

Funding is available from Diabetes Australia – Vic (DA–Vic) to support practices to identify and refer eligible patients **aged 50 and above 18 years and over and have a history of Gestational Diabetes Mellitus (GDM) or Ischemic Heart Disease (IHD),** or at high risk of type 2 diabetes to a Life! course. Terms of this funding agreement are set out below.

The funding offer

DA–Vic offers the following funding:

- 16 hours employment at \$35 per hour (+ GST)
- total = **\$560 (+ GST)**

The funding may be used to undertake the following tasks:

- use medical software, or alternative systems, to identify patients aged 50 and above who are at risk of type 2 diabetes
- send a letter and AUSDRISK test to each identified patient
- encourage patients to complete the AUSDRISK test and make an appointment to see the practice nurse or GP if they score 9 or above
- discuss the completed risk test with patient
- organise for a GP to order any pathology required to exclude type 2 diabetes for those who are at high risk
- refer eligible patients to a Life! course
- flag the records of patients who did not respond to the letter so that they can be followed up and encouraged to make an appointment to see the GP or practice nurse.

To assist this process, a template patient letter that can be customised by the practice, search criteria for some practice software and copies of the AUSDRISK test are available at www.diabetesrisk.org.au

Referral requirements

In order to receive the total funding available, DA–Vic requires a minimum of 15 eligible patient referrals to the Life! program (face to face course or Telephone health Coaching THC). To be eligible, patients must

- Have diabetes excluded

AND

- Score 12 or more on the AUSDRISK test and aged over 50 or over 18 if an Aboriginal or Torres Strait Islander
- OR
- Have a high risk condition, specifically a pre-existing condition of either CVD/GDM

Practices are encouraged to keep a list of patients that have been referred to a Life! course under this funding agreement to assist with invoicing requirements.

Invoicing and payment

To support practices in this work, payment will be made in two instalments.

Instalment one: Practices can invoice DA–Vic for the first eight hours work (\$280 + GST) with evidence* of at least five referrals made to the Life! program.

Instalment two: Submit a second invoice for the remaining eight hours work (\$280 + GST) with evidence* of at least an additional ten referrals to the Life! program.

DA–Vic **does not** notify practices when these requirements have been met and invoices should be sent.

DA–Vic will **only** make payments to the practice named on the funding agreement, and not to the individual staff member who is doing the case finding.

Ongoing support

Practices struggling to meet these requirements are encouraged to contact DA–Vic or their local division of general practice for assistance.

In order to support your work more effectively, DA–Vic may advise your local division of general practice that your practice has signed up to this funding initiative.

For further information on the funding, please contact the Primary Care Prevention Coordinator on (03) 9667 1773 or at MJones@diabetesvic.org.au.

* Evidence may be a list of patients referred or number of patients referred and facilitator they have been referred to.

Commencement of funding agreement

To accept the conditions of this offer and commence the funding agreement:

1. Complete and sign the form below in block letters
2. Return to the Life! program for sign off by faxing to (03) 9667 1757 or mail attention to:
Life! program
Diabetes Australia – Vic
206 Queensberry Street, CARLTON VIC 3053
3. DA–Vic will review, sign off if applicable and return a copy of the agreement to you

I, **<insert name>** the undersigned representative of **<insert practice name>** agree to the following:

Signed for and on behalf of **<insert practice name>**

Signed for and on behalf of: DA–Vic

.....
Authorised signatory

.....
Authorised signatory

.....
Print name

.....
Print name

.....
Position

.....
Position

.....
Date

.....
Date

In order for the Life! program team to communicate with you effectively, please complete the following:

Practice name

Contact name

Address

.....

Phone.....

Fax

Email