

Policy Recommendations

Ensuring optimal uptake of these new measures 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.

Aims and Objectives of the Project

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 regional and national perspectives.

Methodology

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 adopted to the analysis of all data. The levels included:

1. Practice Level Community Level including community members who utilise 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

Best practice principles

The Aboriginal and Torres Strait Islander people and organisations consulted for this project indicated that it was important to ensure that the processes used for identification embody respect for Indigenous people. This could be achieved by: promoting cultural safety, explaining why the information is required, and ensuring the Indigenous person's privacy and autonomy are respected. At the regional level it was considered important to involve Indigenous groups in the development and implementation of the processes. At the national level there were concerns expressed about control of data about Indigenous status and ensuring that Indigenous identification was accurate to prevent funds leakage.

What strategies to improve the identification of Aboriginal and Torres Strait Islander people in mainstream general practice have been trialled before and what is worth trialling (feasible and acceptable) in the future?

An increasing range of activities aimed at improving identification at general practice have been introduced at the community, regional levels and within general practices.

Support for the General Practices

Improving access and quality of care for patients is a prime motivator for change in general practice. Staff who felt that identification was clearly linked to health care were the most comfortable with identification. Identification was enhanced by whole of practice approaches where identification is integrated with practice management systems and practice staff understand why the information is required. Clearly tightening the accreditation standards and increased cultural awareness training play an important role in this respect.

Support for the Community

Aboriginal and Torres Strait Islander communities and community controlled organisations have been identified as having an important role in Indigenous identification. However, there is little awareness of the reasons why identification is important. Helping communities to understand why it is important may increase the likelihood that community members will identify. There were a number of strategies that aimed at improving awareness of the need for identification. However, few of these originated from within the Indigenous community.

From the few examples that were available, it appears that allowing community members to take the initiative in identification (through written identification) makes it easier for general practices to identify their Indigenous patients. Therefore, the development and implementation of activities by communities around issues of identification is one area that would be worth further investigation and trialling.

Support for General Practice Networks

It was clear that the GPNs have an important role to play in assisting in the uptake of Indigenous identification. They develop strategies targeting the community and general practices as well as assisting general practices in important practical ways. However, they are doing this without support in terms of guidelines about what represents best practice, sometimes without fully understanding cultural safety, and with minimal resources. It would, therefore, appear to be worth developing and trialling adequately resourced 'pilot Indigenous identification projects' for GPNs. These pilots should contain common elements, such as cultural awareness and change management training for GPNs, strategy development and implementation, and evaluation; while being engineered to fit the needs of the individual GPNs.

How can mainstream general practice be encouraged to improve identification processes?

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 through 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 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.

Conclusions and recommendations

Recommendations are based on 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.

Practice level

Recommendation 1: 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. Specific recommendations to facilitate this process include:

- 1a. Raise awareness of link between ethnicity and quality of care
- 1b. Create an Aboriginal and Torres Strait Islander 'friendly' environment
- 1c. Include questions about Indigenous status as part of patient registration information and ensure that the information is visible to clinicians

- 1d Update patient information regularly including Indigenous status to enable pre-existing patients to identify their status.
- 1e Quality Assurance to follow up missing data
- 1f Consider embedding questions about Indigenous status in questions about ethnicity
- 1g 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).
- 1h 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 2: Assist general practices to foster an environment in which Aboriginal and Torres Strait Islander people feel comfortable identifying

- 2a Involve local Aboriginal and Torres Strait Islander organisations and communities
- 2b Raise awareness of link between ethnicity and quality of care
- 2c Promote incentives to provide enhanced care to Indigenous people
- 2d Provide cultural safety/cultural awareness training for both general practices and GPN

Recommendation 3: Encourage community members to self-identify

- 3a Raise awareness of the importance and benefits of identifying to the Aboriginal and Torres Strait islander community
- 3b Promote self-identification in general practices which are Indigenous friendly'

National level

Recommendation 4: Assist general practices to develop systems for identification

- 4a Develop a standard protocol for identification
- 4b Evaluate a standard patient registration form
- 4c Modify IT/IM to ensure that questions in software should reflect standard forms, are exhaustive and provide reminders if the question is skipped.
- 4d Developing guidance around cross sectoral collaboration Providing guidance and support for developing effective partnerships between GPNs , the community, the community controlled health sector, and other Indigenous organisations may assist in furthering the Indigenous health agenda in primary care.
- 4e Develop clear guidelines/standards for cultural competency in general practice at a whole of practice level
- 4f Evaluate cultural safety/awareness educational materials
- 4g Tighten accreditation standards The revised standard should include a requirement around acceptable levels of identification of Indigenous status.

Recommendation 5: Evaluation, promotion and advocacy of best practice models

- 5a Develop an evidence base to identify best practice in improving identification
- 5b Set up regional level pilots to test existing strategies and where appropriate develop and test new ones
- 5c The strategies to be tested should be aimed at improving quality of care
- 5d 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