# Care Plan Support and Coordination Service

A free service for adults living in the City of Wanneroo.

## Information for GPs and Practice Managers

At Silverchain we can help by coordinating clinical and non-clinical support for your patients to improve and maintain their health and wellbeing and keep them out of hospital.

Our Care Plan Support and Coordination Service is a free service, where Silverchain registered nurses provide support to patients living with mental health and/or drug and alcohol issues, who also have long term health conditions such as asthma, back pain, cancer, heart, or lung disease.

### About our Care Plan Support and Coordination Service

We work with GPs whose practice is based within the City of Wanneroo to help identify eligible adults for referral to our Care Plan Support and Coordination Service.

Our service is designed to help high risk and vulnerable people to take pro-active steps so they can stay in better health and out of hospital. In turn, our assistance helps free up valuable practice time.

Our nurses work together with eligible patients, you as their GP, as well as community health and social services to provide varying levels of care coordination depending on the patient's health care needs to reduce reliance on traditional hospital services.

There is no cost to you or your patient, as this service is funded by WA Primary Health Alliance through the Australian Government Primary Health Networks Program.

### How our service works

**Assessment and planning**

Once your referral has been received, a Silverchain Registered Nurse will contact your patient and make a time to visit them at a place of their choice. We will:

- work closely with your patient to understand their concerns and any barriers they face to receiving care and work with them to develop solutions
- assess their needs and determine achievable health and social goals together
- provide feedback to you as the referrer at varying points.

If there is particular information you would like to receive, please let us know in your referral, and we will be happy to provide what you need.

# Care Plan Support and Coordination Service

Information for GPs and Practice Managers

### Care coordination

We can make service provider appointments and arrange transportation for patients when needed. This can include:

- helping them navigate mental health, alcohol or other substance support services
- finding alternative solutions when patients face long wait times for community-based services
- assistance with identifying social and funding support
- help to understand the importance of following the health advice received
- liaising with and sharing relevant information (with consent) with other care providers to ensure patients receive the right care.

### Personal support

We maintain regular contact with patients by phone or in person to check on their condition and can speak to family members on their behalf if requested.

We take the time to explain medical language, instructions, and test results, and can help with filling prescriptions, navigating the health care system as well as provide health coaching.

Guidance and support to meet the goals in their Chronic Disease Management Plan developed by their GP.

At each stage of your patients journey we will keep you informed of their progress. When your patient is discharged from our service we will provide you with copies of their care plan, other relevant documentation, and an outcome of care summary via email.

## Service model framework

1. **GP identifies patient or Silverchain connects patient with a GP.**

   GP reviews their patient to see if they meet the service eligibility criteria, or a patient may be referred to a GP by Silverchain.

2. **Obtain patient consent and complete referral**

   GP speaks to patient about the free service and obtains consent for referral. GP then completes and submits a referral form to Silverchain. (See how to refer on next page).

3. **Introduction to Silverchain and assessment**

   A Silverchain Registered Nurse (RN) will contact your patient to introduce our service.

   Your patient and our RN will work in partnership to undertake an assessment of needs and determine achievable self-management goals underpinned by the Flinders Chronic Condition Self-Management Program framework. The outcome of this assessment will be provided to you as their GP. Under this service, Patient governance remains with the GP.

4. **Wrap-around support**

   Our RN will provide your patient with assistance to access services and supports to better manage their conditions. We will regularly contact your patient and will provide feedback and updates to you as their GP to assist with patient welfare and records management.

## Benefits for your general practice

We know that general practices provide much more than medical care. A lot of time is also invested in supporting a patient's welfare. By referring eligible patients to our service, your practice can free up time.

Our service will help your GPs and Practice Nurse/s to:

- support patients to attend their GP appointments
- meet the eligibility for team care arrangements
- enable case conferences by coordinating availability of other health care providers and following up on patient progress

## Billing models and financial benefits

This service will not reduce your practice revenue. It will also not affect your mixed billing model. How a practice bills their patients remains the same. Further, the service does not affect your CDM items or allied health Medicare referrals.

By referring eligible patients to our service, your revenue may increase. This is due to our service:

- encouraging referred patients to attend GP appointments, which may include the development or review of their a GPMP/MHCP.
- supporting a case conference for each referred patient, if clinically required.
- enabling team care arrangements.

There is no cost to patients.

## Patient eligibility

Patients are eligible for this service if they meet the following criteria:

- attends a GP practice in the City of Wanneroo.
- aged 18 years or over, and are
- experiencing mental health and/or alcohol and other drug related problems as well as long term health conditions such as asthma, back pain, cancer, heart, or lung disease.

## Referral process

Referral forms are available on your practice software, search for Silverchain Wanneroo Care Plan Support referral.

Or you can visit our website: silverchain.org.au/refer-to-us/western-australia to find the PDF fillable referral form and submit fax to **1300 601 788**.

## More information

If you have any questions or would like to check patient eligibility, please email WACarePlanSupport@silverchain.org.au, or you may contact:

- Dr Siobhan Brennan, GP Liaison on **0476 841 116**, or
- Jaclyn Geraghty, Program Manager Primary Care & Chronic Disease on **0477 353 720**.

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## About Silverchain

Silverchain Group is Australia's leading in-home care specialist, providing complex health and aged care services to more than 115,000 clients a year.

Trusted by Australians to deliver care differentiated by quality and safety for almost 130 years. We are proudly one of the only Australian home care providers to be accredited to both national health and aged care standards.

We provide home-based health and aged care services in Western Australia, South Australia, Victoria, Queensland, and New South Wales, in partnership with our clients, as well as governments, hospitals and health services.

Our health services include customised home hospital programs, and post-acute health care programs to help people transition out of hospital into the home, or to keep people out of hospital.

## Silverchain in a snapshot

**115,000**
Clients per year

**2.19 million**
Hours of care

**Operations**
WA, SA, VIC, NSW, QLD

**4,500**
Employees nationally

**695,000**
Calls to Contact Centre

**2.9 million**
Occasions of service[4]

**$380 million**
Annual revenue

**$250 million**
Net assets

Winner: Most trusted home care provider WA, 2022.

Winner: Australia's most trusted brand in regional home care in SA and WA, 2022, and WA, 2021.

## Contact us

**Silver Chain Group Ltd**
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silverchain.org.au

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WA Primary Health Alliance
Better health, together

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An Australian Government Initiative

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