










Service Area

The Care Coordinator can consult with patients at any of the following venues:

-  Babinda Outreach Clinic
-  Ravenshoe Primary Health Care Clinic
-  Innisfail Primary Health Care Clinic
-  Tully Primary Health Care Clinic

Or at these alternate venues:

-  Patients home
-  Hospital
-  Community venues
-  Over the phone
-  Or any other venue where the patient feels most comfortable.

CLOSE THE GAP

“We need to take our ideas and aspirations, act on them, see them through to success and not give up when the quest gets challenging.”



The Hon. Ken Wyatt, MP

Client Feedback

Mamu Health Service Limited strongly supports the rights of every client to receive quality care and to provide feedback or make a complain about the services they receive. Should you wish to share your **positive** or **negative** experience with the ITC Program, please either contact:

The Privacy Officer

Mamu Health Service Limited
PH: (07) 4061 5100

or

Office of the Health Ombudsman (OHO)

PO Box 13281
George St, Brisbane QLD 4003
Telephone: 133 646
Email: complaints@oho.qld.gov.au
www.oho.qld.gov.au

Care Coordinators

Kathy Dryden

kdryden@mamuhsl.org.au
PH: 4061 5142

Patrick McCarthy

pmccarthy@mamuhsl.org.au
PH: 4061 5174

23 Gladly St
Innisfail QLD 4860

Doc_521_ITC Brochure_V1



Our Health, Our Future

Integrated Team Care (ITC) Program



**Improving Aboriginal & Torres
Strait Islanders access to Primary
Health Care Services**

www.mamuhsl.org.au

Overview of ITC

Integrated Team Care is a program for Aboriginal and Torres Strait Islanders who require extra assistance to understand their chronic health conditions.

A chronic health condition is an illness or disease that has been, or is likely to be present for at least six months.

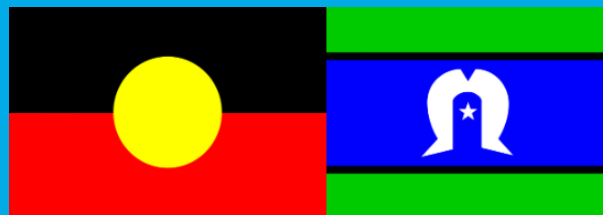
To manage a chronic health condition extra help may be needed with:

-  Organising specialist and allied health appointments.
-  Understanding and managing the health condition.
-  Connecting with community services, groups, or other health professionals.
-  Accessing certain equipment and aids to improve the condition.
-  Transport and accommodation to attend specialist or allied health appointments.

Benefits

The ITC Program has many benefits such as:

-  Less hospital admissions.
-  Less attendance at the hospital emergency department.
-  Better quality of life.
-  Better knowledge of your health and management of your health condition.
-  Better lifestyle choices.
-  Increased access to specialists and allied health services.
-  Increased access to community services.
-  Increased control of personal health.



The Patient Journey



Ensure you have completed a Health Check with the GP in the last 12 months.



If not, visit any of Mamu's clinics to complete one. Ask your GP to refer you to the integrated Team Care Program.



Your GP will create a GP management Plan and then complete a referral for the program which is sent to the Care Coordinator.



The Care Coordinator will contact you to arrange a meeting with you about ways in which they may be able to help.

Your information

Your Care Coordinator will share your information with your GP and sometimes with other health care providers.

This information may be shared through phone, fax, email and mail. Your personal information will be stored in a way that respects your privacy.



You may choose to leave the program at any time you wish.