RACGP | Aboriginal and Torres Strait Islander Health

10 August 2017

The Hon Greg Hunt MP
Minister for Health
Parliament House
PO Box 6022
CANBERRA ACT 2600

Via e-mail: Greg.Hunt.MP@aph.gov.au

The Hon Ken Wyatt AM, MP
Minister for Indigenous Health
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PO Box 6022
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Via e-mail: Ken.Wyatt.mp@aph.gov.au
cc. Hannah.stock@health.gov.au

Dear Ministers Hunt and Wyatt,

We write in the context of contributing to discussions about access to Medicare item numbers for people in prison and people leaving prison.

As the professional organisation representing over 35,000 members working in or towards a career in general practice, the Royal Australian College of General Practitioners (RACGP) is recommending that:

- a specific exemption is made to Section 19 (2) of the *Health Insurance Act 1973 (Commonwealth)* to grant prisoners access to a defined set of Medicare item numbers
- MBS item descriptors be amended to allow the delivery of the identified healthcare services in the prison setting.

These recommendations are made in the context of known health disparities facing people in prison and our knowledge that the state/territory health services delivered in prisons are not equivalent to the services provided in communities via general practices and Aboriginal Medical Services (AMSs). These disparities are impacting on health outcomes for people in prison, and particularly Aboriginal and Torres Strait Islander people.

Numerous reports emphatically confirm the vulnerability as well as the high health needs of people in custody. They are a disproportionately socially disadvantaged population in which Aboriginal and Torres Strait Islander people are significantly overrepresented. The healthcare provided by prison health services has the potential to improve the health of those incarcerated, decreasing their recidivism risk as well as providing societal benefits.

While a substantial amount of healthcare occurs in prison, it is often poorly integrated with community health services, and does not meet the particular needs of Aboriginal and Torres Strait Islander people in custody. The bipartisan parliamentary support for the Close the Gap initiative as a national priority means that this gap in prison health services for Aboriginal and Torres Strait Islander people should be urgently addressed.

For Aboriginal and Torres Strait Islander people, it is widely acknowledged that effective healthcare requires culturally appropriate services, and that Community Controlled Health Services are best placed to achieve this. There is, therefore, a systemic inequality in health services in prisons which could be reduced by allowing access to a limited set of Medicare items.

The simplest way of eliminating such disparities is for the Minister to provide a partial exemption to the Health Insurance Act and to amend existing MBS item descriptors, allowing them to be delivered in the prison setting. This will ensure that prisoners can access quality, timely and culturally appropriate healthcare services.

1. Supporting Aboriginal medical service in-reach into prisons

Background:

Currently Medicare items exist to support community based GPs to do annual preventative health checks for Aboriginal and Torres Strait Islander people and for nurses and Aboriginal health practitioners to follow up identified health needs.

- Item 715: 'Medicare Health Assessment for Aboriginal and Torres Strait Islander People'
- Item 10987: 'Follow up service provided by a practice nurse or Aboriginal and Torres Strait Islander health practitioner, on behalf of a Medical Practitioner, for an Indigenous person who has received a health assessment'

Recommendation:

In the context of a specific exemption to the Act, we propose that these item numbers be amended to support in-reach by Aboriginal community controlled health organisations to Aboriginal and Torres Strait Islander people in prison

Rationale:

AMSs have a valuable role in providing in-reach to Aboriginal and Torres Strait people in prison to both improve their care and wellbeing during incarceration as well as promote integration into the community at release. The over representation of Aboriginal and Torres Strait Islander people in prisons has been attributed to historical and systemic factors which create social marginalisation, systemic racism, economic disadvantage and a high burden of health problems in individuals and communities.[1, 2]

In order to close this gap, Aboriginal and Torres Strait Islander people require more effective programs and services at the prison-community interface. Release planning which includes communication between prison and community healthcare providers during incarceration, as well as prior to release, is likely to improve outcomes.[3, 4] Aboriginal community controlled health organisations are well placed to provide holistic services pre- and post-release, linking isolated ex-prisoners back with their culture and community, but require adequate resourcing and support for this role.[4, 5] Access to these items would allow such services to provide in-reach and contribute to release planning by allowing them to draw funding for services rendered without substantial costs.

2. Supporting continuity of care between prison and community health services

Background:

Currently Medicare items exist to support GPs to engage in multidisciplinary case conferences for people with chronic conditions, such as when they are released from hospital.

- Items 735-758: 'Multidisciplinary Case Conferences by Medical Practitioners (Other Than Specialist or Consultant Physician)'

Recommendation:

In the context of a specific exemption to the Act, we propose that these item numbers be amended to support case conferences between healthcare providers in prison health services and community GPs (including AMSs) for patients with chronic and complex care needs.

Rationale:

General practice is an important and frequently used healthcare access point for people released from prison.[6, 7] The transition between prison and living in the community is often a difficult one and a time when health and wellbeing are at further risk, leading to poor health outcomes, including increased hospitalisation and recidivism.[8, 9] Continuity of care between prison and community health services is recognised to be suboptimal and challenging.[10, 11]

Furthermore, health cost wastage due to siloing of care can be decreased by improved communication across the prison-community interface.[11] Access to these MBS items would enhance the ability of prison health services and community GPs to provide integrated care, increase the confidence of people leaving prison that they can access primary care for ongoing management of their health needs and enhance the ability of GPs to give prisoners follow up care after release from prison. They would support the release planning processes at the prison for patients with complex care who had substantial prison-based health care.

3. Supporting GPs to undertake post release care

Background:

Currently Medicare items exist to support GPs to undertake comprehensive assessments for a range of targeted patients including former serving members of the Australian Defence Force.

- Items 701 – 707 'Health assessments' Professional attendance by a medical practitioner to perform a health assessment, time tiered.

Recommendation:

In the context of a specific exemption to the Act, we propose that MBS item numbers be amended to facilitate comprehensive health assessments by GPs within the first 3 months after release from prison. This should be supported by follow on item numbers to support nurse or Aboriginal health worker follow up of identified vulnerabilities and needs

Rationale:

People leaving prison often have substantial healthcare and social support needs, which can be challenging to address in short GP appointments. Yet release from prison is a time of increased motivation to maintain the health gains achieved in prison, such as ongoing treatment of mental health and avoidance of relapse to substance misuse and gambling problems[6]. Connections with other community services such as related to family violence and support agencies may be warranted. These needs can be addressed with the assistance of GPs, practice nurses and Aboriginal health workers but require support within the Medicare schedule to do so, potentially saving costs in the long run through decreased recidivism and hospitalisation.

In regards to funding of healthcare for prisoners, while it has been argued that allowing Medicare services in prisons would be 'double dipping', funding for these selected MBS items would be an easy and cost effective way for AMSs and GPs to deliver effective/culturally appropriate care given the existing fee for service model.

Additionally, there is a precedent for a much more widespread exemption under the Act, when Tony Abbott as health minister exempted Aboriginal Community Controlled Health Services and some State run primary care services, allowing them to bill Medicare.

Our proposed strategy would allow the prison system to retain the existing health service delivery model but to enhance this through access to selected Medicare items as outlined above. We believe the costs incurred by Medicare would be minimal.

In summary, we call for prisoners to be partially exempted under the Act so they are able to access a limited number of Medicare items during their custodial sentence and in the immediate period after their release.

This will result in increased capacity and funding for the provision of high quality, culturally appropriate care for Aboriginal and Torres Strait Islander people in prison. This will ensure that Indigenous prisoners can access appropriate healthcare with improved continuity of care after release into the community. This has the potential to improve health, recidivism and employment outcomes, making a significant impact on measures to close the gap in outcomes.

We are happy to meet to discuss this proposal in more detail, and any other measures that may improve outcomes for this group of people.

Should you require further information prior to considering this request, please do not hesitate to contact Michelle Gonsalvez, Manager, RACGP Aboriginal and Torres Strait Islander Health on (03) 8699 0490 or at michelle.gonsalvez@racgp.org.au.

Yours sincerely,

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President RACGP

Associate Professor Peter O'Mara
Chair
RACGP Aboriginal and Torres Strait Islander Health

Dr Penelope Abbott
Chair
RACGP Specific Interest Custodial Health Network

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