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



TEAM ROLES AND ARRANGEMENTS PATIENT GP ALLIED MDT TEAM NOT HEALTH FULLY INTEGRATED PRACTICE 1 ACCESSED VIA **BUT COORDINATED REFERRAL OR VIA REFERRAL** ROOM Psychologist RN LOOPS (SHARED NOTES/SECURE RENTAL MESSAGING) **External Referral** External Referral ΕN Dietitian Psychologist GP GP Shared staffing PRACTICE 3 **PRACTICE 2** between practice Physiotherapist ΕN ΕN RN **External Referral** STRONG INTERNAL NURSING TEAM RN FOR CARE Physiotherapist COORDINATION **PATIENT PROFILE** OUTCOMES 0: Predominantly older patients • Better access to care for patients 0: (>65) • Maintained quality care coordination through • High rates of chronic disease: proactive nursing roles diabetes, COPD, cardiovascular Extended AH impact through key partnerships disease and mental health. **FUNDING SOURCES CHALLENGES** Medicare (MBS) • WIP-PS insufficient for MDT wages Private billing (limited) Care coordination across multiple

sites

retention

Workforce recruitment and

- Care Collective support for chronic
- Occasional grant-based roles

disease coordination

• WIP-PS supplements MDT model