

Item 721: GP Management Plan

Identify eligible patients.

Discuss process with patient and gain agreement. Document agreement.

Assessment of patient.

Collaborate with patients to develop management goals. Document goals.

Establish treatments/services (from other providers), and develop patient actions to meet goals. Document.

Set Review Date. Document. Establish recall appointment.

Add notation to patient's progress notes: where document is stored.

Offer document to patient. Document.

721 complete and can be invoiced.

Item 725: GP Management Plan Review

Discuss with patient whether needs or goals have changed. Modify where needed.

Document changes.

Set new review date. Document. Establish recall appointment.

Add notation to patient's progress notes: where document is stored.

Offer copy to patient. Document.

725 complete and can be invoiced.

This document is a guide for GPs and practice nurses in creating EPC plans.
**Medicare Australia encourages practice nurses involvement in EPC planning
but requires GPs authorisation of plans prior to invoicing the MBS items.**

**GP can claim for practice nurses to monitor and support patients
who have a GPMP using MBS item 10997.**

5 services per calendar year.

**Does the patient have complex care
needs?**

Consider a Team Care Arrangement

Item 723: Team Care Arrangement

Is the patient eligible for a TCA?

Discuss the process with patient and gain agreement. Document.

Is the patient currently consulting any private allied health providers (AHP) they wish to receive EPC referral to?

If yes:
 Do they need to be part of the planning team?

If Yes.
**

Negotiate with the patient on who will make up the **planning team**. The team must include 2 other service/treatment providers (not including the patient's carer) who are willing to collaborate (2 way communication) on the development and review of the care plan.
NB: All EPC referred AHP treatment must be documented in the TCA whether or not the professional is a member of the planning team.

If no:
 Ensure the treatment is included in the EPC plan. When plan complete send referral to AHP (not before) *

Gain patient consent to share information with collaborating providers. Document.

* AHP services can commence on receipt of the EPC referral. It is not necessary for the GP item to have been processed by Medicare prior to commencement of AHP services. It is, however, necessary for the TCA to be completed.

Contact potential collaborating providers to gain agreement and input into TCA (2-way communication)

** Collaborating providers - must be 2-way communication in developing team care arrangement. Whilst it is not mandatory to withhold the AHP referral, it is advisable to do so until AHP has contributed to the plan.

Set Review Date and establish recall.

Document all of the above. Add notation to progress notes – where plan filed.

Offer document to patient and send appropriate information to other providers. Document.

Allied Health Providers (AHP) services are available for any treatment mentioned within the TCA - whether the provider is part of the planning team or not. A limit of 5 Medicare subsidised services are available per calendar year.

723 complete EPC referrals can be sent. 723 can be invoiced.

Review

Item 727: Team Care Arrangement Review

Collect feedback from collaborating providers and AHP the patient has visited under the EPC plan about patient's progress and further treatment/service options. Document.

Discuss treatments/services patient has accessed and what is currently needed. Document.

Review referral requirements (remember 5 services are available for subsidised AHP per calendar year). Document.

Document changes to the plan including new review date. Establish a recall.

Offer copy to patient and provide relevant parts to collaborating providers.
Document.

Add notation to patient's progress notes: where document is stored.

727 complete and can be invoiced.