Chronic Conditions Management: Care in your practice

To understand which patients will benefit from the updated Chronic Conditions Management program (CCM), you need first to identify them and understand how they are currently seen.

Here are two useful approaches.

Goal 1: Identify which patients could benefit from a CCM plan

You could:

1. Use your practice software or data extraction software (PenCAT, Polar, Cubiko) to identify patients who have had a 721,723 or 732 MBS item claimed in the previous 12 months.
2. Use the software to identify which patients with chronic conditions do not have a current care plan but are frequent visitors to the practice.
3. If relevant, discuss an internal referral pathway to GPs for patients who may benefit from a CCM approach who have self-referred to allied health.

Goal 2: Ensure the clinical team can detail how patients with chronic conditions are currently seen

You could:

Ask the team to plot each chronic conditions patient’s annual journey through your practice.

Consider:

1. How often they are attending for care plan reviews
2. Key points of care that could be scheduled – immunisations, care plans, medication prescriptions, routine testing
3. Plotting the patient journey against your workflow – what are busy times in your clinic? Are there particular times of the year you have less staff available due to leave?
4. Using appointment information to create a sample of your CCM patients and note if there times of the year where appointment frequency increases? What type of items are being claimed?
5. Who is the patient seeing in the practice – GPs, nurses, allied health?



We acknowledge the peoples of the Kulin nation as the Traditional Custodians of the land on which our work in the community takes place. We pay our respects to their Elders past and present.