MURRUMBIDGEE waratah

WELLNESS AND RESILIENCE ACHIEVED THROUGH ALLIED HEALTH

Our team at Fuel Your Life introduce you to WARATAH.

WHAT IS WARATAH?

On 1 November 2019, referrals from general practitioners (GPs) to MPHN allied health services changed under the Murrumbidgee Wellness and Resilience model. WARATAH is the model developed to increase the access to care and improve the wellbeing of those at risk or vulnerable within the community. It involves the delivery of Allied Health services to the Murrumbidgee region.

WHO IS FUEL YOUR LIFE?

Fuel Your Life (FYL) has been appointed the lead contractor role and will be managed in partnership with the Murrumbidgee Primary Health Network or MPHN. We will be responsible for the delivery of WARATAH and the coordination of Allied Health service delivery in the Murrumbidgee region.

If you have any questions at all, please feel free to contact us directly waratah@fuelyourlife.com.au

WHAT REGIONS DOES IT COVER?

Under the WARATAH cycle of care, the Murrumbidgee region has been broken into three main regions:

RIVERINA

Incorporating the communities of Junee, Coolamon, Temora, Young, Boorowa, Harden, Cootamundra, West Wyalong, Gundagai, Tumut, Batlow and Tumbarumba.

WAGGA WAGGA / WESTERN

Incorporating the communities of Griffith, Leeton, Narrandera, Hay, Hillston and Lake Cargelligo.

BORDER

Incorporating the communities of Barham, Deniliquin, Finley, Jerilderie, Berrigan, Tocumwal, Corowa, Culcairn, Henty, Holbrook, Lockhart, Urana, Tooleybuc and Moulamein.

If you provide services to any community not listed above and would like to know if that community is included under the program, please contact FYL for confirmation by e-mailing waratah@fuelyourlife.com.au

WHO IS ELIGIBLE?

Patients must reside in the Murrumbidgee region and must present with one or more of the following conditions to be eligible for funding under WARATAH.

If patients experience the following conditions:

- Obesity
- At risk of obesity – particularly in youth
- Diabetes
- Chronic pain
- Osteoarthritis
- Frailty
- Respiratory disease
- Physical inactivity

The program also targets the following key cohorts including:

- Low socio-economic status
- Aboriginal and Torres Strait Islander Peoples
- Mothers, babies and children
- Young people
- Older people, aged 65 years and over
- Refugees

Those eligible for Chronic Disease Management plans (previously EPCs) or Team Care Arrangements should seek referrals to utilise this funding prior to taking part in the WARATAH.

WILL PATIENTS BE ABLE TO ACCESS ALLIED HEALTH SERVICES OUTSIDE OF WARATAH ARRANGEMENTS?

Yes. Patients will still be able to access Allied Health services through other funding models, or privately.

WHAT ALLIED HEALTH PROVIDERS DOES THE FUNDING COVER?

The three main allied health disciplines covered by this funding and care cycle are Dietetics, Diabetes Education and Podiatry. Some funding can be sort in particular areas of the Murrumbidgee region for Physiotherapy and Exercise Physiology services. Psychology services are not covered under this Wellness and Resilience model. If you are unsure if your services will be covered, please contact waratah@fuelyourlife.com.au.

REFERRAL PATHWAY

Illustrated below you will find a representation of the referral pathway. The process all starts when the patient presents to their GP with a chronic condition and eligibility for the program is determined by the GP.

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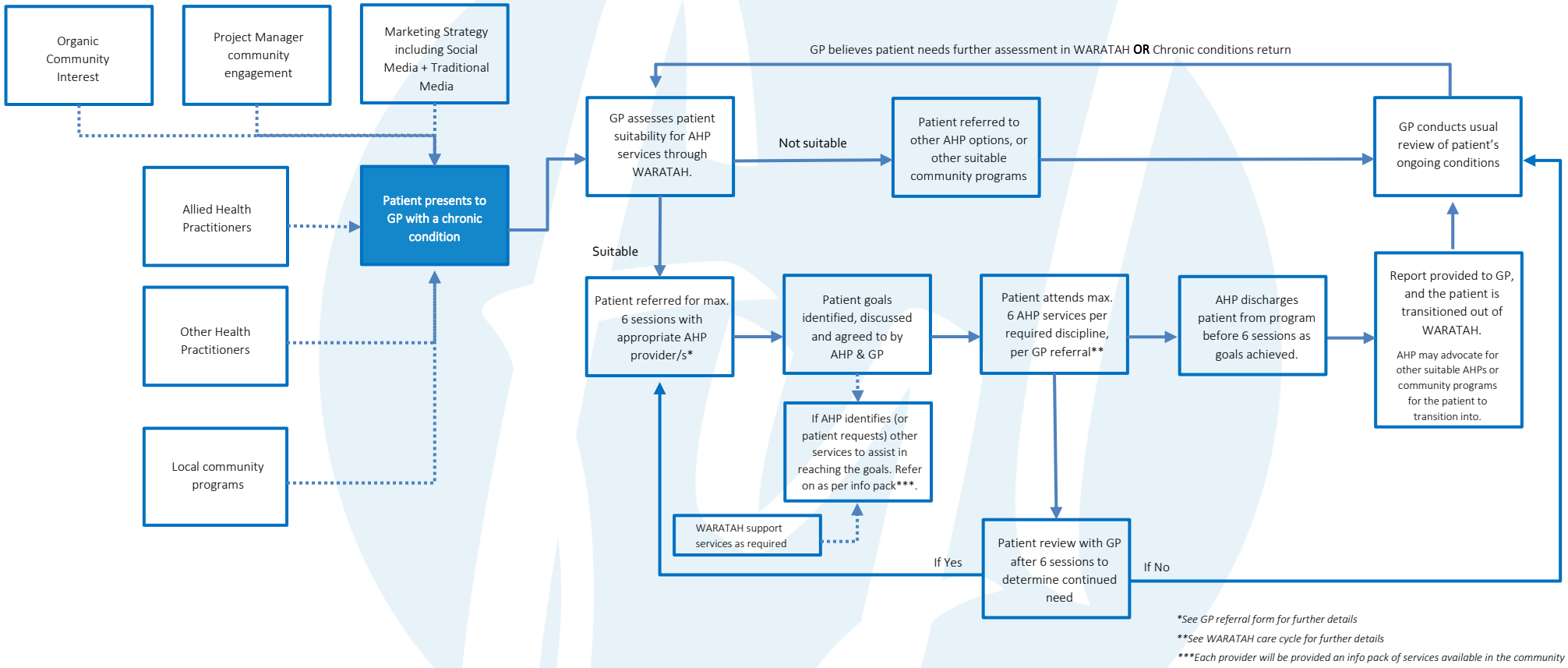

*See GP referral form for further details

**See WARATAH care cycle for further details

***Each provider will be provided an info pack of services available in the community

WHAT IS THE CARE CYCLE?

On 1 November 2019, referrals from general practitioners (GPs) to MPHN allied health services changed under WARATAH. Referrals are valid for up to 6 sessions of treatment. This new care cycle aims to improve the quality and access to care in the community.

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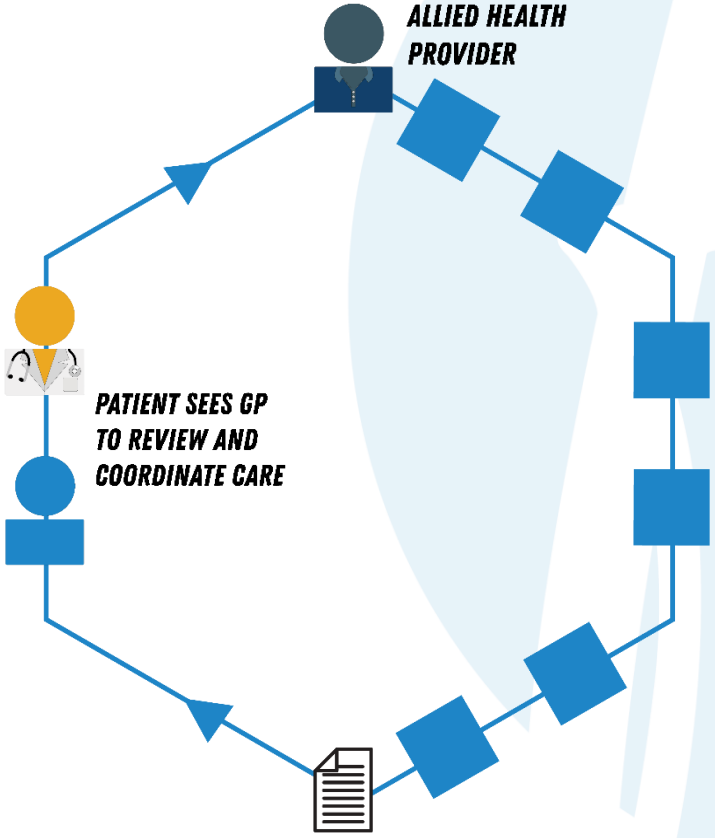
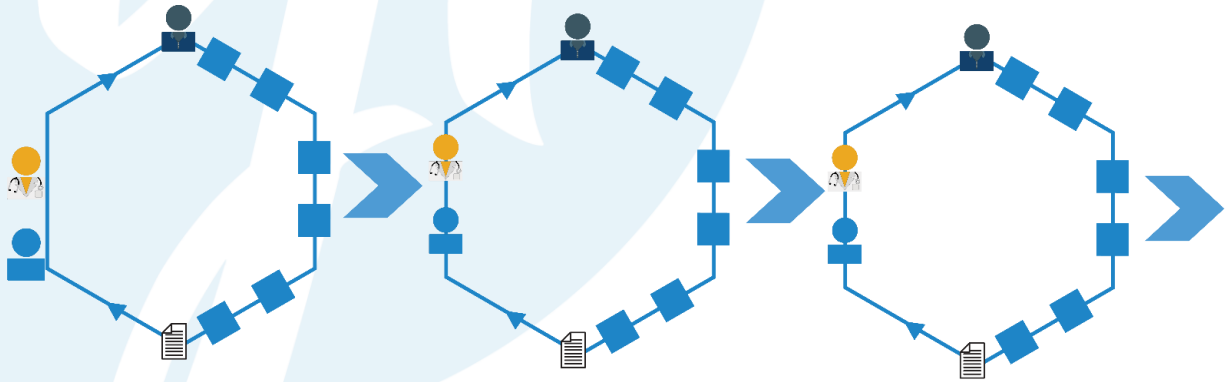


6 SESSIONS PER CYCLE



NO LIMIT TO THE QUANTITY OF CLINICALLY NECESSARY CARE CYCLES

REFERRAL FORM

There is a specific WARATAH referral form (see insert below) that GP's must utilise to refer patients into the cycle of care, and for every new cycle of care (referral renewal). A practitioner must receive prior to delivering any treatment.

The form is self-explanatory but, please ensure eligibility criteria is complete for the referral to be accepted and no changes are to be made to eligibility criteria. Once completed in full by a GP it must be faxed to FYL at (07) 5335 1656.

Example of eligibility criteria completed correctly:

Does the patient meet eligibility criteria?

The patient must meet all criteria to be eligible.

- ☑ Patient lives in the Murrumbidgee region

TICK ONE OF THE BELOW:

- ☐ Patient has a current GPMP/TCA and is accessing other allied health services under this arrangement
- ☑ Patient is not eligible for a GP Management Plan/Team Care arrangement

☐ Requires management of at least **one** of the following conditions (at least one must be chosen)

- ☐ Obesity
- ☐ At risk of obesity – particularly in youth
- ☐ Diabetes
- ☐ Chronic pain
- ☐ Frailty
- ☑ Osteoarthritis
- ☐ Respiratory disease
- ☐ Physical inactivity

Example of eligibility criteria completed incorrectly:

Does the patient meet eligibility criteria?

The patient must meet all criteria to be eligible.

- ☑ Patient lives in the Murrumbidgee region

TICK ONE OF THE BELOW:

- ☐ Patient has a current GPMP/TCA and is accessing other allied health services under this arrangement
- ☐ Patient is not eligible for a GP Management Plan/Team Care arrangement

☐ Requires management of at least **one** of the following conditions (at least one must be chosen)

- ☐ Obesity
- ☐ At risk of obesity – particularly in youth
- ☐ Diabetes
- ☐ Chronic pain
- ☐ Frailty
- ☐ Osteoarthritis
- ☐ Respiratory disease
- ☐ Physical inactivity

WARATAH REFERRAL FORM

The following form must be completed by the referring GP and sent to the Allied Health Provider & Fuel Your Life.

Note: GPs are encouraged to attach a copy of the relevant part of the patient's care plan to this form.

Does the patient meet eligibility criteria?

The patient must meet all criteria to be eligible.

☐ Patient lives in the Murrumbidgee region

TICK ONE OF THE BELOW:

☐ Patient has a current GPMP/TCA and is accessing other allied health services under this arrangement

☐ Patient is not eligible for a GP Management Plan/Team Care arrangement

☐ Requires management of at least **one** of the following conditions (at least one must be chosen)

- ☐ Obesity
- ☐ At risk of obesity – particularly in youth
- ☐ Diabetes
- ☐ Chronic pain
- ☐ Frailty
- ☐ Osteoarthritis
- ☐ Respiratory disease
- ☐ Physical inactivity

GP DETAILS

Provider Number ☐☐☐☐☐☐☐☐☐☐

Name _____

Address _____ Postcode

PATIENT DETAILS

Medicare Number ☐☐☐☐☐☐☐☐☐☐ ☐ Patient's DOB._____/_____/_____

First Name _____ Surname _____

Address _____ Postcode

Care cycle No. ☐ *Please detail how many Care cycles this patient has been referred for, to this type of AHP, since November, 2019*

REFERRAL TO ALLIED HEALTH PROVIDER (AHP)

Referrals under this program can only be made to Allied Health Providers detailed in the WARATAH info pack. If you have questions, please contact waratahreferrals@fuelyourlife.com.au

Name _____

Address _____ Postcode

Referral details – Please use a separate copy of the referral form for each type of service

Eligible patients may access funding for a **maximum of 6 allied health consultations**, per referral, per discipline.

Please indicate the number of services required by writing the number in the 'No. of services' column next to the relevant AHP.

No of services	AHP Type	Item Number	No of services	AHP Type	Item Number	No of services	AHP Type	Item Number
	Dietitian	100		Diabetes Educator	200		Podiatrist	300
	Exercise Physiologist	400		Physiotherapist	500			

Referring General Practitioner's signature _____ Date signed _____

Once complete please send to the AHP and fax a copy to Fuel Your Life (Fax: 07 5335 1656)

The AHP must provide a written report to the patient's GP after the first and last service, and more often if clinically necessary.

This form may be downloaded from the Fuel Your Life website at www.fuelyourlife.com.au/waratah-cycle

HOW LONG DOES A REFERRAL LAST?

A referral is valid for 12 months from the date of issue, or for 6 sessions of the referred allied health treatment, whichever ends first.

HOW DOES THE CARE CYCLE WORK?

A patient can be referred by their GP to an allied health provider if they have a clinical need and meet defined eligibility criteria for allied health treatment covered under the program. The patient can be referred for a maximum of 6 sessions per referral, per provider type.

After the first appointment and at the end of the care cycle the allied health provider will send a report to the patients referring GP. The report outlines the treatment provided, the progress of the treatment towards meeting the patient's goals and recommendations for further treatment, if required.

The GP will use this report to review the progress of treatment and assess if further allied health treatment is clinically required, or whether other treatment options are needed. If deemed that the patient requires further treatment the GP will provide the patient with a new referral to a suitable allied health provider.

Patients will continue to have access to the care they need. Patients can have as many care cycles as the GP decides is clinically necessary.

Patients can have a separate care cycle for each allied health service they require. This includes having care cycles for different allied health services at the same time. For example, patients may have referrals for, and services provided by a dietitian, podiatrist and diabetes educator at the same time.

HOW MANY CARE CYCLES CAN PATIENTS HAVE?

Patients may have as many care cycles as the GP thinks they need. At the end of the 6 sessions, when a patient goes back to the GP to review their progress, the patient can be referred for another 6 sessions if the GP determines further treatment is clinically necessary.

WILL ALLIED HEALTH TREATMENTS BE LIMITED UNDER THE NEW ARRANGEMENTS?

The WARATAH care cycle does not limit the number of clinically required services patients need.

Patients may have as many care cycles as the GP determines are needed. A separate referral must be given for each provider and each cycle of treatment.

For example, a patient may need the services of a dietitian, podiatrist and diabetes educator at the same time, and the patient would receive a separate referral for each, or if patient has completed a cycle of care with the dietitian, the GP will need to refer that client back to that dietitian if they determine it is clinically relevant.

WHO CAN DELIVER WARATAH SERVICES?

A full list of AHP providers contracted to provide services under WARATAH across the Murrumbidgee, and their contact details can be found at the end of this document. This will be regularly updated as more and more providers join the program across the region, based on the needs of the community.

Providers must have completed and signed contracts with Fuel Your Life before they are able to see patients under WARATAH.

CULTURAL AWARENESS PROGRAMS

It is an expectation that all providers taking part in the program undertake cultural awareness training as part of their contract to work within WARATAH.

To assist providers with completing this, we have provided below some links to free and easily accessible online courses. These particular courses are not specifically required ones, but practitioners will need to provide confirmation of the completion of a cultural awareness training program.

https://www.coursera.org/learn/cultural-competence-aboriginal-sydney
https://www.mooc-list.com/course/safer-healthcare-australias-first-peoples-futurelearn
http://lms.wacrh.uwa.edu.au/login/index.php
http://indigenousculturalawareness.anz.com/
https://www.ccca.com.au/content/services/#training – Aboriginal & Torres Strait Islander cultural competence training

PROVIDERS CURRENTLY CONTRACTED FOR SERVICES

Allied Health Provider	Locations serviced
Dietitians	
Balance Up Nutrition Daniel Thomson Ph: 0408 952 750 barefootdietitian@gmail.com	▪ Berrigan, Finley, Jerilderie, Tocumwal, Hay
Ingrained Nutrition Peta Adams Ph: 0447 411 545 peta@ingrainednutrition.com.au	▪ West Wyalong, Lockhart, Temora, Tumut, Urana,
Murrumbidgee Nutrition Leanne Baulch Ph: 0428 323 841 lbaulch@internode.on.net	▪ Narrandera, Leeton
Fuel Your Life Peta Adams Ph: 0490 800 038 peta@fuelyourlife.com.au	▪ Holbrook, Henty, Corowa
Diabetes Educators	
Christine Thorpe Ph: 0410 664 402 cat21@live.com.au	▪ Young, Narrandera, Tumbarumba

Jaclyn Harvey Ph: 0429 384 236 jac@harveys.id.au	▪ Griffith
Kelly McLean Ph: 0400 641 022 akmclean@bigpond.com	▪ Tocumwal
Donna Hann Ph: 0407 053 652 dmapts2650@gmail.com	▪ Leeton
Corowa Medical Centre Kristin Mann (Practice Manager) Janet Lagstrom (CDE) Ph: 02 6030 5500 corowamed@corowamed.com.au	▪ Corowa
Fuel Your Life Debbie Scadden (CDE) Ph: 0490 249 848 Email: debbie@fuelyourlife.com.au	▪ Cootamundra, Culcairn, Batlow, Lockhart, Holbrook
Podiatrists	
Shepparton Foot Clinic Erin Davis (Practice Manager) Ph: 03 5822 1855 admin@sheppartonfootclinic.com.au	▪ Tocumwal
Active Foot Clinic Marg Gilmore (Reception Manger) Ph: 02 6925 8637 podiatry@activefootclinic.com.au	▪ Cootamundra, Tumut, Leeton, Gundagai, Temora, Tumbarumba
Country Feet Podiatry Emily Luke Ph:0491 100 163 countryfeetpodiatry@gmail.com	▪ Tooleybuc, Moulamein
Stacey Derrick Podiatry Stacey Derrick Ph: 0439 493 534 staceyderrickpodiatry@outlook.com	▪ Temora
Footsteps Podiatry Belinda Battistel Ph: (02) 6962 1388 belinda@footstepspodiatrygriffith.com.au	▪ Griffith
The Travelling Podiatrist Zac Hayes (Director) Scott Aldred (Podiatrist) Simon Lloyd (Podiatrist) Ph: (03) 5893 4000 office@ttpod.com.au	▪ Hay, Hillston, Tocumwal, Griffith
Physiotherapists	

Back on Track Physio Jeremy Carr Ph: 02 6033 0933 jeremy@backontrackphysio.biz	▪ Corowa, Finley, Urana, Jerilderie, Berrigan

OTHER PROGRAMS PROVIDING SERVICES TO THE REGION

Part of the purpose of this model of care is to improve the team care and team communication between the community. So that we can all better improve the engagement and health of the community we have also detailed some additional programs that you may identify as being suitable for your patients.

There are a number of other MPHN funded programs available in the Murrumbidgee region, see the list below. Contact MPHN directly if you wish to know more about any of these programs (02 6923 3100):

- Integrated Team Care
- Integrated Care Coordination
- Vitality program

There are also a number of other programs being funded by Murrumbidgee Local Health District, listed below. Please contact MLHD directly for more information: (02 5943 2087) https://www.mlhd.health.nsw.gov.au/our-services

- Cardiac Rehabilitation Service
- Metabolic Obesity Service
- Community Care Intake Service
- Osteoarthritis Chronic Care Program (OACCP) & Osteoporotic Refracture Prevention (ORP)
    - Phone: (02) 59432467 Fax: (02) 59432475
    - Referrals can either be submitted through MLHD Central Intake (CCIS) or email directly to MLHD-MSKProgram@health.nsw.gov.au