

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.
- Use of this checklist is not mandatory.
- Checklists for all CDM items are available at the above website.

1. Eligibility		
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.		
2. Pre TCA		
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
3. Team Care Arrangements (TCA)		
This includes the steps as per Note A22.17 in the MBS:		
• 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)
4. Ongoing Management and Review		
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