Hunter PRIMARYCARE

General Practitioner Referral Form
Care Coordination and Supplementary Services (CCSS) Program

Program eligibility	Clients with complex chronic care needs who require multidisciplinary coordinated care in order to manage their chronic disease/s.
Provide the listed documents with this referral to enable assessment of your patient's eligibility for complex care coordination program.	☐ GPMP or MHCP Care Plan (required) MHCP for mental health diagnosis. **Please note** if ineligible for GPMP a Mental Health Care Plan must be provided. ☐ TCA (if available) ☐ 715 Health Assessment (if available)
The patient identifies as:	☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal & Torres Strait Islander
Chronic disease with high complexity requiring multidisciplinary coordinated care	☐diabetes ☐cardiovascular disease ☐chronic renal disease ☐chronic respiratory disease ☐cancer ☐mental health condition ☐ other (*please list*)
Reason for referral: Please describe the key areas for care coordination	

Referral date:	_ _ _ / _ _ _ / _ _ _	**Preferred Practice Contact**	☐ **GP** ☐ **Practice Nurse**

Referring GP details:

Name			
Phone number		Email	
Practice name			
Practice street address			

Patient details:

Surname		First name	
Date of birth			
Gender		Medicare Number	
Residential address (including postcode)			
Phone numbers	Ph:	Mob:	
GP name, signature and stamp Date: This signature acknowledges this is a 12 month, time limited program. (**For details see over leaf)**			

fax completed form, care plan and supporting documentation to 4925 2268
OR email to concierge@hunterprimarycare.com.au

Care Coordination and Supplementary Services (CCSS) Program

Aim:

1. **Contribute** to improving health outcomes for Aboriginal and Torres Strait Islander's with chronic health conditions through better access to coordinated and multidisciplinary care; and

2. **Improve** closing the gap in life expectancy by improving 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's.

Eligibility:

To be eligible for care coordination, Aboriginal and Torres Strait Islander clients with a chronic disease must receive a referral from their GP and have in place a suitable care plan.

Priority will be given to clients with complex chronic care needs who require multidisciplinary coordinated care in order to manage their chronic disease/s.

Exclusions:

- Injuries/illness related to Worker's Compensation/legal proceedings
- Dental conditions

LGAs covered by Hunter Primary Care:

Newcastle, Lake Macquarie, Port Stephens, Maitland, Cessnock, Dungog, Gloucester

How to refer:

Hunter Primary Care
https://hunterprimarycare.com.au/health-professionals-referral/aboriginal-health-referral/

HealthPathways
www.hne.healthpathways.org.au

Who can refer:

General Practitioners only

What is provided:

Care Coordination

- Aboriginal Health Worker (AHW) support – primary care access
- Comprehensive health assessment supporting MBS item numbers
- Referrals facilitation
- Home Visit
- Education & Health Coaching
- Carer support
- Advocacy
- Health appointment support
- Advance Care Plan
- Lifestyle Medicine education and support
- Allied Health support if indicated:
  - ✓ Occupational Therapy - medical aid prescription, energy conservation, transferring techniques
  - ✓ Exercise Physiology - Functional assessment and clinical exercise prescription in a home or gym environment

Supplementary Services Funding

As the Supplementary Services Funding Pool is a limited resource, priority is to be given to the purchase of services that:

a) Address risk factors, such as a waiting period for a service that is longer than is clinically appropriate.
b) Reduce the likelihood of a hospital admission.
c) Are likely to reduce a patient's length of stay in a hospital.
d) Are not available through other funding sources.
e) Ensure access to a clinically appropriate service that would not be accessible because of the cost of a transport and/or
f) Transport funding to the closest regionally available health care professional, when this service is required in a clinically appropriate timeframe. Not all transport needs are to be funded by this funding pool.

The Supplementary Services Funding Pool is not intended to fund all of the follow up care required by clients and should only be used where other services are not available in a clinically acceptable timeframe. Approval for funding is determined by the care coordination team. Priority allocation of funding is linked to the client assessment along with the information provided by the GP on referral.

All existing funding options outside of CCSS funding are to be utilised initially before approving Supplementary Services Funding.

Timeframe:

To ensure an equitable and sustainable program, the service will focus on delivering time-limited 12-month program. This will include a concentrated 12-week clinical care coordination followed by up to 9 months phone support if required. Supplementary Services funding is a limited pool of funding to support the person during the 12 months.

Clients who have been through the 12-month program may re-enrol following a GPMP/MHCP review and a new GP referral. Hunter Primary Care will triage eligibility for additional care coordination subject to available funding.

Discharge Strategies

Aim: Demonstrating self-management and improved health literacy.

- Discharge to GP for health coordination.
- Ongoing support provided by Supplementary Services as required for up to 12 months

fax or email GP Referral, Care Plan and supporting documents to:

fax: 4925 2268
email: concierge@hunterprimarycare.com.au