

The South Eastern Melbourne Region



INTEGRATED TEAM CARE

SUPPORTING ABORIGINAL & TORRES STRAIT ISLANDERS TO MANAGE THEIR CHRONIC HEALTH CONDITION

We acknowledge the traditional owners who are the custodians of the land our catchment covers. We pay our respects to them, their culture and their Elders past, present and future, and uphold their relationship to Country.

Aboriginal Outreach workers & Care Coordinators supporting the health of our community:



Dandenong & District Aborigines Co-Operative Limited (DDACL)
3 Carroll Ave, Dandenong VIC 3175 | (03) 9794 5973

Peninsula Health
2 Hastings Road, Frankston VIC 3199 | 1300 665 781

Nairn Marr Djambana
32 Nursery Ave, Frankston VIC 3199 | (03) 9783 1521

Ngwala Willumbong
93 Wellington St., St. Kilda VIC 3182 | (03) 9783 1521

Star Health
18 Mitford St, St Kilda VIC 3182 | (03) 9525 1300

Access Health Service
31 Grey St, St Kilda VIC 3182 | (03) 9536 7780



The Integrated Team Care program has been made possible through funding provided by the Australian Government under the South Eastern Melbourne Primary Health Network.

What is Integrated Team Care?

The Integrated Team Care (ITC) program supports Aboriginal & Torres Strait Islanders with chronic (long term illness) conditions e.g. diabetes, asthma.

Priority is given to those who have complicated care needs and require support to manage their health conditions.

Who is eligible to access the program?

Aboriginal & Torres Strait Islander people who:

- have a chronic disease
- have a current GP Management Plan (GPMP) and Team Care Arrangements (TCA)
- live in the Bayside, Cardinia, Casey, Frankston, Glen Eira, Greater Dandenong, Kingston, Mornington Peninsula, Port Phillip, or Stonnington Local Government areas.

Have a yarn with your Doctor (GP) about the ITC program

Make an appointment with your GP to discuss your chronic health condition. Your GP can refer you to a care coordinator with a referral and GPMP.

GP Management Plans (GPMP)

If you have a chronic condition and haven't had a GPMP done, ask reception to make a longer appointment with your GP/Aboriginal Health Worker so that they know you will be visiting for a GPMP.

What are the benefits of ITC?

Managing chronic conditions can be difficult and overwhelming.

The ITC Program assists people with chronic conditions who require complex care assistance from allied health and specialist services.

The ITC Program provides:

- Access to Care Coordination support
- Access to Aboriginal Outreach Worker support
- Assist you to understand your health condition/s and medications
- Access to some medical equipment
- Links to other helpful services and programs

* Please note there are Federal Government guidelines which we must adhere to when determining eligibility and assessing access to the ITC program.

To contact a Care Coordinator call:



Ph: (03) 9794-5973

Mob: 0429 911 502



Ph: 1300 665 781

Mob: 0466 934 298



Ph: (03) 9066-1567

Mob: 0447 235 794

Have you had a 715 Health Check?

A 715 Health Check is an overall check of your health completed with you by an Aboriginal Health Worker or Nurse and then reviewed by your GP.

A health check can identify any health needs you might have and provide you with a referral to access assistance if you need it.

You can have a free health check every 9 months.