



Closing the Gap

Improving Indigenous Access to
Mainstream Primary Care

INFORMATION
FOR
GENERAL PRACTICES

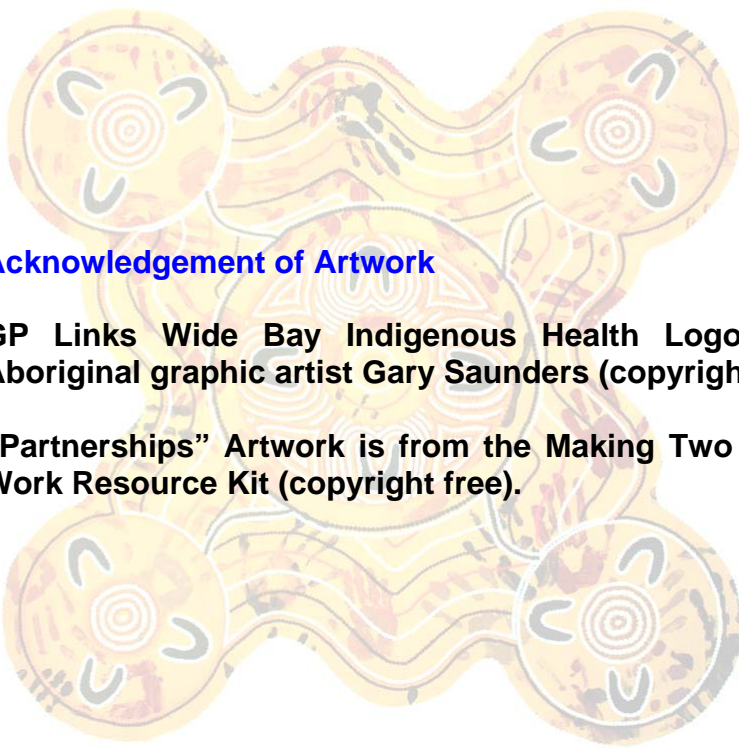


Australian Government
Department of Health and Ageing

medicare

PBS





Acknowledgement of Artwork

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1. Introduction to the Health Status of Aboriginal and Torres Strait Islander Peoples

Life Expectancy

From 1996 to 2001, there was an estimated life expectancy gap of approximately 17 years between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians. Life expectancy at birth for Aboriginal and Torres Strait Islander peoples has been estimated at 59.4 years for males and 64.8 years for females, in comparison to 76.6 years for non-Indigenous Australian males and 82.0 years for non-Indigenous Australian females for the period 1998-2000.

Mortality Rates

From 1999 to 2003, in Queensland, South Australia, Western Australia and the Northern Territory, 75% of Aboriginal and Torres Strait Islander males and 65% of females died before the age of 65 years compared to 26% of males and 16% of females for non-Indigenous Australians. For all age groups below 65 years, the age-specific death rates for Aboriginal and Torres Strait Islander peoples were at least twice those experienced by the non-Indigenous Australians.

Infant and Child Health

In 2000 to 2002, babies with an Aboriginal and Torres Strait Islander mother were twice as likely to be of a low birth weight (weighing less than 2,500 grams at birth) compared to babies born to a non-Indigenous mother. From 1999 to 2003, the infant mortality rate for Aboriginal and Torres Strait Islander infants was three times that of non-Indigenous Australian infants.

Chronic Disease

From 1999 to 2003, cancer and chronic diseases of the circulatory system, were the leading causes of death for two out of three leading causes of death for Aboriginal and Torres Strait Islander peoples in Queensland, South Australia, Western Australia and the Northern Territory. Hospitalisation for heart disease for Aboriginal and Torres Strait Islander males was double the rate of the non-Indigenous Australians and the rate for Aboriginal and Torres Strait Islander females was four times that of non-Indigenous Australians. Hospitalisations for hypertensive disease were also substantially higher.

2. What is “Closing the Gap” all about?

In November 2008, the Council of Australian Governments (COAG) agreed to a \$1.6 billion National Partnership Agreement on Closing the Gap in Aboriginal and Torres Strait Islander Health Outcomes to address the first of the COAG Closing the Gap targets – to close the life expectancy gap between Indigenous and non-Indigenous Australians within a generation. As part of this agreement, the Australian Government is contributing \$805.5 million over four years from 2009-10 to 2012-13 through the Indigenous Chronic Disease Package (ICDP).

The elements of the Australian Government’s ICDP aim to tackle chronic disease risk factors, improve chronic disease management in primary care and follow up treatment, and increase the capacity of the primary care workforce to deliver effective health care to Aboriginal and Torres Strait Islander peoples.

3. GP Links Wide Bay's Closing the Gap Program

GP Links Wide Bay has received Closing the Gap funding from the Department of Health and Ageing to employ an Indigenous Health Project Officer, based in the Fraser Coast office to focus on Indigenous health issues at the local level by:

- Developing and implementing strategies to improve access to mainstream primary care for Aboriginal and Torres Strait Islander peoples;
- Developing and implementing strategies to increase the uptake of Indigenous specific MBS items including Indigenous health checks and follow-up items;
- Developing and implementing strategies to assist with self identification of Aboriginal and Torres Strait Islander peoples to mainstream primary care services;
- Developing and implementing strategies to improve the capacity of general practice and other mainstream primary care providers to deliver culturally sensitive services to Aboriginal and Torres Strait Islander peoples, including any Indigenous specific MBS items;
- Increasing awareness and understanding of relevant Closing the Gap measures; and
- Collaborating with local Aboriginal and Torres Strait Islander health services in a partnership approach for the delivery of primary care services.

Practice staff can contact the Indigenous Health Project Officer if you require any information or support in providing services to your Aboriginal and Torres Strait Islander patients.

Two Aboriginal and Torres Strait Islander Outreach Workers have also been employed, one based in the Bundaberg office and the other in the Fraser Coast office. This role focuses on

providing practical assistance to Aboriginal and Torres Strait Islander peoples in accessing healthcare services including:

- Encouraging Aboriginal and Torres Strait Islander peoples to access healthcare services;
- Promoting access to general practices which have made a commitment to improving Indigenous health;
- Encouraging Aboriginal and Torres Strait Islander peoples to self identify;
- Promoting the uptake of Indigenous Health Checks by Aboriginal and Torres Strait Islander peoples;
- Providing further information on health conditions and health and related services available in the community;
- Assisting clients to applying for a Medicare or concession card (if eligible);
- Providing transport to clients to attend healthcare appointments and provide support at their appointments if requested;
- Providing a follow-up and reminder service for clients; and
- Collecting prescriptions from the pharmacy and helping clients to understand their medication schedules.

Practice staff can refer their Aboriginal and Torres Strait Islander patients to the Outreach Worker by contacting their nearest GP Links Wide Bay office.

4. How can my practice help close the gap?

There are a number of ways your practice can contribute to Closing the Gap by providing a more culturally appropriate service and making your service more accessible for Aboriginal and Torres Strait Islander peoples.

Practices Incentives Program (PIP) Indigenous Health Incentive (IHI)

The PIP encourages continuing improvements in general practice through financial incentives to support quality care and improve access and health outcomes for patients. To be eligible to participate in the PIP, a practice needs to:

- Meet the RACGP definition of a general practice;
- Be accredited, or registered for accreditation, against the *RACGP Standards for general practices* and be fully accredited within 12 months of joining the PIP;
- Maintain practice accreditation;
- Have current public liability insurance; and
- Make sure that all practice general practitioners (GP's) have current professional indemnity cover.

The PIP Indigenous Health Incentive (IHI) aims to support general practices and Indigenous health services to provide better health care for Aboriginal and Torres Strait Islander patients, including best practice management of chronic disease.

Practices participating in the PIP IHI are required to:

- Agree to seek consent to register their eligible Aboriginal and Torres Strait Islander patients for the PIP Indigenous Health Incentive and/or the Pharmaceutical Benefits

Scheme (PBS) Co-payment Measure with Medicare Australia;

- Establish and use a mechanism to ensure their Aboriginal and Torres Strait Islander patients aged 15 years and over with a chronic disease are followed up;
- Undertake cultural awareness training within 12 months of joining the IHI, unless appropriate training has already been undertaken in the previous 12 months; and
- Annotate PBS prescriptions for Aboriginal and Torres Strait Islander patients participating in the PBS Co-payment measure.



The IHI has three payments as below:

Payment Type	Activity required for payment	Payment
Sign-on payment	<p>One-off payment to practices that join the incentive and agree to undertake specified activities to improve the care provided to their Indigenous patients with a chronic disease.</p> <p>To claim the sign-on payment complete and submit an <i>Indigenous Health Incentive Application Form</i>.</p> <p>Sign-on payments are paid in the next available quarterly payment.</p>	\$1 000 per practice
Patient registration payment	<p>A payment to practices for each Indigenous patient aged 15 years and over, registered with the practice for chronic disease management for a 12 month period.</p> <p>To claim a patient registration payment complete and submit an <i>Indigenous Health Incentive and PBS Co-payment Measure Patient Registration Form</i>.</p> <p>Patient registration payments are paid in the next available quarterly payment.</p>	\$250 per eligible patient per calendar year
Outcomes payments	<p>Tier 1: a payment to practices for each registered patient for whom a target level of care is provided by the practice in a 12 month period.</p> <p>Tier 1 payments are automatically assessed and paid in the quarter following the provision of the required services.</p>	\$100 per eligible patient per calendar year
	<p>Tier 2: payment to practices for providing the majority of patient care for each registered patient within a 12 month period.</p> <p>Tier 2 payments are automatically assessed and paid annually in February.</p>	\$150 per eligible patient per calendar year

The Medicare PIP IHI Hotline - 1800 222 032 should be used in most circumstances by GP's and practices to answer questions about registration, practice eligibility and patient eligibility.

Pharmaceutical Benefits Scheme (PBS) Co-payment Measure

The cost of medicines has been identified as a significant barrier to improved access to medicines for Aboriginal and Torres Strait Islander peoples. Access to PBS medicines is an important aspect of preventing and treating illnesses. Despite two to three times higher levels of illness, PBS expenditure for Aboriginal and Torres Strait Islander people is about half that of the non-Indigenous average.

Lower costs for PBS medicines will be available to eligible patients receiving care at a general practice participating in the IHI under the PIP. Patient consent forms need to be completed and a patient registration must be completed and lodged with Medicare Australia.

The PBS Co-payment Measure hotline - (02) 6289 2409 is to be used for the following:

- Patients – to advise them of the benefits and how it works;
- Pharmacists - tell them how they can process manual CTG prescriptions and answer any questions they have about which medicines are included; and
- Doctors – to enquire about patient eligibility.

For more information see fact sheet Subsidising PBS Medicine Co-payments.

Cultural Awareness

Participation in cultural awareness training by practice staff can help improve communication with Aboriginal and Torres Strait Islander peoples by understanding the cultures, kinship and family values, protocols, communication, history, past

government policies, and how the lives of so many Aboriginal and Torres Strait Islander peoples have been effected.

It is a requirement of the IHI that two practice staff attend cultural awareness training, however we recommend that all or as many as possible practice staff attend and share the information with their practice colleagues.

Currently Centrelink deliver a cultural awareness training package free of charge. This package has been endorsed by the Royal Australian College of General Practice (RACGP). For more information contact Leeann Ritchie, Indigenous Services Officer, Centrelink 07 4125 9020.

An online cultural awareness package is due to be launched by the RACGP in 2011. Contact the Indigenous Health Project Officer for any updates on endorsed cultural awareness training packages.

If participating in the PIP IHI, practices must keep proof of staff attending cultural awareness training on file.

Bulk Billing

Some practices bulk bill all patients, others may only bulk bill children or patients with concession cards. Perhaps your practice could consider also offering bulk billing to your identified Aboriginal and Torres Strait Islander patients.

Men's and Women's Business

Traditionally, men's business and women's business were kept separate and many Aboriginal and Torres Strait Islander peoples still hold strong views on this matter. Where possible, your Aboriginal and Torres Strait patients should be seen by a health care worker of the same gender unless the

patient requests otherwise. If your practice has only male doctors, recruiting a female doctor could be considered or the female patients could be seen by a female practice nurse where appropriate.

Utilising the GP Links Wide Bay Aboriginal and Torres Strait Islander Outreach Workers

As mentioned in Section 2, practices can refer their Aboriginal and Torres Strait Islander patients to their nearest Aboriginal and Torres Strait Islander Outreach Worker for assistance and support in accessing health care services.

Providing a welcoming environment

Placing Aboriginal and Torres Strait Islander artworks, flags, culturally appropriate health brochures or posters in the waiting room and clinical rooms can help make your Aboriginal and Torres Strait Islander patients feel welcome. Other suggestions include Aboriginal and Torres Strait Islander books and newspapers (such as the Koori Mail) in the waiting room. Of course the communication from practice staff would more importantly need to match the welcoming environment.

Practice staff should be mindful that people have different levels of literacy and numeracy skills. Practice staff can offer to assist people in completing any forms where possible if they appear to be having difficulties.

Employment of Aboriginal and Torres Strait Islander Practice Staff

Your practice could consider employing Aboriginal and Torres Strait Islander staff. There are qualified Aboriginal and Torres Strait Islander people in health care and

administrative fields or you could recruit an Indigenous specific traineeship position or an Indigenous Health Worker. GP Links Wide Bay has a registered training organisation called Health Industry Training Queensland (HITQ) which you can contact for information regarding traineeships on 1300 381 415.

5. Identifying your Aboriginal and Torres Strait Islander Patients

The collection of every patient's Indigenous status is necessary for services to:

- Plan and deliver appropriate health services for all Australians;
- Measure the impact of services on particular groups; and
- Monitor trends and changes in the health and wellbeing of Australians over time.

The Indigenous status question should be asked at the point of intake, when a patient's other details, are being collected. This question should be asked of all patients irrespective of appearance, country of birth, or whether the staff member personally knows the patient or their family background.

The appropriate way to ask is **“Are you (is the person) of Aboriginal or Torres Strait Islander origin?”**.

Patients may be asked the question in person or over the phone, or asked to complete a form.

If a patient objects to the question or says they don't want to answer, they should be assured that their standard of care will not be affected if they choose not to answer.

Patients may not always realise that the Indigenous status question applies to everybody. Sometimes patients skip this question simply because they think it doesn't apply to them. If the question has not been completed on a returned form, this (and any other incomplete or unanswered questions) should be followed up and confirmed with the patient. It would also be a useful exercise for practices to update any missing Indigenous status data for existing patients.

What is the Medicare Voluntary Indigenous Identifier?

Medicare Australia promotes voluntary identification within Aboriginal and Torres Strait Islander communities. Identifying as Aboriginal and/or Torres Strait Islander with Medicare is completely voluntary and has been incorporated into all Medicare Australia forms. The information captured will be used to assess the effectiveness of current and new initiatives and programs to enhance quality health services.

For more information, call the Medicare Australia Aboriginal and Torres Strait Islander Access line on 1800 556 955 or visit the website at www.medicare.gov.au.

These forms can be returned to Indigenous Access Program, Medicare Australia, PO Box 1001, Tuggeranong DC ACT 2901.

6. Indigenous Health Checks (MBS Item 715)

Once it has been identified that a patient has identified as Aboriginal or Torres Strait Islander, they should be offered an Indigenous Health Check. Patients who are diagnosed with a chronic disease or at risk of chronic disease are then eligible to be registered under the PIP IHI. At this point you can then get the patient to complete a consent form and register them for the IHI under the PIP.

7. Follow-up care

Aboriginal and Torres Strait Islander peoples (if eligible) can access ten allied health services under two different referral pathways.

One way is for the GP to complete the health check (item 715) and then using the referral form, refer to allied health for five services per calendar year.

The other way is for the GP to complete a GPMP (721) and TCA (723) and refer to allied health services using the appropriate referral form for five allied health services per calendar year.

So in effect, (if eligible) the patient can access ten allied health services. The allied health professional needs to utilise different item numbers for billing depending on which referral form is used. Of course the allied health professional may charge above the scheduled fee which means the patient would need to pay the gap. An Aboriginal and/or Torres Strait Islander patient who has had a health check may also be eligible for up to ten follow up services by a practice nurse or registered Indigenous Health Worker on behalf of a GP (item number 10987).

8. Dental

Medicare offer dental benefit schemes to all Australians (not Indigenous specific) who meet the eligibility criteria. It is recommended that GP's advise their eligible Indigenous patients of the dental schemes available to them and make referrals to dental services accordingly.

Dental services under Medicare for people with chronic and complex conditions

- Medicare dental items (85011 to 87777) cover services provided by dentists, dental specialists and dental prosthetists in their surgeries (i.e. services to admitted hospital patients are not covered).
- The patient must be referred by their GP for dental services.
- Eligible patients can receive up to \$4,250 in Medicare benefits (including Extended Medicare Safety Net benefits where applicable) for dental services over two consecutive calendar years.
- Eligible patients are those with a chronic medical condition and complex care needs being managed by their GP under a GP Management Plan and Team Care Arrangements, or a multidisciplinary care plan for residents of aged care facilities.
- The patient's oral health must also be impacting on, or likely to impact on, their general health.
- Dental practitioners may set their own fees. In some cases, patients may have out-of pocket costs.

Medicare Teen Dental Plan 2011

The Teen Dental Plan is a preventative dental check for eligible teenagers aged 12 to 17 years who meet the eligibility criteria. Eligible teenagers are automatically provided with a voucher from Medicare (distributed through Centrelink) for \$159.85 towards the cost of a preventative dental check (dental treatment services are not covered by this voucher).

A GP referral is not necessary, the teenager/parent or guardian can make an appointment with a private or public dental clinic and take their voucher to the appointment.

For more information see the Medicare Teen Dental Plan 2011 brochure on the Resources CD Rom.

9. Contacts

GP Links Wide Bay

Bundaberg Office
1st Floor
6 Barolin Street
Bundaberg Qld 4670
PO Box 2178
Bundaberg Qld 4670
Ph 07 4151 0814
Fax 07 4151 0794
www.gplinks.org.au

Hervey Bay Office
Shop 9 Fraser Shores
79 Boat Harbour Drive
Hervey Bay Qld 4655
PO Box 702
Hervey Bay Qld 4655
Ph 07 4124 8311
Fax 07 4124 1899
www.gplinks.org.au

Indigenous Health Team

Closing the Gap Program

Janet Stajic jestajic@gplinks.org.au	Indigenous Health Project Officer	Hervey Bay
Luella Blair lblair@gplinks.org.au	Aboriginal & Torres Strait Islander Outreach Worker	Hervey Bay
Luke Watson lwatson@gplinks.org.au	Aboriginal & Torres Strait Islander Outreach Worker	Bundaberg

Tackling Smoking & Healthy Lifestyles Program

Delma Roe droe@gplinks.org.au	Regional Manager Indigenous Health	Bundaberg
	Tobacco Action Worker	Bundaberg
Loyde Johnson ljohnson@gplinks.org.au	Healthy Lifestyle Worker	Bundaberg
Mary-Ann Harding mharding@gplinks.org.au	Healthy Lifestyle Worker	Hervey Bay

General Practice Queensland (GPQ)

Michelle Costello mcostello@gpqld.com.au
Program Co-ordinator Closing the Gap
Level 5, 410 Queen Street, Brisbane Qld 4000
GPO Box 2546, Brisbane Qld 4001
Ph 07 3105 8300 | Fax 07 3105 8301
www.gpqld.com.au

Australian General Practice Network (AGPN)

Traven Lea tlea@agpn.com.au
Special Advisor Closing the Gap
Ground Floor, Minter Ellison Building
25 National Circuit, Forrest ACT 2601
PO Box 4308, Manuka ACT 2603
Ph 02 6228 0800 | Fax 02 6228 0899
www.agpn.com.au

Medicare Australia

PBS Co-payment Measure Hotline 02 6289 2409

PIP IHI Hotline 1800 222 032

Department of Health and Ageing (DoHA)

Office of Aboriginal and Torres Strait Islander Health
(OATSIH), Closing the Gap: Indigenous Chronic Disease
Package ICDP@health.gov.au
GPO Box 9848, Woden ACT 2601
Ph 1800 020 103
www.health.gov.au

Centrelink Cultural Awareness Training

Leeann Ritchie leeann.ritchie@centrelink.gov.au
Indigenous Services Officer
Ph 07 4125 9020

Centrelink (for Teen Dental Plan vouchers)

13 61 50

Health Industry Training Queensland (HITQ)

(GP Links Wide Bay's Registered Training Organisation)
info@hitq.com.au
Ph 1300 381 415
www.hitq.com.au

10. Resources

The enclosed CD-Rom contains the following documents:

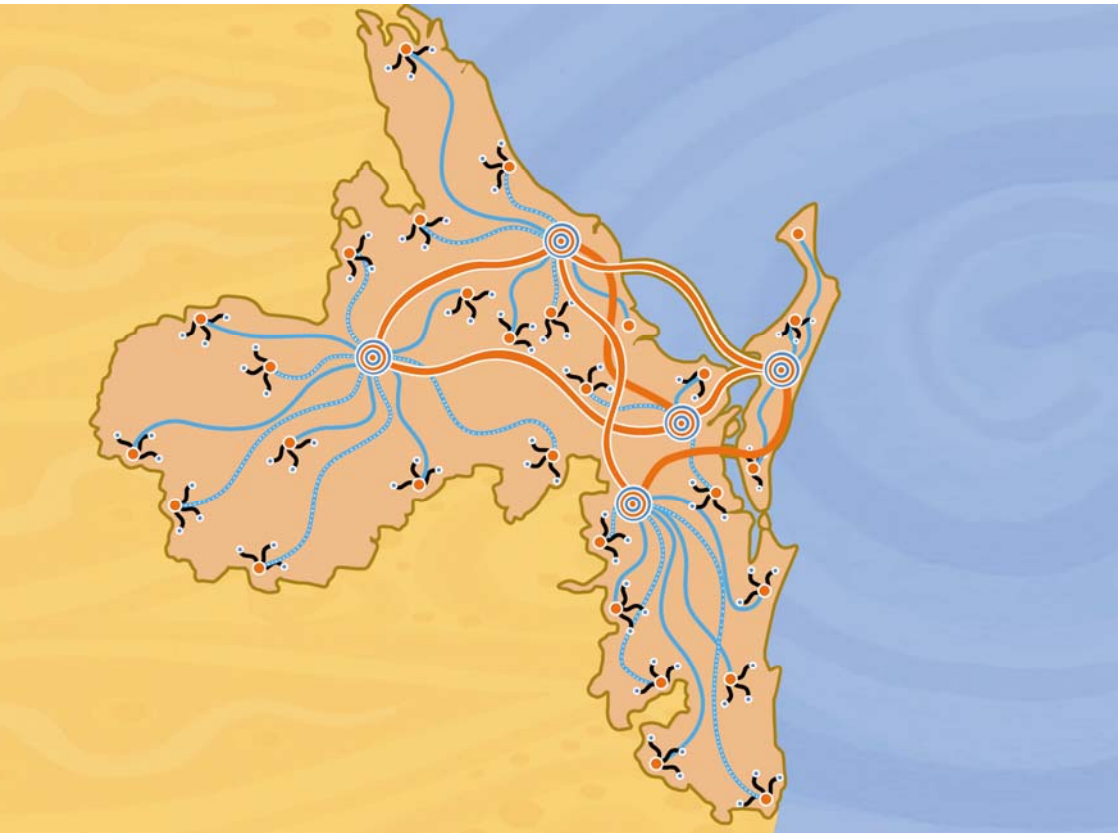
- 01.01 DOHA Booklet
- 02.01 DOHA Indigenous CD Package Fact Sheet
- 03.01 DOHA Reduce Smoking Fact Sheet
- 03.02 DOHA Reduce CD Fact Sheet
- 03.03 DOHA Local Campaigns Fact Sheet
- 04.01 DOHA PBS Info Sheet
- 04.02 DOHA PBS Info Sheet for GP's
- 04.03 DOHA PBS Booklet for Pharmacies
- 04.04 DOHA PBS Pharmacy Poster
- 04.05 DOHA Higher Utilisation Fact Sheet
- 04.06 DOHA Supporting Primary Care Fact Sheet
- 04.07 DOHA IHI FAQ's
- 04.08 DOHA Care Co-ord Program Guidelines
- 04.09 DOHA Improving Self Management Fact Sheet
- 04.10 DOHA Increasing Specialist & AH Fact Sheet

- 04.11 DOHA MSOAP Guidelines
- 04.12 DOHA MSOAP Policy Framework
- 04.13 DOHA Monitoring & Evaluation Fact Sheet
- 05.01 DOHA Workforce Fact Sheet
- 05.02 DOHA Expanding Outreach Service Fact Sheet
- 05.03 DOHA Engaging Divisions Fact Sheet
- 05.04 DOHA Attracting Workers Fact Sheet
- 05.05 DOHA Clinical Practice Fact Sheet
- 06.01 Medicare PIP IHI Guidelines
- 06.02 Medicare PIP IHI Appl Form
- 06.03 Medicare PIP IHI & PBS Patient Info Sheet
- 06.04 Medicare PIP IHI & PBS Patient Consent Form
- 06.05 Medicare PIP IHI & PBS Patient Registration Form
- 06.06 Medicare PIP IHI & PBS Patient Withdrawl Form
- 07.01 DOHA Dental - Patient Fact Sheet
- 07.02 DOHA Dental - GP Fact Sheet
- 07.03 DOHA Dental - GP Referral Form
- 07.04 DOHA Dental - Teen Brochure

11. References

This document contains adapted information sourced from the following websites:

- Medicare Australia www.medicare.gov.au
- Department of Health and Ageing www.health.gov.au
- Human Rights and Equal Opportunity Commission www.hreoc.gov.au



 **gp** links wide bay

