

Referral, Intake & Care Management Process

WA Integrated Team Care

1

Eligibility Criteria—GP to check

1. Patient identifies as Aboriginal and /or Torres Strait Islander.
2. Patient is enrolled for Chronic Disease Management (CDM) in general practice or Aboriginal health service.
3. Has a GP Management Plan (GPMP). See interim referral options where a GPMP is unavailable.

Note: Not all clients with a chronic condition need ITC assistance. ITC prioritises support of complex chronic needs, multidisciplinary care needs, and/or clients at risk of potentially preventable hospitalisations.



2

Referral into ITC Program – GP to check then forward to ITC Provider

1. Check that recommended ITC support is included in GP care plan. See *Integrated Team Care Pathway* for further information (<https://wa.healthpathways.org.au>);
2. Complete WA ITC GP Referral Form and forward to ITC Provider, along with a copy of GP care plan (mandatory) and attachments supporting recommendations where applicable.
 - a. Preferred/best practice GP care plan: GP Management Plan MBS 721
 - b. Interim referral options:
 - Team Care Arrangement MBS 723
 - MBS 715/228 and registered for PIP Indigenous Health Incentive (IHI) for CDM (not PBS CoPayment alone).
 - Remote Area Nurse (RAN) referral with interim care plan is accepted in remote areas of intermittent GP access, allowing ITC to provide limited care coordination and access to urgent transport.
 - For patients out of their home region a non-usual GP may submit an interim care plan (eg. using MBS44). The plan must be comprehensive, relevant to the client's CDM & include recommended ITC support.

Note: Where ITC Registration has been accepted initially without a GPMP, a current GPMP must be provided within 3 months for review of client needs and continued registration.



3

Intake and Care Management Process – ITC Provider

- Check that all required referral documents have been received
- Send receipt of referral to GP within 24-48 hours.
- Liaise with eligible client re: care needs, priorities and appointments
 - Check whether relevant ITC support is included in GP care plan, if not, liaise with GP for written advice re: inclusion in GP care plan.
 - Support eligible client to understand and complete the ITC Registration and Consent Form.
- Create a management plan for ITC support aligning with GP care plan. Provide a copy/report to the GP before next GP care plan review.
- Prioritise allocation to Care Coordination for clients requiring Supplementary Services or complex care needs.

Note: Set recall/reminders as per management plan, and for 3 monthly review of needs and registration; Support client and GP toward GPMP Review in 3-6 months.



4

Supplementary Services (SS) Fund access – ITC Provider (WAPHA to assess ECR)

- To access the SS Fund a recommended Medical Aid or Service must meet one or more of the following criteria:
 - Address risk factors, eg. clinically inappropriate wait period; likely to reduce hospital admission or length of stay; not available through other funding sources; ensure access to a service that would be otherwise inaccessible due to transport cost.
- The Medical Aid or Service must be related to the client's CDM; be included within their GP care plan; and be part of a primary health care service provided by a GP, specialist or allied health provider.
- Allowable Medical Aids include:
 - Blood sugar/glucose monitoring equipment (excluding Continuous Glucose Monitors); Dose Administration Aids; mobility aids (excluding electric wheelchairs) and shower chairs; spectacles (up to \$250 where specific conditions are met); medical footwear (prescribed and fitted by a podiatrist); Assisted breathing equipment.
 - Medicare Sleep Study requirements must be met, and sleep trial completed before a CPAP machine can be purchased/hired. See *Obstructive Sleep Apnoea Pathway* for further information (<https://wa.healthpathways.org.au>).
 - For Medical Aids or Services that meet SS criteria but are not specified above submit an Exceptional Circumstance Request (ECR) form to WAPHA. If approved by WAPHA the Medical Aid or Service can be provided to the client using the SS Fund.
- For all requests review urgency, clinical need, and availability of SS fund. If determined appropriate, the ITC Care Coordinator can approve use of SS fund and advises client and relevant health service/s.
- Client must be educated on use and maintenance of Medical Aid, associated accessories and consumables.
- SS fund may be used to support transport to closest regionally available health care professional where the request meets SS criteria.



This process has been developed as per the ITC Guidelines. For queries, contact your local ITC Provider, or email aboriginalhealth@wapha.org.au.

