

# GP Referral Form WA Integrated 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.<sup>1</sup>

<b>Referring GP Details: (stamp accepted)</b>	
Name:	
Practice:	
Practice Address:	
Phone:	Fax:
<b>Patient Details:</b>	
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 multidisciplinary<sup>2</sup> care
- Has a care plan/GP Management Plan. Attach patient care plan with referral
- Has given verbal or written<sup>3</sup> consent to be contacted by the ITC team to discuss participation in the ITC Program

<b>Chronic Disease Details (Tick ALL applicable to patient)</b>	
Diabetes	Eye health condition associated with diabetes
Cardiovascular disease	Chronic kidney disease
Cancer	Chronic respiratory disease
Other <sup>4</sup> – 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

<b>Patient Information and Consent</b>	
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: <sup>5</sup>
Date:	Date:

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

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

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

<sup>3</sup> 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

<sup>4</sup> 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

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

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><a href="#">Forward all relevant documents with WA ITC Referral Form:</a></u></p> <ul style="list-style-type: none"> <li>• <i>Upcoming appointment dates</i></li> <li>• <i><u><a href="#">COPY OF GP MANAGEMENT PLAN</a></u>; Team Care Arrangements; Allied Health Medicare CDM Referral Form</i></li> <li>• <i>Medicare Referral Form for follow-up allied health services for Aboriginal or Torres Strait Islander people</i></li> <li>• <i>Copy of named/preferred provider referral forms</i></li> </ul>
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