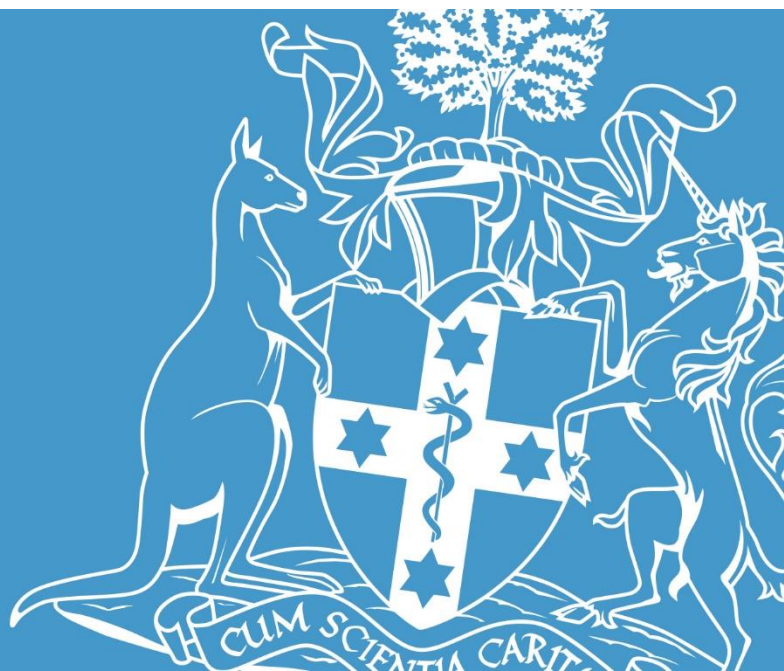


Overview of the Federal Budget 2021-22 (health)

May 2021



The Federal Budget 2021–22 is heavily focused on post-pandemic recovery, with an emphasis on job creation and funding for essential services.

Many of the key health announcements in the 2021–22 Budget represent a direct response to the Royal Commission into Aged Care Quality and Safety and the Productivity Commission Inquiry into Mental Health. The Federal Government has committed \$17.7 billion to aged care and \$2.3 billion for mental health care and suicide prevention.

Alongside these measures, \$1.8 billion has been allocated to primary healthcare, which includes funding to extend telehealth arrangements until 31 December 2021, a doubling of Aged Care Access Incentives, increases for rural bulk billing, and support for the continued role of general practice in administering COVID-19 vaccinations.

While the funding provided for primary care, aged care and mental health are welcomed by the RACGP, there remains a need for greater investment to support broader general practice patient services.

The RACGP will continue to advocate strongly on behalf of our members as part of the Mid-Year Economic and Fiscal Outlook and as we approach a Federal election, and we are actively engaging the Federal Government to develop a model for meaningful investment in general practice.

Supporting general practice will improve the health and wellbeing of patients from all walks of life and reduce the need for more expensive secondary care.

We will continue to use our [Vision for general practice and a sustainable healthcare system](#) as a blueprint for system reform.

Expense (\$m)

Federal Budget (health) overview (selected measures)	Funding (selected measures)
Primary care	<p>\$1.8 billion, including:</p> <ul style="list-style-type: none"> • \$204.6 million to extend telehealth arrangements until 31 December 2021 • \$50.7 million to develop an information and communications technology (ICT) system that enables a voluntary patient registration (VPR) initiative, to be known as MyGP • \$71.9 million funding for the Primary Health Network (PHN) After Hours Program to commission after-hours services and improve service integration in communities around the country
Aged care	<p>\$17.7 billion over five years, including:</p> <ul style="list-style-type: none"> • \$365.7 million to improve access to primary care and other health services in residential aged care, containing <ul style="list-style-type: none"> – \$42.8 million to double the GP Aged Care Access Incentive from 1 July 2021 – \$45.4 million to address widespread issues associated with poor medication management in residential aged care • \$557 million to ensure Aboriginal and Torres Strait Islander people receive quality and culturally safe aged care services • \$49.4 million to improve aged care workers' knowledge and practice in dementia and palliative care
Rural	<p>\$123 million for workforce measures, including:</p> <ul style="list-style-type: none"> • \$65.8 million to increase the Rural Bulk Billing Incentive for doctors working in rural towns and remote areas • \$12.4 million to expand opportunities for early-career doctors to work in rural communities while they complete medical training through the new John Flynn Prevocational Doctor Program • \$0.3 million to develop a new model and streamline the Rural Procedural Grants Program and the Practice Incentives Program (PIP) procedural GP payments into a new rural generalist GP support program for GPs with advanced skills
Mental health	<p>\$2.3 billion, including:</p> <ul style="list-style-type: none"> • \$34.2 million over four years from 2021–22 to expand and implement the Initial Assessment and Referral tool to assist practitioners to consistently assess and refer patients • \$15.9 million over four years from 2021–22 to better equip GPs in primary mental health care
COVID-19 response	<p>\$87.5 million for the extended operation of up to 150 general practice respiratory clinics until 31 December 2021</p>

	<p>\$253.1 million for temporary Medicare Benefits Schedule (MBS) items to assess a patient's suitability to receive a COVID-19 vaccine, and PIP payments for accredited general practices that complete two assessment services for a patient</p> <p>\$155.9 million for contractual arrangements to provide Commonwealth vaccine centres (formerly GP-led respiratory clinics) with direct funding for the administration of COVID-19 vaccines, which will be equivalent to the relevant MBS and PIP payments for GPs</p> <p>\$557.1 million to extend the temporary MBS pathology testing items for COVID-19 to 31 December 2021</p> <p>\$29.9 million funding over the next two years to shape the long-term capability of the national medical stockpile</p>
Medicare	\$125.7 billion over four years, including \$711.7 million for new and amended listings on the MBS
Access to medicines	\$43 billion over four years, including \$878.7 million over five years in new and amended Pharmaceutical Benefits Scheme (PBS) listings
Disability	<p>\$13.2 billion over four years for supports under the National Disability Insurance Scheme (NDIS)</p> <p>\$12.7 million for the health and care of people with intellectual disability by implementing three priority actions under the proposed National Roadmap for Improving the Health of People with Intellectual Disability</p>
Research	<p>\$6.7 billion over four years, including:</p> <ul style="list-style-type: none"> \$15 million over four years for the Improving the Health and Wellbeing of Aboriginal and Torres Strait Islander Mothers and Babies Grant

Primary care

Telehealth item extension until 31 December 2021

The Federal Government will provide \$204.6 million to extend telehealth arrangements until 31 December 2021, bringing total telehealth spending to date to \$3.6 billion. Patients will continue to have access to Medicare-subsidised telehealth for general practice, nursing, midwifery, allied health, allied mental health and other specialist services.

Certain telehealth services will be exempt from the existing relationship requirement for telehealth, including:

- smoking cessation consultations
- section 100 Pharmaceutical Benefits Scheme (PBS) prescriptions
- sexual and reproductive health consultations
- pregnancy counselling
- drug and alcohol counselling.

The introduction of temporary COVID-19 Medicare Benefits Schedule (MBS) telehealth items to support telephone and video consultations in general practice was an important development. The RACGP has been a vocal advocate for the introduction of alternative models of care for patients who are unable to attend a practice in person.

The RACGP welcomed the Federal Minister for Health's November 2020 announcement that telehealth will become a permanent part of the Medicare system. We continue to advise the Minister and the Department of Health (DoH) on permanent telehealth arrangements and will keep members apprised of key developments in this space.

We also welcome the decision to exempt certain patient cohorts from the existing relationship requirement for telehealth services provided by GPs. While the RACGP is supportive of the existing-relationship requirement, we also recognise the need for improved access across a range of specific services.

The RACGP continues to advocate for longer telephone consultations (Level Cs and Ds), and has maintained – in line with the evidence – that care provided over the phone is of high quality when a patient is known to the practice.

We have also called for support for practices to meet infrastructure costs of telehealth, such as new software, licensing and hardware. This was not funded in this Federal Budget.

Information and communications technology system for voluntary registration

The Federal Government will be providing \$50.7 million to develop an information and communications technology (ICT) system that enables a voluntary patient registration (VPR) initiative, to be known as MyGP.

The RACGP welcomes this announcement. We have been advocating for voluntary patient enrolment since 2015 as a means of enhancing continuity of care and further strengthening the important GP–patient relationship. Any new IT systems should integrate with general practices' electronic clinical and administrative systems and support GPs to provide essential medical care for patients.

Primary Health Networks After Hours Services

The Federal Government will be providing \$71.9 million funding for the Primary Health Networks (PHN) After Hours Program to commission after-hours services and improve service integration in communities around the country.

This is new funding.

Aged care

The Federal Government has provided \$17.7 billion in funding for aged care over five years (2020–21 to 2024–25).

The funding for aged care is split into five pillars:

- Governance and regional access – \$698.3 million over five years from 2020–21
- Home care – \$7.5 billion over five years from 2020–21
- Residential aged care quality and safety – \$942 million over four years from 2021–22
- Residential aged care services and sustainability – \$7.8 billion over five years from 2020–21
- Workforce – \$652.1 million over four years from 2021–22

While the RACGP welcomes the significant funding allocation for aged care, several key issues remain unaddressed. These include ongoing concerns regarding the proposed primary care model in the Royal Commission into Aged Care Quality and Safety, support for unremunerated work by GPs in the aged care sector, and MBS support for GP services provided via telehealth for patients in residential aged care facilities (RACFs) without patients being present.

The RACGP will continue to advocate for sustainable GP-led aged care on behalf of our members.

Key funding measures within the aged care budget allocation are included below.

Aged Care Access Incentive

The Federal Government has provided \$42.8 million to increase the Aged Care Access Incentive from 1 July 2021 to increase face-to-face servicing by GPs within RACFs. The maximum yearly payment to be received by GPs will double to \$10,000.

The RACGP strongly supports the increase to the Aged Care Access Incentive, which will support GPs providing services to older people in residential aged care. We do note, however, that further work is necessary to ensure that any barriers to GPs providing aged care services are reduced.

Dementia training targeted at leaders in personal care, GPs and registrars

The Federal Government has provided \$49.4 million in increased funding that will be directed towards training to improve aged care workers' knowledge and practice in dementia and palliative care. Dementia training will target leaders in personal care, GPs and general practice registrars, and improve access to dementia training in regional and rural areas.

The RACGP has previously called for measures to strengthen the aged care workforce's knowledge, skills and capability to support patients with dementia. The funding for this training is welcomed as a key element of improving quality of care for these patients.

Aboriginal and Torres Strait Islander people

As part of its response to the Royal Commission into Aged Care Quality and Safety, the Federal Government will provide funding of approximately \$557 million over five years to support initiatives for Aboriginal and Torres Strait Islander people, including:

- \$396.9 million in infrastructure funding and to assist Aboriginal community controlled organisations to expand into aged care
- \$106 million for a workforce of 250 Aboriginal and Torres Strait Islander people to support and assist with access and navigating the aged care system
- \$61.6 million in additional service delivery funding for the 43 national Aboriginal and Torres Strait Islander flexible care services.

Workforce focused initiatives funded over three years include a minimum of:

- 15 additional post-graduate scholarships each year in the Aged Care Nursing Scholarship Program
- five new post-graduate scholarships each year for Aboriginal and Torres Strait Islander allied health professionals, with a focus on dementia qualifications.

The RACGP welcomes the additional funding and the acknowledgement of the specific needs of the aged Aboriginal and Torres Strait Islander population in relation to culturally safe care.

Continued support for the role of Aboriginal community controlled organisations in delivering aged care services is crucial. Ensuring uptake of education and workforce opportunities will be important to monitor.

Digital reform

The Federal Government will provide \$45.4 million in introducing electronic medication charts in RACFs, increasing utilisation and integration of My Health Record, and establishing digital support for transitioning between aged care and hospital settings.

While the RACGP welcomes the aged care sector moving towards better utilisation of digital technology, we want to see interoperability between the various clinical and administrative IT systems used in general practice, as well as between other branches of the healthcare system, including aged care. Interoperability across the healthcare sector is critical to deliver information needed at the point of care and to improve diagnostic accuracy, healthcare quality, and workforce efficiency.

The RACGP supports the use of My Health Record as an additional source of information that may not otherwise have been available. We have always advocated for the implementation of systems and processes that support My Health Record data quality and usability, and minimise the administrative and regulatory burden on health providers.

An electronic medicines chart for residential aged care has the potential to improve patient safety and the quality of patient care, and this must be easily accessible and usable by general practice.

Rural

Rural Bulk Billing Incentive Payment

The Federal Government will provide \$65.8 million to increase the Rural Bulk Billing Incentive for doctors working in rural towns and remote areas.

The RACGP strongly supports increased investment in rural GPs.

The costs to provide general practice care increase every year and the government has failed to match these increases in the patient rebates provided by the MBS. The growing gap between the cost of providing care and the Medicare rebate, combined with high external pressure for GPs to bulk bill all services, has had a significant impact on income and general practice sustainability.

We note the maldistribution of GPs across Australia is a complex issue which requires a range of policy responses that focus on providing substantial high-quality training experiences to general practice registrars, attracting and supporting GPs who currently work in urban areas, and supporting GPs already working in rural communities.

While this funding is welcome, the investment needs to be part of a wider, holistic policy response.

Other rural measures

The Federal Government will also be providing the following funding for rural health:

- \$12.4 million funding for the John Flynn Prevocational Doctor Training Program to add another 90 full-time equivalent (FTE) rotations by 2025
- \$300,000 funding for the development of a new program to streamline the Rural Procedural Grants Program (RPGP) and the Practice Incentives Program (PIP) Procedural GP payments
- \$2.2 million to for additional grants to trial collaborative rural primary care models
- \$3.8 million for upgrading the Bonded Return of Service IT System (BRoSS)

Mental health

The Federal Government will provide \$2 billion over four years from 2021–22 for the National Mental Health and Suicide Prevention Plan.

The Federal Government funding is divided into five pillars:

- Prevention and early intervention – \$248.6 million over four years from 2021–22
- Suicide prevention – \$298.1 million over four years from 2021–22
- Treatment – \$1.4 billion over four years from 2021–22
- Supporting the vulnerable – \$107 million over four year from 2021–22
- Workforce and governance – \$202 million over four years from 2021–22

While the additional funding for mental health is positive, the RACGP remains concerned that the inequality in MBS patient rebates for mental health services and physical health services remains unaddressed. Ensuring the MBS is modernised to support mental health care remains a key advocacy target for the RACGP moving forward.

Key funding measures are included below.

Expanding and implementing the Initial Assessment and Referral tool in primary care settings

The Federal Government will provide \$34.2 million to support GPs in their role as a key entry point into the mental health system by expanding and implementing the Initial Assessment and Referral (IAR) tool in primary care settings. The tool will also apply in all Commonwealth-funded services and, with their agreement, in state and territory services, and will deliver a consistent and culturally appropriate approach to clinical assessment and referral.

The RACGP notes that the expansion of the IAR must be designed and implemented in close consultation with GPs to ensure it is usable and effective.

Support for GPs to undertake training to provide focused psychological therapies

The Federal Government will provide \$15.9 million to support GPs and other medical practitioners to provide primary mental health care. This includes the provision of additional training in psychological therapies (under the General Practice Mental Health Standards Collaboration), reviewing and improving mental health training for medical practitioners, developing a nationally recognised Diploma of Psychiatry for medical practitioners, reviewing mental health prescribing practices and developing guidelines for the safe use of antidepressants in youth and children, and continuing to deliver the Equally Well Program promoting improvements to the physical health of those living with a mental illness.

The RACGP notes that GPs, as generalists and the first point of contact for patients seeking care, are well suited to provide ongoing care and support for patients with mental and physical health care needs. As such, we welcome the additional investment in training for GPs.

Aboriginal and Torres Strait Islander people

Among a range of announcements on mental health and suicide prevention, the Federal Government outlined specific funding for Aboriginal and Torres Strait Islander people, including:

- \$8.3 million to deliver 40 additional scholarships over two years for Aboriginal and Torres Strait Islander students studying mental-health-related disciplines and training to improve the skillset of the health workforce
- \$79 million to address the impact of suicide and ill mental health under a renewed Aboriginal and Torres Strait Islander Suicide Prevention Strategy.

The RACGP welcomes the additional funding for mental health and suicide prevention, issues that disproportionately affect Aboriginal and Torres Strait Islander people.

We call for further detail through the completion of the review of the Aboriginal and Torres Strait Islander Suicide Prevention Strategy, inclusive of a central role for primary care practitioners and adequate funding to support this function.

COVID-19 response

General practice respiratory clinics extension until 31 December 2021

The Federal Government will provide \$87.5 million for the extended operation of up to 150 general practice respiratory clinics (GPRCs) until 31 December 2021, bringing total spending to \$446.9 million since March 2020.

COVID-19 vaccination by GPs

The Federal Government will provide \$253.1 million for temporary MBS items to assess a patient's suitability to receive a COVID-19 vaccine, and PIP payments for accredited general practices that complete two assessment services for a patient. The temporary COVID-19 vaccination MBS items were introduced in March 2021 when GPs began administering vaccine doses to patients.

The government will provide \$155.9 million for contractual arrangements to provide Commonwealth vaccine centres (formerly GP-led respiratory clinics) with direct funding for the administration of COVID-19 vaccines, which will be equivalent to the relevant MBS and PIP payments for GPs.

Other key measures include:

- \$510.8 million for a new COVID-19 vaccines schedule for states and territory health systems as part of the National Partnership on COVID-19 Response
- \$1.7 million for the national COVID-19 vaccination training program to ensure the health workforce is appropriately skilled to administer vaccines
- \$233.8 million to ensure the safe distribution of vaccine doses around Australia, including cold chain storage and logistics, and the supply of necessary consumables.

The RACGP welcomes measures to support GPs in administering COVID-19 vaccines across Australia. Patients know and trust their GP and it makes sense for people to get their vaccination from that GP where possible. However, with vaccine hesitancy increasing, the RACGP is calling for further support to fund the time taken to counsel patients.

Extension of temporary MBS pathology testing for COVID-19

The Federal Government is providing \$557.1 million to extend the temporary MBS pathology testing items for COVID-19 to 31 December 2021.

National stockpile

The Federal Government will be providing \$29.9 million funding over the next two years to shape the long-term capability of the national medical stockpile (NMS). This is an increase on previous allocations.

Long-term capability enhancement will include new governance and information management arrangements, and establishing a comprehensive end-to-end inventory management system to accurately track inventory in and out of the stockpile. There will also be funding over 12 months to sustain the NMS inventory in its current state.

Medicare

New and amended listings

The Federal Government will provide \$711.7 million for new and amended listings on the MBS, including:

- \$288.5 million to include Repetitive Transcranial Magnetic Stimulation (rTMS) therapy on the MBS for patients with medication-resistant major depressive disorder
- \$111.4 million to support the take up of group therapy sessions and participation of family and carers in treatment provided under the Medicare Better Access to Psychiatrists, Psychologists and General Practitioners initiative
- \$27 million for plastic and reconstructive surgery items, including general and skin surgeries, cranio-maxillofacial/oral and maxillofacial items
- \$26.8 million for amended orthopaedic surgery items, streamlining groups of items for certain sub-specialties, with fees reflecting the level of service involved
- \$22 million for gynaecological procedures, including long-term reversible contraceptives, rebates for gonadotrophin-stimulated ovulation induction, and restructuring gynaecological oncology services to align with clinical practice
- \$18.8 million for a new proton beam therapy item that utilises external beam radiotherapy for paediatric and rare cancers
- \$40.5 million for ambulatory blood pressure monitoring, a new service for diagnosing high blood pressure that is more accurate through continuous monitoring over 24 hours
- \$95.9 million for five new MBS items for pre-implantation genetic testing of embryos for specific genetic or chromosomal abnormalities prior to implantation and pregnancy
- \$11.6 million for MBS items for genetic testing for diagnosis of hydatidiform moles (molar pregnancy), pregnancies with identified major foetal structural abnormalities, and for people with multiple myeloma and chronic lymphocytic leukaemia
- \$14.2 million for new MBS items for allied health professionals who participate in case conferences organised by a patient's GP – this will support increased allied health participation in multidisciplinary, coordinated care for patients with chronic and complex conditions.

The Federal Government will also provide \$55.1 million for further amendments to the MBS, including items for heart health, cancers, pain management, and irritable bowel syndrome. These changes will be delivered as part of 546 changes to new or amended MBS-subsidised items being introduced over the next four years.

The RACGP welcomes the additional funding for MBS services announced in the Budget. The RACGP will continue to advocate for the following measures, which were not included in this year's Budget:

- Improvements to MBS indexation
- Increases to patient rebates for longer consultations
- Introduction of Level E consultations

Practice Incentives Program – Indigenous Health Incentive

The Federal Government will spend \$22.6 million to reform the Practice Incentives Program – Indigenous Health Incentive (PIP–IHI), extending the program to children under 15 years and for GP mental health care plans.

The RACGP welcomes the announcement of reforms to the PIP–IHI and additional funding to support changes to the program. The reforms reflect our calls to fund the provision of high-quality, culturally safe healthcare and follow-up care.

We are advocating for further detail regarding how the changes announced will ensure cultural safety for patients.

We remain concerned about the focus on MBS billing optimisation as part of this program. It does not address the need for structural reforms to increase the rate of MBS rebates and overall funding in Aboriginal and Torres Strait Islander health.

Point-of-care quantitation of HbA1c for the monitoring of diabetes in diagnosed patients

The Federal Government will provide \$2.1 million for point-of-care quantitation of HbA1c for the monitoring of diabetes in diagnosed patients. This is expected to fund around 47,000 tests a year.

The RACGP welcomes this funding, noting there are many benefits for point-of-care testing in the general practice setting. The evidence already supports a number of specific tests as clinically effective and as safe as laboratory testing.

New service of ambulatory blood pressure monitoring

The Federal Government will provide \$40.5 million for ambulatory blood pressure monitoring, a new service for diagnosing high blood pressure (hypertension) that provides greater accuracy for diagnosis through continuous monitoring over 24 hours.

Further detail is needed on this measure to determine the implications for general practice.

Diagnostic imaging

The Federal Government will provide \$37 million to modernise diagnostic imaging. Key measures include:

- a one-off funding pool of \$20.7 million over two years to assist private diagnostic imaging providers to replace older equipment in rural and remote areas with up to 50% of the replacement cost
- \$7.2 million over two years to fund development of a streamlined electronic referral solution
- \$3.1 million to make enhancements to the diagnostic imaging register location-specific practice number
- \$6 million over four years for continued support through the Radiation Oncology Health Program Grants (ROHPG) for private radiation oncology providers to assist with high-cost cancer treatment equipment.

Continuous review mechanism for the MBS

The Federal Government will provide a further \$3.2 million to introduce a continuous review mechanism for the MBS. The Government states the continuous review will provide clinician-led, independent advice to drive value for the patient and taxpayer, identify opportunities to improve how services are funded, ensure the MBS remains flexible and contemporary, and enable consideration of critical issues relating to health financing and affordable access to clinical care.

Enhance data-matching activities through the National Health Funding Body

The Federal Government will provide \$3.8 million to enhance data-matching activities through the National Health Funding Body to compare public hospital activity data and MBS claims data. This project is aimed at identifying any instances where the Commonwealth has paid for the same service twice, which can lead to compliance action.

The RACGP is seeking further information on this measure. While concerns have been raised about duplicate payments, there are situations where it is appropriate for GPs to provide follow-up care to patients who have had an episode of hospital treatment.

Aboriginal and Torres Strait Islander people

Medicare-related announcements for Aboriginal and Torres Strait Islander people include:

- \$10.7 million for point-of-care testing to continue until the end of 2021
- \$41,000 for amendments to the Quality Assurance for Aboriginal and Torres Strait Islander Medical Services (QAAMS) items to help manage patients with multiple comorbidities

Access to medicines – PBS listings

This Federal Government will spend \$878.7 million over five years in new and amended PBS listings through the New Medicines Funding Guarantee.

New listings will include:

- Epidyolex (cannabidiol) for use in the treatment of Dravet syndrome (May 2021)

- Emgality (galcanezumab) for the treatment of chronic migraine (June 2021)
- Oriprio (progesterone) to prevent women going into premature labour (June 2021).

The Take Home Naloxone pilot program will be extended for a further 12 months, with funding of \$3.9 million. The pilot is already operating in NSW, SA and WA.

The government will spend \$36 million on the Health Products Portal to support electronic applications for reimbursement of medicines, medical and diagnostic services, and medical devices.

Disability

National Disability Insurance Scheme

The Federal Government will provide an extra \$13.2 billion over four years for disability supports under the National Disability Insurance Scheme (NDIS). In total, funding for the NDIS is expected to grow to \$122 billion over the next four years with contributions from the Federal Government and states and territories.

The Federal Government will also streamline arrangements for the care and support sector, including aligning worker screening arrangements across the NDIS, aged care and veterans' support from 1 July 2021 at a cost of \$12.3 million over two years.

Improving the health of people with intellectual disability

The Federal Government will provide \$12.7 million to improve the health and care of people with an intellectual disability by implementing three priority actions under the proposed National Roadmap for Improving the Health of People with Intellectual Disability.

Funding includes:

- \$6.7 million to improve the uptake and implementation of annual health assessments for people with intellectual disability
- \$1.4 million to enable scoping and co-design of a model for a National Centre of Excellence in Intellectual Disability Health – the scoping and co-design will focus on national leadership and coordination, and the development of a sustainable model leveraging existing expertise and institutions to improve the quality of healthcare delivered to people with intellectual disability
- \$4.7 million for intellectual disability health curriculum development to support the delivery of specific and specialised content as part of tertiary education curricula.

The RACGP supports measures to increase the uptake of MBS health assessments for people with intellectual disability. We have also called for tertiary education to be provided to the health workforce on how to respond to the needs of people with cognitive/intellectual disabilities. There should be opportunities for all students to meet people with intellectual disability or complete placements in services that provide regular care to this patient cohort.

Research

Improving the Health and Wellbeing of Aboriginal and Torres Strait Islander Mothers and Babies Grant

As part of the funding provided through the new Medical Research Future Funds funding rounds, \$15 million will be provided over four years for the Improving the Health and Wellbeing of Aboriginal and Torres Strait Islander Mothers and Babies Grant for Indigenous-led research to ensure Aboriginal and Torres Strait Islander mothers and babies have access to culturally safe care during pregnancy, birthing and the post-natal period.

The RACGP welcomes this funding announcement, but when broken down over four years it cannot be considered a substantial amount relative to the pressing need for Indigenous-led research.

We are committed to following developments in this research, as it will likely have important implications for the delivery of primary care.