



Managing change and people with the new GPCCMP

Acknowledgement of Country

In the spirit of reconciliation, Cubiko & HR in Health acknowledge the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

Gaagal by Miimi and Jiinda



Housekeeping



This session is being recorded. A copy of the recording will be emailed to all registrants once available.



This session focuses on the team and HR perspective, not a detailed overview of the GPCCMP changes. To catch up on the changes, you can watch the recording from our webinar earlier this week.



Questions? Drop them in the Q&A tab at the bottom of your screen and we'll answer them at the end of the session.



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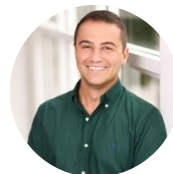


HR in Health

Meet our presenters



Chris Smeed
CEO & Founder of Cubiko



George Sotiris
Director at HR in Health





Why This Session Matters

GPCCMP isn't just about creating plans. The real change is in ongoing reviews and patient relationships. This session focuses on helping your team adapt to a new way of working that supports continuous, team-based care.

How Confident Are You in preparing your team for the upcoming GPCCMP changes?

- | | |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Very confident
Ready for July 2025 implementation | <input type="checkbox"/> Not confident
Need significant guidance |
| <input type="checkbox"/> Somewhat confident
We've started preparing but have questions | <input type="checkbox"/> What's GPCCMP?
First introduction to the changes |

Things are changing

-  Practice nurses are seeing a shift toward health assessments and broader care coordination, becoming key drivers of proactive, structured care.
-  Reception teams are becoming partners in patient engagement and education
-  Practice managers are getting new tools and the chance to rethink workflows, tweak processes, and better support their teams day-to-day.
-  GPs and PMPs can focus on higher-value chronic care relationships

This isn't just a system update, it's an opportunity to transform how your team delivers chronic condition management.



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The Reality of Managing Change

When leadership is clear and the team's supported, things click: everyone's more confident, engaged, and on the same page.

When that's missing, it's easy to lose momentum and miss the mark.

Understanding the Living Document Model

Traditional Care Plan Model



Reception

Books appointments and manages patient flow



Nurse

Organises and contributes to the care plans



GP

Creates and reviews care plans

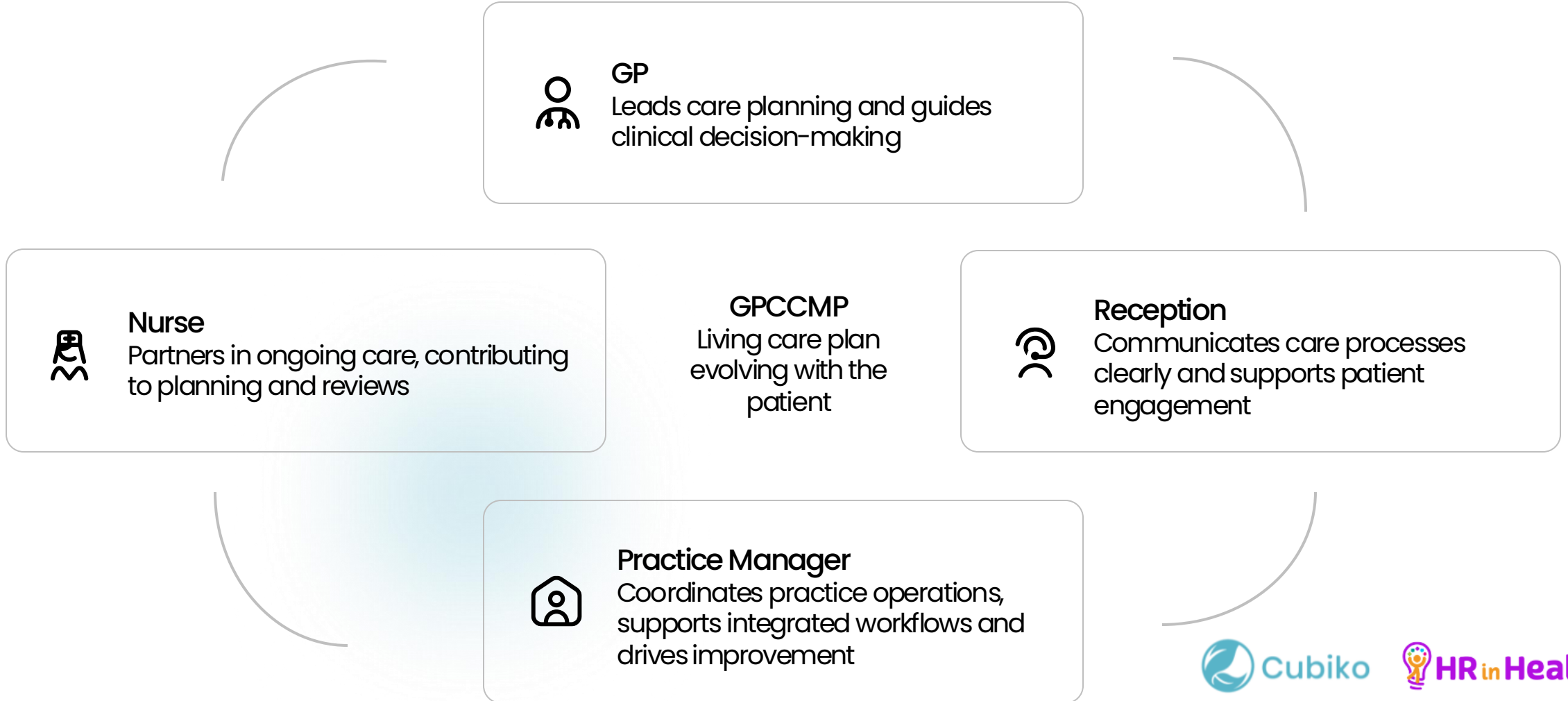


Practice Manager

Manages operations and supports day-to-day team function

Understanding the Living Document Model

GPCCMP Living Document Model



Why Every 3-Monthly Review Matters

The real power of GPCCMP lies in the review cycle. Every three months, your team has the opportunity to:



Celebrate wins with patients and adjust goals based on progress



Identify barriers and problem-solve together with the care team



Strengthen relationships through consistent, meaningful engagement



Demonstrate value of ongoing chronic condition management

Your nurses aren't just updating documents, they're becoming trusted partners in health improvement. Your reception team isn't just booking appointments, they're maintaining vital care continuity. This regular rhythm of review and refinement transforms both patient outcomes and job satisfaction.



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Reception Team Changes



Continue managing bookings and patient flow



Support patients by confidently explaining review processes and the benefits of signing up for MyMedicare



Help patients feel informed and supported during the transition



Handle patient questions and concerns with empathy and clarity



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Practice Nurse Changes

 Nurses are updating their CDM process, which has not changed in many years.

 More patient conversations through reviews

 Focus on goals, progress and adjustments

 Greater role in patient education and engagement



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GP Changes



Quarterly reviews replace the old GPMP/TCA model



Clinical care stays the same: assess, adjust, coordinate



Simpler billing and scheduling for review appointments



Encourages both structured and incidental reviews with patients



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Practice Manager Changes



Overseeing team changes and coordinating new CDM workflows



Supporting staff as they learn and adapt to the new model



Troubleshooting workflow challenges during the transition



Adjusting financial planning and staffing for more frequent reviews



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Practice Owner Changes



Manage new documentation requirements, including nurse supervision and MyMedicare verification



Ensure audit readiness for the new MBS items



Invest in staff training and workflows to enable sustainable care and financial performance



Adapt business planning to support more frequent, predictable CDM revenue



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GPMP (721) + TCA (723) +
0 Review(s)

\$294.60

1 Plan (965) + 1 Review
(967)

\$313.10



\$18.50

GPMP (721) + TCA (723) +
1 Review (2x 732)

\$458.80

1 Plan (965) + 2 Reviews
(967)

\$469.65



\$10.85

GPMP (721) + TCA (723) +
2 Reviews (2x 2x 732)

\$623.00

1 Plan (965) + 3 Reviews
(967)

\$626.20



\$3.20

GPMP (721) + TCA (723) +
3 Reviews (3x 2x 732)

\$787.20



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Financial Changes

Old Plan

GP Management
Plan (GPMP)

\$164.35

+

Team Care
Arrangement (TCA)

\$130.25



New Plan

New GP Chronic
Condition
Management Plan
\$156.55

Old Review

GP Management
Plan (GPMP) Review

\$82.19

+

Team Care
Arrangement (TCA)

Review

\$82.10



New Review

Review of
GP Chronic Condition
Management Plan
\$156.55



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What model works for your patients and your team?

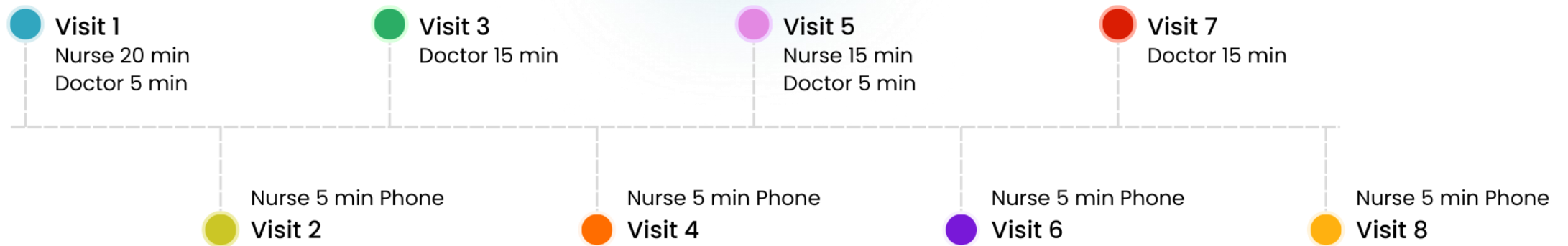


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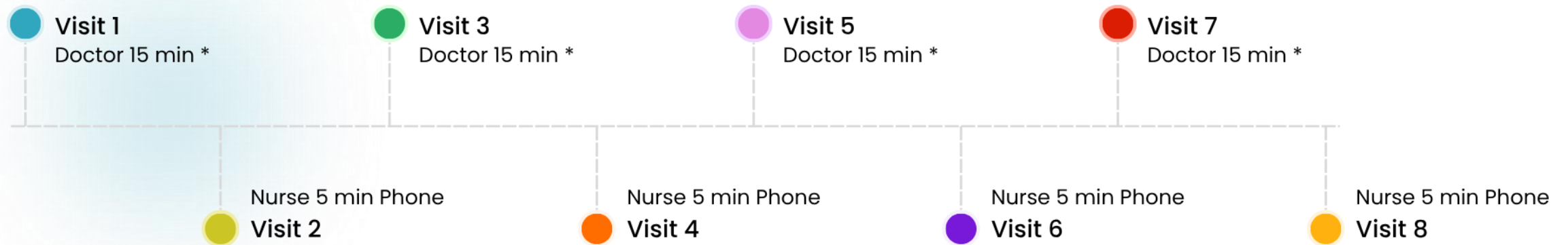
Care Planning Workflow



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* Please note: The duration of some appointments may be for 30 minutes instead of 15 minutes to allow time for a more in-depth discussion and care planning, depending on the patient's needs and the complexity of the consult.


Featured Resource

Free CDM to CCM billings forecast tool

We know the shift from CDM to GPCCMP can feel like a big change. That's why we created this tool: to give you clarity, confidence, and a simple way to see how the changes might affect your practice.


Try it out

1



Step 1: Configure Your Practice
Set up your practice characteristics for accurate calculations

Provide essential information about your practice to ensure all calculations reflect your specific operational context and requirements.

**Practice Setup**
Configure your practice characteristics for accurate billing calculations

[Need Help?](#)


MMM Classification ⓘ
MM1 (Major City) ▼

Include BBI for this Patient ⓘ
Yes - Include BBI ▼

Service Fee % ⓘ
30


↓


2





Step 2: Select the Right Analysis Tool
Choose the analysis approach that best fits your needs


Each tool is designed for different scenarios and provides specific insights to help you make informed decisions about your practice's billing strategy.


**Individual Patient**
Analyze billing impact for single patient scenarios

**Practice-Wide**
Model impact across entire practice with multiple patient groups

**Time & Margin Tool**
Detailed time allocation and cost analysis

**Private Billing**
Compare GPCCMP with private consultation scenarios

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GPCCCMP Resources for your practice

Visit our GPCCCMP Resource Hub to for everything you need to know about the GPCCCMP changes, along with Role Based workflows and billing cheat sheets



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June 2025

HR Advice, Education & Compliance
www.hrinhealth.com.au





HR **in** Health



Managing the change with your people! ●

POLL - What's the biggest barrier to implementing the new GPCCMP in your practice?

Lack of time

Staff resistance

Not enough information

Don't know where to start

Already have a working system we don't want to change



POLL - Which of these best describes how your team feels about the GPCCMP change?

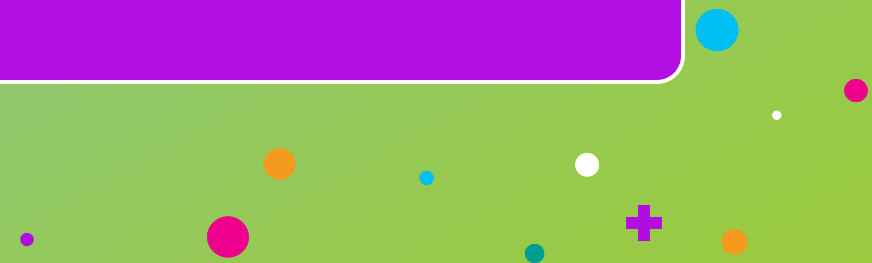
Confused

Cautiously optimistic

Overwhelmed

Motivated to get it right

We haven't discussed it yet



POLL – What are the benefits to your practice & people?

Chance to refresh CDM in our practice

Opportunities to potentially increase revenue for the practice

Better options and patient outcomes

Stronger relationship opportunities

Chance for staff progression & growth

All of the above! This is great!



Involve the team Early – This should have already started!

“Tell me, and I’ll forget. Teach me, and I may remember. Involve me, and I will understand.”

George – HR in Health



What Happens When You Rush It (and Don't Bring People Along)

✗ **Staff burnout and disengagement**

"I don't have time for this on top of everything else."

✗ **Inconsistent workflows**

Different GPs and nurses doing things their own way = audit risk + errors

✗ **Patient confusion and complaints**

"Why am I being asked about a care plan again? I just had one."

✗ **Missed billing opportunities**

Wrong item used? Medicare won't pay.

✗ **Breakdown in team trust**

"Management keeps changing things and expects us to keep up."

Progress Over Perfection – Start Well, Improve Together

- ✓ **You won't break Medicare** if something isn't perfect on 1 July
- ✓ **Mistakes are part of the change process** – flag them early and fix them
- ✓ **Everyone is learning this at the same time** – across the country
- ✓ **The goal is to start with a clear process, then improve it together**
- ✓ **Speak up if something isn't working** – silence won't fix it

The best teams aren't the ones who never make mistakes, they're the ones who learn from them, fast.

Step 1

Run a short risk/impact mapping session



- Who is impacted, and how (nurses, reception, GPs)?
- What tools/training will they need?
- What workflows must change?
- What could go wrong?
- How will success be measured?
- What mitigation strategies are needed?
 - Build a Strong procedure
 - Create go-to resources (flowcharts, checklists, FAQs)
 - Offer short training bursts (e.g. nurse lunch-and-learn or admin coaching)
 - Schedule regular check-ins during the first quarter post-implementation

Step 2 - Creating a Simple GPCCMP Procedure

When?

- How often will you prepare or review a GPCCMP?
- Who triggers the process — nurse-led, admin-led, GP-driven?

Who Does What?

- Nurse: Assessment, documentation, patient education
- GP: Review, clinical input, final approval
- Admin: Booking, follow-up reminders, referral letters

What Tools Are Used?

- Template in clinical software (e.g. Best Practice)
- Standard referral letter stored in the system
- Tracking sheet or Cubiko dashboard

What's the Workflow? *(Use a timeline or visual!)*

- Example:
- **Visit 1:** Nurse prep + GP review
- **Visit 2–5:** Follow-ups and reviews (phone or face-to-face)
- **Visit 6:** Review and refer to allied health

How Is the Team Informed?

- Include it in your induction for new staff
- Keep a printed cheat sheet in the tea room
- Talk it through at your next meeting

When Do You Review the Process?

- Schedule a quick review 6–8 weeks after implementation
- Patient case reviews (first 5 patients)
- Ask: What's working? What needs tweaking?

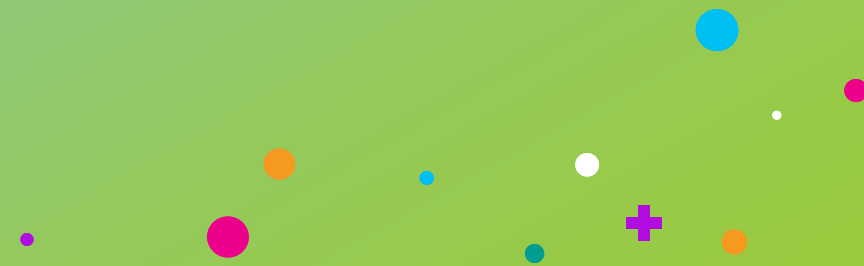
If your staff can't explain the process in 60 seconds, it's too complicated.



Scenario

A Nurse of 26 years in your practice is not on board with the changes to care plans. She feels this is a "money grab" and that the Clinic is asking the team to "sell" or "market" to patients and it's going to create all this extra work for them. Further, a couple of members of the nursing team can't see the need for anything to change.

How can we engage the team to embrace the change?



Scenario

A Nurse of 26 years in your practice is not on board with the changes to care plans. She feels this is a "money grab" and that the Clinic is asking the team to "sell" or "market" to patients and it's going to create all this extra work for them. Further, a couple of members of the nursing team can't see the need for anything to change.

How can we engage the team to embrace the change?

LISTEN - let the team express their views, without interruption.

EXPLAIN and **REFRAME**, some helpful phrases:

"Whilst this is not a change that the practice has initiated, we understand the perspective that patients should have access to more frequent reviews of their care, and it's important that the practice adapts to this new way of doing things."

"Embracing this change isn't about selling to our patients, it's about providing them with options about their healthcare. Our patients will always choose what works for them, we simply outline what's available then respect their choices."

"You're correct in saying that the practice needs to be profitable. If we're not profitable we don't have a sustainable business. And if we don't have a sustainable business, we can't provide the community with the quality health care we pride ourselves on and won't have jobs for our wonderful team."

"We can take amazing care of our patients and our team, whilst still being profitable as a business."

SET EXPECTATIONS - In terms of what comes next, I want to ensure we're all on the same page.

PROVIDE SUPPORT - It's important to us that you feel supported. Please let us know what support or training you need to help you succeed.

Consider and address the **ROOT CAUSES** of the resistance.

Employment Foundations



Award
Terms



Contracts



Employment
Policies



Workplace
Health &
Safety

Questions?





Thank you

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get in
touch



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