

Chronic Disease Management and Prevention Program (CDMPP) Model of Care

What is the CDMPP?

The CDMPP is an evidence based Model of Care supporting better management of lifestyle related chronic diseases such as **Diabetes, Cardiovascular Disease, Respiratory Disease, Renal Disease and some Cancers in the general practice setting**. The program provides support where there is **market failure or no alternative funding and services available for chronic disease prevention and management, and targets adult clients with high risk factors or multiple chronic conditions**.

The program identifies key components that are necessary to ensure general practices and patients experience more comprehensive care in the management and prevention of chronic conditions. CDMPP recognises that rural and remote areas experience higher socio-economic disadvantage which impacts on Western NSW PHN populations. This program aims to ensure that established patterns of service for key allied health disciplines are continued, and new services will be introduced to areas of high need to assist workforce capacity through additional Practice Nursing positions and Aboriginal Health Workers.

The program model directly supports team based care and chronic disease prevention and management services in identified communities will be enhanced by the following strategies;

- Allied Health Services Strategy
- Aboriginal Health Worker Strategy
- Practice Enrolment and Nurse Support Strategy

How the CDMPP will support general practice?

The program is targeting mainstream and Aboriginal Community Controlled general practice-settings to;

- Strengthen the capacity of general practice to deliver patient-centered CDM services to communities and people of highest need
- Reinforce a platform to enable integrated, culturally safe, GP-led multidisciplinary care; and
- Build system capability to ensure those patients with greatest need are identified and enrolled in planned care.

Benefits of the program

CDMPP will give your practice additional resources and support to help you provide care to patients with chronic diseases. The program supports your existing model of care and allows you flexibility to work together as a team to improve your chronic disease management and prevention work

Where to from here?

To find out more about the CDMPP program in your community, please contact the NSW Outback Division of General Practice at the Head Office in Bourke on 02 68 724 777.

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