Western Queensland Primary Health Network

Integrated Team Care

2024/25 – 2027/28 Activity Work Plan

phn
WESTERN QUEENSLAND

An Australian Government Initiative

ACTIVITY: ITC - 1 - ITC-ITC-1 (26-27) 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 such as ITC are appropriately targeted in the provision of services that meet the needs of our First Nations populations. A key part of the coordinator's role is to support the Nukal Murra Alliance (NMA), which enables a joint commissioning approach across Western Queensland Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ACCHOs), 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 continues to be facilitated through a central brokerage model under the NMA. The NMA previously comprised of four (4) ACCHOs, however, with the newly established and registered Ngarnal Aboriginal and Torres Strait Islander Community Controlled Health Service based on Mornington Island, the fully endorsed ACCHO membership within the Western Queensland region is now five (5). Ngarnal ACCHO is now ASIC-registered and has been accepted as a Full Member of the Queensland Aboriginal and Islander Health Council (QAIHC) and the NMA.

The NMHSS will continue to be coordinated by each ACCHO, assisted by a network of Carelink Workers that are located across the 5 ACCHOs and will also continue to build on referral pathways with the private GP's, Hospital and Health Services (HHSs) and RFDS PHC Clinics 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 employed through the Nukal Murra Alliance partner organisations, which as ACCHOs, provide culturally appropriate and responsive services to mainstream general practice networks (including private, Royal Flying Doctors Service (RFDS) and Hospital and Health Service (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 collated, reviewed and discussed, to promote cross-advocacy and ensure uptake of Nukal Murra services 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 by:

- delivering Integrated Team Care (ITC) services throughout Western Queensland
- contributing 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 in accordance with the following service delivery model aspects:

- for each year, the pool of Supplementary Services funding will be allocated through ACCHOs operating in each region with funding for the new entity Ngarnal, being reallocated from the Gidgee Healing funded program, which previously serviced Mornington Island.
- if a patient is deemed eligible through the NMHSS, a local Care Link Worker employed by an ACCHO coordinates the needed supplementary service/s
- each activity is approved by the individual ACCHO Practice Operations Manager/Clinical Manager
- once approved the ACCHO Care Link staff will arrange the booking and process payment for the service. at the end of each month, ACCHOs submit invoices via a portal for approved Supplementary Service purchases, which are funded through the brokerage funding.

Data Collection and Reporting:

The ITC Coordinators ensures that all referrals, successful or otherwise, will be entered into the Nukal Murra Portal to maintain a master list of every referral. This master list includes:

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

The WQPHN Coordinator

- will 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.
- provide regular reports to Nukal Murra Alliance Members on a quarterly basis outlining an analysis of 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 combination 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
- who need help to overcome barriers to access services

Under the ITC guidelines, Supplementary Services funding can only cover eligible products and services and 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, 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 within 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 five 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.

Education and Training will be absorbed by the WQPHN Coordinator to ensure the promotion of ITC services to all GPs (including the RFDS across the WQPHN region. This work is particularly important in the Central West region, where there is no ACCHO and a 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 is important to provide information on the effective delivery of the ITC Care Coordination and Supplementary Services Program.

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN JRHNA 2025-2026

PRIORITIES

Priority	Page Reference
Chronic disease	8
Preventive Healthcare	14
Specialist Care	14
Primary Care	14
Aboriginal and Torres Strait Islander	10
Coordination, Integration and Continuity of Care	9
Transport	15
Systems Issues	15
Workforce	15
Infrastructure, Facilities and Equipment	11

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 ACCHOS in partnership with the WQPHN. The NMA provides the mechanism through which the WQPHN consults on all Aboriginal and Torres Strait Islander programs and 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 five ACCHOS 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, Ngarnal)
- Care Governance Committee
- Consumer Advisory Council
- 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

30/06/2027