Public Health Association of Australia submission on Review of the Practice Incentives Program Indigenous Health Incentive (PIP IHI)

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# Contents

**Preamble** ................................................................. 3

- The Public Health Association of Australia .......................................................... 3
- Vision for a healthy population .............................................................................. 3
- Mission for the Public Health Association of Australia ......................................... 3

**Introduction** ........................................................................ 4

**PHAA Response to the consultation paper** ................................................. 4

- Do the current PIP IHI guidelines facilitate culturally appropriate care for Aboriginal and Torres Strait Islander patients? ............................................................. 4
- Is a requirement that cultural awareness training be undertaken appropriate for health practices? ........................................................................ 5
- How can we monitor the cultural competence of registered PIP IHI practices? ......................................................................................... 5

**Conclusion** ........................................................................... 6

**References** ........................................................................... 7
Preamble

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public’s health in Australia.

The PHAA works to ensure that the public’s health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people’s health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.
Introduction

PHAA welcomes the opportunity to provide input to the review of the Practice Incentives Program Indigenous Health Incentive (PIP IHI). The PIP IHI aims to support general practices and Aboriginal Community Controlled Health Services to provide better health care for Aboriginal and Torres Strait Islander peoples, including best practice management of chronic disease, to improve health and social and emotional wellbeing outcomes.

The health of Aboriginal and Torres Strait Islander people is poorer than other Australians. Due to the unique cultural, social and historical factors, specific solutions, which are defined by Aboriginal and Torres Strait Islander people are required. This includes support for Aboriginal Community Controlled Health Services and increased investment in prevention to reduce chronic and infectious diseases.

The health care system must be free of racism. As identified in the National Aboriginal and Torres Strait Islander Health Plan\(^1\) and Implementation Plan,\(^2\) culturally safe and trauma-informed health care provision is key to ensuring Aboriginal and Torres Strait Islander people access health care.

PHAA Response to the consultation paper

Do the current PIP IHI guidelines facilitate culturally appropriate care for Aboriginal and Torres Strait Islander patients?

The PIP IHI appears to have only minimal requirements for practices to enroll in the program and which may not necessarily lead to culturally safe care. Through the work of the Australian Health Practitioner Regulation Agency on registration standards, and endorsed by the Council of Australian Governments Health Council, cultural safety and culturally safe care is the intended goal. While cultural training is an important and necessary first step, there is limited evidence showing a positive relationship between cultural competency training and improved patient outcomes.\(^3\) PHAA believes that much more needs to be done.

Following consultation with members of our Aboriginal and Torres Strait Islander Health Special Interest Group, the PHAA recommend the following additions to the guidelines:

1. That all health services, including PIP IHI enrolled practices ask and record the Aboriginal and/or Torres Strait Islander status of all patients in line with best practice. It is only through identification that Aboriginal and Torres Strait Islander-specific services can be offered, including PIP IHI chronic disease management and Closing the Gap PBS Co-Payments.\(^4\)

2. As the affordability of health care can be a major barrier for accessing health care for Aboriginal and Torres Strait Islander peoples,\(^5,6\) we recommend that for all health services enrolled in the PIP IHI program, consultations for Aboriginal and Torres Strait Islander patients should not require a co-payment.

3. As affordability of health care is a barrier, we recommend that all mainstream general practices enrolled in the PIP IHI program promote the Closing the Gap PBS Co-Payment Measure to Aboriginal and Torres Strait Islander patients.\(^7\)
4. As Aboriginal and Torres Strait Islander people often have chronic and complex health problems, we recommend that PIP IHI practices routinely offer Aboriginal and Torres Strait Islander peoples extended appointments.

5. There is some indication that culturally appropriate care for Aboriginal and Torres Strait Islander patients is more likely to be provided by Aboriginal and Torres Strait Islander staff. We recommend that where possible, mainstream general practices enrolled in the PIP IHI program include Aboriginal and Torres Strait Islander identified positions at all levels.

6. Greater co-operation between mainstream and Aboriginal and Torres Strait Islander Health Services has been shown to lead to more culturally safe care in mainstream health services. We recommend that mainstream PIP IHI practices establish referral pathways for PIP IHI patients to Aboriginal and Torres Strait Islander health and welfare services.

Is a requirement that cultural awareness training be undertaken appropriate for health practices?

Cultural awareness training is a necessary but minimal requirement for facilitating culturally appropriate care for health practices. In order to facilitate ongoing learning, more stringent requirements around cultural safety are required. Staff at all levels and functions of the practice must be included because cultural safety does not begin and end in the office of a GP.

How can we monitor the cultural competence of registered PIP IHI practices?

Patient reported measures

- Patient experience measures for PIP IHI practices (satisfaction with practice, etc.)
- Patient outcome measures for PIP IHI practices (awareness, knowledge and chronic disease management).

Organisational measures:

- The number of Aboriginal and Torres Strait Islander people attending the practices, with increases in either the number attending or the number choosing to identify being indicators
- The proportion of the local Aboriginal and Torres Strait Islander population attending the practices
- Whether the practice bulk bills for PIP IHI related activities
- Whether the practice routinely offers extended appointments to Aboriginal and Torres Strait Islanders
- The number and proportion of Aboriginal and Torres Strait Islander staff working at the practice
- Whether the practice routinely asks patients about and records correctly their Aboriginal and Torres Strait Islander status
- The proportion of staff who have undertaken cultural safety training
- Whether the practice promotes the Closing the Gap PBS Co-payment Measure
- Whether practices have established referral pathways for PIP IHI patients to Aboriginal and Torres Strait Islander health and welfare services.
- Whether the practice has an up to date directory of Aboriginal and Torres Strait Islander health organisations and has a process for routinely updating the directory
- Engagement with Aboriginal and Torres Strait Islander communities in the local region
Conclusion

PHAA supports the review of the PIP IHI. The program plays an important role in being one incentive to improving access to health care for Aboriginal and Torres Strait Islander people, necessary to address existing health inequities. We are keen to ensure that the program is able to see real improvements in the experiences and health outcomes of Aboriginal and Torres Strait Islander people. Notably, cultural awareness training is a necessary but minimal requirement and preliminary step for facilitating culturally appropriate care for health practices, and must be accompanied by other measures including ensuring consultations do not require a patient co-payment.

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to improved outcomes for Aboriginal and Torres Strait Islander people.

Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.

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References


