

Supporting Practices Through Change: A Session for PHNs and Advisors

Acknowledgement of Country

In the spirit of reconciliation, Cubiko and the RACGP 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





RACGP

Royal Australian College
of General Practitioners

Cubiko and RACGP have joined together to bring you a series of webinars in the lead up to changes to Medicare on 1 November.



Housekeeping



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



Questions? Drop them in the Q&A tab at the bottom of your screen and we'll answer them during the session. **Cubiko team are here to help.**

Meet our presenters



Nick Adams
COO at Cubiko



Chris Smeed
CEO & Founder of Cubiko



Dr Michael Wright
GP & President of RACGP

Who is this webinar for?

This session is designed for PHNs and Advisors supporting General Practices through the upcoming bulk billing changes taking effect on 1 November.

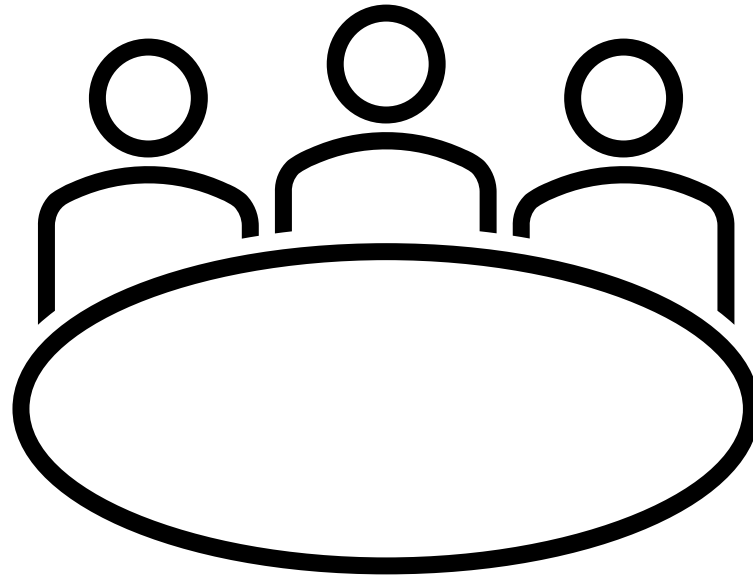
Overview of the Program

Recording of the webinar
we hosted for practices
**Should We Enrol? Making
Sense of the New Incentives**
webinar.



What is the feeling amongst practices you support?

- ☐ Confident and ready for the changes
- ☐ Taking a wait-and-see approach
- ☐ Feeling positive but still working through the details
- ☐ Unsure or not yet engaged
- ☐ Hopeful, with some uncertainty about what's next



What we will cover in this session

Overview of the upcoming changes and what it means for practices

What the financial modelling shows

Insights from the data

Practical steps and strategies for both bulk billing and mixed/private practices



2,500+ practices

using



Bulk billing rate

Understand the prevalence of predominantly bulk billing practices across Australia.



35%

of practices bulk billed
over 80% of invoices in
December 2022

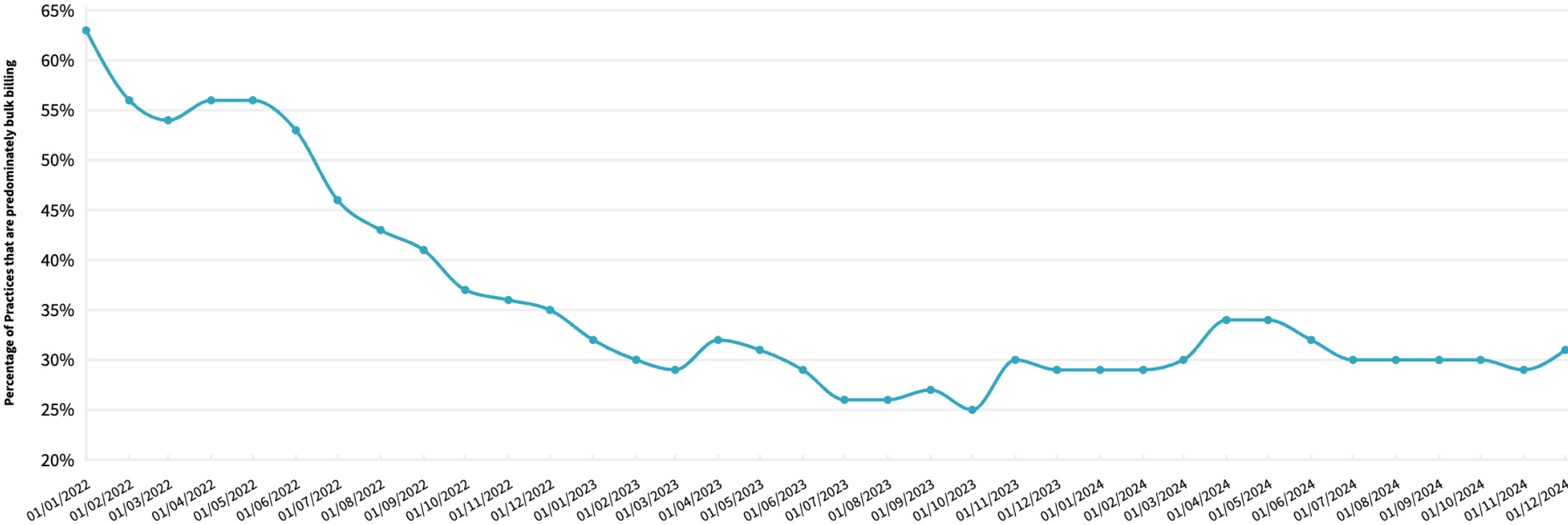
29%

of practices bulk billed
over 80% of invoices in
December 2023

31%

of practices bulk billed
over 80% of invoices in
December 2024

The percentage of practices that predominantly bulk bill over 80% of invoices



2

Programs

Bulk Billing Incentive

What is changing?

↙ ↗ Eligibility is expanded

↻ That is the one change, everything else stays the same.

1

Expanded eligibility criteria for Bulk Billing Incentives

Currently, incentives only apply when bulk billing children under 16 or patients with a Commonwealth concession card. From 1 November 2025, incentives will apply to all Medicare-eligible patients.

The item descriptors for all Group M1 BBI items will be updated to remove references to children under 16 and concession card holders. No other changes will be made to the item descriptors.

Category 8 - MISCELLANEOUS SERVICES

10990 Fee ⓘ

Group

M1 - Management Of Bulk-Billed Services

Subgroup

1 - Management of general bulk billed services

A medical service to which an item in this Schedule (other than this item) applies, if:

- (a) the service is an unREFERRED service; and
- (b) the service is provided to a person who is:
 - (i) under the age of 16; or
 - (ii) a concessional beneficiary; and
- (c) the person is not an admitted patient of a hospital; and
- (d) the service is bulk-billed in relation to the fees for:
 - (i) this item; and
 - (ii) any other item in this Schedule applying to the service; other than a service associated with a service:
- (e) to which another item in this Group applies; or
- (f) that is a general practice support service; or
- (g) that is a MyMedicare service

Fee: \$8.60 **Benefit:** 85% = \$7.35

(See para [MN.1.1](#), [MN.1.3](#) of explanatory notes to this Category)

← Previous - Item 10989

Next - Item 10991 →

10990 Fee **i**

A medical service to which an item in this Schedule (other than this item) applies, if:

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- (b) the service is provided to a person who is:
 - (i) under the age of 16; or
 - (ii) a concessional beneficiary; and
- (c) the person is not an admitted patient of a hospital; and

10990 Fee **i**

A medical service to which an item in this Schedule (other than this item) applies, if:

- (a) the service is an unREFERRED service; and
- (b) the service is provided to a person who is:
 - ~~(i) under the age of 16; or~~
 - ~~(ii) a concessional beneficiary; and~~
- (c) the person is not an admitted patient of a hospital; and

Triple Bulk Billing Incentive

No change except expanded eligibility.

If it was single, it stays single.

If it was triple, it stay triple.

General practitioners (GPs) can access tripled incentives when bulk billing the following types of consultations:

Category	MBS item numbers
Standard attendances – Face-to-face	23, 36, 44, 123
Attendances at a place other than consulting rooms or a RACF	24, 37, 47, 124
Professional attendances at a RACF	90035, 90043, 90051, 90054
After-hours attendances at consulting rooms	5020, 5040, 5060, 5071
After-hours attendances at a place other than consulting rooms or a RACF	5023, 5043, 5063, 5076
After-hours attendances at a RACF	5028, 5049, 5067, 5077

MMM is Important

	Standard incentive (existing items)	Tripled incentives (all eligible patients)	Tripled incentives (services linked to MyMedicare)*
MMM 1	10990	75870	75880
MMM 2	10991	75871	75881
MMM 2-7 (after-hours)	10992	75872	N/A
MMM 3-4	75855	75873	75882
MMM 5	75856	75874	75883
MMM 6	75857	75875	75884
MMM 7	75858	75876	75885

2

Introducing the Bulk Billing PIP



The BBPIP also launches on 1 November 2025.



Practices that participate will receive an additional 12.5% payment on each dollar of MBS benefit for eligible NRA services, this is to be split evenly between the GP and the practice.



Payments will be made quarterly, on top of MBS rebates.

The Non-Negotiables

Participating practices must bulk bill every eligible service for every Medicare-eligible patient. This means:



All general practice non-referred attendance (GP NRA) services must be bulk billed



All GPs in the practice must comply – if one GP charges privately for eligible services, the entire practice loses access



All Medicare-eligible patients must receive bulk billing for these services

... There are a few exemptions

What practices CAN still charge for

... There are a few exemptions



Other services not on the BBPIP eligible items list

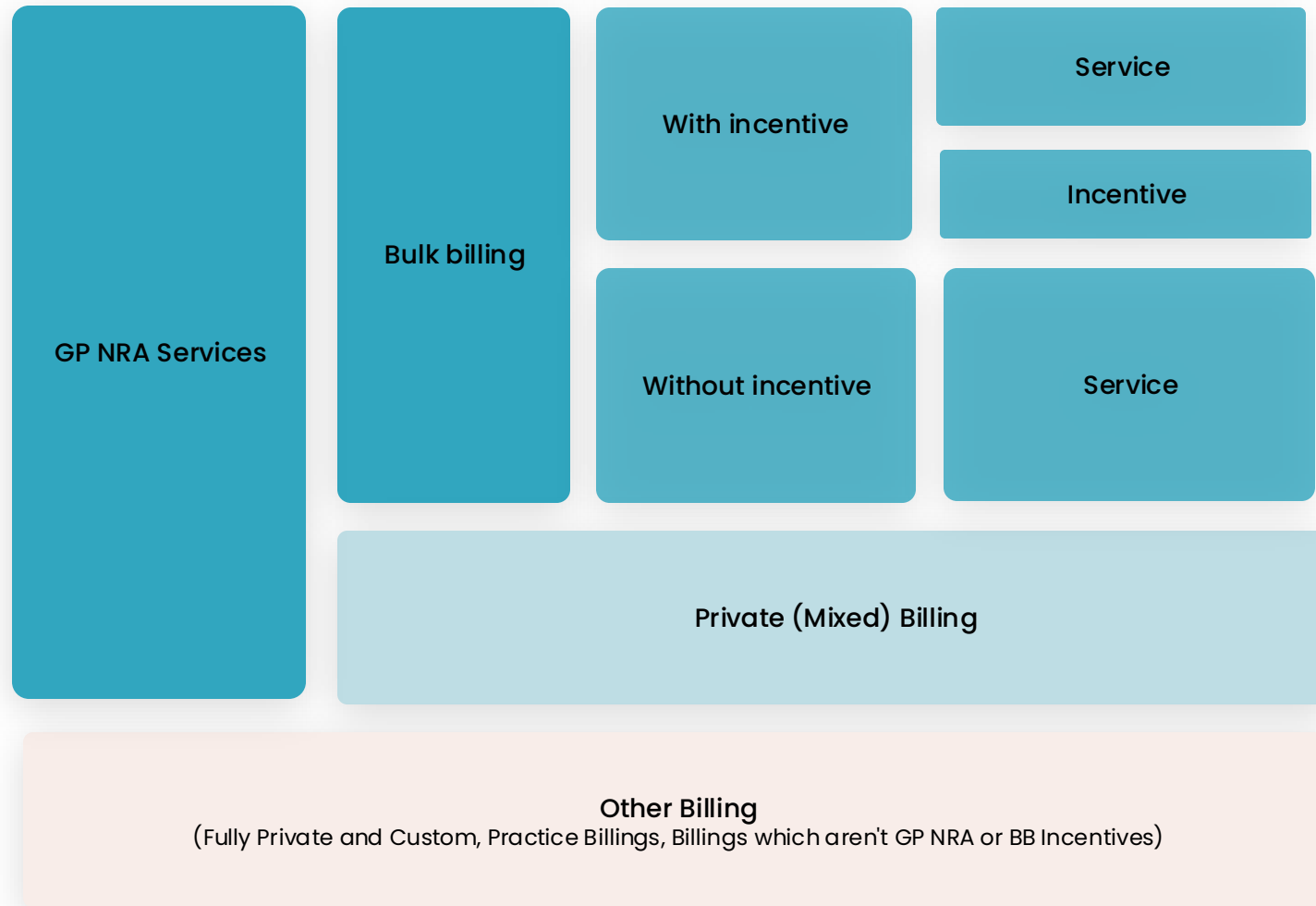


Non-Medicare services (such as cosmetic procedures, employment medicals, insurance reports)



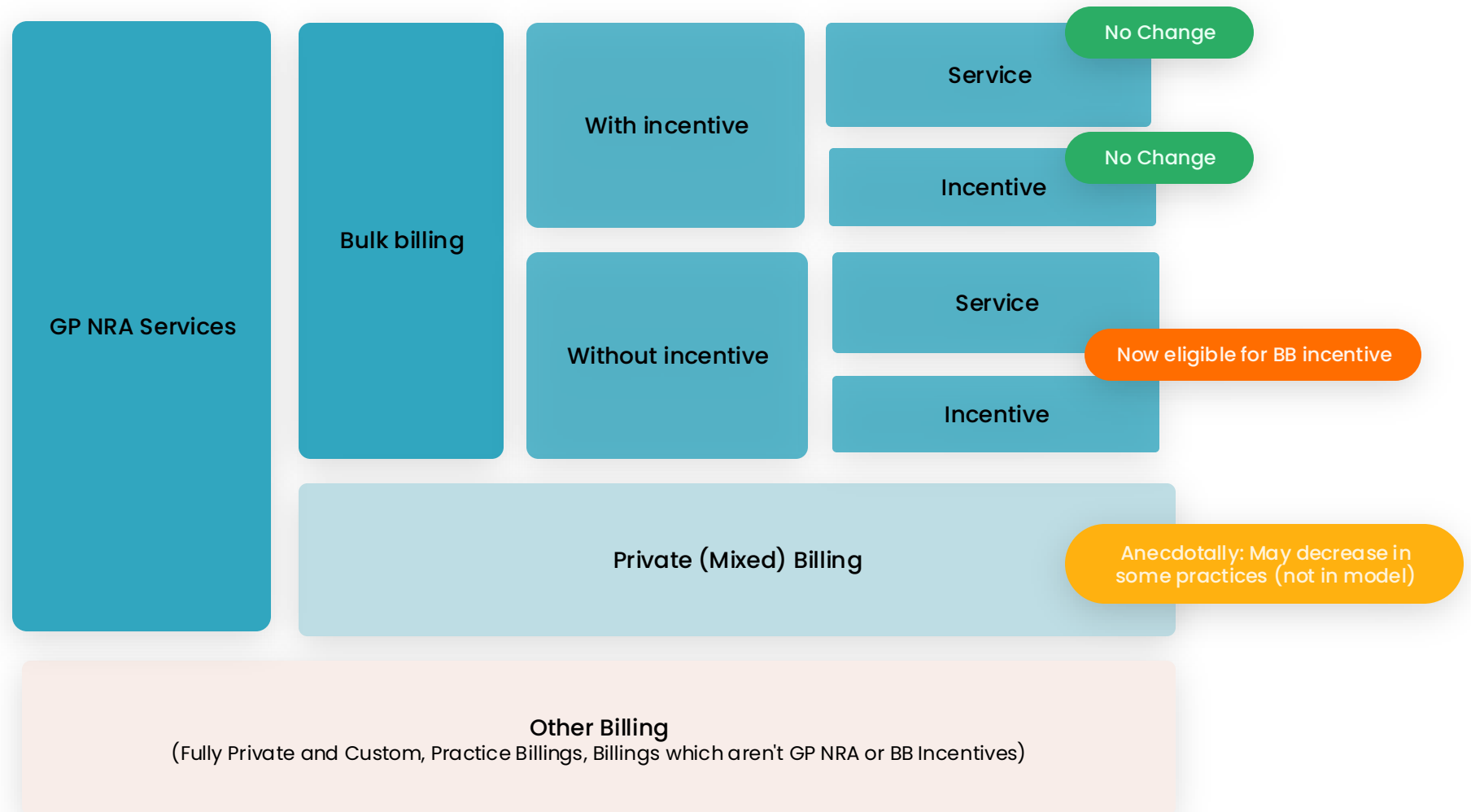
Services for non-Medicare eligible patients – eg. Overseas visitors and students

All services performed by the practice

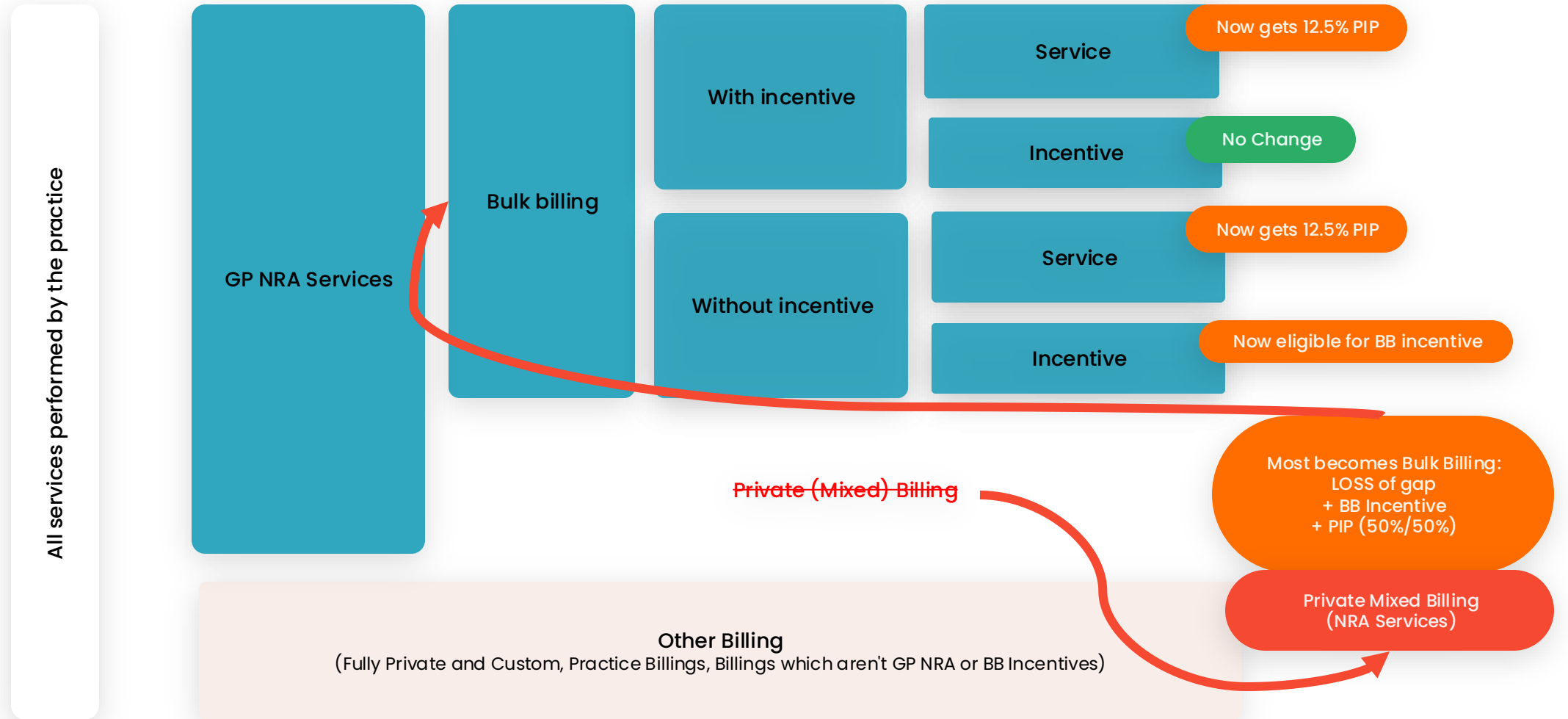


Applying expanded bulk billing incentives
to patients who you were already bulk billing

All services performed by the practice



Applying expanded bulk billing incentives to patients who you were already bulk billing



GP Non-Referred Attendance Items

Non-referred attendance (NRA) items are the main Medicare consultation items GPs use for patients without a referral, covering standard, home, aged care and hospital visits billed by time and complexity.

Level A, B, C, D & E

Standard consults e.g. 3, 23, 36

Mental Health Care

Standard Mental Health Items e.g. Items 170, 171, 2700, 2701 etc.

Chronic disease / Complex Care Management

Support for patients with ongoing or multiple health conditions e.g. 965, 967 etc.

After hours items

Care provided outside usual practice hours e.g. 585, 588, 591 etc.

Other GP Services

Additional GP services outside standard consults e.g. 160, 161, 162 etc

Primary Care Service Type	MBS Item Number
GP NRA-Level-A-Brief	3; 4; 52; 58; 179; 181; 90020; 90092; 90183; 91790; 91792; 91794; 91890; 91892
GP NRA-Level-B-Standard	23; 24; 53; 59; 185; 187; 90035; 90093; 90188; 91800; 91803; 91806; 91891; 91893
GP NRA-Level-C-Long	36; 37; 54; 60; 189; 191; 90043; 90095; 90202; 91801; 91804; 91807
GP NRA-Level-D-Prolonged	44; 47; 57; 65; 203; 206; 90051; 90096; 90212; 91802; 91805; 91808
GP NRA-Level-E-Extended	123; 124; 151; 165; 301; 303; 90054; 90098; 90215; 91920; 91923; 91926
GP NRA-Other Primary Care	160; 161; 162; 163; 164; 177; 193; 195; 197; 199; 214; 215; 218; 219; 220; 224; 225; 226; 227; 228; 695; 699; 701; 703; 705; 707; 715; 5021; 5022; 5027; 5030; 5031; 5032; 5033; 5035; 5036; 5042; 5044; 19000; 91900; 91903; 91906; 91910; 91913; 91916; 92004; 92011; 92715; 92716; 92717; 92718; 92719; 92720; 92721; 92722; 92723; 92724; 92725; 92726; 92731; 92732; 92733; 92734; 92735; 92736; 92737; 92738; 92739; 92740; 92741; 92742
GP NRA-Mental Health Care	170; 171; 172; 221; 222; 223; 272; 276; 281; 282; 283; 285; 286; 287; 309; 311; 313; 315; 792; 2700; 2701; 2715; 2717; 2721; 2723; 2725; 2727; 2739; 2741; 2743; 2745; 4001; 90250; 90251; 90252; 90253; 90254; 90255; 90256; 90257; 90264; 90265; 90271; 90272; 90273; 90274; 90275; 90276; 90277; 90278; 91818; 91819; 91820; 91821; 91842; 91843; 91844; 91845; 91859; 91861; 91862; 91863; 91864; 91865; 91866; 91867; 92112; 92113; 92116; 92117; 92118; 92119; 92122; 92123; 92136; 92137; 92138; 92139; 92146; 92147; 92148; 92149; 92150; 92151; 92152; 92153; 92170; 92171; 92176; 92177; 92182; 92184; 92186; 92188; 92194; 92196; 92198; 92200
GP NRA-Chronic Disease/Complex Care Management	231; 232; 235; 236; 237; 238; 239; 240; 243; 244; 245; 249; 392; 393; 729; 731; 735; 739; 743; 747; 750; 758; 900; 903; 930; 933; 935; 937; 943; 945; 965; 967; 969; 971; 972; 973; 975; 986; 92026; 92027; 92029; 92030; 92057; 92058; 92060; 92061
GP NRA-After Hours	585; 588; 591; 594; 599; 600; 733; 737; 741; 745; 761; 763; 766; 769; 772; 776; 788; 789; 2197; 2198; 2200; 5000; 5003; 5010; 5020; 5023; 5028; 5040; 5043; 5049; 5060; 5063; 5067; 5071; 5076; 5077; 5200; 5203; 5207; 5208; 5209; 5220; 5223; 5227; 5228; 5260; 5261; 5262; 5263; 5265; 5267; 92210; 92211
GP NRA-Flag Fall and Other Support Payments	90001; 90002;

Table outlines the eligible MBS item numbers that can be claimed under each of the ten primary care service types.

“And just to be clear, all procedural items, so your excision and those sorts of items, they're not included in the list of eligible services for the Bulk Billing Practice Incentive Program.”

Understanding bulk billing changes for GPs and practices – Webinar recording
<https://www.youtube.com/watch?v=YCAIpJcP6O4>



Bulk Billing Practice Incentive Program eligible services

(also known as GP NRA items) by Primary Care
Service Type

From 1 November 2025

er

81; 90020; 90092; 90183; 91790; 91792; 91794;

187; 90035; 90093; 90188; 91800; 91803; 91806;

191; 90043; 90095; 90202; 91801; 91804; 91807

206; 90051; 90096; 90212; 91802; 91805; 91808

301; 303; 90054; 90098; 90215; 91920; 91923;

164; 177; 193; 195; 197; 199; 214; 215; 218; 219;
227; 228; 695; 699; 701; 703; 705; 707; 715; 9021;
5031; 5032; 5033; 5035; 5036; 5042; 5044; 19000;
006; 91910; 91913; 91916; 92004; 92011; 92715;
18; 92719; 92720; 92721; 92722; 92723; 92724;
31; 92732; 92733; 92734; 92735; 92736; 92737;
40; 92741; 92742

222; 223; 272; 276; 281; 282; 283; 285; 286; 287;
792; 2700; 2701; 2715; 2717; 2721; 2723; 2725;
2743; 2745; 4001; 90250; 90251; 90252; 90253;
56; 90257; 90264; 90265; 90271; 90272; 90273;
76; 90277; 90278; 91818; 91819; 91820; 91821;
44; 91845; 91859; 91861; 91862; 91863; 91864;
67; 92112; 92113; 92116; 92117; 92118; 92119;
36; 92137; 92138; 92139; 92146; 92147; 92148;
51; 92152; 92153; 92170; 92171; 92176; 92177;
86; 92188; 92194; 92196; 92198; 92200

237; 238; 239; 240; 243; 244; 245; 249; 392; 393;
743; 747; 750; 758; 900; 903; 930; 933; 935; 937;
969; 971; 972; 973; 975; 986; 92026; 92027; 92029;
58; 92060; 92061

599; 600; 733; 737; 741; 745; 761; 763; 766; 769;
2197; 2198; 2200; 5000; 5003; 5010; 5020; 5023;
5049; 5060; 5063; 5067; 5071; 5078; 5077; 5200;
5209; 5220; 5223; 5227; 5228; 5260; 5261; 5262;
92216; 92211

Numbers that can be claimed under each of the ten

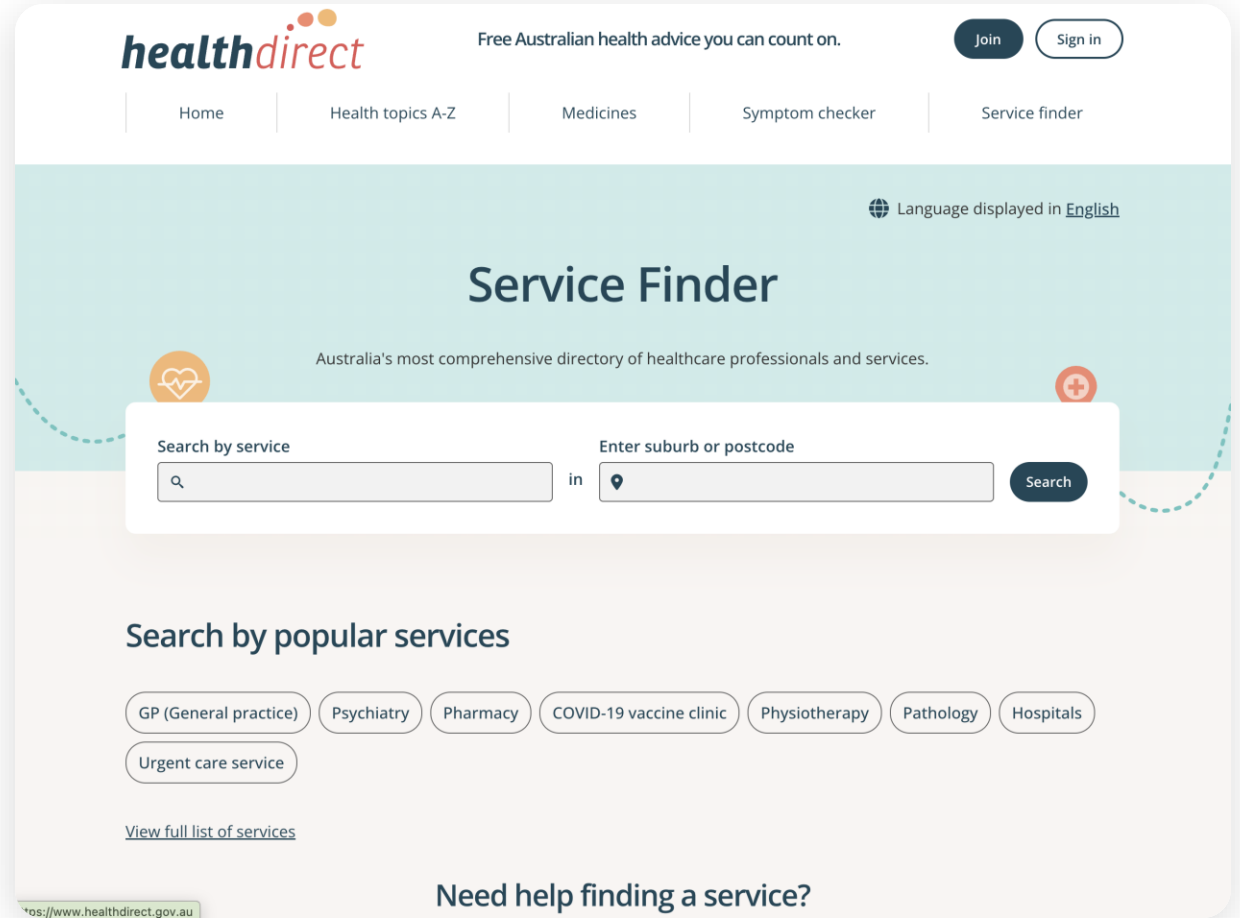
Government Resource GP NRA Items



Promote participation



Source:
<https://www.health.gov.au/resources/publications/medicare-bulk-billing-practice-signage-for-bulk-billing-practice-incentive-program?language=en>



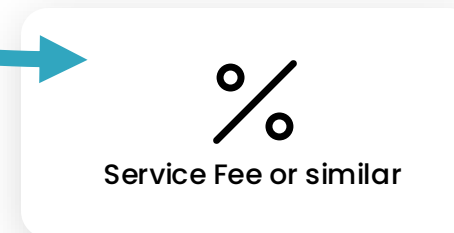
Do practices need to be registered with MyMedicare?

To participate in the Bulk Billing Practice Incentive Program (BBPIP), a practice must be registered with MyMedicare. While registration is voluntary, it is the only way to access the new incentive payments.

Note: While it's mandatory for practices to be registered for MyMedicare. It is not mandatory for patients to be registered for MyMedicare.

How the BBPIP Payment is Shared

- ↔ This payment is **always** split 50/50 between the GP and the practice.
- 👤 Applies to all GPs, including contractors, registrars, employees and locums.



The business of General Practice is complex

Let's look at 5 Different Hypothetical Practices

- Universal Bulk Billing Practice in MM1
- 91% Private/Mixed Billing Practice in MM1
- 61% Bulk Billing Practice in MM1
- 70% Bulk Billing Practice in MM6
- Universal Bulk Billing Practice in MM5

The models presented are based on fictional practices, using best estimates of typical practice parameters. They are for illustrative purposes only.

What changes in model?



Normalised Gross to \$100,000



Bulk Billing % and MMM



Appointment Count and
service mix



Practice team, size and focus

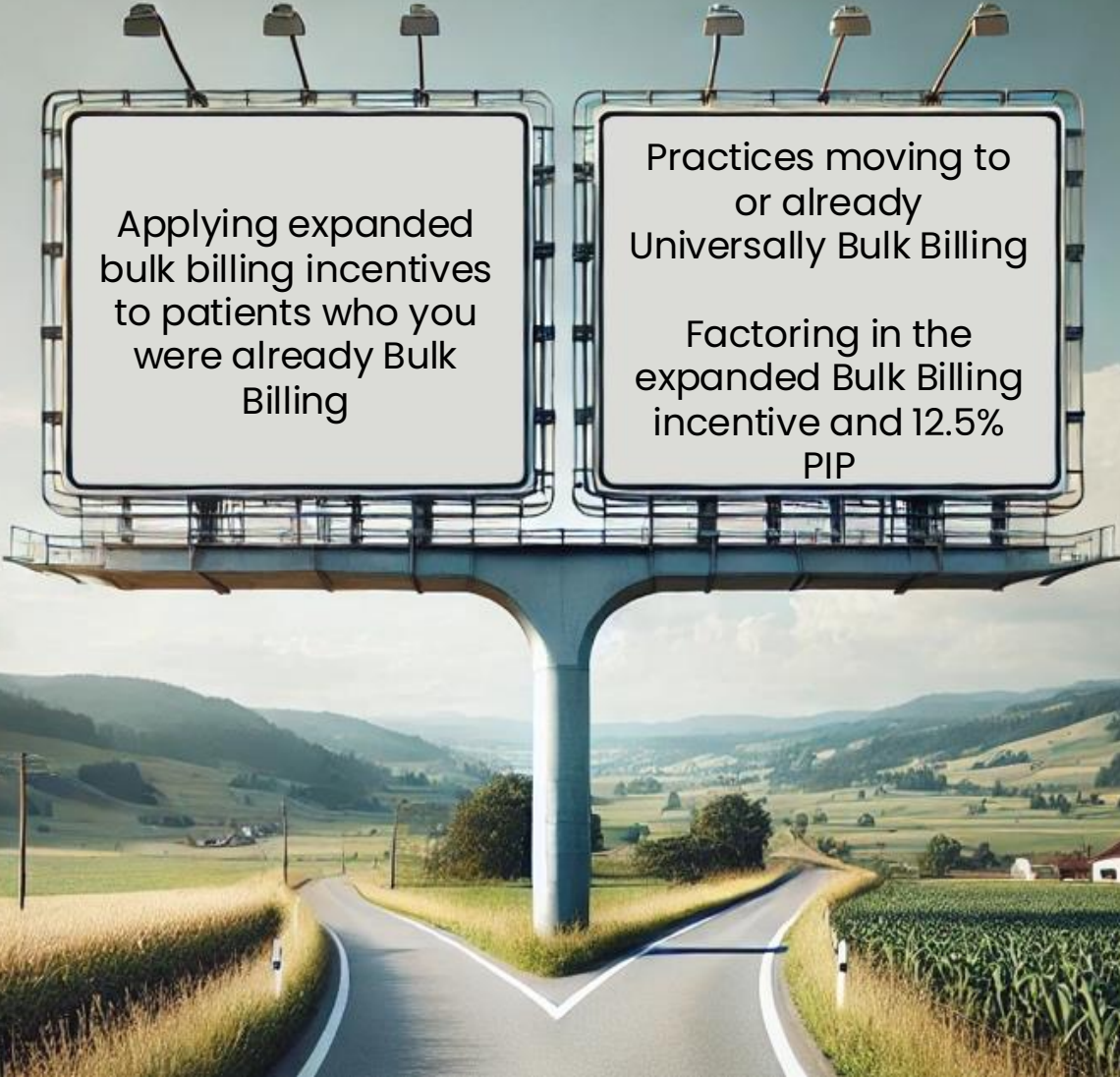


Billings Info / Payer Mix



NRA Mix

The models presented are based on fictional practices, using best estimates of typical practice parameters. They are for illustrative purposes only.



Applying expanded
bulk billing incentives
to patients who you
were already Bulk
Billing

Practices moving to
or already
Universally Bulk Billing

Factoring in the
expanded Bulk Billing
incentive and 12.5%
PIP

Universal Bulk Billing Practice in MM1

Applying expanded bulk
billing incentives to
patients who you were
already bulk billing

\$102,058

2.1 %

Universal Bulk Billing with
expanded Bulk Billing
incentive and 12.5% PIP

\$113,308

13.3 %

The models presented are based on fictional practices, using best estimates of typical practice parameters. They are for illustrative purposes only.



91% Private/Mixed billing
in MM1

Applying expanded bulk
billing incentives to
patients who you were
already bulk billing

\$100,175

0.2 %

Universal Bulk Billing with
expanded Bulk Billing
incentive and 12.5% PIP

\$87,917

-12.1 %

The models presented are based on fictional practices, using best estimates of typical practice parameters. They are for illustrative purposes only.



61% Bulk Billing in MM1

Applying expanded bulk
billing incentives to
patients who you were
already bulk billing

\$101,625

1.6 %

Universal Bulk Billing with
expanded Bulk Billing
incentive and 12.5% PIP

\$105,733

5.7 %

The models presented are based on fictional practices, using best estimates of typical practice parameters. They are for illustrative purposes only.



70% Bulk Billing in MM6

Applying expanded bulk
billing incentives to
patients who you were
already bulk billing

\$102,966

3.0 %

Universal Bulk Billing with
expanded Bulk Billing
incentive and 12.5% PIP

\$111,343

11.3 %

The models presented are based on fictional practices, using best estimates of typical practice parameters. They are for illustrative purposes only.



Universal Bulk Billing Practice in MM5

Applying expanded bulk
billing incentives to
patients who you were
already bulk billing

\$103,000

3.0 %

Universal Bulk Billing with
expanded Bulk Billing
incentive and 12.5% PIP

\$114,250

14.2%

The models presented are based on fictional practices, using best estimates of typical practice parameters. They are for illustrative purposes only.



Go Deeper than the Headline – the business model!



Locked into Govt Indexation



Whole Team needs to be onboard



What might change about your service mix / Independence



PIP Split



Business model in the Future



Expenses and outgoings

What is out of scope?



Practice Workflows



Patient Care



Other Revenue



Costs and Overheads



Payroll Tax



Team Culture

Team Alignment

For this to work, every practitioner and team member needs to be aligned.

- 🗣️ Ensure all GPs are on board with bulk billing eligible services
- 💬 Be clear on which services may still attract a private fee (procedures, work cover etc)

Team Communication

Consistent messaging across the team is key. When everyone delivers the same message, patients trust the practice and avoid confusion.



Team meeting to align on messaging



Shared resources for common patient questions








Simple scripts for reception and nurses



Encourage staff to raise tricky conversations for group discussion

Some of the reasons we are bulk billing

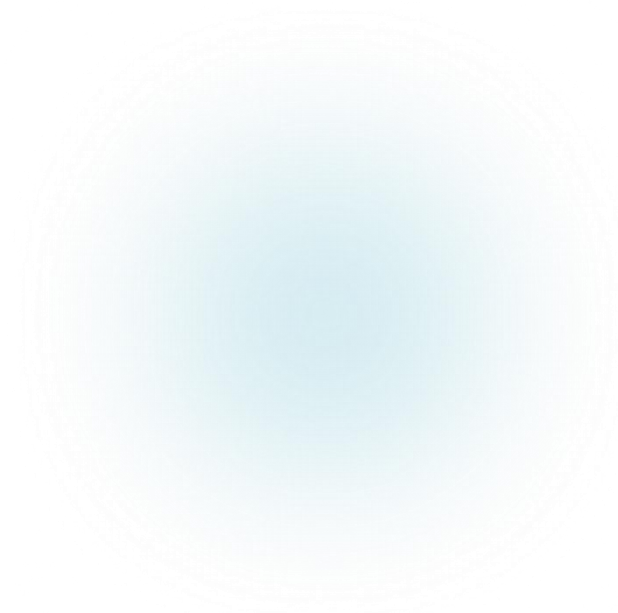
-  Accessibility for patients
-  No need to take payments and less risk of bad debt
-  Reduced admin time spent chasing payments, especially for Telehealth Consults
-  Fewer fee discussions
-  Free up the team

The data is most important

Every Practice is Different. Every Practitioner is Different.

Pick a month / quarter / year and
rerun it

Doing the numbers



Bulk Billing Incentives Calculator

Disclaimer

The calculator is only intended to provide an estimate of the payments that may be provided to you under Medicare Benefits Schedule (MBS) bulk billing incentives expanded eligibility and the Bulk Billing Practice Incentive Program (BBPIP).

The calculator will be pre-filled with data based on averages on BBPIP MBS eligible services for similar practices in your Modified Monash Model location.

The accuracy and reliability of the estimates produced by the calculator will also depend on the accuracy and reliability of data you enter into the calculator. The estimates generated by the calculator may not be accurate or free from error.

Before relying on the estimates generated by the calculator, you must carefully evaluate the accuracy, completeness and relevance of the estimates for your purposes, and obtain appropriate expert advice relevant to your own particular circumstances.

We make this calculator available on the understanding that you exercise your own skill, care and judgement; and seek independent expert advice with respect to your use. By accessing this calculator, you acknowledge that we will not be liable for any consequential loss.

☐ I accept the terms and conditions of the [Bulk Billing Incentives Calculator Licence Agreement](#).

Start calculator



Australian Government
Department of Health
and Aged Care

Government Resource Bulk Billing Incentive Calculator



Filters

Save filters

Load filters

Dates

1 Aug 2025 → 31 Aug 2025

Filters

Modified Monash Model

MM1 - Metro

Filter...

MM1 - Metro

MM2 - Regional

MM3 - Large Rural

MM4 - Medium Rural

MM5 - Small Rural

MM6 - Outer Rural

MM7 - Very Remote

Overall effect

The announcement includes two key changes which will impact practice revenue:

- Expanded patient eligibility for bulk billing incentives** Bulk billing incentives will be available to all Medicare-eligible patients, rather than just concession card holders or those 15 and under.
- Incentive payment** An additional 12.5% incentive payment will be available to practices that bulk bill all GP Non-referred attendances. The government has indicated that this payment will be split 50/50 between the practice and the GP.

Billings

\$439,794.52

Billings with increased incentive availability

\$462,670.07

↑ \$22,875.55

Billings if adopting universal bulk billing

\$497,947.04

↑ \$58,152.52 compared to current
↑ \$35,276.97 compared to expanded incentives
(Including \$16,219.34 paid to the practice and \$16,219.34 paid to the GP)

Current service mix

	Category	Services	Patients	Billings	Additional bulk billing incentives	Gap
1	Bulk billings without an incentive	2117	736	\$233,245.64	\$22,875.55	\$0.00
2	Mixed billings	250	95	\$26,263.74	\$0.00	\$0.00
3	Other billings	1294	557	\$180,285.14	\$0.00	\$0.00

practitioners choose to

d services.
payment.

services in the future
se calculations, we've
either a bulk billing
a holistic impact

50/50 split

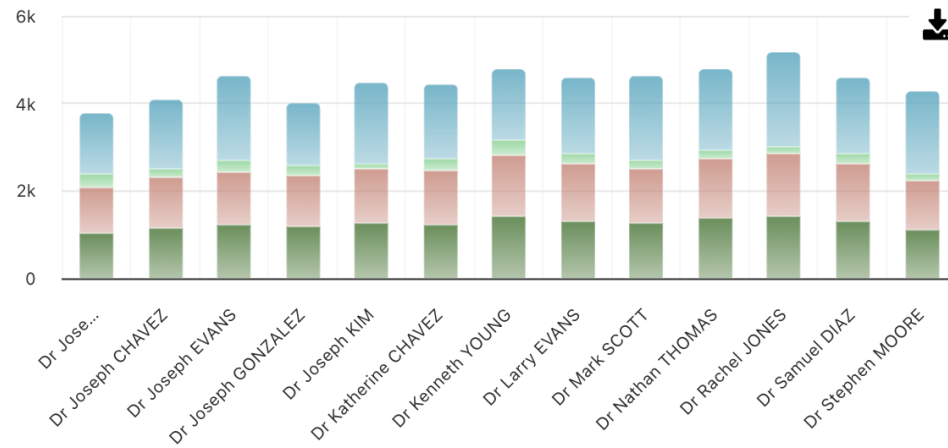
Overview

Practitioners

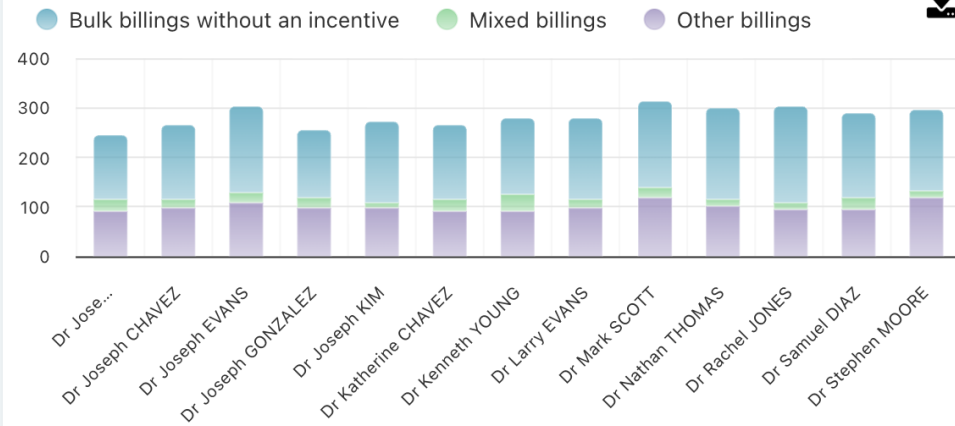
Service details

Modelling and assumptions

Practitioner impact if adopting universal bulk billing ⓘ



Mix of services by Practitioner ⓘ





My Cubiko

Daily Review

Weekly Review

Monthly Review

My Diary

My Patients

My Billings

Benchmarking

My CPD Outcomes

Bulk Billing Changes 2025

New

Bulk billing changes November 2025

The Australian Government has proposed changes to bulk billing incentives, which are set to roll out on 1st of November 2025. This dashboard analyses historical services and billings at the Practice in the selected date range, and uses that to calculate what billings might be under the new arrangements. It goes without saying that true impact of the changes on practice workflows, patient care, revenue, and costs will depend on many factors beyond the scope of this analysis. This page is designed to provide some hard numbers to help understand what the changes mean for you.

- [Upcoming changes to bulk billing incentives in General Practice](#)
- [Strengthening Medicare with more bulk billing](#)
- [More bulk billing - case studies](#)
- [Announcement of 50/50 incentive split](#)

The calculations on this page are based on information available at the time. Always review the final legislation before making business decisions. More information is available in the "Modelling and assumptions" tab.

Please select the appropriate Modified Monash Model region from the drop down on the left to ensure the correct calculations apply to your Practice.

GP billings with current bulk billing behaviour ⓘ

\$310,005.52

GP billings if adopting universal bulk billing ⓘ

\$326,776.84

(Plus \$15,024.17 paid directly to the practice)

Comparison if adopting universal bulk billing ⓘ

↑\$16,771.32

(Plus \$15,024.17 paid directly to the practice)

Comparison breakdown

These metrics show the individual changes that make up the overall difference between the two scenarios.

Current bulk billing rate ⓘ

92%

Current billings ⓘ

\$292,322.82

Additional bulk billing incentives ⓘ

\$17,682.70

Reduced private billings ⓘ

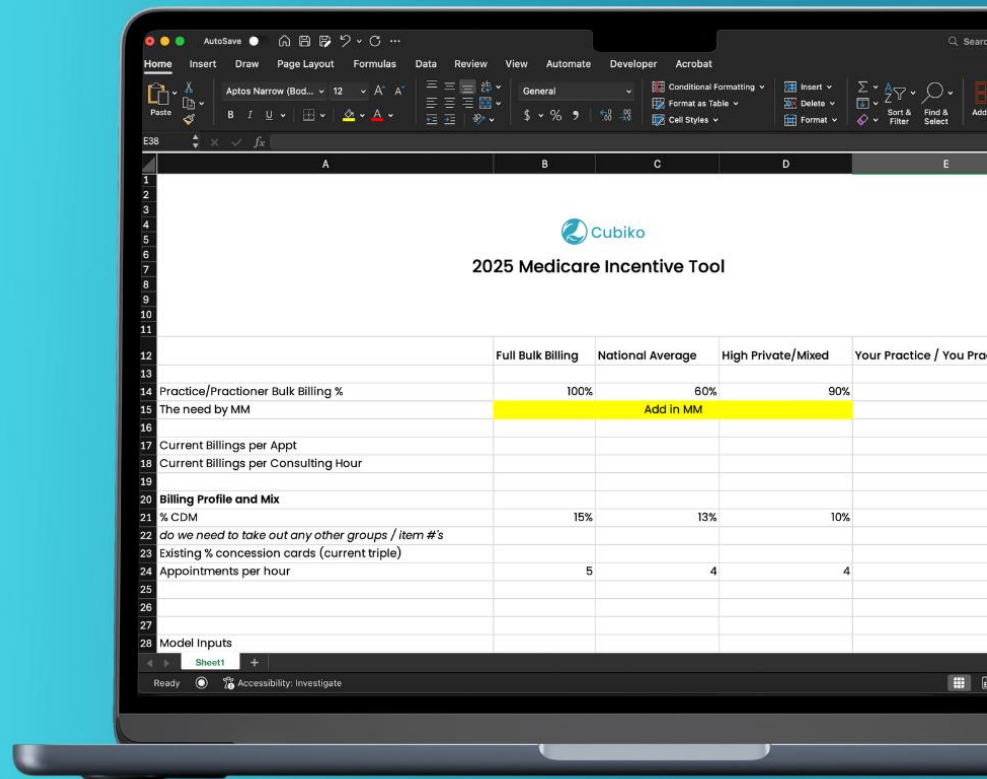
-\$0.00

Bulk billing incentives in lieu of gap ⓘ

\$1,747.15

GP share of incentive payment ⓘ

\$15,024.17



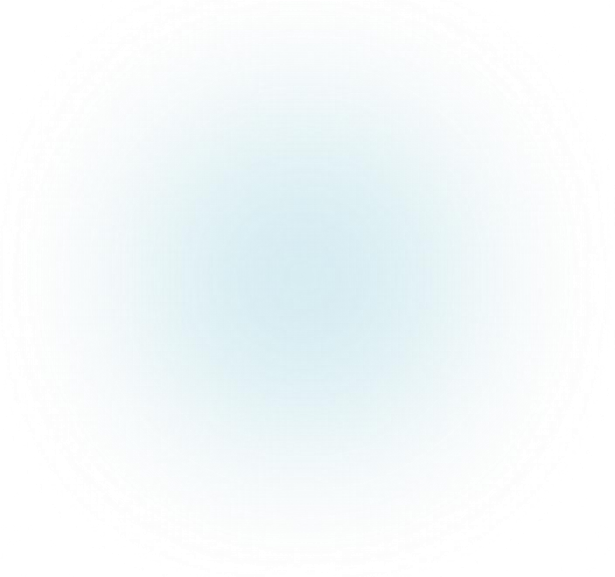
Free Download
2025 Medicare
Incentive Tool



A practice has made a decision.

Where to now?

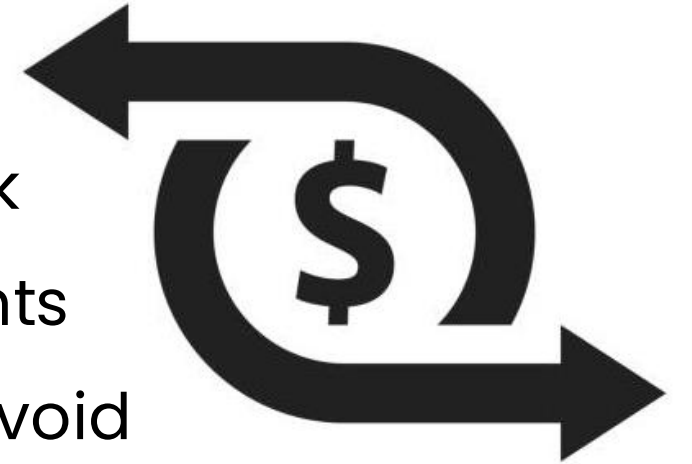
Let's look at it for the 2 pathways and what's next



Pathway 1: A practice is going to enrol in the BBPIP Program

Switching to bulk billing – effects

- Patient influx increases workload and burnout risk
- Manage cashflow with quarterly, arrears payments
- Ensure correct BBIP/MyMedicare registration to avoid payment delays
- Clear communication on gap fees and eligible services
- PHNs/advisors support staffing, finances, education, registration, workflow



Existing bulk billing practices

- Register for BBPIP/MyMedicare if not done
- Market saturation may slow patient growth
- PHNs/advisors support registration, diversification, communication, data use



Steps to be ready

Follow these steps to ensure the practice's systems, team and patients are ready for universal bulk billing.



1. Preparing your team



2. Review and streamline workflows



3. Your patient community



4. Getting set up in government systems



5. Compliance and patient care



6. Keeping things in perspective



7. Don't set and forget

1. Team Preparation

 Team alignment

 Clear communication

 Shared purpose

 Financial clarity

 Empowering the team

 Workflow efficiency

2. Review and streamline workflows



Software updates



Billings



Appointments, Recalls and Reminders



Patient arrival and demographics



Compliance with BBPIP rules



GPCCMP and Health Assessments and use of the schedule

3. Patients and community



Plan your approach



Keep patients informed



Be upfront and clear about which services have private fees



Support teams' conversations



Promote practices participation



Resource Practice Poster



RACGP resources coming soon!

4. Getting set up in government systems



Register for MyMedicare



Submit your Expression of interest



Update bank details



Review public listings



Plan for admin changes

5. Compliance and patient care



Verify MBS Claims



Maintain thorough notes



Use AI responsibly







No out-of-pocket fees



Plan for sustainability

6. Keep things in perspective

-  Mistakes can occur, and the Department recognises this
-  There will be opportunities to review and correct errors
-  Case studies and guidance will be shared on the Department website soon
-  Stay tuned for updates and upcoming FAQ webinars

7. Don't set and forget



Resource

Your guide to universal bulk billing and the data that matters



RACGP resources coming soon!

Pathway 2: Private or Mixed Billing and won't be joining

Non-participating practices impact

- Media shapes patient expectations, causing reputational pressure
- Risk of losing patients to bulk billing practices
- Workforce pressure as GPs seek pay parity
- PHNs/advisors provide data, planning, communication, finance support



Team Communication

Consistent messaging across the team is key. When everyone delivers the same message, patients trust your practice and avoid confusion.



Team meeting to align on messaging



Shared resources for common patient questions



Simple scripts for reception and nurses



Encourage staff to raise tricky conversations for group discussion



Importance of consistent communication

Clear communication builds trust. Be mindful of your message and your audience.

Planning the approach to patient communication



Brief the team so everyone's aligned



Prepare supporting materials and signage







Communicate the practices private/mixed billing policy



Regularly check in and review challenges





Enabling teams to handle difficult conversations

Set aside time to train the team and prepare scripts on:

-  Explaining key changes in clear, simple terms
-  Addressing common patient assumptions (e.g. all practices are bulk billing)
-  Responding to questions and concerns with confidence
-  Knowing when and how to escalate issues beyond their scope

Tools to simplify patient communication

Use a mix of communication channels:

-  Posters, on-hold messages and website updates
-  Add details to social media 'About' sections
-  Remind patients during phone bookings
-  SMS broadcast if wider reach is needed

For further resources please visit:



Cubiko Resource Hub



RACGP
Royal Australian College
of General Practitioners

RACGP Resource Hub
(Coming Soon)





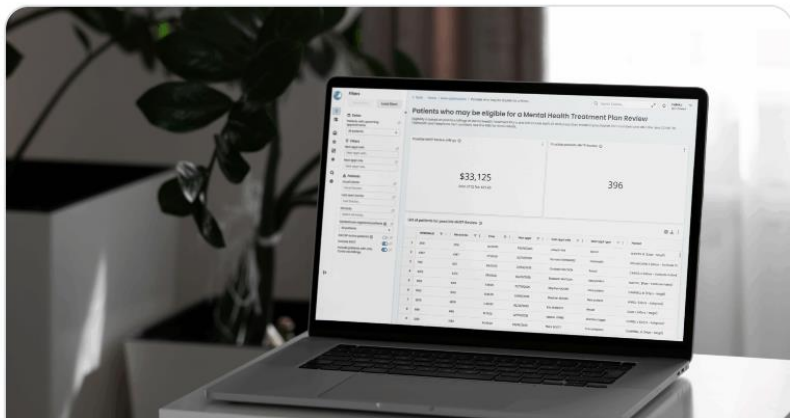
Tuesday, 14 October @ 12 PM QLD time

Webinar

Ask the Department your questions: Bulk billing Q&A with RACGP and DoHAC

Read more >





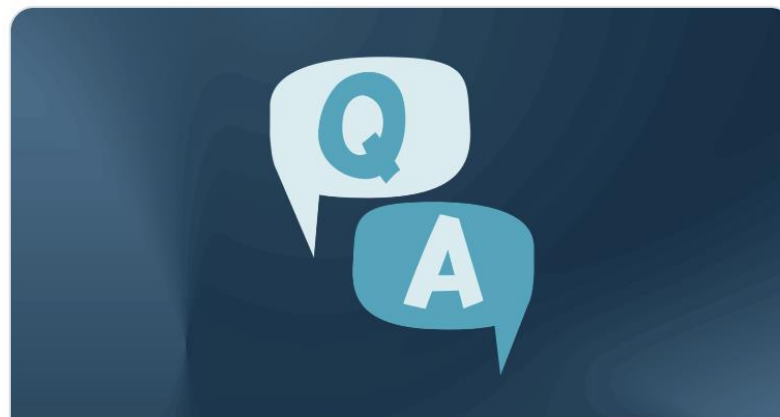
Wednesday, 15 October @ 12 PM QLD time

For GP's, Nurses, PM's & Practice Owners

Webinar

Mental Health Treatment Plans after 1 Nov: What's Changing and How to Prepare

Read more >



Wednesday, 29 October @ 12 PM QLD time

For all Practices making the switch

Webinar

Countdown to November: Your Questions Answered

Read more >





We'd love to hear your
feedback