Team Care Arrangement (TCA)

Who can have one?

Anyone who can have a GPMP can have a TCA if they would also benefit from ongoing care from at least 2 other providers or services.

What is a Team Care Arrangement?

A TCA adds to the GPMP by listing all the people looking after you (including allied health)
It also says what everyone is doing for you.

You and your GP will decide who these people are.

Allied health services must be related to your condition. They must be in your care plan to get the Medicare rebate.

The people in the plan will be given a copy. If you do not want a part included, let your doctor or nurse know. They can remove it before sending it to others.

GPMP Review and TCA Review

Your agreement to have a care plan includes attending regular visits to your GP. How often is decided by you and your GP, but is about every 6 months.

Review visits are just as important as the plan, and help you and your GP keep track of your health.

PRACTICE CONTACT DETAILS

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Gold Coast Primary Health Network would like to acknowledge the traditional custodians of the Gold Coast and surrounding areas, the Yugembeh, Yuggera and Bundjalung peoples.

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CHRONIC DISEASE MANAGEMENT

PATIENT INFORMATION

What is a Chronic Disease?

A chronic disease is an illness that usually isn't curable, doesn't go away but can be managed with various types of treatment.

A few of the commonly referred to chronic diseases include diabetes, chronic kidney disease, heart disease and chronic lung conditions (asthma or emphysema).

Chronic diseases are best managed by a team of different people, to support all of your needs (not just medical).

Your GP is the best person to manage your care. This can be done by writing your needs, the people helping you, all in the one place. This can be done by using a Chronic Disease Management Care Plan.

Chronic Disease Management Care Plans include:

- GP Management plan (GPMP)
- Team Care Arrangements (TCA)
- GPMP Review and TCA Review

Your GP will decide if a plan is right for you and must get your consent before doing the plan.

If you have both a GPMP and a TCA, you may be able to get Medicare rebates for some allied health visits. A maximum of 5 visits can be claimed each year. (1st January - 31st December - You must have at least 2 other people helping you as well as the GP to get these visits)

Completing a GPMP and a TCA is likely to take more time than a usual GP visit. In some practices, a nurse visit is booked before you see the GP to help write the plan.

Your GP will offer you a copy of your plan. A copy will also be kept in your medical file.

GPMPs and TCAs are meant to be done by your usual GP or practice.

You and your GP should regularly review your plan to make sure your goals are being met and if any changes are needed. Your GP will ask you to agree to this as part of the plan.

If your GP bulk bills, there will be no charge for these services. If not, you can claim back from Medicare.

GP Management Plan (GPMP)

Who can have one?

Anyone who has a chronic medical condition that has been, or is likely to be, present for six months or longer, or the condition is terminal.

What is a GP Management Plan?

A GPMP is a written set of goals and actions to help you manage your chronic condition.

The plan is developed by your doctor, practice nurse and you. It will help you stay as well as possible and reduce visits to hospital.

How often should this be done?

Your GP will decide how often a plan should be completed, but is about every 1 – 2 years.

Please visit www.healthygc.com.au/Resources/Primary-Care-Chronic-Disease-Management.aspx for more resources and to find local service providers that can assist you with Chronic Disease Management