

Chronic Disease Management

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The Chronic Disease Management (CDM) Module prompts doctors to create plans for patients who may be eligible for CDM Medicare items, and includes template and recall support. For the module to work efficiently, the practice should follow the [CDM setup guide](#).

Important: 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). Please read our guide to [preparing for this change](#).

Note: Patient eligibility is relevant to the clinic only. That is, if a patient has accessed any care plan at a different clinic, it will not be indicated in the CDM, so PRODA may need to be checked for confirmation.

Creating a CDM plan

Check a patient's eligibility for a chronic disease management plan and use a template to initiate that plan. Eligibility may be determined by age, ATSI status, and by adding a diagnosis to the [Problems module](#). For example, adding a diagnosis of anxiety will make the patient eligible for a mental health care plan. CDM plans are covered by Medicare, and Zedmed can schedule reminders each time a patient is eligible.

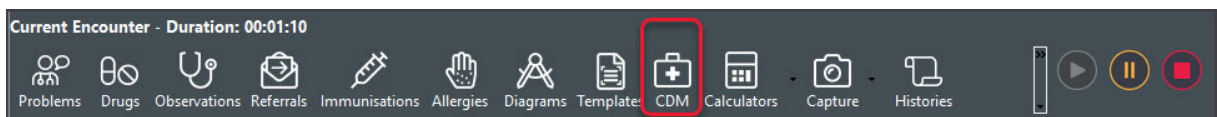
To initiate a CDM plan:

1. Start an encounter with the patient.

For a detailed explanation of how to do this, see the [Start an encounter article](#).

When the encounter starts, the **Current Encounter** section will open and display the clinical modules.

2. Select **CDM** from the **Current Encounter** menu.



The **Chronic Disease Management** screen will open.

- All the CDM items are listed, whether or not the patient is eligible for them.
 - The **Eligibility** column provides a guide as to whether the patient meets the criteria defined for that particular item.
 - The **Date Restrictions** column shows whether the patient has already been billed for this item within the time frames prescribed by Medicare Australia.
 - The Last Service column shows the last date that item was billed.
3. Use the **Associated Templates** field to select the template you want to use for a plan.

These are templates associated with the selected item. This makes it easy to access the relevant template without searching all of the templates used by the practice.

4. Select **Run**.

Update for GPMP & TCAs: 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). See the guide to [preparing for this change](#).

The plans indicated below must use the GPCCMP plan template from **Quickdocs in Clinical**.

Chronic Disease Management - Holloway, Mr Knut 19/05/1952				
Alert Name	Eligibility	Date Restrictions	Last Service	Last Constraining Service
Team Care Review (732)	Eligible	Past Date Recommended	12/10/2018	02/10/2023 [723]
GP Management Plan Review (732)	Eligible	Past Date Recommended	12/10/2018	02/10/2023 [721]
Team Care Arrangements (723)	Eligible	Past Date Recommended	02/10/2023	02/10/2023 [723]
GP Management Plan (721)	Eligible	Within Date Range	02/10/2023	02/10/2023 [721]
Team Care - Contribution (Aged Care) (731)	Unknown	Not Applicable		
Multidisciplinary Team Care Contribution (729)	Unknown	Not Applicable		

Chronic Disease Management - Holloway, Mr Knut 19/05/1995

Alert Name	Eligibility	Date Restrictions	Last Service	Last Constraining Service
GP Management Plan (721)	Eligible	Past Date Recommended		
Health Assessment for ATSI Adult between 15 and 54	Eligible	Past Date Recommended		
Team Care Arrangements (723)	Unknown	Past Date Recommended		
Team Care - Contribution (Aged Care) (731)	Unknown	Not Applicable		
Multidisciplinary Team Care Contribution (729)	Unknown	Not Applicable		
GP Mental Health Plan - Review (2712)	Ineligible	Past Date Recommended		
Long Consult - Mental Disorder (2713)	Ineligible	Past Date Recommended		
GP Mental Health Plan>20mins (with training) (2715)	Ineligible	Past Date Recommended		
GP Mental Health Plan>40mins (with training) (2717)	Ineligible	Past Date Recommended		

Item: GP Management Plan (Preparation of GP Management Plan)

Item Eligibility (Guide Only): Eligible
Associated Templates: GPMP 721
Run

Item Date Status (Guide Only): Past Date Recommended
Associated Recalls: 1

Further Item Information

Zedmed Criteria Notes

The patient must have a chronic disease (as defined by the Chronic Disease Grouper in ICDPC2+, or the global free text problems defined)

The patient must not already have a GPMP active according to the recommended frequencies. This will be checked based on the billing of a 721 item in the previous 2 years.

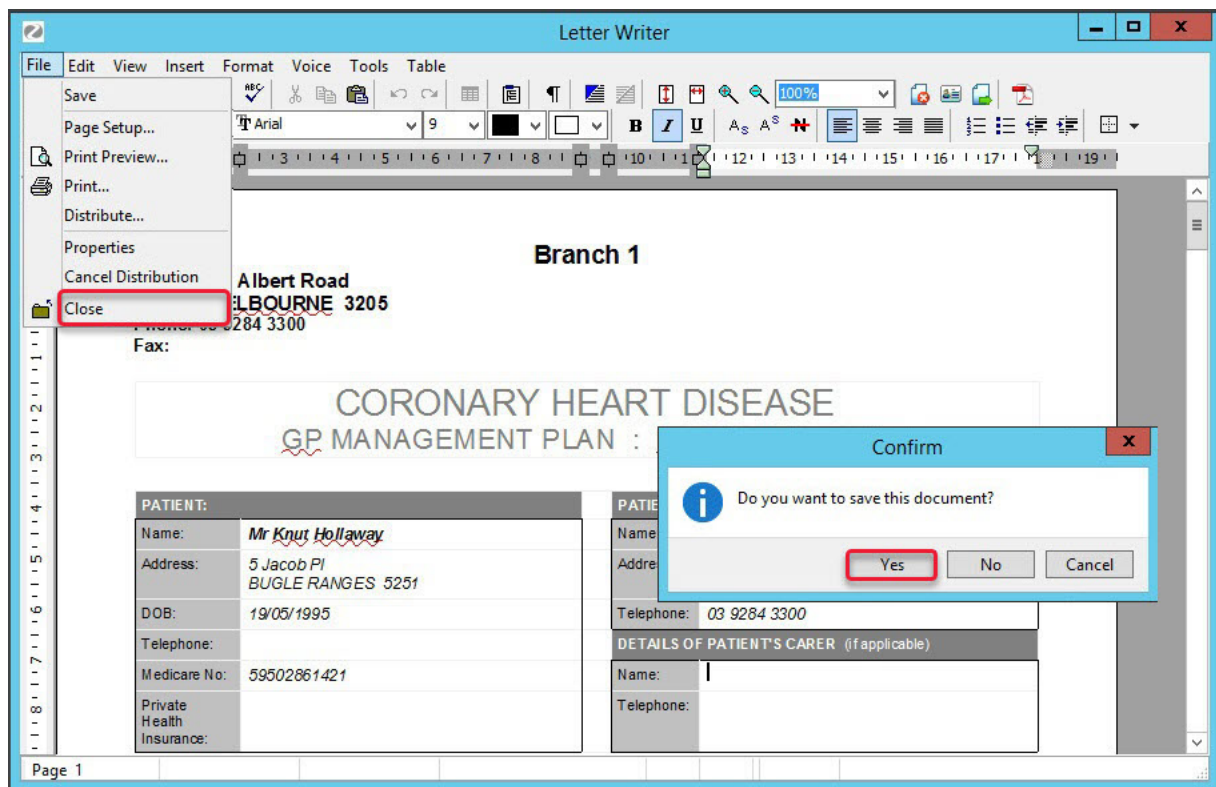
Item Descriptors

Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician) for the PREPARATION of a GP MANAGEMENT PLAN (GPMP) for a patient (not being a service associated with a service to which items [735] to [758] apply).

Close

The template will open pre-filled with the patient data

- Fill in the care plan template.
- Once the template has been filled in, select **File > Close**.
- Select **Yes** to save the document when prompted.

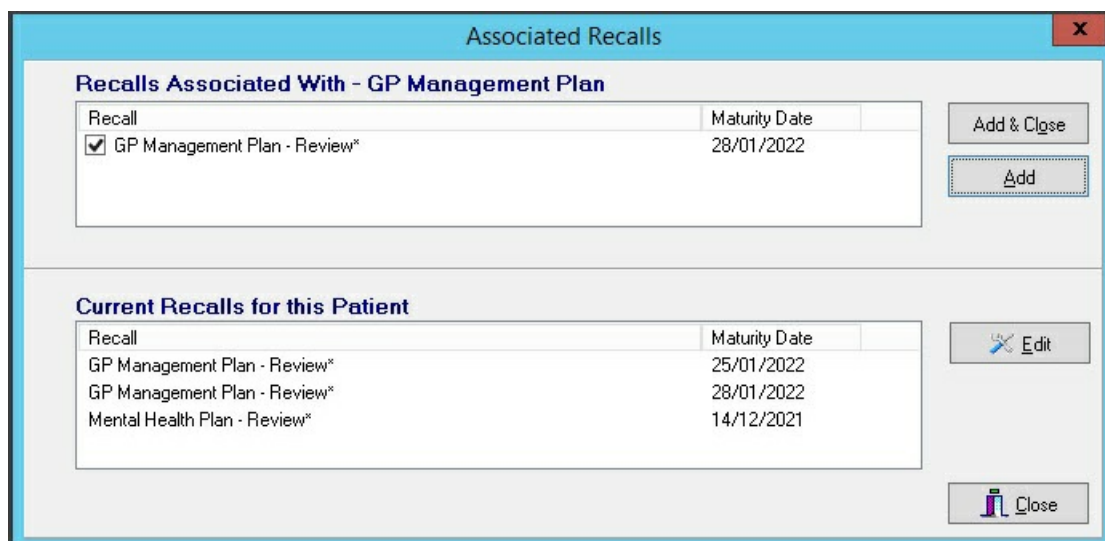


When the template is saved:

- The **Associated Recalls** screen opens.
 - A note is added to the **Current Encounter** stating the item has been used in the consultation.
8. Use the **Associated Recalls** screen **Add** button to add a recall for the patient when they are eligible for the plan again.
 9. Select **Close** to save and exit.

Once the template has been saved, the care plan can be carried out, for example, a **specialist**, **pathology** or **radiology** referral.

CDM is linked to billing and adds the care plan to the encounter's billing. You can see this if you open a patient from the waiting room.



Understanding the CDM module

All the CDM items are listed, whether or not the patient is eligible for each item.

A note in the Eligibility column is designed to provide a guide as to whether or not the patient meets the criteria defined for that particular item. The options are:

- **Eligible:** the patient meets the Medicare Australia criteria for this item.
- **Ineligible:** the patient does not meet the Medicare Australia for this item.
- **Excluded:** the patient is excluded from being eligible for this item by their age.
- **Unknown:** this is for some items which do not have very specific criteria making it difficult to determine eligibility.

A second note in the **Date Restrictions** column is designed to guide the user as to whether or not the patient has already been billed for this item within the time frames prescribed by Medicare Australia. The last date a relevant item has been billed is displayed to assist in this decision making process.

The options are:

- **Already Billed:** the patient has already been billed for this or another related item within the date restrictions specified by Medicare Australia.
- **Within Date restrictions:** patient is within the time restrictions recommended by Medicare Australia for billing this item.
- **Past recommended date:** patient has passed the date recommended by Medicare Australia for billing the item.
- **Not Applicable:** This item is not applicable to the patient so the date range is not relevant.

The user is free to take whatever action they deem necessary – the information is displayed only as a guide.

Also available is a drop-down list with any document templates associated with the practice, with the item highlighted in the list. This allows the health professional to access the relevant template without searching through the complete list of templates used by the practice.
