Integrated Team Care
GP Fact Sheet

Grand Pacific Health

Care Coordination for Aboriginal and Torres Strait Islander Patients with Chronic Disease

Aboriginal and Torres Strait Islander patients living with chronic disease in your practice can receive help to manage their medical care through the **Integrated Team Care (ITC) Program.**

Managing chronic disease can be difficult. Coordinating appointments, taking medication and understanding chronic disease is overwhelming for many patients. The Grand Pacific Health (GPH) ITC program supports the patient with a Care Coordinator in their local region. The Care Coordinator will work with the patient and their carers, their GP and other health clinicians to coordinate their health care.

The Care Coordinator also works with the patient to improve their health literacy, negotiate fees for specialist and allied health appointments, where affordability prevents access to service; and advocate for improved self-management and engagement with the health system.

What do Care Coordinators do?

- Coordinate health services outlined in **a GP Chronic Condition Management Plan** (GPCCMP).
- Work with patients to improve their health literacy.
- Support and encourage the patient and their family to develop self-management skills for their chronic condition.
- Support the patient's engagement with the health system.
- Assist the patient to participate in regular reviews from their primary care providers.
- Support the patient's adherence to treatment (e.g. medication compliance).
- Link the patient with appropriate community-based services providing support for daily living.
- Organise patient transport for appointments and negotiate specialist and allied health fees where affordability prevents access to service (see supplementary services below).



Who is eligible?

The Grand Pacific Health ITC program is open to people who identify as Aboriginal and / or Torres Strait Islander and:

- Live within the **Northern Sydney**, **South Eastern NSW** or **ACT** Primary Health Networks (PHNs).
- Have one or more chronic diseases that has been present or will be present for **six months** or more.
- Have had an **Aboriginal and Torres Strait Islander (MBS 715) Annual Health Check** completed within the last nine months.
- Have a current **GPCCMP**.
- Are at risk of hospital admission due to their ill health.
- Have trouble accessing and using the right services for their care.

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What can the ITC supplementary services fund?

The ITC program has a **small amount of funding** to assist where cost prevents patients accessing medical specialists, allied health services or necessary medical equipment. Supplementary service Funds may be used to:

- Assist with transport costs to appointments (where there is no local transport available or the cost is prohibitive for the patient).
- Cover allied health provider fees (where MBS rebates are not available).
- Cover the difference between MBS rebates and private specialist or allied health provider fees.
- Cover an 'urgent appointment retainer' for providers.
- Purchase specific medical aids – please contact the Care Coordinator for further information.

ITC funds **CAN** be used to purchase services that:

- address waiting periods longer than is clinically appropriate.
- reduce the likelihood of a hospital admission.
- assist in reducing patients' length of stay in a hospital.
- are not available through other funding sources.

ITC funds **CANNOT** be used to purchase services:

- to cover all follow-up care required by patients.
- when other publicly funded services are available in a clinically acceptable timeframe.

How are ITC funds accessed?

ITC funds are accessed by:

- Referral of an eligible patient by their GP to the ITC program.
- GPH will assess the referral using a triage framework for care coordination and fund allocation.

Please note:
ITC funds are very limited and are allocated based on the patient's disease complexity and those with the most urgent need

How to refer a patient to the ITC program

Complete the GPH Aboriginal Health referral form:

1. via Best Practice or Medical Director templates then send via **Healthlink**; **OR**
2. Download the GPH Aboriginal Health referral form from our website **www.gphlinks.org/itc**
3. Then send by fax or secure message using the contacts below.

Please note: You must include the patient's current Aboriginal and Torres Strait Islander (MBS 715) Annual Health Check, GPCCMP and Health Summary with the referral form.

For new referrals to the GPH ITC program please contact:

Phone: 1800 879 096
Healthlink: gphs8uth
Email: aboriginalhealth@gph.org.au
Fax: (02) 4448 2289