Long Term Conditions Support-Toitū Takata 12 month Review

General Advice

Introduction

Patients enrolled on Long Term Conditions Support - Toitū Takata should be reviewed 51-56 weeks after initial enrolment. The review provides you with the opportunity to assess the patient's clinical status and review the benefit of the programme to your patient.

At review you will need to consider if your patient would benefit for a further year of the programme or if they feel they can now be discharged. Patients can be re-enrolled if they have further goals to help manage their long term condition or if they continue to require the additional support that Toitū Takata provides. Discharging patients once they have achieved their goals will allow you to offer the funded space to another patient. Over time, this will allow more patients to benefit from Long Term Conditions Support-Toitū Takata.

A review form is available on the PMS portal. To support the review process funding of \$44.06+GST per patient reviewed will be available.

Decision making for re-enrolment v discharge

Please consider the following when deciding to re-enrol or discharge the patient:

- What more can you offer the patient to improve their understanding and self management of their long term condition?
- Patient goals: What are the patient's goals, have they achieved the goals they identified when they were enrolled on Long Term Conditions Support - Toitū Takata, do they have further goals which you can support them with over a further 12 months.
- Has the patient engaged well in the programme, are they motivated, will they continue to engage?
- Which care plan was completed in the previous 12 months, has this been valuable to your patients, which care plan does the patient want to do now?
- For patients who are re-enrolled the expectation is that an Acute Plan is created or reviewed.

Patients who were initially enrolled with a newly diagnosed long term condition

Please be aware that these patients may not be eligible for re-enrolment, they will only be eligible if their demographics have changed e.g., they now have a Community Service Card or High Use Health Card or if they have been newly diagnosed with another LTC.