RACGP | Aboriginal and Torres Strait Islander Health

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# *Support for increased investment in Aboriginal Community Controlled Health Organisations*

## Position statement

July 2020

> *We have innovative, robust and flexible service models grounded in the culture of our people and contemporary primary healthcare practices.*[1]
>
> – National Aboriginal Community Controlled Health Organisation (NACCHO)

## Position

The Royal Australian College of General Practitioners (RACGP) has long acknowledged the strengths and successes of Aboriginal Community Controlled Health Organisations (ACCHOs). This position statement outlines our support for the sustainability of this comprehensive model of healthcare.

The RACGP:

- recognises ACCHOs as an essential part of the healthcare system that provide comprehensive and high-quality clinical and cultural healthcare designed by, and responsive to, community needs[2]
- acknowledges the invaluable experience of the Aboriginal and Torres Strait Islander community-controlled sector; general practices and Primary Health Networks (PHNs) can learn from the sector's service provision and community engagement model
- urges stronger commitment from all governments to strengthen the financial capacity of ACCHOs to enable them to better focus on patient priorities and service delivery, and to offset losses through the under-claiming of Medicare billing and subsidised medicines[3]
- advocates for a needs-based model to fund ACCHOs that reflects the complex and diverse health needs of patients, their wide geographic spread and growing numbers; and support for optimised Medicare billing
- continues to call for funding commitments of greater than three years to enable health services to plan services and programs for the long-term, not just for short budget periods/cycles



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- considers these financial supports are required to ensure a range of professional development, health services and capital requirements, including:
  - maintenance of and improvements to physical infrastructure and resources at the point of care and as appropriate to the needs of the local population
  - education opportunities to ensure that all staff receive adequate training with regard to Aboriginal and Torres Strait Islander patients
  - capacity building of ACCHOs as teaching centres for clinical placements
  - financial and other incentives to attract and sustain a highly skilled workforce of general practitioners (GPs), nurses and health workers, as required by local communities
  - brokering relationships with external stakeholders, including local general practices, to facilitate cultural and clinical best practice exchange and to enhance organisational capacity
  - ensuring adequate resourcing and support for governance and management structures within these organisations
- maintains that the national Key Performance Indicators for Aboriginal and Torres Strait Islander Primary Healthcare (nKPIs) should only be used to support quality improvement activities, ensuring the quality and effectiveness of patient healthcare
- echoes calls from the sector[4] to formally recognise the unique and specialised role of ACCHOs as preferred providers of healthcare for Aboriginal and Torres Strait islander people, supported through appropriate funding arrangements
- supports ACCHOs being funded as preferred providers of health services for Aboriginal and Torres Strait Islander people, where organisations have the capacity to deliver services independently or in collaboration with mainstream services
- believes competitive tendering processes for essential services are not appropriate in the context of Aboriginal and Torres Strait Islander health, as they can limit patient access to services, are inefficient and restrict the growth and development of ACCHOs.[5]

# Discussion

## Equitable health expenditure

A basic principle of equity is that health expenditure should reflect the relative need for health services. Health expenditure for population groups with higher[6,7] levels of need should be proportionately higher.[7] Expenditure on primary healthcare for Aboriginal and Torres Strait Islander communities has increased since the 1990s, but these increases have not been sufficient to overcome the relatively higher burden of morbidity and mortality experienced in this population. Despite continued improvements in health status, Aboriginal and Torres Strait Islander peoples currently experience a burden of disease and illness 2.3 times the rate of non-Indigenous people.[8] Funding structures and the quantity of funding should reflect this relative need and align with the specific needs of Aboriginal and Torres Strait Islander patients.

The community-controlled health sector is uniquely positioned to provide high-quality health and preventive care to communities. Consultations can often take longer, with more patients who experience multimorbidities and who may consult multiple health professionals at each visit.[9,10] The complexity, skill and time required to deliver these services is not always recognised or supported through the current Medicare Benefits Schedule (MBS) structure or rebate values.[3] Recent changes to funding processes have led to reliance on competitive tendering processes and a move to optimise MBS billing in the sector.[11] However, this has adversely affected growth in the sector, and potentially compromises patient care.[4]

Existing flexibility enables the sector to access both federal and state/territory government funding. However, a pattern of inconsistent funding over time and reliance on multiple funding streams creates an unnecessary burden on organisational capacity. Inconsistent funding decisions affect the sustainability of programs and services that are known to be effective.[12] Access to ACCHOs can be restricted as a result of unavailability in many parts of Australia and under-resourcing leading to limited capacity and skills training.[13] As a result, ACCHOs are not able to consistently deliver comprehensive services in the way that they and their communities know can support the best outcomes.

## The unique and effective role of ACCHOs

Although not all Aboriginal and Torres Strait Islander people access healthcare from ACCHOs, they are the preferred model of healthcare for many Aboriginal and Torres Strait Islander people.[12] The comprehensive model of care is tailored to community need and can include medical, public health and health promotion services; allied health and nursing services; assistance with making appointments and transport; dealing with the justice system; drug and alcohol services; and help with income support. ACCHOs embody what is accepted and valued

by communities, particularly their accessibility and cultural safety, leading to greater trust in the care provided.[14]

The sector has contributed to significant health improvements. Outcomes have been especially evident in the areas of child and maternal health, detection and management of chronic disease, sexual and mental health, and social and emotional wellbeing.[10] The sector coordinates with mainstream services to extend the reach of services and to improve cultural safety.[9] Though the short-term cost of delivering comprehensive health interventions is high, the positive impact over a person's lifetime is 50% greater than if these same interventions were delivered by mainstream health services.[6,7,15] This is a result of improved access and adherence to treatment.[3,8]

Beyond healthcare, the sector contributes broader social benefits. The model of community control is underpinned by the principle of self-determination, giving communities a high level of oversight. This helps health services be responsive to the needs of communities. Strong relationships between health services and communities, and community involvement in decision making, can improve identification of health problems and lead to culturally safe models of care.[16] Strengthening identity and self-determination also leads to health benefits.

### Workforce issues

Investment in ACCHOs is also an investment in expanding the Aboriginal and Torres Strait Islander health workforce, with benefits that encompass access to culturally safe services, and employment and income growth. The health and social care sector is currently the largest employer of Aboriginal and Torres Strait Islander people.[17] Although Aboriginal and Torres Strait Islander health professionals may work in any health service, ACCHOs provide a unique opportunity to work within a culturally based environment. Roles such as traditional healers and Aboriginal health practitioners and workers provide additional employment options. Increased participation rates in service delivery significantly improve access rates for Aboriginal and Torres Strait Islander people.[8]

Past funding increases for ACCHOs have led to improvements, particularly through addressing historically inadequate and inequitable funding.[18] The RACGP welcomes the additional funding and the new three-year needs-based funding model for the sector, agreed to in November 2019. There is a need to boost this investment through a commitment to sustainable and flexible funding options that reflect the diversity and complexity of health needs in the Aboriginal and Torres Strait Islander population.

## Related resources

RACGP, 'A stronger primary health system for Aboriginal and Torres Strait Islander people through health reform: Position statement'

## References

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*We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.*