

## Chronic Disease Management (CDM) - Checklist for GPs Coordinating Team Care Arrangements (TCA) – MBS Item 723

- GPs coordinating a TCA should refer to Medicare item 723 and the relevant Medicare Benefits Schedule (MBS) explanatory notes before using this checklist – see [www.health.gov.au/chronicdisease](http://www.health.gov.au/chronicdisease).
- Use of this checklist is not mandatory.
- Checklists for all CDM items are available at the above website.

<b>1. Eligibility</b>		
This service is available to patients in the community and to private in-patients (including residents of aged care facilities) being discharged from hospital (see Medicare Item Note A.22.22).		
This service is <u>not</u> available to public in-patients being discharged from hospital or residents living in an aged care facility.		
This service is for patients with a chronic or terminal medical condition <u>and</u> who require ongoing care from a multidisciplinary team. [See Medicare Item Note A.22.15].		
Patients with a TCA (item 723) and a GP Management Plan (GPMP - item 721) are eligible for rebates under the allied health and dental care items (nos. 10950 to 10977) – see Medicare Item note A.22.20 for details.		
<b>2. Pre TCA</b>		
Would the patient benefit by having TCA?	<input type="checkbox"/>	Mandatory
Explain the steps and any costs involved in a TCA to the patient	<input type="checkbox"/>	Mandatory
Record the patient’s agreement to proceed	<input type="checkbox"/>	Mandatory
Obtain relevant information (eg GPMP, previous care plans)	<input type="checkbox"/>	Recommended
<b>3. Team Care Arrangements (TCA)</b>		
<b>This includes the steps as per Note A22.17 in the MBS:</b>		
• Discuss with the patient which treatment/service providers should be asked to collaborate with the GP in completing TCA	<input type="checkbox"/>	Mandatory
• Gain the patient’s agreement to share relevant information	<input type="checkbox"/>	Mandatory
• Contact the proposed providers and obtain their agreement to participate	<input type="checkbox"/>	Mandatory
• Collaborate with the participating providers to discuss potential treatment/services to achieve management goals for the patient	<input type="checkbox"/>	Mandatory
• Document the goals, the collaborating providers, the treatment/services they have agreed to provide, patient actions and a review date i.e. complete the TCA document (may be documented as an addition to the patient’s GPMP)	<input type="checkbox"/>	Mandatory
Offer a copy of the TCA to the patient (and their carer if the patient consents)	<input type="checkbox"/>	Mandatory
Provide relevant parts/a copy of the TCA to the other providers in the team	<input type="checkbox"/>	Mandatory
Copy of the TCA added to patient’s medical record	<input type="checkbox"/>	Mandatory
With patient’s agreement, provide copy of TCA or relevant parts to other providers involved in the patient’s care.	<input type="checkbox"/>	As appropriate
Use an <i>EPC Program referral form for allied health services under Medicare</i> when referring patients to allied health professionals.	<input type="checkbox"/>	Mandatory (if referring)
<b>4. Ongoing Management and Review</b>		
Manage the patient’s needs through normal consultations and regular review, using TCA Review (MBS Item 727) or GPMP Review (MBS Item 725) as appropriate	<input type="checkbox"/>	As indicated