Integrated Team Care Funding Activity Work Plan 2021 - 2024

phn COUNTRY SA
An Australian Government Initiative

Strategic Vision

Country SA PHN (CSAPHN) will ensure that eligible patients of both mainstream and Aboriginal Medical Services (AMS) have access to care coordination and appropriate health services to support best health outcomes for Aboriginal and Torres Strait Islander people with chronic disease.

CSAPHN and the organisations we commission apply flexible approaches to ensure Aboriginal and Torres Strait Islander people are able to access high quality care, including through the mainstream health sector.

This flexibility will be utilised to tailor the role and activities of the Indigenous Health Project Officers, Care Coordinators and Outreach Workers to suit the needs of particular communities, taking into account the objectives of the Integrated Team Care (ITC) activity.

We will support contracted organisations to ensure that Aboriginal and Torres Strait Islander employees are provided with a culturally safe working environment and maintain our responsibility to oversee the ITC workforce across our region, including enablement of professional and peer support.

Overview 2021-2024

Updated in April 2021, this Activity Work Plan covers the period from 1 July 2021 to 30 June 2024.

Care Coordination and Supplementary Services

The aim of the activity is to contribute to improving health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through better access to care coordination, multidisciplinary care, and support for self-management.

CSAPHN will continue to work collaboratively with the service providers to ensure ITC Activity is delivered as per the Implementation Guidelines. Delivery of face to face ITC Staff Forums on a bi-annual basis to:

- Support collaboration between CSAPHN and service provider.
- Support workforce development activities.
- Support staff knowledge exchange and support across the service areas.
- Encourage service collaboration activities across the four ITC regions of country SA.

Indigenous Health Project Officers will deliver the following activities across the four ITC regions of country SA:

- Identify and engage appropriately qualified health professionals to provide services that achieve the best possible health outcomes for patients with a chronic or complex condition.
- Establish and maintain partnerships with relevant organisations at the local level, including General Practice, Aboriginal and Torres Strait Islander health organisations, Local Health Networks and other local organisations.
- Provide of community education around Chronic Diseases management.
- Provide a workforce development plan for care coordinators and outreach workers within their regions to identify individual training needs; identify and provide resources to incorporate evidence-based practices in care coordination and ensure continual improvement practices are embedded in workplace culture.
- Develop and provide of local resources for care coordinators and Aboriginal outreach workers to assist in care coordination for clients.
- Ensure effective engagement of clients from other programs that are eligible for services.

Care Coordinators will deliver the following activities across the four ITC regions of country SA:

- Deliver direct client care coordination services in accordance with a care plan developed by a referring GP for eligible patients.
- Provide appropriate clinical care, consistent with the skills and qualifications of the Care Coordinator.
- Arrange the required services outlined in the patient's care plan, in close consultation with their home practice.
- Ensure the client is connected to the wider social network to ensure that a whole of life and whole of health aspect is undertaken.
- Ensure there are arrangements in place for the patient to attend appointments.
- Involve the patient's family and/or carer as appropriate.
- Assist the patient to participate in regular reviews by their primary care providers.
- Implement, where appropriate, a consistent approach to self-management programs utilising The Flinders Program for clients with a diagnosed chronic and/or complex condition(s).
- Through the Supplementary Services Funding Pool, the ITC Activity also enables Care Coordinators to assist eligible patients to access specialist, allied health and other support services in line with their care plan and specified medical aids they need to manage their condition effectively.
- Care Coordinators and Aboriginal Outreach Workers will participate in monthly peer support meetings, facilitated by regional Indigenous Health Project Officers.

Aboriginal Outreach Workers are a support role to provide practical assistance to clients, mainly in the form of travel assistance in accessing health appointments and medications and support Care Coordinators and Indigenous Health Project Officers in engaging the Aboriginal community.

There will be dual roles for Care Coordinators and Aboriginal Outreach Workers. The dual role named the Outreach Care Coordinators, will take on both Care Coordination and engagement with the community as well as practical assistance to clients.

Culturally Competent Mainstream Services

The aim of the activity is to 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.

Indigenous Health Project Officers will be located within contracted organisations to deliver the following activities across the four ITC regions of Country SA

Delivering support to mainstream primary care providers in providing culturally appropriate services:

- Identifying and addressing barriers faced by Aboriginal and Torres Strait Islander people when accessing mainstream primary care services.
- Disseminating information to mainstream primary care providers around Aboriginal specific MBS items, including 715 Preventative Health Assessments and follow-up items.
- Connecting primary health care services to Aboriginal and Torres Strait Islander specific services.
- Capacity support to primary health care services in the delivery of Welcoming Environments.
- Providing information and education surrounding self-identification of Aboriginal and Torres Strait Islander people.
- Delivering Royal Australian College of General Practitioners (RACGP) accredited cultural competency training.
- Assisting mainstream primary care providers to become registered with the Indigenous Health Incentive Practice Incentive Payment (PIP).
- Directing engagement, education events and workshops to assist mainstream primary care providers in delivering quality comprehensive services to Aboriginal and Torres Strait Islander people.
- Directing engagement and support in the development of strategies for the delivery of quality improvement programs involving care for Aboriginal and Torres Strait Islander people.
- Identifying cultural competency requirements under the RACGP Standards for general practices to support quality improvement changes.

Delivering specialised projects aimed at improving Aboriginal and Torres Strait Islander access to culturally appropriate mainstream services

- 715 Health Assessment Community Incentive to support attendance to health services.
- Engagement with community on Days of Significance and other specialised community events to support attendance to health services.

Actions for Country SA PHN in a co-design and collaborative process with the Indigenous Health Project Officers:

- Facilitating a collaborative planning workshop to guide activities for the direction of the 2021 - 2024 period.
- Facilitating bi-monthly Indigenous Health Project Officer meetings.
- Facilitating ITC staff forums (Workforce Development Network).