

### **Acknowledgement of Country**

In the spirit of reconciliation Cubiko acknowledges 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

- Please change your chat from 'Host and Panelists' to 'Everyone' so that everyone can join in on the conversation.
- If you have a question, please add it to the Q&A area so that we can answer them for you.
- This session will be recorded, a copy of the recording will be made available to you after this webinar.
- A copy of all the resources shared will be included in the recording email after this webinar.



### Learning objectives for today's webinar

- Gain insight into how you can maintain financial sustainability and manage patient care through a CDM program
- Learn how you can use data to easily identify opportunities to continue providing proactive and quality care
- Learn a CDM workflow your team can use to optimise the opportunities identified in your practice



# Speaker





#### **CDM Workflow overview**

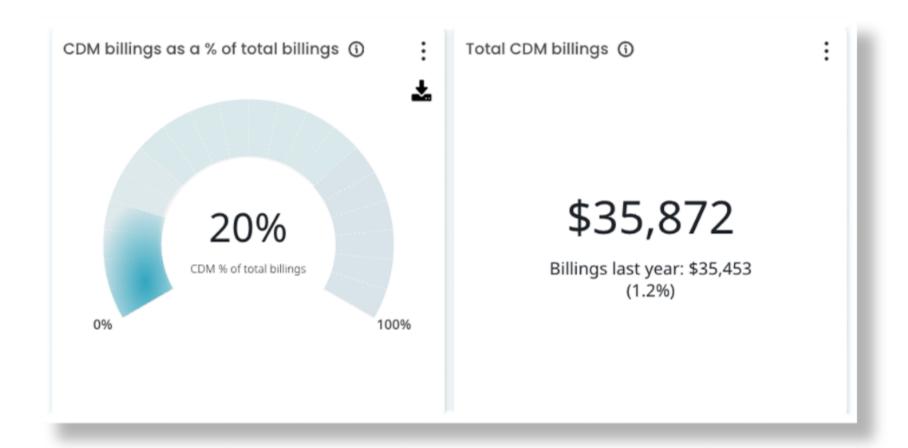
Setting
goals and \_\_\_\_\_\_
tracking
progress

Getting
your team \_\_\_\_
involved

Optimising
CDM
eligibility
and the
patient's
journey

Review processes, utilisation and capacity











How the clinic is doing

GP CDM

18.66%

Nurse-led CDM

0.59%

GP Health Assessments

2.13%

Telehealth

7.55%

▼ -12.19%



#### What is Touchstone?

Opt-in



Relatable



De-identified



Large Dataset



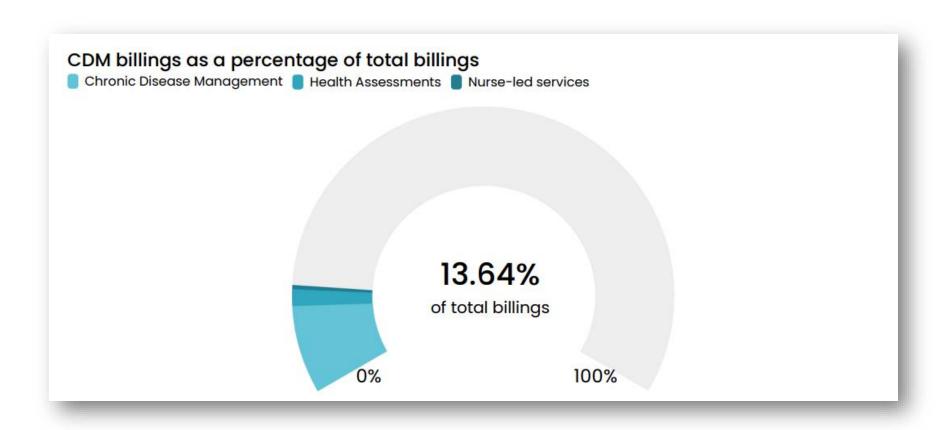
Aggregated



Spread across Australia















Practitioner is billing \$208.80 per hour.

Split into 1 x level B, 4 x level A and 1 x 2715.

They are seeing 6 x Patients per hour.

How are they feeling?

What is the level of care for the patient?

Was the consultation compliant?



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Practitioner is billing \$349.10 per hour.

Split into 1 x 721 and 723, 2 x level B and 1 x 2715.

They are seeing 4 x Patients per hour.

How are they feeling?

What is the level of care for the patient?

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#### **Patient outreach for CDM clinics**



Simple, repeatable process

All team members involved





## Before you set up your new process

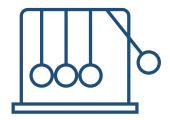


Changes from CDM to CCM





# Before you set up your new process



Knock-on effects of MyMedicare



# Before you set up your new process

Changes from CDM to CCM





### **New CCM items**

Name of Item	GP item number	Prescribed medical practitioner item number
Develop a GP chronic condition management plan – face to face	965	392
Develop a GP chronic condition management plan - telehealth	92029	92060
Review a GP chronic condition management plan – face to face	967	393
Review a GP chronic condition management plan – telehealth	92030	92061



# Timeline for Chronic Condition Management Plans





#### Resources to read

Everything we know about CCM





#### Patient outreach for CDM clinics

List of patients





Contact patients

Book an appointment

Are they eligible for MyMedicare?

Are they registered at your Practice?

Are they registered at another Practice?





# Don't forget to consult Practitioners







### Implement tools - Doctor direction sheet

Patient eligibility



Doctor completes direction sheet

Nurse provides service to patient Reception books next appointment 8-8





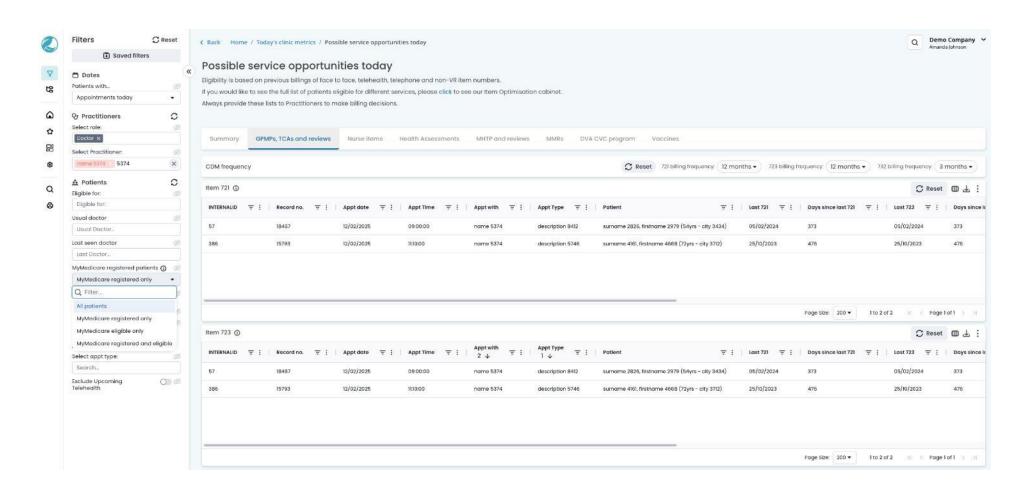
### Resources to download

Doctor Direction Sheet





# Opportunistic engagement





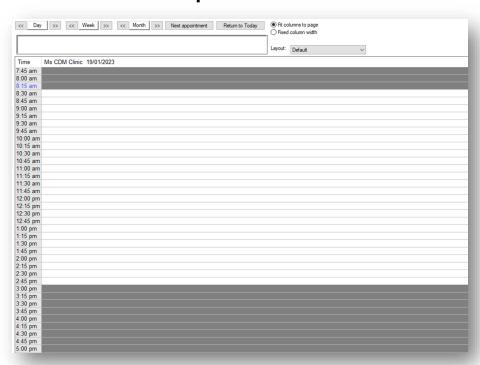
# Forward planning





## Optimise your appt book

- Create CDM clinics
- Use appointment types
  - Set up reminders





## Optimise your appt book

- Track historical utilisation
- Review opportunities for future bookings
  - Review any missed billing opportunities
- Assessing write-offs for work done and not billed



### How can you save your nurses time?

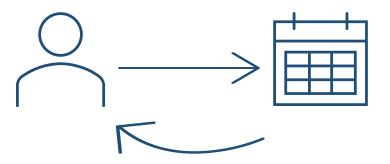
- DNAs
- Reminders
- Doctor direction sheet
  - Unconfirmed appts
    - Non-patient time
- Nurse to Doctor Ratio
- Patient education during routine appts
  - vaccinations, dressings etc



#### Rebook appts

Increase the number of patients rebooking for a CDM appointment type

- Book an appointment as you leave the Practice
- Follow up patients who have not rebooked an appt
  - Implement process into reminders and recalls





#### **Share information**



- Share incremental increases based on processes implemented
  - Provide Practitioners with data
    - Set goals together



### Resources to download

Goal Tracking Register







### Keep your team in the loop

- What item numbers are available?
- How frequently can they be billed?
- How to keep updated with changes?
  - MBS online

http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Home

Services Australia Guide to CDM

https://www.servicesaustralia.gov.au/chronic-disease-gp-management-plans-and-team-care-arrangements

Subscribe to MBS updates

http://www9.health.gov.au/mbs/subscribe.cfm







#### Resources to download

Chronic Disease Management workflow





### **CDM** is Quality Improvement

Implementing a CDM workflow in your practice is also a Quality Improvement activity.

Be sure to document your efforts using a PDSA cycle template of the changes and improvements you have made in your practice.

The process involves 4 steps: Plan, Do, Study, Act



### Resources to download

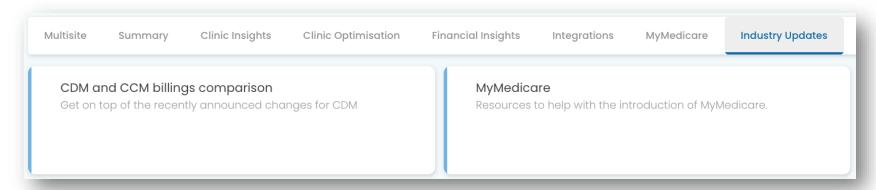
PDSA Template





### How we will keep you updated

- Industry updates in app
  - Blog posts
  - Webinars







**Question & Answer** 

