

What is a GP Chronic Condition Management Plan? (GPCCMP)

A GPCCMP, or GP Chronic Condition Management Plan, is a structured, patient-centred written plan developed by a General Practitioner (GP) or nurse for a patient with a chronic or terminal condition.

It outlines health and lifestyle goals, patient actions, and necessary treatments, services, or referrals to allied health professionals.

The GPCCMP aims to improve care continuity and simplify the management process by replacing previous GP Management Plan's (GMPs) and Team Care Arrangements (TCAs)

What is involved?

The written plan is completed with our nurse who can provide support and monitoring between visits to your GP.

GPCCMP's are intended to be provided by your usual GP or practice.

For an initial GPCCMP, the appointment takes approximately 30 minutes with our nurse, followed by a 15-minute consultation with your GP.

GPCCMP reviews are usually booked in with your regular GP for a 15-minute appointment.



Chronic Medical Conditions and Eligibility

Your GP can review your health conditions to see if you are eligible for a GPCCMP.

The medical condition must be present or are likely to be present for 6 months or longer or are terminal.

Some examples of medical conditions are:

- Asthma
- Cancer
- Cardiovascular disease
- Diabetes
- Kidney disease
- Musculoskeletal conditions
- Stroke

Referrals to Allied Health Services

Referrals made to Allied Health Professionals for Medicare rebates can include;

- Aboriginal Health Workers or Aboriginal and Torres Strait Islander Health Practitioners
- Audiologists
- Chiropractors
- Diabetes Educators
- Dieticians
- Exercise Physiologists
- Mental Health workers
- Occupational Therapists
- Osteopaths
- Physiotherapists
- Podiatrists
- Psychologists
- Speech Pathologists

Visit entitlement is **5 services per calendar year as tallied by Medicare.**

These 5 services may be either:

- one type of service, for example 5 physiotherapy services
- a combination of different types of services, for example one dietetic and 4 podiatry services.

Costs

The GPCCMP is bulk billed through Medicare.

The five (5) Allied Health services to an Allied Health Professional can be claimed as a Medicare rebate however they are not bulk billed services.

Please discuss possible out of pocket fees with the Allied Health Service you have been referred to.

How often can a GPMP be reviewed?

Your GPMP should be reviewed regularly to ensure your goals are being met and to see if any changes may be needed.

Review intervals can be 3, 6 or 12 monthly depending on your medical condition and/or needs.

We recommend booking a GPCCMP review with your GP who completed the plan every 3 months. This can be discussed with your nurse and/or GP.

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For people with a chronic medical condition