Fact sheet

Closing the Gap – Care Coordination and Supplementary Services (CCSS) Program

Getting the right service at the right time

What is the CCSS Program about?

The CCSS Program is an Australian Government Program to help Aboriginal and Torres Strait Islander people who have chronic disease to look after their health.

Managing a chronic disease can be difficult arranging and getting to appointments, taking medication and more.

This Program will provide you with a Care Coordinator who will work closely with you, your GP and other community services to help you use the range of services you need. The services of the Care Coordinator provided through this Program are free.

Can I be part of this Program?

This Program is open to Aboriginal and Torres Strait Islander people who:

- Have a chronic disease (like diabetes, cardiovascular disease, chronic kidney or lung disease or cancer)
- Have a care plan
- Have an Aboriginal and/or Torres Strait Islander Health Assessment
- Have a referral from their GP
- Have signed up for the Practice Incentive Program–Indigenous Health Incentive (PIP-IHI) – *ask your GP about this*
- Are at risk of going to hospital because of their health
- Are having trouble accessing and using the right services needed for their care
- Are having trouble managing the number of services they need

If you don't tick all these boxes you may not be able to access this particular Program.

What can your Care Coordinator help you with?

Your Care Coordinator is a health worker who can:

- Help to arrange your appointments
- Help you get to and from appointments
- Help to arrange the services you need
- Help you to understand and follow your care plan

Sometimes people with chronic diseases have difficulty getting in to see a medical specialist or an allied health professional because the waiting list is long or they can't get to or from the appointment. Through this Program, your Care Coordinator will be able to help you see these health care providers when you need them.

What will happen if I agree to participate?

Your GP will fill out a referral form and send it to NCACCH. You will be asked to sign a consent form to confirm that you agree to participate in the Program.

To help organise your care, your Care Coordinator will need to share your information with your GP and sometimes with other services. They may also send information to you. This information may be exchanged in a variety of ways, like telephone, fax, email and mail.

Example: If your Care Coordinator is helping you to book an appointment with a health provider, they may need to tell the health provider who you are, why you need to see them, how to contact you and so on. Later, after receiving an update from your various health providers, your GP may wish to discuss your care with them in a case conference over the phone.

The personal information gathered, used and shared by the organisations involved in your care will be maintained in a way that values your privacy and you have the right to withdraw from the Program at any time.

To see how well the Program is working and to keep it on track, statistical information (that will not identify you) will be collected and used by organisations like Central Qld, Wide bay and Sunshine Coast PHN and the Australian Government Department of Health.