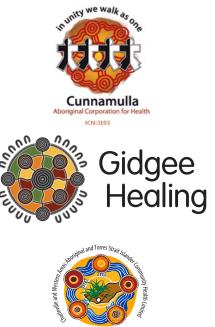




An Australian Government Initiative

NUKAL MURRA SYSTEM, PROCESS & PORTAL PROCEDURES MANUAL

May 2022



CWAATSICH Charleville and Western Areas Aboriginal and Torres Strait I







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Nukal Murra acknowledges the traditional owners of the country on which we work and live and recognises their continuing connection to land, waters, and community. We pay our respects to them, their cultures, and to Elder's past, present and future.





Background

In late 2016, Western Qld PHN commissioned Nous Group, an independent consultancy firm to review the effectiveness and efficiency of the Integrated Team Care (ITC) Program in each site across the region and identified that best practice was often delivered through and provided by Aboriginal & Islander Community Controlled Health Services. Charleville and Western Areas Aboriginal and Torres Strait Islander Corporation for Health (CWAATSICH) was identified as the preferred brokerage service to deliver the ITC program across Western Qld from 01st July 2017-30th Jun 2018. The naming of the Nukal Murra Health Support Services combines two traditional languages from the Western Queensland catchment: Nukal meaning 'plenty or many' in the language of the lower gulf and Murra meaning 'hand or hands' in the language of Central West and Southwest.

Integrated Team Care program Brief

The Integrated Team Care (ITC) Program is to improve the way chronic diseases are managed for Aboriginal & Torres Strait Islander people in the Western Queensland region, comprising of Care Linkage and Supplementary Services program strands.

Funding components include: -

Care Linkage: Care Link staff enables clients to follow their care plan and provide support where required. Supplementary services: are used to pay for clients to access allied health or specialist services (including medical aids), transport in the way of fuel cards & cab vouchers, medication packs etc.

Nukal Murra Health Support Service (NMHSS) is an alliance of six bodies:

- Western Queensland Primary Health Network (WQPHN),
- Queensland Aboriginal and Islander Health Council (QAIHC),
- Charleville and Western Areas Aboriginal and Torres Strait Islander Community Health (CWAATSICH),
- Cunnamulla Aboriginal Corporation for Health (CACH),
- Goondir Health Services (Goondir) and
- Gidgee Healing Aboriginal Medical Services (Gidgee).

Nukal Murra Health Support Service (NMHSS) is responsible for:

- Delivering Integrated Team Care (ITC) services throughout Western Queensland
- Overseeing the Nukal Murra Health Support Service
- Contributing to greater clinical and cultural leadership by the Western Queensland Aboriginal Community Controlled Health Organisation (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.





Project Information - Integrated Team Care

NMHSS is overseeing a process of transitioning the delivery of ITC in Western Queensland towards community control under an alliance structure. The new alliance structure will deliver ITC Supplementary Services through a brokerage model. The model works as follows:

- WQPHN provides a pool of funding into a brokerage fund, to be managed by the Care Access Manager.
- For each year, the pool of Supplementary Services funding is allocated through ACCHOs operating in each region.
- When a GP makes a referral for a patient to receive supplementary services, the Care Access Manager determines whether the patient is eligible for Supplementary Services funding under the Integrated Team Care Guidelines.
- If a patient is deemed eligible by the Care Access Manager, a local Care Link Worker employed by an ACCHO coordinates the Supplementary Service and makes the upfront payment.
- At the end of each month, ACCHs invoice the Care Access Manager for approved Supplementary Service purchases and are reimbursed out of the brokerage fund.

Responsibilities

- The ACCHO is responsible for providing ITC support services to GPs (mainstream and AMS) in the Western Queensland Region.
- The ACCHO is responsible for receiving client referrals, brokering the services required to address the client referral and communicating the outcome back to the referring doctor.

(Please note: GP will represent General Practitioner in an ACCHO, Private Practice; an Aboriginal Medical Centre; a Hospital and Health Service Practice (Claiming under 19.2B and the Royal Flying Doctor Services across the WQPHN Region)

Integrated Team Care Program Implementation Guidelines - 2018-19 to 2020

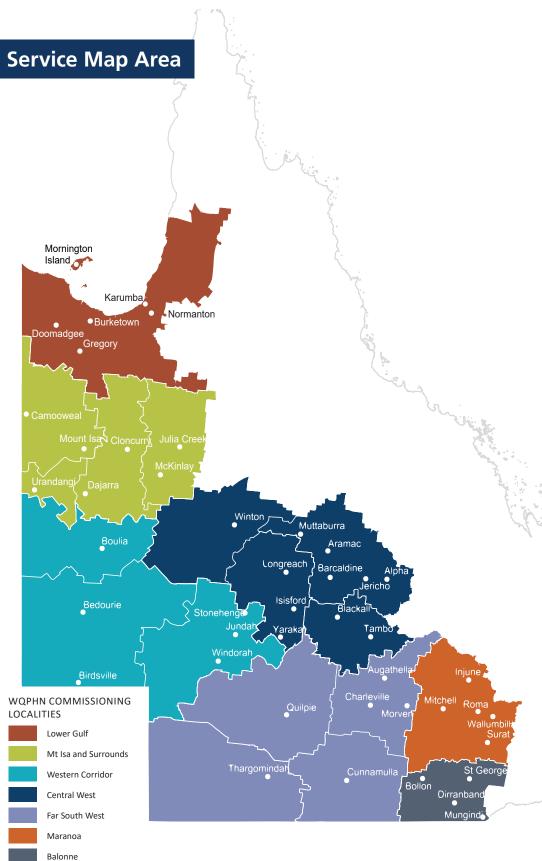
https://www.natsiha.org/site/user-assets/docs/ITC%20Program%20Implementation%20Guidelines%20-%202018-



NUKAL MURRA

SYSTEM AND PROCESSES





CACH

Thargomindah Eulo Cunnamulla

Gidgee Healing

Mount Isa Cloncurry Urandangi Camooweal Mornington Island Normanton Dajarra Doomadgee

Goondir

St George Dirranbandi Bollon Mungindi Thallon

CWAATSICH

Charleville Quilpie Roma Surat Mitchell Wallumbilla

Central West

Longreach Barcaldine Blackall Tambo Jericho Alpha Aramac Muttaburra Ilfracombe Winton

Western Corridor

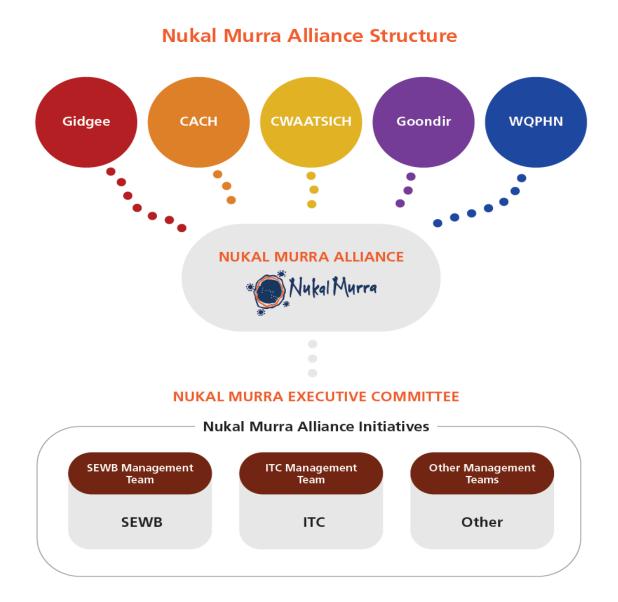
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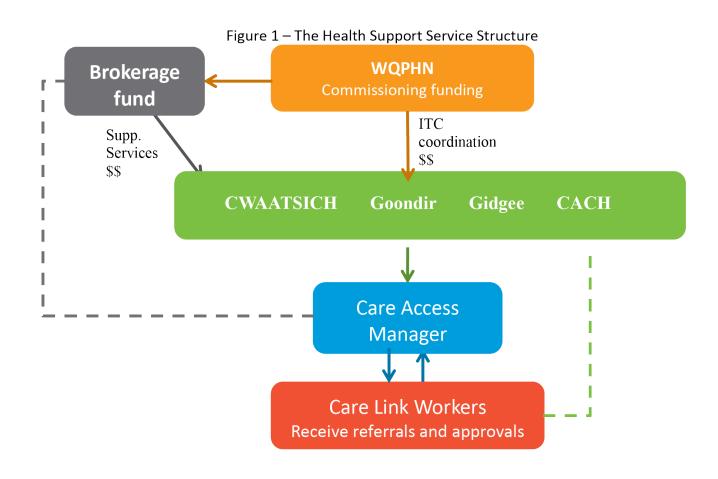
Nukal Murra Alliance Structure and Executive Committee







Brokerage Approach





Health Support Service Brochure







Health Support Service Flyer





ABORIGINAL AND TORRES STRAIT ISLANDER SUPPORT



What is Nukal Murra Health Support Service?

Nukal Murra is an Aboriginal Alliance that helps Aboriginal & Torres Strait Islander people who have a chronic disease (like breathing & heart problems, sugar disease, cancer etc.). They work with your doctor, as part of the Care Plan, to make sure you can get the appointments and services you need – if it is not available locally in a good timeframe.

How do I get the Support?

You must visit your Doctor, who will make a Care Plan and send a request (referral) to the Nukal Murra team. They will contact you and help you organising what the doctor asks. Example:

- Health appointments including in city areas
- Some travel if Patient Travel from Hospital Service cannot help or taxi voucher when away from home
- Equipment eg for sugar measuring and breathing Machines
- Some Aids like walkers and shower chairs etc

Is there a Cost?

No – if your doctor sends us a request telling us what you need, and we have enough funds, we provide this at no cost to you. (The Government through WQPHN are funding this as part of Closing the Gap)

How do I get in touch?

If you have a question you can call the Care Access Manager who will be able to answer your questions. Please call:



Nukal Murra is supported by funding from the Australian Government under the PHN Integrated Team Care (ITC) Program.



Circle of Care

GP Review

During the year patients see their GP to review their GPMP, review medication, review care plan, talk about test results, arrange to see medical specailists. START: Cycle of care starts with twelve monthly CTG sign up. This includes an ATSI Health Check and follow-up by a health worker and access to cheaper medicines.

Follow-up care

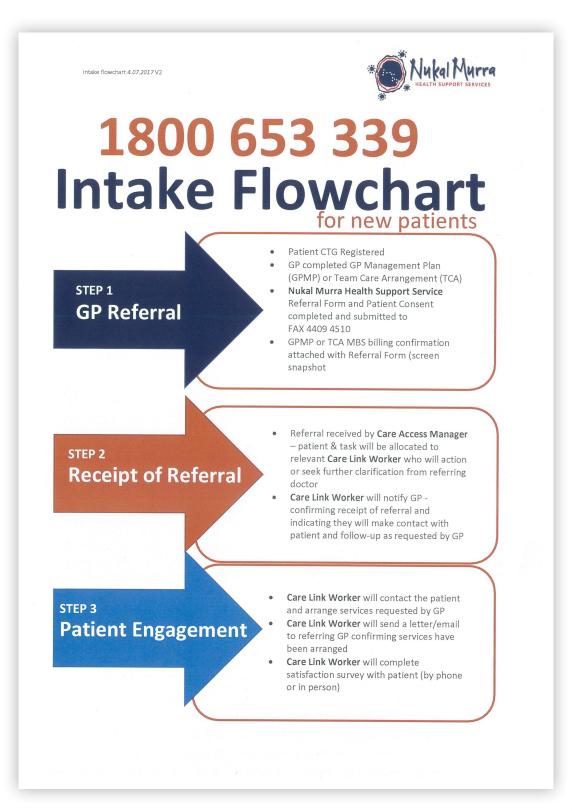
Health workers visit or contact regularly to arrange follow-up care. During the 12 month cycle, patients usually need to visit specialists and/or have more tests done. In the cycle of care Nukal Murra fits here

Patients with a chronic disease, access extra care and education to stay well. Extra care is mapped out in a 12 month care plan known as a GPMP

GPMP includes medication review and management. This includes a Home Medication Review (HMR) and may include a Webster Pack.



Intake Flowchart





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Referral Form



Nukal Murra Health Support Services Support Services Referral Form

FAX: (07) 4409 4510 Phone: 1800 653 339

To be eligible for the service, Aboriginal and Torres Strait Islander patients must be enrolled for chronic disease management in a general practice or an Aboriginal Community Controlled Health Organisation (ACCHO). A new referral is required for each new service requested. However, patients are only required to consent once.

PRACTICE DETAILS							
Practice/ACCHO Name:							
Practice/ACCHO Address:							
Doctor's Email:							
Phone Number:							
Fax Number:							
Referring GP:							
PATIENT DETAILS							
Name:							
Gender:	Male 🛛	Ferr	nale 🖬 🛛 Inte	rsex/Other Not stated			
Residential Address:							
Postal Address:							
Date of Birth:	/	/	Medicare Number #:	/			
				Exp:			
Phone Numbers:	Home:		•	Mobile:			
Next of Kin or	(Name & ph	none):					
Support Person							
Health Care Card:	YES	NO	Pension Card:	VES NO			
DVA:	YES	D NO	Private Health	YES NO			
Smoking Status:	U YES	D NO	Insurance: Willing to engage in				
Smoking Status:			Telehealth?				
PROGRAM ELIGIBILITY			Teleneutit.				
Does the patient identify a	s Aborigin	al and/or Torre	Patient must be Aboriginal and/or Torres Strait				
Aboriginal Torres Strait Islander				Islander to be eligible			
Aboriginal and Torres St	rait Islande	er					
Does the patient have a cu	irrent GPM	IP and/or TCA (Patient must have a GPMP and/or TCA in place to				
I YES I NO				be eligible			
Please list the patient's Chronic Condition/s				Patient must have a chronic condition to be			
(NB: Private dental services are not covered)				eligible			
CHRONIC KIDNEY DISEAS CHRONIC MENTAL HEAL							
Other Chronic Disease (List)							
***Please detail all Support Services required, including Specialist Appointments, over Page ***							
Flease uetall a	in Suppor	C JEI VICES I E	quireu, incluullig 3	pecialist Appointments, over rage			

 Billing Date:
 GP Signature:

 To be eligible for this Service the patient must have a current GP Management Plan and/or Team Care arrangement. Please confirm – attach billing confirmation (e.g., screen shot) (MBS 721 or MBS 723).



		V3 - 4/07/17
SUPPORT SERVICES REQUIRED AS PER CARE	PLAN	
	Select	COMMENTS
Assisted breathing equipment		
Blood sugar/monitoring equipment		
Medical footwear (prescribed and fitted		
by a podiatrist)		
Mobility aids or shower chairs		
Spectacles (if not eligible for MASS - SSS)		
Other:		
If travel is required, has PTSS been organise	ed? If so, pl	ease attach details to this referral.
Please note: Transport assistance will be determined by avail	able funding	
Does the patient require consultation fees	to be cove	red by this fund? If so, please include details in each
appointment box below. Leave blank if not a	pplicable.	
I YES I NO		
Appointment 1 Details (if applicable)		
Discipline (either medical specialist or allied heal	th):	
Organisation Name:		
Phone number:		
Is the appointment booked?:		YES NO
Date/Time:		Different Differ Differente Differente
Level of urgency:	L	Urgent 🛛 High 🖵 Moderate 🖵 Low
Appointment 2 Details (if applicable)		
Discipline (either medical specialist or allied heal	th):	
Organisation Name:		
Phone number:		
Is the appointment booked?:		YES 🗖 NO
Date/Time:		Hennet D.Bah D.Madamete D.Law
Level of urgency:	14	Urgent 🗖 High 🗖 Moderate 🗖 Low
Appointment 3 Details (if applicable)		
Discipline (either medical specialist or allied heal	th):	
Organisation Name:		
Phone number:		
Is the appointment booked?: Date/Time:		YES NO
Level of urgency:		Urgent 🛛 High 🖵 Moderate 🖵 Low
Level of urgency.	L	
Appointment 4 Details (if applicable)		
Discipline (either medical specialist or allied heal	th):	
Organisation Name:		
Phone number:		
Is the appointment booked?		YES 🛛 NO
Date/Time:		
Level of urgency:	[Urgent 🛛 High 🖵 Moderate 🖵 Low
	1	

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service longer than is clinically appropriate							
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 patient's length of stay in hospital							
As services/equipment is 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							
Murra Health Support Services and I want to particip	ate.						
l understand what I have been told and any questions I have had have been answered.							
my GPs and/or Aboriginal Medical Service staff, Spec	ialists,						
my information for care planning and to assess my eli	gibility						
e you will ask for my verbal consent to share informa	tion						
o withdraw my consent, I must send a written note to	my Care						
e Worker gets my note, but will not apply to informat	tion that						
	he way						
r People.							
Name:							
Signature:							
Date://							
Health Support Services with the patient and am sati	sfied						
ormed consent to this.							
Name:							
Signature:							
Provider Number:							
Date:/							
	an staff						
quested will be on a priority basis and contingent	on staff						
quested will be on a priority basis and contingent d available funding.	on staff						
	on staff						
	e accessible because of the cost of a local transport Murra Health Support Services and I want to particip I have had have been answered. my GPs and/or Aboriginal Medical Service staff, Spec my information for care planning and to assess my eli e you will ask for my verbal consent to share informa o withdraw my consent, I must send a written note to e Worker gets my note, but will not apply to informat ame) will be kept and used so that you can improve t r People. Name: Signature: Health Support Services with the patient and am sati ormed consent to this. Name: Signature: Provider Number:						

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V3 - 4/07/17

Patient Copy – Please give to patient once Consent is signed PATIENT CHARTER - Nukal Murra Health Support Services

As a patient accessing Nukal Murra Health Support Services you have the right to;

- access services that meet your health care needs
- receive safe and high quality health services, provided with professional care, skill and competence
- receive open, timely and appropriate communication about your health care in a manner you can understand
- join in making decisions and choices about your care
- assume that the care provided will be respectful of you and your culture, beliefs and personal needs and requirements
- assume that your personal privacy is maintained and proper handling of your personal health and other information is assured
- comment on or complain about your care and have your concerns investigated and responded to.

In return you have the responsibility to:

- advise us of any changes to your contact details
- keep your appointments, or notify us if you are unable to attend
- provide accurate information about your health and anything else that may have an impact on your care
- be as open and honest as you can, and ask for more information if you do not understand
- ask questions so you can learn about your condition and your care options before giving your consent to any treatment
- discuss your concerns and decisions with your health care provider
- treat all staff and others with respect and dignity
- accept that your health information may be shared with appropriate other health care providers and other agencies as authorised by law
- ask for your recorded health information to be corrected if it is inaccurate
- respect the privacy and confidentiality of others

Please contact Nukal Murra Health Support Services on 1800 653 339 if you have any questions or issues



NUKAL MURRA

DATA AND PORTAL PROCEDURES





Data Entry Administration Officer

Purpose of the Position

The purpose of Data Entry Administration Officer position is to work within the Nukal Murra Health Support Service- Integrated Team Care (ITC) Program. The Data Entry Administration Officer is responsible for transferring data from paper formats into computer files or database systems, typing in data directly from clints, creating data spreadsheets, and ensuring the data is entered accurately, efficiently and in a timely manner. The Data Entry Administration Officer works independently and cooperatively in a dynamic team.

Create link to file here or copy Data Entry Admin Officers - Portal New below???





Care Link Coordinator

Purpose of the Position

The purpose of Care Link Coordinator position is the first point of contact for Aboriginal and Torres Strait Islander chronic disease clients. It is also responsible for quality administrative and office support services to enable the provision of high-level clinical care. Including the processing of appointments and administration of client's data is to work within the Nukal Murra Health Support Service- Integrated Team Care (ITC) Program. The Care Link Coordinator works independently and cooperatively in a dynamic team.





Care Access Manager

Purpose of the Position

The purpose of Care Access Manager position is to ensuring that referrals for Supplementary Services meet ITC guidelines, approving service expenditure prior to purchase, monitoring the finances of the brokerage fund and providing regular reports to NMHSS Alliance, promoting the ITC to all GPs and allied stakeholders across the Western Queensland region, providing support and guidance on best practice models for Chronic Disease Management, implement strategies to improve processes and provide training to Care Link Coordinators through quality assurance activities including introducing patient reported outcome measures (PROMS), mentoring and case reviews (patient journeys)





Other Services Access Links

- Medical Aids Subsidy Scheme Guidelines (MASS)-<u>https://www.health.qld.gov.au/mass</u>
- Patient Travel Subsidy Scheme Guidelines (PTSS)-<u>https://www.health.qld.gov.au/_data/assets/pdf</u>
 <u>file/0033/848706/qh-hsdgdl-050-2.pdf</u>
- Heart of Australia (HOA)-<u>https://www.heartofaustralia.com/</u>
- ResMed-<u>https://shop.resmed.com.au/?utm_term=resmed&utm_campaign=Search+-+AU+-</u> +Brand&utm_source=bing&utm_medium=ppc&hsa_acc=2827588382&hsa_cam=6519796942&hsa_ grp=1360096522300811&hsa_ad=&hsa_src=o&hsa_tgt=kwd-85006386655800:loc-4050&hsa_ kw=resmed&hsa_mt=e&hsa_net=adwords&hsa_ver=3&msclkid=6295a933962215bdfb2fc990afac0b25
- CPAP Direct Sleep Apnea Specialists-<u>https://cpap.com.au/</u>
- My Aged Care Guidelines <u>https://www.health.gov.au/contacts/my-aged-care</u>
- CheckUp Australia Guidelines-<u>https://www.checkup.org.au/</u>
- The National Disability Insurance Scheme Guidelines (NDIS)-<u>https://www.ndis.gov.au/about-us/operational-guidelines</u>
- National Diabetes Services Scheme Guidelines (NDSS)- <u>https://www.health.gov.au/initiatives-and-programs/</u> national-diabetes-services-scheme-ndss
- Roma Community and Allied Health Service- <u>https://www.healthdirect.gov.au/australian-health-</u> services/20074742/roma-community-and-allied-health-service/services/roma-4455-arthur_
- Roma Hospital South West Hospital and Health Service (Visiting Specialists)- <u>https://www.health.qld.gov.</u> <u>au/services/southwest</u>
- MBS Flow Chart for Chronic Disease Aboriginal and Torres Strait Islander- <u>https://ahcsa.org.au/app/uploads/</u> mp/files/resources/files/ahcsa-mbschart-new-final-1jul13.pdf_
- Roma Pathology Services- <u>https://www.healthdirect.gov.au/australian-health-services/results/roma-4455/</u> <u>tihcs-aht-12171/pathology?pageIndex=1&tab=SITE_VISIT_</u>
- Roma Radiology Services- <u>https://www.healthdirect.gov.au/australian-health-services/results/roma-4455/</u> <u>tihcs-aht-12483/radiology?undefined&pageIndex=1&tab=SITE_VISIT_</u>
- Vital Health- https://vitalhealthqld.com.au/ https://vitalhealthqld.com.au/services/
- Indigenous Respiratory Outreach Care (IROC)- <u>https://metronorth.health.qld.gov.au/tpch/healthcare-</u> services/indigenous-respiratory-outreach-care-iroc_
- Indigenous Cardiac Outreach Program (ICOP)- <u>https://metronorth.health.qld.gov.au/tpch/healthcare-</u> services/cardiology/indigenous-cardiac-outreach-program-icop





Nukal Murra Health Support Service Contact Directory

