Western Queensland Primary Health Network

Integrated Team Care

2023/24 Activity Work Plan

phn
WESTERN QUEENSLAND

An Australian Government Initiative

ACTIVITY: ITC - 1 (23-24:V2) CARE COORDINATION AND SUPPLEMENTARY SERVICES

Activity Priorities and Description

PROGRAM KEY PRIORITY AREA

Aboriginal and Torres Strait Islander Health

AIM OF ACTIVITY

To improve health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through coordinated, accessible and culturally appropriate services.

DESCRIPTION OF ACTIVITY

The aim of this activity will be delivered via the Nukal Murra Health Support Service (NMHSS).

The WQPHN has a Coordinator that works exclusively with all First Nations commissioning to ensure that programs like ITC are appropriately targeted in the provision of services that meet the needs of our First Nations populations. A key part of the Coordinator role is to support the Nukal Murra Alliance (NMA), which enables a joint commissioning approach across Western Queensland AICCHS in partnership with the WQPHN. The NMA provides the mechanism through which the WQPHN consults on Aboriginal and Torres Strait Islander initiatives. The NMA reflects and symbolises the leadership and collaboration of the members and our shared aspiration to strengthen service alignment, integration and consumer engagement to improve Aboriginal and Torres Strait Islander health outcomes in Western Queensland.

The NMHSS is facilitated through a central brokerage model under the NMA with the four Aboriginal Community Controlled Health Organisations (ACCHO'S). The NMHSS supports engagement through ACCHO'S, private, HHS operated and RFDS general practice networks, and ensures clinical governance, financial management, training and quality improvement, with shared resources, co-design, central decision making and reporting.

The NMHSS is coordinated through a Care Access Manager in the brokerage service and assisted by a network of Carelink Workers that are located in the 4 ACCHOs with the Care Access Manager also works with private. HHS and RFDS operated General Practices in the region.

This commissioning approach is underpinned by culturally competent service design and delivery. It considers universal access to prescribed primary care patient flows for Aboriginal and Torres Strait Islanders within a chronic disease model of care, optimises access to eligible supplementary services, is delivered within a place-based approach and is closely aligned with the National Closing the Gap and Indigenous Reform Agreement service delivery principles.

All Carelink Workers are Aboriginal Torres Strait Islander workers employed through the Nukal Murra Alliance partner organisations, and as ACCHOs provide culturally appropriate and responsive services to mainstream general practice networks (including private, RFDS and HHS). The ITC collateral has been designed and endorsed through the Nukal Murra Alliance as the regional cultural authority. The Carelink Workers also provide advocacy and health promotion materials to all the mainstream general practices and educate the practice staff and orientate them on how to access the Nukal Murra services. Regular activity reports are presented to the regional Clinical Chapter meetings, which are attended by mainstream general practices to promote cross-advocacy and ensure uptake of Nukal Murra in mainstream general practice.

COORDINATION ROLE

This role will improve access to culturally appropriate mainstream primary care services (including but not limited to general practice, allied health and specialists) for Aboriginal and Torres Strait Islander people within the WQPHN region:

- to deliver Integrated Team Care (ITC) services throughout Western Queensland
- contribute to greater clinical and cultural leadership by the WQ ACCHO sector to enable greater quality and capability in services for Aboriginal and Torres Strait Islander people of the catchment
- maximising the pool of funds available to support Supplementary services for Aboriginal and Torres Strait Islander people with complex chronic conditions

WQPHN will continue to provide a pool of funding into a brokerage fund which is to be managed by the individual ACCHO's:

- for each year, the pool of Supplementary Services funding will be allocated through Aboriginal Community Controlled Health Organisations (ACCHOs) operating in each region
- if a patient is deemed eligible by the Care Access Manager a local Care Link Worker employed by an ACCHO coordinates the supplementary service
- each activity is approved by the Care Access Manager
- once approved the ACCHO Care Link staff book and pay for the service
- at the end of each month, ACCHOs submit invoices via the Care Access Manager for approved Supplementary Service purchases and are reimbursed out of the brokerage fund

DATA COLLECTION AND REPORTING:

The Care Access Manager and ITC Coordinators ensures that all referrals, successful or otherwise, will be entered into a database to maintain a master list of every referral. This master list should include:

- the name of the patient
- contact information of the patient
- source of the referral
- details of the care requested by the referring GP

The Care Access Manager will also:

- maintain the master list of all clients
- collect data on expenditure for each region to monitor finances
- maintain data on how much money is being spent on each category of chronic disease

The Care Access Manager and ITC Coordinators will provide regular reports to Nukal Murra Alliance Members on a quarterly basis with the PHN containing a snapshot of all available data through the Nukal Murra Portal/Database.

SUPPLEMENTARY SERVICES

Not all patients with a chronic condition will need assistance through the ITC program. However, priority is given to patients who have complex needs, and require multidisciplinary coordinated care for their chronic disease.

As a guide, people most likely to benefit from the ITC services include patients:

- who require more intensive care coordination than is currently able to be provided by general practice and/or AMS staff
- who are unable to manage a mix of multidisciplinary services
- who are at greatest risk of experiencing otherwise avoidable hospital admissions
- who are at risk of inappropriate use of services, such as hospital emergency presentations
- who are not using community-based services appropriately or at all; and
- who need help to overcome barriers to access services

Under the ITC guidelines, Supplementary Services funding is available for the following:

- medical specialist and allied health services, where the services are not otherwise available in a clinically acceptable timeframe
- the following medical aids
- assisted breathing equipment
- blood sugar/glucose monitoring equipment

Supplementary Services funding can only cover eligible products and services:

- medical footwear that is prescribed and fitted by a podiatrist
- mobility aids or shower chairs
- spectacles (limited to certain conditions)
- transport and accommodation to the closest regionally available health care professional, where it is necessary to access the required health care in a clinically appropriate timeframe

GP's will be able to specify which specialist they wish their patient to see. Where a patient goes through a mainstream GP and needs supplementary services, the GP will need to make a referral request with the Care Access Manager. When referrals are made, GPs will be able to specify which specialist or Allied Health Professional they want the patient to see. However, successful referrals will always be coordinated by a care link worker operating out of an ACCHO.

CULTURAL COMPETENCY

Consultation is through the Nukal Murra Alliance (NMA), which enables a joint commissioning approach across Western Queensland ACCHOs in partnership with the WQPHN. The NMA provides the mechanism through which the WQPHN consults on Aboriginal and Torres Strait Islander initiatives. The location of the four ACCHOs within the Western Queensland catchment ensures that ACCHOs are well positioned to support a place-based approach that enables coverage across the catchment of the WQPHN.

An important part of the Care Access Manager's role is to promote the ITC to all GPs (including the Royal Flying Doctor Service) across the WQPHN region. This work is particularly important in the Central West region, where there is no ACCHO and an historically high turnover of GPs. Providing educational awareness around improving access to culturally competent primary health care for Aboriginal and Torres Strait Islander peoples is one of the five strategic priorities for the WQPHN and provides a platform for the coordination approach under the ITC Program.

Care Link staff operating out of ACCHOs continue to support these efforts by communicating regularly with mainstream GP Services, providing timely support and establishing ongoing relationships. The cultural intelligence of ACCHOs is a foundation element of the Alliance and where necessary, additional engagement with local Aboriginal and Torres Strait Islander communities will be important to provide information on the ITC Care Coordination and Supplementary Services Program.

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN Needs Assessment 2021/22-2023/24

PRIORITIES

Priority	Page Reference
Recommendation 04 – Aboriginal and Torres Strait Islander Health	77
Recommendation 08 – Improved access for people with poor access or at risk of poorer health outcomes	81
Recommendation 05 – Local approaches to deliver coordinated care	79

Activity Demographics

TARGET POPULATION COHORT

Aboriginal and Torres Strait Islander people with a diagnosed chronic condition. Although all chronic diseases are covered under ITC funding, the ITC guidelines state that priority should be given to patients who have complex needs, and require multidisciplinary coordinated care for their chronic disease. This includes, but is not limited to, patients with:

- diabetes
- eye health conditions associated with diabetes
- mental health conditions
- cancer
- cardiovascular disease
- chronic respiratory disease
- chronic kidney disease

Activity Consultation and Collaboration

CONSULTATION

Consultation is through the Nukal Murra Alliance (NMA), which enables a joint commissioning approach across Western Queensland AICCHS in partnership with the WQPHN. The NMA provides the mechanism through which the WQPHN consults on Aboriginal and Torres Strait Islander initiatives. The NMA reflects and symbolises the leadership and collaboration of the members and our shared aspiration to strengthen service alignment, integration and consumer engagement to improve Aboriginal and Torres Strait Islander health outcomes in Western Queensland.

The location of the four ACCIHS within the Western Queensland catchment ensures that AICCHS are well positioned to support a place-based approach that enables coverage across the catchment of the WQPHN.

COLLABORATION

- Nukal Murra Alliance Members (CWAATSICH, Gidgee Healing, CACH & Goondir)
- Clinical Chapters (SW, NW, CW)
- Clinical and Consumer Councils
- Mainstream General Practices
- RFDS
- Hospital and Health Services (CW, NW & SW)
- CheckUp – Regional Coordinators
- Allied Health Commissioned Service Providers

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2021

ACTIVITY END DATE

30/06/2024