

CHRONIC DISEASE MANAGEMENT PLAN

FACT SHEET

May 2015

This fact sheet was produced by Breast Cancer Network Australia

A diagnosis of breast cancer can result in complex care needs that may require you to have an organised approach to your health care that supports not only your cancer related needs but also your overall wellbeing.

GP Management Plans support people with chronic medical conditions that have been, or are likely to be, present for six months or longer. Breast cancer is a condition that fits under this description.

There are two types of GP Management Plans that your GP can prepare for you:

1. A GP Management Plan (GPMP)
2. Team Care Arrangements (TCAs)

These plans are designed to support your overall health care needs and to provide you with access to a range of health professionals who can assist you to manage any concerns that you may be experiencing. The information below outlines more detail about each of these plans.

GP Management Plan (GPMP)

A GPMP can help people with chronic medical conditions by providing an organised approach to care. A GPMP is a plan of action you have agreed with your GP that:

- identifies your health care needs
- sets out the services to be provided by your GP
- lists any other health care and community services you may need
- lists the actions you can take to help manage your condition.

Team Care Arrangement (TCA)

A TCA enables you to have access to other health care providers, including allied health workers, who may be able to provide treatment or services to you. These include physiotherapists, registered lymphoedema practitioners, dietitians, podiatrists, occupational therapists and even exercise physiologists.



Having a TCA in place means that you may be eligible for Medicare rebates for the care provided by these health workers for **up to five** visits per year, however the care must be directly related to your breast cancer.

Will there be any cost to me to see an allied health care worker under a GPMP or TCA?

A TCA requires your GP to collaborate with at least two other health care providers who will give ongoing treatment to you.

If the health care provider accepts the Medicare benefit as full payment for the service you will be bulk billed and there will be no out-of-pocket costs associated with that care. If not, you will need to pay the difference between the Medicare rebate and the fee charged. You should speak with the service provider first to check what out-of-pocket costs will be incurred.

How can I arrange a GPMP and TCA?

When you make your appointment mention that you want to discuss a GPMP or TCA with your doctor as it will require a longer consultation time than a standard appointment.

It is important that you meet with your regular GP when you develop a GPMP or TCA. She or he will need to work closely with the other health care workers you may need to see to ensure that you can continue to benefit from the plan and receive



the Medicare rebates. Your 'regular' GP is the GP who has provided the *most care* to you over the past 12 months and who will provide the *most care* to you in the next 12 months.

Your GP or staff at the clinic will need to obtain your agreement before providing you with one of these plans. Your plan will be kept on file with your GP and you will also receive a copy.

How often should I review my GPMP and TCA?

You should review your plan regularly (every 4–6 months) with your GP to assess whether it is working for you. You can also talk with the nurses at your GP clinic in between visits if you have any queries or concerns. The nurses may also be able to assist you to book your allied health appointments.