Overview

Chronic Disease Management (CDM) has become a vital component of the care provided in General Practice. With General Practitioners often being the first point of contact for any chronic condition, resulting in GPs and the wider care team playing a key role in the diagnosis and long-term care of patients with chronic diseases.

With General Practices playing an essential role in the early diagnosis and ongoing care and management of patients, it's vital that practices have an effective workflow on how CDM is managed in their practice.

We've put together this guide on how you can effectively incorporate CDM in your practice, and the steps you can take to set your CDM program up for success.

Key fundamentals for a successful CDM program in General Practice

According to the Australian Institute of Health and Welfare, 47% or 11.6 million people were estimated to have one or more chronic conditions in 2020-2021. With the steady rise in Australians being diagnosed with chronic conditions, CDM is becoming one of the greatest challenges faced in general practice.

With this in mind it's important to identify the 5 key factors to a successful CDM operation for your practice:

1. **Access to support and funding** to provide increased and complex health services to patients in the primary setting
2. **Structured process** to manage Chronic conditions and improve individual health outcomes
3. Provide patients with more access to **subsidised services**
4. **Increase in clinical care** and decrease in long-term health issues for patients
5. **Increase in clinic revenue through funding** = increased ability to provide high level of care (staffing levels, nurse support, tools, and resources to support the overall management and our patient journey)

CDM Workflow

Earlier we outlined that having a **structured CDM process** was key to running a successful CDM program. We've created the below workflow to assist you in setting your CDM program up for success.

1 Setting goals and tracking your progress

To help ensure the long-term success of your CDM program, it's important that you're setting goals for you and your team to achieve. The major benefit of setting goals for your CDM program is that it gives your team a clear objective and areas they should be focusing on.

When setting any goal for your practice it's important that you're using your practice data to help guide the goals that you're setting for your team. Helping to ensure that the goals you've set are realistic and achievable.

First things first, jump in and see how your practices CDM program is currently performing. You can download our goal tracking register here to record your baseline figures.

Next, take a look at industry and national benchmarks to see how other practices are performing and where your practice sits against them.

*For **Cubiko users** you can refer to our **MBS Benchmarking and Touchstone metrics** in your Cubiko dashboard. For **non-Cubiko users** you can download reports directly from the **Services Australia website**.*

Use these figures to set realistic goals for your practice, and record how your practice has been tracking towards meeting the goals you've set.

For example, the data may indicate that your practice is sitting 1% below your cohort's percentage of Nurse led CDM. You can set a goal of improving your Nurse led CDM by 1% each month.

Below are a few examples of goals and targets you can set for your CDM Program:

- Monthly CDM billings target
- Increase number of nurse CDM items performed
- Review and note the number of CDM opportunities available
- Increase number of CDM appointments booked

2 Optimising CDM eligibility / The patient's journey

Now that you've set goals and targets for your CDM program, it's time to start working towards meeting those goals.

Utilising your practice data regularly will help with this. Your data can help you identify patients who may be eligible for services, while also helping to keep track of where your patients are at in the patient journey.

There are two simple ways you can use our workflow:

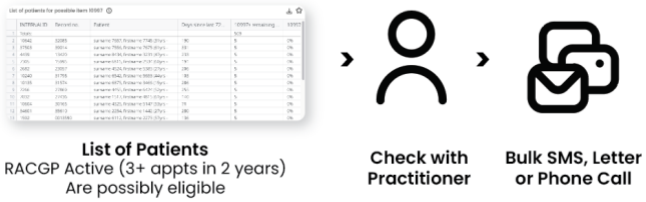
1. Opportunistic patient engagement - at time of appointments

Using lists of possible service opportunities today in a workflow:

OR

2. Proactive patient engagement - Proactively looking at patient eligibility lists and booking patients in for appointments.

Using proactive patient engagement lists in a workflow:



*For **Cubiko users** you can use our **Possible Service opportunities today** and **Item Optimisation** metrics to easily download lists of potentially eligible patients. For **non-Cubiko users** you can download reports from your Practice Management System or third-party data analytics software.*

See a full breakdown of our Chronic Disease Management timeline here >
(end of this download)

3 Review utilisation and capacity

Now it's time to book your patients in for appointments. But before we start patient outreach it's important to make sure that your practice has the capacity and appointment availability to book these patients in for these services.

The last thing you want is to contact patients asking them to book an appointment, but not have any availability in the appointment book.

You can also use your practice data to look ahead and see how busy your practice will be. If your practice is expected to be more quiet than usual, this would be a great opportunity to make use of those CDM eligibility lists and booking those patients in for appointments.

*For **Cubiko users** you can use our **utilisation metrics in our Future Clinic Metrics cabinet** to easily get insight into your practice's utilisation and capacity. For **non-Cubiko users** you can look ahead in your appointment book to gain insight into your practice's capacity.*

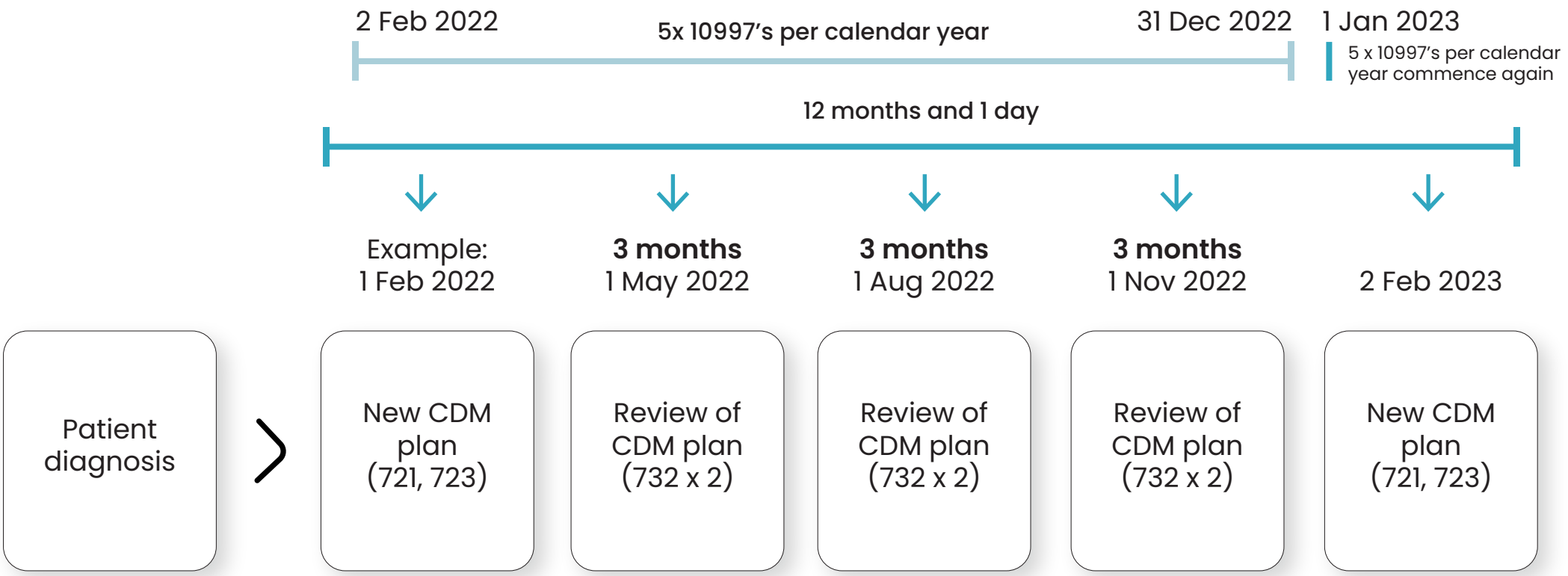
4 Getting your team involved

Lastly, for your CDM program to be successful and run smoothly it's important that your team is involved.

From your reception team who helps with booking those appointments in, to the nurses and practitioners sitting appointments with patients.

While it may seem straight forward explain to your team the importance of the program and the impact that it will have on your patients and the practice. It's important to be encouraging of your team, provide them with training and support, as well as access to the tools and resources that will help them, and your program excel.

CDM Timeline



Identify patient who may eligible for a NEW CDM plan:

1. Opportunistic patient engagement

OR

2. Proactive patient engagement

Patient has consultation for CDM plan. Item 721, 723 billed to initiate patient CDM journey and following item numbers

Identify patient who are eligible for review of care plan item 732:

1. Opportunistic patient engagement

OR

2. Proactive patient engagement

Flag patient eligible for new Chronic disease management plan or continued reviews dependant on providers clinical discretion to meet patient needs:

1. Opportunistic patient engagement

OR

2. Proactive patient engagement