

# A Comprehensive Primary Health Care Approach

Professor Cindy Shannon, QUT  
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## Presentation

- ▶ My journey in the sector
- ▶ Observations about changes in the sector and Indigenous affairs more broadly
- ▶ Two very different areas of focus in Queensland
- ▶ Discuss a model of comprehensive community-controlled health care and its approach to integrating sexual care into routine service delivery
  - ▶ The Institute for Urban Indigenous Health

## My journey in the sector:

- ▶ 2000-01, Chair of the reference group for the mid-term review of the implementation first Aboriginal and Torres Strait Islander Sexual Health Strategy
- ▶ 2002-08, Chair of IASHC, member of ANCAHRD (1999-2003), ANCARD (1996-99) and MACASHH (2003-08)
- ▶ 2008-12, Chair of the inaugural Queensland Ministerial Advisory Committee on HIV/AIDS, Hepatitis C and Sexual Health
- ▶ 2017- present, Chair Sexual Health Ministerial Advisory Committee (SHMAC) in Queensland
- ▶ 2016 - chair of Hepatitis Australia
- ▶ 2011-present, Board member Brisbane South Primary Health Network (BSPHN) formerly Medicare Local

## During this period

- ▶ Australia's success has been built on partnerships and community mobilisation
- ▶ Responses targeted to priority populations
- ▶ Specific strategies for prevention, treatment and care
- ▶ Better monitoring and surveillance
- ▶ Creating enabling environments
- ▶ Increasing focus on primary care - coordination across providers, better integration, other sector influences, workforce implications....

## In Queensland:

- ▶ Increasing rates of HIV notifications among Aboriginal and Torres Strait Islander peoples:
  - ▶ A rate in 2016 more than double the non-Indigenous Australian born rate
- ▶ Mainly amongst males (from 12.5 cases/100,000/year in 2012 to 18.3 cases/100,000/year in 2016)
- ▶ In 2016, there were 20 newly diagnosed cases
  - ▶ 11 (55%) were in Cairns and hinterland HHS
  - ▶ 8 (40%) were in SEQ

## North Queensland HIV Roundtable

- ▶ Engaged multiple stakeholders in October 2017
- ▶ Geographically focused to lead towards a framework for action in relation to prevention and integrated management of HIV in the region

## Key messages:

- ▶ Lack of preparedness for increased number of HIV cases
  - ▶ Potential for outbreak in more remote communities and need for a targeted and urgent response
- ▶ Significant challenges in case management:
  - ▶ Lack of easily identifiable pathways or direct, accessible services or local access to specialist clinicians
  - ▶ Complex health and social needs require a team of multidisciplinary care providers
  - ▶ Family responsibilities and cultural barriers and stigma and shame can cause leaks from the treatment cascade
- ▶ A social and emotional well being model of care that has been implemented in Yarrabah where a biomedical and sociological, cultural, and spiritual worldview, theory, skills and values are linked to recognize both physical and social determinants of health

## Towards a North Queensland HIV Action Plan

- ▶ Strengthening a regional response - increase preparedness, develop locally relevant guidelines and model of care, invest in workforce
- ▶ A preventive approach - community engagement, improve health literacy and promotion, increase and normalize testing for HIV and access to NSP's
- ▶ An integrated management response - value partnerships and collaboration, improve and enable contact tracing
- ▶ Data, evidence and surveillance

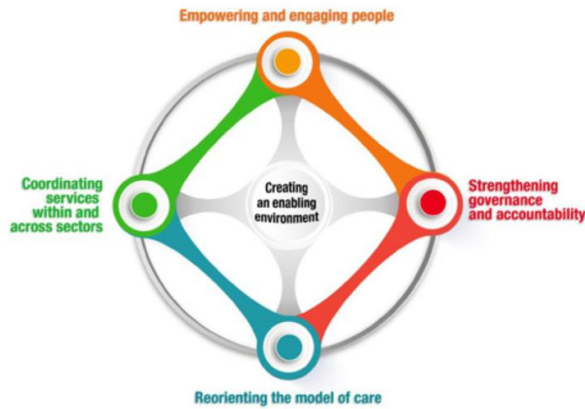
# Case Study

A fully integrated primary health care service model in SEQ  
The Institute for Urban Indigenous Health (UIH)

## Key lessons from PHC reviews 2004-09

- ▶ Reinvigorated effort to ensure genuine community control
- ▶ Reformed governance arrangements required
- ▶ Needs based planning and service delivery
- ▶ Failure to capitalise on revenue/service opportunities created by provision that allowed ACCHO's to bill Medicare
- ▶ Poor use of physical infrastructure
- ▶ Better data systems required for planning, monitoring, evaluation
- ▶ Poor co-ordination/integration within the health system

## World Health Organisation Framework on Integrated People-centred Health Services (2016) 5 strategies for implementation

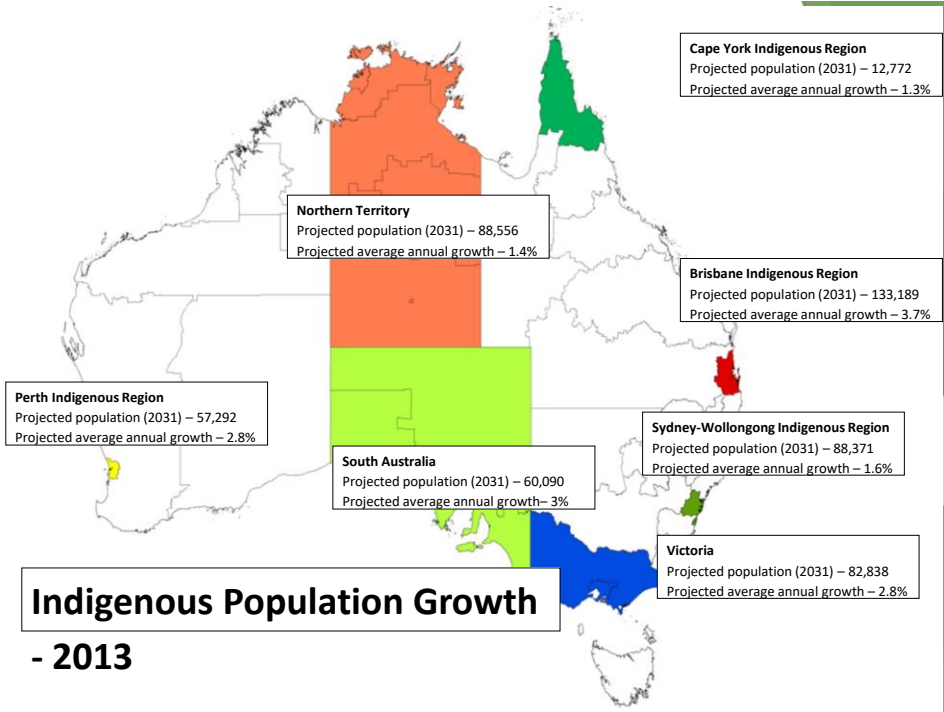


<http://www.who.int/service-delivery/safety/areas/people-centred-care/strategies/en/> Accessed 5/11/2017

### Rapid growth and dispersal of the Aboriginal and Torres Strait Islander population in South East Queensland

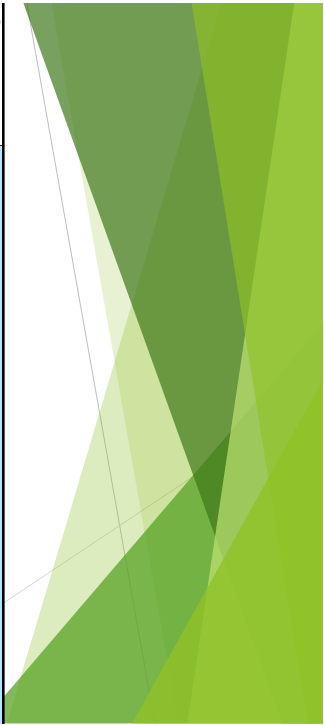
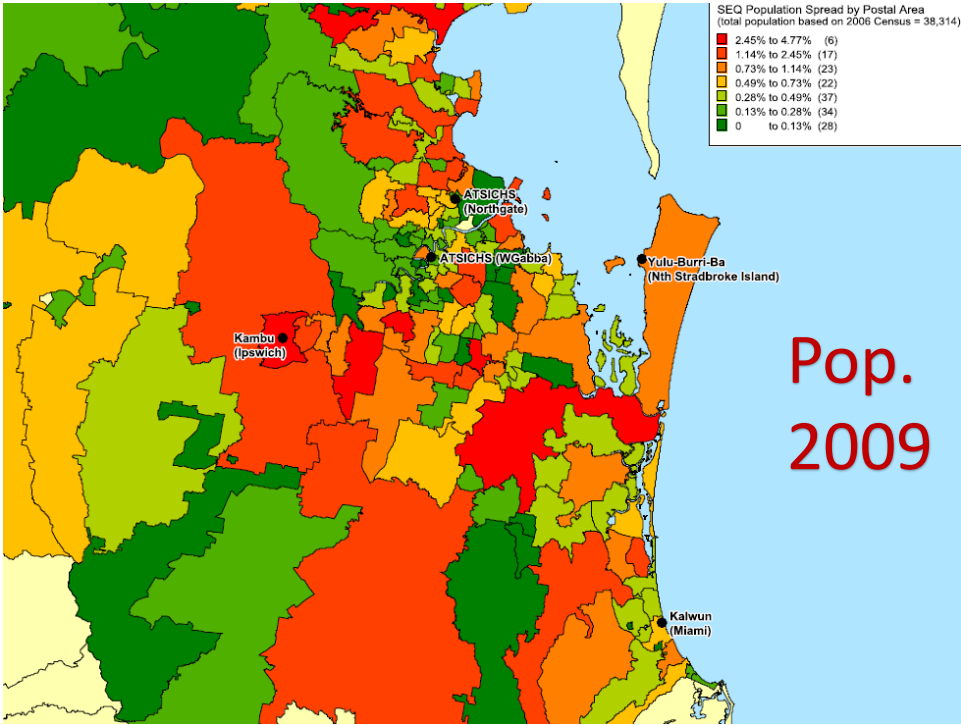
- Rapidly growing population – the fastest growing Aboriginal and Torres Strait Islander region in the country
- There are more Aboriginal and Torres Strait Islander people in the SEQ region than there are in most individual states and territories - in 2009 there was little understanding of the size and location of this urban population

Area	ABS 2016 Census
NSW	216,176
QLD	186,482
WA	75,978
<b>South East QLD</b>	<b>63,334</b>
NT	58,248
VIC	47,788
SA	34,184
TAS	23,572
ACT	6,508

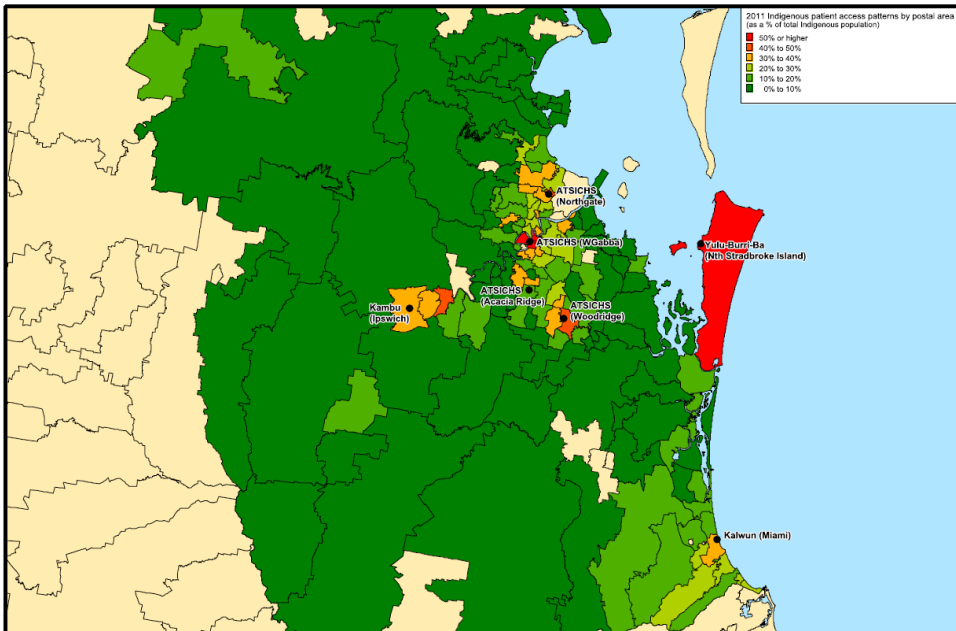


## Where are our Mob?





**Client Access 2011**





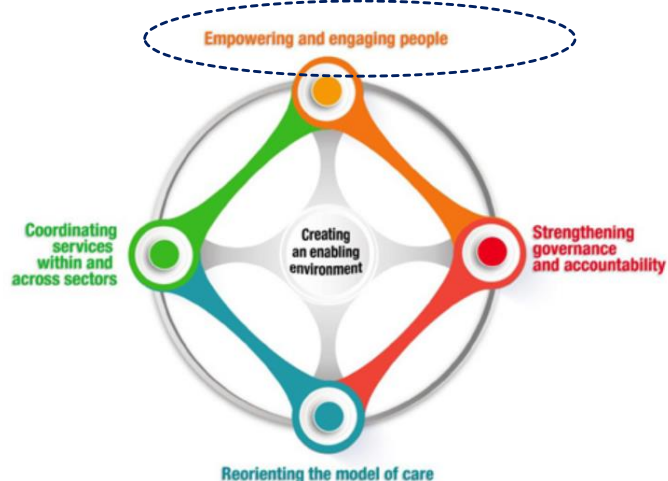
## There was evidence that services were failing to reach Aboriginal and Torres Strait Islander people in SEQ

- On most measures, there were significant disparities in health outcomes for Indigenous and non-Indigenous people in urban Qld, including in life expectancy, and in pregnancy and birth outcomes
- There was little indication that Medicare initiatives aimed at driving timely preventive health care were being delivered

Division of GP	No of child health checks	% of eligible children reached	No of adult health checks	% of eligible adults reached
South East Alliance	59	3%	126	5%
Brisbane South	195	12%	452	17%
Gold Coast	35	2%	28	2%
Logan Network	42	1%	67	2%
Ipswich	74	2%	52	2%
Moreton Bay	0	0%	14	1%
GP Partners	27	3%	35	1%
Total	432	3%	774	4%

- The Aboriginal Community Controlled Health Sector in SEQ operated 6 clinics in 2009, with an active Aboriginal and Torres Strait islander client population of around 8500 people i.e. just under 20% of known resident population in the region

## Responding to a fragmented system



## Community engagement and empowerment



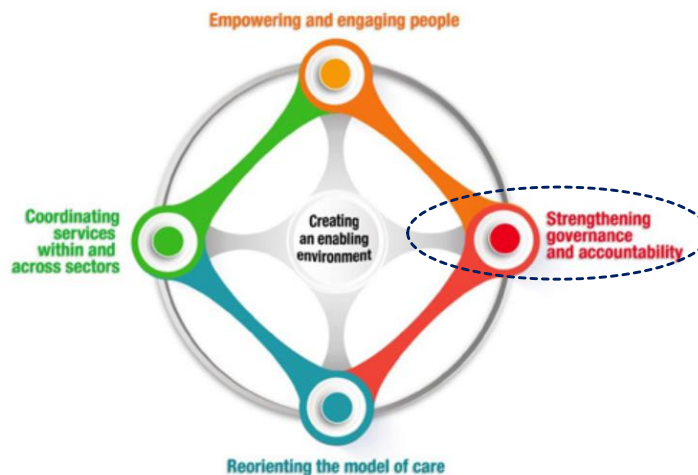
### Deadly Choices

- Deadly Choices Shirts and Onesies - incentives to encourage healthy choices including accessing preventive health care
- Community activities
- Structured school education & leadership program
- Positive, well-recognised and loved - linking multiple messages back through a single brand
- Identity, visibility and connection
- Murri Carnival



### Workforce

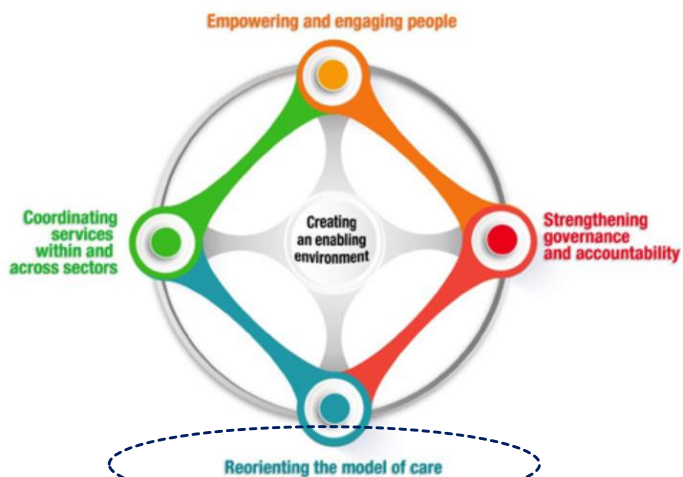
- Regional Community engagement officers; local Community Liaison Officers
- Creating a culturally competent and responsive Aboriginal and Torres Strait islander workforce
  - Growing our own
  - Cultural Integrity Framework



## Strengthening governance and accountability

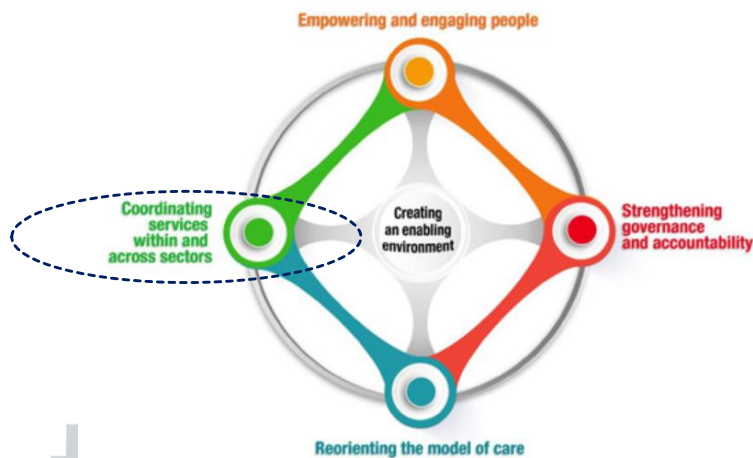


- ACCHS governance reforms in SEQ
- Community accountability - strategies to support community in holding us to account
- Collective accountability - holding each other to account across the IUIH network
- Speaking with one voice - holding government to account



## Re-orienting the model of care

- Orienting care around **clients and families**, not providers
- **Clinics are located as close as possible to home** – expansion between 2011 and 2017 from 6 to 19 clinics, with the next 3 already planned for 2018
- Clinics aim to serve as a **“one-stop-shop”** – majority of care needs are met under one roof, providing easy access in a safe environment where care is built on relationships
- **Physical infrastructure** - flow through the clinic is designed to make the journey for clients and families a smooth one
- Core clinic staff = **multidisciplinary team**, where everyone is “used to their license”
- Structured appointment system – **care is planned and organised**
- Systems for efficiently and effectively capturing **Medicare income**
- Robust systems for **recall and follow up**, with specific strategies for those most likely to miss out on care



## Coordinating services within and across sectors



### Coordinating care for clients and families:

- Transport services; community liaison officers
- Case conferencing and multidisciplinary care planning
- Care Coordination services – Chronic disease care coordination; Paediatrics Care Coordinators
- IUIH Connect service – transition care for clients moving between tertiary and primary care; linking clients and community members with providers

### Coordinating service delivery within our sector

- Shared governance; regular meetings of leaders and managers, clinical governance
- Regionalised services e.g. Specialist and allied health services, dental services, other
  - Economically efficient
  - Consistent standard and quality of care

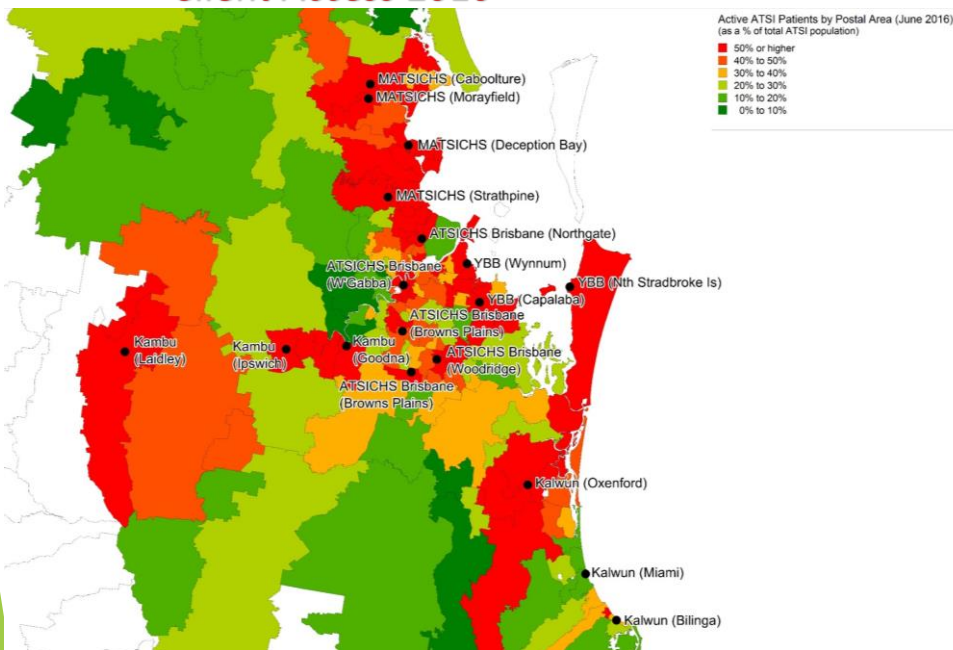
### Coordinating care across sectors

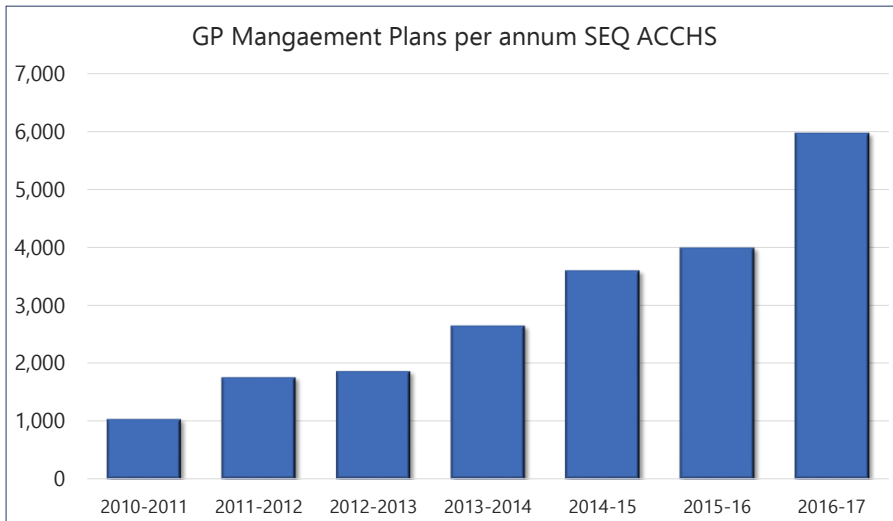
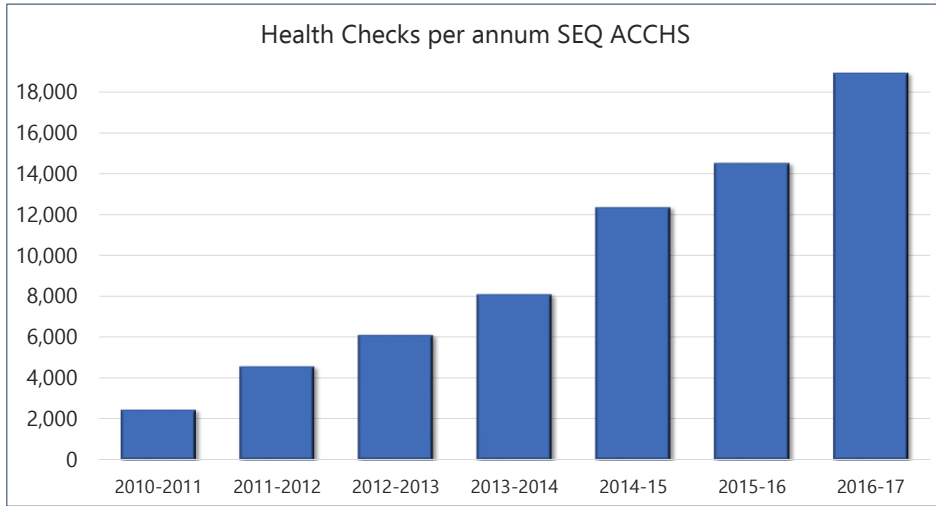
- Collaborative / shared ventures – e.g. Birthing in Our Community
- Representation and advocacy

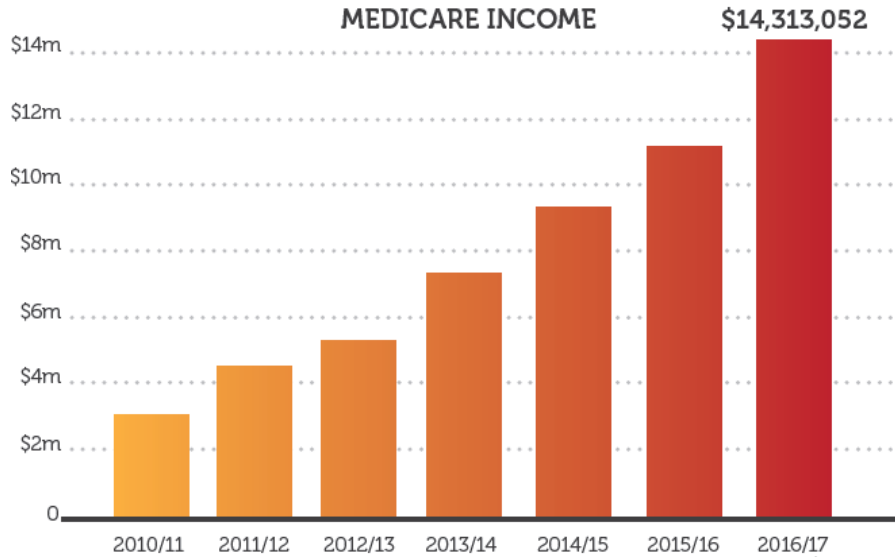
What's been the impact of the system redesign?

- Clients now have access under one roof to:
  - GPs, AHWs, nurses, chronic disease care coordinators
  - General allied health including physiotherapy, health education, dietetics, podiatry, optometry and optical assistant services
  - Maternal and child health services including Pediatric coordinator, speech therapy, occupational therapy, child psychology, Specialist Paediatrician, and in some sites, midwifery services
  - Integrated Social health and well-being services including social workers, psychologists, AOD counsellors, specialist Addiction Medicine and Psychiatry consultation
  - Oral health services including dentists and oral health therapists
- Access to and uptake of services has expanded dramatically...

## Client Access 2016







## Life-course



Children (0-5 years)	Adolescents (9-17 years)	Adults (18-50 years)	Elders (50+ years)
<ul style="list-style-type: none"> <li>• Birthing in our Community</li> <li>• Australian Nurse Family Partnerships</li> <li>• Paediatric Allied Health</li> <li>• Deadly Kindy School Readiness Program</li> <li>• Deadly Day Care</li> <li>• Family Wellbeing Program</li> </ul>	<ul style="list-style-type: none"> <li>• Deadly Choices in Schools</li> <li>• Training for real jobs</li> <li>• School based traineeships</li> <li>• Mentoring, support and advocacy</li> <li>• MomentIM (Tomorrow's Indigenous Men)</li> <li>• Deadly Sistas</li> <li>• Health Justice Partnerships</li> </ul>	<ul style="list-style-type: none"> <li>• Deadly Choices Healthy Lifestyles Program</li> <li>• Training for real jobs</li> <li>• Work-based traineeships</li> <li>• Mentoring, support and advocacy</li> <li>• Work It Out Chronic Disease Rehabilitation and Management</li> <li>• Health Justice Partnerships</li> </ul>	<ul style="list-style-type: none"> <li>• IUIH Home Support</li> <li>• Residential aged care</li> <li>• Support &amp; advocacy</li> <li>• Telehealth in the home</li> <li>• Palliative Care in the home</li> <li>• Work It Out Chronic Disease Rehabilitation and Management</li> </ul>



## IUIH Role

- ▶ To integrate the **planning, development and delivery** of comprehensive primary health care services to Aboriginal and Torres Strait Islander populations across South East Queensland.
- ▶ This vision represents a fundamental shift from ‘community control within the four walls of our clinics’ to community control leadership and support for whole-of-system response...

## World Health Organisation

“Integrated service delivery” is the organization and management of health services so that people get:

- *the care they need*
- *when they need it*
- *in ways that are user-friendly*
- *achieve the desired results, and*
- *provide value for money*

***Integration is a means to an end, not an end in itself.***

## Acknowledgments

- ▶ Participants in the North Queensland 2017 HIV Roundtable
- ▶ The team at the Institute for Urban Indigenous Health

