Dr Janey Sklovsky

Specialist GP

MBBS Melb 1976, DRACOG 1979

ABN 70 308 959 924

Deepdene Surgery Hours

Mon	2:00pm – 7:00pm
Wed	9:00am – 5:00pm
Occasional Sat	9:00am – 11:00am

Click here or call **9817 4233** to book an appointment.

July 2026 Update: See page 3 for updated information about Chronic Condition Plans

Dr Janey Sklovsky graduated from University of Melbourne in 1976. She was an intern at the Austin Hospital in 1977 then spent 18 months at Queen Vic doing paediatrics and her Diploma of Obstetrics. She was then a ship's doctor to Antarctica followed by 12 months as a GP at Colac and Apollo Bay.

She started working at Deepdene Surgery in 1982. She is interested in all aspects of general practice including men's and women's health, paediatrics, mental health and chronic disease management. Janey works late on a Monday evening to accommodate the "working well". When not working her interests are reading, music, tennis, bushwalking, rock art and socialising.

Areas of Interest:

- Paediatric medicine
- Mental health
- Chronic disease management
- Men and Women's health
- Venesections (Haemachromatosis)

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Fees & Billing

Service/consultation length	Private Fee	Pensioner Fee	Medicare Rebate
<6 minutes/repeat prescriptions	$50	$35	$20.55
6-20 minutes	$110	$80	$45.05
6-20 minutes (Saturdays)	$125	$100	$45.05
20-40 minutes	$180	$150	$87.10
20-40 minutes (Saturdays)	$220	$200	$87.10
40-60 minutes	$250	$180	$128.35
60+ minutes	$380	$300	$207.90
Chronic Condition Management Plan	$210	$190	$160.60
Chronic Condition Management Plan Review	$210	$190	$160.60
Annual health assessment	Bulk-billed	Bulk-billed	
Venesection*	$170		$87.30
GP Mental Health Care Plan (20-40 mins)	$210	$150	$108.95
GP Mental Health Care Plan (40+ mins)	$265	$180	$160.50
Menopause Health Assessment	$210	$180	$104.55

*Venesections incur an additional private facility fee of $30. There is no Medicare rebate for this.

Procedures and wound care will attract a charge. There may be an additional fee incurred on top of this to pay for any nursing care or dressings/equipment required. Workcover consultations and reports incur a private fee.

For questions related to these costs, please speak to reception.

Transitioning to GPCCMP for Chronic Disease Management

Empowering Patients for Better Outcomes

From 1 July 2025, Medicare is changing the way chronic condition management is available to patients. I plan to adopt this new format for my patients with chronic medical and mental health conditions .

- The GP chronic condition management plan will be available to patients with at least one medical condition that has been (or is likely to be) present for at least 6 months, e.g. heart disease, lung disease, osteoporosis, diabetes, arthritis, autoimmune disease, cancer, to name a few.

Why GPCCMP?

The management of chronic medical and/or mental health conditions needs planning and reviewing.

The GPCCMP offers a structured, patient-centred framework designed to address these complexities more effectively.

Here are the key reasons for adopting GPCCMP:

1. Comprehensive Care Planning

GPCCMP integrates a holistic care plan that considers physical, emotional, preventative and social factors. By understanding the entirety of your health needs, we can create a personalized plan to better manage any chronic conditions.

- To support continuity of care, patients registered through MyMedicare will be required to access the GP chronic condition management plan and review items through the practice where they are registered. Other patients will be able to access the items through their usual GP.
- The plans are intended to support patients that would benefit from a structured approach to their care.
- Access to 5 Medicare rebatable sessions with allied health professionals per calendar year will be via these plans to facilitate your health management.

2. Emphasis on Preventative Care

Prevention is always better than cure. GPCCMP places strong emphasis on preventative and proactive strategies, including lifestyle modifications, regular screenings. This proactive approach reduces complications and improves long-term health outcomes.

3. Enhanced Collaboration

GPCCMP fosters collaboration between healthcare providers, specialists, and allied health professionals.

4. Empowering You as a Patient

You are the most important member of your care team.

GPCCMP encourages your active participation, enabling you to set goals, monitor progress, and make informed decisions about your health together.

What Will Change?

This is a more structured way to manage your health. So the plan is more comprehensive and regular reviews are encouraged.

- Our discussions will discuss your overall health, lifestyle, and goals.
- Personalized Health Goals: Together, we will define achievable milestones tailored to your needs.
- Regular Reviews will be prioritised: We will schedule frequent follow-ups to monitor progress and adjust the plan as necessary.
- Proactively- prescriptions and referrals are arranged

Frequently Asked Questions

What is GPCCMP?

GPCCMP stands for General Practice Comprehensive Chronic Management Plan. It is a structured approach to managing chronic diseases, focusing on personalized care and prevention.

How do I get started with a GPCCMP?

I will discuss this with you if you are eligible and would like to proceed ,or if you have a chronic disease management plan in place we can arrange the new GPMMCP.

Will it cost more?

See above

Can I still see specialists?

Absolutely.

What if I have multiple chronic conditions?

GPCCMP is ideal for patients with complex or multiple conditions. Its comprehensive framework ensures all aspects of your health are addressed in an integrated way.

If you have any questions or would like to schedule your next appointment, please don't hesitate to contact Dr Jane Sklovsky on **9817 4233**.