



Improving the Identification of Aboriginal and Torres Strait Islander People in Mainstream General Practice

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Project Aim

To identify promising strategies to improve identification processes for Aboriginal and/or Torres Strait Islander people at mainstream general practice



Why?

- Health of Aboriginal and Torres Strait Islander people is much worse than other Australians
- Introduction of items through the Medical benefits Schedule specifically for Aboriginal and Torres Strait Islander people
- Poor uptake due to lack of ability to identify Aboriginal and Torres Strait Islander patients
- Identification and/or registration of Aboriginal and Torres Strait Islander patients at general practices is the gateway to measures to close the mortality gap



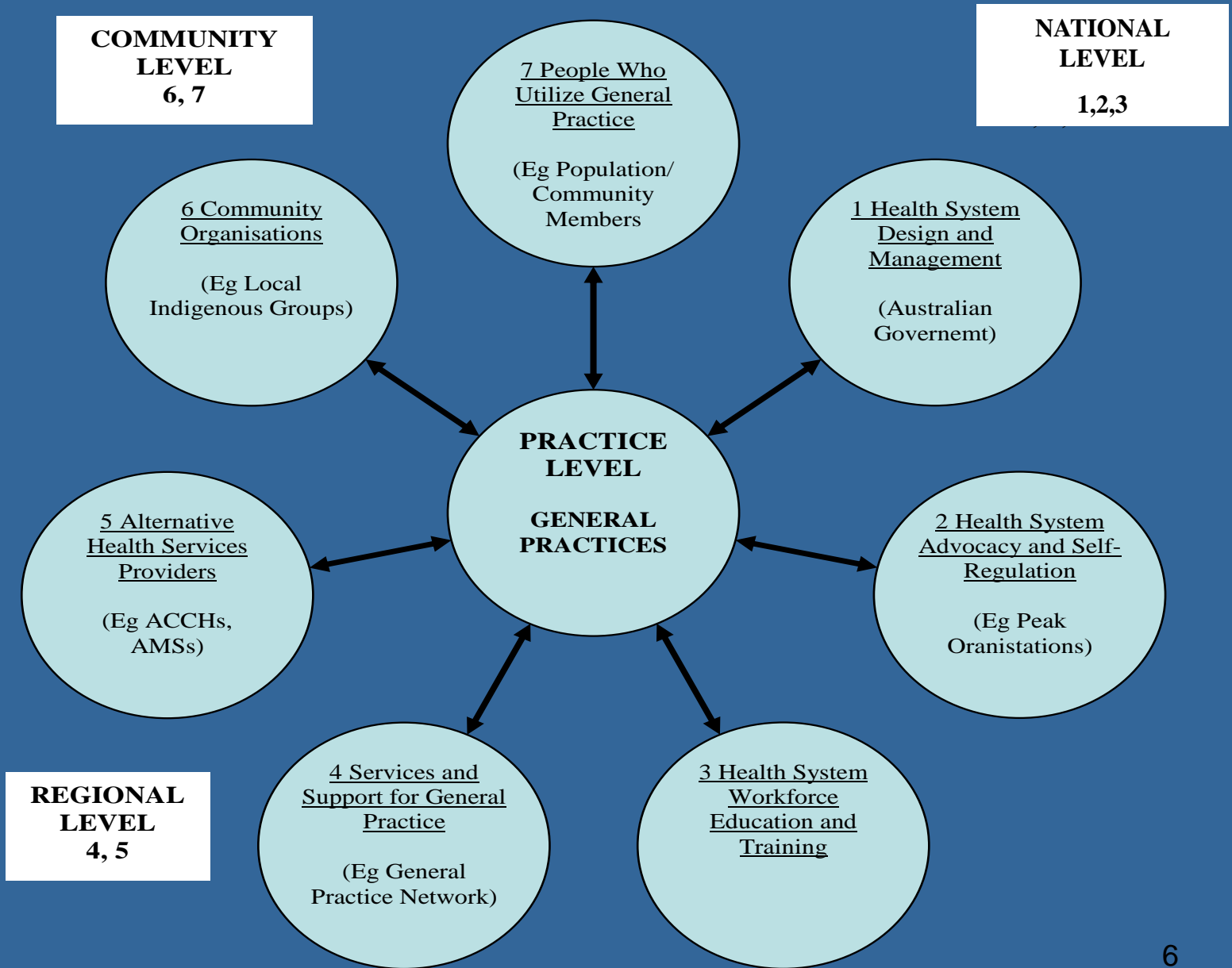
Best practice Aboriginal and Torres Strait Islander people

- Practice level
 - Respect
 - Explanation of why the data is collected
 - Culturally safe environment stereotypes
- Community level
 - Consultative process
- National level
 - Autonomy
 - Minimisation of funds leakage



Project Outline

- ▶ Systematic Review
- ▶ Public Submissions
- ▶ Key Informant Interviews (n=31)
- ▶ Secondary Data Analysis
 - ▶ PHCRIS and MBS comparison
- ▶ International Consultation
- ▶ Medical Software Review
- ▶ Policy Analysis
- ▶ Case Studies (10 sites, n=75)





Barriers to Identification in General Practice

Practice level

- Conceptualising Indigenous status
 - Stereotyping
 - Fear
- Lack of awareness
 - Why?
 - Who?
 - Special treatment
- System / Organisational impediments

“You have to convince health services that it is about health care delivery not just data collection”

- *“For Aboriginal and Torres Strait Islander people I think that it comes down to education and making people aware of why it’s important. That way it can be consumer driven. You need to provide health literacy so that people can actively seek out care that they need, because it may not necessarily be offered.”*



National level

- US
 - Wynia et al 2010 'most common and strongest objection' was that doctors believed that 'knowing a patient's race and ethnic group is, or should be, clinically irrelevant'
- UK
 - Sangowawa & Bhopal (2000), Jones and Kai (2007) positive patient response

- NZ
 - Rights based
 - Normalised
 - Linked to funding for all health users
 - Supported by major whole of community change
 - Backlash



Practice level

- Asking about Aboriginality in the context of ethnicity
 - In the SAND study, two hundred and four (2.4%, 95% CI: 1.3–3.4) encounters involved patients who identified as being of either Aboriginal or Torres Strait Islander origin. This was twice the rate routinely recorded in BEACH (unweighted, 1.2%, 95% CI: 0.8–1.6,).
- Promoting the uptake of Prevenar
 - Patient education strategy
 - Identification strategy

Practice level

- ▶ Dragon (2007) mentions intervention at Inala to improve access of Indigenous people.
 - ▶ Strategies included employing an ALO, making the environment more culturally appropriate, cultural awareness training and community education



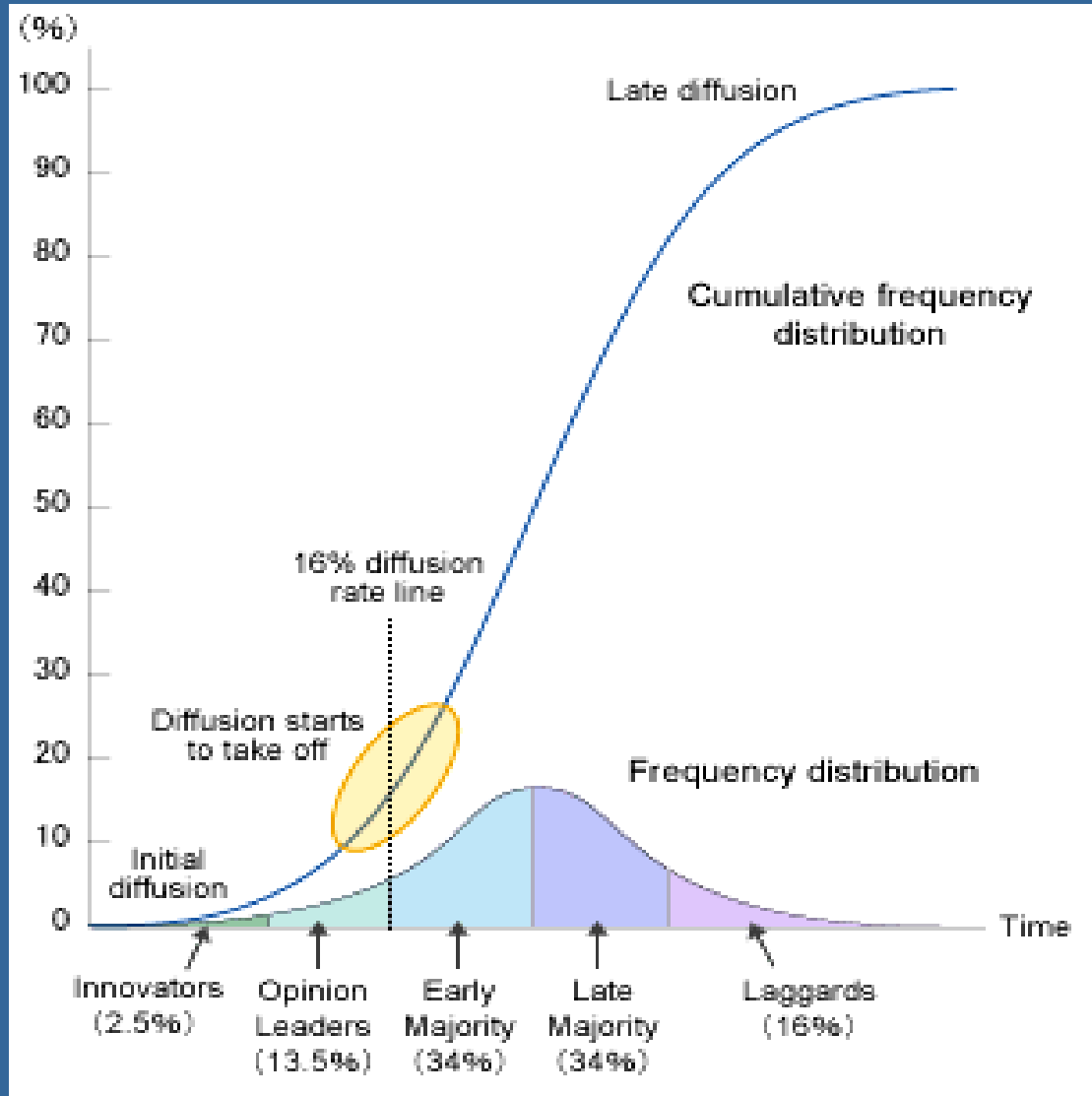
Community level strategies

- Youth Confidence development
 - Encouraged pride in Indigenous identity but not well supported practices
- Mapping Indigenous population
 - Highlighted Indigenous service use

General Practice Networks

	Child health checks		Adult health checks		Older health checks	
	AOR ^[1] 95%CI ^[2]	p	AOR 95%CI	p	AOR 95%CI	p
Cultural Awareness						
Time trend*strategy	0.99, 0.53-1.86	0.98	1.43, 1.1-1.84	0.01	1.17, 0.83-1.65	0.36
MBS/PBS Review						
Time trend*strategy			2.38, 1.78-3.19	<0.01	2.92, 2.46-3.47	<0.01
Hire ALO						
Time trend*strategy	1.69, 1.27-2.24	<0.01	0.98, 0.56-1.71	0.93		
Promotional Materials						
Time trend*strategy			1.88, 1.5-2.36	<0.01	8.53, 2.09-34.78	<0.01

Change Management





Make it relevant

- Emphasise the link between identification and quality of care
- Education/ training
 - Cultural awareness (72% of key informants)
 - how to ask the question and why the question is important (44% of key informants)
 - data importance (28% of key informants),
 - Medicare item refreshers (24% of key informants),
- Staffing
 - Indigenous Staff
 - Whole of practice approach



Make it attractive

- Incentives
- Raising the profile of identification through advocacy and promotion by opinion leaders (24 per cent of key informants)



Make it attractive

- ‘I think that’s where we need to really try and focus, improve understanding of the people who have the first contact, the importance of ethnicity from a medical point of view, from a legal point of view, and from a business point of view is very important, and that they should ask that question from every person who presents for the first time, you know, as a matter of priority, not as a matter of guess or as a matter of convenience, but as a matter of priority, and that will change it a lot.’



Make it achievable

- Thirty-six per cent of key informants believed that improvement within administrative structures was important for change.
- Key informants felt that barriers to identification were diminishing as questions about Indigenous status become more standard.



Make it achievable

- Whole of practice approach
- Clear registration form
- Updating of patient information
- Clear practice policy and guidelines
- Fund it



Make it necessary

- Accreditation
- Community expectations



Project Investigators

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Project Reference Group

Australian Association of Practice Managers (AAPM)

Australian General Practice Network (AGPN)

Australian Indigenous Doctors Association (AIDA)

Australian National University (ANU)

Australian Primary Health Care Research Institute (APHCRI)

Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN)

Cooperative Research Centre for Aboriginal Health (CRCAH)

Department of Health and Ageing (DOHA)

National Aboriginal Community Controlled Health Organisation (NACCHO)

National Indigenous Health Equality Council (NIHEC)

Royal Australian College of General Practice (RACGP)

Victorian Aboriginal Community Controlled Health Organisation (VACCHO)



Thank you