GP Referral Form WAIntegrated Team Care (ITC) Program





The ITC Program is a short-term program to: Support Aboriginal and Torres Strait Islander people with complex chronic care needs to improve self-management of their condition; support access to clinically necessary medical equipment and/or services that would otherwise be inaccessible in a clinically appropriate timeframe; and/or to provide care coordination.¹

Referring GP Details: (stamp accepted)					
Name:					
Practice:					
Practice Address:					
Phone:	Fax:				
Patient Details:					
First Name:			Date of Birth:		
Surname:			Phone:		
Residential Address:			Postcode:		
Next of Kin/Alternate Contact:			Alternate Contact Phone:		
My patient fulfils ALL the criteria below: ☐ Is Aboriginal, or Torres Strait Islander, or Aboriginal and Torres Strait Islander ☐ Has chronic and complex health needs and requires multidisciplinary² care ☐ Has a care plan/GP Management Plan. Attach patient care plan with referral ☐ Has given verbal or written³ consent to be contacted by the ITC team to discuss participation in the ITC Program					
Chronic Disease Details (Tick ALL appl	icable to patient)				
Diabetes		Eye health cond	dition associated with diabetes		
Cardiovascular disease		Chronic kidney disease			
Cancer		Chronic respiratory disease			
Other ⁴ – specify:					
Is another organisation already currently providing Care Coordination? If yes, specify:					
Eg. Aboriginal Community Controlled H	lealth Service; ICDC Pr	ogram. Provide (Client ID Number if available.		
Reason/s for ITC Referral:					
☐ Requires Supplementary Services	support [☐ Current ITC c	lient moving to new ITC Provider region		
☐ Requires Care Coordination suppo			xhausted Medicare CDM Allied Health visits		
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Provide brief detail <u>as per care plan:</u> Eg. Ulcerated foot. Request Medicare Gap payment support for 2 x Podiatrist services. <u>Upcoming appointment 18/4/18</u> .					
THE ITC PROGRAM IS ONLY ABLE TO PROVIDE SUPPORT AS OUTLINED IN PATIENT CARE PLAN See over page for examples of potential ITC support, and include ALL relevant needs in care plan					
Patient Information and Consent					
My GP has explained the purpose of this referral for the ITC Program; I give permission for my care plan to be shared with the Care Coordinator; I give permission for the Care Coordinator to contact me to discuss how the ITC Program can support me in my care plan needs.					

Forward completed ITC Referral Form AND patient care plan AND other relevant documents to ITC Provider

Date:

GP signature:5

www.wapha.org.au

Patient signature:

Date:

¹ See ITC HealthPathways for further information – https://wa.healthpathways.org.au/65938.htm?zoom_highlight=integrated+team+care++itc, (username: connected; password: healthcare).

² Multidisciplinary care is not an eligibility requirement to access the Program, however priority will be given to those meeting all check box criteria

³ Where written consent has not been provided at point of referral it must be provided at point of registration before ANY ITC support can occur

⁴ To be consistent with the MBS, an eligible condition is one that has been, or is likely to be, present for at least six months

⁵ Remote Area Nurse may refer when a GP will not be available in remote area in a clinically appropriate timeframe

Information to assist WA ITC Referral

Examples of potential ITC support. <u>Include ALL relevant needs and specific detail in care plan</u>

Requested Care Coordination Support could include:			
Help client arrange appointments for chronic condition management	Eg. GPMP Reviews with usual GP, diagnostic tests, pharmacy review, allied health and specialist visits.		
	 Forward all relevant documents with WA ITC Referral Form: Upcoming appointment dates COPY OF GP MANAGEMENT PLAN; Team Care Arrangements; Allied Health Medicare CDM Referral Form Medicare Referral Form for follow-up allied health services for Aboriginal or Torres Strait Islander people Copy of named/preferred provider referral forms 		
Clinical service	Eg. Clinical observations (BMI, BP, etc), health promotion, contribute to care planning, condition monitoring, self-management support.		
Case Conferencing/Management	Eg. Support practice staff to arrange case conferencing; participate in case conferencing and team care.		
Attend initial appointments with client	Eg. Support client to become comfortable in new clinical setting, overcome language barriers, understand clinical language; provide cultural brokerage.		
Provide client education on chronic condition/s and care plan	Eg. Medication, treatment regimen		
Link client with general wellbeing and holistic care support	Eg. Women's/men's support groups, social and emotional wellbeing support, cultural healing.		
Arrange transport for access to chronic condition management appointments	Where the client doesn't already have access to alternative transport.		

Requested Supplementary Services Support could include:			
Provide financial assistance to enable access to approved medical equipment	Eg. Approved aids include: Assisted breathing equipment, blood sugar/glucose monitoring equipment, dose administration aids, medical footwear as prescribed and fitted by podiatrist, mobility aids, spectacles. Note: Requests for CPAP require Sleep Study and trial of CPAP before ITC support to access CPAP can be considered.		
Provide financial assistance to enable access to specialist/allied health professional services	Where it has been indicated that patient is financially unable to access clinically necessary services for the management of their chronic condition; and/or patient has exhausted available Medicare Allied Health items.		
Provide transport for access to chronic condition management appointments	Where the client doesn't already have access to alternative transport.		

APPROVAL OF THE SUPPORT REQUESTED WILL BE ON A PRIORITY BASIS AND CONTINGENT ON STAFF CAPACITY AND AVAILABLE FUNDING

FORWARD REFERRAL TO APPROPRIATE ITC PROVIDER				
ITC Providers will forward referrals received for clients of other ITC regions to the correct ITC Provider				
Perth Metro – North West, South East, Inner Metro –	Perth Metro – North East, South West –			
Arche Health – Ph 9458 0505; Fax 9458 8733; Secure Messaging	Moorditj Koort – Ph 6174 7000; Fax 9439 6288; Secure			
via MMEx	Messaging via MMEx			
Perth Metro – South West –	Kimberley - Boab Health Services – Broome: Ph 9192 7888;			
Nidjalla Waangan Mia; Ph 9586 4580; Fax 9583 5495;	Kununurra: Ph 9168 2560; Fax 9192 7999; Secure Messaging			
Secure Messaging via HealthLink	via MMEx			
Pilbara – Mawarnkarra Health Service (MHS) – Ph 9182 0851;	Goldfields – Hope Community Services –			
Fax 9182 1055	Ph 9021 3069; Fax 9021 8920			
Midwest - North – Carnarvon Medical Service Aboriginal	Midwest - South – Geraldton Regional Aboriginal Medical			
Corporation – Ph 9941 2499; Fax 9941 2024	Service (GRAMS) – Ph 9956 6555; Fax 9964 3225			
Wheatbelt – Coastal, Eastern, Western Wheatbelt –	South West – Down South Aboriginal Health, Manjimup:			
Wheatbelt Health Network – Ph 9621 4444; Fax 9621 2119;	Ph 9771 2260, Fax 9771 2259 ; South West Aboriginal Medical			
Secure Messaging via HealthLink	Service (SWAMS), Bunbury: Ph 9726 6000, Fax 9791 7655			
Wheatbelt – Southern Wheatbelt – Amity Health –	Great Southern – Amity Health –			
Ph 9842 2797; Fax 9842 2798; Secure Messaging via MMEx	Ph 9842 2797; Fax 9842 2798; Secure Messaging via MMEx			