

Management Plan with Team Care Arrangements for patients with multidisciplinary care needs. To be conducted by the patient's usual GP

	GP prepares	GP Review	GP contributes
General Practice Management Plan	721	732	729
Team Care Arrangements	723	732	729
Aged Care Resident Care Plan			731

GP Management Plans (GPMP) and Team Care Arrangements (TCA) are a part of the Commonwealth Governments 2005 Enhanced Primary Care Package. Together they allow the use of the allied health and dental item numbers for approved providers. As a member of the care team I am forwarding a copy of the Management Plan and Team Care arrangements for your records. Could you please review these documents and write back with any comments on this plan and I will incorporate the changes into a new GPMP and TCA. If the plan is satisfactory please fax the plan back to our fax number below with your approval. Our practice's fax policies ensure patient privacy. I will review and update this plan at regular intervals and let you know of any changes in the plan. Please contact me if you have any questions about this patient or their care.

PATIENT DETAILS	MEDICAL PRACTITIONER DETAILS
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Patient's Name: Mr Donald Duck
Date of Birth: 10 Sep 1900
Address:
 20 Burn Street
 Nunawading
 3131
 VIC
Email: dduck@mail.com
Mobile:
Phone: 9896290355
Medicare Card No: 3416 95453 2
Healthcare Card No: 223344565789

Name: System Administrator
Provider No:
Email:
Phone: 02 9690 8666
Address:
 Lisa's Surgery
 Level 1 83 Palmerston Crescent
 Darlinghurst
 NSW
 2010

Contact details of carer if appropriate
Name:
Relationship:
Contact Details

MANAGEMENT PLAN HISTORY AND OTHER CHECKS
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- | | |
|--|---|
| Home medication review within the last 12 months
Yes <input type="checkbox"/> No <input type="checkbox"/> | Verbal consent to GP Management Plan and Team Care Arrangements and to provide a copy to relevant providers of care
Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Health assessment within the last 12 months
Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| GP Management Plan within last 2y
Yes <input type="checkbox"/> No <input type="checkbox"/> | Advanced health directive has been discussed Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Team Care Arrangements Service within last 2y
Yes <input type="checkbox"/> No <input type="checkbox"/> | "My Health Record" has been prepared Yes <input type="checkbox"/> No <input type="checkbox"/> |
| EPC referral to allied health providers
Yes <input type="checkbox"/> No <input type="checkbox"/> | This GPMP & TCA if required will be available in "My Health Record"
Yes <input type="checkbox"/> No <input type="checkbox"/> |

If the patient eligible under Veterans Affairs. Please ensure this form is available on request from DVA

PROBLEM LIST Include medication list if appropriate as of

Medical Summary:

Asthma - Patient is allergic to smoke and dust

Comment:

Medication List:

Salbutamol sulfate 100 mcg/1 dose 200 doses (Airomir Autohaler Inhaler) Use three times a week

Comment:

Allergies and Intolerances:

20 Aug 2010 - Alcohol
09 Mar 2011 - Allergen extracts - Patient is allergic to dust and pollen

Comment:

Vaccinations:

Comment:

Patient consents to release of clinical details Yes No

MANAGEMENT PLAN GOALS and TEAM CARE ARRANGEMENTS IF REQUIRED

General Practice Management Plan
 Consider annual Fasting BSL UEC and FBC-
 Consider Urinalysis annually- Yes No

Calculated creatinine clearance- 15 Nov 2010
 MG/DL :8

Regular skin check recommended Yes No

Consider Faecal occult blood test every 2 years
 recommended from 50-
 Regular Colonoscopy screening recommended
 Yes No

Pap Smear each 2 years to 18-70-
 Mammogram each 2 years from 50 -70 (consider annually
 from 40 with a family history of breast cancer-

Regular PSA and rectal examination screening scheduled-

Inform of risks, uncertainties and benefits of annual PSA and
 rectal examination from 50-70 (From 40 with family history of
 prostate cancer < 60). Routine screening currently not
 recommended by RACGP or NHMRC.

Team Care Arrangements and frequency of review
 General Practitioner each month-
 General Practitioner each 3 month-
 General Practitioner each 6 months-
 General Practice Nurse each 12 months-

Pharmacist review monthly-
 Consider Webster pack-
 Promote understanding and appropriate use of medication-

Patient held updated medication list-
 Home medicine review recommended
 Yes No

Action Plans
 Exacerbation management plans eg. appropriate
 investigation of exacerbation with MSU or CT scan if recent
 falls-
 In an emergency dial 000 for ambulance

Specific goals
 Consider Vaccination to prevent Influenza and
 Pneumococcal disease-
 Consider Antiplatelet agents-
 Consider trial of Acetylcholinesterase inhibitor eg Aricept
 unless contraindicated-

Avoid
 Changes to routine.
 Minimise distractions and control noise. Though familiar
 soothing music may help-

Checklist
 Have notes around the house as reminders-
 Structure written time tables-
 Place identification in a wallet-
 Post by every phone a list of emergency numbers-
 Have hot water temperatures reduced-
 Consider child-proof latches on cabinets that contain
 dangerous items-
 Consider timers for stoves-

Planning Ahead Kit
 Contains information on Enduring power of attorney,
 Enduring guardianship and Advanced Health
 Directives www.dadhc.nsw.gov.au (02)8270200

Action Plans
 In an emergency dial 000 for ambulance

Healthy lifestyle
 Smoker Yes No

Complete cessation of smoking and avoidance of passive
 smoking. Quiteline 131848. Consider pharmacotherapy if
 smoking more than 10 per day.
 Establishment and maintenance of healthy eating with
 saturated and trans fatty intake < 8% of total energy Heartline
 1300362787 or www.heartfoundation.com.au
 Low risk alcohol consumption for those who drink. Alcohol
 consumption restricted to a maximum of 4 standard drinks,
 usually alcohol confined to 1-2 standard drinks per night and

Consider comprehensive multidisciplinary education if available-

Consider Annual Ophthalmologist review for falls prevention, glaucoma screening and complication screening-

Consider specialist review for screening and management of complications-

Consider Aged Care Assessment Team review for screening and management of complications-

Consider Dental review for screening and management of complications-

Consider Psychologist review for supportive psychotherapy and cognitive behavioural therapy-

Consider Podiatrist review for nail care as required with annual complications screening-
Peripheral neuropathy present -

Consider Physiotherapist review for active physical therapy and rehabilitation-

Consider Exercise Physiologist for a motivational interview, to assist in developing a structured exercise program and to monitor progress-

Consider Occupational Therapist home visit for falls prevention-

Consider Meals on wheels-

Consider Community care package for assistance with meals, housework, shopping, transport, financial organisation and medication supervision-

abstain from alcohol for 2 nights per week.
Moderate regular exercise if safe to do so

Quality of life decisions
Consider appropriateness of an advanced health directive.

Health of caregiver
Carer needs include group support and scheduled breaks. Acceptance that the condition is progressive and without cure.
Remember dementia is disease, behavior problems are caused by the disease not the person.
Is the carer at risk from the actions of the person with dementia.
Assistance if needed for lifts or transfers.
Carers are at risk of depression, anxiety emotional distress loneliness and isolation. Carer support may be achieved through support groups, respite care, for carer support resources contact Carelink 1800 052222 www.commcarelink.health.gov.au

Patient support organisations
National Help Line 1800639331
www.alzheimers.org.au
Commonwealth Care Link Centre 1800 052222
Aged Care Assessment Team (02)66233313
Commonwealth Cares Respite Center 180059059
Taxi Support Subsidy Scheme 1800623724

Contact numbers for support services
National Help Line 1800639331
Web site: www.alzheimers.org.au

PATIENTS AGREEMENT

I agree with the goals of this care plan and I understand the recommendations

_____ Signed by patient
Mr Donald Duck

Date

_____ Signed by GP
System Administrator

General Practice Management Plan or Team Care Arrangements each 2 years. Review after 6 months
New General Practice Management Plan or Team Care Arrangements after 12 months if clinical conditions change markedly.
Review General Practice Management Plan or Team Care Arrangements after 3 months if clinical conditions change markedly.
To be given to the patient and other team members as appropriate.

All participants undertake to retain confidentiality