Cubiko

TOUCHSTONE WEBINAR

FY26 BENCHMARK DATA · JULY 2026

A financial year in review

The benchmarks behind general practice's biggest year of change

Nick & Bryn • Cubiko

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

BEFORE WE START

Welcome and housekeeping

We're recording

The session and slides will be shared with you afterwards

Ask as we go

Drop questions in the Q&A panel, we'll answer at the end

A couple of quick polls

Keep an eye out throughout the session!

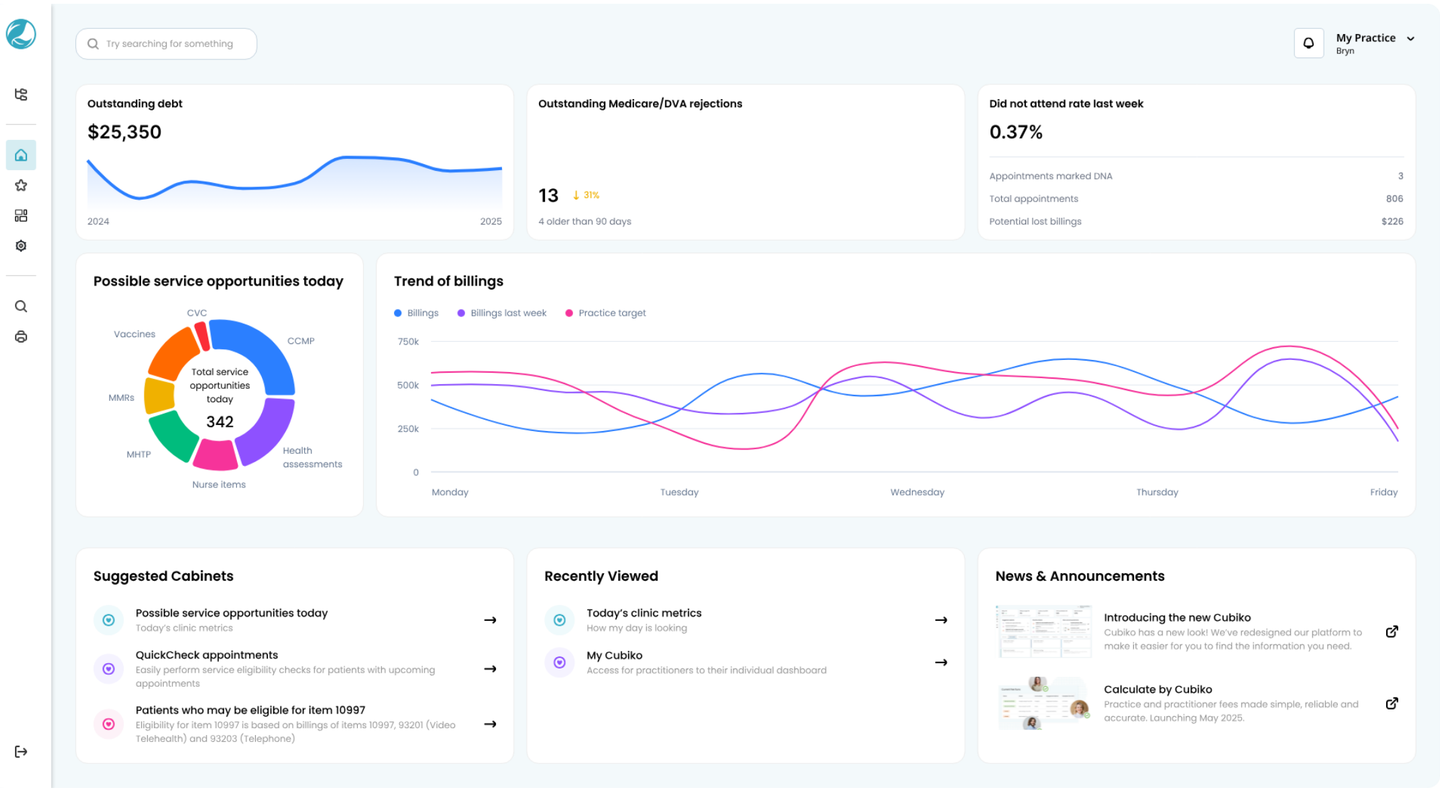
INTRODUCTION

New to Cubiko?

Practice insights for general practice, the data you already have, turned into decisions you can act on every day.

2,500+ practices supported across Australia

7 years helping practices understand their data



HOW TOUCHSTONE WORKS

The Touchstone dataset

1,300+

Practices using Touchstone

General practices across every state and territory contribute to the benchmark

2022

Active since

Four financial years of data behind every trend you'll see today

Best Practice and MedicalDirector

Dataset expanded to include the two largest Practice Management Systems across GP

QIM

New to Touchstone

QIM benchmarking is the newest addition to the dataset

HOW TOUCHSTONE WORKS

Ground rules

Opt-in

Only practices that provide explicit consent are included in Touchstone benchmarking

De-identified

All data is stripped of personally identifiable information before being used in reporting

Aggregated

Practice data is combined to show trends across the industry, not individual results

Frequency and cell domination rules

Metrics are only shown when there are enough data points to protect practice anonymity

Data rounding

Values are rounded to prevent reverse engineering of sensitive information

Minimum practice count, randomised

A minimum number of practices is required in each group, with slight randomisation to sample size applied to further protect privacy

HOW TOUCHSTONE WORKS

Every practice is unique

State

Filter data by location to compare practices across different states and territories

Modified Monash Model

Segment results by rurality, from metropolitan centres to very remote areas

Primary Health Network

View insights within your local PHN or compare across PHN boundaries

Billing model

Group practices based on bulk billing, mixed billing or private billing approaches

Teaching practices

Identify differences in performance between teaching and non-teaching practices

Doctor FTE

Filter by the number of full-time equivalent GPs to match similar practice sizes

Meaningful insights start with like-for-like comparisons

AGENDA

What we'll cover

01	GPCCMP year one	Chronic condition management after the reset
02	The billing policy landscape	Bulk billing, fees and billings per hour
03	Telehealth	Share of billings and the city–country divide
04	Operations in your practice	DNAs, wait times, online bookings, new patients
05	Looking ahead to FY26-27	Indexation, AoB and five numbers to check

THE YEAR THAT WAS

FY26 policy timeline

1 Jul 2025

GPCCMP begins

GP chronic condition management plans replace GPMPs and TCAs, resetting how CCM is planned, reviewed and billed.

1 Nov 2025

Bulk billing incentives expand

Incentives extend to all Medicare card holders, and the Bulk Billing Practice Incentive Program adds 12.5% for fully bulk billing practices.

1 Jul 2026

Assignment of Benefit & Indexation

Changes to the way Assignment of Benefit was delivered were released…then changed. Indexation was applied from 1 July 2026.

Every practice felt at least one of these, most felt all three.

01

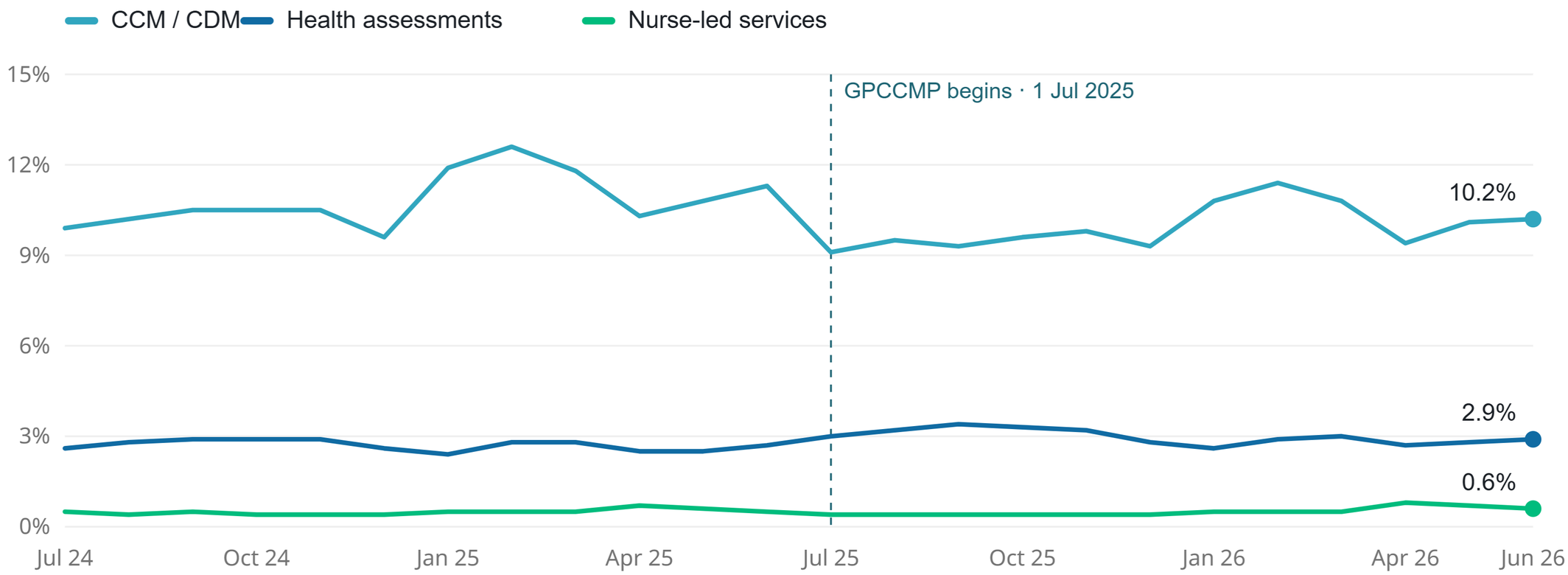
GPCCMP year one

Chronic condition management after the biggest structural change since care plans began. Items, reviews, nurses and the MM divide.

02 · GPCCMP

CCM as a share of total billings

CCM dipped after the GPCCMP transition before recovering to around 10%, health assessments and nurse-led services held steady

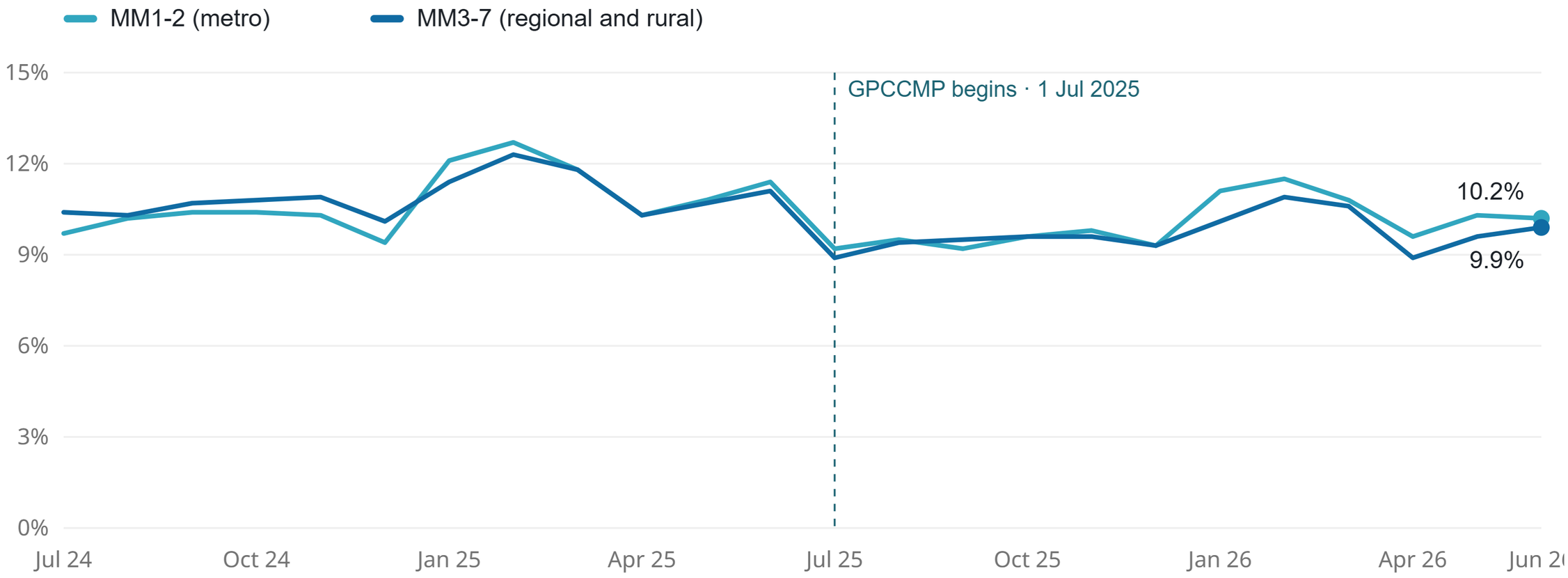


Touchstone FY26 · national benchmark

02 · GPCCMP

CCM delivery: MM1-2 vs MM3-7

Metro and rural practices track closely, as the introduction of CCM



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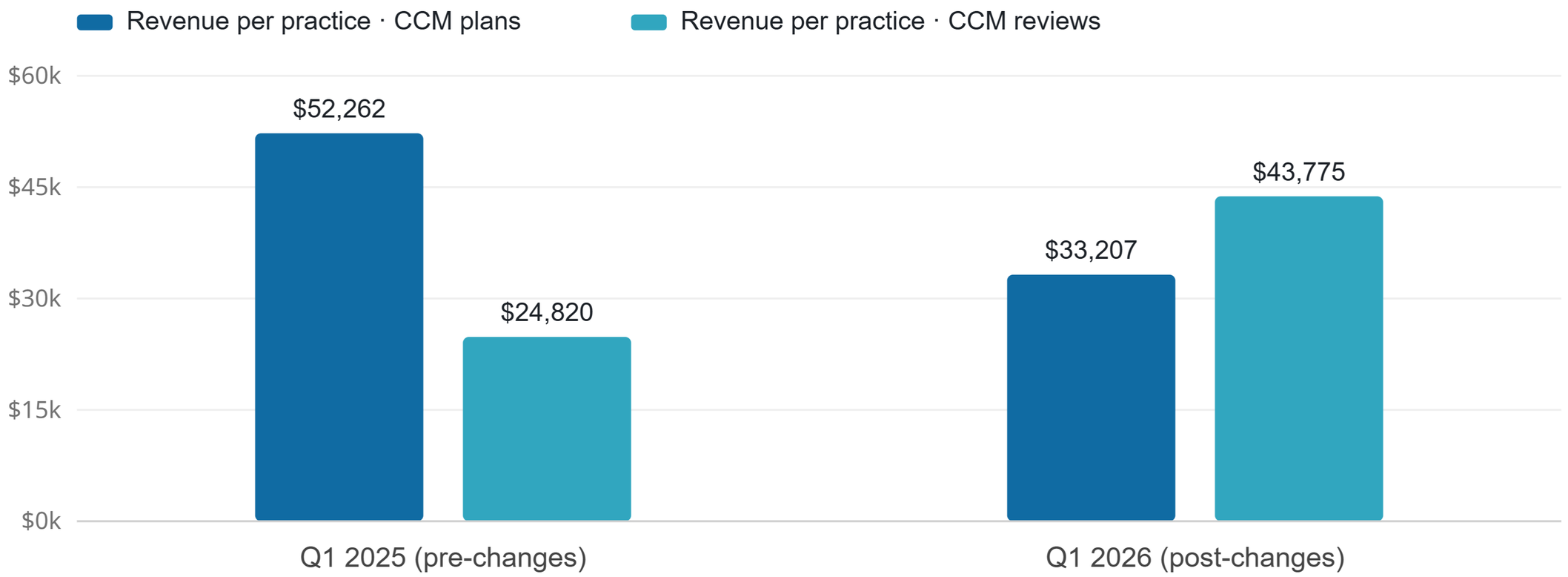
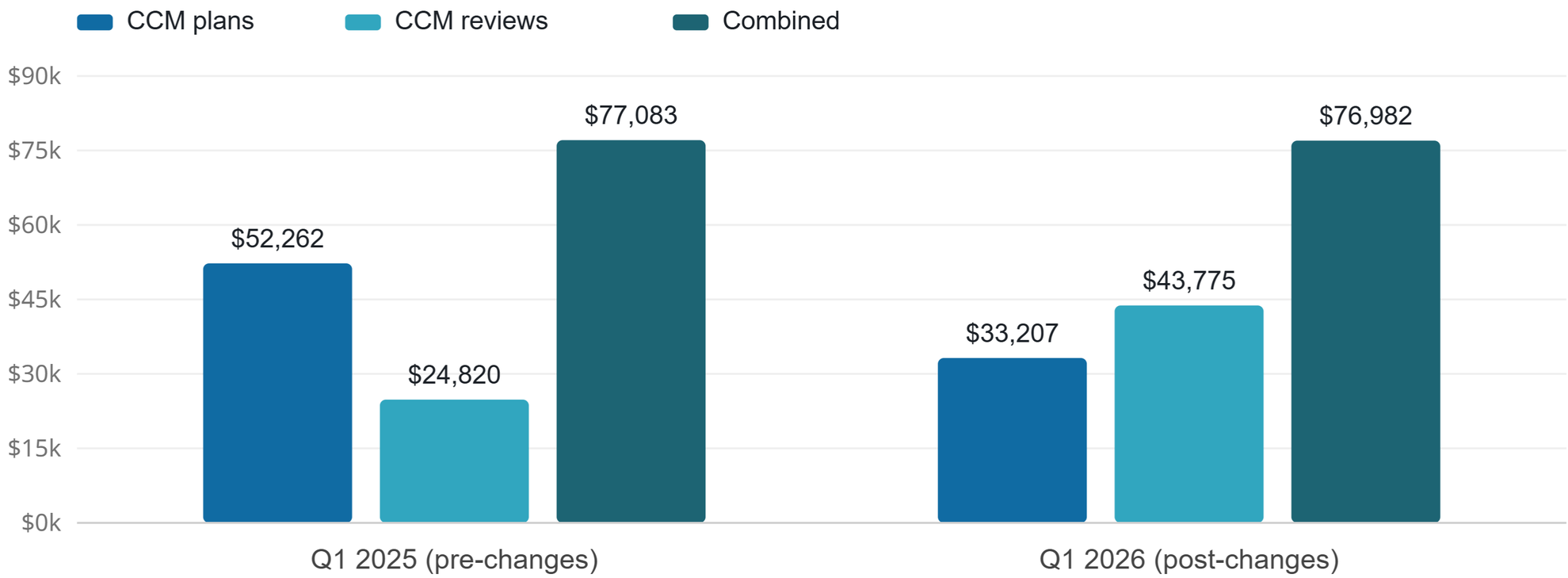
The old-to-new item transition

Plan revenue fell and review revenue rose after the GPCCMP changes, the earning centre has shifted to reviews, however total billings stay flat



The old-to-new item transition

Combined CDM/CCM revenue per practice is almost unchanged year on year, around $77k



02 · GPCCMP

Picking up on CCM reviews

Reviews are now the majority of CCM billings. Practices without a reliable way to identify, book and recall them will miss both the revenue and the care.

1 **Identify proactively**

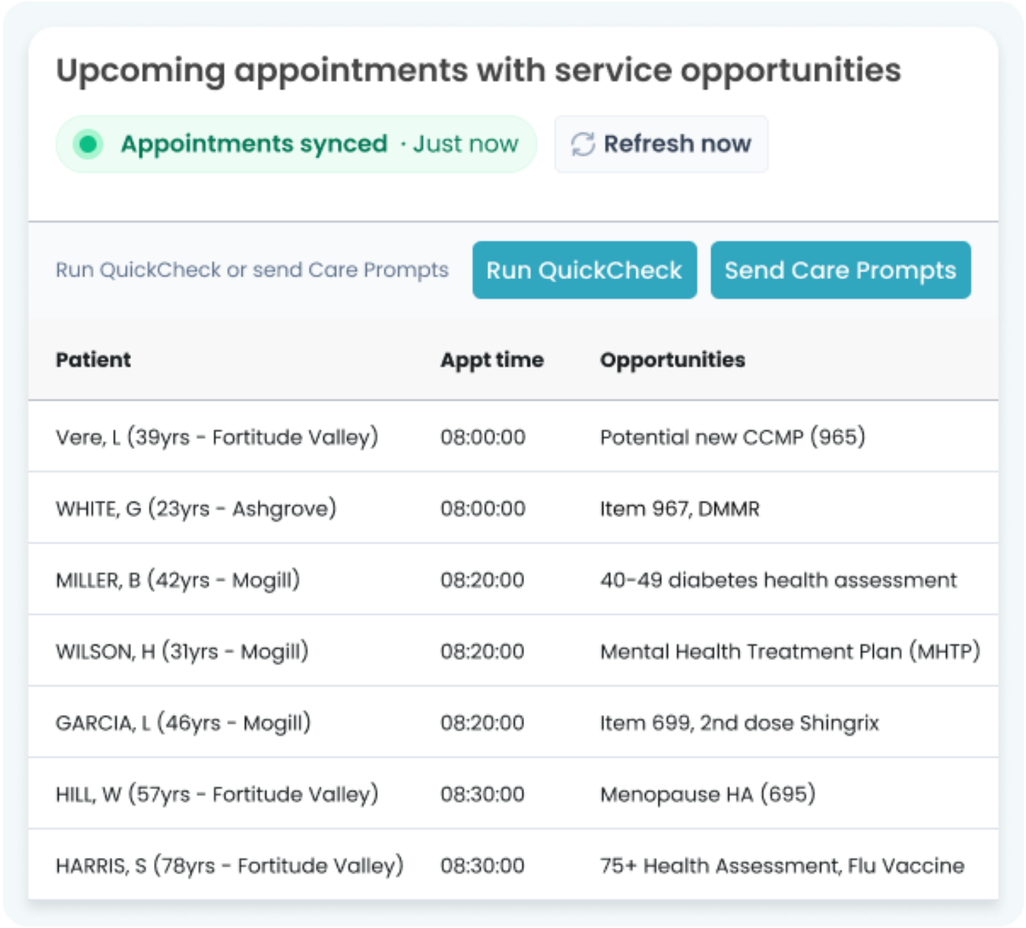
Service opportunities surfaced against upcoming appointments. CCMP reviews, health assessments, vaccines

2 **Verify eligibility**

Checked against Medicare Web Services before anyone acts, so the opportunity is real

3 **Act in your PMS**

Written back to Best Practice Premier as Care Prompts. Visible to the GP at the point of care and driving front desk and nurse recall workflows



02

The billing policy landscape

Fully bulk billing practices, bulk billing rates, average fees, billings per hour - and the economics of switching.

QUICK POLL

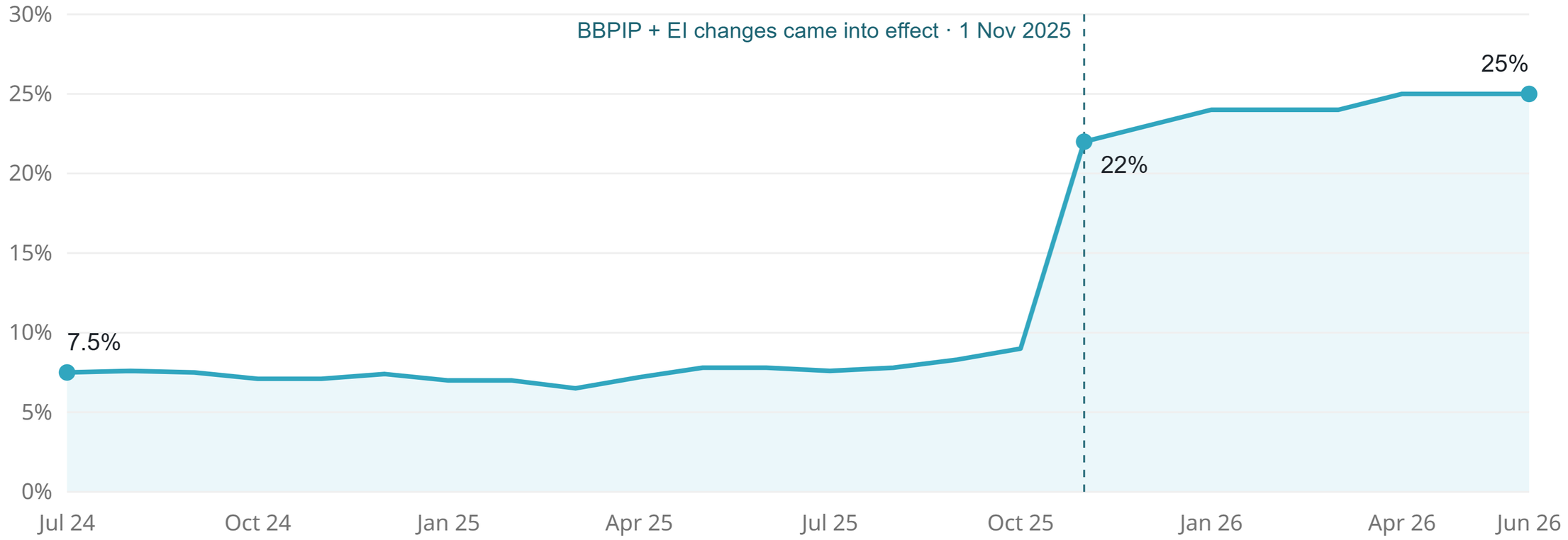
Has your practice changed its billing model?

- Moved from mixed to bulk billing
- Continued to bulk bill
- Moved from bulk billing to mixed
- Continued as mixed billing

Answer in the poll panel - results in a moment

01 · BILLING POLICY

Proportion of practices bulk billing ≥98% of GP NRA services



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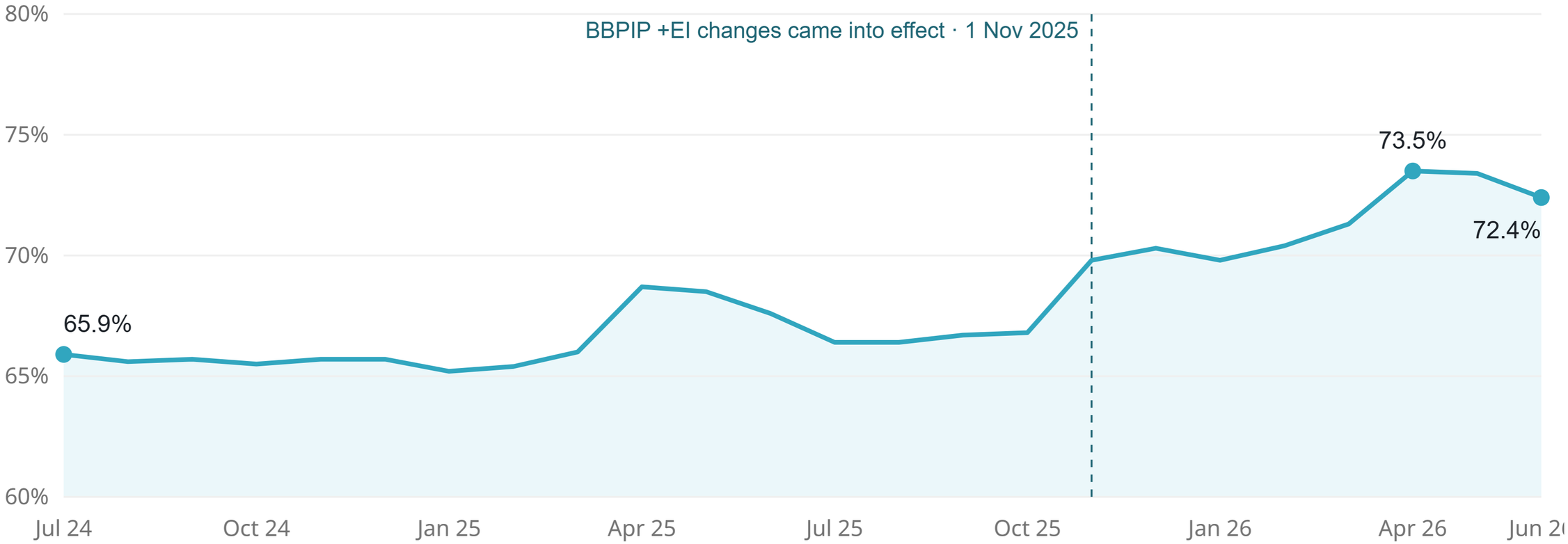
01 · BILLING POLICY

Bulk billing as a percentage of all invoices

Bulk billed invoices climbed from around 66% to a peak of 73.5% after the BBPIP changes came into effect



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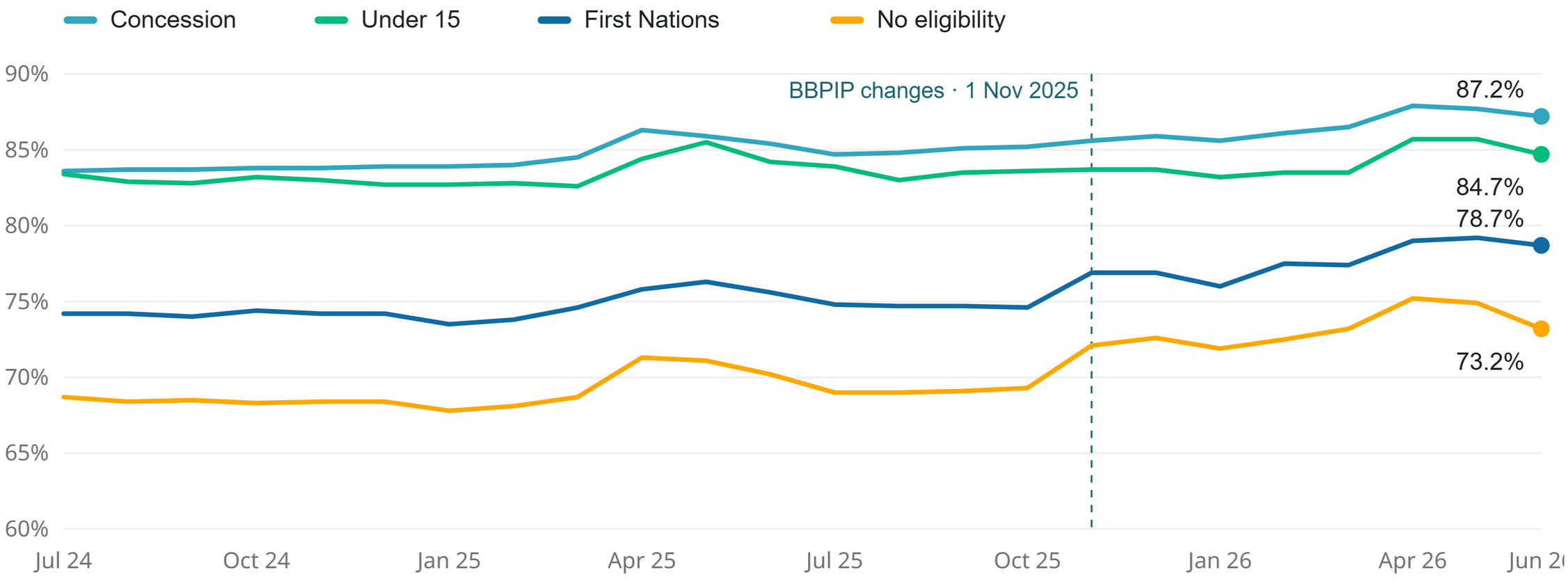
01 · BILLING POLICY

Bulk billing rates by eligibility type

Every eligibility group lifted after the BBPIP changes, the biggest gains went to patients with no concession, up 4.5 points



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01 · BILLING POLICY

Average fees for items 3, 23, 36 and 44

Item 3
$24.43
Brief consult, level A

Item 23
$62.78
Standard consult, level B

Item 36
$109.65
Long consult, level C

Item 44
$156.71
Prolonged consult, level D

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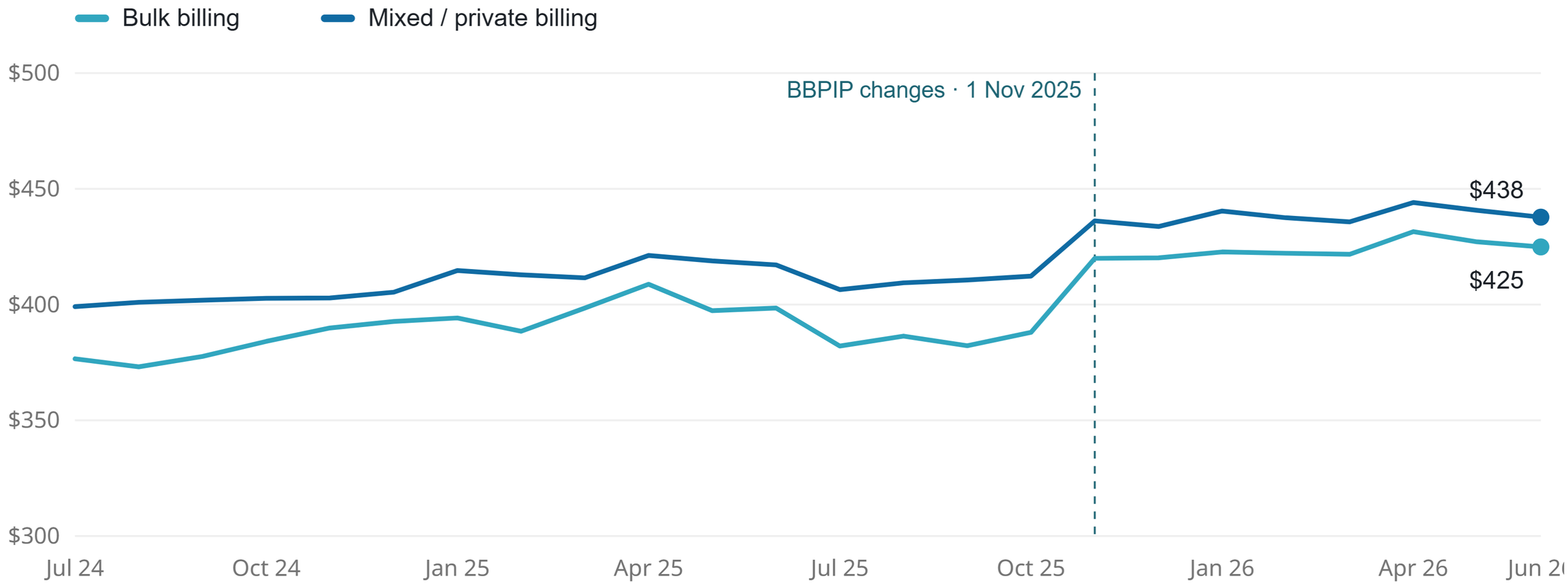
01 · BILLING POLICY

Billings per hour: mixed vs bulk billing

Both structures lifted after the BBPIP changes — the gap has narrowed to around $13 an hour



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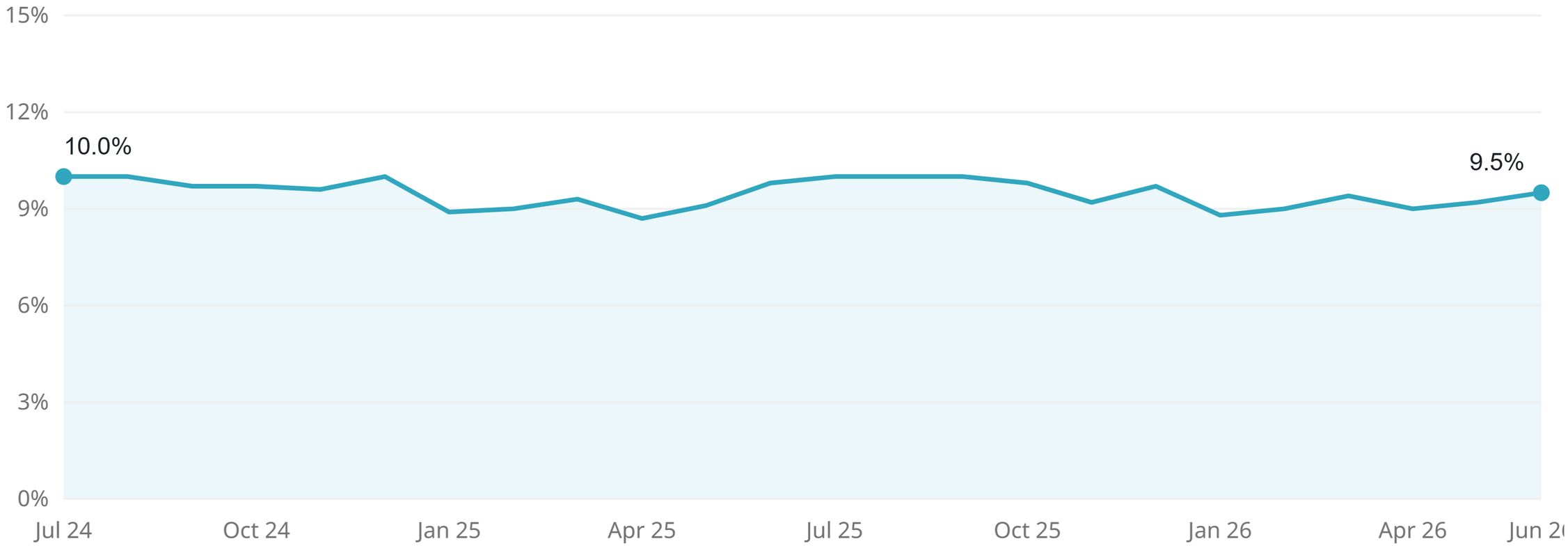
03

Telehealth

Share of billings and how metro and rural practices use telehealth differently.

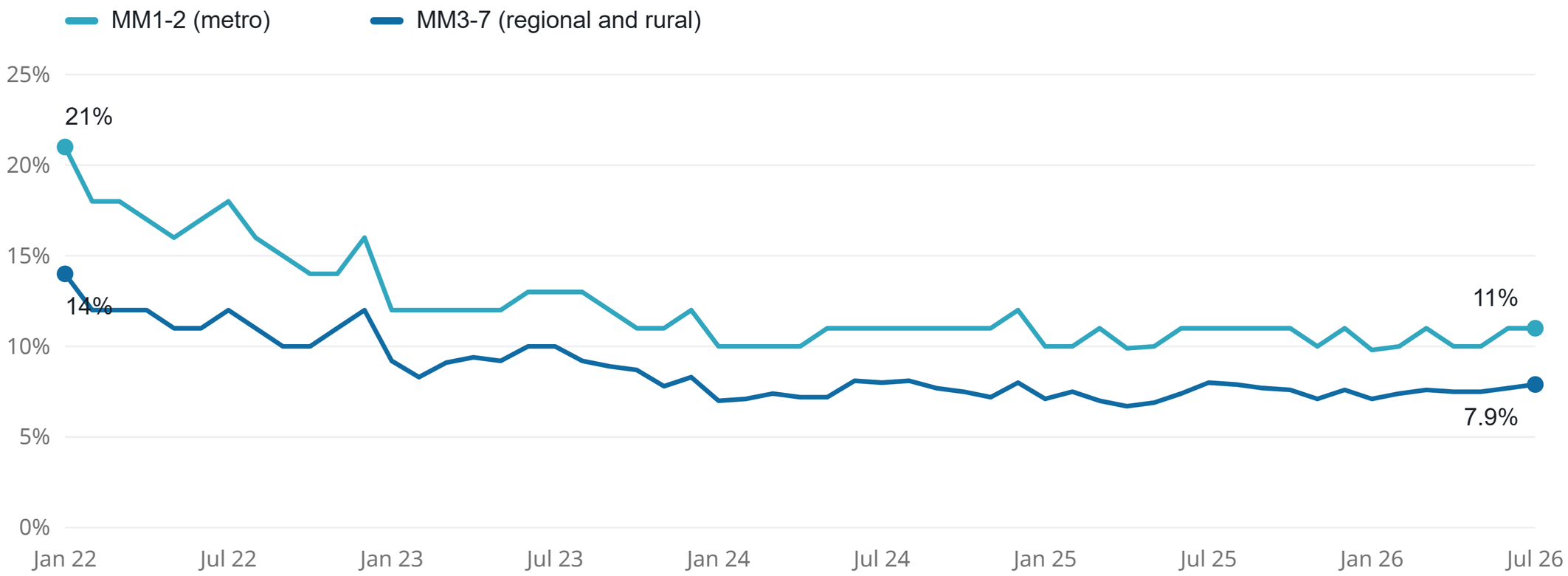
Telehealth billings over time

Telehealth has settled at around 9-10% of billings, remarkably stable across both years



Telehealth use: MM1-2 vs MM3-7

Both groups have eased since 2022 and settled, metro practices still use telehealth around 3 points more than regional and rural



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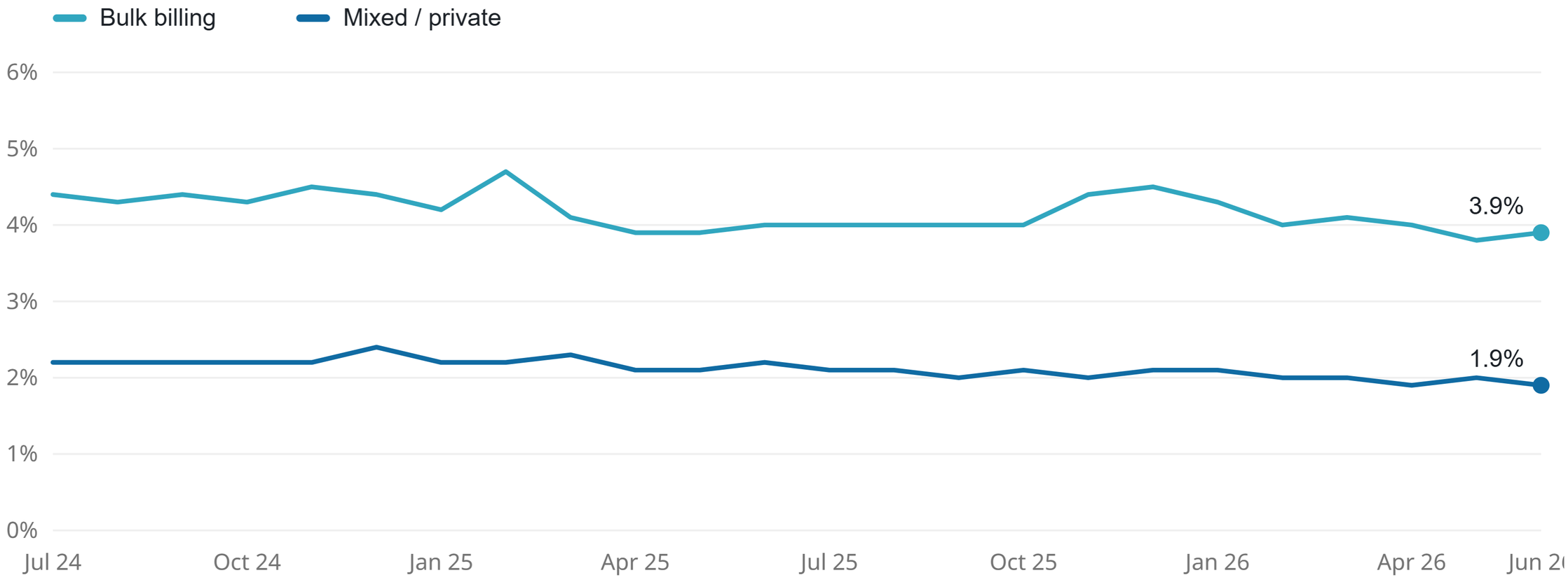
04

Operations in your practice

Rapid-fire: DNA rates, wait times, online bookings and new patients, each cut by billing structure where it matters.

DNA rates by billing structure

Bulk billing practices see roughly double the DNA rate of mixed and private practices, a gap that held steady all year



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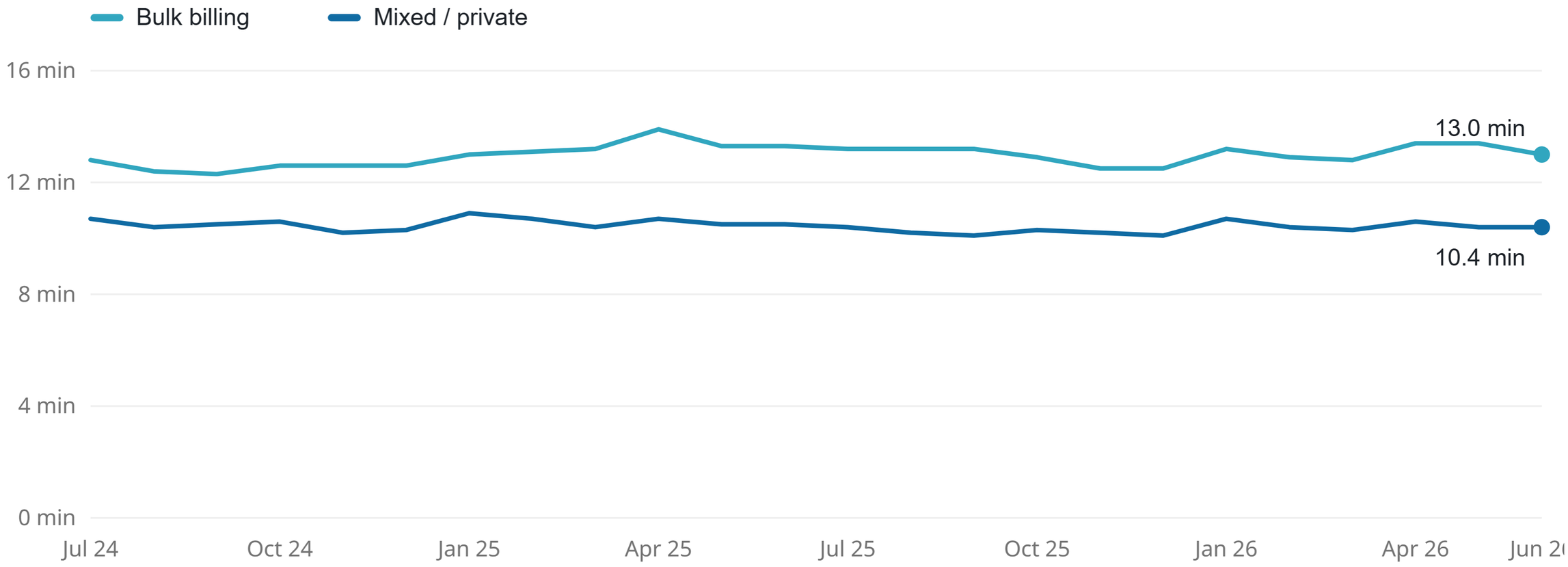
04 · OPERATIONS

Patient wait times by billing structure

Patients at bulk billing practices wait around 3 minutes longer than at mixed and private practices, steady across both years



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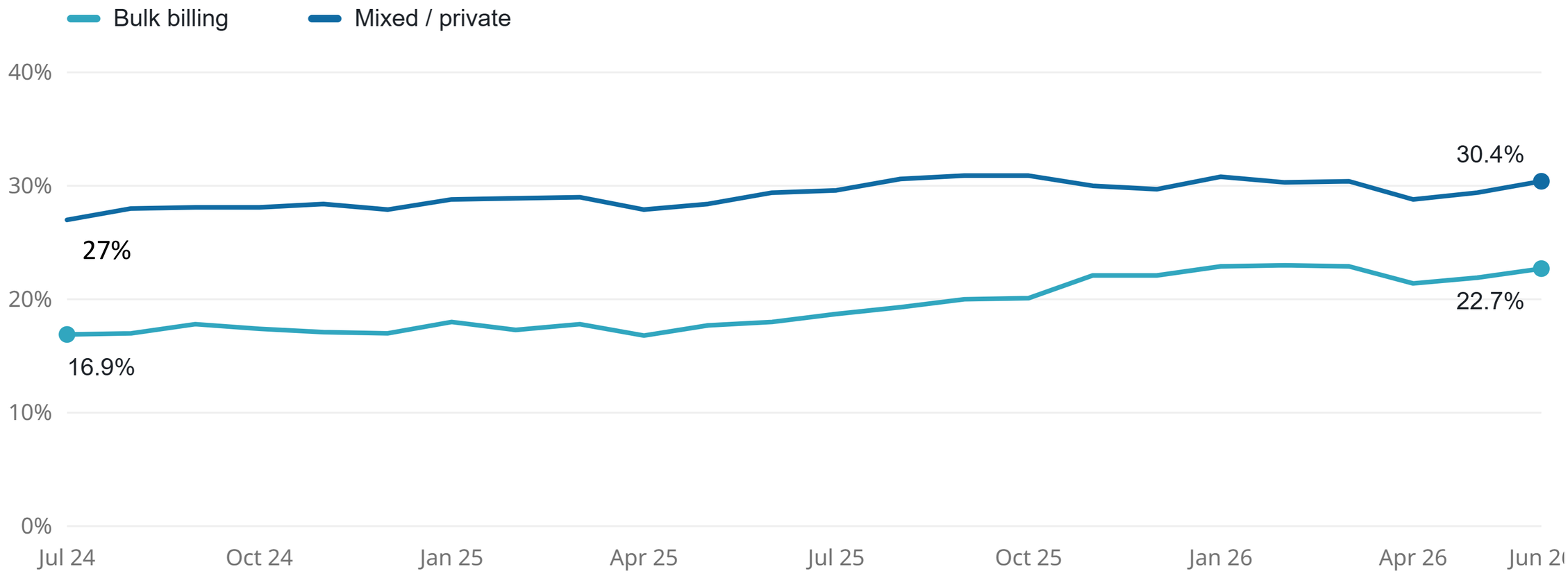
04 · OPERATIONS

Appointments booked online

Online bookings grew in both groups, bulk billing practices closed some of the gap, up from 16.9% to 22.7%



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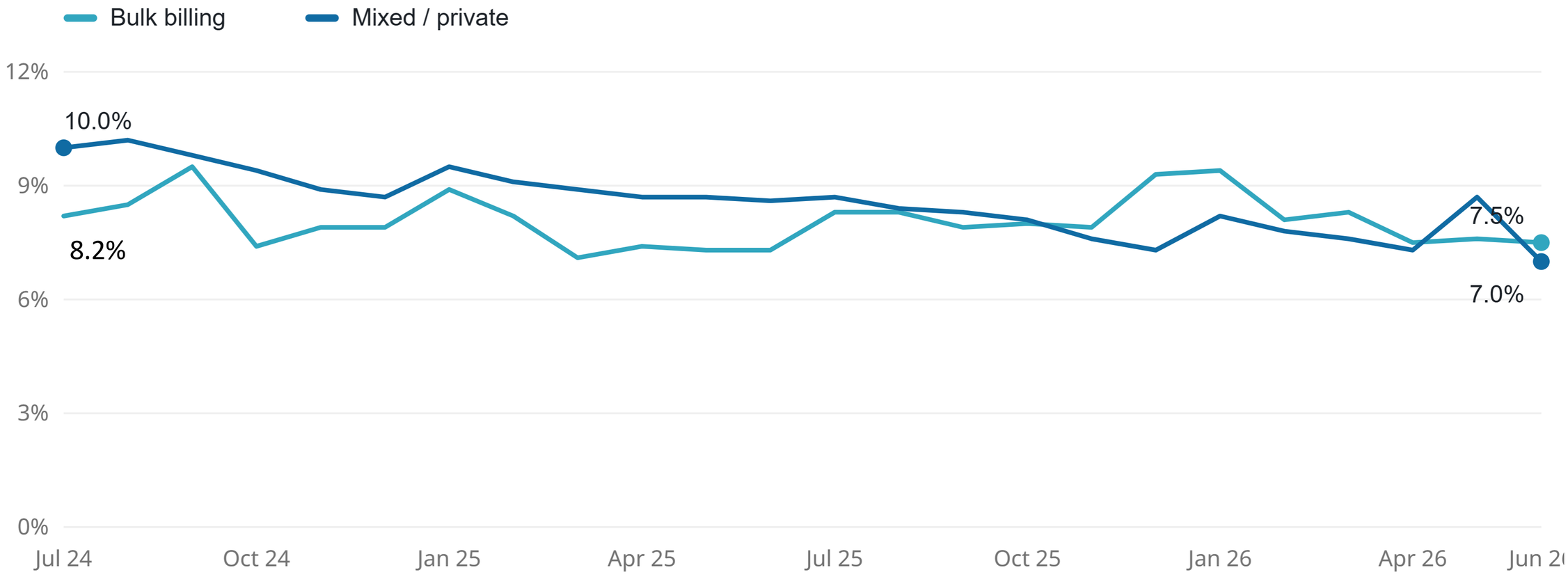
New patients as a share of appointments

Mixed and private practices started the period ahead but eased from 10% to 7%, the two groups have now converged



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05 · WHAT'S NEXT

Looking ahead to FY26-27

2.6%

MBS indexation from 1 July

Rebates lift across the schedule. Worth revisiting your private fees now rather than letting the gap quietly narrow.

AoB

Assignment of Benefit

Practices now have the new workflows available to them, and a transition period has been set by the department.

YOUR TAKEAWAY

Five numbers to check this week

1	Your AoB - how is the transition working so far
2	Billings per hour by practitioner - against your billing model peers
3	CCM as a share of your billings - and how many plans are due for review
4	Your DNA rate - before and after any billing change this year
5	Your online booking share - and what it's doing to front-desk load

SEE YOUR OWN NUMBERS

See your practice against today's benchmarks

Book a 30-minute Touchstone walkthrough and see how Cubiko can put your practice data side by side with the benchmarks you've seen today.

cubiko.com.au/demo

or scan the code

QUICK POLL

What benchmarks would you like to see next?

Cubiko

Thank you, over to your questions

Drop anything we haven't covered in the Q&A panel now.

Nick & Bryn · Cubiko • Recording and slides will be emailed to all registrants