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GOVERNANCE AND IMPLEMENTATION

This resource should be reviewed and endorsed in accordance with the organisation's governance and document control processes prior to implementation.

[Insert Organisation's Letterhead / Header]

DUTY STATEMENT

POSITION TITLE:	Integrated Team Care Coordinator
REMUNERATION/CONDITIONS:	In accordance with the Aboriginal Community Controlled Health Services Award or Nurses Award 2020
POSITION STATUS:	Full-time
DIRECTLY RESPONSIBLE TO:	Practice Manager / Program Manager
PERFORMANCE APPRAISAL:	6 month probationary period; performance reviews every 12 months thereafter
POSITION FUNCTION:	The Integrated Team Care (ITC) Coordinator is responsible for improving access to coordinated, culturally appropriate multidisciplinary care for Aboriginal and Torres Strait Islander people with complex chronic conditions. This role is critical to supporting clients through the navigation of mainstream and specialist health services by working closely with GPs, specialists, and the community to remove barriers to care.
MINIMUM SKILLS REQUIRED:	Qualification in Aboriginal Health, Nursing, Health Administration, Community Services, or related discipline. Minimum 2 years' experience in care coordination, chronic disease programs, or Aboriginal health services.

POSITION SUMMARY

The ITC Coordinator plays a key role in the delivery of the Integrated Team Care Program, supporting Aboriginal and Torres Strait Islander clients with chronic health conditions such as diabetes, cardiovascular disease, mental health issues, cancer, and renal or respiratory disease. The role ensures the coordination of specialist appointments, transport, follow-up care, financial processing of Medicare-related claims and Closing the Gap (CTG) subsidies. The ITC Coordinator maintains strong systems for referrals, client records, reminders, and financial reconciliation and acts as a cultural liaison and advocate for clients engaging with external providers. This position is based within a multidisciplinary team, focused on strengthening the patient journey through wraparound care and ongoing chronic disease management.

RESPONSIBILITIES

Clinical and Client Support

- Engage with Aboriginal and Torres Strait Islander patients to confirm ITC eligibility and ensure completion of GP Management Plans, Team Care Arrangements, and annual health checks.
- Coordinate culturally safe care in collaboration with GPs, practice staff, and external health providers.
- Assist clients to understand their care pathway, book and attend appointments, and manage follow-up care.
- Support patient self-management by providing education and facilitating access to appropriate supports.

Referral and Appointment Coordination

- Process ITC referrals and liaise with general practitioners and other clinical staff to clarify health management needs.
- Organise specialist appointments and allied health services, ensuring culturally safe and cost-effective access.
- Liaise with clients to confirm attendance, arrange transport or accommodation if required, and reduce missed appointments through proactive communication.

Systems and Records Management

- Maintain accurate patient records using medical software (e.g. Communicare, Redicase, spreadsheets).
- Register eligible clients and input referral data, alerts, GPMP dates, and tracking information.
- Ensure all client interactions and care coordination activities are clearly documented and securely stored.

Medicare Claiming and Financial Processing

- Prepare and submit Medicare Claim Forms, liaising with Services Australia where required.
- Complete Purchase Requisition Forms (PRFs) and liaise with finance staff and management to process payments.
- Ensure all billing documentation (invoices, claims, approvals) is retained in accordance with policy and Medicare requirements.

Teamwork and Communication

- Maintain positive relationships with GPs, nurses, specialists, and internal program staff.
- Advocate for the cultural needs of clients when dealing with external providers and services.
- Participate in internal meetings, care reviews, and team debriefs.
- Maintain communication with the transport team, front desk, and clinical staff regarding scheduled appointments.

Cultural Safety and Community Engagement

- Build trust and rapport with Aboriginal and Torres Strait Islander clients and families.
- Provide culturally appropriate education and support relating to chronic disease care.
- Support community engagement strategies to increase program awareness and uptake.

Continuous Quality Improvement (CQI) and Governance

- Participate in evaluation, audits, and reporting for ITC program funding.
- Contribute to the development and refinement of referral and billing processes.
- Ensure program practices align with funding guidelines, accreditation, and clinical governance standards.
- Assist with the development of internal resources and tools that improve service delivery.

Workplace Health and Safety

- Comply with all workplace health and safety policies and procedures.
- Report incidents, hazards, and injuries promptly and appropriately.
- Promote a safe and respectful environment for staff and clients.

MEETINGS

- Attend team meetings
- Attend all-staff meetings
- Attend interagency, community or case planning meetings as required
- Stakeholder and partnership meetings as required
- Attend regional ITC meetings

KEY PERFORMANCE INDICATORS

Focus Area	KPI
Patient Eligibility & Documentation	100% of ITC patients have current GPMP and TCA and meet all eligibility requirements.
Referral and Appointment Timeliness	All referrals processed within 48 hours of receipt.
Patient Communication	95% of patients receive appointment reminders at least one week prior.
Financial Processing	100% of Medicare claims and PRFs submitted within 5 business days of invoice.
Records Accuracy	Maintain accurate PMS and Redicase records with <5% error rate.
Reporting	Submit monthly program reports and data updates as required by management/funders.

PROFESSIONAL DEVELOPMENT

- Participate in professional development aligned with role duties, including chronic disease care, patient navigation, and Medicare compliance.
- Stay updated on policy, funding, and regulatory changes that affect the ITC Program.
- Attend external workshops, stakeholder briefings, and regional ACCHO meetings as appropriate.

ESSENTIAL SKILLS AND EXPERIENCE

- Demonstrated knowledge and experience in care coordination, chronic disease management, or client navigation.
- Understanding of Aboriginal and Torres Strait Islander health needs, cultural safety, and community engagement.
- Excellent organisational and administrative skills including file and records management.
- Competency in clinical software (Communicare and/or Redicase) and spreadsheet tracking.
- Strong interpersonal and communication skills across multidisciplinary teams and client groups.
- Ability to manage multiple priorities, meet deadlines, and maintain accountability in a fast-paced environment.
- Experience handling sensitive health information in line with privacy and confidentiality legislation.

MANDATORY REQUIRMENTS

- Qualification in Aboriginal Health, Nursing, Health Administration, Community Services, or related discipline.

- Minimum 2 years' experience in care coordination, chronic disease programs, or Aboriginal health services.
- Current CPR Certificate
- National Police Check
- Working With Children Check
- Current Driver's Licence
- Compliance with all organisational policies and procedures
- Adhere to confidentiality and privacy requirements in line with the Health Records and Information Privacy Act 2002 (NSW) and other relevant legislation.

SIGNATURE & ACKNOWLEDGEMENT

I agree to abide by the standards and policies and have read and understood the job description and agree to comply with same.

Employee Signature: _____

Date: _____

Manager Signature: _____

Date: _____