Complete Chronic Disease Management Program (CDMP) Initial Assessment

Remain in contact with your Care Coordinator
This could be by phone, visit, text or email.
If you are contacted three (3) times, without success, you may be taken off the program

Visit your Doctor every 3-6 months to have a CDMP GP Status form completed
(ask your Doctor to email / fax a copy back to NCACCH)

Visit your doctor every 6 -12 months to have your care plan reviewed
(ask your Doctor to email / fax a copy back to NCACCH)

Visit your doctor every 9 -12 months to have your health assessment done
(ask your Doctor to email / fax a copy back to NCACCH)

As per your care plan, make an appointment and visit required Specialist and/or Allied Health Services eg. Podiatrist, diabetes / respiratory / heart / sleep specialist
(NCACCH can assist with payment if required)

Participate in the Self-Management Program
(your Care Coordinator will refer you when you are ready)

CARE COORDINATOR ROLE

- Help you understand and follow your care plan
- Help you link in with current support programs/agencies
- May contact your GP, specialist and other services to make sure you are getting the right support and service you need
- Help you and your family to self-manage your chronic condition/s
- Follow up on care plans, health assessment results and CDMP GP Status Form from your doctor

DOCTOR ROLE

- Complete a care plan for you to follow to help manage your chronic condition/s
- Refer you to specialists and allied health services relevant to your chronic condition eg. diabetes educator, podiatrist, counselling etc
- Complete the required tests regularly as per your care plan
- If registered, join you up to the "Close The Gap" program for free/cheaper medications
- Fax your completed CDMP GP Status Form to NCACCH every 3-6 months

SPECIALIST ROLE

- Specialist will assist you to understand your condition
- Give you advice on how to self-manage your condition
- Advise you whether you need to visit other specialists and/or health services
- May ask you to do further tests to help them know more about your condition
- The specialist will generally know more information about chronic disease than your GP
- The specialist will send a report on your visit to NCACCH

YOUR ROLE

- **Complete and get a copy of your care plan and health assessment and ask your doctor to send a copy to NCACCH**
- **Visit your GP every 3-6 months and have a CDMP GP Status Form completed**
- **Attend specialist and allied health service appointments when required**
- **Keep in regular contact with your Care Coordinator (Nurse)**
- **Attend NCACCH self management program**