





Allied Health Communications – Chronic Conditions Management changes from 1 July

10 June 2025

Messages for Allied Health Providers/Practices

New Chronic Conditions Management Details Announced

MBS Online has recently published the <u>Upcoming Changes to Chronic Disease Management</u> <u>Framework</u> confirming the new framework for chronic condition management from 1 July 2025.

The changes simplify, streamline, and modernise the arrangements for health care professionals and patients.

Allied health professionals providing MBS services should be aware of the changes to plan and referral requirements.

Requirements for the GP or prescribed medical practitioner to collaborate with other members of the team when preparing or reviewing a patient's plan have been removed. Patients will be referred directly to services. Allied health providers do not need to confirm their agreement to participate in the patient's multidisciplinary team.

The nature of the <u>individual</u> and <u>group allied health services</u> that can be provided under the chronic condition management arrangements are not changing.

Transition arrangements will be in place for 2 years to ensure current patients do not lose access to services.

From 1 July 2025:

- GP Management Plans (GPMPs) and Team Care Arrangements (TCAs) will be replaced with a single GP Chronic Condition Management Plan (GPCCMP).
- Requirements for the GP or prescribed medical practitioner to collaborate with other members of the team when preparing or reviewing a patient's plan have been removed. Patients will be referred directly to services. Allied health providers do not need to confirm their agreement to participate in the patient's multidisciplinary team.
- Patients with a GPCCMP will be able to access individual allied health services, and for patients with type 2 diabetes only, group allied health services.
- Patients with a GPMP and/or TCA in place prior to 1 July 2025 can continue to access these services under those plans until 30 June 2027. Referrals written prior to 1 July 2025 remain valid until all services under the referral have been provided (see <u>separate factsheet on transition</u> <u>arrangements</u>).

National MyMedicare PHN Implementation Program





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- Allied health providers should be aware that referrals for allied health services written on or after 1 July 2025 must meet the new referral requirements (see <u>separate factsheets on referrals</u> and allied health services).
- All other MBS requirements of existing allied health services are unchanged, including requirements to provide written reports to the referring medical practitioner.

For more information, MBS Online has released a selection of Factsheets here:

MBS Online - Upcoming changes to the MBS Chronic Disease Management Framework

For support on MyMedicare and upcoming CCM Changes, please contact your Program Delivery Officer or email <u>info@gphn.org.au</u>.