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Please take a seat,
your session starts soon.

Right: Ginmine design from corner, radiating outwards.
Designed for the Bp Bundaberg Operations Hub Mural Project, 2021

Artist: Nicole Wone

Addresses themes of: Evolution – Adaptation of Universe and traditional Indigenous beliefs across the globe.

Beginning of time, darkness. Movement in the cosmos. Rainbow Serpent – Creation being. Ancestral lineage without our DNA

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Benchmarking for Success with Cubiko

Chris Smeed

Chris Smeed is the founder and CEO of Cubiko, an innovative platform that gives practice operators the data and insights they need to run a great clinic. Chris has seen firsthand the opportunities that can be realised through harnessing the power of practice data, having worked across practice management and practice support roles himself for over a decade.
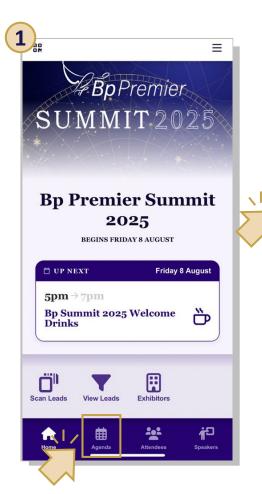
Touchstone

touch·stone | | ˈtəch-ˌstōn \
plural touchstones

a test or criterion for determining the quality or **genuineness of a thing**

The Touchstone Dataset

Drawing data from over 1000 practices
Representative cross-section of Australian healthcare

2 years of data
Comprehensive comparison

Best Practice users
All practices in the dataset use Best Practice Software in conjunction with Cubiko

Cubiko Medical
Chris Smeed

Filters

Save filters   Load filters

📅 **Dates**

Apr 2025

🔻 **Filters**

State
All states

MMM Classification
All MMM classifications

PHN location
All PHN locations

Practice size
All sizes

Billing structure
All billing structures ▾

Does the practice have Registrars?
No filtering on Registrars ▾

Touchstone

Cubiko's first ever iteration of Touchstone: the new GP benchmarking companion tool which can be used to see how the practice and practitioners are performing against the cohort. Use the filters on the le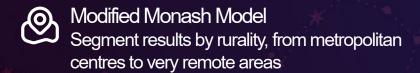ft hand side to filter to the practice demographic. If there is not enough data in the cohort, no results will be shown.

Billings	Billings breakdown	Bulk billings	Diary	Hours	New patients

How the clinic is doing

GP billings per hr
$630   ▲ 47.08%

GP billings per appt
$167   ▲ 67.25%

How your cohort is doing

GP billings per hr
$428

GP billings per appt
$100

Billings per hour by Practitioner ⓘ

● $/hour — Cohort average

$1,000
$500
$0

Joseph CHAVEZ, Samuel DIAZ, Alexander GOMEZ, Jose SANCHEZ, Patrick CAMPBELL, Rachel JONES, Barbara MOORE, Karen JACKSON, Robert MOORE, Anthony SCOTT

Billings per appt by Practitioner ⓘ

● $/appt — Cohort average

$300
$200
$100
$0

Joseph CHAVEZ, Alexander GOMEZ, Samuel DIAZ, Patrick CAMPBELL, Rachel JONES, Jose SANCHEZ, Barbara MOORE, Karen JACKSON, Robert MOORE, Anthony SCOTT

Clinic and cohort billings over time ⓘ

GP billings per hr ▾

— GP billings per hour — Cohort GP billings per hour

$700
$600
$500
$400
$300

May 24, Jun 24, Jul 24, Aug 24, Sep 24, Oct 24, Nov 24, Dec 24, Jan 25, Feb 25, Mar 25, Apr 25

Please note ⌄

This dashboard has been prepared for general informational purposes only and is not intended to be relied upon as accounting, tax, or other professional advice. Refer to your advisors for specific advice. Cubiko makes no representations or warranties with respect to the adequacy of the dashboard, and to the fullest extent permitted by law, Cubiko does not accept or assume any responsibility or liability in respect of the dashboard, or decisions based on it, to any reader of the dashboard. Cubiko reserves all rights in the dashboard.

Ground Rules

Opt-in
Only practices that provide explicit consent are included in Touchstone benchmarking

De-identified
All data is stripped of personally identifiable information before being used in reporting

Aggregated
Practice data is combined to show trends across the industry, not individual results

Frequency and cell domination rules
Metrics are only shown when there are enough data points to protect practice anonymity
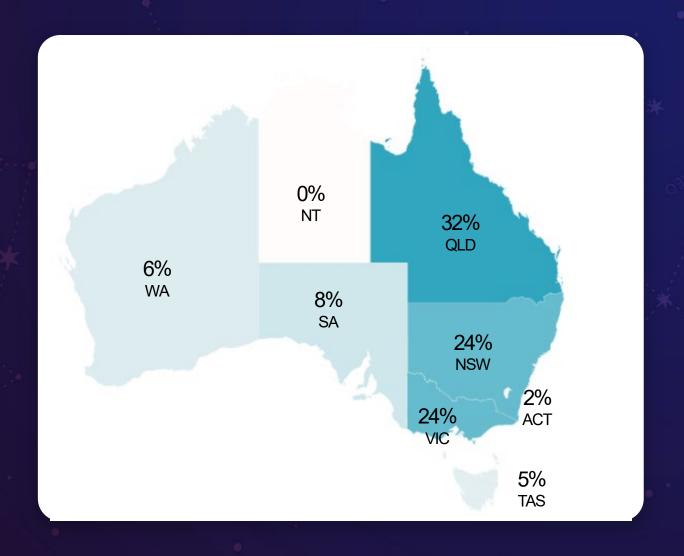
Data rounding
Values are rounded to prevent reverse engineering of sensitive information

Minimum practice size count randomised
A minimum number of practices is required in each group, with slight randomisation applied to further protect privacy
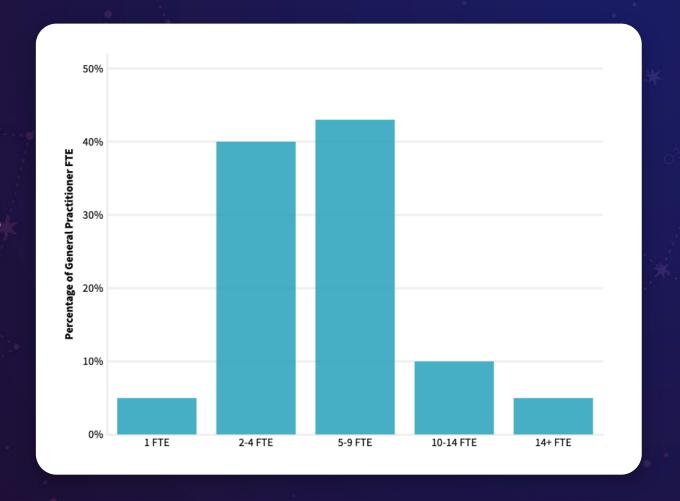
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Percentage of practices in the Touchstone dataset by State

Map of Australia with percentages by state:
- 0% NT
- 6% WA
- 8% SA
- 32% QLD
- 24% NSW
- 24% VIC
- 2% ACT
- 5% TAS
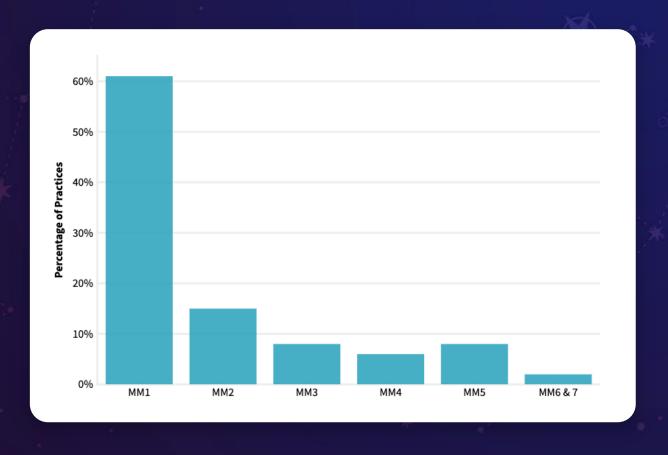
Break down of practice size by FTE

Break down of practice size by Modified Monash Model

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The benchmarks that matter

Explore the data behind how General Practice is evolving and the trends shaping the industry

Billings per Hour
How much revenue is being generated per consulting hour across the industry

Bulk billing rate
Understand the prevalence of predominantly bulk billing practices across Australia

Billings per appointment
Understand the average billing value per appointment across the industry

Chronic Disease Management
Compare CDM rates across the industry to see how chronic disease management is being delivered nationally

Average time between booking and appointment
Insights into how long patients typically wait for an appointment after booking

DNA Rates
Explore trends in DNA rates and examine how they compare across billing approaches

Billings per hour

How much revenue is being generated per consulting hour across the industry.

How we calculate it:

$$\frac{\text{Total Billings}}{\text{Cubiko Consulting Hours}}$$

Billings per hour

$420
$410
$400
$390
$380
$370
$360
$350
$340
$330
$320
$310
$300

$398

2024 average billings per hour

+$40

01/01/2023 01/02/2023 01/03/2023 01/04/2023 01/05/2023 01/06/2023 01/07/2023 01/08/2023 01/09/2023 01/10/2023 01/11/2023 01/12/2023 01/01/2024 01/02/2024 01/03/2024 01/04/2024 01/05/2024 01/06/2024 01/07/2024 01/08/2024 01/09/2024 01/10/2024 01/11/2024 01/12/2024

Billings per hour

The service fee

Bulk billing rate

Understand the prevalence of predominantly bulk billing practices across Australia.

Bulk billing rate

Understand the prevalence of predominantly bulk billing practices across Australia.
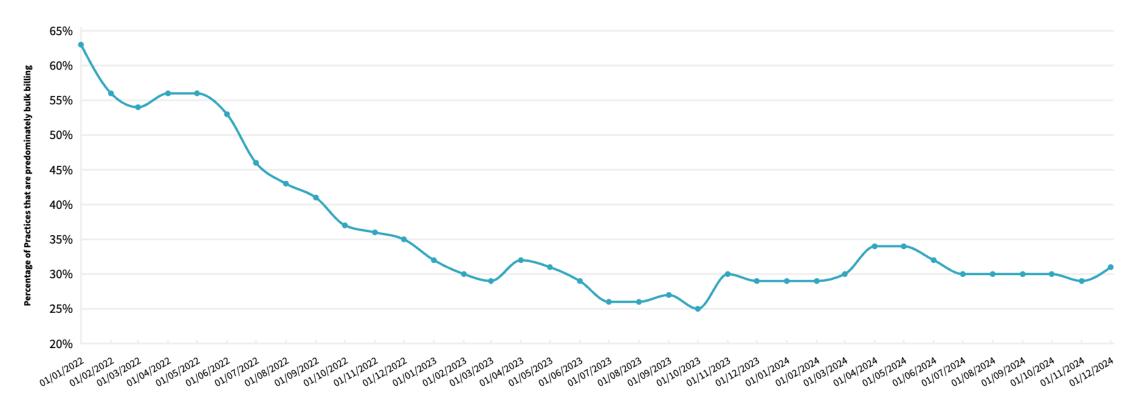
35%
of practices bulk billed over 80% of invoices in December 2022

29%
of practices bulk billed over 80% of invoices in December 2023

31%
of practices bulk billed over 80% of invoices in December 2024

The percentage of practices that predominantly bulk bill over 80% of invoices

Bulk billing rate

Understand the prevalence of predominantly bulk billing practices across Australia.

How we calculate it:

$$\frac{\text{Number of invoices Bulk Billed}}{\text{Number of invoices}}$$
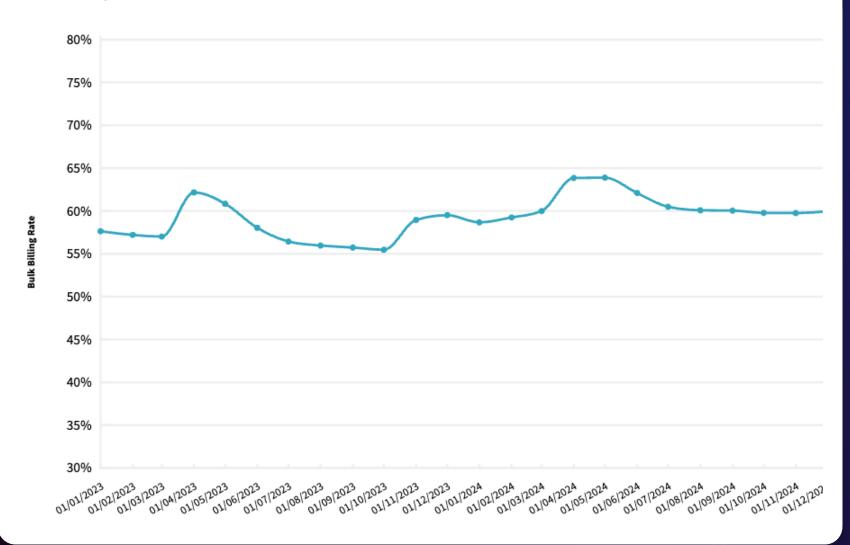
Bulk billing rate for standard consults
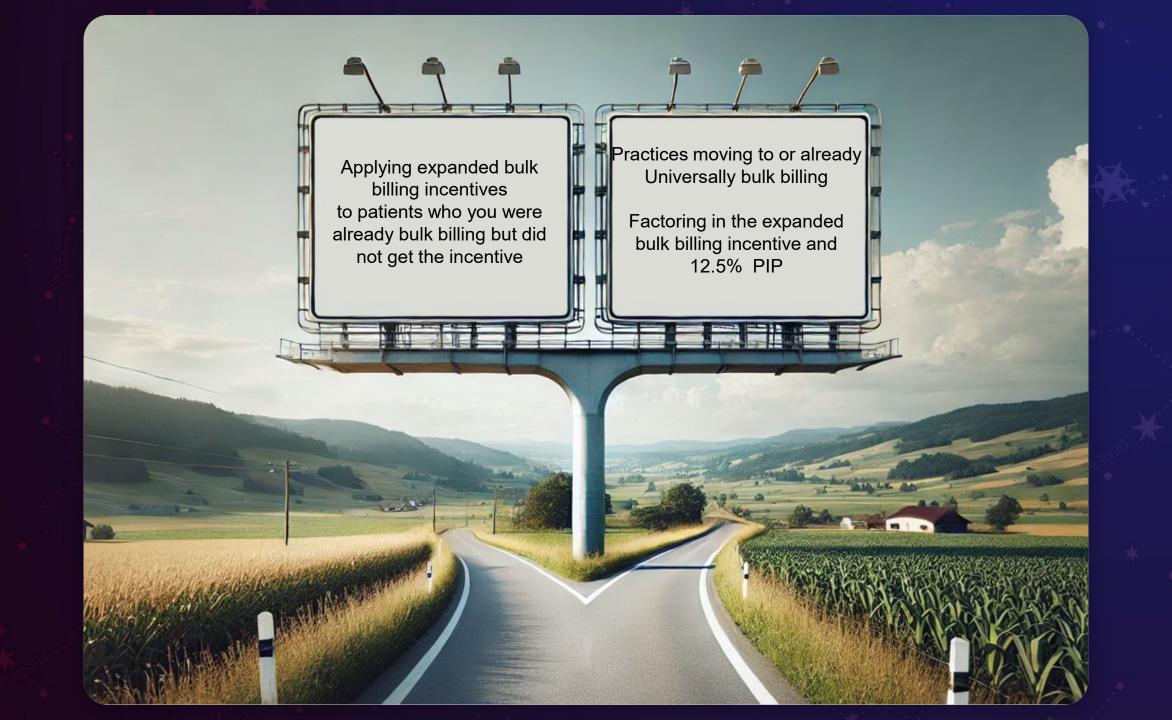
The average bulk billing rate for standard consults (Item 23) across all practices in the Touchstone dataset.

Bulk billing rate for standard consults

Upcoming Bulk Billing Changes

Current Gross Billings Mix

All services performed by the practice

GP NRA Services

Bulk billing

With incentive

Service

Incentive

Without incentive

Service

Private Billing

Other Billing
(Fully Private and Custom, Practice Billings, Billings which aren't GP NRA or BB Incentives)

Applying expanded bulk billing incentives
to patients who you were already bulk billing

All services performed by the practice

GP NRA Services

Bulk billing

With incentive

Service — No Change

Incentive — No Change

Without incentive

Service

Incentive

Now eligible for BB incentive

Private Billing

Anecdotally: May decrease in some practices
(not in model)

Other Billing
(Fully Private and Custom, Practice Billings, Billings which aren't GP NRA or BB Incentives)

Universally Bulk Billing - Factoring in the expanded bulk billing incentive and 12.5% PIP

All services performed by the practice

GP NRA Services

Bulk Billing

With incentive

Service

Now gets 12.5% PIP

Incentive

No Change

Without incentive

Service

Now gets 12.5% PIP

Incentive

Now eligible for BB incentive

Most becomes Bulk Billing:
LOSS of gap
+ BB Incentive
+ PIP

Private Billing
(remember was NRA)

Other Billing
(Fully Private and Custom, Practice Billings, Billings which aren't GP NRA or BB Incentives)

Let's look at 5 Different Hypothetical Practices

- Universal Bulk Billing Practice in MM1

- 91% Private/Mixed Billing Practice in MM1

- 61% Bulk Billing Practice in MM1

- 70% Bulk Billing Practice in MM6

- Universal Bulk Billing Practice in MM5

The models presented are based on fictional practices, using best estimates of typical practice parameters. They are for illustrative purposes only.

What changes in model?

Normalised Gross to $100,000

- Bulk Billing % and MMM
- Practice team, size and focus
- NRA Mix
- Appointment Count and service mix
- Billings Info / Payer Mix

The models presented are based on fictional practices, using best estimates of typical practice parameters. They are for illustrative purposes only.

Universal Bulk Billing Practice in MM1

Applying expanded bulk billing incentives to patients who you were already bulk billing

$102,058

2.1 %

Universal Bulk Billing with expanded Bulk Billing incentive and 12.5% PIP

$113.308

13.3 %

The models presented are based on fictional practices, using best estimates of typical practice parameters. They are for illustrative purposes only.

91% Private/Mixed billing in MM1

Applying expanded bulk billing incentives to patients who you were already bulk billing

$100,175

0.2 %

Universal Bulk Billing with expanded Bulk Billing incentive and 12.5% PIP

$87,917

-12.1 %

The models presented are based on fictional practices, using best estimates of typical practice parameters. They are for illustrative purposes only.

61% Bulk Billing in MM1

Applying expanded bulk billing incentives to patients who you were already bulk billing

$101,625

1.6 %

Universal Bulk Billing with expanded Bulk Billing incentive and 12.5% PIP

$105,733

5.7 %

The models presented are based on fictional practices, using best estimates of typical practice parameters. They are for illustrative purposes only.

Applying expanded bulk billing incentives to patients who you were already bulk billing

$102,966

3.0 %

Universal Bulk Billing with expanded Bulk Billing incentive and 12.5% PIP

$111,343

11.3 %

The models presented are based on fictional practices, using best estimates of typical practice parameters. They are for illustrative purposes only.
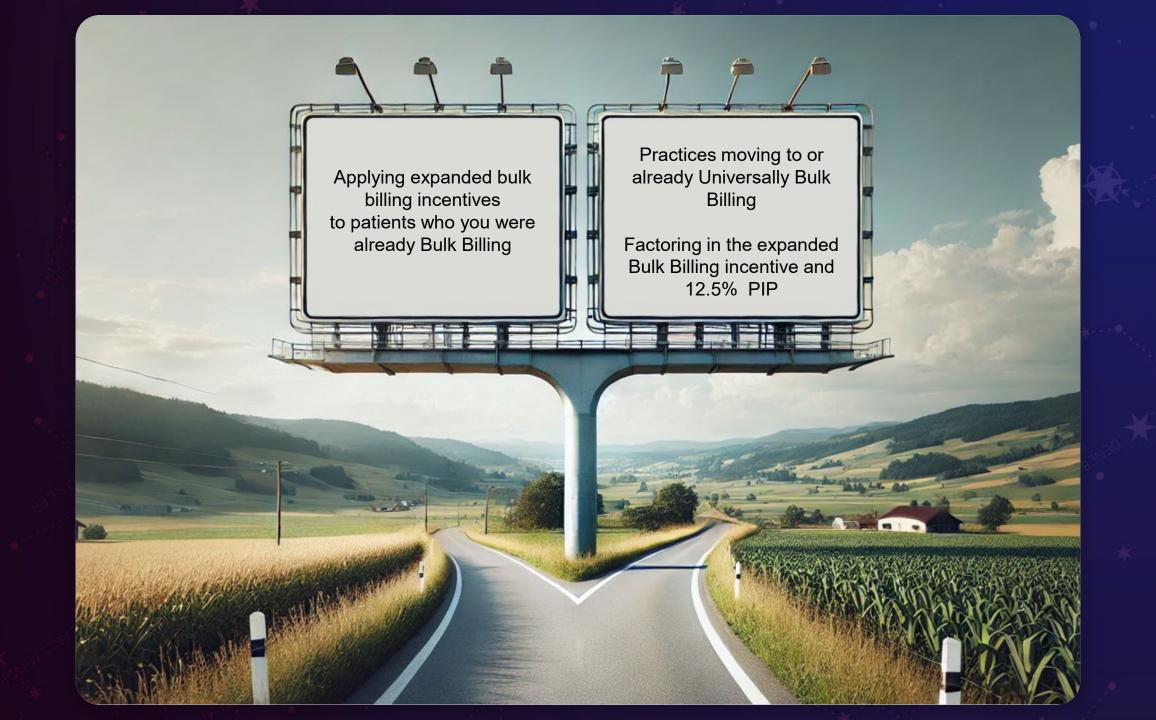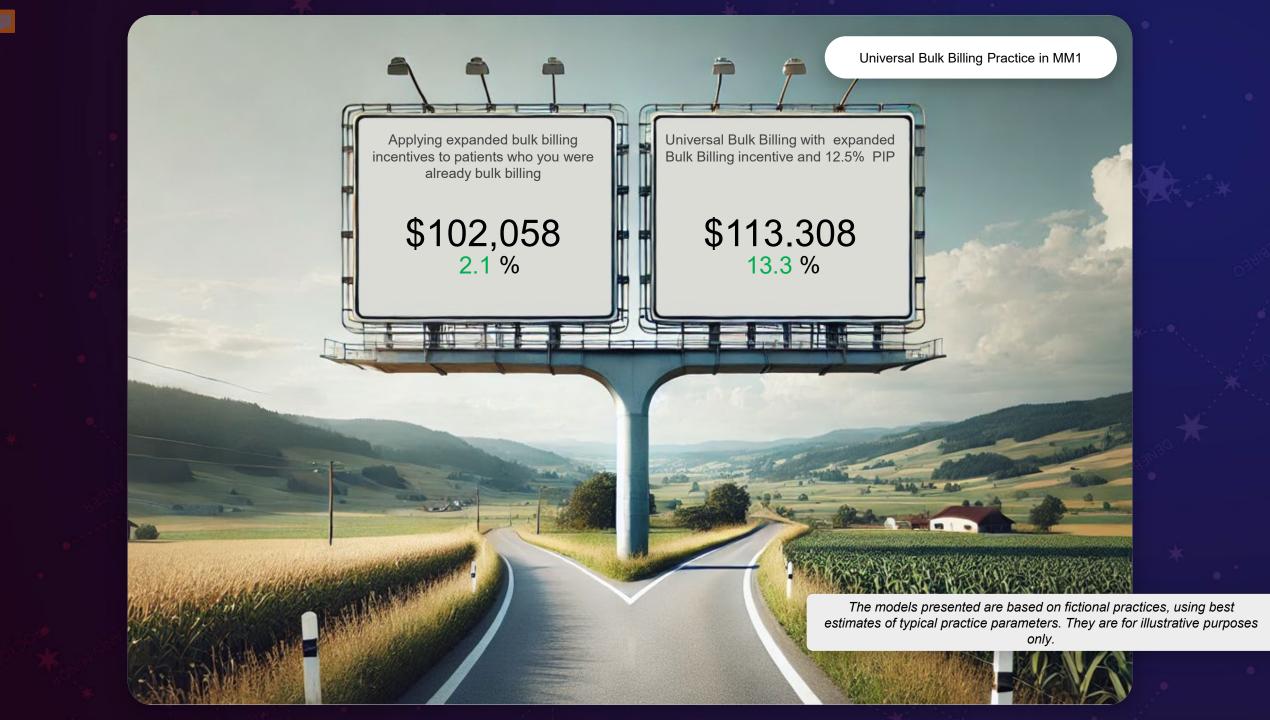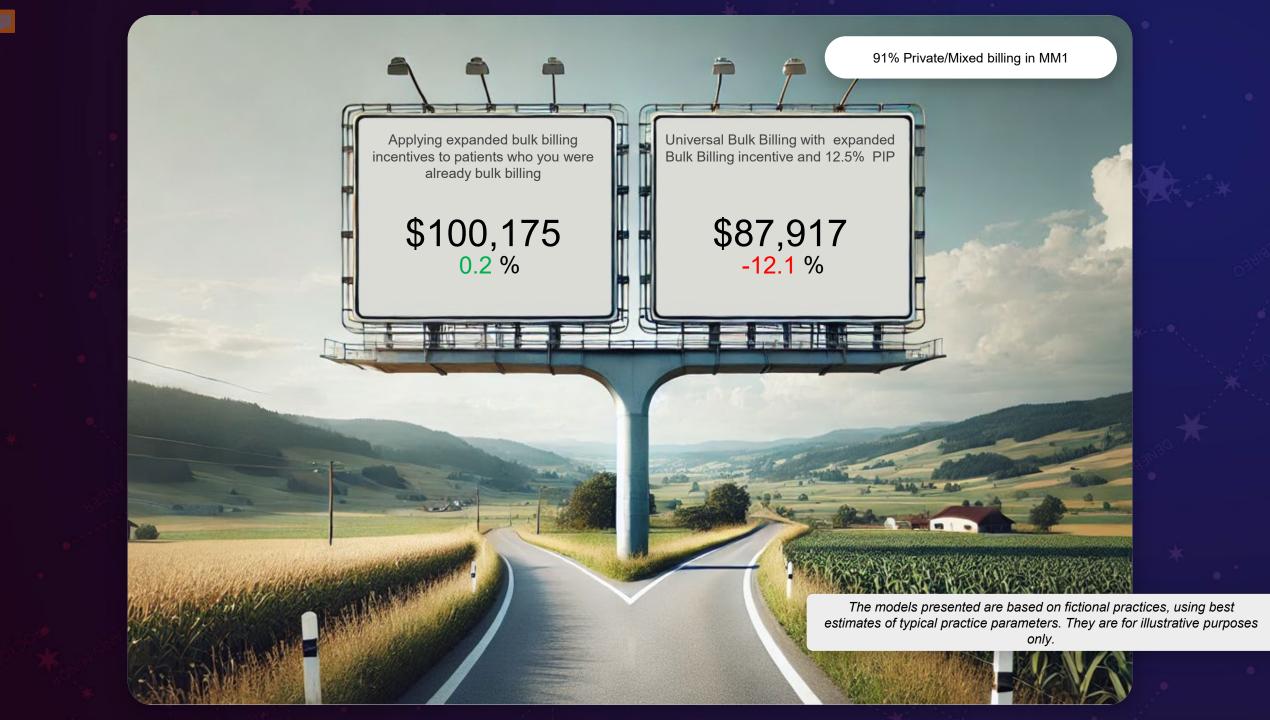
Universal Bulk Billing Practice in MM5

Applying expanded bulk billing incentives to patients who you were already bulk billing

$3,000

3.0 %

Universal Bulk Billing with expanded Bulk Billing incentive and 12.5% PIP
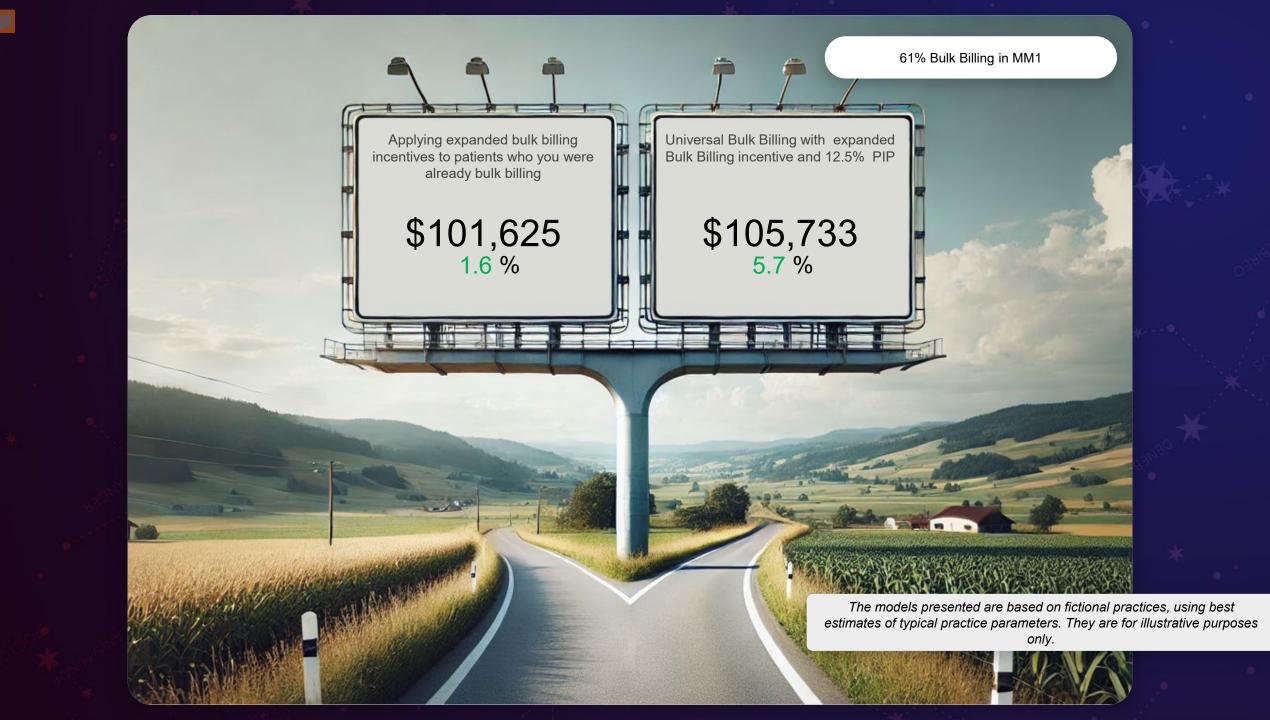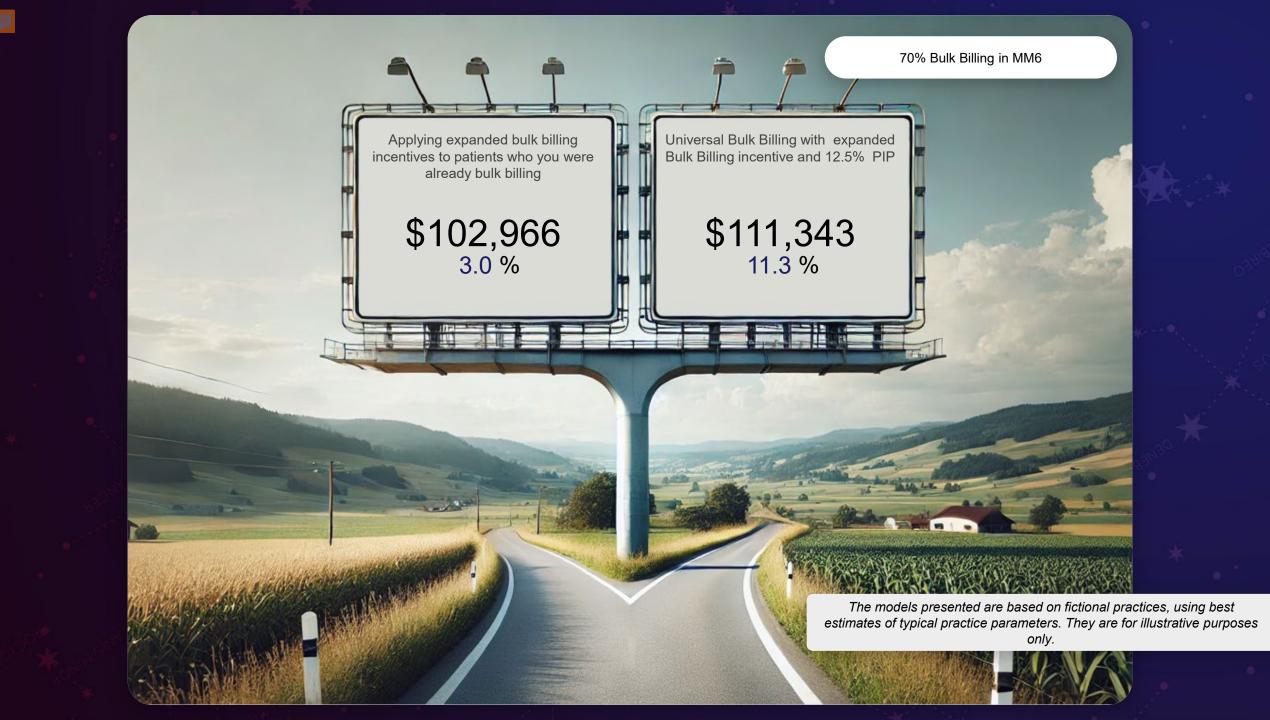
$114,250

14.3 %

The models presented are based on fictional practices, using best estimates of typical practice parameters. They are for illustrative purposes only.
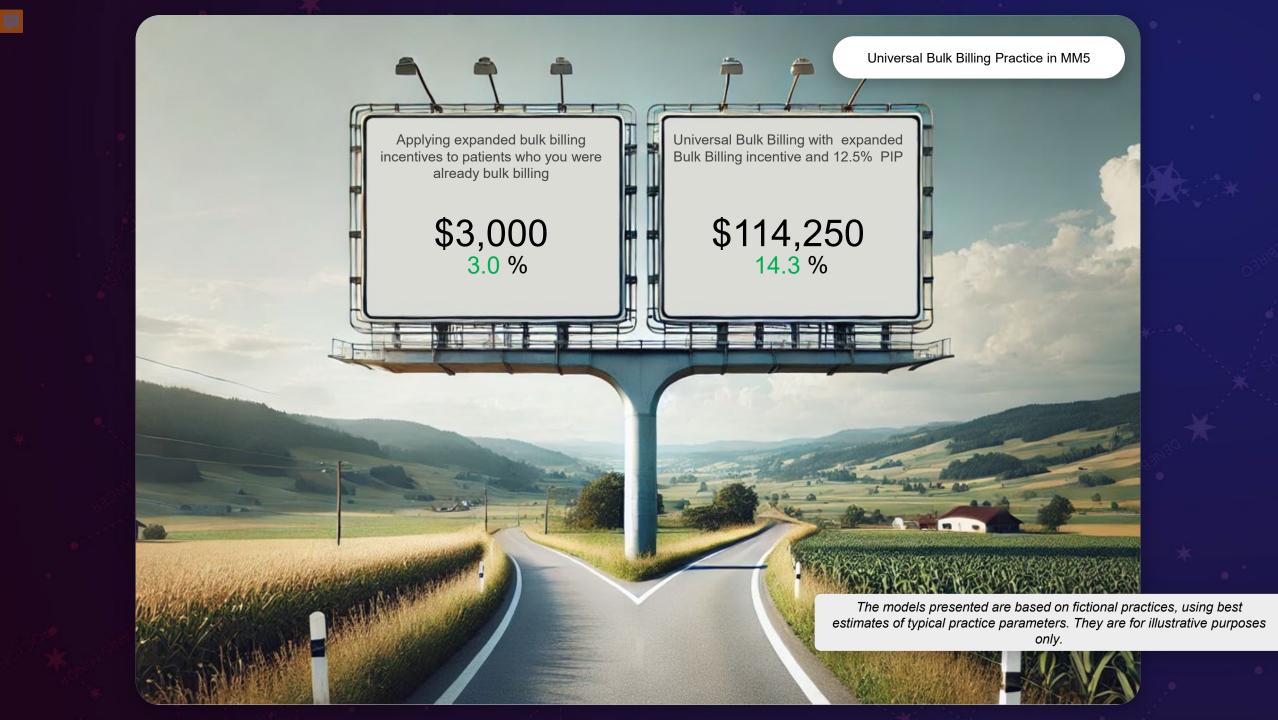
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Go Deeper than the Headline – your business model!

Locked into Govt Indexation

Whole Team needs to be onboard

What might change about your service mix / Independence

PIP Split

Business model in the future

Expenses and outcomings

In Cubiko

Filters

Saved filters

Dates

1 Feb 2025 → 28 Feb 2025

Filters

Modified Monash Model:

MM1 - Metro

Filter...

MM1 - Metro
MM2 - Regional
MM3 - Large Rural
MM4 - Medium Rural
MM5 - Small Rural
MM6 - Outer Rural
MM7 - Very Remote
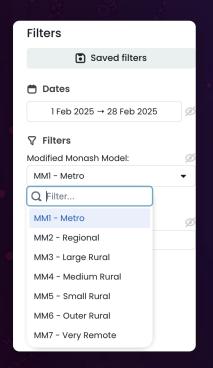
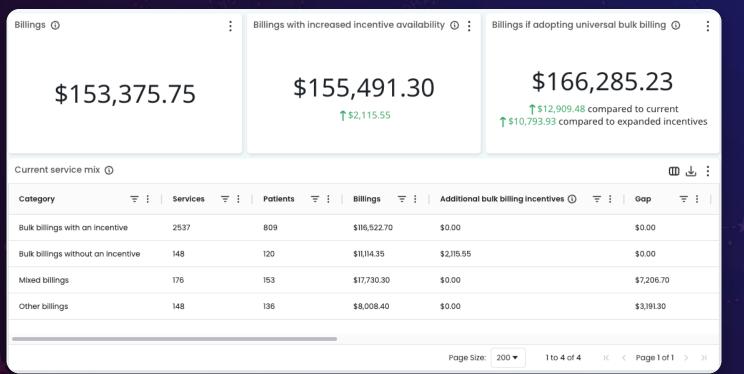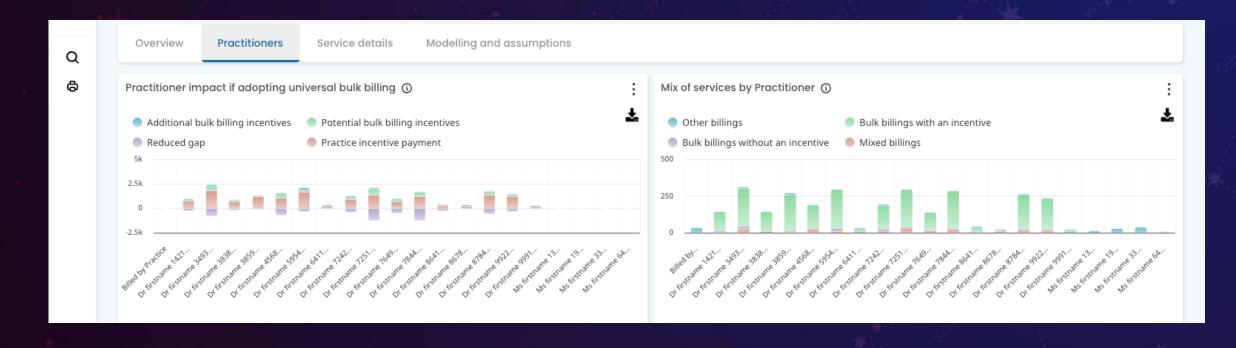## Overall effect

The proposal includes two key changes which will impact practice revenue:

- **Expanded patient eligibility for bulk billing incentives** Bulk billing incentives will be available to all Medicare-eligible patients, rather than just concession card holders or those 15 and under.
- **Practice incentive payment** An additional 12.5% practice incentive payment will be available to practices that bulk bill all GP Non-referred attendances.
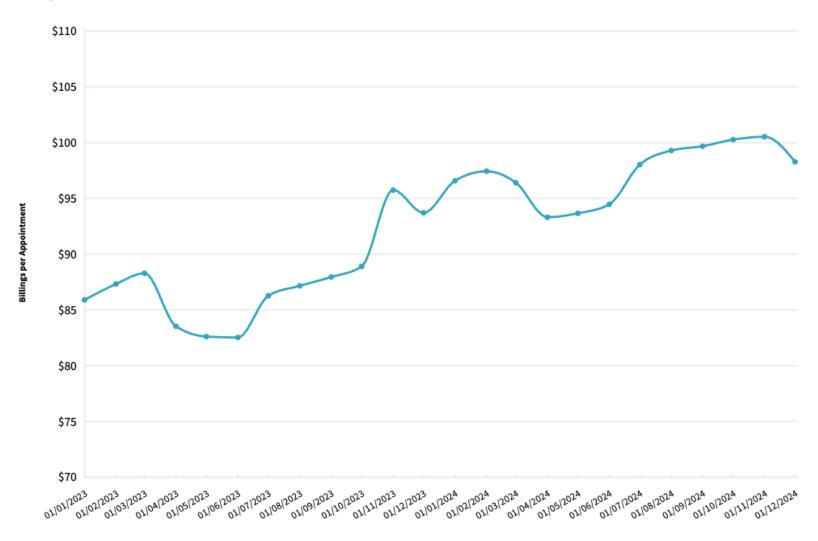
Billings	Billings with increased incentive availability	Billings if adopting universal bulk billing
$153,375.75	$155,491.30	$166,285.23
	↑ $2,115.55	↑ $12,909.48 compared to current
		↑ $10,793.93 compared to expanded incentives

Current service mix

Category	Services	Patients	Billings	Additional bulk billing incentives	Gap
Bulk billings with an incentive	2537	809	$116,522.70	$0.00	$0.00
Bulk billings without an incentive	148	120	$11,114.35	$2,115.55	$0.00
Mixed billings	176	153	$17,730.30	$0.00	$7,206.70
Other billings	148	136	$8,008.40	$0.00	$3,191.30

Page Size: 200 ▾   1 to 4 of 4   Page 1 of 1

Billings per appointment

Understand the average billing value per appointment across the industry

Billings per appointment

Billings per appointment by billing model

Mixed Billing Practices

- Consistently higher billings per appointment
- Crossed $100 mark in January 2024

Bulk Billing Practices

- Steady growth throughout 2023-2024
- Lags behind mixed billing revenue
- Revenue rising from $74.20 to $91.64

Appointments per hour

Insights into appointment volume per consulting hour across the industry

Appointments per hour by MMM

MM1

4.27

Appointments per hour on average in 2024

+0.73%

MM2

4.12

Appointments per hour on average in 2024

0%

MM3

4.03

Appointments per hour on average in 2024

-0.84%

MM4

4.22

Appointments per hour on average in 2024

1.73%

MM5

4.02

Appointments per hour on average in 2024

-1.19%

MM6/7

3.58

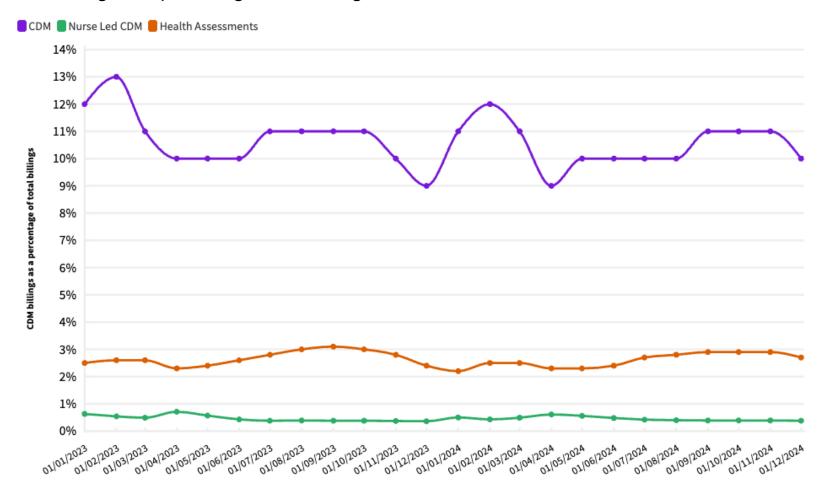Appointments per hour on average in 2024

-2.23%

Chronic Disease Management & Health Assessments

Compare CDM rates across the industry to see how chronic disease management is being delivered nationally.

CDM billings as a percentage of total billings

■ CDM ■ Nurse Led CDM ■ Health Assessments

CDM What's Changing

From 1 July 2025, the Chronic Disease Management (CDM) framework is being replaced with the Chronic Condition Management Plan (GPCCMP).

- Single Plan Structure: GPMPs and TCAs are out. A single, streamlined GPCCMP replaces them. Same Eligibility (tbc)
- Simplified Referrals: No more referral forms. Referrals are now just specialist referral letters
- Flexible but Structured: Reviews every 3 months with plans needing review within 18 months to stay valid.
- My Medicare
- MBS Items Updated:
    - Plan Prep: Item 965 (face-to-face) / 92029 (video)
    - Plan Review: Item 967 (face-to-face) / 92030 (video)
- Fees Equalised:
    - $156.55 for GPs
    - $125.30 for PMPs
    - Same fee for preparation or review. Reviews encouraged.
- Single BB Incentive
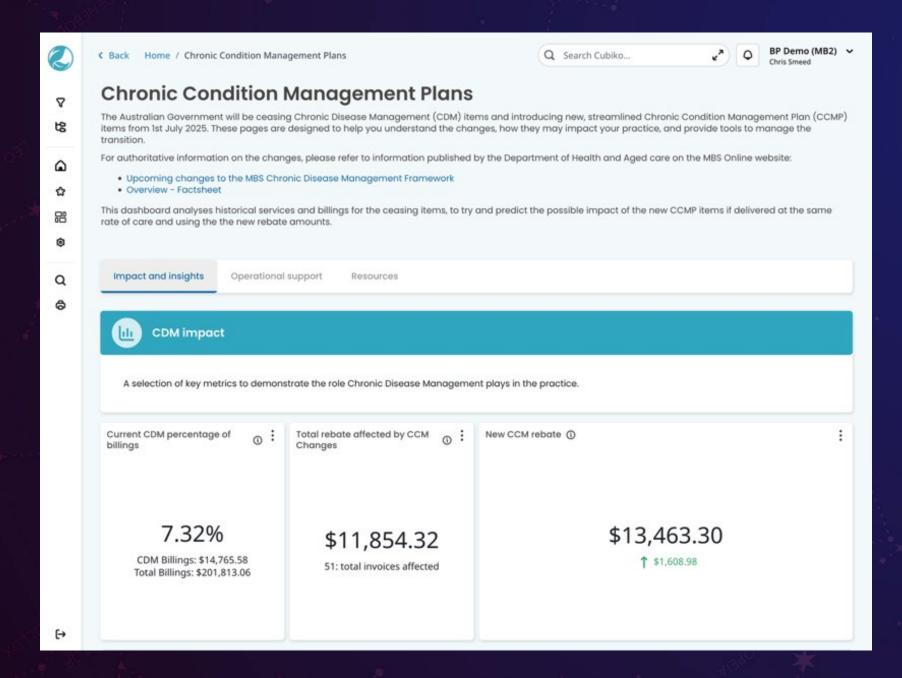
Let's focus on the positives - CCM

- Reminders and Recalls are still relevant

- Existing GPMP Templates can still be utilised if required

- Existing plans are still valid for 18 months

- EPC Referral Forms no longer needed- great!

- No longer need to contact external providers

Some things to start thinking about:

- My Medicare Enrolments

- Appointment Book workflows

- Resourcing

Chronic Condition Management Plans

The Australian Government will be ceasing Chronic Disease Management (CDM) items and introducing new, streamlined Chronic Condition Management Plan (CCMP) items from 1st July 2025. These pages are designed to help you understand the changes, how they may impact your practice, and provide tools to manage the transition.

For authoritative information on the changes, please refer to information published by the Department of Health and Aged care on the MBS Online website:

- Upcoming changes to the MBS Chronic Disease Management Framework
- Overview – Factsheet

This dashboard analyses historical services and billings for the ceasing items, to try and predict the possible impact of the new CCMP items if delivered at the same rate of care and using the the new rebate amounts.

| Impact and insights | Operational support | Resources |

📊 CDM impact

A selection of key metrics to demonstrate the role Chronic Disease Management plays in the practice.

Current CDM percentage of billings	Total rebate affected by CCM Changes	New CCM rebate
7.32%	**$11,854.32**	**$13,463.30**
CDM Billings: $14,765.58 Total Billings: $201,813.06	51: total invoices affected	↑ $1,608.98

MyMedicare Requirements

CCM patients who are enrolled in MyMedicare will only be allowed to receive a CCM item at the practice which they are registered. Patients who are not enrolled at all with MyMedicare will still be able to receive items from their usual doctor, however, to be certain that a patient is eligible to receive this service it is highly recommended that a patient be registered to the practice and the doctor who is performing this service.

CDM billings without MyMedicare registration

$5,008

22: total invoices affected

Percentage of MyMedicare CDM registered patients

65.45%

Registered CDM patients: 358
Eligible CDM patients: 547

Current CDM Patients who are not registered ⓘ
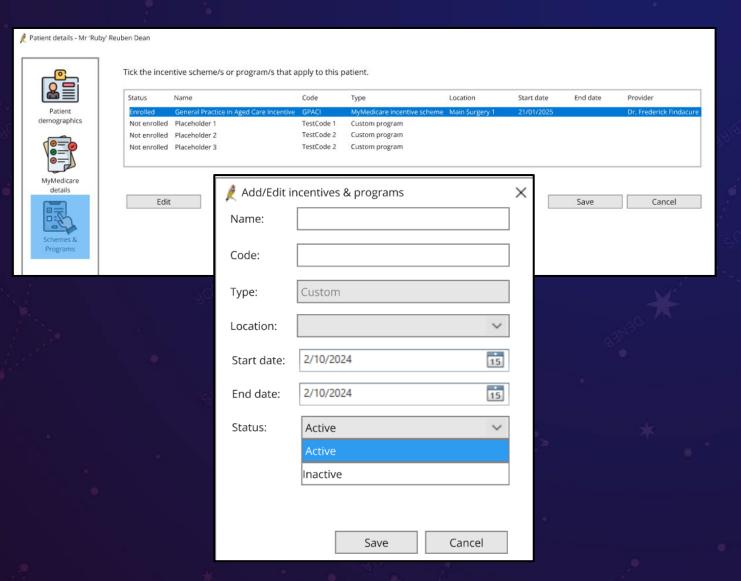
	INTERNALID	Record no.	Patient	Next appt	Appt with	Most recent GPMP
1	1542	1542	ALVAREZ, I (26yrs - Ashgrove)	23/05/2025	Gary WARD	
2	4992	4992	MILLER, M (73yrs - Ashgrove)	23/05/2025	Samantha WHITE	
3	2696	2696	PEREZ, S (23yrs - Ashgrove)	23/05/2025	Nancy SCOTT	
4	2820	2820	COLLINS, U (67yrs - Fortitude Valley)	23/05/2025	Cynthia GRAY	
5	2163	2163	WHITE, M (?yrs - Mogill)	23/05/2025	Cynthia GRAY	21/03/2025
6	198	198	PARKER, B (56yrs - Mogill)	23/05/2025	Katherine COX	
7	2991	2991	CARTER, B (53yrs - Fortitude Valley)	23/05/2025	Cynthia GRAY	
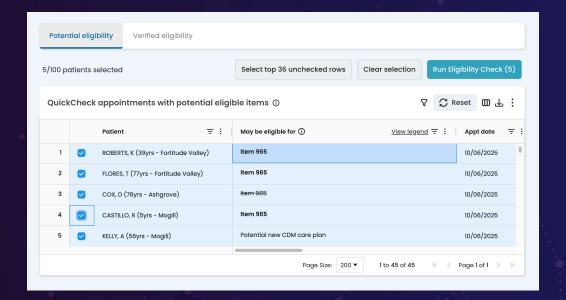
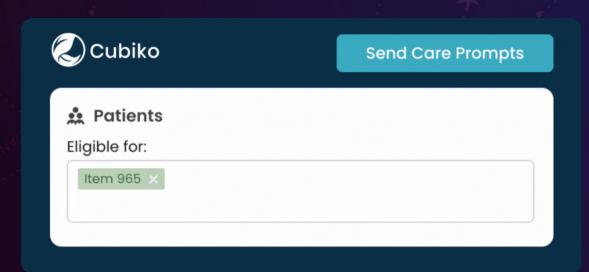# What's coming to support these changes?

In Bp Premier:

- MyMedicare Registration and validation from within your software (via Medicare Web Services),

- Incentive and Program Enrolment,

- Changes to EPC workflows, and updated Cubiko Care Prompts

- Integrated access to Cubiko Patient View from a patient's record.

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33

Patients per month
and slowing

Average time between booking and appointment

Insights into how long patients typically wait for an appointment after booking

DNA rates
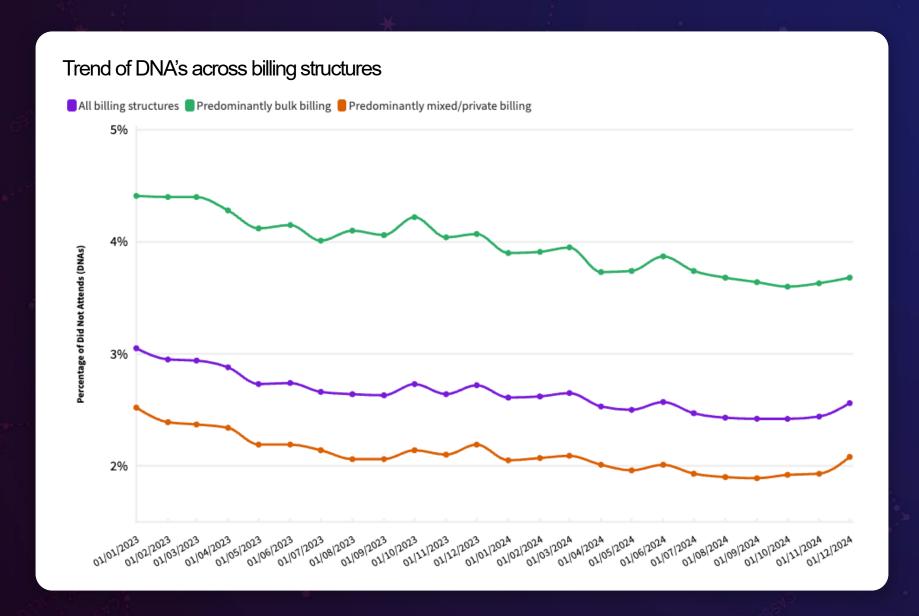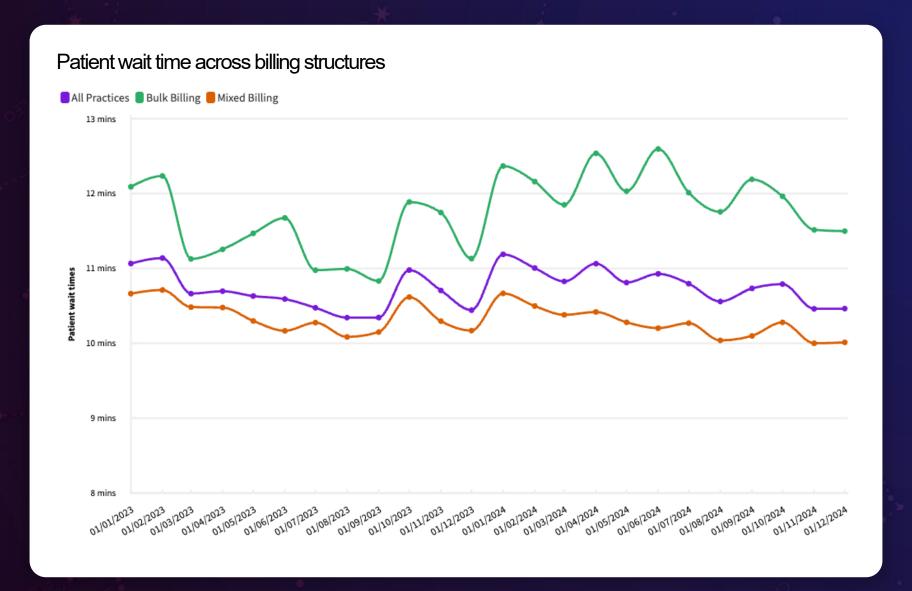
Explore trends in DNA rates and examine how they compare across billings approaches

Trend of DNA's across billing structures

■ All billing structures ■ Predominantly bulk billing ■ Predominantly mixed/private billing

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Patient wait times

Explore patient wait times from scheduled appointment start time to consult.

Patient wait time across billing structures

■ All Practices ■ Bulk Billing ■ Mixed Billing
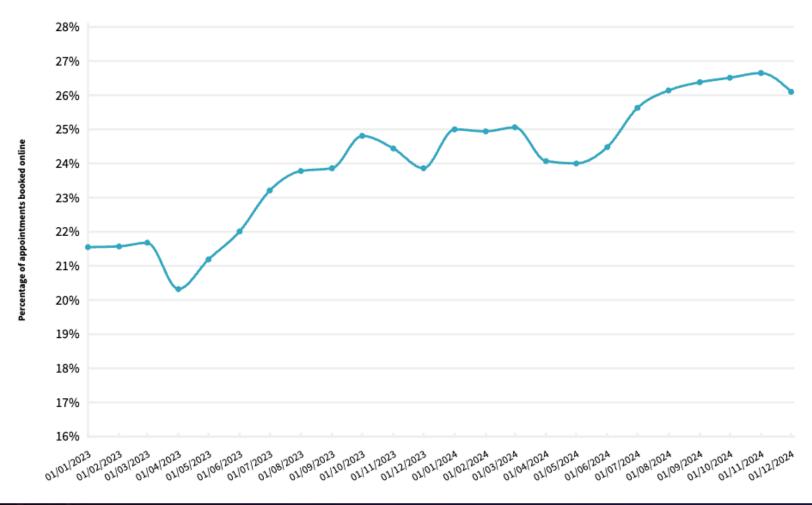
Online bookings

Look at how practices are using digital booking platforms and the uptake of online bookings across the industry.

Trend of the percentage of appointments booked online
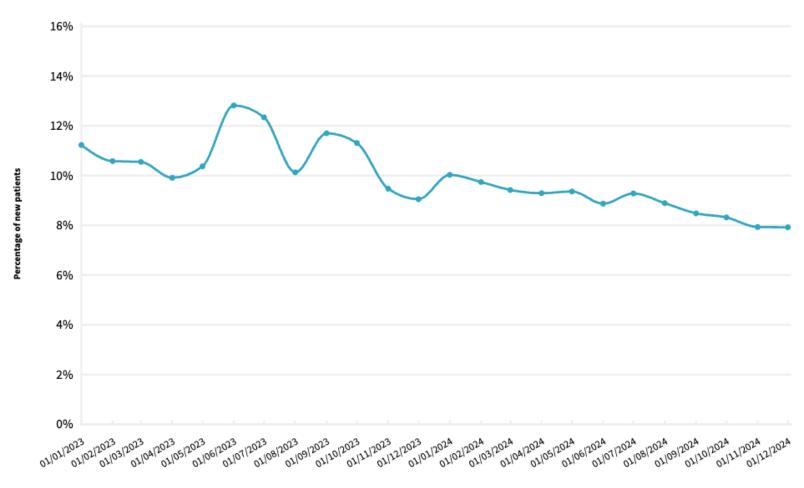
New patients

Benchmark how many new patients practices are seeing, and spot trends in patient acquisition.

Trend of percentage of appointments with new patients

Trend of GP consulting utilisation