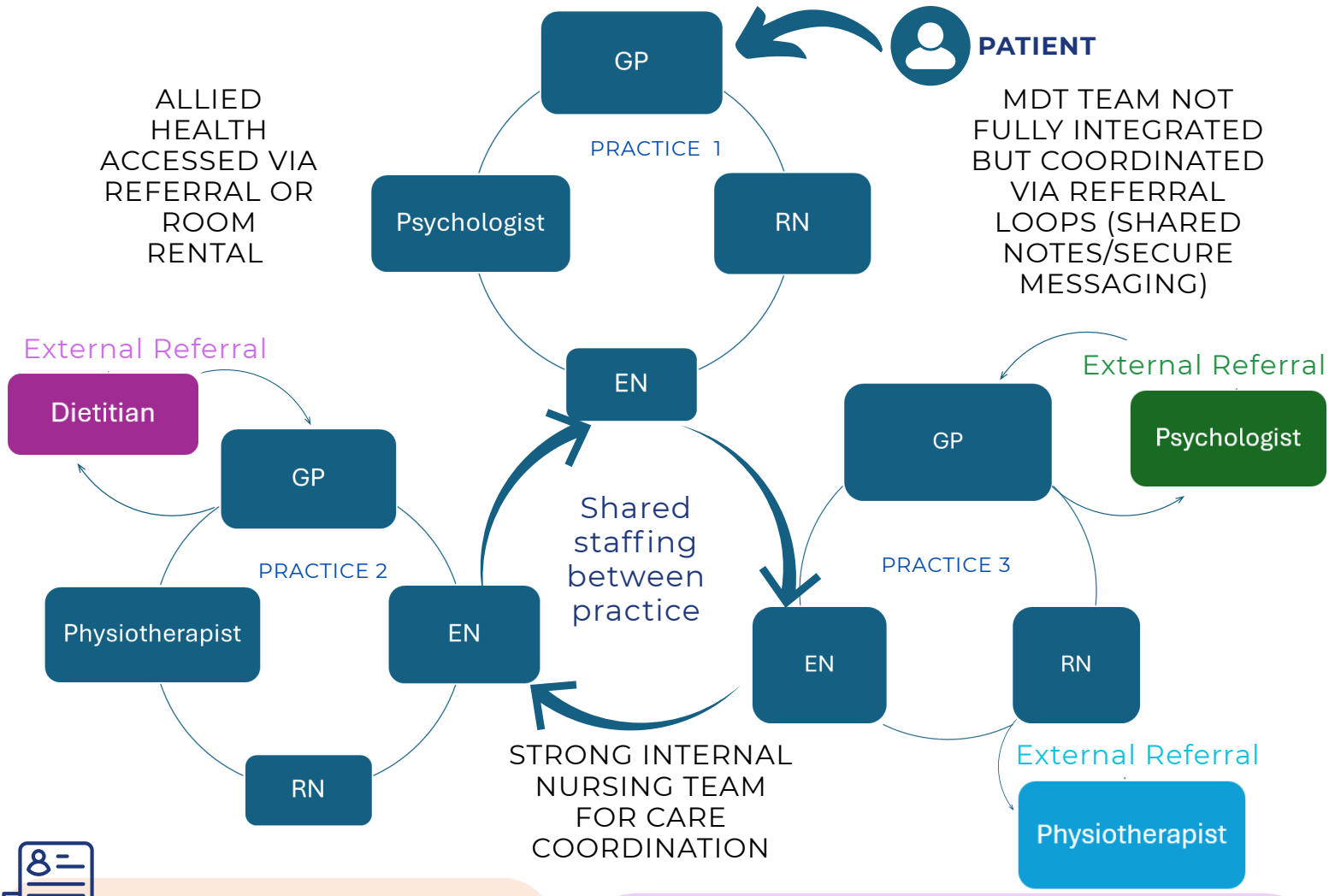
Making MDT work in small practices: smart use of referral pathways and shared staffing

TEAM ROLES AND ARRANGEMENTS



PATIENT PROFILE

- Predominantly older patients (>65)
- High rates of chronic disease: diabetes, COPD, cardiovascular disease and mental health.

OUTCOMES

- Better access to care for patients
- Maintained quality care coordination through proactive nursing roles
- Extended AH impact through key partnerships

CHALLENGES

- WIP-PS insufficient for MDT wages
- Care coordination across multiple sites
- Workforce recruitment and retention

FUNDING SOURCES

- Medicare (MBS)
- Private billing (limited)
- Care Collective support for chronic disease coordination
- Occasional grant-based roles
- WIP-PS supplements MDT model