Aboriginal Health

Quality Improvement Toolkit

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NEPEAN
BLUE MOUNTAINS
An Australian Government Initiative

Wentworth Healthcare
Blue Mountains | Hawkesbury | Lithgow | Penrith

Disclaimer

All information is accurate as of the date that this version was developed. We will endeavour to update the information as needed.

Every effort has been made to ensure that the information provided is accurate. Health professionals must not rely solely on this information to make patient care decisions.

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While the Australian Government contributed funding for this material, it has not reviewed the content and is not responsible for any injury, loss or damage however arising from the use of or reliance on the information provided herein.

Acknowledgement of Country

We acknowledge the traditional custodians of the lands and waters on which we work; Darug, Gundungurra, and Wiradjuri, and pay respect to Aboriginal Elders, past and present.

This toolkit has been adapted with permission from COORDINARE.
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Contents

Cultural Safety

The Australian Institute of Health and Welfare (AIHW) states that "improving cultural safety for Aboriginal and/or Torres Strait Islander health care users can improve access to, and the quality of health care". This means a health system that respects Indigenous cultural values, strengths, and differences, and addresses racism and inequality. Your practice can play an important role in improving the cultural safety for your local Aboriginal and Torres Strait Islander community.

The AIHW have developed the Cultural Safety in Health Care for Indigenous Australians: Monitoring Framework which aims to measure progress in achieving cultural safety in the Australian health system. The cultural safety monitoring framework covers three main areas:

Culturally respectful health care services

The structures, policies and processes across the health system all play a role in delivering culturally respectful healthcare. The provision of culturally safe health care for Aboriginal and Torres Strait Islander peoples reflects the extent to which health care systems and providers are aware of and are responsive to Indigenous Australians' cultural needs and experiences. Cultural safety cannot be improved in isolation from the provision of health care.

Patient experience of health care

Cultural safety is defined with reference to the experience of Aboriginal and Torres Strait Islander peoples who access and use health care services, including their treatment by health care professionals and their feelings of cultural safety.

Access to health care services

Overall Aboriginal and Torres Strait Islander peoples experience poorer health than non-Indigenous Australians, but they do not always have the same level of access to health services. Disparities in access and use of health services may indicate problems with the cultural safety of services, but there may be many other factors, such as remoteness, affordability, previous experiences of racism in health care environments for themselves, family or community members and fear of how they will be treated.

You can review the Cultural Safety in Health Care for Indigenous Australians: Monitoring Framework[1] for some useful information on your practice's cultural safety journey.

[1] https://www.aihw.gov.au/reports/indigenous-australians/cultural-safety-health-care-framework/contents/summary

Closing the Gap - Role of Primary Healthcare

Improving Indigenous Access to Mainstream Primary Care Program

In December 2007, the Council of Australian Governments (COAG) agreed to a partnership between all levels of government to work with Aboriginal and/or Torres Strait Islander communities to close the gap on Indigenous disadvantage. Their Closing the Gap targets include:

- Child mortality
- Early childhood education
- School attendance
- Employment
- Life expectancy.

The Improving Indigenous Access to Mainstream Primary Care Program is one component of this work. Intended outcomes include:

- An increase in the overall health of the Aboriginal and/or Torres Strait Islander population
- Improved access to culturally sensitive primary care services for Aboriginal and/or Torres Strait Islander peoples; and
- Improved management of chronic conditions experienced by Aboriginal and/or Torres Strait Islander peoples.

Life expectancy was around 9 years lower for Aboriginal and/or Torres Strait Islander people in 2015-17 when compared with other Australians (AIHW, 2020).

There is strong evidence that the delivery of clinical preventive health services, especially within a primary healthcare context, improves health outcomes.

Social Determinants

AIHW (2020) outlines social determinants such as education, employment, income, and housing directly affect the target outcomes. Social determinants also operate indirectly by interacting with other influences (such as environmental, ecological, and cultural factors) in a broader framework of Indigenous wellbeing.

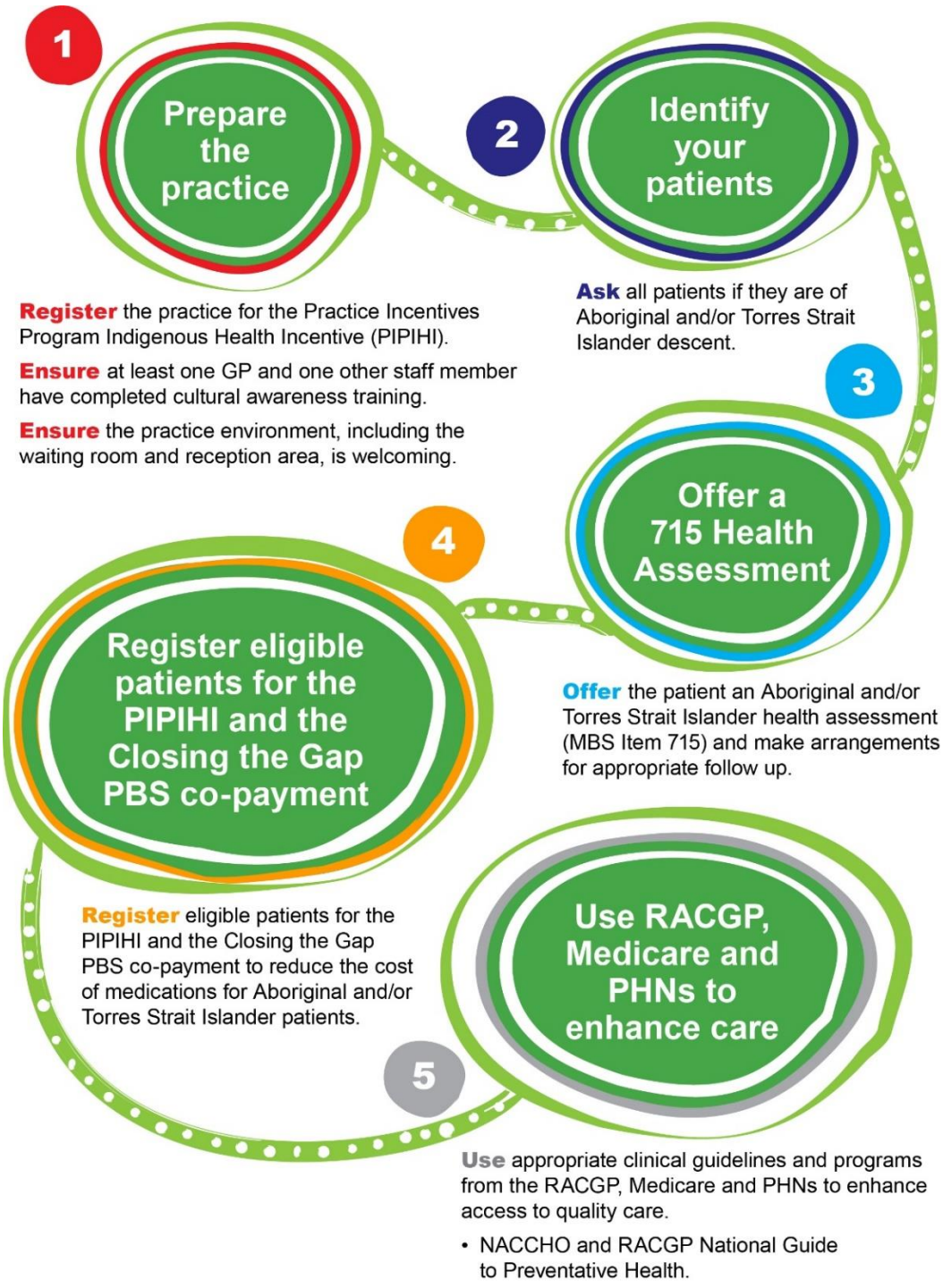
For example, low socioeconomic status (SES) and intergenerational poverty are associated with lower levels of achievement in education, which can result in reduced health and employment outcomes. Some of the targets are themselves social determinants.

The impacts of social determinants are also reflected in the higher rates of circulatory disease, respiratory disease, kidney disease and cancer in the Indigenous population. Higher rates of these diseases are linked to the higher prevalence of risk factors such as smoking, poor diet and physical inactivity. These risk factors are mainly associated with differences in SES related to current levels of education, employment, income, and housing conditions.

Five Steps Towards Excellent Aboriginal and Torres Strait Islander Healthcare

For GPs and Members of the Practice Team

The Royal Australian College of General Practitioners (RACGP) have developed the five steps towards excellent Aboriginal and Torres Strait Islander healthcare which can be found on the RACGP website[2]. The five steps are:



[2] https://www.racgp.org.au/the-racgp/faculties/atsi/guides/five-steps

Practice Readiness

There are various ways in which we aim to improve Aboriginal health systems and health outcomes for Aboriginal and Torres Strait Islander peoples within general practice. To ensure Aboriginal and Torres Strait Islander peoples receive primary health care matched to their needs, systems are required for early detection and diagnosis; and interventions associated with common treatable conditions are necessary to help prevent morbidity and early mortality.

However, there are often missed opportunities for the prevention of chronic disease and associated complications in the Aboriginal and Torres Strait Islander population. When preventive opportunities are missed, this leads to a higher use of hospital care, which in turn increases health costs. The Aboriginal and Torres Strait Islander population has much higher rates of hospital admission for almost every health problem than other Australians.

This Readiness Tool is designed as a starting point to encourage general practice to generate ideas and strategies in Aboriginal Health that may be applied to a quality improvement (QI) activity. This may assist with the 'thinking part' of the quality improvement cycle.

Aboriginal Health Quality Improvement Readiness Tool

General Practice Name:	
Completed by:	

Aboriginal Health Change Readiness	Yes	Action/Comment (what, when, who)
Prepare your practice		
Is your practice accredited? Is the practice registered for the Practice Incentives Program Indigenous Health Incentive (PIPIHI)?	☐ ☐	
Has a minimum of two staff members completed RACGP approved Cultural awareness training? (One MUST be a GP and one other staff member)	☐	
Is your practice a welcoming environment? (Aboriginal artwork in your waiting area/posters for 715 Health Assessments/acknowledgement of country)	☐	
Identify Aboriginal and Torres Strait Islander Patients		
Does your practice routinely identify Aboriginal patients (on your new patient forms)? Does your practice routinely ask the question and record in the clinical software?	☐ ☐	

Health Assessment		
Are you offering all Aboriginal patients a 715 Health Assessment and providing continuity of care by making arrangement for follow up? Describe your process.	☐	
Do you have reminder systems for the following? • Annual patient re-registration (PIPIHI) • Chronic disease management • Health assessments	 ☐ ☐ ☐	
Have you informed the patient you are undertaking a 715 Health Assessment, seeking consent? Once the health assessment has been completed a copy must be provided to the patient.	☐	
Once 715 Health Assessment is completed, the patient is now eligible for 10 follow ups by the practice nurse (item number 10987) in a calendar year. How are these visits offered to the patient?	☐	
Practice Incentives Program Indigenous Health Incentive (PIPIHI)		
Are you registering eligible patients for the PIPIHI and the Closing the Gap PBS co-payment?	☐	
Do all staff have PRODA accounts? ☐ Reception ☐ Nurses ☐ GPs Do you use PRODA to: • Register patients for Closing the Gap online? • To check for MBS eligibility?	☐ ☐ ☐	
Improved Health Outcomes		
Does the practice send targeted reminders to patients (e.g., letters, SMS, email, or phone calls) for routine cancer screening? ☐ Breast ☐ Bowel ☐ Cervical	☐	
Are patients provided with quality information on cancer screening, including access to resources for Aboriginal communities?	☐	
Are your Aboriginal patients up to date with the following immunisations? • COVID vaccination	 ☐	

• COVID booster dose • Influenza immunisation • Other	☐ ☐ ☐	
Are you aware of support services such as: • Integrated Team Care Services (ITC) • Aboriginal Outreach Workers • Five Allied Health Services available to patients with or without chronic disease? Have you downloaded the ITC referral form into your Clinical Information System from HealthPathways?	☐ ☐ ☐ ☐	
Are clinicians using HealthPathways for clinical guidelines, assessment, management and referral information and patient information for Aboriginal and/or Torres Strait Islander patients?	☐	
Do you have NACCHO and RACGP Yellow book downloaded onto clinical desktops?	☐	

Implementing Robust Recall and Reminder System

The RACGP Standards for General Practice view a **reminder** as an offer to provide patients with systematic preventative care. A **recall** is when it is paramount for a patient to attend the clinic, usually in the instance of an abnormal result. A recall is further defined as a system to make sure patients receive further medical advice on matters of clinical significance[3].

Helpful tips

- Ensure there is a written policy which is communicated to the practice team which outlines a consistent and validated process for recording results, entering recalls, and sending reminders.
- Define roles and responsibilities for individual team members.
- Review systems for managing overdue patient recall and reminders.

Helpful links and resources

It is recommended that GPs who are coordinating patient-centred care should not assume that clinically significant test results ordered by others have been adequately followed up.

Clear and agreed systems for receiving and following up on test results are needed to ensure safe and effective continuity of patient care. For further information regarding RACGP's position on non-GP initiated testing visit the RACGP website.

Clinical significance is determined by:

- The probability that the patient will be harmed if further medical advice is not obtained; and
- The likely seriousness of the harm.

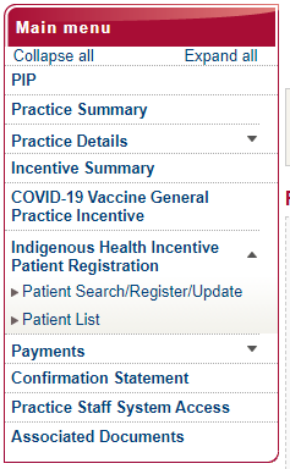
It will be up to each practice to design a system which effectively differentiates between their general preventative reminders and their true recalls.

[3] https://www.racgp.org.au/download/Documents/Policies/Clinical/Position-statement-on-non-GP-initiated-testing.pdf

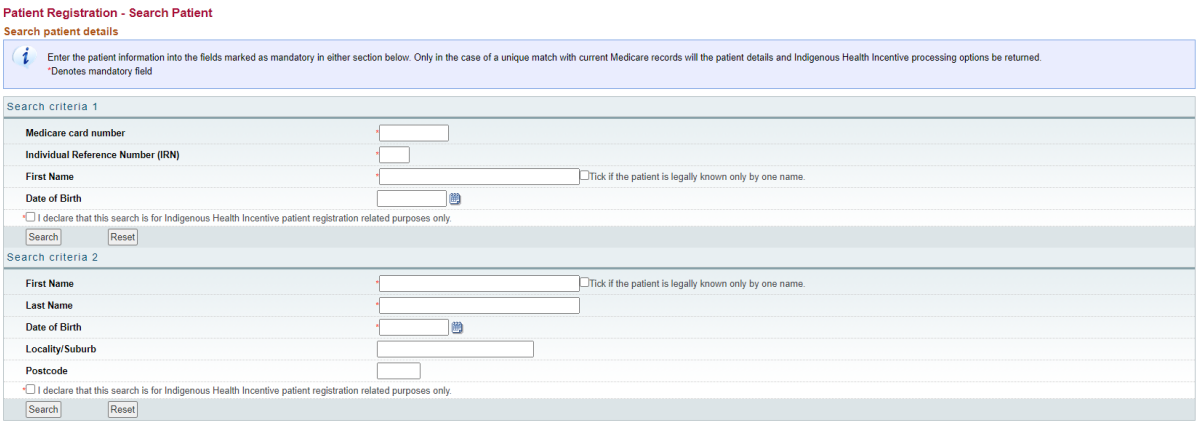
Closing the Gap Practice Incentives Program (PIP) Indigenous Health Incentive (IHI) Registration Through PRODA

How to Register your Patient for PIP IHI

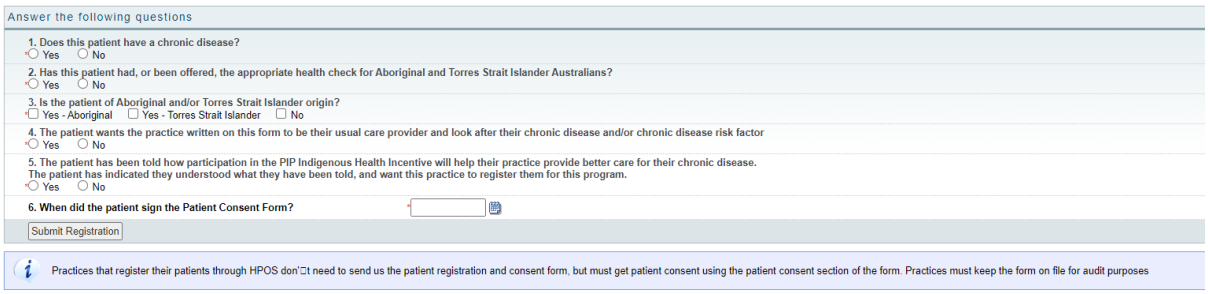
1. Log in to your PRODA account and select 'Go to Service' on the Health Professionals Online Services (HPOS) tile.
2. Select the 'My Programs' tile.
3. Select the 'Practice Incentives Program (PIP)' tile.
4. Select 'Update' next to your Practice name.
5. Using the 'Main Menu', navigate to 'Indigenous Health Incentive Patient Registration' → 'Patient Search/Register/Update'.



6. Search for the patient using either the patient's Medicare card details or their name and date of birth.



7. Once you have searched for the correct patient, you will need to answer the following questions to register them. Click 'Submit Registration'. Please note that Practices that register patients through HPOS still need to keep a copy of the patient's signed consent[4].



[4] https://www.servicesaustralia.gov.au/ip017

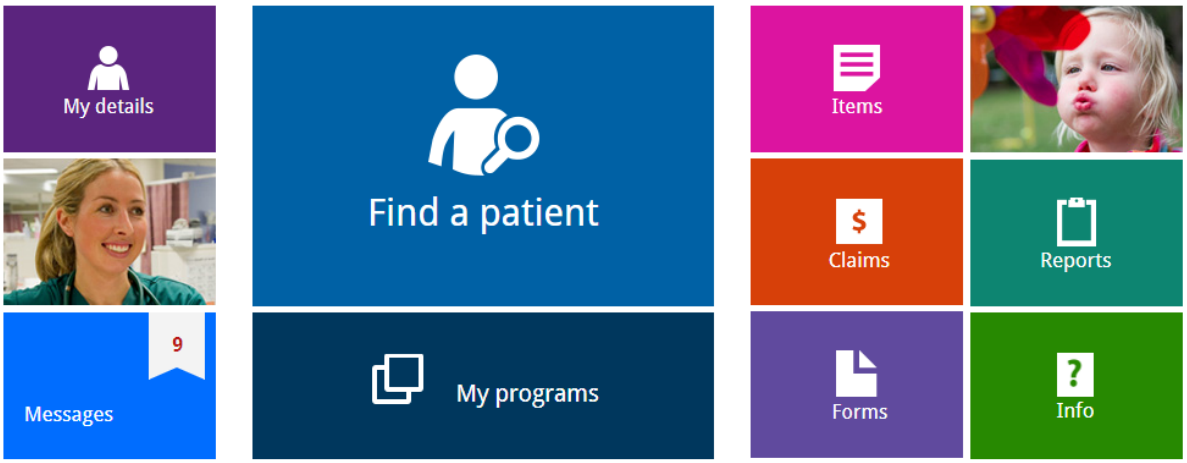
Closing the Gap PBS Co-Payment through PRODA

How to Register your Patient for Closing the Gap PBS Co-Payment Register

The easiest way to register a patient is through you PRODA[5] HPOS account.

To register your patient via PRODA HPOS:

1. Log in to your PRODA account and select 'Go to Service; on the Health Professional Online Services (HPOS) tile.
2. If you are not a prescriber, you must be delegated[6] by a prescriber.
3. Select My providers in the top right corner of your main HPOS screen and select the provider you wish to act on behalf of.
4. Select the 'My Programs' tile.



5. Select the 'Closing the Gap PBS Co-Payment Register' tile.
6. Perform a patient search using either the patient's Medicare card number or name and date of birth.
7. Once the search is complete it will display the patient's first name and Medicare card number and registration status. If the registration status is set to INACTIVE, you will have the option to click Register . Registration only needs to occur once.
8. If a patient no longer wishes to be registered for the Closing the Gap PBS Co-Payment program, they will need to contact Medicare themselves to de-register.

5 https://proda.humanservices.gov.au/prodalogin/pages/public/login.jsf?TAM_OP=login&ERROR_CODE=0x00000000&URL=%2F&OLDSESSION=

6 https://www.servicesaustralia.gov.au/managing-hpos-delegations?context=22786

At a Pharmacy

Pharmacists can now only dispense prescriptions at the Closing the Gap price if the patient is registered.

Pharmacy prescription dispensing software will verify a patient's registration in real time. Pharmacists can also use PRODA HPOS to check.

Prescribers should continue to write Closing the Gap on scripts to help but it is no longer a legal requirement.

Integrated Team Care (ITC) Program

The ITC Program aims to improve outcomes for Aboriginal and/or Torres Strait Islander patients with chronic conditions through better access to coordinated and multidisciplinary care. It also aims to contribute to Closing the Gap life expectancy goals by improving access to mainstream primary care, including allied health and specialists.

Eligibility

To be eligible for the ITC Program a patient must:

- Identify as Aboriginal and Torres Strait Islander
- Have a current GP Management Plan (GPMP) (721) and/or a Team Care Arrangement (TCA) (723)
- Have one or more of the following chronic conditions:
    - Diabetes
    - Cancer
    - Renal disease
    - Cardiovascular disease
    - Respiratory disease

Support Available Through ITC

Funds are available to provide access to medical specialists, allied health services and certain medical aids as recommended in a patient's GP management plan.

To refer a patient to the ITC Program, you will need:

- A completed and signed GP CTG CCSS referral form found on HealthPathways[7].
- A signed patient consent (found on page 2 of the GP referral)
- A signed copy of the patients GPMP (721)
- A signed copy of the patients TCA (723) (where applicable)
- A completed and signed copy of each completed Enhanced Primary Care plan (where applicable)
- A copy of the referral to the relevant specialist.

To find out more please contact our ITC team on 4706 0299.

[7] https://www.nepeancommunity.org.au/wp-content/uploads/2017/07/CCSS-Gp-Referral-Form-2019.pdf

Health Assessment for Aboriginal and Torres Strait Islander peoples

Item 715

Ensure patients eligibility

Eligibility Criteria

- Patients 0-14 years use “child” assessment
- Patients 15-54 years use “adult” assessment
- Patients 55+ years use “older adult” assessment
- May be provided once every nine months

Note

It may take several shorter sessions to complete the full Health Assessment with an Aboriginal and Torres Strait Islander Patient. The Practice cannot claim the 715 until all components are completed.

Clinical Content

Mandatory

- Explain Health Assessment process and gain parents’/carers consent
- Information collection - taking patient history and undertake or arrange examinations and investigations as required
- Overall assessment of patient
- Recommended appropriate interventions
- Provide advice and information
- Keep a record of the health assessment and offer a copy of the assessment with recommendations about matters covered to the patient and/or carer

Non-mandatory

- Discuss eating habits, physical activity, speech and language development, fine and gross motor skills, behavior, and mood
- Oher examinations considered necessary by GP/Practice Nurse

Complete documentation

Essential Documentation Requirements

- Record parent’s/carer’s consent to Health Assessment
- Record the Health Assessment and offer the parent/carer a copy
- Update parent held child record for children under 5 years of age
- Record immunisations provided

Claim MBS item

Claiming

- All elements of the service must be completed to claim
- May be completed over several sessions but do not claim 715 until all components are complete

NB: Once the patient has had a 715-health assessment, they are eligible for ten follow ups by the practice nurse (item number 10987) and five “at risk” allied health visits (separate/additional to the five allied health visits under TCA if the patient is diagnosed with a chronic disease)

Item	Name	Age Range	Recommended Frequency
715	Aboriginal and/or Torres Strait Islander Health Assessment	0-14 years 15-54 years 55+ years	Every 9 months

Aboriginal Health Quality Improvement Ideas

1. Review your process for patient identification to increase ethnicity recording.

- Review new patient form (add additional line to explain: We use this information to review treatment options and ensure highest quality of care).
- Train staff in why it is important to ask about ethnicity.
- Train staff how to ask about ethnicity.

2. Improve cultural awareness of staff.

- Complete online RACGP Cultural Awareness Training or PHN Your Practice Portal module.
- Request visit from PHN Aboriginal Liaison Officer to provide in house education session.

3. Identify patients who have not had a 715 Health assessment completed in the past 12 months.

- Use your clinical data auditing tool to identify eligible patients who have not had a 715 Health Assessment completed in the last 12 months.

4. Increase utilisation of Health Assessment follow up services using MBS item number 10987 to provide patients with preventative health care and education between consultations with GPs.

- Outline in your notes that area you might reasonably pre-emp the patient may require a 10987 follow up over the coming year and add reminders.

5. Utilise referral pathways for follow up preventative health care and existing chronic disease.

- Complete approved referral form for follow up Allied Health services under Medical for People of Aboriginal and Torres strait Islander descent (up to five services per calendar year).

6. Utilise HealthPathways to locate Aboriginal clinical services, clinical information, and patient resources.

- Nepean Blue Mountains Aboriginal and Torres Strait Islander peoples Health[8]

7. Increase preventative screening activities for Aboriginal and Torres Strait Islander patients.

- Diabetes risk assessment
- Hearing checks
- Glucose tolerance test for diabetes
- Cancer screening
- Mental health screening
- RACGP Red Book Family History screening questionnaire

[8] https://nbm.communityhealthpathways.org/42548.htm

8. Review reminder system for 715 Health Assessment and chronic disease management.

- Allocate a staff member to oversee Aboriginal Health systems within the practice.
- Set reminders for reviews of GPMP (732) and TCA (732) for three to six months.
- Set new GPMP/TCA reminder for 12-24 months.
- Set 715 Health Assessment reminders for 12 months.

9. Review system for annual Closing the Gap patient registration.

- Change to HPOS for re-registration of patients instead of faxing.

10. Review system for Practice Incentive Program IHI annual patient registration.

Registration is a $250 payment per eligible patient per calendar year to practices for each Aboriginal and Torres Strait Islander patient aged 15 and over who is registered for Chronic Disease Management.

- Set a reminder in your system to re-register all Practice Incentive Program IHI registered patients for the next calendar year in November.

Change Ideas to Consider

Encourage person centred care by encouraging patients to discuss Aboriginal Health management with their GP.

- Display promotional material in the waiting room.
- Have a flyer explaining the importance of having a 715 Health Assessment and what it involves available at reception. The patient can then take the flyer into their appointment with them, opening the door for a discussion with their doctor or nurse.

Have a team meeting to brainstorm how recall and reminder systems could improve income generation and patient care.

Dedicate some time at a staff meeting to discuss how during 715 Health Assessments you can:

- Outline in your notes the areas you might reasonably pre-empt the patient may require a 10987 follow up over the coming year and add reminders for those.
- Set reminders for reviews of GPMP (732) and TCA (732) for three to six months.
- Set new GPMP/TCA reminders for 12-24 months.
- Set 715 Health Assessment reminders for 12 months.

Engaging the General Practice Team – Develop and maintain an effective recall and reminder system.

- There is often a lot of work that needs to be done to improve how practices use software to maintain an effective recall and reminder systems. Staff education is the first step towards improvement. Ask your General Practice Support Officer to provide a short information session to staff and provide recall and remind resource manuals.

Draft a written procedure for recall and reminder systems.

- If your practice has a policy/procedure for recalls and reminders, check that there is a process for Aboriginal Health.

Appoint a staff member who is responsible for overseeing Aboriginal Health and maintaining reminder systems. Add this role to their job description.

- Champion for the health of Aboriginal people. Providing professional development opportunities to this staff member will assist with rewarding and recognising this person's contribution to the team.

Send 715 Health Assessment reminder letter to eligible patients due for assessment.

- Following the establishment of your Aboriginal Health patient register, identify patients due for a 715 Health Assessment.
- There are two key ways where practice reminders can really add value:

1. For patients who have never had a 715 Health Assessment.
2. On a patient's actual annual Health Assessment due date.

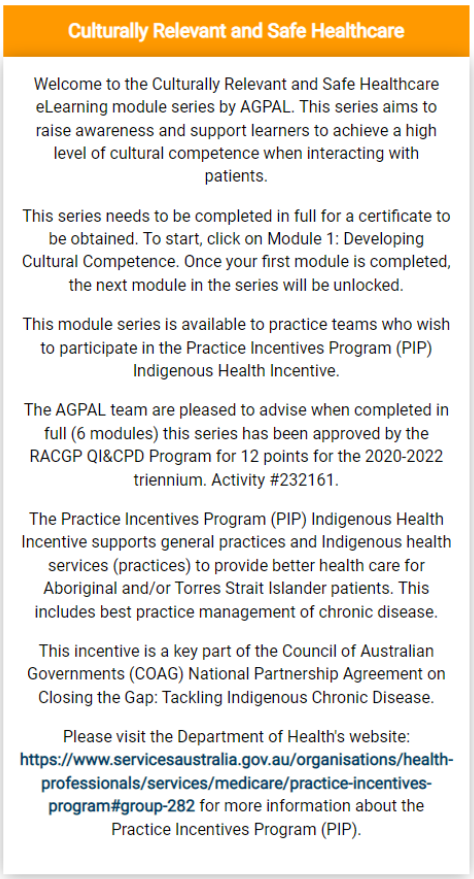
Further Resources

- Integrated Team Care GP referral form
  CCSS-GP-Referral-Form-2021.pdf[9]
- Integrated Team Care brochure
  Closing-the-Gap-Trifold-2021-1.pdf[10]
- 715 fact sheet for health professionals
  715 Health Check to Improve Indigenous Health[11]
- 715 flowchart
  715-Health Check-Patient-Journey.pdf[12]

Aboriginal Cultural Awareness Training

Wentworth Healthcare facilitate RACGP approved Cultural Awareness training required for the Indigenous Health Incentive. Find out more and express your interest here[13].

Your Practice Portal: Culturally Relevant and Safe Health Care



Culturally Relevant and Safe Healthcare

Welcome to the Culturally Relevant and Safe Healthcare eLearning module series by AGPAL. This series aims to raise awareness and support learners to achieve a high level of cultural competence when interacting with patients.

This series needs to be completed in full for a certificate to be obtained. To start, click on Module 1: Developing Cultural Competence. Once your first module is completed, the next module in the series will be unlocked.

This module series is available to practice teams who wish to participate in the Practice Incentives Program (PIP) Indigenous Health Incentive.

The AGPAL team are pleased to advise when completed in full (6 modules) this series has been approved by the RACGP QI&CPD Program for 12 points for the 2020-2022 triennium. Activity #232161.

The Practice Incentives Program (PIP) Indigenous Health Incentive supports general practices and Indigenous health services (practices) to provide better health care for Aboriginal and/or Torres Strait Islander patients. This includes best practice management of chronic disease.

This incentive is a key part of the Council of Australian Governments (COAG) National Partnership Agreement on Closing the Gap: Tackling Indigenous Chronic Disease.

Please visit the Department of Health's website: **https://www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/practice-incentives-program#group-282** for more information about the Practice Incentives Program (PIP).

The Your Practice Portal Culturally Relevant and Safe Health Care module is also RACGP accredited and can be accessed by creating a free Your Practice Portal account here:

https://yourpracticeportal.com.au/elearning-modules/culturally-relevant-and-safe-healthcare/

CONTACT DETAILS:

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[9] https://www.nepeancommunity.org.au/wp-content/uploads/2017/08/CCSS-Gp-Referral-Form-2021.pdf
[10] https://www.nepeancommunity.org.au/wp-content/uploads/2017/08/Closing-the-Gap-Trifold-2021-1.pdf
[11] https://www1.health.gov.au/internet/main/publishing.nsf/Content/676F6DA8771CEEE3CA2583BD00199117/$File/715_HealthCheck_FactSheet%20-Practitioner.pdf
[12] https://www1.health.gov.au/internet/main/publishing.nsf/Content/676F6DA8771CEEE3CA2583BD00199117/$File/715-HealthCheck-Patient-Journey.pdf
[13] https://www.nbmphn.com.au/Events/Aboriginal-Cultural-Awareness-Training-Expression

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This report can be found at:
www.nbmphn.com.au/library

For more information about Wentworth Healthcare, provider of the Nepean Blue Mountains PHN, visit:
www.nbmphn.com.au

Wentworth Healthcare Limited (ABN 88 155 904 975) provider of the Nepean Blue Mountains PHN.

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