Important information for people living with CML

CML, chronic myeloid leukaemia
People with chronic myeloid leukaemia (CML) can sometimes have quite complex ongoing health or supportive care needs (e.g. medical, physical, psychological and/or emotional), which their treating specialist (e.g. haematologist or oncologist) may be unable to adequately address on his/her own. Such individuals may benefit from having a Medicare-funded Chronic Disease Management (CDM) plan early in their treatment – prepared by a GP – that helps identify and address their specific needs. For this reason, all people living with CML are encouraged to discuss the idea of preparing a CDM plan with their healthcare team (including their specialist).

How having a Medicare-funded CDM plan may help you

• Having a personally tailored Medicare-funded CDM plan:
  – May mean you are able to claim Medicare rebates if you are referred to certain eligible allied health providers (e.g. a psychologist, dietician, exercise physiologist) as part of your CDM (see next page);
  – Helps you, your GP and/or other members of your healthcare team to identify, monitor and/or address specific issues related to your CML and its treatment, including potential side effects;
  – Helps you, your GP and/or other members of your healthcare team to monitor and manage any other ongoing health-related issues you may have, as well as your general health, wellbeing and quality of life.

• The Leukaemia Foundation — in addition to being a valuable source of information and support for people living with CML (www.leukaemia.org.au/how-we-can-help) — encourages communication between people living with CML and their GP to help facilitate the development of optimal treatment plans; and this may include the preparation of a Medicare-funded CDM plan, when there is an identified need.

• CDM plans are written documents that summarise a person’s specific healthcare needs and goals: they also identify what is needed to help address that person’s specific needs and goals, and can also better ensure that the person is able to access appropriate additional healthcare resources or support when required (see next page).

• LF supports communication between people living with CML and their GPs in order to maximise optimal treatment plans - which includes CDM plans.

What a CDM plan?

A GP Management Plan (GPMP) is an ‘action plan’ that you and your GP have agreed to follow. When the GPMP is prepared, you can ask your GP to provide you with a copy (if he/she has not already done so). A typical GPMP:

• Identifies your specific health and care needs, and allows you to set the goals you are aiming to achieve in this regard;
• Specifies the care or services that are to be provided by your GP and other healthcare providers, to help you meet your agreed health goals;
• Lists actions that you can take to help manage your condition and achieve your health goals, and which of these actions you can expect your GP and/or other members of your healthcare team to help you with;
• Indicates the date(s) and time(s) that you and your GP will meet to review your progress and decide whether any changes need to be made to your care plan.

A Team Care Arrangement (TCA):

• May be recommended by your GP if you have complex care needs and require treatment from two or more other healthcare providers;
• May be beneficial at any stage of your disease, even very early on (e.g. from the time of diagnosis);
• Requires your GP to work with at least two other health or care providers (e.g. psychologist, dietician, exercise specialist), who will provide you with ongoing care or services that you need to help achieve the goals set out in your GPMP,* and helps to more effectively coordinate this team-based care.

*You can let your GP or nurse know if there are specific health issues or aspects of your care that you do not want discussed with these additional providers.

Opportunity to access Medicare-reimbursed allied health services

If your GP prepares both a GPMP and a TCA for you, then you may be able to claim Medicare rebates if you are referred to certain eligible allied health providers as part of your care (e.g. if it is agreed that you might benefit from seeing a psychologist, mental health worker, diabetes educator, dietician and/or exercise physiologist). It is up to your GP to help determine whether you are eligible for these allied health services, which must be directly related to the management of your chronic condition.

If eligible, you would be entitled to a maximum of five services with allied health providers in your care plan during each calendar year (five services with a single allied health provider or shared across different providers). If an allied health provider accepts the Medicare rebate as full payment for the service, there will be no out-of-pocket cost to you; if not, you will have to pay the difference between the fee charged and the Medicare rebate.

Don’t have a CDM plan?

• Contact your usual GP and ask if you are eligible for a Medicare-funded CDM plan.
• Your GP will determine whether a CDM plan is appropriate for you.

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Leukaemia Foundation

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