



RACGP

Aboriginal and
Torres Strait Islander
Health

Executive Summary – NACCHO RACGP Roundtable, 3-4 May 2019

NACCHO and the RACGP hosted a roundtable in recognition of the need for broader consultation with key stakeholders to better understand the context, enablers and barriers to provision of effective, high quality preventive healthcare for Aboriginal and Torres Strait Islander people and specifically to support a number of project outcomes including:

- Development of 715 health check templates
- Recommended MBS item 715 Descriptor and Explanatory notes – to be submitted to MBS review taskforce before 7 June
- Development of resources to support the delivery of culturally responsive preventive healthcare for Aboriginal and Torres Strait Islander people
- Review of clinical software
- Project recommendations

The roundtable was held on 3-4 May 2019 with representation from individuals with a breadth and depth of perspectives, experience and expertise in quality preventive healthcare for Aboriginal and Torres Strait Islander people.

Objectives of the roundtable:

- Discuss the role of 715 health checks as one preventive health activity in comprehensive primary healthcare for Aboriginal and Torres Strait Islander peoples
- Identify key issues relating to the use of 715 health checks in primary care
- Develop key elements of 715s that are age specific
- Develop a recommendation on how content of 715 templates is agreed following roundtable
- Identify what needs to be referred to the software vendor workshop
- Identify gaps in evidence and opportunities for further exploration
- Inform recommendations to the Department
- Inform resource development to support culturally responsive healthcare for Aboriginal and Torres Strait Islander people both in ACCHO and health sector.

Summary of discussion points:

The Roundtable participants spoke extensively about the benefits and limitations of the 715 health check, considering its value to patients, clinicians, services and populations. Providing context was very important, as the 715 health check is a “downstream” activity in preventive healthcare, and there are a lot of preventive activities in healthcare (of which the 715 health check is one).

Participants spoke about the principles that underpin high quality primary healthcare and that should inform all preventive health activities, including the 715 health check:

- A patient’s priorities and experience in the consultation have primacy. This includes cultural identity (safety) as well as specific health issues.
- Continuity of care is important
- Importance of relationship
- Framing within a strengths-based approach

Aims/intention of 715

- Support initial and ongoing engagement in comprehensive primary healthcare in a culturally safe way
- Provision of evidence-based health information and services for primary and secondary prevention
- Identification of health needs
- Supports established population health programs (eg immunisation, cancer screening)

High quality 715

- Positive experience for patient, patient priorities and experience in the consultation have primacy
- Culturally affirming/has cultural elements including Aboriginal/Torres Strait Islander people involved in provision of care
- Usually team-based approach (in ACCHOs)
- Provided *with* a patient, not *to* a patient
- Relationship-strengthening, supporting patient agency
- Evidence-based as per current primary care guidelines (National Guide or other guideline such as CARPA)
- Enough time is taken (may be completed over several consultations)
- Follow-up of identified health needs occurs (continuity of care)

Risks/concerns of 715

- Can lead to non- or dis-engagement in healthcare ie ***has the potential to do harm***
- Highly variable content and quality
- Incentives to increase number of 715s may undermine quality
- May be seen as proxy for (all) preventive healthcare and lead to undervaluing/under-resourcing of a whole range of health promotion and disease prevention activity in primary care
- Dominating the landscape, taking resources from other parts of primary care
- At their worst, 715 health checks are a revenue-raising, tick box exercise that are done “to” patients and risk harm, can be rorted
- If there’s no follow-up then no/minimal impact on health outcomes
- Number of MBS item 10987s poor measure of follow-up

More work needed/suggestions

- Currently weak evidence of health assessments improving health outcomes
- Addressing lack of consistency in quality of 715s
- Discussions around cycles of care as opposed to an isolated health check were explored.
- It was noted that a good model for performing preventive activities includes not doing all activities in one go.

Other points

The challenge for the Department of Health, and all clinicians and practice teams providing preventive healthcare for Aboriginal and Torres Strait Islander people is to ensure that a focus on increasing quality, not just quantity of health checks is taken.

A significant difference between the ACCHO and non-ACCHO sector in the provision of quality, culturally responsive healthcare for Aboriginal and Torres Strait Islander people was noted by the group. A patient’s right to expect culturally responsive preventive healthcare irrespective of where they seek care was also accepted by the group and the tensions in these realities was discussed.

Discussion about how clinical software could support high quality 715s followed an update on current work happening between all the major clinical software providers to improve operability both within and between clinical software programs. Most of this discussion was referred to the software vendor workshop June 20.

Some suggestions from the roundtable participants to support quality primary healthcare for Aboriginal and Torres Strait Islander people:

- 715 health checks do not currently meet patient needs, unless the practitioner and service are culturally responsive and have the structures and attitudes in place to provide effective healthcare.
- The role of the Aboriginal and Torres Strait Islander Health Practitioners and Workers needs to be properly recognised and adequately remunerated. Training also needs to be a priority area as current need not met.
- Aboriginal health as a specialty needs to be considered.
- Static, pdf templates are limited in what they can offer to support a quality 715 health check. Working group to explore further.
- The MBS item Descriptor and Explanatory notes for the 715 health check need to be updated – recommended content to inform 7 June submission to MBS review taskforce will be drafted out of session.
- Patient incentives to be considered – do they provide positive health outcomes for patients?
- Community consultation on what should be included in a 715 health check
- Patient reported experiences are crucial to determine if health checks are of benefit
- There are a number of barriers in place that currently limit mainstream general practice from providing effective, value based healthcare for Aboriginal and Torres Strait Islander patients.

The roundtable participants recognised the opportunity in working with clinical software vendors and a working group will be established to feed into the next NACCHO RACGP software vendor meeting to be held on 20 June. It was suggested that defining the minimum requirements of software will be a good starting point.

Next steps

- Prioritise an agreement on the MBS item Descriptor and Explanatory notes and fed into the MBS review by 7 June.
- Finalise Roundtable report following participant feedback and confirmation
- Establish working groups to finalise:
 - 715 health check elements and formats (templates)
 - Clinical software recommendations
- Software vendor meeting – confirm who to invite, representing technical knowledge and cultural knowledge to feed into the next software vendor workshop (20 June)
- Feed into NACCHO RACGP report to Department of Health