



Improving health outcomes for **Aboriginal and Torres Strait Islander people and communities**

What are the issues?



Aboriginal and Torres Strait Islander people experience a disease burden **2-3 times** that of non-Indigenous people.¹



There were **284 years** lost due to premature death or living with illness per **1,000** Indigenous people in Australia, with chronic diseases causing **64%** of the total disease burden among Indigenous Australians.²

GPs and practice teams play a central role in meeting the Closing the Gap commitment to achieve Aboriginal and Torres Strait Islander health equality, but they need government support to do so.

What is the solution?

The Federal Government can improve health outcomes for Aboriginal and Torres Strait Islander people and communities by:

1 Enhancing primary care services for people over the age of 65, people with mental health conditions and people with disability through Service Incentive Payments (SIPs)

Older people in the community – The historical context of institutionalisation and early onset of ageing-related illnesses requires culturally safe, trauma-informed primary healthcare to support health and wellbeing, which can help delay the need for residential aged care.

People with mental health conditions – Aboriginal and Torres Strait Islander people must be able to access culturally safe, trauma-informed mental health care from trusted GPs and practice teams with appropriate expertise.

People living with disability – GPs and practice teams are an essential support for Aboriginal and Torres Strait Islander people with disability as they navigate the National Disability Insurance Scheme to access optimal care.

These SIPs should be well-integrated with other upcoming reforms, including Voluntary Patient Enrolment, and be designed to limit any additional bureaucracy and administrative activities.

2 Increase Medicare rebates by 10% for GP consultations longer than 20 minutes

Aboriginal and Torres Strait Islander people are more likely to have long and complex consultations with their GP;³

meaning service providers must have excellent clinical skills, cultural understanding and awareness of the historical and psychosocial context that affects health outcomes.

Longer consultations are undervalued in the current system, leading to higher out-of-pocket costs for patients. When services are bulk billed, including in Aboriginal Community Controlled Health Organisations (ACCHOs), the practice bears the costs of providing care. This means practices that provide the most complex primary care are underfunded.

3 Permanently reinstitute Medicare telehealth rebates for long phone consultations

Medicare data show that most COVID-19 telehealth services are phone consultations, showing a strong patient preference. Many patients are either not comfortable using video consultations or aren't able to do so. Funding for phone consultations ensures access to the preferred mode of care for Aboriginal and Torres Strait Islander people who already have poorer access to healthcare. It also supports the sustainability of ACCHOs, whose GPs and practice teams will continue to conduct long consults by phone with their patients while there is need.

4 Introduce a follow-up appointment with a GP within seven days of an unplanned emergency department visit or hospital admission

Support for a post-hospital visit with a trusted GP and practice team that provides high-quality, culturally safe care reduces the likelihood of hospital readmission.

Unexpected hospital admissions are more frequent for Aboriginal and Torres Strait Islander people, and these consultations are very complex. They are also discharged from hospital against medical advice at much higher rates than non-Indigenous people.⁴ As a result, Aboriginal and Torres Strait Islander people are more likely to revisit emergency departments and have higher mortality rates.

The RACGP supports the Uluru Statement of the Heart and Close the Gap and calls for government action in providing a voice for Aboriginal and Torres Strait Islander people in the Parliament of Australia and investing in equality in health and life expectancy for Aboriginal and Torres Strait Islander peoples. We also encourage government to address other challenges in this area outside of the priorities above, particularly the need for investment in Aboriginal and Torres Strait Islander workforce to help improve health outcomes.

For more information, see the [RACGP website](#).

References

- 1 Australian Institute of Health and Welfare, National Indigenous Agency. Aboriginal and Torres Strait Islander Health Performance Framework: Summary report 2020. Canberra: Australian Government, 2020. Available at www.indigenoushpf.gov.au [Accessed 26 May 2022].
- 2 Australian Institute of Health and Welfare. Indigenous health and wellbeing [Internet]. Canberra: Australian Institute of Health and Welfare, 2020 [cited 2022 Jun. 6]. Available from: <https://www.aihw.gov.au/reports/australias-health/indigenous-health-and-wellbeing>
- 3 Australian Government. Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report. Canberra: Australian Government, 2017. Available at www.niaa.gov.au/sites/default/files/publications/2017-health-performance-framework-report_1.pdf [Accessed 26 May 2022].
- 4 Australian Institute of Health and Welfare, National Indigenous Agency. Aboriginal and Torres Strait Islander Health Performance Framework: Summary report 2020 – 3.09 Discharge against medical advice. Canberra: Australian Government, 2020. Available at www.indigenoushpf.gov.au/measures/3-09-discharge-againstmedical-advice [Accessed 26 May 2022].