

CDM Items – Checklist

GP Management Plans and Team Care Arrangements

ELIGIBILITY

Does the patient meet the eligibility criteria?¹

For a GPMP, the patient has a medical condition that has been (or is likely to be) present for at least 6 months or is terminal. Yes No

For TCAs, the patient has a medical condition that has been (or is likely to be) present for at least 6 months or is terminal and requires ongoing care from the GP and at least 2 other collaborating providers, each of whom provides a different kind of treatment or service to the patient. Yes No

GP MANAGEMENT PLAN (GPMP)

A GPMP should be a comprehensive written plan. Does the plan describe:

- the patient's health care needs, health problems and relevant conditions; Yes No
- management goals with which the patient agrees; Yes No
- actions to be taken by the patient; Yes No
- treatments and services the patient is likely to need; Yes No
- arrangements for providing the treatment and services; and Yes No
- a review date for the GPMP. Yes No

Did preparation of the GPMP also include:

- explaining to the patient (or carer, if appropriate) the steps involved in preparing the plan; Yes No
- recording the plan (i.e. documenting the GPMP); Yes No
- recording the patient's agreement to the preparation of the plan; Yes No
- offering a copy of the plan to the patient (and carer, if appropriate); and Yes No
- adding a copy of the plan to the patient's medical records. Yes No

TEAM CARE ARRANGEMENTS (TCAs)

Did coordination of Team Care Arrangements include:

- consultation with at least two (2) collaborating providers regarding arrangements for the multidisciplinary care of the patient²; Yes No
 - Was each provider providing a different kind of treatment or service? Yes No
- preparation of a document that describes: Yes No
 - the treatment and service goals for the patient; Yes No
 - the treatment and services that collaborating providers would provide to the patient; Yes No
 - actions to be taken by the patient; and Yes No
 - a review date for the TCA. Yes No

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| ■ explaining to the patient (or carer, if appropriate) the steps involved in preparing the plan; | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ■ discussing with the patient the collaborating providers who would contribute to and provide treatment and services to the patient; | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ■ recording the patient's agreement to the development of team care arrangements; | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ■ giving copies of the relevant parts of the document to the collaborating providers; | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ■ offering a copy of the plan to the patient (and carer, if appropriate); and | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ■ adding a copy of the document to the patient's medical records. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

PROCESS

Was there a personal attendance by the GP with the patient as part of the GP Management Plan or TCA?³ Yes No

If a new care plan or a review was undertaken within the recommended minimum claiming period, were the exceptional circumstances noted?⁴ Yes No

OTHER ELEMENTS OF CDM SERVICES

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| Was the CDM service provided by the patient's 'usual' GP? ⁵ | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Were any likely out-of-pocket costs to the patient for the involvement of other providers explained to the patient? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Were proposed providers contacted to obtain their agreement to participate in the TCA prior to the development of the TCA? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Is the GPMP/TCA a comprehensive document that sets out and enables evidence-based management of the patient's health and care needs? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

ENDNOTES

For CDM services the relevant regulations provide that:

1 A patient is eligible for a GPMP if the patient:

(a) suffers from at least 1 medical condition that:

- (i) has been (or is likely to be) present for at least 6 months; or
- (ii) is terminal; and

(b) is a person who:

- (i) is not:
 - (A) an in-patient of a hospital or approved day hospital facility; or
 - (B) a care recipient in a residential aged care facility; or
- (ii) being an in-patient of a hospital or approved day hospital facility, is a private patient of that hospital or facility.

A patient is eligible for Team Care Arrangements if the patient:

(a) suffers from at least 1 medical condition that:

- (i) has been (or is likely to be) present for at least 6 months; or
- (ii) is terminal; and

(b) requires ongoing care from at least 3 collaborating providers, each of whom provides a different kind of treatment or service to the patient, and at least 1 of whom is a medical practitioner; and

(c) is a person who:

- (i) is not:
 - (A) an in-patient of a hospital or approved day hospital facility; or
 - (B) a care recipient in a residential aged care facility; or
- (ii) being an in-patient of a hospital or approved day hospital facility, is a private patient of that hospital or facility.

2 A collaborating provider is a person who provides treatment or a service to a patient and is not a family carer of the patient.

3 These items apply only to a service provided in the course of personal attendance by a single medical practitioner on a single patient.

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Item Name	Item No	Recommended frequency	Minimum Claiming Period*
Preparation of a GP Management Plan	721	2 yearly	12 months*
Preparation of Team Care Arrangements	723	2 yearly	12 months*
Review of a GP Management Plan	725	6 monthly	3 months*
Coordination of Review of Team Care Arrangements	727	6 monthly	3 months*

* CDM services can also be provided more frequently in 'exceptional circumstances' – where there has been a significant change in the patient's clinical condition or care circumstances (such as development of co-morbidities or complications, deteriorating condition, illness/death of carer etc), that require a new GP Management Plan, Team Care Arrangements or review service.

5 A patient's 'usual' GP means the GP, or a GP working in the medical practice, that has provided the majority of care to the patient over the previous 12 months and/or will be providing the majority of care to the patient over the next 12 months.