AUSTRALIAN MEDICAL ASSOCIATION REPORT CARD SERIES 2010-11

Aboriginal and Torres Strait Islander Health

BEST PRACTICE IN PRIMARY HEALTH CARE FOR ABORIGINAL PEOPLES AND TORRES STRAIT ISLANDERS

"So far, the reform of Australia's primary health care system has paid scant attention to the health of Aboriginal and Torres Strait Islander peoples. No planning or implementation has been conducted in genuine partnership with Aboriginal and Torres Strait Islander peoples. This perpetuates an unacceptable approach to policy."

The significant gap in life expectancy between Aboriginal and Torres Strait Islander peoples and other Australians is a matter of great concern to the AMA. Every mainland Premier, Chief Minister and Opposition Leader in Australia has signed on to, or pledged support for, the Close the Gap Statement of Intent to achieve health equality for Aboriginal and Torres Strait Islander peoples by 2030. If this national commitment is to be realised, there must be further sustained efforts to hasten the pace of change.

The gap in life expectancy will not close unless all Aboriginal and Torres Strait Islander peoples have full access to high quality primary health care. Currently, Aboriginal and Torres Strait Islander peoples do not have a level of access that matches their greater need.

There is a lack of clarity on what high quality and accessible primary health care for Aboriginal and Torres Strait Islander peoples should involve. The current reform of Australia's health system provides an opportunity to rectify this. This reform should be judged by how well it improves the health of Aboriginal and Torres Strait Islander peoples.

This Report Card summarises the AMA's investigation of the latest data and evidence on the barriers experienced by Aboriginal and Torres Strait Islander peoples in accessing primary health care services. It describes the factors that reduce these barriers and the factors that promote high quality health and clinical outcomes for Aboriginal and Torres Strait Islander peoples. It identifies the key characteristics of best practice in primary health care for Aboriginal and Torres Strait Islander peoples.

Aboriginal and Torres Strait Islander peoples visit mainstream private general practices and local community health centres, as well as primary care services specifically for Aboriginal and Torres Strait Islander peoples, including services in the Aboriginal community-controlled sector. Addressing the health care needs of Aboriginal and Torres Strait Islander peoples is the responsibility of everyone in the primary health care system.

The challenge for our health system is to focus on what can be achieved through collaboration and integration between services and sectors ensure continuity of high quality care for Aboriginal and Torres Strait Islander peoples through coordination, and the sharing of cultural understanding, resources, expertise, geographical availability and opportunities to provide care.

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Dr Andrew Pesce

President, Australian Medical Association
May 2011

Aboriginal Health painting **Jillie Nakamarra**

Key findings

- The majority of Aboriginal and Torres Strait Islander people live in urban areas, and an estimated 32.4 per cent live in major cities. The urban Aboriginal and Torres Strait Islander population is expected to have the highest growth rate.
- 60 per cent of the difference in death and disability between Aboriginal and Torres Strait Islander people and other Australians is due to the ill-health of Aboriginal and Torres Strait Islander people living in non-remote locations.
- There is a significant unmet need in Aboriginal and Torres Strait Islander peoples' access to primary care:
  - > In 2008-09, just over half (54.5 per cent) of Australia's Aboriginal and Torres Strait Islander peoples accessed Australian Government-funded Aboriginal and Torres Strait Islander-specific primary care services, and
  - > In 2008, only 13 per cent of these services were located in major cities. This equates to approximately 6,700 Aboriginal and Torres Strait Islander people for every Australian Government-funded Aboriginal and Torres Strait Islander-specific primary care service in major cities.
- The opportunities provided by mainstream private general practice and community health centres should not be overlooked:
  - > Between 1998 and 2003, 26 per cent of GPs in private practice across Australia saw Aboriginal and Torres Strait Islander patients, and nearly two-thirds of these GPs practised in cities and metropolitan areas.

Aboriginal and Torres Strait Islander peoples' access to primary care services, and the quality of their health outcomes, will improve when:

- Aboriginal and Torres Strait Islander cultural values and perspectives are reflected in primary care services;
- services are more available to Aboriginal and Torres Strait Islander peoples in terms of location, outreach and home visiting, and transport and accommodation options;
- Aboriginal and Torres Strait Islander peoples are involved in decision-making with primary care service providers about their health care;
- Aboriginal and Torres Strait Islander communities have a capacity to know when to seek health care and advice;
- services provide comprehensive primary care that addresses the whole of the person and the social and environmental factors that influence health;
- a core set of primary care services is provided that is appropriate to the broad phases of life – from early years to adulthood and older age – and where there is regular monitoring of outcomes; and
- there is continuity of care for Aboriginal and Torres Strait Islander patients through integration and coordination between services and health sectors.

Aboriginal community-controlled health services reflect the key elements of best practice very well, and with appropriate resourcing could reflect best practice to an even greater degree. Currently, best practice is otherwise limited in the primary health care available to Aboriginal and Torres Strait Islander peoples. The AMA believes this must change.

The challenge for Australia's health system

"The challenge for Australia's health system is to focus on what can be achieved through collaboration and integration between services and sectors, to ensure continuity of high quality care for Aboriginal peoples and Torres Strait Islanders through coordination, and the sharing of cultural understanding, resources, expertise, geographical availability and opportunities to provide care."

The following measures are fundamental to ensure best practice in primary health care for Aboriginal and Torres Strait Islander peoples.

1. **Aboriginal and Torres Strait Islander peoples must play a leading role in planning their primary health care.**

2. **Aboriginal medical services must not be disadvantaged in any changes to primary care funding arrangements between the Commonwealth and the States and Territories.**

3. **Governments must ensure:**
   - **ongoing monitoring of service capacity needs;**
   - **continuity between primary care and acute care for Aboriginal and Torres Strait Islander peoples;**
   - **Lead Clinician Groups include doctors involved in the care of Aboriginal and Torres Strait Islander peoples;**
   - **Systematic, rather than piecemeal, access to specialist services for Aboriginal and Torres Strait Islander peoples, and**
   - **E-health systems within regions to underpin continuity of care for Aboriginal and Torres Strait Islander peoples.**

4. **Priority must be given to building the capacity of Aboriginal community-controlled primary care services, so they can maximise their high potential for best practice.**

5. **Private general practices and community health centres must be further empowered to provide accessible and high quality primary care to Aboriginal and Torres Strait Islander peoples. This could involve:**
   - **support to routinely record Aboriginal and Torres Strait Islander status in patient records;**
   - **incentives to allow routine bulk-billing of Aboriginal and Torres Strait Islander patients;**
   - **support for the completion of cultural safety training;**
   - **development of Registrar training in core competencies in Aboriginal and Torres Strait Islander health; and**
   - **incentives to train and employ Aboriginal Health Workers.**

6. **Collaboration and integration should be supported, where appropriate, between private general practices or community health centres and Aboriginal community-controlled services to enable the sharing of cultural advice and clinical expertise.**

7. **Stronger support must be provided for Aboriginal Health Workers, including a commitment that some training takes place in local communities to encourage local recruitment.**

8. **A network of Teaching Health Centres of Excellence should be established across Australia to act as practical training and research hubs in Aboriginal and Torres Strait Islander health.**

A full account of the evidence and data for these findings and recommendations can be found in the on-line extended version of this AMA Report Card at: **http://ama.com.au/aboriginal-reportcard2010-11**

Models of Best Practice: Examples from the Field

The AMA believes that best practice in primary health care for Aboriginal and Torres Strait Islander peoples must be informed by the perspectives of the people who receive that health care, and the perspectives of those who successfully deliver the care. The AMA conducted site visits to primary care services in remote and urban locations to gain these perspectives. The following examples reflect some of the key characteristics of best practice in primary health care delivery to Aboriginal and Torres Strait Islander peoples in different service contexts.

The Queensland Aboriginal and Islander Health Council and the Institute for Urban Indigenous Health

(a model of collaboration for an expanding urban Aboriginal and Torres Strait Islander population)

The Queensland Aboriginal and Islander Health Council (QAIHC) is the peak body representing Aboriginal community-controlled health services in Queensland. QAIHC facilitates the provision of comprehensive primary care as well as specialist care, community programs, and programs in environmental health. In response to the rapidly expanding urban Aboriginal and Torres Strait Islander population in South East Queensland and the drastic under-servicing of that population, QAIHC undertook strategic planning to regionalise the delivery of primary care services for local Aboriginal and Torres Strait Islander people and integrate that service delivery with mainstream providers and private general practices.

As part of its response to the under-servicing of local Aboriginal and Torres Strait Islander communities, QAIHC has supported four community-controlled health services in South East Queensland to form the Institute for Urban Indigenous Health (IUIH). The IUIH integrates health planning and servicing for communities in this region, and strengthens service relationships between local Aboriginal and Torres Strait Islander health services, Divisions of General Practice, private practitioners, allied health providers and hospitals. The IUIH has developed and implements an eight-step service model for chronic disease. It starts with a comprehensive health assessment that captures a patient's total health status, rather than starting with a single disease diagnosis, which can often miss other relevant health conditions and risk factors.

The Majellan Medical Centre, Queensland

(a model of relationship building and small practical changes in private general practice)

The Majellan Medical Centre (MMC) is a practitioner-owned private billing group practice in the Moreton Bay area. The area has an Aboriginal and Torres Strait Islander population but no Aboriginal and Torres Strait Islander-specific primary health care services. Local Elders approached Queensland Health about the poor availability of services for the local Aboriginal and Torres Strait Islander community, and MMC was in turn contacted.

In negotiations between MMC and the Moreton Bay Regional Elders Council, a number of practical strategies were developed to improve Aboriginal and Torres Strait Islander access. These were bulk-billing of all Aboriginal and Torres Strait Islander patients (by doctors who agreed), one session time each week specifically for Aboriginal and Torres Strait Islander patients (the Aboriginal and Torres Strait Islander "clinic"), and a volunteer bus service to the clinic. The MMC patient registration form was modified to appropriately capture Aboriginal and Torres Strait Islander status, and MMC staff were fully briefed on the clinic. Queensland Health and others partnered in this initiative, and the district Aboriginal and Torres Strait Islander health worker attended clinic sessions to facilitate patient referrals and recalls, and to ensure cultural safety for patients. MMC holds monthly meetings with the Elders and other stakeholders to maintain community ownership. In the first 12 months of operation of the MMC clinic, there was a dramatic increase in registered Aboriginal and Torres Strait Islander clientele, from 10 to 147, and average monthly consultations increased from five to 40.

Katherine West Health Board

(a hub and spoke model of remote health service delivery)

The Katherine West Health Board (KWHB) is an Aboriginal community-controlled health organisation that provides clinical, emergency and preventive services to people within a 162, 000 sq/km region in the north western part of the Northern Territory. KWHB is governed by an 18 member Board of Aboriginal representatives from the communities in the region. These Board members provide advice about the health concerns and priorities faced by their communities. As well as having a health centre in the larger regional centre of Katherine, KWHB owns and operates health centres in seven communities in the region, which are staffed by GPs, nurses, qualified and trainee Aboriginal Health Workers, administrative staff, and visiting specialists. KWHB has a mobile health team that travels to remote outstations and cattle properties in the region. A key aim of the KWHB is to develop strategic alliances and friendships between Aboriginal and mainstream or Government entities and agencies responsible for health-related services in the region.

KWHB provides comprehensive primary care to its clients through a range of programs including, among others, child health, healthier young families, sexual health, social and emotional wellbeing, chronic conditions, environmental health and hygiene, and nutrition and physical activity. KWHB reinforces strong collaboration and communication between its regional health centres, and between the health programs and streams in KWHB. The AMSNet satellite shared IT network system facilitates this communication across the region. Storage of, and ready access to, patient records across the regional health centres, including mobile access, is provided through the Communicare IT platform. Advice on the cultural appropriateness of materials and programs used by KWHB in the region is provided by the Ngumpin Reference Group of Board members and past and current Aboriginal Health Workers from local communities in the region. KWHB produces health outcomes in the region that are better than average on nearly all of the key health performance indicators used in the Northern Territory.

Inala Indigenous Health Service

(a model of mainstream success in Aboriginal and Torres Strait Islander health)

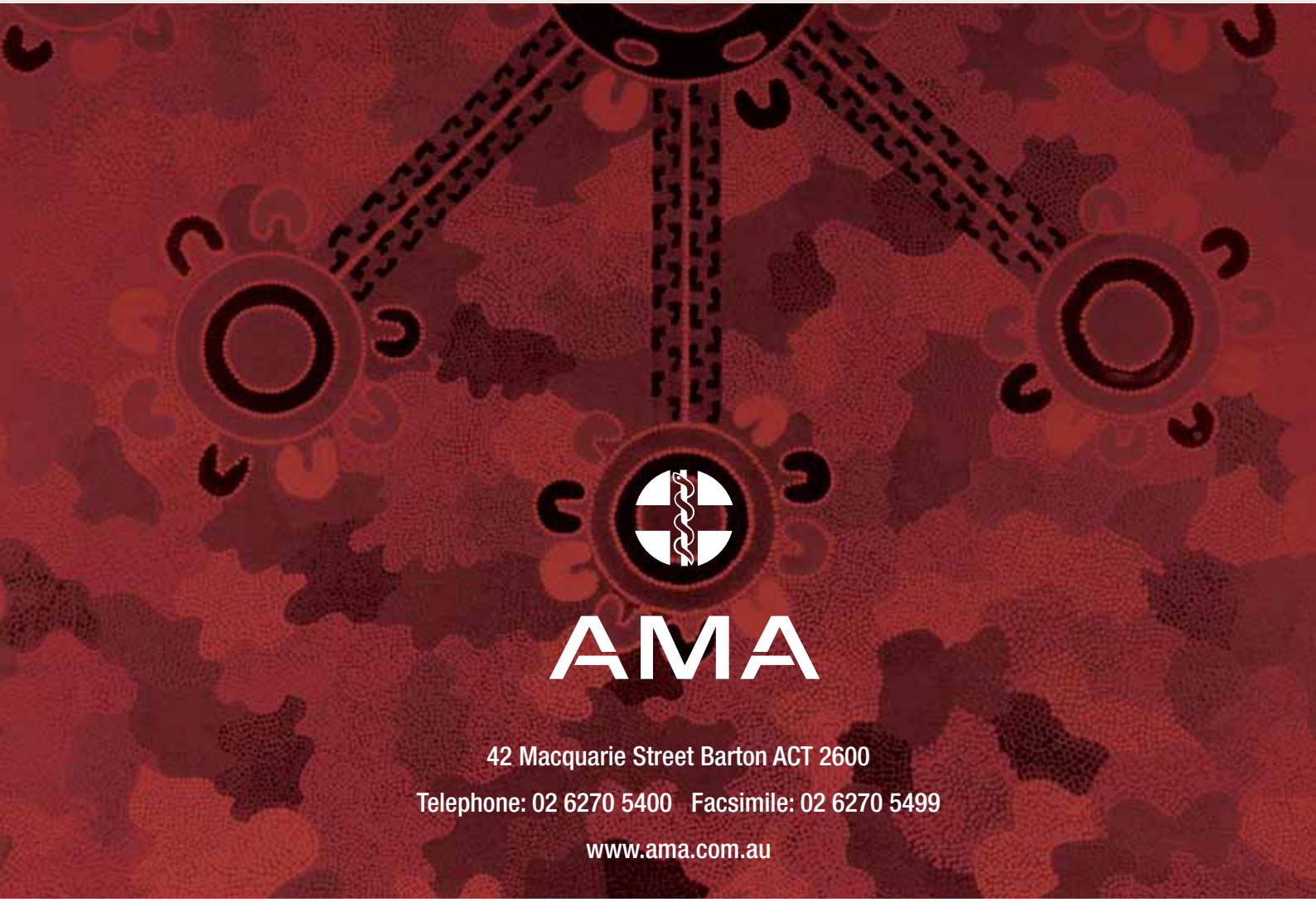
The Inala Community Health Centre is a Queensland Government-funded mainstream health service established in 1977. In 1995, in response to a very low representation of local Aboriginal and Torres Strait Islander people among patients (approximately 12), the Inala Indigenous Health Service was established within the broader Health Centre. Local Aboriginal and Torres Strait Islander people were consulted and strategies were implemented to increase the degree to which local Aboriginal and Torres Strait Islander people accessed the Indigenous Health Service. Initial strategies included employing more Aboriginal and Torres Strait Islander staff, having a more culturally appropriate waiting room, providing cultural awareness training to staff, stronger communication with the Aboriginal and Torres Strait Islander community, promoting intersectoral collaboration and liaison with Aboriginal community-controlled services in the area, and attending interagency network meetings.

Between 1995 and 2000, 899 new Aboriginal and Torres Strait Islander patients had attended Inala Indigenous Health Service. In 2006 the Service was allowed to Medicare bulk-bill. This enabled additional health and medical staff to be employed, and the full potential of the MBS Aboriginal and Torres Strait Islander health check items and chronic disease items was utilised. By 2008, the Inala Indigenous Health Service was able to provide specialist services, and employed Aboriginal and Torres Strait Islander health and community workers who provide outreach immunisations, child playgroups, and nutrition and chronic disease self-management programs. The Service had also taken on a significant teaching and research role in Aboriginal and Torres Strait Islander health. By 2008, the Service had 22 full-time staff members, and had access to allied health services, drug and alcohol services, mental health services, and child and health services. There are currently 5,000 Aboriginal and Torres Strait Islander patients registered with the Service who complete 1,500 doctor consultations per month - a very substantial increase on patient numbers and consultations since the Service began 13 years earlier. In 2010, the Service received a substantial grant from the Queensland Government to expand to become the South East Queensland Centre of Excellence in Indigenous Primary Care. The Centre of Excellence will be completed in June 2012.

The Centre for Aboriginal Primary Health Care Training, Education and Research (CAPTER) at the Kimberley Aboriginal Medical Services Council

(a model of regional support in teaching and research in Aboriginal primary care)

The Kimberley Aboriginal Medical Services Council (KAMSC) is a regional collective of five independently incorporated Aboriginal community-controlled health services in the remote Kimberley area of northern Western Australia. The Centre for Aboriginal Primary Health Care Training, Education and Research (CAPTER) provides a range of education and training programs, including Aboriginal Health Worker training; education and training for GP Registrars that involves clinical practice in Kimberley towns and remote communities, involvement in population health programs and local health promotion, and health research; and long- and short-term medical undergraduate placements. CAPTER is expanding its research profile, and has conducted a range of projects on Aboriginal primary health care, including the social and emotional wellbeing of Aboriginal youth. CAPTER promotes increased levels of GP services in the region, good working relationships between doctors and Aboriginal Health Workers, and encourages sustained interest among doctors in working in Aboriginal health. CAPTER is the only program of its kind based in an Aboriginal community-controlled health organisation in Australia.



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