

GP Management Plans & Team Care Arrangements

Important Facts About Management Plans

- Your GP will decide if you fulfill the eligibility requirements set by Medicare Australia prior to preparing a plan.
- The time required to prepare a plan will vary between depending on how complex the conditions.
- 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 Arrangement are not free. A rebate is provided by Medicare but there may be gap payments.
- Each person with a GP Management Plan will be offered a copy of the plan.



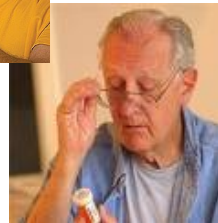
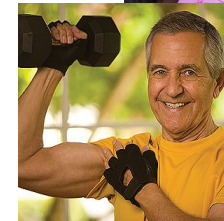
New England Division of General Practice (NEDGP) is working towards

- Maintaining and improving standards of General Practice
- Bringing General Practitioners closer to the community
- Identifying the health care needs of the community within its boundaries and facilitating programs and services to meet those needs
- Providing educational and practical support for the optimal delivery of primary health care in the Division area
- Facilitating links between General Practitioners and other health care professionals throughout the Division
- Promoting research programs which focus on issues relating to rural General Practice

213 Rusden St, Armidale, 2350 NSW
Send to : PO Box 1321, Armidale NSW
Contact : 02 6771 1146 Fax: 6771 1170
www.nedgp.org.au



GP Management Plans & Team Care Arrangements



Patient Information





Management Plans

A GP Management Plan involves your GP developing a written plan of management in consultation with you. The GP Management Plan is a written set of information about what you need in the management your chronic and complex condition

Who will benefit from a GP Management Plan?

People with a chronic or terminal medical condition that has been or will be present for 6 months or longer. For example those with Asthma, Diabetes or Heart Disease.

Preparing a GP Management Plan

When your GP decides to prepare a GP Management Plan the following will occur. Together you and your GP decide:

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

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

How often can a GP Management Plan be done?

GP Management Plans can be prepared once every one to two years and reviewing the plan is just as important as preparing the plan. Plans should be reviewed at least 6 monthly. Earlier reviews can be arranged if your condition changes significantly.

Team Care Arrangements

After preparing a GP Management Plan, your GP may identify that you could benefit from the input of other health care providers. Your GP may recommend a Team Care Arrangement. This involves at least two other health professionals in addition to your GP. 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 some cases a Practice Nurse may assist in this process.

Other health care professionals that your GP may ask to be part of the Team Care Arrangement

Aboriginal Health Worker
Audiologist
Chiropractor
Diabetes Educator
Chiropodist
Dietician
Mental health Worker
Occupational therapist
Osteopath
Physiotherapist
Podiatrist
Psychologist
Speech Pathologist

These services include only “private” providers , not services delivered from within a public hospital.

How often can a Team Care Arrangement be done?

Team Care Arrangements can be done every one to two years while it is recommended that a review take place every 6 months. Earlier reviews can be arranged if your condition changes significantly.

Are there Medicare rebates?

People with a GP management Plan and a Team Care Arrangement are eligible for 5 Medicare rebates per year for services provided by “private” health care professionals. The health care professional must be registered with Medicare before Medicare will rebate the service. **Please note that there may be a gap payment. Check with the health care professional before your appointment.**

