Submission (June 2019): Medicare Benefits Schedule (MBS) Review Taskforce - Aboriginal and Torres Strait Islander Reference Group Report

The National Health Leadership Forum (NHLF) is the national representative body for Aboriginal and Torres Strait Islander peak organisations who provide advice on health. Since its establishment in 2011, the NHLF brings together senior Aboriginal and Torres Strait Islander health leaders to consider and consult on the health policies for Australia's First Peoples.

The National Health Leadership Forum (NHLF) welcomes the opportunity to comment on the Aboriginal and Torres Strait Islander Health Reference Group's (the Reference Group) recommendations.

The NHLF member organisations (attachment A) each have unique and specific experience and feedback on various components of the Medicare Benefits Schedule (MBS) review, and some organisations will provide submissions directly to the Department of Health to cover their particular points. The NHLF support the expertise of its members in providing their feedback.

The NHLF acknowledges and supports all recommendations made by the Reference Group to the Minister for Health and offers broader, principle-based comments, in relation to the four main emerging themes, identified by the Reference Group;

- Models of primary care financing and funding
- Prevention versus chronic disease management
- MBS data on Aboriginal and Torres Strait Islander people
- Updating and realigning MBS item descriptors

1. Models of primary care financing and funding

Existing initiatives to improve access and outcomes in primary care

To date, there has been no evidence or link between the cost of a medical procedure/ primary care and its quality or outcome[i]. We are aware that Aboriginal and Torres Strait Islander people in remote locations pay far more in out of pocket costs for treatment than their urban counterparts and face additional travel and accommodation costs to access adequate medical care, with less GP visits bulk billed in rural and remote areas.[ii]

"I try to keep my health as good as possible, but I don't do everything the doctors tell me because of money. As an Aboriginal person I am aware of the risks and want to close the gap, but I cannot afford the ongoing tests and treatment I need. I work when I can, but it is not enough to ensure a healthy lifestyle and security"iii
Debra, Western Australia , Out of pocket costs: $5000.

We support the recommendations put forward by the Reference group with regards to addressing structural barriers in the MBS funding model around 'access', and we encourage this work to also consider both:

- the National Aboriginal and Torres Strait Islander Health Plan 2013–2023, a framework fundamental to accessing the high-quality primary healthcare required to improve health outcomes for Aboriginal and Torres Strait Islander people and their families; and
- the role of Aboriginal Community Controlled Health Services (ACCHS) in providing high-quality care. ACCHS' provide proven and effective initiatives[iv], with services going well beyond primary health care and team-based care

arrangements. ACCHS' provide home and site visits; medical, public health and health promotion services; allied health and nursing services; assistance with making appointments and transport; help with accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support.

Regardless of whether such a holistic model of care is available or not, all provision of primary care needs to be fundamentally based on the principles of cultural safety and responsiveness to improve access and outcomes for Aboriginal and Torres Strait Islander peoples. Cultural safety offers understanding, identifying and redressing power imbalances at the systems level and within an individual's practice within the health system. Its absence can have severe impacts on health and wellbeing. Such frameworks emphasise the experience of the Aboriginal and Torres Strait Islander health professional or client in gauging the absence of racism, or the presence of cultural safety. The NHLF support the long-term recommendations and other references to increasing the cultural safety within the health care system contained in the Report.
Recommendation 17: *'promote culturally safe health services for Aboriginal and Torres Strait Islander peoples to all health providers'* could be further enhanced through the monitoring and reduction of institutional racism in healthcare organisations

An essential component to improve access to culturally safe services is the Aboriginal and Torres Strait Islander health workforce. Aboriginal and Torres Strait Islander health professional organisations are crucial in supporting growth and increasing retention. However, we need ongoing support and investment to further improve actual student enrolments and completions. This investment would help offset other costs related to workforce maldistribution, including and preventable hospitalisations and illnesses and including chronic disease management.

The role of grant funding

Long term grant funding is required to ensure the sustainability and continuity of Aboriginal and Torres Strait Islander health services, provide them with planning surety, support building capacity, and in so doing will maximise the access to and outcome benefits of their work. To meet the needs of Aboriginal and Torres Strait Islander Peoples, a holistic, cross-sectoral approach to funding – one which supports pathways for local health workforce development – must be adopted.

Health services specifically need to acknowledge that culture is a source of good health for Aboriginal and Torres Strait Islander peoples and that the concept of health and wellbeing for Aboriginal and Torres Strait Islander peoples involves:

> '…not just the physical well-being of an individual but the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being.'[v]

Health funding must preference community-controlled providers who are best placed to deliver this holistic service in accordance with Aboriginal and Torres Strait Islander worldviews and definitions of health and social and emotional wellbeing. Funds must

flow as directly as possible to those providers. Provision of high quality, holistic and culturally safe care should carry more weight for decisions about funding than the ability to write the best bid. Whilst ninety-eight per cent of IAHP primary healthcare grant funding has been provided through non-competitive processes[vi], Local Health Districts (LHD) and Primary Health Networks (PHN) are still in receipt of funding for certain wrap around services such as mental health and social and emotional wellbeing programs.

Compared to GPs, LHDs and PHNs, the ACCHS' model of care offers superior service delivery for Aboriginal and Torres Strait Islander Peoples in terms of accessibility, disease treatment and prevention, training of healthcare professionals, and employment of Aboriginal and Torres Strait Islander people.[vii] Recognising the important role of the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce, recommendation 12 to 'invest in the growth and sustainability' of this workforce could be augmented by noting the value of micro-credential programs, delivered in community, that can provide entry pathways and are focussed on preventive primary healthcare.

Ensuring real partnerships between mainstream providers and their local ACCHS would encourage more viable, cost-effective and efficient outcomes, especially in the long-term and may lead to mainstream services becoming more representative. Importantly, such partnerships would expose the broader sector to Aboriginal and Torres Strait Islander health professionals' cultural capabilities and promote a better understanding of the rights of Aboriginal and Torres Strait Islander Peoples to autonomy and self-determination.

ACCHS have a proven track record of consistently prioritising Aboriginal and Torres Strait Islander voices and remaining responsive to the unique needs and characteristics of local communities at all stages, minimising any potential risk of disruption because of policy changes and providing important learnings for mainstream services.

For these reasons, the NHLF support recommendation 15 to *'ensure that all MBS revenue generated from the 19(2) Directions for state and territory clinics, funded under the Indigenous Australians' Health Programme, delivering primary health care to Aboriginal and Torres Strait Islander peoples is invested back into primary health care services'*. Appropriate reinvestment of these funds into the community-controlled sector will enable ACCHS to continue to provide broad, effective and cost-efficient services to address the inequities experienced by Aboriginal and Torres Strait Islander peoples.

2. Prevention versus chronic disease management

The NHLF supports the Reference group's recommendation to review the opportunity to use the Aboriginal and Torres Strait Islander Peoples' Health Assessment (item 715) to encourage and support preventive activities. We know that missing preventive opportunities leads to higher use of hospital care, increasing health care and other costs to economy more broadly.

A review of item 715 should consider how to better access patients through hospital admissions. Discharged from hospital, Aboriginal and Torres Strait Islander patients at times fail to access and/or take their medication, for a variety of reasons, resulting in clinical deterioration, re-hospitalisation and sometimes death. Allowing the CTG PBS Co-Payment measure to be applied when medicines are dispensed from a public hospital would improve access to medicines by Aboriginal and Torres Strait Islander people living with, or at risk of chronic disease. Such a policy change would address a range of barriers including cost, access and transport to community pharmacies on return to their communities.[viii] While we acknowledge that the PBS is a separate system to the MBS, it is vital that the various funding mechanisms are considered holistically to consider the role they each play in addressing inequitable access to health care.

The NHLF supports the Reference Group recommendation that the 715 Health Assessment Form is aligned with the *'National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people'*, which promotes best practice and was developed by the Royal Australian College of General Practitioners in conjunction with NACCHO. The most recent iteration of this report aims to prevent disease, detect early and unrecognised disease, and promote health in the Aboriginal and Torres Strait Islander population while allowing for variations based on regional and local circumstances[ix]. This approach is likely to increase the effectiveness and value of the preventive health assessment for individuals and the system.

3. MBS Data on Aboriginal and Torres Strait Islander people

The NHLF joins the Reference Group in recommending ongoing work to broaden and increase the use of Voluntary Indigenous Identifier (VII) data for policy and research with appropriate Indigenous data governance. It is essential that data sovereignty processes underpin best clinical practice and that data is accessible at the local level to support informed local decision making and self-determination. This will benefit Aboriginal and Torres Strait Islander peoples today and in the future through evidenced based decisions based on local needs.

It should be noted that, while ACCHS's play a vital role in Aboriginal health, a large proportion of Aboriginal and Torres Strait Islander people access mainstream health care. A lack of cultural safety and responsiveness in the care provided through the mainstream creates a barrier for identification through VII. Increasing the presence of the Aboriginal and Torres Strait Islander health workforce within the mainstream sector is helpful in improving VII data. However, the onus needs to be on mainstream services to train their workforce and embed cultural safety and responsiveness in their everyday practice and service delivery. Increasing VII and the uptake of 715 health assessments

requires a pervasive understanding and practice of the fact that equity is not about treating everyone the same, but about levelling the playing field to ensure that opportunities are really equal and treating individuals according to their needs and aspirations.[x]

4. Updating the realigning MBS item descriptors

Given the MBS has not been reviewed in over 30 years, the NHLF believe it is imperative that the naming conventions of each MBS item are updated accordingly to reflect contemporary professional practice and nomenclature.

Noting that the item descriptors are enforceable from a compliance standpoint, it is also essential to ensure that the descriptors support services being delivered as per the policy intent. This is particularly relevant for service delivery for Aboriginal and Torres Strait Islander peoples to be done in a manner that creates positive health and wellbeing outcomes.

The current system creates, for example, the risk of practices billing for a 715 health assessment opportunistically, without undertaking the long term care and management of a patient. Not only does this diminish the effectiveness of the health assessment in terms of continuity of care, but it potentially locks other services which may provide ongoing care, such as the Aboriginal Community Controlled Health Sector, from conducting and billing this assessment. The NHLF would support consideration as to whether the reference to 'usual doctor' or 'usual practice' should be strengthened.

Conclusion

Finally, we are optimistic that this review is a step toward much needed systemic change to address disparities in treatment and structural factors that inhibit equitable outcomes from care. Transformational change is essential to create a health system free of racism and inequity.

The health care provided to Aboriginal and Torres Strait Islander patients must be individually evaluated on results, and not on inputs alone.
We emphasise that, whilst we support and endorse the Reference Group's recommendations, implementation must centre on patient care outcomes, not the volume or occasions of service delivered. Equitable access to care - that fails to respond to the needs of individuals - will create significant inefficiencies and failures within the system. Not only will this be counterproductive toward the aims of the MBS, but it will threaten long-term sustainability of universal health care access.

We thank and commend the Reference Group for their expertise and work on this vital step towards reducing the unforgivable and unacceptable health disparities experienced by Aboriginal and Torres Strait Islander peoples.

i https://www.pc.gov.au/research/completed/efficiency-health/efficiency-health.pdf
ii https://www.aihw.gov.au/reports/rural-health/rural-remote-health/contents/access-to-health-services
iii https://chf.org.au/sites/default/files/20180404_hear_our_pain.pdf
iv Campbell, M.A. et al. Contribution of the Aboriginal Community-Controlled Health Services to Improving Aboriginal Health: an Evidence Review, Australian Health Review (http://www.publish.csiro.au/ahr [6 March 2017])
v v NACCHO Towards a National Primary Health Care Strategy: Fulfilling Aboriginal Peoples Aspirations to Close the Gap Submission (Feb 2009), p 6
vi https://www.anao.gov.au/work/performance-audit/primary-healthcare-grants-under-indigenous-australians-health-program
vii vii https://www.mja.com.au/journal/2014/200/11/aboriginal-community-controlled-health-services-leading-way-primary-care
viii https://ahha.asn.au/system/files/docs/publications/ahha_pre-budget_2019-20_submission_to_treasury.pdf
ix https://www.racgp.org.au/FSDEDEV/media/documents/Clinical%20Resources/Resources/National-guide-3rd-ed-Sept-2018-web.pdf
x https://www.racgp.org.au/afpbackissues/2008/200812/200812kehoe.pdf