NACCHO
National Aboriginal Community Controlled Health Organisation
Aboriginal health in Aboriginal hands
www.naccho.org.au

Primary Health Care 10 Year Plan

Consultation

Submission to the Department of Health

November 2021

ABOUT NACCHO

NACCHO is the national peak body representing 143 Aboriginal Community Controlled Health Organisations (ACCHOs) Australia wide on Aboriginal and Torres Strait Islander health and wellbeing issues. NACCHO's work is focused on liaising with governments, its membership, and other organisations on health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs. Our members provide three million episodes of care per year for about 380,800 people across Australia, including more than 923,000 episodes of care in remote and very remote regions.

Sector Support Organisations, also known as affiliates, are State based and represent ACCHOs offering a wide range of support services and Aboriginal and Torres Strait Islander health programs to their members including advocacy, governance and the delivery of state, territory and national primary health care policies.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal Health Workers/Practitioners and/or nurses to provide the bulk of primary health care services, often with a preventive, health education focus. Our 143 ACCHOs operate approximately 700 facilities, including about 450 clinics. ACCHOs and their facilities and clinics contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive holistic primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support.

Collectively, we employ about 6,000 staff, 56 per cent of whom are Indigenous, making us the second largest employer of Aboriginal and Torres Strait Islander people in the country.

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8. Please provide your response to the listed actions under reform stream 1: Future-focused health care - Action area A: Support safe, quality telehealth and virtual health care. (300 word limit)

It appears the Plan proposes to use the availability of telehealth MBS items to incentivise adoption of VPR. While ACCHOS use telehealth, particularly with patient-end supports, there may not be a broader uptake of telehealth in regional and remote areas for more typical consultations. It is, therefore, not clear that this will be a sufficient incentive to facilitate VPR adoption and additional measures may be needed to ensure the uptake of the proposed VPR system.

It is important that patients in regional and remote areas have access to telehealth services, and that primary health care providers (such as ACCHOS) are adequately compensated for providing these services. This is not currently the case in instances of reimbursement for patient-end support and for longer telephone consultations used by our ACCHOs due to considerations of comorbidities, language and culture.

NACCHO note that recent changes to MBS billing to incentivise video telehealth consultations have reduced equitable access to telehealth for some people. Particularly in remote areas where access to reliable internet is problematic, and for patients who do not have reliable internet access or access to data for reasons of affordability.

Making VPR a requirement for accessing telehealth may unfairly disadvantage certain patients or patient groups and healthcare providers. Such measures much be carefully considered to ensure providers are not disadvantaged when treating unregistered patients.

NACCHO recommend ongoing co-design with the ACCHS sector of VPR measures due to the greater need faced by Aboriginal and Torres Strait Islander communities and more transient population, particularly in rural and remote areas. VPR measures must consider the unintended consequences of limiting access for vulnerable and transient populations.

Reference to PROMS and particularly to PREMS in the future state section are welcome but will require short and medium term actions if this future state is to be achieved.

9. Please provide your response to the listed actions under reform stream 1: Future-focused health care - Action area B: Improve quality and value through data-driven insights and digital integration (300 word limit)

While NACCHO is supportive of using data to support quality improvements, it must be emphasised that such initiatives will also require improvements in data quality. Short term actions on quality improvement must reflect the requirement for additional resources to support high-quality data provision and curation. This requires ongoing workforce training and development to ensure quality use of systems and data entry. For example, while there is a particular way of recording birth weights in general practice records, a relatively straightforward process, details are nevertheless, often recorded incorrectly and reflected in the national Key Performance Indicators. Such issues are of particular concern in ACCHOs where a transient workforce is often required, particularly in regional and remote areas. NACCHO recommend additional short and medium term actions to support ongoing staff training and development.

Priority Reform 4 of the National Agreement on Closing the Gap should also reflected in this action item, not just the action items on Closing the Gap at 2C. Reference should be made here to ensure

patient and community data sovereignty. That is, patient control over what data is shared and with whom, and data shared with communities to support effective decision-making.

10. Please provide your response to the listed actions under reform stream 1: Future-focused health care - Action area C: Harness advances in health care technologies and precision medicine (300 word limit)

Advances in health technology and precision medicine must occur with mechanisms to support equity of access to these technologies. The word equity is applied too generally in the Plan, which diminishes the impact and importance of this concept. Therefore, references to equity must be significantly expanded, applied throughout the Plan and based on practical and explicit issues to ensure accountability of all parties.

For example, Australia's approach to Health Technology Assessment represents a structural bias that inherently disadvantages Aboriginal and Torres Strait Islander populations and compounds current health inequity for reasons including:

- Subpopulations can require specific 'niche' treatments, where a low volume of product produces low gross income and therefore is unattractive for pharmaceutical sponsors.
- Epidemiological and medicines data for subpopulations are often sparse or absent, which makes generalisability and modelling difficult.

Without reform in HTA with a focus on equity, advances in health care technology and precision medicine risk widening existing gaps in health outcomes.

Workforce requirements also need consideration when introducing new health technologies. Point-of-care (POC) testing has significant advantages in supporting improved patient outcomes, particularly in rural and remote Australian communities where access to pathology testing is limited and the burden of chronic, acute, and infectious disease is more prevalent.

However, POC testing, places an additional workforce burden on ACCHO. Not just in terms of capability, but also capacity as additional trained staff are required to manage the increased load of POC testing. Noting that ACCHS in rural and remote settings have a highly transient workforce, meaning investment in training may not have ongoing impact at the clinic level. Genomics and precision medicine likewise require not only additional training for current staff, but additional staff to manage the increased workload such innovations bring. NACCHO recommend additional action measures which address the need for additional staffing.

11. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area A: Incentivise person-centred care through funding reform, using VPR as a platform (300 word limit)

NACCHO is broadly supportive of VPR as a mechanism to increase the focus on person-centred care, however, further consideration is required to ensure VPR does not negatively impact primary health care services and patients in particular locations.

NACCHO strongly supports the proposal that VPR be clinic based, rather than GP based. This is of relevance for regional and remote areas where there is a large transient workforce that is not always consistent. The nomination of preferred doctors may need to be broadened or reconsidered to

reflect different clinical models, specifically primary health care services in regional and remote locations where a nurse or an Aboriginal Health Practitioner may be the most available clinician.

There are some concerns about VPR arrangements in settings where populations may be transient. In such instances, consideration could be given to an umbrella arrangement where a cluster of primary health care services in a region could be considered part of a group for the purposes of VPR. Under these arrangements, people would have the option of nominating their usual general practice and an option of nominating a collection of primary health care providers whose services they may use in a particular region (noting that additional consultation and co-design would be needed if this model was pursued).

It must also be noted that while a focus on outcomes is welcome, incentivising outcomes for particular cohorts or disease groups may not deliver the improvements anticipated. There is a risk with funding quality outcome measures, that payments favour those providing services to patients already in a position of advantage, based on the circumstances in which they live. There is the further risk of disadvantaging groups that are not included in quality bundles of care. Such outcomes have been borne out in the United Kingdom's Quality and Outcomes Framework.

12. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area B: Boost multidisciplinary team-based care (300 word limit)

NACCHO strongly support an increased focus on multidisciplinary team care, which aligns with the ACCHS holistic model of care.

However, current Medicare rules limit multidisciplinary care with hospital-based teams. For example, under the telehealth MBS model, as specialised publicly funded health services in most jurisdictions do not bill Medicare, ACCHS cannot bill Medicare when they provide/facilitate some team-based services (e.g. patient-end specialist telehealth support services). Actions should be included to allow Medicare and other funding models to work more cohesively and ensure that primary care still receives Medicare, or other financial support, regardless of funding for partner agencies.

Short term actions should also specify alignment to and implementation of the National Aboriginal and Torres Strait Islander Health Plan. While the Health Workforce Plan is mentioned here, the Health Plan also has a specific focus on multidisciplinary team care (Priority 5: Early Intervention, and Priority 9: Access to person-centred and family-centred care).

13. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area C: Close the Gap through a stronger community controlled sector (300 word limit)

NACCHO welcome the alignment of this Action area to the National Aboriginal and Torres Strait Islander Health Plan. However, we recommend that the first short term action which details measures outlined in the Health Plan, should rather detail the measures outlined under Priority 2 of Health Plan which, like this action area, are specifically designed to strengthen the ACCHS sector. Extend the reach of ACCHS into areas of unmet need (not only in aged care and disability)

NACCHO recommend that rather than' scope the potential…' in relation to aged care and disability, this action be strengthened to 'support ACCHS to extend services…'. The related medium-term

measure on supporting extension of services should also not be limited to aged care and disability services. This would better reflect Priority 2.2 of the Health Plan.

The measure on transitioning funding from PHNs to ACCHS is welcome, as is the action on formalising partnerships between ACCHS and PHNs. However, these measures must be co-designed with the sector to ensure they are robust and do not perpetuate current issues. This will require accountability measures to ensure sustainable and embedded engagement with the sector, for distribution of funding and for outcomes. A specific short-term measure would be to update the 2016 PHN and ACCHO Guiding Principles document.

The action to 'educate providers on the National Agreement…' must be re-framed. This risks being reduced to an online learning module, which is unlikely to have impact in practice. This measure requires a focus on delivery of culturally safe care. The related medium-term measure to develop measures for cultural safety should utilise the three elements outlined in the Aboriginal and Torres Strait Islander Health Performance Framework 2020 (p55) as a basis: *Culturally respectful health care services; Patient experience of health care, and Access to health care services.*

14. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area D: Improve access to primary health care in rural areas (300 word limit)

NACCHO recommend this action area be expanded to specifically reference remote and very remote settings. Specific actions are required to address the issues faced by remote and very remote services, which differ significantly from regional and rural settings.

This action area is very GP and nurse focussed - for ACCHS in particular, there is a critical need for additional Aboriginal and Torres Strait Islander Health Workers and Health Practitioners to support culturally safe care and continuity of care for Aboriginal and Torres Strait Islander clients. NACCHO recommend expanding the actions to enhance options for localised staff recruitment, which should include education and training pathways to support career development. For example, community support workers being offered training as Allied Health Assistants provides career development opportunities for local staff and supports expansion into aged care and disability services.

While NACCHO support the proposed rural area community controlled health organisations (RACCHOs), a collaborative approach to implementation will be needed to ensure no health consumers or services are negatively impacted by their introduction. For example, where RACCHOs compete for access to an already limited workforce. It will also be important to ensure the principles of community control are properly embedded in the RACCHO model, and that governance models include representation of Aboriginal and Torres Strait Islander communities, and are representative of community diversity more generally.

NACCHO reiterate the need for an increased focus on multidisciplinary team care which will enhance access to health care and support improved outcomes particularly in rural areas. As discussed at question 8, the structural issue of reliable internet in remote areas is particularly problematic and coupled with changes to MBS telehealth items, has reduced access to primary health care for some people in remote areas. A more nuanced approach to MBS telehealth items for practices in rural and remote areas will support improved access to multidisciplinary team care.

15. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area E: Improve access to appropriate care for people at risk of poorer outcomes (300 word limit)

NACCHO note the breadth of diversity of the Australian population and recommend this be reflected throughout this Plan. Diversity and intersectionality here risk being reduced to a list of 'at-risk' or minority populations, which is not reflective of people's lived experience. While targeted interventions are sometimes required to improve outcomes for specific groups, designing holistic and inclusive models of care will benefit everyone.

Experiences outlined by many of NACCHO's member services would suggest that PHNs are not best placed to develop supports for diverse groups. Any such actions must be co-designed and developed in partnership with target groups and PHNs should be held accountable for ensuring this is the case. The action to ensure PHNs have mechanisms for engaging disability, CALD and LGBTI communities should likewise be strengthened to ensure PHNs are held accountable for the implementation of such mechanisms and outcomes resulting from related engagement.

It has been the experience of our ACCHOs that there is a widespread reticence of PHNs to engage with external organisations generally – not just with ACCHOs. While there is a Guiding Principles document for PHN engagement with ACCHOs, there is no accountability for engagement and no requirement for PHNs to demonstrate their performance against the Guiding Principles. The Health Plan has included elements of increased accountability, but a stronger mechanism is required to ensure at-risk and other populations are not further disadvantaged.

16. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area F: Empower people to stay healthy and manage their own health care (300 word limit)

NACCHO recommend the inclusion of short and medium term actions to establish ongoing mechanisms for engagement with Aboriginal and Torres Strait Islander and other diverse communities to codesign public health information and health literacy resources.

For Aboriginal and Torres Strait Islander communities in particular, information and communications campaigns must be developed in partnership with the community. We have seen though the early stages of the COVID pandemic how successful ACCHOs have been in developing targeted resources for their communities to limit the transmission of disease. We have also seen that the use of (often poorly) translated whole of population resources for multicultural communities were not as successful. Reliance on translation as a communication tool for non-English speaking communities is not effective. Communications for non-English speaking communities must be tailored, culturally appropriate and accessible, and where required, in language.

Community co-design will help ensure resources are available in-language and offered in a way that is culturally relevant and accessible.

17. Please provide your response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area A: Joint planning and collaborative commissioning (300 word limit)

An explanation of collaborative commissioning is required - how does it work and why is it important in this context? The term is not defined or explained at any point, including in the glossary of terms.

It will be critical if PHNs are to lead this initiative, that accountability measures are introduced to require ongoing, sustainable and embedded engagement and co-design with the communities outlined throughout this Action area. Accountability measures should also be developed to ensure equitable distribution of funding by PHNs.

The action item on transitioning funding to the ACCHS sector where funding is intended to, or targets Aboriginal and Torres Strait Islander communities should also be reflected here.

NACCHO recommend the action item on emergency response make specific mention of engagement with ACCHS in preparedness and response arrangements. The ACCHS sector played a crucial role during and after the recent bushfire crisis, providing support to communities and working closely with appropriate state emergency structures. However, NACCHO collected anecdotal evidence that there was a lack of support provided to Aboriginal and Torres Strait Islander peoples during and after the emergency, including experiences of racism and discrimination when evacuating and accessing emergency support and supplies (including at evacuation centres). In some cases, the national organisations and charities funded to provide post-emergency support do not have the community access and trust required to provide services to Aboriginal and Torres Strait Islander peoples. This means communities are unlikely to reach out to these charities for support or accept support when it is offered. In some cases, there may be a cultural stigma attached to reaching outside the Aboriginal and Torres Strait Islander network for help. As such, NACCHO recommends that ACCHS be involved in the development of emergency management plans affecting their communities.

18. Please provide your response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area B: Research and evaluation to scale up what works (300 word limit)

NACCHO recommend this action area include measures to ensure research and evaluation relating to Aboriginal and Torres Strait Islander people and communities is led by Aboriginal and Torres Strait Islander researchers with evaluations designed and implemented with the local community. Such actions should also be aligned with Priority Reform 4 of the National Agreement "shared access to data and information at a regional level" and principles of Indigenous data sovereignty.

19. Please provide your response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area C: Cross-sectoral leadership (300 word limit)

This action area requires significant strengthening. NACCHO recommend alignment with the recommendation of the Steering Committee: Foster cultural change by supporting ongoing leadership development in primary health care. Cross-sectoral engagement is unlikely to be enhanced by presentations and learning modules alone. It is likely to require a supporting funding mechanism to incentivise cross-sectoral engagement as well as structured mechanisms to encourage cross-sectoral interaction and relationship building, such as communities of practice.

20. Please provide any additional comments you have on the draft plan (1000 word limit)

NACCHO welcomes the opportunity to provide feedback on the draft plan and notes the valuable contributions provided by our Affiliates AHCWA and AMSANT, which have informed our response.

Overall, the Plan has some important initiatives and outlines a number of important changes in the primary health care space. However, NACCHO recommend stronger integration of the draft recommendations provided by the Steering Committee. For example, the recommendations have a clear focus on the need for structural reform, not only to support Closing the Gap measures, but also

the one system focus. The heavy focus on PHNs throughout this document does not reflect the need for structural system reform. Steering Committee recommendations 10-14 designed to support workforce development and innovation are largely lost in this Plan. Particularly recommendation 10: Building workforce capability and sustainability, and recommendation 13: Broader primary health care workforce. The Plan is largely focussed around GPs, nurses and allied heath providers, but other essential health workers are missing from the plan. Building a strong and sustainable health workforce will be essential in the coming years if the increased demands on the health system from an ageing population are to be met. A specific action item to address workforce needs, including would be welcomed and should align with the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan, and other relevant workforce plans.

NACCHO supports the Quadruple Aim approach adopted in this plan but notes that there are no actions around improving the work-life of health care providers (Aim 4). In order to achieve improvements in the work-life of health care providers, the Plan must include strategies to improve the cultural safety of workplaces and to decrease burnout for workers, particularly when providing services to high-needs populations. This emphasises the need for greater attention on areas outside of clinician behaviour when considering cultural safety, as outlined in our response to Action area C: Close the Gap through a stronger community controlled sector.

Some opportunities for increasing the visibility on the needs of health care providers within the plan are to include them in Figure 3 under “Meeting people’s needs” and Figure 4 “People at the centre of care”.

Overall, the section on Aboriginal and Torres Strait Islander health seems somewhat divorced from the remainder of the strategy. For example, the measure on transitioning commissioning from PHNs to direct funding to ACCHOs is not similarly reflected in other parts of the strategy, which is very PHN focussed. Specifically, the actions at 2E and 3A do not reflect the need to transition funding in some areas away from PHNs. ACCHS continue to experience longstanding issues with the way PHNs engage with the sector generally. For example, ACCHS are often passed over for funding in favour of mainstream organisations who then expect ACCHS to support engagement with community without compensation for their time and expertise.

Section 3, Foundations for Reform is too long and would be better placed as an appendix, or reduced to 3 pages with clear analysis of how particular measures foundation the work of this current Plan. As it stands, Section 3 adds little value to the Plan.

p30 Line 1 - acronym should be, ACCHO

p35 text box, final para - role title should read, Aboriginal and Torres Strait Islander Health Practitioners