Message from the Tonic Media Network Editorial Committee*

Welcome to another edition of *Practice Connect* – your personal, practice and patient focussed newsletter with up-to-date news and information.

Chronic Condition Management changes take effect

The prevalence of chronic conditions is increasing in Australia. According to the Australian Institute of Health and Welfare almost 1 in 6 (16%; 4.1 million) Australians claimed a Chronic Disease Management service in the past year.

From 1 July 2025, the new GP Chronic Condition Management Plan (GPCCMP) came into effect, bringing new item numbers, workflows and changes to how GPs care for patients with chronic conditions. The GPCCMP replaced the existing GP Management Plans (GPMP) and Team Care Arrangements (TCA) and review items.

Four new MBS items are now billable. These items replace the previous items used for GP Management Plans (229, 721, 92024, 92055), Team Care Arrangements (230, 723, 92025, 92056) and reviews (233, 732, 920278, 92059).

Patients that had a GP Management Plan or Team Care Arrangement in place prior to 1 July 2025 will be able to continue to access services consistent with those plans for two years.

Although these changes primarily affect medical practitioners, allied health professionals providing MBS services should also be aware of the changes to plan and referral requirements
For more information, the Department of Health, Disability and Ageing has produced the following fact sheets:

- an overview of the changes
- transition arrangements for existing patients
- referral arrangements for allied health services
- MBS items for GP chronic condition management plans.

How Tonic screens are simplifying GPCCMP and MyMedicare patient comms

We know how dedicated your team is, and how important the new GP Chronic Condition Management Plan (GPCCMP) and MyMedicare updates are for the practice and for your patients.

If your practice has a Tonic screen, we have developed a series of concise and friendly practice slides designed to deliver clear messages directly to your patients as they wait.

We use eye-catching visuals that explain what the new GPCCMP means for them ahead of their appointment. This helps your team be proactive and have more focused and efficient conversations, ensuring patients get the answers they need quickly.

What do you need to?

Absolutely nothing. Unless you tell us you'd rather not have the slides, we have put them on your screen.

For more information click here

GPs increasingly being empowered to diagnose and treat ADHD…..but there's a catch

Around 1 in every 20 Australians has attention deficit hyperactivity disorder (ADHD). While ADHD is more common in boys, it's under diagnosed in girls and adults. Interestingly, more than 3 in 4 children diagnosed with ADHD still have symptoms as an adult.

The number of states planning or implementing ADHD diagnosis and prescribing in general practice is growing. At the time of writing South Australia (SA) is the latest state to announce that next year GPs will be able to take up training to allow them to diagnose and treat ADHD in children and adults. This builds on SA's decision in 2023 to have ADHD shared care programs for GPs which was focussed on adolescents moving into adult care.

In May 2025, the NSW Government announced changes which allowed GPs to prescribe ADHD medications for patients already on stable treatment. The second tier of the strategy involves a smaller group of GPs, around 1000, being trained to diagnose and initiate treatment.

The Western Australian government declared in early 2025 that they would institute a similar scheme to SA and NSW and it's a promise by both major parties in the Tasmanian state election. The ACT is yet to make an announcement (again at the time of writing) despite it being an election promise last year.

Queensland GPs are already able to initiate stimulants for children and prescribe for those already on treatment. To assist the safe and effective implementation, there has been a focus on shared care with non-GP specialists, for example a recently announced collaboration across Brisbane's six public paediatric hospitals.

The Federal Government has said it would like a consistent nationally but there are still variations, with Victoria allowing repeat prescriptions but in a more restrictive framework than SA, NSW and QLD.

The catches here for GPs undergoing training in the diagnosis and treatment of ADHD, is that a thorough assessment of a child takes a lot of time and effort involving parents, carers and schools. It's much more than just administering a Conners Rating Scale. The question will be how remuneration will match the time spent and the teamwork required.

Further information

Attention Deficit Hyperactivity Disorder – ADHD: https://mydr.com.au/mental-health/attention-deficit-hyperactivity-disorder-adhd/

A new, collaborative approach to paediatric ADHD: https://www.metrosouth.health.qld.gov.au/about-us/news/a-new,-collaborative-approach-to-paediatric-adhd

Why do we get colds when it's cold?……. or is it a myth?

Your mum probably told you to rug up in winter because otherwise you'll catch your death of cold. Was she right or not and why do we call colds, colds?

Well, she might have been partly right, but I'll come back to that.

It's not clear why we call colds, colds but when you go back a century or two, the term seems to have been used quite commonly. It's likely to be because when we go out into the cold, especially if we have sensitive airways or asthma, we start to cough, and our nose runs with exercise. And when you have a respiratory virus, those are the kinds of symptoms you get.

So that's probably why colds are called colds.

There's no doubt that respiratory infections are more common in winter. Influenza is a seasonal virus although outbreaks have been known in late summer/early autumn. Non-COVID coronaviruses and rhinoviruses – the so called common cold viruses – are also seasonal and more common in winter.

The reasons as with all infections is an interaction between the virus, the environment, our behaviour and our bodies.

The viruses seem to survive longer outside the body in cold weather. We stay indoors more with closed windows and limited air circulation, and our immune systems are affected by cold weather, particularly in the nose. The lining of the nose is our first defence against viruses and there are complex interactions between white blood cells, antibodies and physical barriers like mucus. Cold weather is often associated with low humidity and that dries our nose and makes defensive action less efficient. It also may reduce the effectiveness of our white blood cells circulating in our bloodstream – although that's controversial.

Even so, your mum might have been right. If you're warm, then you're more likely to have blood circulating to extremities like the nose. You might also have a more effective immune system.

But there are other things you can do.

Keep air circulating indoors. Wear an N95 mask if you think you're coming down with something or in contact with others who are sneezing and coughing. And make sure you're well hydrated so important bits don't dry out.

Is organic food worth the money?

The Australian organic industry is worth $2.6 billion according to the latest Australian Organic Market Report.

Just in case the message gets buried in the detail, here are the main takeaways. You're much better eating any vegetables than avoiding them because they might not be 'organic'. And with vegetables and fruit, 'fresh' beats organic every time. That's because the fresher a food, the more nutrients it has – and that includes snap frozen fruit and vegetables available at/or near a farm.

You've got to be careful when buying foods that are labelled organic. The term isn't well regulated in Australia, and you can only be sure it's organic if there's a certified organic badge on the packaging by one of the Department of Agriculture, Fisheries and Forestry accredited certifying organisations.

<u>What is organic?</u>

There's pretty much no evidence of nutritional benefit from buying organic. Organic farming is the production of food without the use of synthetic chemicals or genetically modified components. Organic foods are not necessarily completely chemical free, but the pesticide residues will be considerably lower than those found in produce manufactured with synthetic chemicals. In animals it does mean that antibiotics haven't been used. The farming techniques also need to be focussed on renewable

resources, environmental conservation and animal welfare. With pesticides, you can have organic pesticides rather than synthetic ones.

So, there are many reasons why you might choose organic foods. It's true that the safety of some synthetic pesticides hasn't been proven. You might want peace of mind that you're minimising the environmental impact of the products you're eating. So consuming organic food for its health benefits is an act of faith with little or no evidence, but it could be so in the long term.

There is one-way organic foods can be harmful. They're expensive and not always available. If an obsession with organic means you eat fewer vegetables, then that would not be good for you.

What do I do? Well, what I'm about to say is pretty much evidence free.

I buy organic foods which are up the food chain where pesticides and other chemicals may accumulate. That means organic chicken, beef and lamb as well as organic dairy products. I'm also careful about farmed fish. I rarely buy organic vegetables. You can wash them and peel them, and the high-level accumulation of chemicals is less likely.

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