

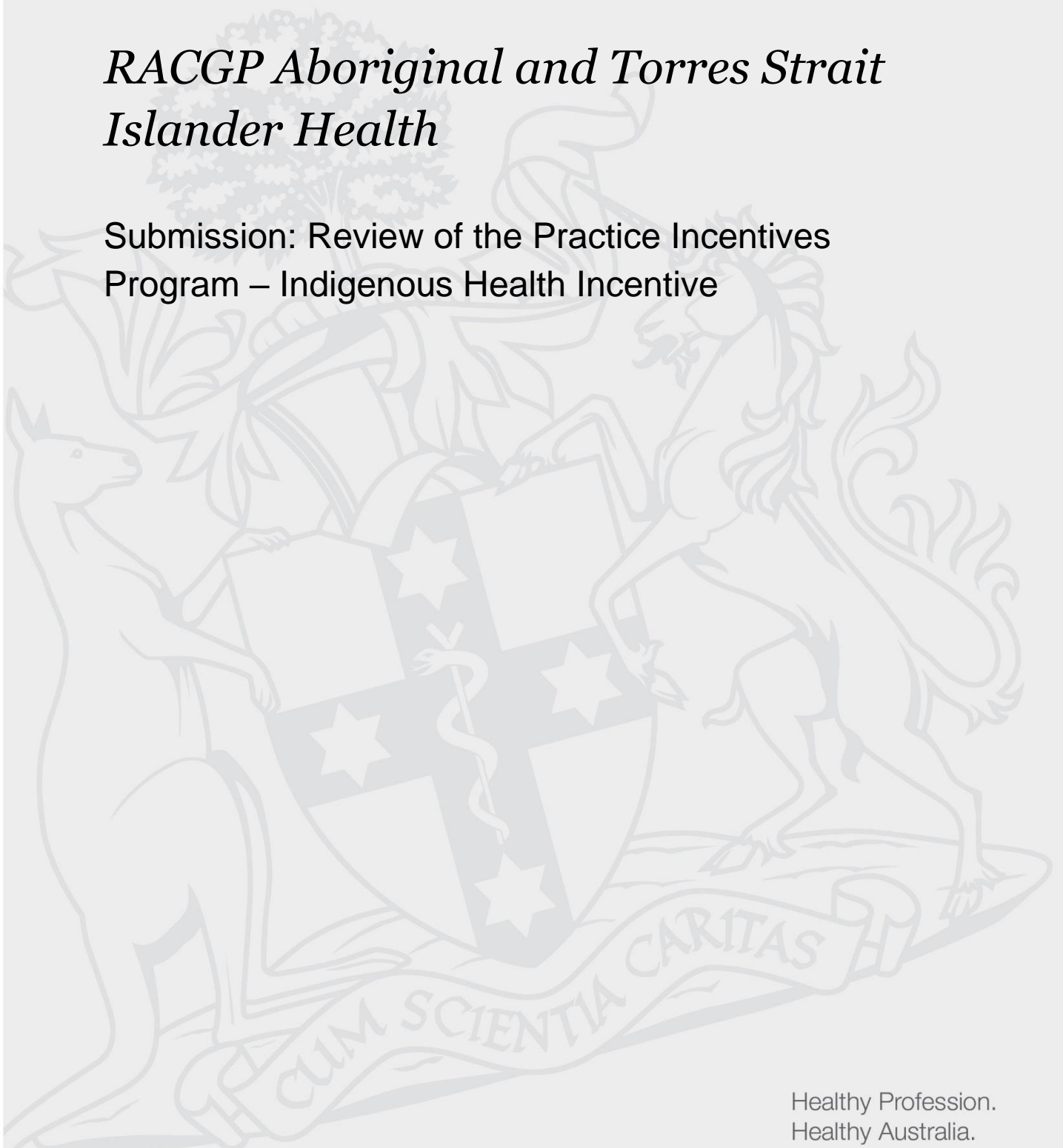


RACGP

# Aboriginal and Torres Strait Islander Health

## *RACGP Aboriginal and Torres Strait Islander Health*

Submission: Review of the Practice Incentives  
Program – Indigenous Health Incentive



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# *Review of the Practice Incentives Program – Indigenous Health Incentive*

## **1. Executive Summary**

The Royal Australian College of General Practitioners (RACGP) supports the continuation of the Practice Incentives Program – Indigenous Health Incentive (PIP-IHI), a position which was outlined in our earlier submission to the Department of Health on the [Redesign of the Practice Incentives Program](#).

As a targeted funding source, the PIP-IHI supports improvements to Aboriginal and Torres Strait Islander health and represents an alternate funding stream to the Medicare Benefits Schedule (MBS). This is particularly important to enable Aboriginal Community Controlled Health Services (ACCHS) and other practices that service a large population of Aboriginal and Torres Strait Islander patients to deliver a comprehensive range of quality primary healthcare services.

The RACGP considers this review a significant opportunity to re-orient the PIP-IHI to support the delivery of high-quality chronic disease care, and to recognise the complexity and skill required to deliver Aboriginal and Torres Strait Islander primary healthcare.

### **1.1 Key recommendations**

The RACGP calls for:

- simplified, one-off registration procedures, that are made flexible to enable patients to change registered practices or share their care across practices
- PIP-IHI funding to support chronic disease care planning, service delivery and follow-up
- additional payments to recognise the additional value of high-quality, comprehensive, culturally responsive primary healthcare for Aboriginal and Torres Strait Islander people
- flexibility for patients who are geographically mobile and/or unable to visit their usual practice through differential payments for registered and non-registered practices
- registration for the Pharmaceutical Benefits Scheme (PBS) Co-payment measure to be de-coupled from the PIP-IHI to ease administration complexity
- investment in a communications and promotion campaign (targeted for ACCHS, mainstream practices and patients) to raise awareness of the PIP-IHI's practice and patient eligibility
- a greater focus on the delivery of high-quality chronic disease management, that reflects core principles of general practice
- clarification of the definitions of cultural safety, cultural awareness, and cultural competence
- Aboriginal and Torres Strait Islander patients and communities to be involved in monitoring cultural competence of healthcare delivery
- changes to the minimum requirements for cultural awareness training
- consideration of additional activities to demonstrate cultural competency overtime.

## **2. Introduction**

The RACGP thanks the Department of Health for the opportunity to comment on the review of the PIP-IHI. The RACGP is Australia's largest general practice organisation, representing over 40,000 members working in or toward a career in general practice. The RACGP advocates for affordable, equitable and safe access to high-quality health services, which facilitate the best possible health outcomes for all Australians.

[RACGP Aboriginal and Torres Strait Islander Health](#) ('the Faculty') was formed in 2010 to raise awareness of the health needs of Aboriginal and Torres Strait Islander people. With over 9,000 members, the Faculty undertakes a range of activities to improve Aboriginal and Torres Strait Islander health outcomes

The Faculty consulted with its members to develop a response to the four themes outlined in the Department of Health's consultation paper (the consultation paper), and to propose additional options to enhance healthcare planning and service delivery for Aboriginal and Torres Strait Islander people. This submission uses the term 'health service' to refer to both general practices and Aboriginal Health Services (including ACCHS), unless otherwise stated.

### 3. Streamlining Administration

For the PIP-IHI to be effective, health services require appropriate systems and staff capacity to deliver administration and healthcare. As evidenced through multiple evaluations,<sup>1,2</sup> health services often lacked the necessary systems to support PIP-IHI requirements.<sup>2</sup> The administrative requirements, particularly annual patient registration, are widely considered too burdensome and without direct benefit to the patient.<sup>2</sup> In some cases, the incentive payments were not considered sufficient to offset the required administrative work.<sup>3</sup>

The PIP-IHI works best for those services that are well-resourced, and with the staff capacity to deliver proficient healthcare. Poor clinical information systems and lack of staff capacity to use these systems prevented greater uptake of Tier 1 and Tier 2 payments.<sup>2</sup> Clinical information systems must be able to effectively record patient identification and identify and prioritise Aboriginal and Torres Strait Islander patients for chronic disease services. Enabling a straightforward patient recall and follow-up system is also critical to reducing administrative burden, particularly for smaller services with fewer resources. Further investment in systems development and capacity building is essential to improve the delivery of healthcare and to ensure the value of the PIP-IHI going forward.<sup>4</sup>

The RACGP supports the introduction of a one-off registration process, which enables patients to register when they present to a health service, rather than each calendar year; and allows patients to change registered practices or share care across practices. Any savings achieved from this must be re-invested into the program, through healthcare delivery and system improvements.

One-off registration could be achieved by linking registration to a patient's Medicare number – a practice that is already in place in some general practices and pharmacies. The absence of a process to determine whether patients are already registered for the PIP-IHI remains a key issue. A complaints or monitoring mechanism is required to oversee any inappropriate registration of Aboriginal and Torres Strait Islander patients.<sup>3</sup>

#### 3.1. Prioritise funding for healthcare planning and delivery

The current PIP-IHI funding structure prioritises patient registration, over regular and continuous patient care. Patient follow-up and continuous care (measured through Tier 1 and 2 payments and patient re-registration levels) were lower than expected,<sup>5</sup> suggesting few patients received the ongoing care required to manage their chronic disease.

A range of factors contributed to this outcome, including a focus on registering patients to access immediate benefits, and the inadequate level of financial incentives.<sup>5</sup> To address this issue, the RACGP supports a stronger link between incentive payments and the delivery of care. This could be achieved through:

- a nominal patient registration payment
- re-distribution of funding to top up existing payments for the delivery of chronic disease healthcare, planning and follow-up, modelled on existing Tier 1 and 2 payments.

This approach acknowledges that while some funding is required to support the administrative management of patient registration, health services require ongoing and adequate resourcing to deliver effective patient care and follow-up, and/or develop systems to support the delivery of care.<sup>2</sup> It is also intended to reduce some of the competitiveness amongst health services to sign-up patients.

This review should not be considered an opportunity to reduce overall funding support for the PIP-IHI or to incentivise greater reliance on the MBS to fund chronic disease management. The RACGP would not support moving towards a pay for performance model, dependent on achieving particular clinical outcomes. Such an approach would not necessarily support patient care, or the sustainability of a comprehensive model of primary healthcare.

### 3.2. Reward high-quality, comprehensive, culturally responsive primary healthcare

The Government could also introduce additional payments that recognise the added value of high-quality, comprehensive, culturally responsive primary healthcare for Aboriginal and Torres Strait Islander patients. This is consistent with the intent of the practice incentive payment, to support activities that demonstrate continuity of care, effective chronic disease management, and improved access and health outcomes for patients.<sup>6</sup> It also recognises that the complex and comprehensive care provided to Aboriginal and Torres Strait Islander patients is not always financially rewarded through the MBS.

These payments should focus on evidence-based areas known to improve Aboriginal and Torres Strait Islander patient healthcare interactions<sup>4, 7, 8</sup> and reflect core principles of quality in general practice.<sup>9</sup> Payments should be based on an agreed range of measures for comprehensive and high-quality service delivery or based on level of access, and could include:

- accessibility – culturally affirming healthcare, that prioritises patient experiences and concerns; and has cultural elements including Aboriginal and/or Torres Strait Islander people involved in the provision of care, for example traditional healers
- complexity – applied based on patient complexity (clinical and cultural needs, hard to reach population cohort, Stolen Generations member or descendent) and contribution to addressing health inequalities
- continuity – recognise the practice-patient relationship, including through follow-up of identified health needs, and understanding of the patient's personal circumstances
- coordination – ensure access to a range of health and social services to complement chronic disease planning and healthcare, supports practices to act locally on the social determinants of health and encourages better follow-up care
- team-based care – recognise the non-billable services delivered at the practice level, which are critical to chronic disease care, such as patient recalls/reminders, and compensates healthcare by Aboriginal and Torres Strait Islander health practitioners/workers and practice nurses (particularly for items such as the 715 health assessment).

### 3.3. Addressing patient mobility

The RACGP recognises and promotes the benefits that come from engagement with a regular practice, consistent with best practice primary healthcare through follow-up, continuity of care, and the long-term patient-practice relationship. However, flexibility is needed for patients to be able to access the benefits of high-quality healthcare whether at their registered practice, at a different practice when they travel, and/or where they have alternate preferences for healthcare arrangements, such as shared care across practices.

Differential payments for care provided at registered practices, versus non-registered practices could be introduced, to recognise the additional value of the registered practice, through continuous care and an existing relationship with the patient.<sup>9</sup>

Feedback from our members also suggests that increasing the use of My Health Record may enhance support for mobile Aboriginal and Torres Strait Islander patients. The RACGP recommends continued work with relevant health organisations to increase registration rates amongst Aboriginal and Torres Strait Islander patients.

### 3.4. Closing the Gap – PBS co-payment measure

With expected changes to patient registration for the PBS co-payment measure, the RACGP recommends decoupling the program from the PIP-IHI. The rationale for this is that the PBS co-payment measure is a patient-oriented benefit that should follow the patient, whereas the PIP-IHI is a payment to practices to support the care they provide. As patients largely registered for the PIP-IHI to access the PBS Co-payment,<sup>2</sup> health services will need to be supported to maintain awareness of PIP-IHI registration requirements, and to encourage patients to register for the PBS co-payment measure separately.

### 3.5. Program awareness and eligibility requirements

The RACGP receives a number of enquiries in relation to PIP-IHI cultural awareness training requirements. Confusion exists regarding whether cultural awareness training is required annually; what training is required each time; whether there is additional training available; what process to follow in the event of staff turnover; and how to check whether a cultural training program is endorsed for registration with the PIP-IHI.

Many GPs, especially those working in mainstream practices, do not fully understand the range of GP-mediated health programs designed specifically for their Aboriginal and Torres Strait Islander patients.<sup>10</sup> For general practices participating in the overall PIP program, 60 percent did not sign up for the PIP-IHI, often because of the low numbers, or perceived lack of Aboriginal and Torres Strait people using or wanting to use their service.<sup>2</sup>

There must be greater emphasis on communication to enhance awareness amongst healthcare providers and eligible patients on Aboriginal and Torres Strait Island health needs and initiatives.<sup>10</sup> The RACGP considers this review an important opportunity to refresh the approach to communicating and promoting the benefits and eligibility criteria for the PIP-IHI, targeted to ACCHS, mainstream practices and patients, to ensure they are well understood and accessible. This will also require further review of the program guidelines and communications methods.

## 4. Best Practice Chronic Disease Management

GPs are at the forefront of the primary healthcare sector's efforts to support patients to prevent and manage chronic disease. Core features of high-quality general practice that influence effective chronic disease management include: patient-centred care and meaningful collection of patient feedback, continuity of care, comprehensive care, coordinated care, quality care and accessible care.<sup>9</sup> The RACGP recommends supporting and incentivising these features through any re-design of the PIP-IHI, to encourage their use in everyday practice.

Every patient has the right to expect culturally responsive preventive healthcare irrespective of where they seek care. GP Management Plans (GPMP) and health assessments can form part of effective chronic disease management, as a way to engage patients in their healthcare, ensure identification and planning of health needs and support existing population health programs. However, to enhance the quality of healthcare provided, the approach to delivery and follow-up of health assessments needs to be specifically designed for the local setting and patient, be performed in line with evidence-based and culturally responsive practices, and receive adequate funding to embed them into routine practice.<sup>11</sup>

GPMPs and health assessments are not the only forms of care available, but are often privileged in a way that can undervalue other activities in primary healthcare. Access to some services has increased over the course of the PIP-IHI, however this does not necessarily reflect an increase in access to high-quality healthcare services.<sup>5</sup> To date, increasing the uptake of health assessments has been the focus (from 29 percent in 2016-17 to 65 percent of Aboriginal and Torres Strait islander people by 2023).<sup>12</sup> However, the evidence supporting the effectiveness of health assessments is limited, and further research is required to better understand their value.

Maximising the uptake of evidence-based preventative health guidelines, which are acceptable to the profession, is essential to improve healthcare delivery. Guidelines, such as the [National Guide to a preventive health assessment for Aboriginal and Torres Strait islander people](#) (the National guide), can inform the content of the health assessment, and so, ensure an agreed level of quality.

This work is already in progress through the MBS Review Taskforce and a joint National Aboriginal Community Controlled Health Organisation (NACCHO)–RACGP project, both of which are looking at options to improve 715 health assessment templates, align health checks with evidence based practice (for example, the National guide) and define what constitutes a quality healthcare assessment. Structured continuous quality improvement processes can also improve both the delivery of preventative health assessments and the use of evidence-based guidelines.<sup>11</sup>

## 5. Building Cultural Safety

### 5.1. Definitions

The consultation paper uses a number of different terms interchangeably – cultural safety, cultural awareness, and cultural competence. The RACGP understands these to be different, requiring different training and skills to achieve competency.<sup>13</sup> Further, cultural safety is characterised in the context of doctor-patient communication only. The RACGP considers a broader range of skills and capabilities are needed to deliver culturally responsive healthcare, for example, engagement with local communities, employment of Aboriginal and Torres Strait Islander people and non-discriminatory governance structures.

The RACGP's [Cultural awareness education and cultural safety training](#) guidelines outline our expectations in relation to cultural awareness education and cultural safety training, and how these terms are understood within the RACGP's existing QI&CPD program. Further consultation is needed, particularly with Aboriginal and Torres Strait Islander health sector stakeholders and patients, to reach agreement on these definitions and which levels of training and preparedness are most appropriate in relation to the PIP-IHI.

The lack of an agreed understanding of cultural competence impacts the ability to monitor and measure its delivery. Advancing a process that encourages independent review by Aboriginal and Torres Strait Islander patients and community members is appropriate, for example via 'a mystery shopper' initiative. This could be implemented in addition to more formal monitoring, which can be embedded into everyday practice through continuous quality improvement processes.

### 5.2. Appropriateness of cultural awareness training

The PIP-IHI cultural awareness training requirement has had important benefits, particularly in mainstream general practices.<sup>13</sup> Cultural awareness training is the first step towards developing the capability to deliver culturally responsive care, and ultimately behaviour change.<sup>14,15</sup> As such, the current requirements will not likely lead to the level of knowledge and skill required to deliver high-quality care for Aboriginal and Torres Strait Islander patients.

The RACGP recommends that all practice staff attend at least cultural awareness training, preferably cultural safety training, and that this is done each triennium.<sup>13</sup> This will lead to benefits for all patients, as the overall quality of healthcare delivered is enhanced.

As some health services could consider additional training requirements a barrier to participation in the PIP-IHI,<sup>2</sup> continued access to ongoing training and education opportunities and support should be incorporated into the program.

Evidence of cultural competency should not be limited to training.<sup>14,15</sup> Overtime, additional activities could be integrated into the PIP-IHI framework to strengthen organisational cultural knowledge and capability, and to encourage ongoing attainment of knowledge and skills, which could include:

- employment of Aboriginal and Torres Strait Islander people
- local community engagement and relationship building
- development of a Reconciliation Action Plan and/or Aboriginal and Torres Strait Islander health plan
- patient and community feedback mechanisms
- organisational commitment to culturally safe care, eg. cultural safety policies developed in consultation with communities and staff
- cultural competence as part of staff performance appraisal.<sup>16</sup>

The RACGP further suggests reviewing the PIP-IHI Guidelines (the Guidelines), with a view to reflecting cultural values. Currently, the Guidelines focus on biomedical, rather than Aboriginal and Torres Strait Islander perspectives of health. Revising the Guidelines to reflect the value of practices such as cultural integrity, connection to country and community empowerment, will contribute to broader awareness of the importance of cultural knowledge in healthcare for Aboriginal and Torres Strait Islander people.

### 5.3. RACGP Cultural Awareness Module

The RACGP developed an online cultural awareness module to support practices and services achieve compliance with PIP-IHI eligibility criteria; and education criteria to assess provider applications to deliver cultural awareness education and cultural safety training to GPs. The education criteria ensure quality control of the training being delivered to GPs and practice staff, stipulating that local Aboriginal and/or Torres Strait Islander communities and organisations must be involved in the design, delivery, and review of the training package. The PIP-IHI may be more effective if general practices undertake cultural awareness and safety training endorsed by the Aboriginal and Torres Strait Islander sector, as well as professional organisations.<sup>3</sup>

## 6. Conclusion

The RACGP calls for sustainable and adequate funding for the PIP-IHI, to demonstrate a genuine commitment to the delivery of high-quality, comprehensive primary healthcare, that is responsive to the particular health and wellbeing needs of Aboriginal and Torres Strait Islander people. It is through this that we can make a significant difference towards 'Closing the Gap' in chronic disease.

The RACGP was consulted in June 2018, as part of an earlier review of the PIP-IHI and Voluntary Indigenous Identifier. It is noted that the outcomes of these discussions are not wholly reflected in the consultation paper. As such, we look forward to further opportunities to comment on the final recommendations from this review and/or a proposed model for the PIP-IHI.

If you have any questions or comments regarding this submission, please contact Ms Leanne Bird, Faculty Manager – RACGP Aboriginal and Torres Strait Islander Health, on (03) 8699 0313 or via email on [leanne.bird@racgp.org.au](mailto:leanne.bird@racgp.org.au)



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