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Use of Medicare chronic disease management items by patients with long-term health conditions

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People with chronic conditions may be eligible for Medicare-subsidised health services to help plan and coordinate their care and access allied health services (up to 5 services per calendar year). In 2020–21, 16% of the Australian population (4 million people) used a general practitioner (GP) Chronic Disease Management Plan (AIHW 2021a).

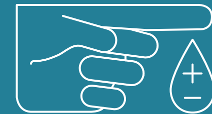
This report uses findings from the Coordination of Health Care Study to describe the use of chronic disease management (CDM) items and Medicare-subsidised allied health services by people aged 45 and over who had at least one long-term health condition in 2016. This population was chosen for analysis as CDM items are made available to patients with chronic conditions.

All data presented refer to people aged 45 and over who had at least one visit to a GP between November 2014 and November 2015. Their Medicare Benefits Schedule (MBS) service use relates to the care they received during the 2016 calendar year. These people are referred to as 'patients' in this report.

What are chronic disease management items?

CDM items are Medicare-subsidised services provided by GPs and are available to people with chronic or terminal medical conditions. These items provide patients with access to multidisciplinary care, including Medicare-subsidised allied health services such as physiotherapy.

In 2016, among patients aged 45 and over with at least one long-term health condition, one third (33%; 2.2 million patients) used an MBS CDM item



Patients with diabetes were the most likely to access any CDM item (64%)

1 in 5 patients used at least one Medicare-subsidised individual allied health service

Patients with diabetes (20%), effects of a stroke (18%) and osteoporosis (15%) were the most likely to use all 5 Medicare-subsidised individual allied health services they were eligible for

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Chronic conditions

Chronic conditions are a leading cause of poor health, disability and premature death in Australia. In 2020–21, almost 1 in 2 Australians (47%, or 11.6 million people) were estimated to have at least 1 of 10 selected chronic conditions, including arthritis, cancer, diabetes and dementia (ABS 2022).

Chronic conditions are generally long lasting and often have complex and multiple causes (AIHW 2020). They are not usually immediately life-threatening but tend to develop gradually, becoming more common with age. Once present, they often persist throughout a person's life and require long-term management.

Defining chronic conditions is complex as the term covers a number of broad health and disease and management concepts. Variations of the definition of chronic conditions are applied differently across Australian policy, health planning and research contexts. Semantics are important because variation leads to confusion regarding the included conditions and inconsistent monitoring and reporting of health statistics (AIHW 2021b). In 2017, Australian Health Ministers endorsed the National Strategic Framework for Chronic Conditions, which included a broad definition for the term 'chronic condition', including:

- those that have complex and multiple causes
- affect an individual alone or as comorbidities
- a gradual onset
- occur across the life cycle
- compromise quality of life and create limitations and disability
- are long-term, persistent, and lead to a gradual deterioration of health
- while usually not immediately life threatening, are the most common and leading cause of premature mortality.

The ABS Survey of Health Care used the term long-term health conditions to describe its list of included conditions. In the survey, a long-term health condition is a health condition that is expected to last or has lasted for 6 months or more and has been diagnosed by a health professional (ABS 2016). Respondents were asked whether they had any of the conditions listed in Box 2. The conditions included in the Survey of Health Care were based on a number of national and international surveys.

Under CDM items, a chronic medical condition is defined as one that has been, or is likely to be, present for 6 months or longer (Department of Health 2014a). There is no list of eligible conditions for these items. Whether a patient is eligible for a CDM service or services is essentially a matter for the GP to determine, using their clinical judgement and taking into account both the eligibility criterion and the general guidance (Department of Health 2014b).

CDM items cover the coordination, creation and review of several care planning tools (Box 1).

Box 1: Chronic disease management items

General Practitioner Management Plan

A General Practitioner Management Plan (GPMP) (MBS items 721, 229) can help people with chronic medical conditions by providing an organised approach to care (Department of Health 2014c). A GPMP is a plan of action agreed between a patient and their GP. The plan identifies the patient's health and care needs, sets out the services to be provided by the GP, and lists the actions the patient can take to help manage their condition.

For patients with type 2 diabetes, a GPMP provides Medicare-subsidised care from selected allied health care providers for group allied health treatment services. Eligible allied health services include diabetes education services, exercise physiology and dietetics. These group allied health services are available in addition to individual allied health services made available through Team Care Arrangements (TCAs).

Team Care Arrangements

Patients with complex care needs requiring multidisciplinary care are eligible for TCAs (MBS items 723, 230) to help coordinate more effectively the care needed from their GP and other health or care providers. TCAs require a GP to collaborate with at least 2 other providers who will give ongoing treatment or services.

TCAs provide Medicare-subsidised care from selected allied health care providers for individual allied health treatment services.

Review of GPMPs and TCAs

It is recommended that plans be regularly reviewed by the GP and patient (MBS items 732, 233). A review involves checking that a patient's goals are being met through the plan and provides an opportunity to make any adjustments needed.

Multidisciplinary care plan

These items allow health and care providers other than a patient's usual GP to contribute to their multidisciplinary care plan (items 729, 231, 731, 232). Separate items exist for patients living in residential aged care and those living in the community.

It is important to note that items 229, 230, 231, 232 and 233 were not available until 1 July 2018.

For more information on these items, see Department of Health | Chronic Disease Management (formerly Enhanced Primary Care or EPC) — GP services.

MBS item numbers and descriptions are also available in Table 3.1 in the Data tables.

The Coordination of Health Care Study

The Coordination of Health Care (CHC) Study was developed by the Australian Institute of Health and Welfare to fill a national data gap and provide information on patients' experiences of coordination and continuity of care across Australia (AIHW 2021c). The CHC study comprises two parts.

The first part is the 2016 Survey of Health Care, conducted by the ABS between April and June 2016. The survey sampled adults aged 45 and over who visited a GP at least once between 25 November 2014 and 25 November 2015. The sample frame for the survey was the Medicare enrolment database. There were 8.8 million people in scope and a total sample of around 124,000 people were selected (ABS 2016).

The scope included people from all states and territories, in private and non-private dwellings (i.e. those which provide a communal or transitory type of accommodation, such as hotels, nursing homes, corrective institutions, boarding schools, staff quarters and hospitals), who were registered with Medicare prior to November 2015. More than 35,000 survey responses were received (a 29% response rate). In terms of the scope of the survey, findings should not be generalised to apply to those outside of the scope of the survey cohort (see AIHW 2019).

Patients were asked about their health service use and experiences of coordination and continuity of care across different sectors of the health-care system. This included general practitioner and referred medical specialist visits as well as diagnostic tests, hospital admissions and emergency department visits. Patients were also asked whether they had long-term health conditions (Box 2), difficulty carrying out everyday activities and caring requirements.

Box 2: Long-term health conditions in the Survey of Health Care

- Diabetes
- Heart disease (including angina or past heart attack)
- High blood pressure or hypertension
- Effects of a stroke
- Cancer (including melanoma but not other skin cancers)
- Asthma
- Chronic lung disease (including Chronic Obstructive Pulmonary Disease)
- Osteoporosis or low bone density
- Arthritis (including osteoarthritis, rheumatoid arthritis, lupus)
- Mental health condition (including anxiety disorder, depression or bipolar disorder)
- Alzheimer's disease or dementia
- Chronic pain (moderate or severe pain lasting longer than six months)
- Other long-term health condition/long-term injury.

Consent was sought from participants for the release of their MBS and Pharmaceutical Benefits Scheme (PBS) claims information and/or their records for admissions or attendances at hospitals and emergency departments (for the period 1 January 2014 to 30 June 2018) for linking to their survey responses.

In the second part of the study, consenting patients' responses were linked to their health service use, as outlined above. Around 18,000 patients gave consent for their survey responses to be linked to their MBS claims data (weighted to 8.8 million patients).

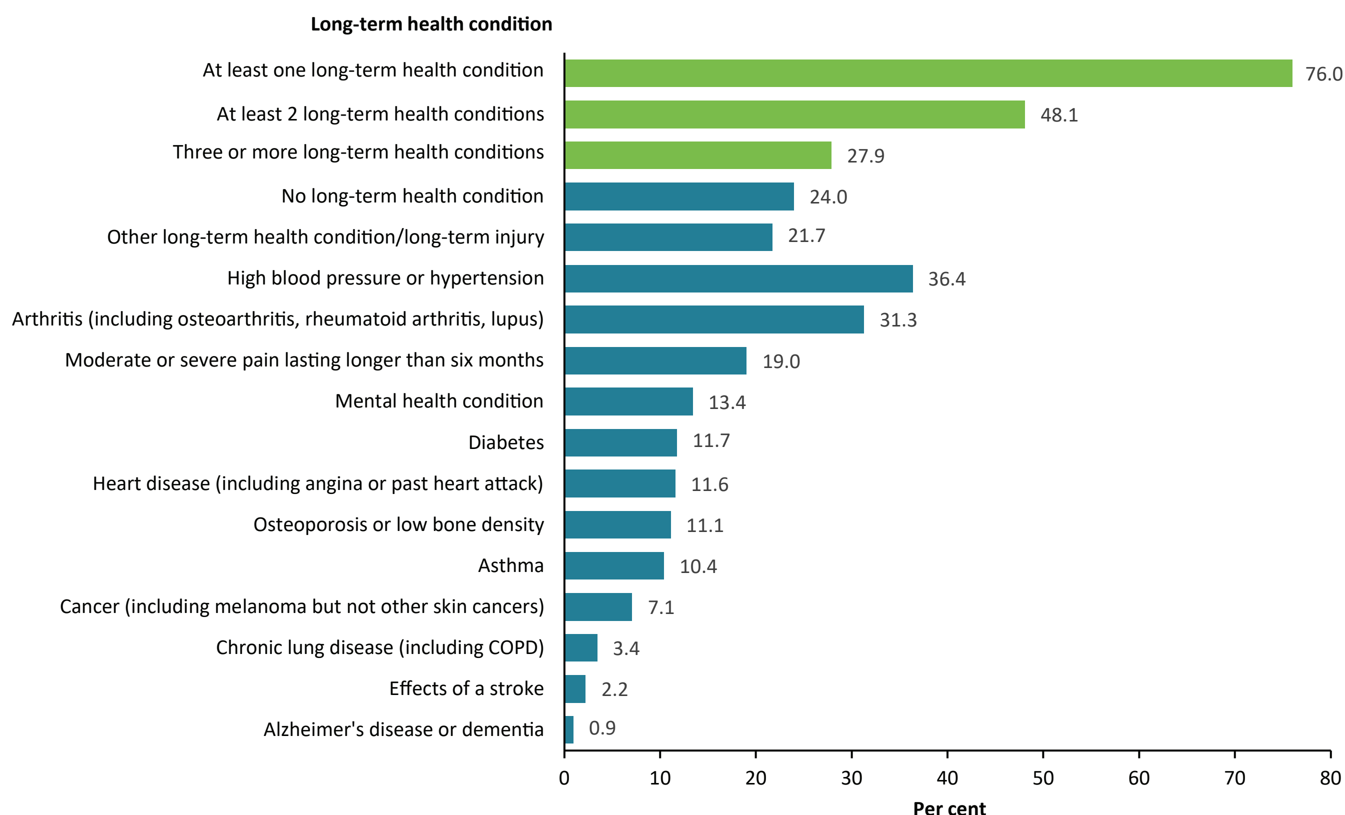
For more information on the Coordination of Health Care Study see:
Coordination of health care - Australian Institute of Health and Welfare (aihw.gov.au)

What is the prevalence of long-term health conditions among patients aged 45 and over in the MBS cohort?

Figure 1 shows that of the 18,000 patients aged 45 and over (weighted to 8.8 million patients) who consented to have their survey responses linked to the MBS and responded to the long-term health condition question, 76% had at least one long-term health condition. The most common long-term health condition was high blood pressure or hypertension (36%) followed by arthritis (31%) and moderate or severe pain lasting longer than six months (19%).

Almost half of patients in the cohort (48%) had at least two long-term health conditions and 28% had three or more long-term health conditions.

Figure 1: Prevalence of long-term health conditions among patients in the MBS cohort, 2016



Notes

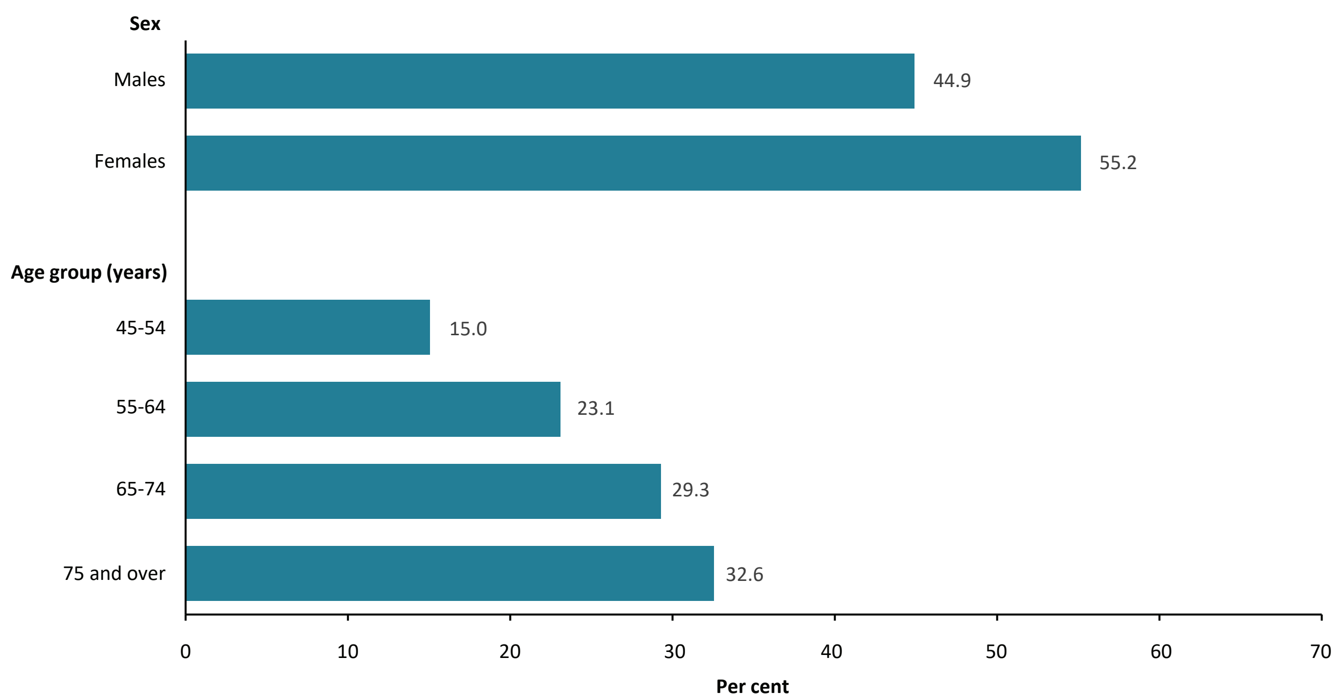
1. It is important to note there might be a small number of people who self-reported having no long-term health conditions who were later diagnosed and treated for a long-term health condition later in the 2016 calendar year. Care should be taken if interpreting results for these people.
2. People who were not stated for the long-term health condition question were not included in any further analysis.

Source: AIHW analysis of ABS CHC 2018.

1 in 3 patients used a chronic disease management item

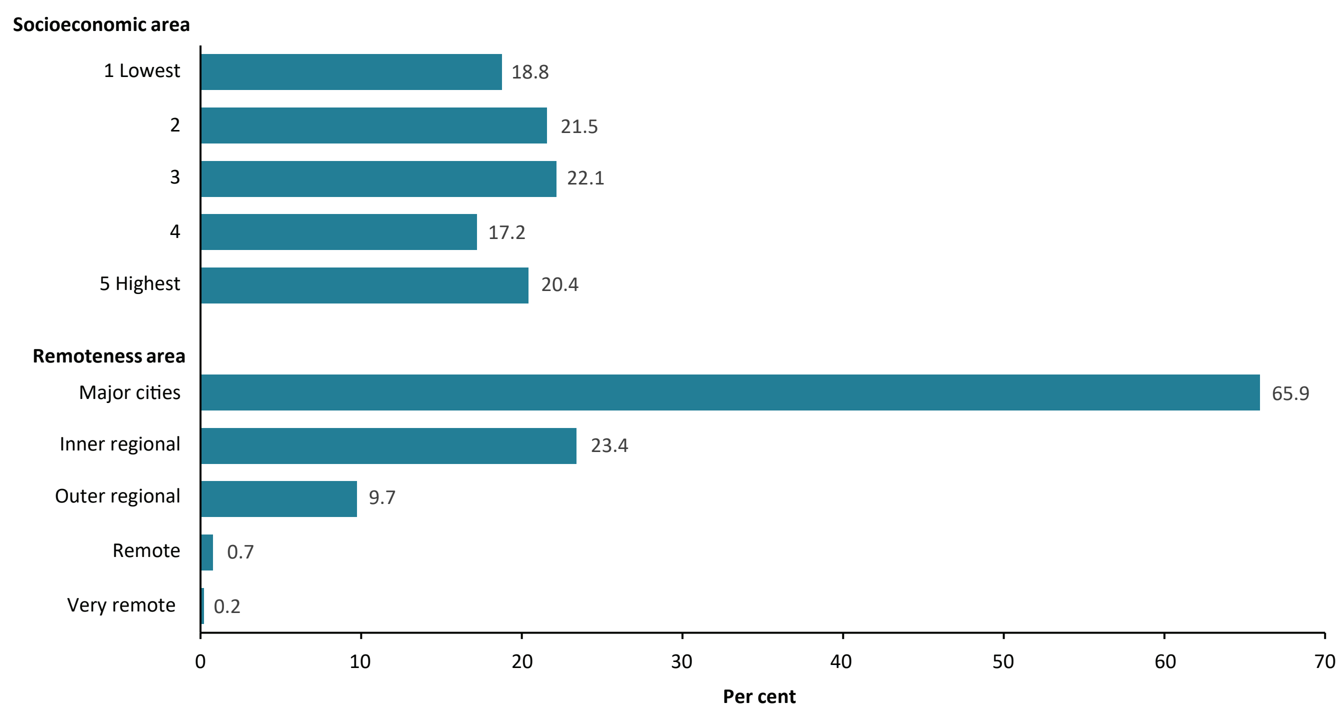
One third (33%; 2.2 million patients) of patients with at least one of the long-term health conditions in the Coordination of Health Care Study used an MBS CDM item (items 721, 723, 732, 729 and 731) in 2016. More than half (55%) of these patients were female; one third (33%) were aged 75 years and over and two thirds (66%) lived in *Major cities* (Figures 2a and 2b).

Figure 2a: Patients who used at least one chronic disease management service, by sex and age group, 2016



Source: AIHW analysis of ABS CHC 2018.

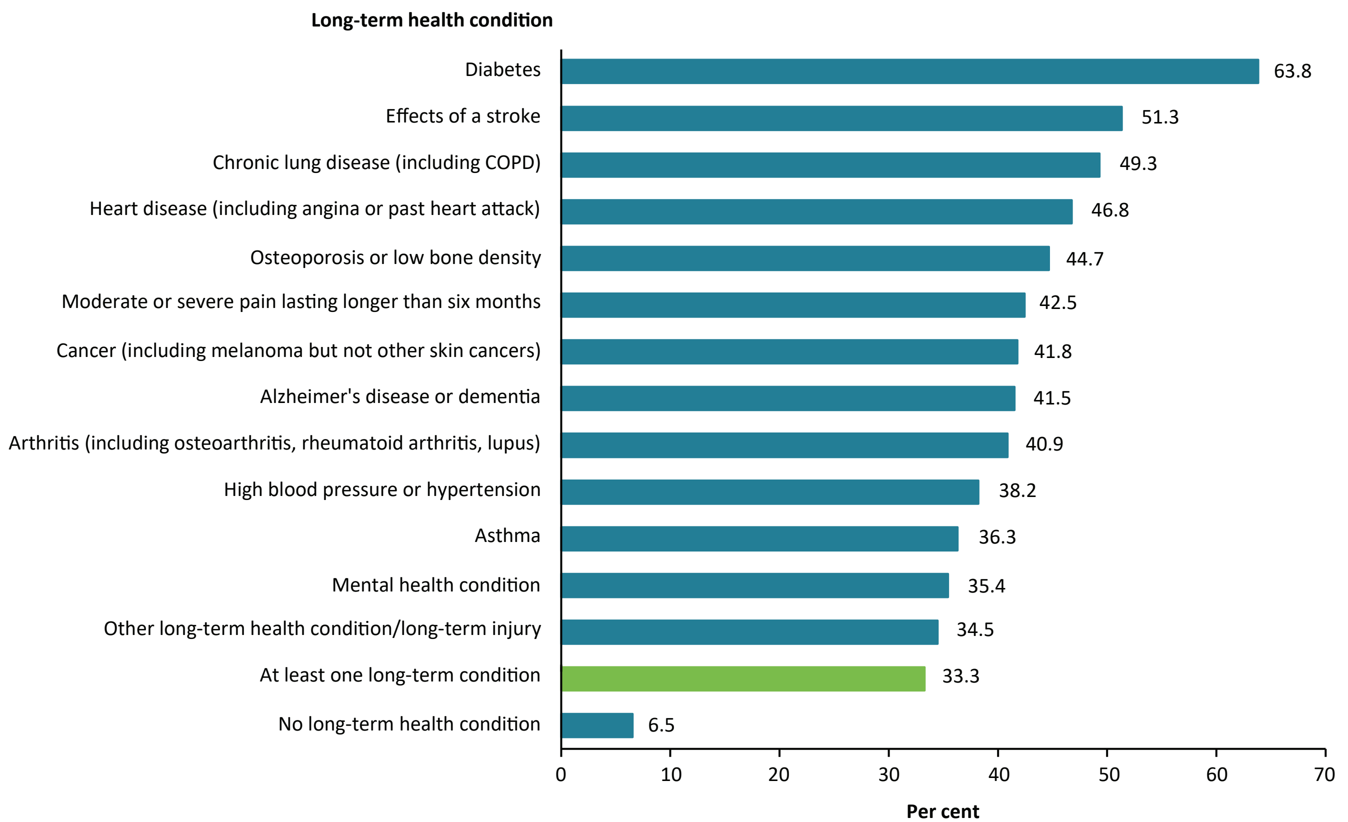
Figure 2b: Patients who used at least one chronic disease management service, by demographic characteristics, 2016



Source: AIHW analysis of ABS CHC 2018.

Patients with diabetes were the most likely to use any CDM item listed on the MBS (64%), followed by those with effects of a stroke (51%), chronic lung disease (49%) and heart disease (47%) (Figure 3).

Figure 3: Proportion of patients who used at least one chronic disease management service, by long-term health condition, 2016



Notes

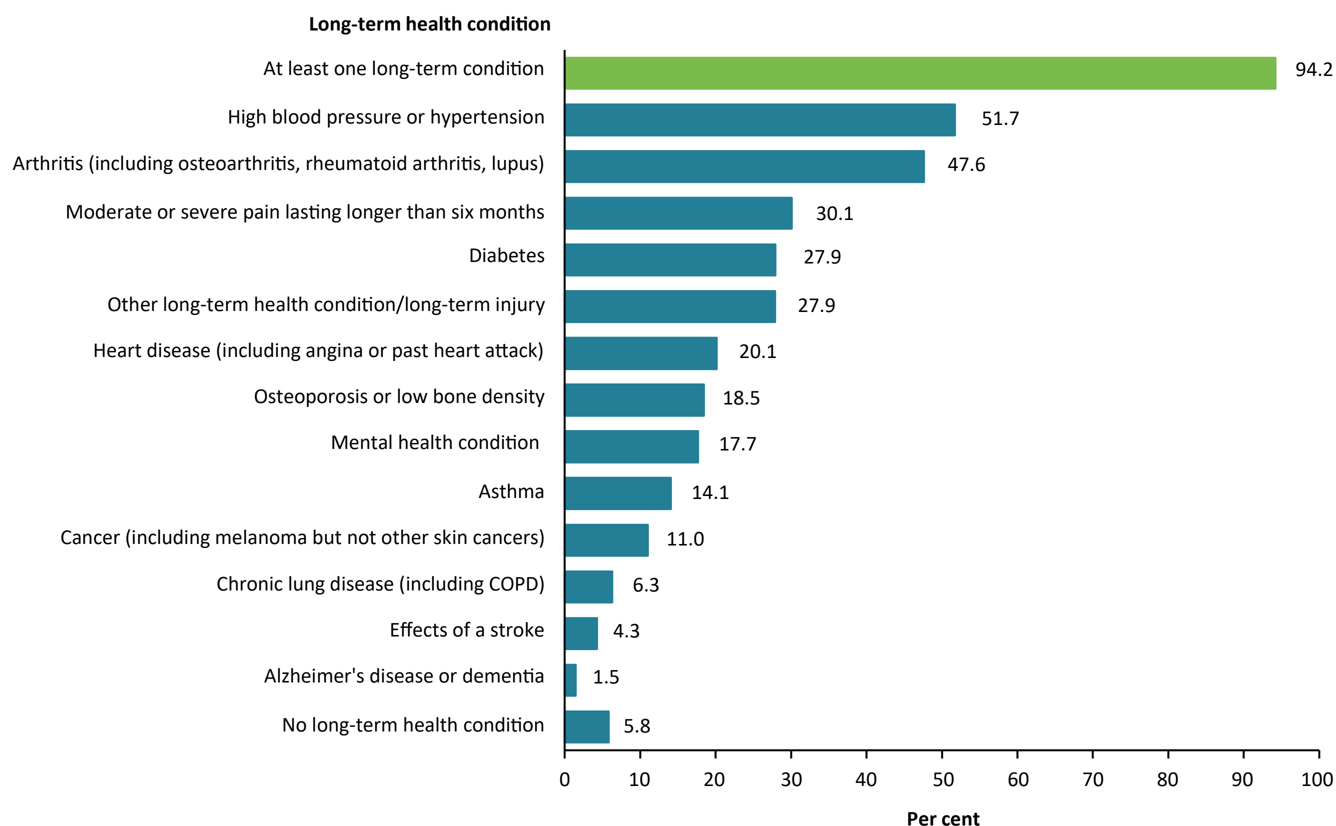
1. Includes MBS items 721, 723, 732, 729 and 731.
2. Conditions are not mutually exclusive, so patients with multimorbidity will contribute to multiple conditions, however will only contribute once to at least one long-term health condition.
3. It is important to note there might be a small number of people who self-reported having no long-term health conditions who were later diagnosed and treated for a long-term health condition later in the 2016 calendar year. Care should be taken if interpreting results for these people.

Source: AIHW analysis of ABS CHC 2018.

Half of patients have high blood pressure or hypertension

Among patients who used a CDM item in 2016, high blood pressure or hypertension (52%), arthritis (48%) and chronic pain (30%) were the most reported long-term health conditions (Figure 4).

Figure 4: Prevalence of long-term health conditions for patients who used at least one chronic disease management service, 2016



Notes

1. Includes MBS items 721, 723, 732, 729 and 731.
2. It is important to note there might be a small number of people who self-reported having no long-term health conditions who were later diagnosed and treated for a long-term health condition later in the 2016 calendar year. Care should be taken if interpreting results for these people.

Source: AIHW analysis of ABS CHC 2018.

Use of Medicare-subsidised allied health services

Allied health encompasses a range of services provided by university qualified health practitioners with specialised expertise in preventing, diagnosing and treating a range of conditions and illnesses. The practitioners have autonomy of practice, a defined scope of practice, a regulatory mechanism and a national organisation with clearly defined entrance criteria. Examples include psychologists, optometrists and physiotherapists.

Allied health services in Australia

In Australia, allied health services are provided in a range of settings, such as hospitals, private practice, residential aged care, community care, schools and universities (Department of Health 2021a). The allied health services accessible through CDM items and featured in this report represent one source of Medicare-subsidised allied health services available for people with chronic conditions, and of all allied health activity in Australia. People with chronic conditions may choose to access allied health services through these other channels depending on their eligibility, availability of services or programs in their area, the recommendation of their care provider and/or personal preference. They may use these channels either in addition to, or instead of the CDM allied health items.

Other Medicare-subsidised allied health services

Outside of outpatient services provided in public hospitals, Medicare-subsidised allied health services are generally available to people with specific and complex care needs that would benefit from specialised care. Other programs and initiatives which may be accessed by people with a chronic condition include:

- Better Access: access to psychologists, eligible GPs and other medical practitioners, occupational therapists and social workers through a GP Mental Health Treatment plan for people with a diagnosed mental health disorder.
- Follow-up Allied Health Services for people of Aboriginal or Torres Strait Islander descent (see Follow-up Allied Health Services for People of Aboriginal or Torres Strait Islander Descent for more information).
- Better Start for Children with Disability.
- Helping Children with Autism (see MBS programs and initiatives for allied health professionals for more information).

Medicare-subsidised optometry services are also available without referral.

Other subsidised allied health services

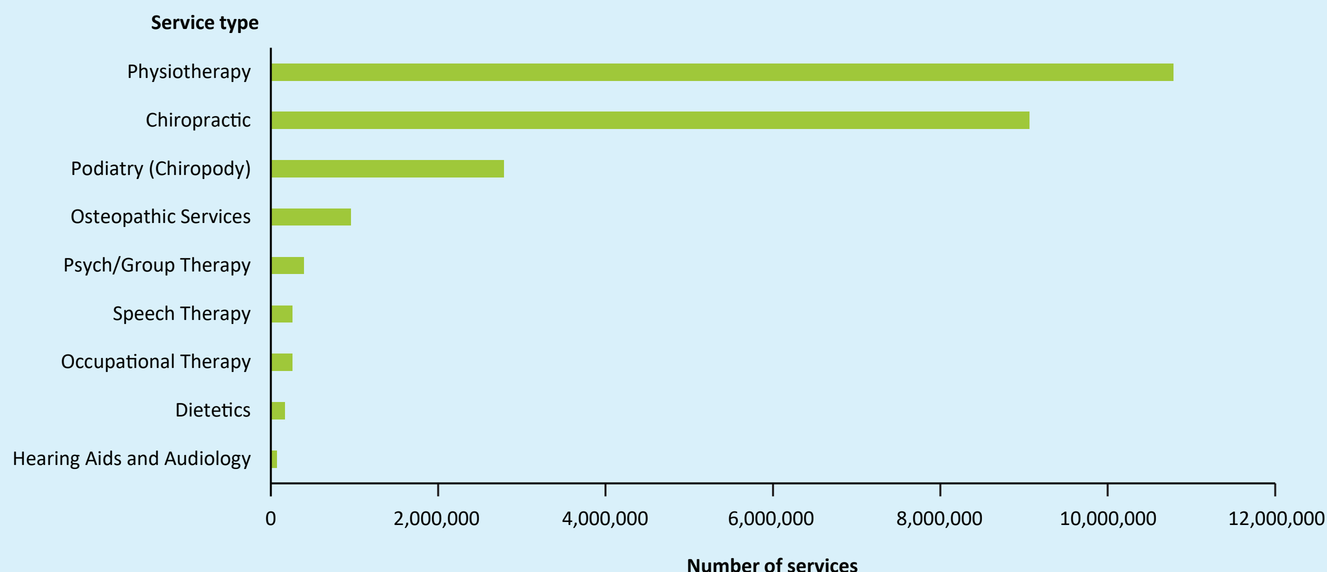
Outside of Medicare, people may access subsidised allied health services through a variety of channels, including:

- Treatment in public hospitals and community health centres.
- Older people can receive allied health services at home or in residential aged care.
- Services provided by Primary Health Networks.
- Services provided through the Department of Veterans' Affairs.
- National Disability Insurance Scheme.
- Services covered by third-party compensation (Department of Health 2021b).

Privately funded allied health services

People with chronic conditions can also access allied health services by paying out-of-pocket. Those with private health insurance general treatment cover (known as 'ancillary' or 'extras' cover) may have part of the cost subsidised by their insurance provider. As at 31 December 2021, 14.1 million Australians had general treatment cover, representing 55% of the population (APRA 2022a). Physiotherapy was the most commonly claimed service in 2020 (10.8 million), followed by chiropractic (9.1 million) and podiatry (2.8 million) (APRA 2022b). With currently available data, it is not possible to determine how many CDM patients also accessed privately funded allied health services, either completely out-of-pocket or with a partial rebate through their private health insurance coverage. It is also not possible to know how many people with chronic conditions accessed allied health services outside of those provided through CDM allied health services.

Number of allied health services funded by Private Health Insurance by selected allied health services, 2020



Source: APRA 2022b.

Patients being managed under the CDM items may be eligible for Medicare-subsidised individual or group allied health services (Box 3).

Box 3: Medicare-subsidised allied health services

What services are included?

Patients may be referred for individual allied health services where the care is deemed beneficial to their condition by their GP or medical practitioner (Department of Health 2021c). Eligible services are:

- Aboriginal and Torres Strait Islander health services (MBS item 10950)
- diabetes education services (MBS item 10951)
- audiology (MBS item 10952)
- exercise physiology (MBS item 10953)
- dietetics (MBS item 10954)
- mental health service (MBS item 10956)
- occupational therapy (MBS item 10958)
- physiotherapy (MBS item 10960)
- podiatry (MBS item 10962)
- chiropractic services (MBS item 10964)
- osteopathy (MBS item 10966)
- psychology (MBS item 10968)
- speech pathology (MBS item 10970)

Eligible patients may access up to 5 individual allied health services (of any type) per calendar year. More services in a calendar year are not available under any circumstances (Department of Health 2014b).

For more information on individual allied health items see: Department of Health | Questions and Answers on the Chronic Disease Management (CDM) items.

(continued)

Box 3 (continued): Medicare-subsidised allied health services

Patients with type 2 diabetes may be referred for group allied health services (Department of Health 2021d):

- diabetes education services (MBS items 81100; 81105)
- exercise physiology and/or (MBS items 81110; 81115)
- dietetics (MBS items 81120; 81125)

Following referral from their GP, the diabetes educator, exercise physiologist or dietitian will conduct an individual assessment. This involves assessing the patient's suitability for the group services based on their medical history and care needs and preparing the patient for the group service. If suitable, the patient is eligible for up to 8 group services per calendar year. Group allied health services are available in addition to the individual allied health services.

For more information on group allied health services see: Department of Health | Group Allied Health Services under Medicare for people with Type 2 diabetes - Information for Providers.

To use individual or group services, patients must have either:

- a GPMP and TCA, or
- for people living in residential aged care, a multidisciplinary care plan which their GP or medical practitioner has contributed to, or
- a Health Care Home shared care plan.

MBS item numbers and descriptions are available in Table 3.1 in the Data tables.

Due to small numbers, group allied health services are not included in this report.

The following analysis investigates Medicare-subsidised individual allied health service use in patients aged 45 and over with at least one long-term health condition in the 2016 calendar year. It is important to note that patients continue to be eligible for rebates for allied health services while they are being managed under a GPMP and TCAs as long as the need for services continues to be recommended in their plan – they do not need a new GPMP and TCA each calendar year.

Other considerations include:

- It is not possible to identify patients who had been referred for allied health services previously but no longer need them.
- It is not possible to identify when a new referral for allied health services is given because these referrals can be provided during a review of a GPMP and TCAs or during a standard GP consultation.
- There is no identifiable end date for a GPMP and TCAs.

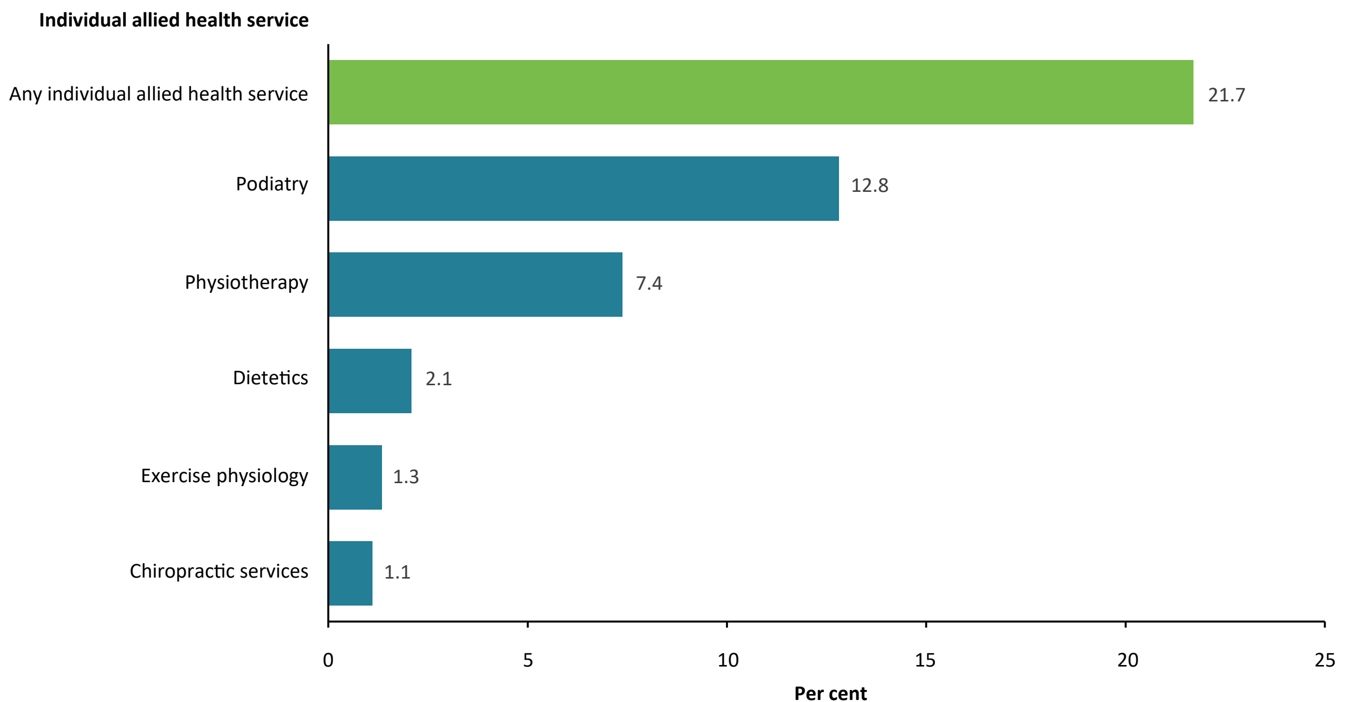
Cohort analysis identifying when patients first received a GPMP and TCA is required to gain a holistic view of those who did and did not claim allied health services.

For more information on MBS funded allied health services see: Department of Health | Questions and Answers on the Chronic Disease Management (CDM) items.

Podiatry is the most used Medicare-subsidised individual allied health service

One in 5 patients (22%; 1.4 million patients) who reported having at least one long-term health condition used at least one Medicare-subsidised individual allied health service in 2016. The top 3 Medicare-subsidised services used were podiatry (used at least once by 13% of patients), followed by physiotherapy (7.4%) and dietetics (2.1%) (Figure 5).

Figure 5: Proportion of patients who used at least one Medicare-subsidised individual allied health service who had long-term health condition, by service type, 2016



Notes

1. Any individual allied health service includes MBS items: 10950, 10951, 10952, 10953, 10954, 10956, 10958, 10960, 10962, 10964, 10966, 10968 and 10970.
2. Individual allied health services with percentages less than 1% have not been included in this figure but are included in the 'Any individual allied health service' total.
3. Patients may access more than one allied health service per year.
4. CDM allied health items are not the only access to allied health services subsidised by the Australian Government. Other options to access subsidised services include through aged care, as part of a National Disability Insurance Scheme package or through veterans' specific arrangements.
5. Group services including group diabetes education, exercise physiology and dietetics services have not been included in this figure due to small numbers.

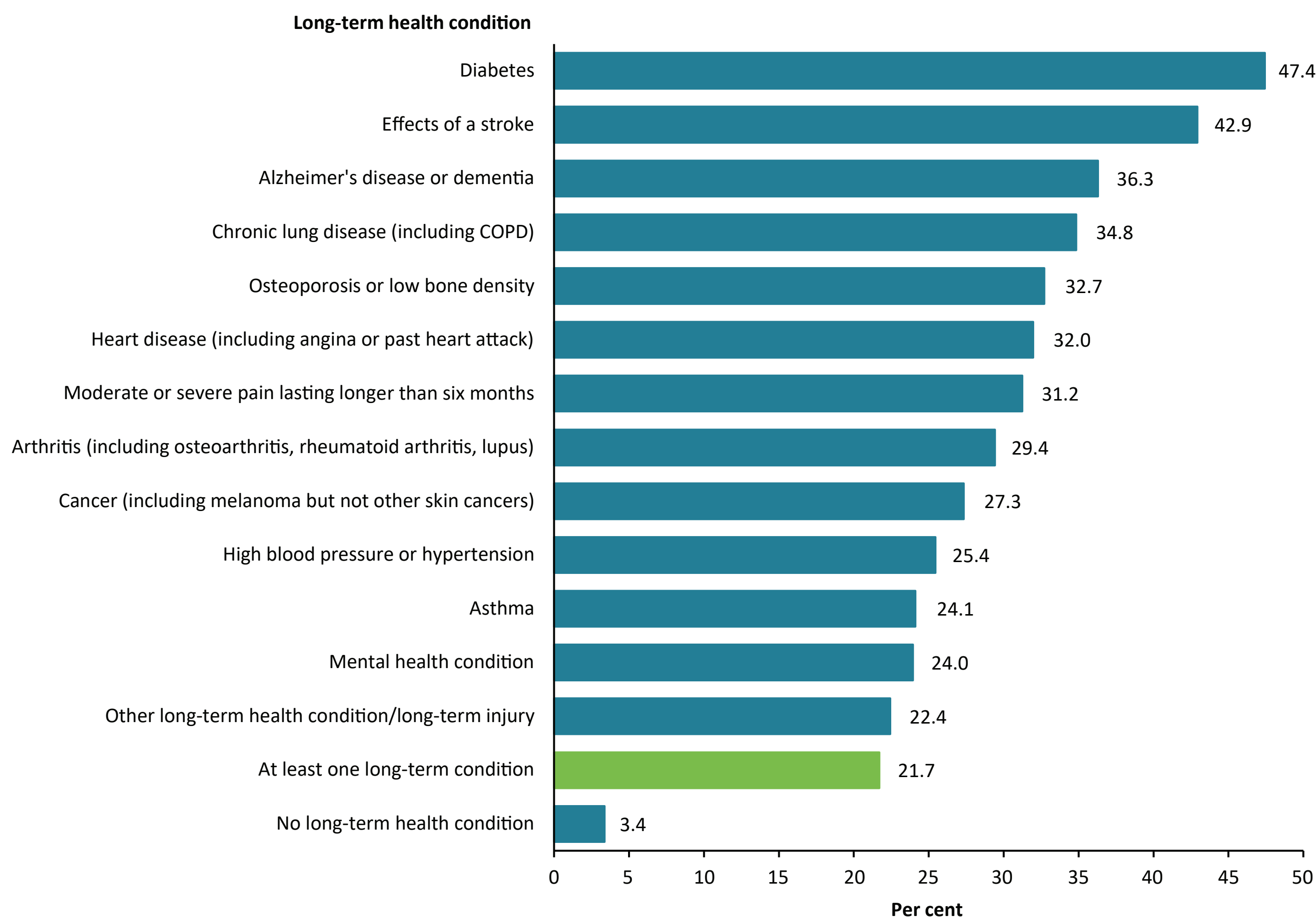
Source: AIHW analysis of ABS CHC 2018.

Patients with diabetes are the most likely to use a Medicare-subsidised individual allied health service

When examining by long-term health condition, almost half (47%) of patients with diabetes used at least one Medicare-subsidised individual allied health service. This was followed by patients with effects of a stroke (43%) and Alzheimer's disease or dementia (36%) (Figure 6).

It is important to note that where patients have recorded more than one long-term health condition (multimorbidity), it is not possible to identify the long-term condition that patients are accessing the Medicare-subsidised individual allied health services for.

Figure 6: Proportion of patients who used at least one Medicare-subsidised individual allied health service by long-term health condition, 2016



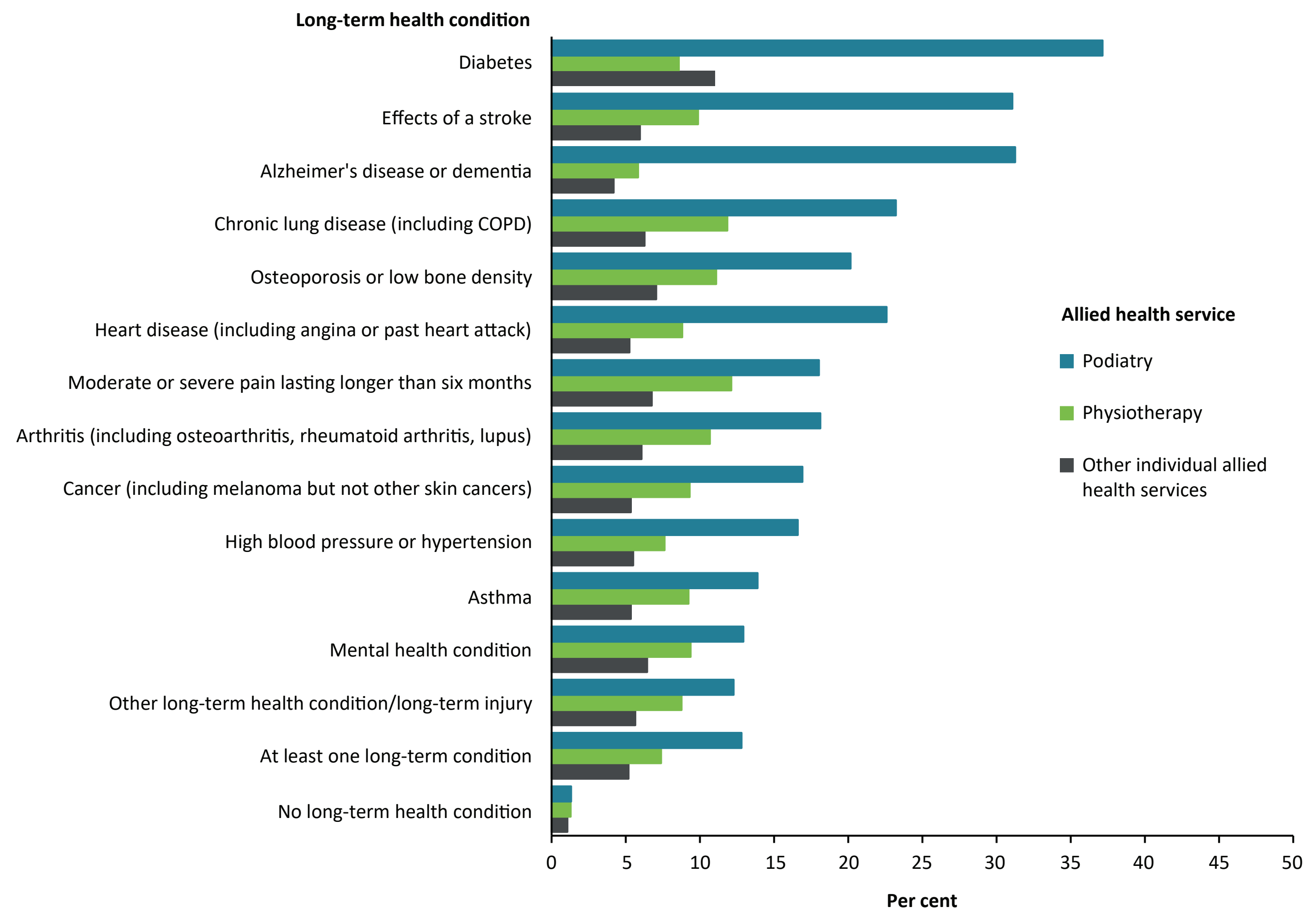
Notes

1. Includes MBS items: 10950, 10951, 10952, 10953, 10954, 10956, 10958, 10960, 10962, 10964, 10966, 10968 and 10970.
2. Conditions are not mutually exclusive, so patients with multimorbidity will contribute to multiple conditions, however will only contribute once to at least one long-term health condition.
3. It is important to note there might be a small number of people who self-reported having no long-term health conditions who were later diagnosed and treated for a long-term health condition later in the 2016 calendar year. Care should be taken if interpreting results for these people.

Source: AIHW analysis of ABS CHC 2018.

Podiatry was the most used Medicare-subsidised service for every long-term health condition (Figure 7).

Figure 7: Most common Medicare-subsidised individual allied health services used by long-term health condition, 2016



Notes

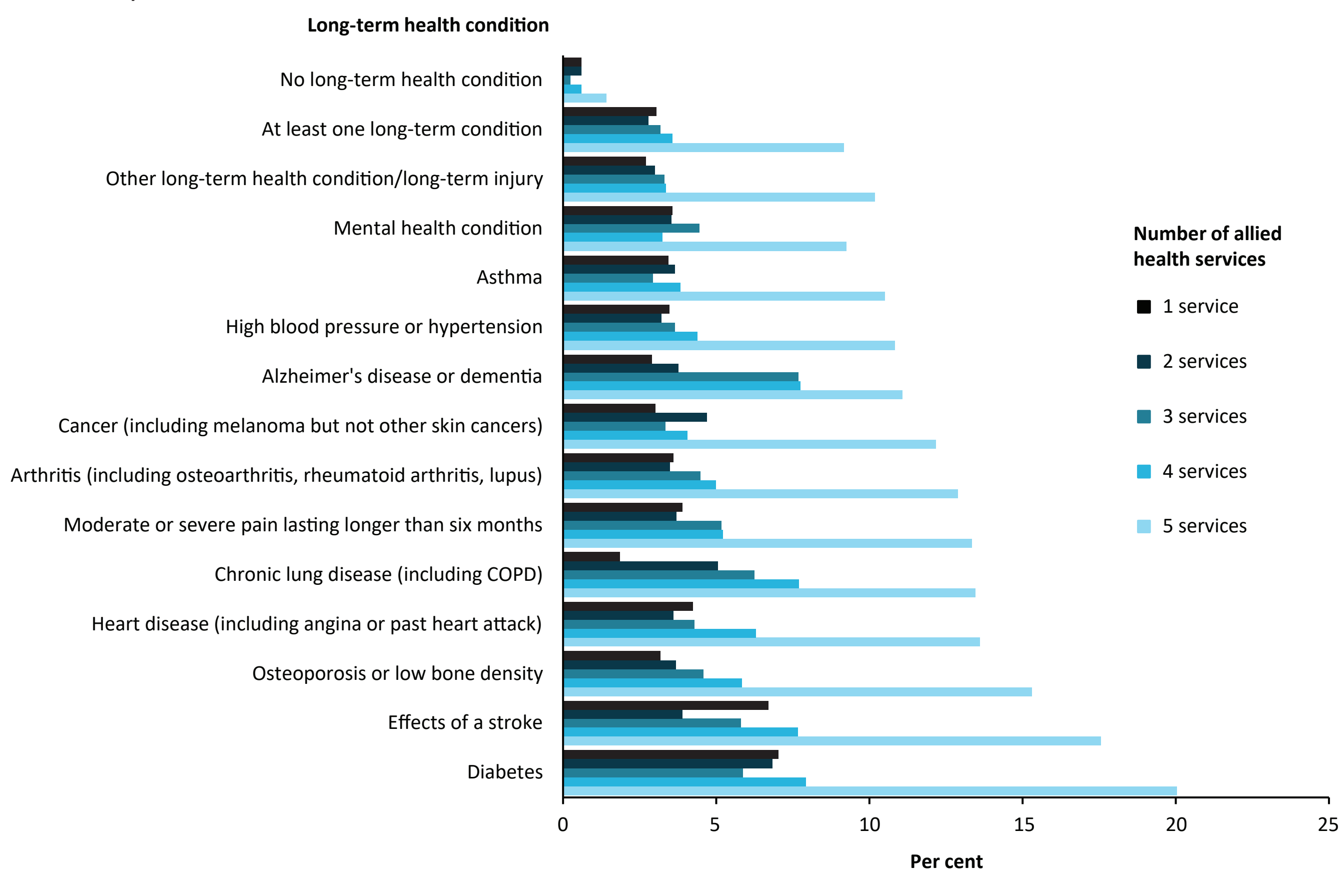
1. Other individual allied health services includes MBS items: 10950, 10951, 10952, 10953, 10954, 10956, 10958, 10964, 10966, 10968 and 10970.
2. It is important to note there might be a small number of people who self-reported having no long-term health conditions who were later diagnosed and treated for a long-term health condition later in the 2016 calendar year. Care should be taken if interpreting results for these people.

Source: AIHW analysis of ABS CHC 2018.

Patterns of Medicare-subsidised individual allied health service use vary by long-term health condition

Among patients with at least one long-term health condition, 9.2% of patients used all 5 Medicare-subsidised individual allied health services they were eligible for in the calendar year. Patients with diabetes (20%), effects of a stroke (18%) and osteoporosis (15%) were the most likely to use all 5 Medicare-subsidised individual allied health services (Figure 8).

Figure 8: Medicare-subsidised individual allied health service use by long-term health condition, 2016



Notes

1. No allied health services not shown in this figure (available in data tables).
2. It is important to note there might be a small number of people who self-reported having no long-term health conditions who were later diagnosed and treated for a long-term health condition later in the 2016 calendar year. Care should be taken if interpreting results for these people.

Source: AIHW analysis of ABS CHC 2018

While the data in this section provides a snapshot of the proportion of patients with at least one long-term health condition who have used Medicare-subsidised individual allied health services in the 2016 calendar year, care should be taken in using these numbers to draw additional inferences about the patients accessing these services. For example, the patient may have been referred for allied health services towards the end of the year, giving them limited time to use the allied health services in 2016. They may have used one allied health service in 2016 and then use the remaining 4 services in 2017. These 4 services will then count towards the 5 services available in the 2017 calendar year, and patients would need to obtain another referal to use additional allied health services. Thus, while the analysis provides a good overall snapshot, the number of allied health services used by a patient may not necessarily be a good representation of the health needs for that particular patient.

Further cohort analysis is required to better understand the health circumstances of patients with long-term health conditions who use the CDM allied health services.

For more information on MBS funded allied health services see: Department of Health | Questions and Answers on the Chronic Disease Management (CDM) items.

Coming soon

A web report providing in-depth analysis of the use of Medicare CDM items and Medicare-subsidised allied health services will be released soon and will complement this report.

Glossary

allied health: a range of services provided by university qualified health practitioners with specialised expertise in preventing, diagnosing and treating a range of conditions and illnesses. The practitioners have autonomy of practice, a defined scope of practice, a regulatory mechanism and a national organisation with clearly defined entrance criteria. Examples include psychologists, optometrists and physiotherapists.

chronic diseases/conditions: A diverse group of diseases/conditions, such as heart disease, cancer and arthritis, which tend to be long lasting and persistent in their symptoms or development. Although these features also apply to some communicable diseases (infectious diseases), the term is usually confined to non-communicable diseases.

cohort: a group of people who share a similar characteristic (for example, age).

continuity of care: Continuity of care is the ability to provide uninterrupted care or service across programs, practitioners and levels over time. This can be measured by indicators such as unplanned hospital readmission rates.

long-term condition: A term used to describe a health condition that has lasted, or is expected to last, at least 6 months.

Medicare: A national, government-funded scheme that subsidises the cost of personal medical services for all Australians and aims to help them afford medical care. The Medicare Benefits Schedule (MBS) is the listing of Medicare services subsidised by the Australian Government. The schedule is part of the wider Medicare Benefits Scheme (Medicare).

multimorbidity: A situation that occurs when a person has two or more health problems at the same time.

patients: people aged 45 and over who had at least one visit to a general practitioner between November 2014 and November 2015 whose MBS service use relates to the care they received during the 2016 calendar year.

prevalence: The number or proportion (of cases, instances, and so forth) in a population at a given time.

References

ABS (Australian Bureau of Statistics) (2016) *Survey of Health Care, Australia*. ABS website, accessed 29 March 2022.

ABS (2022) *Health conditions prevalence*. ABS website, accessed 25 March 2022.

AIHW (Australian Institute of Health and Welfare) (2019) *Coordination of health care: experiences of information sharing between providers for patients*, AIHW, Australian Government, accessed 28 March 2022.

AIHW (2020) *Chronic conditions and multimorbidity*. AIHW, Australian Government, accessed 30 April 2021.

AIHW (2021a) *Medicare-subsidised GP, allied health and specialist health care across local areas: 2019–20 to 2020–21*, AIHW, Australian Government, accessed 28 March 2022

AIHW (2021b) *Exploring the definition of chronic conditions for collective monitoring in Australia 2021*, AIHW, Australian Government, accessed 29 March 2022.

AIHW (2021c) *Health care quality and performance: Coordination of health care*. AIHW, Australian Government, accessed 8 February 2022.

APRA (Australian Prudential Regulation Authority) (2022a) *Quarterly private health insurance statistics*. APRA website, accessed 28 March 2022.

APRA (2022b) *Quarterly Private Health Insurance Benefit Trends, December 2021*. APRA website, accessed 28 March 2022.

Department of Health (2014a) *Chronic Disease Management (formerly Enhanced Primary Care or EPC) — GP services*. Department of Health website, accessed 24 March 2021.

Department of Health (2014b) *Questions and Answers on the Chronic Disease Management (CDM) items*. Department of Health, accessed 24 March 2021.

Department of Health (2014c) *Chronic Disease Management Patient Information*. Department of Health, accessed 24 March 2021.

Department of Health (2021a) *How allied health professionals help people*. Department of Health website, accessed 29 April 2021.

Department of Health (2021b) *Allied Health in Australia*. Department of Health website, accessed 29 April 2021.

Department of Health (2021c) *Medicare Benefits Schedule - Note MN.3.1*. Department of Health website, accessed 29 April 2021.

Department of Health (2021d) *Medicare Benefits Schedule - Note MN.9.1*. Department of Health website, accessed 29 April 2021.

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