agrees
 - actions to be taken by the patient
 - treatment and services the patient is likely to need
 - arrangements for providing these treatment and services
 - a date to review these matters.
7. Reviewing a GPMP is an important part of the planning cycle, where the GP and the patient check that goals are being met and agree on any changes that might be needed.
8. The GPMP item covers the consultation at which the item is undertaken and so, in general, a separate consultation should not be undertaken with a GPMP unless it is clinically indicated that the problem must be treated immediately.
9. All CDM items should be provided by the patient's usual GP. The term 'usual GP' would not generally apply to a practice that provides a one-off service to a patient. Any services designed to prevent or manage chronic illness are best provided by the GP or practice that will be responsible for the patient's long term care.
10. Patient information brochures to help GPs to discuss GPMPs with their patients are available on the department's web site.