Integrated Care Coordination

The Integrated Care Coordination (ICC) program is for people living with chronic disease* and experiencing associated complex healthcare needs.

Working with your GP, our care coordinators will support you to achieve improved health outcomes. We will assess your healthcare goals and support with the following:

- Work with you, your relevant carers and your GPs
- Support you to navigate the healthcare system
- Liaise with other local service providers to ensure you are accessing the right services
- Use a team-based/empowering approach to your care planning
- Support you to cease smoking

* For the purpose of the ICC program, and consistent with the MBS, an eligible condition is one that has been, or is likely to be, present for at least six months.

How to access

To be eligible for the ICC program, you'll have diagnosed chronic conditions and associated complex healthcare needs, that increase your risk of unplanned admission or re-admission to hospital.

You also need to:

- Ask your GP to complete a referral form OR
- Contact us to complete a self/carer referral

What will happen?

A care coordinator will contact you to arrange an appointment either at your GP's practice or your home.

Your care coordinator will discuss with you and your GP the best treatment plan to support you to self-manage your chronic health needs. This program is not funded for long-term care.

More information

1300 402 585

ic.intake@marathonhealth.com.au

marathonhealth.com.au/icc

Marathon Health pays respect to the traditional custodians of the land we stand upon. This seal represents our commitment to working with our communities for a better future for all.

Marathon Health is a not-for-profit, registered charity delivering high quality health and wellbeing services to people wherever they choose to live. This service is supported by funding from the Murrumbidgee NSW Primary Health Network through the Australian Government's PHN Program.

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