

The Integrated Team Care (ITC) Program

» Cairns and Hinterland

Care Coordination and Supplementary Services for Aboriginal and Torres Strait Islander people with chronic conditions.

Aboriginal and Torres Strait Islander people with chronic conditions may be eligible to receive support and education to effectively manage their health through the ITC program which provides patients with one-on-one assistance by a Care Coordinator involving a care plan and improved access to culturally appropriate primary care.

Who is eligible for the ITC program?

To be eligible the individual must:

- » identify as Aboriginal, Torres Strait Islander, or Aboriginal and Torres Strait Islander
- » have a chronic medical condition, a current GPMP and/or TCA and consent to participate in the program.

What can be provided?

Care Coordinators employed under the ITC program can:

- » arrange the required services outlined in the client's care plan, in consultation with their home practice
- » help a client to get to appointments, with regular reviews by their primary care providers, to adhere to treatment regimens and to develop self-management skills
- » provide Supplementary Service funds to access medical specialist and allied health services, and medical aids.

Who would benefit most from the ITC program?

Those most likely to benefit are patients who:

- » require more intensive care coordination than is currently provided by general practice
- » are unable to manage a mix of multidisciplinary services and are at greater risk of experiencing otherwise avoidable hospital admissions
- » are not using community-based services appropriately or at all and need help to overcome barriers to access services.

How do I refer into the ITC program?

Contact the client's preferred GP and ask the GP to refer the client. The GP will need to complete an ITC referral form, attach the patient's GPMP or TCA and send to the local Aboriginal and/or Torres Strait Islander Community Controlled Health Organisation.

What if the client is already a client and additional services are required?

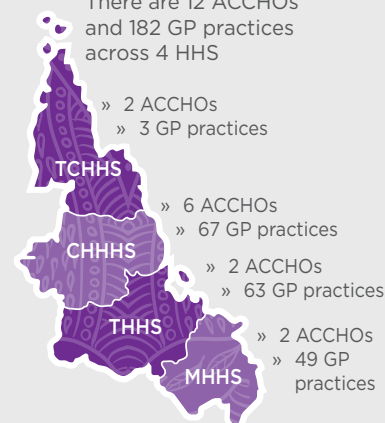
Contact the client's GP and request amendments to their GP management plan. Send updated copy to the appropriate ITC provider.



NURSE NAVIGATORS FACT SHEET

The ITC program has moved to service delivery within ACCHO-led catchments

There are 12 ACCHOs and 182 GP practices across 4 HHS



ITC programs will continue

However, names, service providers, and referral processes may change.

Who are the ITC providers?

- » Mamu Health Service Limited
- » Mulungu Aboriginal Corporation Primary Health Care Service
- » Gurriny Yealamucka Health Service
- » Wuchopperen Health Service Ltd

Want to know more?

For more information about accessing ITC services, contact your GP or local AACHO.



NQPHN acknowledges the Aboriginal and Torres Strait Islander peoples as Australia's First Nation Peoples and the Traditional Custodians of this land. We respect their continued connection to land and sea, country, kin, and community. We also pay our respect to their Elders past, present, and emerging as the custodians of knowledge and lore.