

Barriers faced by Aboriginal Community Controlled Health Services in accessing the Asthma 3+ Plan Federal Budget Initiative

National Aboriginal Community Controlled Health Organisation, July 2003

It is generally not recognised that relative rates of hospitalisation due to asthma in Aboriginal populations have been reported to be higher than for non-Aboriginal. In 1988 to 1993, hospital admission rates per 100,000 population in WA were 1.4 to 6.7 times higher for Aboriginal people.¹

Clearly, more effort at the primary health care level needs to be directed towards preventing complications due to asthma in Aboriginal people, including addressing access to preventer medication and other preventive treatment.

Differences between private general practice and Aboriginal Community Controlled Health Services (ACCHS)

A significant proportion of the Aboriginal population attend Aboriginal community-controlled health services. In 2000-01, over 120 Aboriginal health services (of which 107 were Aboriginal Community Controlled Health Services) provided 1.4 million episodes of health care to their clients.

Where there is an ACCHS, the bulk of Aboriginal people access their primary health care through such services. In 2000, an average of 90% of the clients attending ACCHS's were Aboriginal (SAR, 2003).² In contrast, a national survey of general practice activity during 2001-02 (BEACH-Bettering the Evaluation and Care of Health) revealed that out of 96,973 GP consultations from 1000 randomly selected GP's, only 982 (1.0%) of encounters were with Aboriginal or Torres Strait Islander clients.

Furthermore, 72.3% of GP's did not provide services to a single Aboriginal client. Of those that did provide services, 84% of GP's had less than 5% of encounters with an Aboriginal or Torres Strait Islander client. Further analysis also revealed that those GP's with 40% or more Aboriginal encounters were located in areas in which an ACCHS existed. If these GP's are excluded (as they most likely represent ACCHS activity), an estimate of Aboriginal encounters with private practice is approximately 600,000 per annum,³ or 0.6% of Medicare items of service claimed by GP's per year, which is significantly less than overall encounters reported from ACCHSs.

The greater complexity of clinic encounters with Aboriginal clients within ACCHS's compared with private general practice has also been documented.⁴

ACCHSs play a predominant role in delivering organised preventive health care, community development and support services to the Aboriginal population despite the majority operating in an environment of significant under-resourcing.

The Federal Initiative

The 2001-2 Federal Budget initiative for the Asthma "3+" Plan encourages doctors to talk to their patients about specific aspects of asthma management over at least three visits, incorporating diagnosis and assessment, development an asthma care plan and review of asthma management.⁵ The components of the package include incentives for GPs, infrastructure support (such as a project officer with the local Division of General Practice) and a national education awareness campaign targeting both GPs and the community. Note that in spite of this initiative, it is still unclear if the gaps in uptake of preventers and other medication is due to poor management by GP's, lack of client knowledge or other factors.⁶

The incentive payment (SIP) is triggered by a Medicare claim for item 2546 (for example) upon completion of the minimum requirements of the plan (ie 3 visits for mod to severe asthma over 4 weeks to 4 months) which includes discussion of preventive education of the plan (can be written or otherwise).

The Barriers

There are generic problems which the asthma initiative shares with several of the other Federal Budget initiatives (such as practice nurses, diabetes and cervical screening). The initiatives are implemented through the Practice Incentive Program (PIP), but only a minority of ACCHSs are GP accredited (and therefore PIP-eligible), so the initiatives effectively exclude the majority of ACCHSs.

It is also unclear to what extent ACCHS's have difficulties in providing equipment such as nebulisers and spacer devices to meet the needs of clients with asthma.

In addition, we are not aware of any study that has examined Aboriginal clients access to asthma medication and devices for optimum and timely delivery of medication. This is particularly important in rural and remote areas, where access to community pharmacy can be limited. Moreover, many community pharmacies operate a loan system for nebulisers, but the costs may be prohibitive for Aboriginal clients.

Consequently, NACCHO has recommended that proportionate funding for alternative reward systems be allocated (using alternative government levers) to provide payment to ACCH services who cannot access this program through PIP.⁷

Alternative reward systems may include a Medicare Rebate that is more than just a trigger for PIP but an actual incentive payment. This would have to match the current SIP payment a GP receives through PIP. ie \$100 plus the consultation (level B etc).

So far, the Federal initiative has not developed a **consumer** strategy for Aboriginal clients. This needs to occur especially if linked to a **provider** strategy that is accessible to ACCHS's, who offer the bulk of primary health care to Aboriginal clients across Australia. Further studies are needed to evaluate optimum and timely delivery of medication to those Aboriginal clients with asthma.

¹ Williams, P, Gracey, M., Smith, P. Hospitalisation of Aboriginal and non-Aboriginal patients for respiratory tract diseases in Western Australia, 1988-1993. *International Journal of Epidemiology* 1997 26:4:797-805

² National Aboriginal Community Controlled Health Organisation (2003). *Service Activity Report*. NACCHO, Canberra.

³ Britt H, Miller GC, Knox S, Charles J, Lisa V, Henderson J, et al. 2002. *General practice activity in Australia 2001-02*. AIHW Cat. No. GEP 10. Canberra: Australian Institute of Health and Welfare (General Practice Series No. 10). <http://www.fmrc.org.au/publications/> [Accessed 6th May 2003]

⁴ Thomas DP, Heller RF, Hunt JM. Clinical consultations in an aboriginal community-controlled health service: a comparison with general practice. *Aust N Z J Public Health* 1998 Feb;22(1):86-91

⁵ The core elements of the asthma initiative is to improve diagnosis, assessment of severity, undertake proactive review of clients, review of asthma related medications, patient education and action through the provision of a written (or otherwise) Asthma Plan.

⁶ Woolcock AJ, Bastiampillai SA, Marks GB, Keena VA. The burden of asthma in Australia *Med J Aust*. 2001 Aug 6;175(3):141-5.

⁷ NACCHO. Are we ensuring that funding is used to improve care to Aboriginal patients and their families? September 2001. <http://www.naccho.org.au/Reports.html> [accessed 28 July 2003]