

# HOW ONE LARGE PRACTICE BUILT AN INTERDISCIPLINARY TEAM



## PATIENT PROFILE

Large cohort of contemporary veterans. High presentations of mental health conditions including PTSD, anxiety, depression and ADHD, together with chronic pain and musculoskeletal injuries.



## CHALLENGES

- WIP-PS insufficient for MDT wages
- Psychologists shortages
- Need to blend multiple funding streams



## OUTCOMES

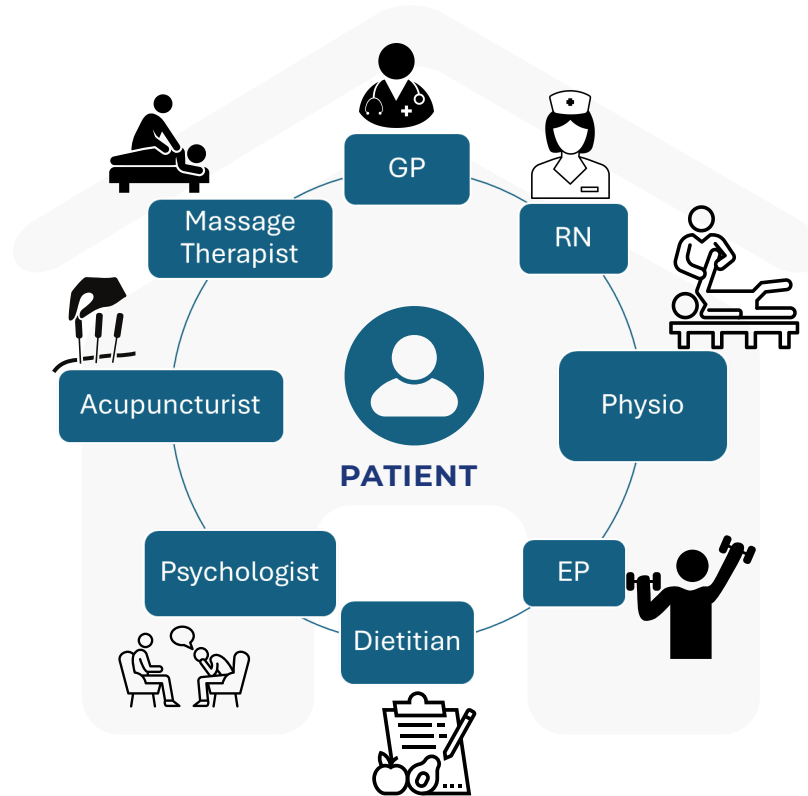
- Strong chronic care coordination
- Embedded AH team
- Veteran-focused interdisciplinary care
- Fewer external referrals – better care in one place



## BLENDED FUNDING

- DVA+MBS+Private billing+Medico-legal
- WIP-PS supplements MDT model

## TEAM ROLES



## How they work together:

- Shared care plans and clinical notes across all team members
- Regular case conferencing for complex patients, especially veterans
- Specialist GP leads rehab plan development
- Nurses and practice managers coordinate care and referrals
- Daily collaboration through internal messaging and informal huddles
- Allied health professionals deliver wellness services (e.g. pilates, hydrotherapy)
- Multidisciplinary care embedded in practice culture, backed by blended funding