IMPROVING THE IDENTIFICATION OF ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE IN MAINSTREAM GENERAL PRACTICE

Kelaher M., Parry A., Day S., Anderson I., Paradies Y., Parkhill A., Lawlor J., Solomon L., Scotney A., Mahoney R., Adams K., Freemantle J.

POLICY CONTEXT

Ensuring optimal uptake of new initiatives to 'Close the Gap' in Indigenous health disadvantage will require improving identification of Aboriginal and Torres Strait Islander people at mainstream general practices. The project aim was to identify promising strategies to improve identification processes in mainstream general practice. It explored this issue from the perspectives of Indigenous people as well as at practice, community, regional and national level.

KEY FINDINGS

How do we improve the identification of Aboriginal and Torres Strait Islander people in mainstream general practice?

Make it Relevant: Indigenous Australians and health professionals alike often did not see identification as relevant to quality of care. Improved identification can result in better quality of care. Promoting and supporting this link is critical to improving identification.

Make it Attractive: For many practices introducing identification will mean changing standard operating procedures or customary behaviour. This will be more attractive if there is some benefit for the practice in making the changes such as through practice incentive payments (PIP). Raising the profile of identification though advocacy and promotion by opinion leaders could also increase the attractiveness of change.

Make it Achievable: Whole of practice approaches where identification is integrated with all aspects of practice management are the most effective in eliciting change. This includes clear protocols for assisting staff 'ask the question'. There was overwhelming good will at general practices and General Practice Networks (GPNs) towards "Closing the Gap" however this was not always accompanied with skills in managing change and working with Indigenous Australians. Developing skills in effective community collaboration would facilitate the implementation of identification strategies.

Make it Necessary: Tightening accreditation to focus on cultural safety and identification would move practices that favour accreditation towards providing a safe environment to identify. Providing

the 'push' from community self-identifying (even without being asked) will also raise the expectation that this will be taken seriously in mainstream general practices and received appropriately.

POLICY OPTIONS

Recommendations are based on the recognition that changing the standard or customary operating procedures in general practices will be difficult. Successful change management will require a systems based approach that includes (to a greater and lesser extent) all the levels outlined below.

Practice level

Recommendation: Support the integration of identification into practice management.

Where identification has been supported by management and been written into practice policy, there appears to be better overall systems and support for identification. Supporting these processes is critical to improving identification.

- Raise awareness of link between ethnicity and quality of care.
- Create an Aboriginal and Torres Strait Islander 'friendly' environment.
- Include questions about Indigenous status as part of patient registration information and ensure that the information is visible to clinicians.
- Update patient information regularly including Indigenous status to enable pre-existing patients to identify their status.
- Quality Assurance to follow up missing data.
- Consider embedding questions about Indigenous status in questions about ethnicity.
- Use standard questions to enquire about Indigenous status and/or ethnicity. The question on Indigenous status should reflect the standard ABS format and provide exhaustive options (including do not know, do not want to answer).
- Provide patients with an explanation for why they are being asked about their social history that highlights its relevance to their quality of care.

Community and regional level

Recommendation: Assist general practices to foster an environment in which Aboriginal and Torres Strait Islander people feel comfortable identifying.

- Involve local Aboriginal and Torres Strait Islander organisations and communities.
- Raise awareness of link between ethnicity and quality of care.
- Promote incentives to provide enhanced care to Indigenous people.
- Provide cultural safety/cultural awareness training for both general practices and general practice networks (GPN).

Recommendation: Encourage community members to self identify.

- Raise awareness of the importance and benefits of identifying to the Aboriginal and Torres Strait islander community.
- Promote self identification in general practices which are Indigenous friendly.

National level

Recommendation: Assist general practices to develop systems for identification.

- Develop a standard protocol for identification.
- Evaluate a standard patient registration form.
- Modify IT/IM to ensure that questions in software should reflect standard forms, are exhaustive and provide reminders if the question is skipped.
- Developing guidance around cross sectoral collaboration Providing guidance and support for developing effective partnerships between GPNs, the community, community health sector

and other Indigenous organisations may assist in furthering the Indigenous health agenda in primary care.

- Develop clear guidelines/standards for cultural competency in general practice at a whole of practice level.
- Evaluate cultural safety/awareness educational materials.
- Tighten accreditation standards: The revised standard should include a requirement around acceptable levels of identification of Indigenous status.

Recommendation: Evaluation, promotion and advocacy of best practice models.

- Develop an evidence base to identify best practice in improving identification.
- Set up regional level pilots to test existing strategies and where appropriate develop and test new ones.
- The strategies to be tested should be aimed at improving quality of care.
- The organisations involved in running the pilots at all levels (community, service providers including general practices, and regional organisations such as GPNs) should be adequately compensated.

METHODS

Methods included a systematic review, call for public submissions, key informant interviews in Australia and New Zealand, General Practice Network (GPN) level analysis of PHCRIS and Medicare data, medical software review, workshops, case studies and focus groups.

A multilevel approach was used to analyse all data. The levels included:

1. Practice Level Community Level including community members who use general practices and community organisations.

2. Regional Level which involves alternative health services providers and organisations providing support for general practices.

3. National Level including the Australian Government which has a primary role in the design, financing, and management of the Australian health care system. It also includes organisations which train GPs and general practice staff and peak organisations involved in health care through advocacy and governance issues.

For more details, please go to the full report