Earn RACGP CPD points and improve patient outcomes with Care Coordination

Earn RACGP Continuing Professional Development (CPD) points (Measuring Outcomes, Reviewing Performance & Education) whilst working to improve outcomes for your patients with chronic conditions and free up time for your practice staff.

Let your Health Coordination Consult (HCC) show you how you can do this by embedding the Care Coordination Program into your practice.

What is care coordination?

This is a patient-centred model of care aimed at supporting patients with chronic conditions to navigate the healthcare system and encourages a cohesive team approach.

How does it work?

The patient's GP refers the patient with chronic health conditions and complex care needs to a care coordination service, e.g., Silverchain. This service provides a care coordinator who assists the patient in navigating their care needs. This service assists with making appointments, arranging transportation, and consulting with doctors, allied health professionals and other care providers. This service is funded by COORDINARE and is free of charge to the patient.

What are the benefits?

All providers of care become connected through the patients care coordinator or the shared care platform resulting in:

- Improved patient outcomes and reduction in hospitalisations
- Reduction in delays and obstacles to accessing care
- Increased support for patients through individualised goals to develop independence
- Increased general practice productivity and reduction of administrative burden
- Barriers to care can be managed by the care coordinator, for example, instead of practice staff organising appointments and transport this can be managed by the care coordinator.

How do we start?

Your HCC can facilitate the accredited modules and upskill staff during your next clinical meeting or at another agreed time during normal business hours. Each module tasks approximately 1 hour to complete and will cover the below topics:

- An introduction to care coordination = 0.5 MO / 0.5 RP
- Silverchain a care coordination service (funded by COORDINARE) = 0.5 MO / 0.5 RP
- INCA a shared care platform (funded by COORDINARE) = 0.5 EA / 0.5 RP
- Planning session to embed the Care Coordination Program into in your practice = 1.0 MO

EA = Educational Activity RP = Reviewing Performance MO = Measuring Outcomes

Numbers before each abbreviation indicates the number of hours allocated to each category. E.g., 0.5 is 30 minutes.

Activities are pending accreditation under ACRRM