

It's time to care about ... **high-quality, culturally safe primary healthcare for Aboriginal and Torres Strait Islander people and communities**

The Royal Australian College of General Practitioners (RACGP) is calling on the Federal Government to help GPs and the patients they care for

Did you know?

Aboriginal and Torres Strait Islander people experience a disease burden 2.3 times that of non-Indigenous people.¹

GPs and practice teams play a central role in meeting the Closing the Gap commitment to achieve Aboriginal and Torres Strait Islander health equality, but they need government support to do so.



Aboriginal and Torres Strait Islander people are **twice as likely** as non-Indigenous people to experience a disability.³

31.5% of Aboriginal and Torres Strait Islander people have at least one morbidity and **16.1%** have two or more, compared with 25% and 12.1% for non-Indigenous patients.



31% of Aboriginal and Torres Strait Islander adults experience high or very high levels of psychological distress compared to **13%** of non-Indigenous adults.¹



Suicide rates are **more than twice** as high in young Aboriginal and Torres Strait Islander people compared with non-Indigenous people.⁴

Barriers to accessing healthcare include culturally inappropriate services and the experience of racism, which leads to avoidance and compromised quality.⁵

The RACGP supports the Uluru Statement of the Heart and Closing the Gap and calls for government action in providing a voice for Aboriginal and Torres Strait Islander people in the Parliament of Australia and investing in equality in health and life expectancy for Aboriginal and Torres Strait Islander peoples.

The RACGP is calling on the Federal Government to:

1 Establish a new service incentive payment to encourage regular and continuous access to high-quality, culturally safe primary care services

Older people in the community – The historical context of institutionalisation and early onset of ageing-related illnesses requires culturally safe, trauma-informed primary healthcare to support health and wellbeing, which can help delay the need for residential aged care.

People with mental health conditions – Aboriginal and Torres Strait Islander people must be able to access culturally safe, trauma-informed mental health care from trusted GPs and practice teams with appropriate expertise.

People living with disability – GPs and practice teams are an essential link for Aboriginal and Torres Strait Islander people with disability as they navigate the National Disability Insurance Scheme to access optimal care.

2 Increase the value of the Medicare rebate by 10% for GP consultations longer than 20 minutes

Aboriginal and Torres Strait Islander people are more likely to have long and complex consultations with their GP,⁶ meaning service providers must have excellent clinical skills, cultural understanding and awareness of the historical and psychosocial context that affects health outcomes.

Longer consultations are undervalued in the current system, leading to higher out-of-pocket costs for patients. When services are bulk billed, including in Aboriginal Community Controlled Health Organisations (ACCHOs), the service bears the costs of providing care. This means services that provide the most complex primary care are underfunded.

3 Reinstitute Medicare telehealth rebates for long phone consultations

Medicare data show that most COVID-19 telehealth services are phone consultations, showing a strong patient preference. Many patients are either not comfortable using video consultations or aren't able to do so.

Funding for phone consultations ensures access to the preferred mode of care for Aboriginal and Torres Strait Islander people who already have poorer access to healthcare. It also supports the sustainability of ACCHOs, whose GPs and practice teams will continue to conduct long consults by phone with their patients while there is need.

4 Introduce a follow-up appointment with a GP within seven days of an emergency department visit or hospital admission

Support for a post-hospital visit with a trusted GP and practice team that provides high-quality, culturally safe care reduces the likelihood of hospital readmission.

Unexpected hospital admissions are more frequent for Aboriginal and Torres Strait Islander people, and these consultations are very complex. They are also discharged from hospital against medical advice at much higher rates than non-Indigenous people.⁷ As a result, Aboriginal and Torres Strait Islander people are more likely to revisit emergency departments and have higher mortality rates.

- 1 Australian Institute of Health and Welfare, National Indigenous Agency. Aboriginal and Torres Strait Islander Health Performance Framework: Summary report 2020. Canberra: Australian Government, 2020. Available at www.indigenoushpf.gov.au [Accessed 8 September 2021].
- 2 Randall DA, Lujic S, Havard A, et al. Multimorbidity among Aboriginal people in New South Wales contributes significantly to their higher mortality. *Med J Aust* 2018;209(1):19–23. doi:10.5694/mja17.00878.
- 3 Australian Institute of Health and Welfare, National Indigenous Agency. Aboriginal and Torres Strait Islander Health Performance Framework: Summary report 2020 – 1.14 Disability. Canberra: Australian Government, 2020. Available at www.indigenoushpf.gov.au/measures/1-14-disability [Accessed 8 September 2021].
- 4 Australian Institute of Health and Welfare. Deaths by suicide amongst Indigenous Australians. Canberra: Australian Government, 2020. Available at www.aihw.gov.au/suicide-self-harm-monitoring/data/populations-age-groups/suicide-indigenous-australians [Accessed 8 September 2021].
- 5 Davy C, Harfield S, McArthur A, et al. Access to primary health care services for Indigenous peoples: A framework synthesis. *Int J Equity Health*, 2016;15(1):163. doi:10.1186/s12939-016-0450-5.
- 6 Australian Government. Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report. Canberra: Australian Government, 2017. Available at www.niaa.gov.au/sites/default/files/publications/2017-health-performance-framework-report_1.pdf [Accessed 8 September 2021].
- 7 Australian Institute of Health and Welfare, National Indigenous Agency. Aboriginal and Torres Strait Islander Health Performance Framework: Summary report 2020 – 3.09 Discharge against medical advice. Canberra: Australian Government, 2020. Available at www.indigenoushpf.gov.au/measures/3-09-discharge-against-medical-advice [Accessed 8 September 2021].