



Issue: **Chronic Disease Careplan**

Raised by: PCD program staff, various remote health practitioners, RHB Management

Background: Different Chronic Disease Careplans have been used in the Top End and Central Australia for several years, and there has also been some variations with each of those forms. Consequently, there have been many requests to revise the care plan from a wide range of health professionals and management of the Remote Health Branch, that a standard form should be introduced across the NT.

Also, new MBS items have been introduced for care planning, which warrant review of the forms.

Discussion: The development of a new careplan form has been undertaken over past months; driven by the Preventable Chronic Disease Unit (PCDU) and utilising a reference group, with quite a number of Remote Health Branch staff involved. The form has also had several drafts reviewed by the Best Practice Group, and the Group has endorsed the final product.

Pertinent comments regarding the development of a standard form include:

- Multidisciplinary co-ordination of care for patients with chronic diseases has been shown to provide better outcomes for patients. This co-ordination is supported by the use of care planning for patients with preventable chronic diseases.
- CARPA states: 'Every person with a chronic disease should have a written care plan that is based on *CARPA STM* guidelines, and then changed to fit the person's special needs and wishes.' (CARPA STM 4th Ed, p183).
- The standardisation of care plans will facilitate ease of use and consistent standards across the NT.
- Inclusion of the new MBS items will facilitate the generation of additional revenue for Remote Health.

Consultation: Dr Christine Connors (Program Manager PCDU),
Reference group (including representatives from PCD program, PPNs, AHWs, RANs/HCMs, Remote Nursing Directors, Dr Jo Wright TE Senior DMO, Dr Kath Williams DMO, Cathy McGrath, Tiwi Health Services)

References: NT Preventable Chronic Disease Strategy (1999), CARPA STM 4th edition (2003) Medicare

Outcome: **A new Chronic Disease Careplan has been produced** and is currently being printed. This form is for NT wide use, and will be reviewed in 12 months.

An implementation plan around distribution of the form, and the education of clinical staff, has been mapped.

Complimenting the release of the new careplan will be a dedicated Atlas item, and the provision of a schedule to assist practitioners to know when reviews are due.