



CARE PLANS FOR CHRONIC DISEASES

GP Management Plan

Am I eligible?

If you have a chronic medical condition that has been present for the last six (6) months (such as Diabetes, Asthma, Cancer, Osteoporosis, Arthritis, or Heart Disease) a GP Management Plan may be available to you.

How will a GP Management Plan benefit me?

- **reduced rates on 5 visits a year to any of your allied health providers**
- highly personalized chronic care at no cost to you
- access to a Team Care Arrangement created specifically for your condition
- clear goals to improve your ability to self-manage your health

What is a GP Management Plan?

Your management plan is developed by your usual GP and practice nurse, and you, starting with an initial 45 minute consultation. Together, you will identify your health priorities and create a list of actions and goals to manage your condition, and establish what results you can expect to receive from the plan. A GP Management Plan is the most complete and comprehensive care available to you and allows your GP to fully understand your unique health care needs.

What is a Team Care Arrangement?

Patients on a GP Management Plan benefit from a team of health professionals and a support service called a "**Team Care Arrangement**". Team members could be your pharmacist, allied health professional, specialist medical practitioner and/or district nurses. A summary of your medical condition(s) and full management plan will be provided to you and also sent to your Team Care Arrangement health providers.

What are the Cost Benefits?

Care Plans and Care Plan Review visits with your GP are bulk-billed at our practice. To assist you further in accessing affordable allied health, Medicare provides a reduced rate on 5 allied health visits per year. These could be with an Audiologist, Chiropractor, Diabetes Educator, Dietician, Exercise Physiologist, Occupational Therapist, Osteopath, Physiotherapist, Podiatrist, Psychologist, or Speech Pathologist. All other visits during the year to your allied health professional will be at their usual rates.

How will I know if my GP Management Plan is working for me?

At Criniti Medical Practice, your management plan will be reviewed by your GP every 3 to 6 months (depending on your needs). This is the most important part of the Plan cycle as it allows you and your GP to check whether your goals are being met and make any changes you may require. A great time to review your Plan is when you start seeing a new health provider.

