The Integrated Team Care program for Aboriginal and Torres Strait Islander people

Aboriginal health resources

What is the Integrated Team Care (ITC) program?

The Integrated Team Care program aims to:

- **improve health outcomes for Aboriginal and Torres Strait Islander clients with chronic health conditions** through better access to coordinated and multidisciplinary care
- **close the gap in life expectancy** by improving access to culturally appropriate mainstream primary care services for Aboriginal and Torres Strait Islander clients.

The program provides eligible Aboriginal and Torres Strait Islander clients with a dedicated care coordinator to work closely with them, their GP, practice nurse, allied health practitioners and specialists that they need to access as part of their ongoing care. Outreach workers are also available to assist with transport to appointments.

Primary Health Tasmania has commissioned a range of providers to deliver the ITC program throughout the state.

Who is the ITC program for?

The ITC program is for clients who:

- are Aboriginal and/or Torres Strait Islander
- have a chronic health condition as defined by Medicare
- have a GP chronic condition management plan (GPCCMP)
- would benefit from care coordination due to:
  - difficulty self-managing a lot of appointments
  - high risk of avoidable hospital emergency presentation
  - barriers to accessing services, such as financial or transportation.

How do I refer to the ITC program?

Complete the ITC referral form available as a Best Practice or MedicalDirector template on the Primary Health Tasmania website. If an online form isn't accessible, use a paper form from one of the following ITC providers:

- Circular Head Aboriginal Corporation (Smithton)
- Flinders Island Aboriginal Association Inc (Flinders Island)
- Karadi Aboriginal Corporation (Goodwood)
- Rural Health Tasmania — No. 34 Aboriginal Health Service (Ulverstone)
- South East Tasmanian Aboriginal Corporation (Cygnet, Kingston)
- Tasmanian Aboriginal Centre (Hobart, Launceston, Burnie, Bridgewater, Devonport).

An online referral form for each provider can be downloaded to your software.

A GP chronic condition management plan must accompany the referral as an attachment.

Please note: When referring a client to an Aboriginal Community Controlled Health Organisation (ACCHO) they may be asked:

- if they identify as Aboriginal and/or Torres Strait Islander
- to show proof of Aboriginal and/or Torres Strait Islander ancestry
- if they are known within the Aboriginal or Torres Strait Islander community in which they live or formerly lived

before they will be able to access services from the ACCHO.

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