

Vision for general practice and a sustainable healthcare system

Benefits for Aboriginal and Torres Strait Islander peoples



General practice services are the foundation of the Australian healthcare system. General practitioners (GPs) and primary care teams provided over 171 million services to Australians in 2020–21.¹ Almost nine in 10 (86%) Aboriginal and Torres Strait Islander people reported seeing a GP or other non-GP specialist in the past 12 months.²

The RACGP's *Vision for general practice and a sustainable healthcare system* (the Vision) describes a sustainable model of high-quality, cost-effective and patient-centred care that aims to address many of Australia's healthcare challenges. The Vision outlines the value of Australia's general practice-based primary healthcare system and the long-term return on investment in patient-centred primary care.

Implementation of the RACGP's Vision is expected to improve access to general practice and address the health gap between different population groups, as well as putting primary healthcare on a sustainable footing.³ Aboriginal and Torres Strait Islander peoples face considerable health inequities driven by factors such as socioeconomic determinants of health, and resulting in gaps in life expectancy between non-Indigenous Australians.⁴

Aboriginal and Torres Strait Islander peoples use general practice services at rates that are slightly higher (1.2 times) than those for non-Indigenous Australians, but do not reflect the higher level of need among Aboriginal and Torres Strait Islander peoples.⁵ Improving patient experience of health services, as well as increasing ease of access to services, will contribute to better health outcomes.

The Vision sets out a plan for increased funding for primary healthcare through modernising the Medicare Benefits Schedule (MBS), encouraging continuity and comprehensiveness of care, supporting integration and coordination of care, and ensuring that practices have adequate physical and IT infrastructure.

There is strong harmonisation with the existing models of care and funding need in Aboriginal Community Controlled Health Organisations (ACCHOs) and best practice healthcare for Aboriginal and Torres Strait Islander peoples.

Mapping the benefits

Patient-centred and accessible care

- In 2017–18, the rate of MBS claims for GP items for Aboriginal and Torres Strait Islander peoples was 1.2 times that of non-Indigenous Australians, despite burden of disease and mortality rates double that of non-Indigenous Australians.⁵ This suggests that care is less accessible for Aboriginal and Torres Strait Islander peoples than of non-Indigenous Australians.
- Modernising the MBS to provide a permanent scheme for telehealth will improve both access to GPs and continuity of care for Aboriginal and Torres Strait Islander patients. Since widespread introduction in 2020, a substantial proportion of services offered by ACCHOs have been performed via telehealth.
- Improving internet connectivity across non-urban areas and access to technology in remote communities is critical to improving access to care through telehealth.

Continuous care

- Implementing a patient enrolment system supports current patient preference for ACCHOs and willingness to enrol with a regular service or practice.⁵
- A well-funded scheme that is weighted adequately for socioeconomic status and populations with high needs would enhance continuity of care and might also encourage equitable workforce distribution by supporting those positions.
- ACCHOs and practices with sizeable Aboriginal and Torres Strait Islander patient numbers are already familiar with patient enrolment through the Practice Incentives Program Indigenous Health Incentive. While not explicitly an enrolment scheme, there are lessons from this program that could enhance the rollout of a broader enrolment process.

Comprehensive and coordinated care

- A well-resourced, multidisciplinary GP-led team is important for people with chronic and complex conditions.
- Other members of the healthcare team who provide care, such as nurses, Aboriginal health workers/practitioners and primary mental health services, must also be recognised and compensated competitively. This could be achieved through increasing the existing Workforce Incentive Payment.

- Care coordination needs to support patients and increase the capacity of primary care providers. Recognition and resourcing for this work enhances the ability of services to prioritise these activities.
- ACCHOs routinely address the broader health determinants through the delivery of services that respond to the needs of their communities. This serves as an example for reform of the wider primary healthcare sector.

High quality care

- Aboriginal and Torres Strait Islander peoples are more likely to have long and complex GP consultations that require service providers to have excellent clinical skills, cultural understanding and an awareness of the historical and psychosocial context which influences health outcomes.⁶
- The complexity, skill and time required to deliver high-quality healthcare is not always recognised through the current level of MBS rebates. For those accessing care via ACCHOs, the service often bears the costs of providing care.
- The freeze on indexation of MBS rebates particularly impacted providers, such as ACCHOs, who aim to avoid out-of-pocket costs for patients, and who are already underfunded relative to the need in communities.⁷
- Access to appropriate indexation goes some way to supporting sustainability over time for service delivery through strengthened revenue streams and ensuring that funding can keep pace with the costs of providing high-quality primary care.
- Investing in the growth and sustainability of the workforce (particularly Aboriginal and Torres Strait Islander GPs and Aboriginal health workers/practitioners) to support their entry into mainstream settings enhances the overall quality of care and cultural safety for Aboriginal and Torres Strait Islander patients, regardless of where they seek healthcare.

What else is needed?

Investing in good-quality Aboriginal and Torres Strait Islander healthcare through ACCHOs and in mainstream healthcare is vital.

The RACGP recognises that while implementation of the Vision will bring about important benefits, it will not necessarily guarantee changes that benefit all Aboriginal and Torres Strait Islander peoples. Some issues sit outside the Vision, but still form part of the RACGP's advocacy and mission.

Specific commitments to tackling racism in general practice

Racism within health and other systems must be addressed to remove barriers to better outcomes in health, education and employment.

As the first point of contact for many Australians accessing healthcare, GPs are well placed to show leadership in addressing racism, discrimination and bias, and advocate for health equity and systemic changes that are needed within the healthcare system.

The need for cultural safety in healthcare

Well-trained GPs providing culturally safe care are essential to support the health and wellbeing needs of Aboriginal and Torres Strait Islander peoples. It is crucial that all services and medical professionals are accessible, affordable and culturally safe, to maximise the likelihood of attendance to primary healthcare.

Implementation of the Uluru Statement from the Heart

All too often, policy is made outside the field of Indigenous affairs, yet still results in adverse impacts on Aboriginal and Torres Strait Islander peoples, without consideration of values and perspectives. Consequently, policies implemented through the health system, including general practice, can have unintended adverse consequences for Aboriginal and Torres Strait Islander patients and contribute to an atmosphere of mistrust.

There is evidence that cultural factors, such as self-determination and being able to make decisions about your future, can positively influence Aboriginal and Torres Strait Islander people's health and wellbeing.⁵

The RACGP remains committed to our support for the Uluru Statement from the Heart and the recommendations for a constitutional voice and the need for truth telling. It is a way to empower Aboriginal and Torres Strait Islander communities to have a voice in decisions about their lives and health. This is essential for good health and patient-centred care.

Core funding support for ACCHOs

A blended funding model is needed to fully fund comprehensive and high-quality primary healthcare, as provided via ACCHOs. The rising costs of medicine are a challenge for services, such as ACCHOs, that primarily bulk bill patients to ensure continued access to healthcare, and where the financial loss is borne by the service rather than the patient.

The grant funding provided through the Indigenous Australians' Health Program is a critical component to provide the comprehensive models of primary healthcare. This is especially important for health equity. Core grant funding is supplemented by MBS payments for some of the clinical care to individual patients. The ability to generate sufficient MBS income is limited by the scope of healthcare covered through the MBS, the small population base in many regional and remote areas, the geographical maldistribution of GPs, and the limited capacity of clinics and consultation spaces.

It is essential that this core funding is continued and expanded to ensure the type and quality of healthcare that is needed for addressing complex and chronic health issues in the long term, while ensuring patients can still access affordable healthcare.

References

1. Australian Government Department of Health. Annual Medicare statistics. Available at www1.health.gov.au/internet/main/publishing.nsf/Content/Medicare%20Statistics-1 [Accessed 10 November 2021].
2. Australian Bureau of Statistics. National Aboriginal and Torres Strait Islander Health Survey, Australia, 2018–19. Canberra: ABS, 2019.
3. PricewaterhouseCoopers (PwC). Economic benefits of the RACGP's Vision for general practice and a sustainable healthcare system. A report prepared for the RACGP. Melbourne: PwC, 2020.
4. Jones B, Heslop D, Harrison R. Seldom heard voices: A meta-narrative systematic review of Aboriginal and Torres Strait Islander peoples healthcare experiences. *Int J Equity Health*. 2020;19(1):222. doi: 10.1186/s12939-020-01334-w.
5. Australian Institute of Health and Welfare. Aboriginal and Torres Strait Islander Health Performance Framework 2020 summary report. Canberra: AIHW, 2020.
6. Australian Health Ministers' Advisory Council. Aboriginal and Torres Strait Islander Health Performance Framework 2017 report. Canberra: AHMAC, 2017.
7. Gador-Whyte AP, Wakeman J, Campbell D, et al. 2014. Cost of best-practice primary care management of chronic disease in a remote Aboriginal community. *Med J Aust* 2014;200(11):663–66. doi: 10.5694/mja13.11183.

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