

Team Care Arrangements (TCA) (Item 723)

December 2022 Version 1

Team Care Arrangements (TCA) (Item 723) involves general practitioner collaboration with other participating providers on required treatment or services, documentation of the arrangements, and organisation of a review date for patients requiring Chronic Disease Management (CDM). More info and eligibility requirements can be found on HealthPathways [here](#).

When submitting *Team Care Arrangements (TCA) (Item 723)* to Eastern Health and few other health services via HealthLink SmartForms, there is an option for this item that can be selected under the 'Referral Continuation'. It is not required to select a relevant condition from the *Reason for referral* drop down box, where applicable. This is because the patient has been reviewed by the specialist and at most, their condition may no longer fit one of the referral criteria. Instead *Other* can be selected.

The three (3) main selections to clearly identify a Team Care Arrangement is by selecting:

1. *Team Care Arrangement* as the 'Referral Continuation'.
2. *Shared care management with GP* as the 'Referral Purpose'.
3. *Other* as the 'Reason for referral' and;

Referral Continuation*	<input type="radio"/> New <input type="radio"/> Amended referral/update previously sent referral <input type="radio"/> Renew expired referral <input checked="" type="radio"/> Team Care Arrangement
Referral Period*	12 months ▾
Interpreter Required*	<input type="radio"/> Yes <input checked="" type="radio"/> No
Special Needs / Reasonable Adjustments for Disability*	<input type="radio"/> Yes <input checked="" type="radio"/> No
Does the patient have a carer / support person?*	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is the patient appropriately equipped and enabled for Telehealth (video) consultation?*	<input type="radio"/> Yes <input checked="" type="radio"/> No
<p>I acknowledge that the patient has consented to the referral and to their personal and health information being shared between the referring clinician, the nominated GP, the health service staff and other health service providers as required to facilitate their treatment or care.</p> <input checked="" type="checkbox"/> Patient Consent*	
HealthPathways Melbourne Before sending your referral, please ensure you meet the referral criteria for Urology and attach any relevant investigations. Access HealthPathways Melbourne for referral guidelines.	
Urgency* ⓘ	Routine: Greater than 30 days ▾
Referral Purpose*	Shared care management with GP ▾
Reason for referral*	Other ▾

4. **Attach** the *Team Care Arrangements (TCA) (Item 723) document* in the 'Attachments/Reports' tab.

Requested Information	Diagnostic Reports / Patient Documents Browse for Local File Attach file from Computer supports files that end in types: doc, docx, gif, htm, html, jpeg, jpg, pdf, rtf, tif, tiff, txt													
Attachments / Reports No reports selected 1 file attached	Local File Attachments <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 15%;">Date</th> <th style="width: 40%;">Name</th> <th style="width: 20%;">Comments</th> <th style="width: 20%;">Size</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>15/12/2022</td> <td>test.pdf</td> <td>TCA</td> <td>177 KB</td> </tr> </tbody> </table>					Date	Name	Comments	Size	<input checked="" type="checkbox"/>	15/12/2022	test.pdf	TCA	177 KB
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