

The Integrated Team Care (ITC) Program

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

Aboriginal and Torres Strait Islander people with chronic conditions from your practice 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 improve access to culturally appropriate primary care.

Why refer into the program?

The coordination helps provide a level of care otherwise not available to clients with complex chronic needs.

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, help with regular reviews by their primary care providers, help to adhere to treatment regimens and help 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.

Who is the ITC provider?

NPA Family and Community Services (NPAFACS) provides ITC services for patients in the Northern Peninsula area and Badu Island.

How do I refer into the ITC program?

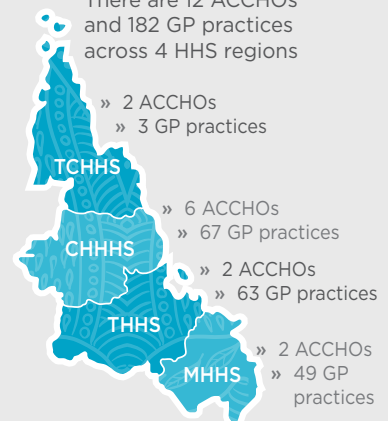
Complete an ITC referral form, attach the patient's GPMP or TCA and send to the local Aboriginal and/or Torres Strait Islander Community Controlled Health Organisation.



GP 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 regions



ITC programs will continue

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

Want to know more?

For more information about accessing ITC services, contact your local ACCHO.

