







Sharing Stories

NSW Divisions
March 2011




NSW Outback Division Of General Practice LTD






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Care Coordination & Supplementary Services

- Initial program thoughts – similar concept to GWAHS Connecting Care.
- Connecting Care focuses on whole community frequent unplanned hospital presentations with severe chronic disease. Many ATSI already present in the data supplied by GWAHS.
- Concept that focus on clients with SCD does little to close the gap




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Selecting a target group for CC&SS

- Thinking about the origins of SCD being in childhood, adolescence and early adulthood.
- Targeting younger population to allow room for prevention of SCD & thus help to CtG
- SE disadvantage closely associated with morbidity & mortality from any cause thus includes all chronic disease.
- Target age 20-30. Young enough for personal benefit and we anticipate they are or soon will be parents, therefore flow-on effect to family.




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Attracting/effecting the target group




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- If chronic disease is closely associated with SE disadvantage, how can 'health' influence this situation?
- People most at risk of SE disadvantage often do not identify with 'health promotion' activities.
- Target group poor understanding & control over how SE disadvantage impacts on their health
- Target group often does not attend for health care until they have SCD



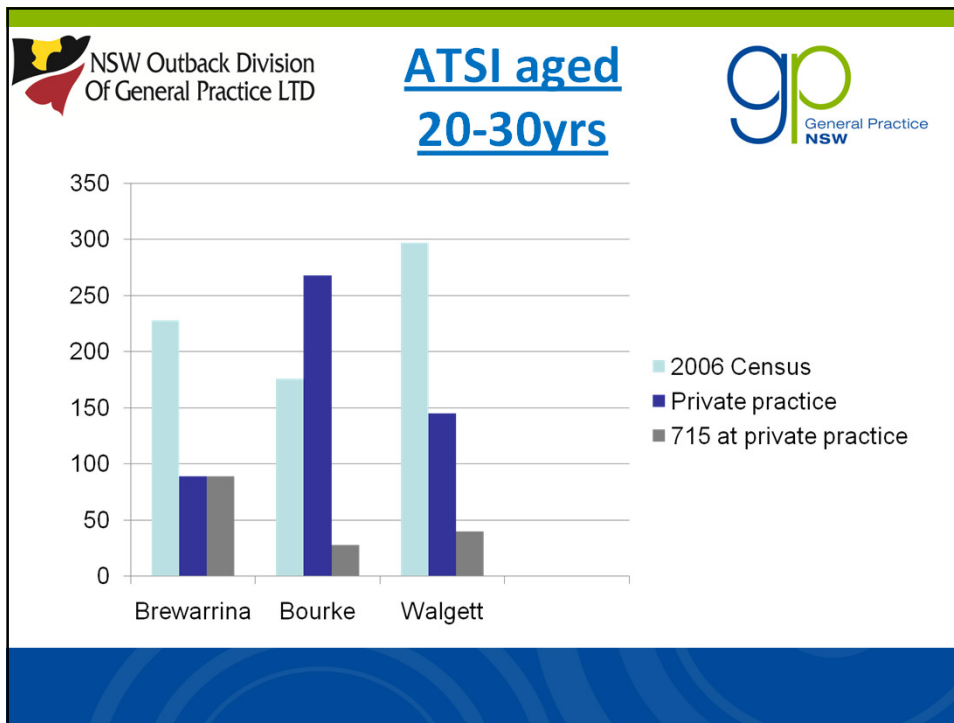
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Working with ACCHS



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- Bourke, Brewarrina & Walgett
- Some limited collaboration between ODGP & ACCHS
- *Concept of* competing for same patients for health checks out of same bucket of Medicare funds.
- Currently no GPMP/CDMP from private GP specify services offered by ACCHS & when patients are referred to ACCHS services there is no mechanism for written feedback which is a specification for Allied Health referrals under Medicare.




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**Opportunities for
ACCHS with CC&SS**


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- Previous figures sourced to present to ACCHS potential patient numbers in that age group that could be referred from Private Practice.
- Identifying ACCHS services and products that GPs will identify as having value for their patients in a GPMP/CDMP, that Private Practice does not have the capacity to deliver.
- ACCHS billing through Medicare stream & utilising *Supplementary Services* to increase the engagement and relevance to target audience.




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Health e Care




- Shared internet based care plan developed by RDN & Dr Paul Collette (Chair of ODGP Board)
- Special GPMP template to be uploaded into Medical Director which sources data relevant to GPMP eg notes, blood results.
- GPMP becomes part of Health e Care & selected service providers are emailed an invitation to participate.
- Service providers write notes in the active care plan which can be viewed by GP & patient.



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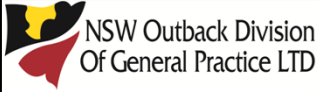
GPMP/CDMP



If it is well done due to:


- staff availability
- awareness of services,
- awareness of disease processes & factors affecting disease,

is essentially Care Coordination/Connecting Care



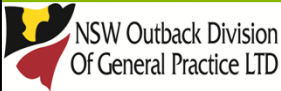
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Personal learning




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- Teleconference first attempt.
- Successful teleconference.
- Arranging next meeting:
 1. choosing a date & a place,
 2. deciding who is essential to the success of the meeting & for decision making,
 3. confirmations
 4. catering arrangements




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Helpful attitude




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- Persistent & positive
- Building on any good relationships
- CtG is the vision, so don't get bogged down in any negative politics.
- Seeking to understand any mistrust or hesitation.
- What can we offer?



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**Thanks for the opportunity to present
ODGP perspective of CC&SS**

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