Survey results report

Executive summary

Introduction:

The National Aboriginal Community Controlled Health Organisation (NACCHO) and the Royal Australian College of General Practitioners (RACGP) Aboriginal and Torres Strait Islander Health team have a strong history of working in partnership and advocating for increased awareness of barriers to quality healthcare faced by Aboriginal and/or Torres Strait Islander Australians. In March 2018 NACCHO and the RACGP published the third edition of the *National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people* (National Guide) and have since been working on associated activities to support implementation of the National Guide.

As part of this process, an online survey was conducted from 17 December 2018 until 15 February 2019. The aim of this survey was to gain feedback from stakeholders about what makes a quality Aboriginal and Torres Strait Islander health assessment (715 health check), how clinical software can be modified to improve identification rates of Aboriginal and Torres Strait Islander patients in mainstream practices and integrate the National Guide; and what resources can support improving culturally responsive healthcare for Aboriginal and Torres Strait Islander patients.

The online survey was developed by the National Guide project team and reviewed by the project's Aboriginal and Torres Strait Islander led Project Reference Group. It was distributed to all RACGP Aboriginal and Torres Strait Islander health members via the RACGP e-newsletter and to all NACCHO Affiliates and member services through the NACCHO Communique and communications by the NACCHO Project Coordinator. The survey was also promoted by the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA), the Australian Association of Practice Nurses and the Australian Association of Practice Managers, amongst others.

A total of 409 respondents provided feedback. The first part of the survey was designed to understand more about our stakeholder's services - what they felt were features of a culturally responsive practice; what they think are the benefits and limitations of a 715 health check, their use of the National Guide and what resources can support culturally responsive healthcare. The second part of the survey focused on clinical software, whether stakeholders would like the National Guide integrated into clinical software and what features of clinical software can support culturally responsive healthcare for Aboriginal and Torres Strait Islander people. Respondents included 147 general practitioners, 57 Aboriginal and/or Torres Strait Islander health practitioners or workers, 32 practice managers, 29 practice nurses, 7 receptionists and 137 people from other roles from across the health sector including hospitals, Primary Health Networks, NACCHO Affiliates, Universities, Allied health and community organisations. A limitation of the survey is that it was completed voluntarily and so possibly by people who are interested in improving the quality of 715 health checks. As such there is a possibility that they may provide a higher quality of health checks than the broader group of clinicians and services.

Results:

The majority of respondents (62%) stated that the question asked by their practice to determine a patient's Aboriginal and/or Torres Strait Islander status aligns with the National best practice guidelines for collecting Indigenous status in health data sets. 62% of respondents stated that every patient at their service is asked the status question, while 24% were unsure and 15% said that not everyone was asked.

The most common features of their practice that respondents stated were in place to support a welcoming environment for Aboriginal and Torres Strait Islander people were Cultural awareness training available for all staff, local artwork, and tailored patient information. Other services stated that they ran an Elders Yarning Circle and employed Aboriginal liaison officers, as well as acknowledging and supporting local people to manage their relationships with organisations like Centrelink, NDIS, and Medicare.

73% of respondents stated that their practice was registered for the Indigenous Health Incentive PIP, while 16% were unsure and 11% were not registered.

79% of respondents stated that they offer 715 health check to all eligible Aboriginal and Torres Strait Islander patients, while 11% of respondents don't and 10% were unsure.

73% of respondents allow a longer appointment time when providing a 715 health check, while 11% don't and 16% said it depended on factors such as variability between practitioners; that health check may be completed in stages; that they are walk in clinics with flexible appointment times; that when opportunistic it can result in shorter appointments and one service stated that the GP spends 20 minutes with the patient but more time is spent with the Aboriginal health worker.

72% of respondents felt that the 715 health check offers a good framework for supporting comprehensive primary healthcare for Aboriginal and Torres Strait Islander people. 7% of respondents felt that it didn't offer a good framework and 21% of people stated that "it depends", noting that things like the social and cultural determinants of health are not properly covered, that it doesn't allow for trauma informed care, that the quality of a health check is very clinician dependent, that it depends on the level of engagement a clinician has with their patient and that it can be a good starting point but follow up is very important.

Respondents noted that the benefits of 715 health check are that it can provide a comprehensive review of a patient's needs, that it supports prevention and early detection of disease, that is can support relationship building and patient education. Respondents also noted limitations of the 715 health check. For example, time limitations, challenges with patient engagement, that the 715 can promote a biomedical approach to healthcare, and can foster a tick-box approach. Other respondents commented that it is often not done well enough and that templates are limiting in their design and don't promote a thorough, quality health check.

When considering resources to support care for Aboriginal and Torres Strait Islander people, the four most commonly used are the Alcohol Use Disorders Identification Test (AUDIT-C), the AUSDRISK diabetes screening tool, the K% questionnaire to measure psychological distress and the 5As to support quit smoking. The high use of the AUSDRISK screening tool is interesting, given that third edition of the National Guide does not recommend its use, as due to the high prevalence of diabetes, it is likely to be of limited benefit.

The most frequently used MBS items following a health check in descending order are the MBS 721, 723, 732, 10997, 81300-81360, 10987 and 10950-10970.

47% of survey respondents reported that they had identified practice systems or initiatives that support timely and effective follow up of services for Aboriginal and Torres Strait Islander patients. Some examples noted were action lists, employing Aboriginal Health Workers to support engagement, audited recall systems, campaigns such as "today is your Birthday, time for a health check", booking follow up appointments before a patient leaves the clinic, home visit outreach if needed, ongoing relationship with community, telehealth follow up consultations, partnerships with other services to provide comprehensive healthcare.

81% of respondents stated that their practice registers Aboriginal and Torres Strait Islander patients with, or at risk of, chronic disease for 'Closing the gap PBS co-payment.' 8% of respondents didn't and 12% were unsure.

74% of respondents have a copy of the third edition of the National Guide in either hard copy or pdf copy which indicates good distribution of this resource, and 70% of respondents use the National Guide to support preventive healthcare for Aboriginal and Torres Strait Islander people.

68% of respondents have confirmed that their practice is registered for the e-health PIP, while 21% of respondents were unsure.

Clinical software

77% of respondents stated that their clinical software has a 715 health check template. 64% of these respondents stated that they would make changes to the existing 715 health assessment template in their clinical software. Comments suggest that a number of respondents have created their own bespoke solutions, modifying or creating their own templates. Suggested improvements to existing templates included age-specific templates; aligning with the National Guide; bringing all risk assessment areas together; Making items compulsory to complete, including more space for actions and advice, more capacity for identifying patient priorities and to insert more items relating to the social determinants of health.

66% of respondents stated that the Aboriginal and/or Torres Strait Islander status of patients is displayed prominently on screens used by GPs. 30% of respondents stated that completion of Aboriginal and/or Torres Strait Islander status was mandatory. 30% of respondents were unsure if this was the case.

37% of respondents stated that a patient's Aboriginal and/or Torres Strait Islander status is linked to clinical decision support prompts or alerts in their software package. 31% of respondents stated that there is no link and 32% stated that they were unsure.

51% of respondents stated that a patient's Aboriginal and/or Torres Strait Islander status is included in practice-generated documentation from which national data is collected, with 40% being unsure and 9% stating no.

19% of respondents had suggestions for software vendors about how clinical software can be modified to improve identification of Aboriginal and Torres Strait Islander people. Suggestions included showing flags in the software, adding Aboriginal and/or Torres Strait Islander status to computer generated documents and making collection of this data mandatory.

When asked which changes (if any) could be recommended to software vendors be made to general practice software to improve care for Aboriginal and Torres Strait Islander people, the two most common suggestions were that Aboriginal and/or status is linked to clinical decision support, and that the Aboriginal and/or Status of the patient is displayed prominently on screens used by healthcare staff.

73% of respondents stated that they felt that clinical software should embed relevant recommendations from the National Guide. 5% of respondents disagreed with this statement and 16% of respondents were unsure.

33% of respondents stated that they would add to data that is currently collected on their practice system. A number and range of suggestions were offered, see the full survey report for more details.

Results from this survey will be shared on the National Guide website and with stakeholders through RACGP newsletter and NACCHO Communique. Results will feed into software vendor workshops, development of 715 health check templates and resources, and the recommendations and learnings that result from this project.

For further information, to provide comment or to access the full survey results, please contact project coordinators, Kate Freeman from RACGP on 03 8699 0576 or kate.freeman@racgp.org.au, or Lauren Trask on 0411 609 157 or ltrask@qaihc.com.au