

There are 2 kinds of management plans: - a **GP Management Plan** and - a **Team Care Arrangement**.

A GP Management Plan

A GP Management Plan involves your GP and clinic nurse, who, with your consent and assistance, form a written plan of management outlining your care.

Who would benefit from a GP Management Plan?



Anyone who has a long term medical condition that lasts longer than 6 months e.g. diabetes, asthma, heart disease, arthritis, palliative care and is:

- ◆ living in the community.
- ◆ a private patient being discharged from hospital.

What happens when your doctor organizes a Management Plan?



Together you will decide:

- ✓ What your health care problems and needs are.
- ✓ What result you would like from the Plan.
- ✓ What, if any, other health care and community services you need.

Your medical, physical, psychological and social needs will all be considered.

Some of the planning may be done with your clinic nurse by phone, if this is convenient for you.



You will also be given a copy of the Plan.

If you would like a carer, another family member, or someone else to be present for the Management Plan appointments, please tell your doctor or nurse beforehand.

How long will it take?

The Management Plan will take about 15-30 minutes of your time. Your doctor and clinic nurse will take a further 15-30 minutes to develop the Plan.

How often can a Management Plan be done?

Management Plans can be prepared every 2 years. Once a Plan is in place, it should be reviewed every 6 months, unless your circumstances change significantly, requiring an earlier review.

A Team Care Arrangement

If you would benefit from other health care providers or allied health workers being involved to provide services, education and advice, your doctor will then recommend a **Team Care Arrangement**.

With your consent, your doctor or nurse will ask the relevant people to form a team. You, along with your team, will develop a Management Plan that works for you to improve your health.

Who is a Health Care Provider?

Any allied health worker or community care provider e.g. physiotherapist, medical specialist, community nurse, home help service, occupational therapist, dietitian, diabetes and asthma educators, pharmacists, etc.

Are there any costs with the Plans?

Most if not all input from your GP is covered by Medicare, as are some **private** allied health professionals, if referred to, by your GP. Refer to next section.

Other team members may require you to pay for their services.

Ask your doctor or nurse.



Medicare Benefits for Private Allied Health Professionals

Medicare

Medicare benefits can now be paid for up to five services per year (to the value of \$44.95 a visit) provided by **private** allied health professionals, and for three dental visits with a rebate of \$74.85 (if the dental problem significantly effects your illness).

There may be a gap payment, over and above Medicare, therefore ask your doctor or nurse.

Who is eligible?

Any patient who has a GP Management Plan and a Team Care Arrangement in place, and for whom the doctor has written a referral.

Which Allied Health Professionals offer Medicare rebates?

- Aboriginal Health Workers
- Audiologists
- Chiropractors
- Diabetes Educators
- Dietitians
- Mental Health Workers
- Occupational Therapists
- Osteopaths
- Physiotherapists
- Podiatrists/Chiropodists
- Psychologists
- Speech Pathologists

Let your doctor or nurse know if there are aspects of your care that you do not want discussed with other health care providers.



If you have any questions, ask your doctor or nurse.

Information in this brochure obtained from the Health Insurance Commission. More information is available at www.health.gov.au

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*Working together to
improve
your health*



*Using a
Management
Plan*

*A new health initiative for
you and your doctor to
plan and manage your care.*