



A stronger primary health system for Aboriginal and Torres Strait Islander people through health reform

Position statement

July 2020



Position

The Royal Australian College of General Practitioners (RACGP) acknowledges the importance of the primary healthcare sector in supporting good health and wellbeing for Aboriginal and Torres Strait Islander people. This position statement provides an overview of our commitment to a stronger primary care environment.

The RACGP:

- believes it is the right of Aboriginal and Torres Strait Islander patients to access culturally safe healthcare that meets their needs, wherever they might seek care
- attributes comprehensive, patient-centred, culturally safe, accessible and equitable healthcare, supported by a multidisciplinary healthcare team, as core to effective, high-quality clinical and cultural primary healthcare for individuals and communities

- reaffirms the critical importance of a well-trained, clinically and culturally skilled and resourced general practitioner (GP) workforce for an effective health system and better health and wellbeing outcomes.

Health system reform

Culturally safe and well-resourced health delivery systems are essential to improve health outcomes.

The RACGP:

- calls for a responsive healthcare system that is structured and resourced to be culturally safe and staffed by well-trained health professionals who are able to respond to the needs of Aboriginal and Torres Strait Islander peoples
- advocates for funding to implement the RACGP's *Vision for general practice and a sustainable healthcare system*¹ – this will help GPs provide high-quality care and better respond to the individual needs and circumstances of patients

- supports funding flexibility that responds to local needs and arrangements while also prioritising local community decision making
- encourages innovation in funding arrangements through the Medicare Benefits Schedule (MBS) and the Practice Incentives Program – Indigenous Health Initiative (PIP–IHI) to adequately compensate medical professionals for delivering a range of integrated services to a patient cohort that often has complex health needs
- supports continuation of the successful Closing the Gap Pharmaceutical Benefits Scheme (PBS) Co-payment Measure; access could be further improved by assessing eligibility on the basis of patient need rather than services provided
- recognises additional enablers to achieving a stronger primary healthcare system include appropriate infrastructure, strong management capacity and governance, and data systems and eHealth arrangements.

Supporting general practice and multidisciplinary teams

The RACGP recognises the priority to increase the number of Aboriginal and Torres Strait Islander people in the health workforce and develop a culturally safe and reflective GP workforce and practice teams.

The RACGP:

- believes that increased targeted investment in health system capacity and health policies, such as workforce training and salary support, are required to adequately support health professionals working with Aboriginal and Torres Strait Islander people
- backs a strategic focus on attracting, training and retaining the Aboriginal and Torres Strait Islander health workforce, such as the current development of a National Aboriginal and Torres Strait Islander Health and Medical Workforce Plan, led by the Council of Australian Governments (COAG) Health Council and sector leaders
- advocates for greater investment in the growth and sustainability of the Aboriginal and Torres Strait Islander health workforce across a range of professions, including cultural positions such as traditional healers.

Discussion

Health disparities and barriers to healthcare

Many Aboriginal and Torres Strait Islander people enjoy access to excellent healthcare from private general practices, community health centres and Aboriginal and Torres Strait Islander primary healthcare services. Continued health improvements over time are evident,² particularly as a result of the high-quality, comprehensive primary healthcare provided via Aboriginal Community Controlled Health Organisations (ACCHOs).³

As a group, however, Aboriginal and Torres Strait Islander peoples continue to experience a relatively high burden of chronic disease and greater barriers to accessing medical care and medicines.⁴ Poor health status can start from a young age and extend over a person's lifetime.⁵ The health status of Aboriginal and Torres Strait Islander peoples is a result of a complex range of factors, including the ongoing effects of colonisation, intergenerational trauma, racism within the health system, and the relationship between social determinants and health and wellbeing.

Access to high-quality primary healthcare forms the foundation of the *National Aboriginal and Torres Strait Islander Health Plan 2013–2023*⁶ to improve health outcomes for Aboriginal and Torres Strait Islander people and communities. Barriers to accessing healthcare remain, including unreasonable distances to healthcare services, culturally inappropriate services, poor communication from health professionals, services having insufficient time and other responsibilities, and the increasing cost of healthcare.^{7,8} Experiences of racism also restrict healthcare access,⁹ leading to compromised quality of medical care.¹⁰ Adverse health outcomes can be minimised with improved prescribing quality and access to appropriate healthcare.

Health system reform to support Aboriginal and Torres Strait Islander health

To ensure confidence in the healthcare system, all health practitioners must be well equipped to provide healthcare that is needed and valued. The RACGP's *Vision for general practice and a sustainable healthcare system* (the Vision)¹ outlines the key features required to support a well-resourced and effective primary healthcare system. Although the Vision is relevant across the whole primary healthcare sector, the sustained inequities in health access and outcomes for Aboriginal and Torres Strait Islander peoples warrant a unique focus.

The complex health needs and diversity of the Aboriginal and Torres Strait Islander population are not always well supported by the Australian healthcare system. In the primary care context, MBS rebate values do not adequately compensate practitioners for the complexity, skill and time of healthcare delivery across all population groups, including Aboriginal and Torres Strait Islander peoples.¹¹ Further work is needed to understand the complex nature of consultations and the range of skills required to ensure that rebate values compensate the level of complexity and required skill appropriately.

As a targeted funding source, the PIP–IHI supports improvements to Aboriginal and Torres Strait Islander health and represents an alternative funding stream to the MBS. This is particularly important to enable ACCHOs and other practices that service a large population of Aboriginal and Torres Strait Islander patients to deliver a comprehensive range of high-quality primary healthcare services. Continued investment in the PIP–IHI is warranted, with some consideration to optimise 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.¹²

The Closing the Gap PBS Co-payment Measure is widely acknowledged as having improved access to medications for Aboriginal and Torres Strait Islander people.¹³ Moving forward, as an advocate for patient-centred care, the RACGP supports access being determined by patient need rather than which health service they attend. This is particularly important when people visit a different health service, are discharged from hospital or receive outpatient services.

The benefits of general practice are optimised when included as part of a broader comprehensive, coordinated multidisciplinary primary care team. A range of health professions is integral to high-quality healthcare delivery for Aboriginal and Torres Strait Islander peoples. This includes many professions that typically work outside general practice settings – for example, pharmacists, podiatrists, psychologists, dietitians and exercise physiologists. Costs for allied health and medicines are an additional, often hidden, economic barrier to accessible healthcare, with affordable options very limited. These pressures can impact healthcare delivery in all settings.

Our aspiration is for all Aboriginal and Torres Strait Islander people to live long and healthy lives through holistic clinical and cultural primary care for individuals and communities. The RACGP will continue to work with Aboriginal and

Torres Strait Islander peak bodies and communities to advocate for appropriate resources and structures to help general practice teams deliver high-quality healthcare.

Related resources

- RACGP, ‘Support for increased investment in Aboriginal Community Controlled Health Organisations: Position statement’
- Resources to help GPs and practice teams improve access and strengthen healthcare delivery:
 - RACGP ‘Five steps toward excellent healthcare for Aboriginal and Torres Strait Islander people’, which provides practical advice to support GPs and practice teams in delivering high-quality and culturally responsive primary healthcare services
 - NACCHO–RACGP ‘Good practice tables’, which have suggested actions for practice teams to improve access and strengthen healthcare delivery
 - RACGP–NACCHO *National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people*, which guides users to consider social and cultural determinants of health in addition to biomedical interventions.

References

1. The Royal Australian College of General Practitioners. Vision for general practice and a sustainable healthcare system. East Melbourne, Vic: RACGP, 2019. Available at www.racgp.org.au/advocacy/advocacy-resources/the-vision-for-general-practice/the-vision [Accessed 30 April 2020].
2. Commonwealth of Australia, Department of the Prime Minister and Cabinet. Closing the Gap Prime Minister’s report 2017. Canberra: Department of the Prime Minister and Cabinet, 2017. Available at www.niaa.gov.au/sites/default/files/publications/ctg-report-2017.pdf [Accessed 4 May 2020].
3. Dalton A, Lal A, Mohebbi M, Carter R. Economic evaluation of the Indigenous Australians’ Health Programme Phase I. Report prepared for the Department of Health. Melbourne: Deakin University, 2018. Available at [www1.health.gov.au/internet/main/publishing.nsf/Content/E829D2AE47571554CA2581F4007535E9/\\$File/Economic%20Evaluation%20of%20the%20Indigenous%20Australians%E2%80%99%20Health%20Programme%20Phase%201%20Report.pdf](http://www1.health.gov.au/internet/main/publishing.nsf/Content/E829D2AE47571554CA2581F4007535E9/$File/Economic%20Evaluation%20of%20the%20Indigenous%20Australians%E2%80%99%20Health%20Programme%20Phase%201%20Report.pdf) [Accessed 4 May 2020].
4. Australian Health Ministers’ Advisory Council. Aboriginal and Torres Strait Islander Health Performance Framework 2017 report. Canberra: AHMAC, 2017. Available at www.niaa.gov.au/sites/default/files/publications/2017-health-performance-framework-report_1.pdf [Accessed 4 May 2020].

5. Australian Institute of Health and Welfare. Australia's health 2018. Australia's health series no. 16. Cat. no. AUS 221. AIHW: Canberra, 2018. Available at www.aihw.gov.au/getmedia/7c42913d-295f-4bc9-9c24-4e44eff4a04a/aihw-aus-221.pdf.aspx?inline=true [Accessed 22 July 2020].
6. Department of Health. National Aboriginal and Torres Strait Islander Health Plan 2013–2023. Canberra: DoH, 2013. Available at [www1.health.gov.au/internet/main/publishing.nsf/Content/AC51639D3C8CD4ECCA257E8B00007AC5/\\$File/DOH_ImplementationPlan_v3.pdf](http://www1.health.gov.au/internet/main/publishing.nsf/Content/AC51639D3C8CD4ECCA257E8B00007AC5/$File/DOH_ImplementationPlan_v3.pdf) [Accessed 30 April 2020].
7. Askew D, Brady J, Brown A, et al. To your door: Factors that influence Aboriginal and Torres Strait Islander peoples seeking care. Kanyini Qualitative Study Monograph Series: No.1. Sydney: Kanyini Vascular Collaboration, 2014.
8. Davy C, Harfield S, McArthur A, Munn Z, Brown A. Access to primary health care services for Indigenous peoples: A framework synthesis. *Int J Equity Health* 2016;15(1):163. doi: 10.1186/s12939-016-0450-5.
9. Artuso S, Cargo M, Brown A, Daniel M. Factors influencing health care utilisation among Aboriginal cardiac patients in central Australia: A qualitative study. *BMC Health Services Research* 2013;13(83). doi: 10.1186/1472-6963-13-83.
10. Coory MD, Walsh WF. Rates of percutaneous coronary interventions and bypass surgery after acute myocardial infarction in Indigenous patients. *Med J Aust* 2005;182(10):507–12. doi: 10.5694/j.1326-5377.2005.tb00016.x
11. Johansen RP, Hill P. Indigenous health: A role for private general practice. *Aust Fam Physician* 2011;40(1–2):16–19.
12. The Royal Australian College of General Practitioners. Submission: Review of the Practice Incentives Program – Indigenous Health Incentive. East Melbourne, Vic: RACGP, 2019. Available at www.racgp.org.au/advocacy/reports-and-submissions/view-all-reports-and-submissions/2019-reports-and-submissions/review-of-the-pip-ih [Accessed 4 May 2020].
13. Baillie R, Griffin J, Kelaher, et al. Sentinel sites evaluation: Final report. Prepared by Menzies School of Health Research. Department of Health: Canberra, 2013. Available at [www1.health.gov.au/internet/main/publishing.nsf/Content/F91E3427B3480DBCCA257E1A0079EDBB/\\$File/sentinel-sites-evaluation_final-report_feb2013.pdf](http://www1.health.gov.au/internet/main/publishing.nsf/Content/F91E3427B3480DBCCA257E1A0079EDBB/$File/sentinel-sites-evaluation_final-report_feb2013.pdf) [Accessed 4 May 2020].

Disclaimer

The information set out in this publication is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular patients or circumstances. Nor is this publication exhaustive of the subject matter. It is no substitute for individual inquiry. Compliance with any recommendations does not guarantee discharge of the duty of care owed to patients. The RACGP and its employees and agents have no liability (including for negligence) to any users of the information contained in this publication.

© The Royal Australian College of General Practitioners 2020

This resource is provided under licence by the RACGP. Full terms are available at www.racgp.org.au/usage/licence

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.