



Integrated Team Care (ITC) General Practitioner Referral Form Care Coordination and Supplementary Services

The ITC program helps with Aboriginal and Torres Strait Islanders with chronic health problems who require help in coordinating their healthcare and/or require help in accessing services and medical aids not available through other funding sources i.e., NDIS, or not without lengthy delays.

Non-clients of Mamu Health Service Limited are NOT eligible for Mamu Health Service's transport service.

Referral date: _____ Re-enrolment is required in 12 months.

Client eligibility

Does the client identify as Aboriginal and/or Torres Strait Islander?

Aboriginal Torres Strait Islander Both

Does the client have a current 715 ATSI Health Check?

Yes (If yes, please attach) No Unsure

Does the client have a current GP Management Plan and Team Care

(721+723)? Yes (If yes, please attach) No **(If no, client is not eligible)**

The client has a significant chronic disease (tick one or more as appropriate) Diabetes cardiovascular disease Cancer

Chronic respiratory disease Chronic renal disease Other chronic disease

If other, please specify:

Referring GP details

Name: _____

Phone number: _____ **Fax:** _____

Practice name: _____

Practice street address:

Source of referral: General practice Community-Controlled Health Service



Client details

Surname: _____ First name: _____

Date of birth: _____

Gender: Male Female Other

Residential address (including postcode): _____

Home phone number: _____ Mobile number: _____

Care Coordination

Client requires care coordination: Yes No

Level of assistance: Low Medium High

Anticipated duration: Short (<6 mths) Medium (6-12 mths) Long term (>12 mths)

Supplementary Services₂

- ✓ Allied health fee gap assistance
- ✓ Radiology procedure fee gap assistance
- ✓ DAA (Dose administration aids including Webster Packing)
- ✓ Nebuliser & other asthma-related equipment (Where possible, spacers should be used rather than nebulisers)
- ✓ Mobility aids (e.g., walking frames, or non-electric wheelchairs) or shower chairs.

What the ITC Program can cover:

- ✓ Specialist fee gap assistance
- ✓ Transport subsidy (including parking fees and cab vouchers)
- ✓ CPAP equipment
- ✓ Orthotics & footwear
- ✓ Glucometer & diabetes-related equipment
- ✓ Spectacles

Supplementary Services Required:

Please state what client requires, consider other funding sources in the first instance.

Note: Services NOT covered include medication costs, dental, operations or hospital stays and transport.



Consider other funding sources, including:

- MAAS (Medical Aids Subsidy Scheme) – e.g.: continence aids
- NDSS (National Diabetes Subsidy Scheme) – eg: insulin needles
- QAS (Queensland Ambulance Service) – e.g.: clinic cars
- Aged Care funding, including CAPS packages – e.g.: Vital Call, Aged Care transport.
- QUMAX Funding – e.g.: DAA, glucometers, sphygmomanometers, spacers, certain medications, testing lancets)
- Australian Disability Parking Permit
- QLD Government Taxi Subsidy Scheme
- Centrelink Essential Medical Equipment payment – electricity subsidy for running medical equipment such as CPAP, home dialysis, nebuliser etc.

Is the client on the waiting list for any of the above services?

No Yes Which Service: _____

Consent form

(Mark box if consent is given)

ITC PROGRAM CONSENT

My GP or ITC Officer has discussed the ITC Program with me. I understand what I have been told, any questions I had about the Program have been satisfactorily answered, and I now want to enrol.

- I understand that my enrolment is voluntary and that I have the right to withdraw from the Program at any time.
- I understand that a range of health and community service providers may collect, use, and disclose my relevant personal information as part of my care.
- I understand that the personal information collected by these organisations will be maintained consistent with National Privacy Principles. It will remain confidential except when it is a legal requirement to disclose information; or where failure to disclose information would place me or another person at risk; or when my written consent has been obtained to release the information to a third party.
- I understand that statistical information (that will not identify me) will be collected and used to see how well the Program is working and help improve services for Aboriginal and Torres Strait Islander people.

CASE CONFERENCE CONSENT

You, or one of the professionals involved in your care, can ask the ITC Program Team to arrange a case conference at any time. Case conferences provide an opportunity for you and the people who provide medical and other services to meet and plan your future care.



The ITC Team will arrange a case conference if required depending on your level of assistance.

You are encouraged to attend case conferences but can choose not to or you may send someone on your behalf. A record will be kept in your medical notes and discussed with you and (if appropriate and with your agreement) your Carer.

- I consent to my medical team arranging a case conference regarding my health management.

HOME MEDICATION REVIEW (HMR) CONSENT

- I consent to having a Home Medication Review (HMR).
- I regularly attend (Pharmacy) _____
in _____
- I consent to the release of my medical history and medication to the pharmacist.
- I understand the pharmacist will conduct the HMR and communicate to me information arising from the HMR.
- I consent to the release of my Medicare Number to the pharmacist for the pharmacist's payment purposes.

Client signature and consent: _____

Client name: _____

Date: _____

I have discussed the proposed referral to the ITC Program with the client and am satisfied that the client understands and is able to provide informed consent to this.

Referring GP's signature: _____

GP name: _____

Date: _____



Notes

1Care Coordination Criteria

Client:

- is at significant risk of experiencing otherwise avoidable (lengthy and/or frequent) hospital admissions.
- is at risk of inappropriate use of services, such as hospital emergency presentations.
- is not using community-based services appropriately or at all.
- needs help to overcome barriers to access services.
- is unable to manage a mix of multiple community-based services.

2Supplementary Services Criteria

- to address risk factors, such as a waiting period for a service longer than is clinically appropriate.
- to reduce the likelihood of a hospital admission
- to reduce the client's length of stay in hospital.
- as not available through other funding sources
- to ensure access to a clinical service that would not be accessible because of the cost of a local transport service.

Please email this form to ITC@mamuhsl.org.au for assessment of the client's eligibility.

Any questions regarding this referral, please call the ITC Program Team at Mamu Health Service Limited on (07) 4061 5100



Intake Flow Chart

For new external clients

STEP 1 Identify

- ITC is available for people who identify as an Aboriginal or Torres Strait Islander person
- Patient CTG Registered
- Have a chronic health condition
- Have a current care plan (GPMP or Team Care Plan) for your chronic condition with your primary treating GP practice.

STEP 2 Referral

- GP completed GP Management Plan (721 GPMP) or Team Care Arrangement (723 TCA)
- ITC Program Referral Form and Mamu Health Service Limited Client Registration completed and submitted to ITC@mamuhsl.org.au
- GPMP or TCA attached with Referral Form

STEP 3 Intake

- Referral received by ITC Intake Officer who assesses to determine if all the supporting documents are included.
- If referral is **incomplete**, ITC Intake Officer will feedback to referring GP requesting documents - **ITC enrolment cannot proceed until all documents are provided.**
- If referral is **complete**, ITC Intake Officer will be in touch with the client to welcome to the service.
- ITC Officer will notify GP via email - confirming acceptance of referral.
- Client's ITC enrolment will commence.