We are here to support you to take your health into your own hands

If you have any questions about the ITC Program please give your friendly, local service a call.

Perth North PHN

Subregion	Service Provider	Contact
North West	Arche Health	08 9458 0505 1300 182 820 Free call
North East	Moorditj Koort	08 6174 7000

Perth South PHN

Subregion	Service Provider	Contact
South West (Mandurah, Waroona, Murray)	Oseca Health - Nidjalla Waangan Mia	08 9586 4580
South West	Moorditj Koort	08 6174 7000
South East	Arche Health	08 9458 0522 1300 182 820 Free call

Country WA PHN

Subregion	Service Provider	Contact
Kimberley	Boab Health Services	Broome: 08 9192 7888 Kununurra: 08 9166 8100
Midwest (North)	Geraldton Regional Aboriginal Medical Service (GRAMS)	08 9947 2200
Midwest (South)	Geraldton Regional Aboriginal Medical Service (GRAMS)	08 9956 6555
Pilbara	Mawarnkarra Health Service	08 9182 0851
South West (Manjimup & Bunbury)	South West Aboriginal Medical Service (SWAMS)	08 9726 6000 1800 779 000 Free call
Wheatbelt (Avon, Central, East)	Wheatbelt Health Network	08 9621 4444
Wheatbelt (Coastal, Southern)	Amity Health	08 9842 2797
Goldfields	Bega Garnbirringu Health Service	08 9022 5500
Great Southern	Amity Health	08 9842 2797

For more information

wapha.org.au

aboriginalhealth@wapha.org.au

08 6272 4900

Information for the referrer

- Visit the Health of Aboriginal people webpage on the WAPHA website at wapha.org.au for the ITC GP referral form and the ITC service providers metropolitan suburbs list.
- Visit Clinician Assist WA at clinicianassistwa.org.au (point of care decision support) for more clinical support information.

Acknowledgement

WA Primary Health Alliance acknowledges and pays respect to the Traditional Owners and Elders of this country and recognises the significant importance of their cultural heritage, values and beliefs and how these contribute to the positive health and wellbeing of the whole community.

Disclaimer

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

WAPHA Better Health Together

Integrated Team Care

Your Health in Your Hands

We support Aboriginal and Torres Strait Islander people with complicated chronic care needs.



What is the Integrated Team Care (ITC) Program?

The Integrated Team Care program supports Aboriginal and Torres Strait Islander people with chronic conditions to access the health care they need.

Do you have a long-term illness?

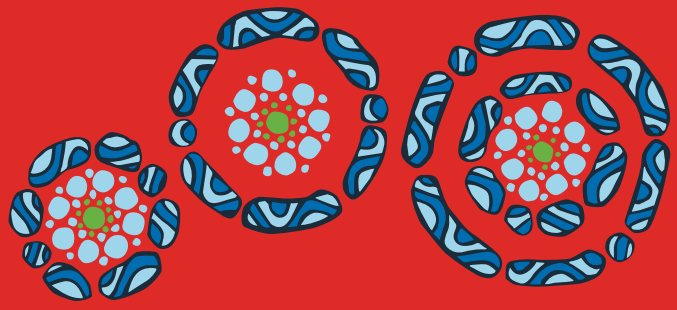
This is known as 'chronic condition' or 'chronic disease', for example:

- Diabetes
- Heart Disease
- Cancer
- Kidney Disease
- Respiratory (breathing) Disease
- Another condition you have had/will have for six months or longer

Do you find it hard to manage your health on your own?

Please see your doctor

And ask about referral to the ITC Program.



Managing chronic conditions can be difficult and stressful. People who have more than one chronic condition often need care from different types of health and specialist services, which can be overwhelming.

What can we provide?

Care coordination support

We support you and your doctor to organise what your doctor has recommended in your care plan.

Education

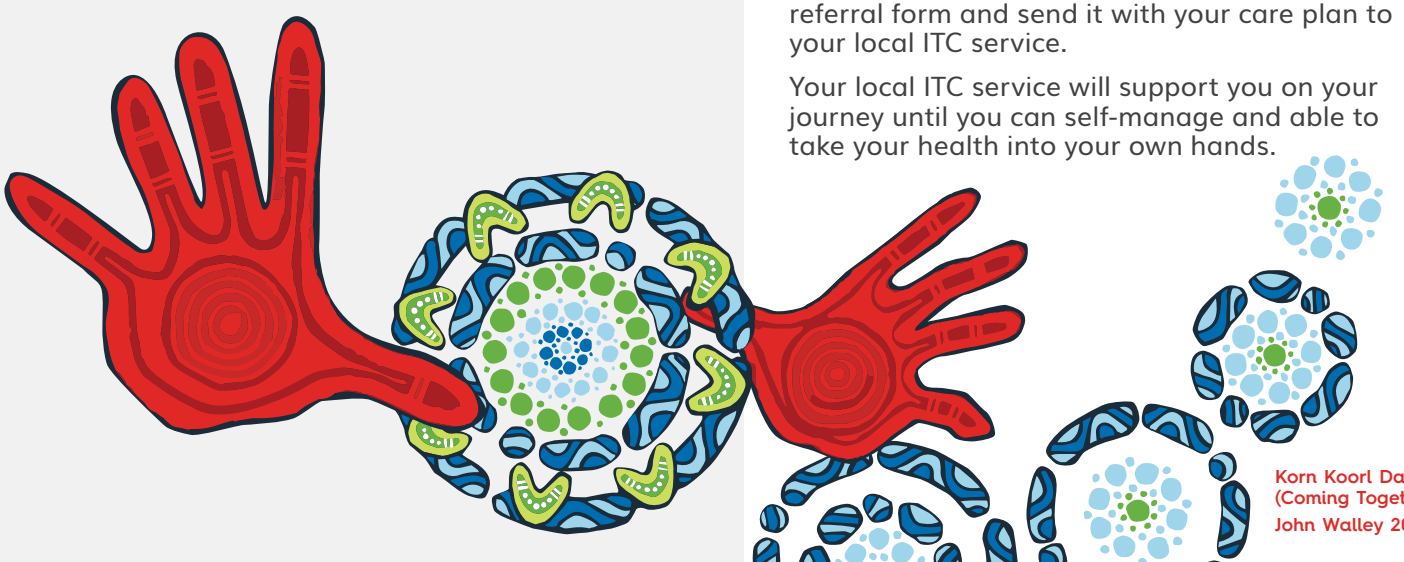
We can help you to better understand your condition and the treatment that has been recommended. We help you take your health into your own hands, so you can self-manage your health needs.

Financial support

We can support you to get the essential health services you need to manage your chronic condition. This might include help to see specialists or allied health services (e.g. a dietitian), or to purchase certain medical aids and equipment.

Practical assistance

We can support you to attend health care appointments or link you with other services and programs.



To join the ITC Program you will need to:

1. Be an Aboriginal and/or Torres Strait Islander person.
2. Have a chronic condition that you find hard to manage.
3. Have a current GP Chronic Condition Management Plan (GPCCMP) from your doctor.

What is a chronic condition care plan?

Your doctor can write a GP Chronic Condition Management Plan (GPCCMP) which will explain how to best manage your chronic condition.

This care plan helps both you and your doctor work together to manage your health and will include referrals to other health professionals who specialise in different services.

Please let reception know that you need to book an appointment for a GP Chronic Condition Management Plan (GPCCMP) as it can take about 45 minutes to complete.

Referral to the ITC Program

Speak to your doctor about ITC, if you think it would help you. Your doctor will complete an ITC referral form and send it with your care plan to your local ITC service.

Your local ITC service will support you on your journey until you can self-manage and able to take your health into your own hands.

Korn Koorl Danjoo
(Coming Together)
John Walley 2018