

GP Referral Form WA Integrated Team Care (ITC) Program



WAPHA
WA Primary Health Alliance

phn
PERTH NORTH, PERTH SOUTH,
COUNTRY WA
An Australian Government Initiative

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 applicable to patient)	
Diabetes	Eye health condition 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:	
.....	
<i>Eg. Aboriginal Community Controlled Health Service; ICDC Program. Provide Client ID Number if available.</i>	

Reason/s for ITC Referral:

- Requires Supplementary Services support
- Requires Care Coordination support
- Current ITC client moving to new ITC Provider region
- Patient has exhausted Medicare CDM Allied Health visits

Provide brief detail <u>as per care plan</u> :
.....
<i>Eg. Ulcerated foot. Request Medicare Gap payment support for 2 x Podiatrist services. <u>Upcoming appointment 18/4/18.</u></i>

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.	
Patient signature:	GP signature: ⁵
Date:	Date:

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

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. [Include ALL relevant needs and specific detail in care plan](#)

Requested Care Coordination Support could include:	
Help client arrange appointments for chronic condition management	<p><i>Eg. GPMP Reviews with usual GP, diagnostic tests, pharmacy review, allied health and specialist visits.</i></p> <p><u>Forward all relevant documents with WA ITC Referral Form:</u></p> <ul style="list-style-type: none"> • <i>Upcoming appointment dates</i> • <i><u>COPY OF GP MANAGEMENT PLAN</u>; Team Care Arrangements; Allied Health Medicare CDM Referral Form</i> • <i>Medicare Referral Form for follow-up allied health services for Aboriginal or Torres Strait Islander people</i> • <i>Copy of named/preferred provider referral forms</i>
Clinical service	<i>Eg. Clinical observations (BMI, BP, etc), health promotion, contribute to care planning, condition monitoring, self-management support.</i>
Case Conferencing/Management	<i>Eg. Support practice staff to arrange case conferencing; participate in case conferencing and team care.</i>
Attend initial appointments with client	<i>Eg. Support client to become comfortable in new clinical setting, overcome language barriers, understand clinical language; provide cultural brokerage.</i>
Provide client education on chronic condition/s and care plan	<i>Eg. Medication, treatment regimen</i>
Link client with general wellbeing and holistic care support	<i>Eg. Women's/men's support groups, social and emotional wellbeing support, cultural healing.</i>
Arrange transport for access to chronic condition management appointments	<i>Where the client doesn't already have access to alternative transport.</i>

Requested Supplementary Services Support could include:	
Provide financial assistance to enable access to approved medical equipment	<i>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. <u>Note:</u> Requests for CPAP require Sleep Study and trial of CPAP before ITC support to access CPAP can be considered.</i>
Provide financial assistance to enable access to specialist/allied health professional services	<i>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.</i>
Provide transport for access to chronic condition management appointments	<i>Where the client doesn't already have access to alternative transport.</i>

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