QAIHC
Queensland Aboriginal and Islander Health Council

QAIHC SUBMISSION TO THE Medicare Benefits Schedule (MBS) Review

SUBMISSION

Aboriginal and Torres Strait Islander Reference Group Recommendations

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Chief Executive Officer
Queensland Aboriginal
and Islander Health Council
PO Box 3205
South Brisbane, Qld 4101
P: (07) 3328 8500
F: (07) 3844 1544

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About the Queensland Aboriginal and Islander Health Council (QAIHC)

QAIHC was established in 1990 by dedicated and committed Aboriginal and Torres Strait Islander leaders within the community-controlled health sector.

Originally established as QAIHF (Queensland Aboriginal and Islander Health Forum), the organisation provided a voice for the community-controlled health sector in Queensland. This organisation was self-funded until 1996, when the Commonwealth Department of Health commenced funding support. QAIHC has experienced considerable growth in membership and the scope of services provided to those members since its establishment.

In 2004, the organisation was reconstituted under the Australian Investment and Securities Commission (ASIC) and assumed its current form as QAIHC.

Today, QAIHC represents 28 community-controlled health services and 14 associate members who share a passion and commitment to addressing the unique health care needs of their communities through specialised, comprehensive and culturally-appropriate primary health care.

QAIHC is the peak body representing the Aboriginal and Torres Strait Islander Community Controlled Health Organisation (ATSICCHO) sector in Queensland at both a state and national level. Its membership comprises of ATSICCHO's located throughout Queensland. Nationally, QAIHC represents the Community Controlled Health Sector through its affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO) and is regarded as an expert in its field.

QAIHC CONTACT REGARDING THIS SUBMISSION:

Angela Young, General Manager - Policy and Research

Email: angela.young@qaihc.com.au Phone: 07 3328 8532

1. Background

The Medicare Benefits Schedule Review Taskforce (The Taskforce) was created in 2015 to undertake a review of the Medicare Benefits Schedule (MBS). The Taskforce aim to ensure that health outcomes are improved by ensuring that MBS item numbers align with current best practice. The Taskforce implemented a number of specialist reference groups to provide recommendations on amendments to the schedule. The Aboriginal and Torres Strait Islander Reference Group recommendations are currently out for public consultation. The Queensland Aboriginal and Islander Health Council (QAIHC) has consulted its membership on the acceptability and feasibility of these proposed amendments. The following document details the QAIHC response to the Aboriginal and Torres Strait Islander Reference Group recommendations.

2. A summary of QAIHC's position on the Taskforce Recommendations

QAIHC, on behalf of its members in Queensland, has addressed each recommendation, providing practical examples and outlining any concerns where these exist. Of the 17 recommendations, a number are designed to increase an individual's access to bulk billed appointments. QAIHC believes out of pocket expenses to be a significant barrier to the Queensland Aboriginal and Torres Strait Islander population accessing their required care. Furthermore, the recommendations that allowed for the delivery of group sessions, where practical, complement the AICCHO Model of Care. The Queensland AICCHO's already deliver group sessions where it is appropriate and culturally safe to do so. Enabling these services to claim MBS income in these instances would increase the sustainability of this practice. Finally, recommendations that focused on growing and developing the Aboriginal and Torres Strait Islander workforce are critical to tackling the health disparities experienced by this population across Australia.

Recommendation 1: Bulk-billing incentives for allied health appointments

QAIHC is highly supportive of this recommendation because it supports the AICCHO Model of Care which includes allied health services as being integral to the comprehensive primary health care provided in this context. Bulk-billing incentives will increase the number of appointments available, and therefore reduce the out-of-pocket costs to the patient. A reduction in costs will likely increase engagement, thereby supporting improved health outcomes.

Recommendation 2: Enable all allied health services available to Aboriginal and Torres Strait Islander peoples to be provided as group services

QAIHC is highly supportive of this recommendation. However, it is our view that from MBS Item 715 the MBS Items 721 and 732 should be a prerequisite to accessing group therapy to allow the focus to start at an individual level and build into group approach building peer support. The Queensland AICCHOs' Model of Care is an integrated model designed to ensure the patient feels safe at all times. Group service delivery, where practicable, would enable the AICCHOs to fund existing group delivery programs. Group service delivery would be particularly successful for maternity programs, exercise programs, smoking cessation sessions, hygiene classes and nutrition label reading workshops. Another example of where this recommendation could be practically applied is post ST-elevation myocardial infarction which requires significant allied health input which could be provided as a group service. QAIHC member services are of the view that increased access to preventative healthcare education and chronic disease management information will improve the health literacy of the Aboriginal and Torres Strait Islander communities moving forward.

Recommendation 3: Change the name of M11 and M3 items

QAIHC does not object to this recommendation and believes this is an opportunity to ensure the new names are much clearer for both patients and clinical staff.It is important to consider that consumers

understand health professionals in individual service language such as ‘podiatrist’ or ‘psychologist’ rather than allied health or primary health care.

Recommendation 4: Pool access to allied health items that are available following the completion of a health assessment and the creation of a General Practitioner Management Plan (GPMP) or Team Care Arrangement (TCA)

QAIHC and its member services are concerned about the implications of this recommendation and require further clarification. Pooled access to allied health items that are available with a GPMP/TCA would mean an increase in the allied health appointments a patient can access following a GPMP/TCA. This could result in there being a longer period of time between visits to the General Practitioner (GP). It is often beneficial for the patient to return to the GP regularly for follow up appointments to confirm the status of the patient and reassess treatment.

The QAIHC member services overall considered that this recommendation would be beneficial in the case of certain patients and would like to have this recommendation implemented as being optional.

Recommendation 5: Increase the number of allied health sessions available for Aboriginal and Torres Strait Islander people

QAIHC is highly supportive of this recommendation and is of the view that Aboriginal and Torres Strait Islander patients may need access to at least 25 allied health sessions per calendar year. This is due to the complex health needs of the population and the likelihood of an individual experiencing comorbidities that each require significant allied health support. Ideally, there would be no cap for allied health sessions attached to a GPMP and TCA.

Additional allied health services could also include further referral opportunities to an Aboriginal and Torres Strait Islander Health Worker (AWH) or Aboriginal and Torres Strait Islander Health Practitioner (AHP) to provide culturally appropriate follow up care to the patient.

Recommendation 6: Create a new item for group service delivery of comprehensive follow-up services after a health assessment

QAIHC supports this recommendation if it is specified that group service delivery would commence only following the MBS Items 715, 721 and 723. Examples provided by member services of where this item could possibly be used included preventive health education sessions, diabetes education or medication management sessions for those requiring medications in the long term. Other examples of how this item could be used included asthma education, school hygiene and food label literacy sessions.

Recommendation 7: Ensure that health assessment templates and content reflect best practice

QAIHC is supportive of this recommendation. An updated health assessment template that is aligned with current best practice should be mandated for the MBS Item 715. While the Medicare description of Item 715 outlines that a GP who conducts the MBS Item 715 should be the “usual GP” for the patient, QAIHC member services discussed that lack of adherence with this description. A joint venture between the National Aboriginal Community Controlled Health Organisation (NACCHO) and Royal Australian College of General Practitioners (RACGP) resulted in the publication of the third edition of National guide to a preventative health assessment for Aboriginal and Torres Strait Islander People (2018). This guide to undertaking a preventative health assessment provides a thorough explanation of what a ‘usual GP’ is, and the steps required to ensure the MBS Item 715 has been adequately completed. QAIHC would welcome amendments to the MBS Item 715 description that ensure it clearly defines that a GP should have a relationship with a patient to undertake MBS Item 715. Additionally, to ensure this health assessment template is used routinely, QAIHC would encourage that the MBS reference the National guide to a preventative health assessment for Aboriginal and Torres Strait Islander people (2018) in its description of MBS Item 715.

Recommendation 8: Update the allied health referral form for Aboriginal and Torres Strait Islander peoples' health assessment

QAIHC does not object to this recommendation. The list of professionals on the referral form following a GPMP or TCA must be consistent. Additionally, the availability of electronic referral forms will likely decrease instances of patients losing referral forms and the appointment delays that can arise from this. QAIHC further supports the position that allied health professionals should not be required to provide written referrals or report outside of the patient clinical record for patients with under a shared care arrangement with a GP.

Recommendation 9: Enable qualified Aboriginal and Torres Strait Islander health workers (AHW) to claim for certain follow-up items

QAIHC is highly supportive of this recommendation. It was noted in consultations with QAIHC members that some AHW are choosing not to be AHPs based on the cost of registration and insurance as a practitioner. The benefits of registering as an AHW are not clearly defined, nor is the AHW scope of practice. AHW's are skilled in a number of areas relevant to the Certificate IV Clinical Health Worker qualification. As health professionals, AHW's should be able to claim for care provided under the supervision of a GP, where the care is within the scope of their qualification. This would need to consider the career progression that occurs from AHW to AHP and accordingly the MBS Items billable by the AHP should be more than that of the AHW.

Recommendation 10: Enable nurses to claim for certain immunisation and wound-care items provided on behalf of a medical practitioner, when provided in Aboriginal and Torres Strait Islander primary health care

QAIHC is highly supportive of this recommendation. This recommendation increases the capacity and capability of nurses to improve current immunisation rates. Additionally, the delivery of immunisation and wound-care items allows the GP to keep a broad focus on required care and may inadvertently increase access to primary health care services.

Recommendation 11: Investigate the best way to integrate Aboriginal and Torres Strait Islander health professionals who do not have formal registration bodies into the MBS

QAIHC supports this recommendation. The integration of Aboriginal and Torres Strait Islander health professionals who do not have formal registration bodies into the MBS would require explicit definitions around the services that could be claimed. It is noted that a number of health professionals who do not have formal registration bodies are employed by Queensland AICCHOs. These staff are necessary to provide culturally appropriate comprehensive primary health care, in line with the AICCHO Model of Care. These staff include Social and Emotional Wellbeing workers, community-based AHW's, health services transport officers, etc. Incorporation of these employees into the MBS does not only allow the AICCHO to generate funding to maintain this service delivery, but is also a recognition of the essential culturally competent and comprehensive service they provide.

Recommendation 12: Invest in the growth and sustainability of the Aboriginal and Torres Strait Islander workforce

QAIHC is highly supportive of this recommendation. Supporting the Aboriginal and Torres Strait Islander workforce from the Aboriginal and Torres Strait Islander Health Worker (AHW), including middle management and senior management is a high priority for the AICCHO sector. In particular the AHW and Aboriginal Health Practitioner (AHP) workforce is decreasing to levels that are unsustainable to support the health need. The median age of this workforce is 40 years old in Queensland. It is recommended that the AHW and AHP workforce is invested in through:

1. Improving pathways to become a qualified AHW or AHP
2. Improving pathways to develop a career from the position of AHW
3. Creating financial support and incentives to remain in the workforce

4. Improving access to culturally appropriate education through an Aboriginal and Torres Strait Islander Registered Training Organisation in each state and territory
5. Standardising the course for AHW and AHPs to ensure graduates are equipped to operate in either community or clinical based settings

Recommendation 13: Invest in an awareness campaign that explains the roles and scopes of practice of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners

QAIHC is supportive of this recommendation. QAIHC member services have outlined one the key issues surrounding the role of the AHW/P as being a lack of understanding of the role of these employees. Prior to investing in an awareness campaign, QAIHC believes that work should be undertaken to design a universally accepted scope of practice for the AHW/P role. This scope of practice work would ensure that AHW/P are expected to have a minimum level of underpinning knowledge pertaining to chronic disease and how it impacts Aboriginal and Torres Strait Islander people. QAIHC and its members understand the importance of this role in the delivery of healthcare to Aboriginal and Torres Strait Islander patients. The lack of understanding of the role of the AHW and AHP by other health professionals could create barriers and inhibit essential follow up care for the patient's preventive or chronic disease care.

Recommendation 14: Establish an MBS data governance, reliability and monitoring group to provide guidance and oversight of Aboriginal and Torres Strait Islander peoples MBS claims data to ensure accuracy

QAIHC is supportive of this recommendation. The implementation of a data governance group would assist in understanding the health service uptake of Aboriginal and Torres Strait Islander patients. There is a lack of knowledge about the accuracy of the MBS data relating to Aboriginal and Torres Strait Islander people at current. It would be essential that any MBS data governance group would be designed, developed and enacted with input from both the Department of Health and the Aboriginal and Torres Strait Islander Community Control Health Sector nationally. This data governance group would need to ensure the integrity of the data from collection through to analysis. This would include ensuring that any secondary use of the Voluntary Indigenous Indicator was in line with current national ethical guidelines in terms of consent, secondary use of data and the ability to opt-out at any time. Any proposed MBS data governance group with oversight of Aboriginal and Torres Strait Islander people's data would need to have a strictly defined scope of practice and would need to come with assurances that the AICCHO sector's funding would not be affected by the existence of this group.

Recommendation 15: 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 in invested back into primary health care services

QAIHC is highly supportive of this recommendation. It is essential that any services funded under the Indigenous Australians Health Programme to deliver primary health care services reinvest any MBS generated income back into the provision of further primary health care services for Aboriginal and Torres Strait Islander people. A measure of accountability and transparency should be created to ensure this reinvestment of revenue occurs.

Recommendation 16: Enhance social and emotional well-being support for Aboriginal and Torres Strait Islander peoples through an MBS rebate for social and emotional well-being support services delivered by accredited practitioners

QAIHC is highly supportive of this recommendation. The Queensland AICCHOs consider that Social and Emotional Wellbeing (SEWB) is a high priority and that at current there is not sufficient funding to deliver the required services on the ground. Education and training of the SEWB workforce needs addressing to minimise risk to the community and to themselves. Self-regulation of the Aboriginal and Torres Strait Islander Health workforce is not adequate to maintain a competent workforce. Furthermore, the AHW/P workforce is declining due to the challenging Australian Health Practitioner Regulation Agency registration process. This is also exacerbated by the lack of AHP positions available.

As a way forward, to ascertain the credibility of the worker, a minimum qualification must be attained and maintained by undertaking professional development each year. All applications for an MBS provider number could be validates by the Queensland SEWB Workforce Development Support Unit, or NATSIHWA, by assessing competency and/or qualifications. An example currently used is the Ngangkari (traditional healer). The Ngangkari could be managed by the service providers, who must maintain a register, which is signed off by the local community organisation's Board of Directors.

Recommendation 17: Promote culturally safe health services for Aboriginal and Torres Strait Islander peoples to all health providers

QAIHC is highly supportive of this recommendation. QAIHC considers that all staff working with Aboriginal and Torres Strait Islander people, communities or organisations should receive adequate cultural awareness training prior to commencing work. This would be relevant to any individual working with Aboriginal and Torres Strait Islander people including schools, TAFE, universities, health practitioners and health staff. An increase in culturally safe health service for Aboriginal and Torres Strait Islander people will assist in ensuring better engagement with the service and may lead to a reduction in missed appointments.

3. Summary

Overall, QAIHC commends the Aboriginal and Torres Strait Islander Reference Group for a considered set of recommendations with clear links to desired improvements for culturally appropriate comprehensive primary health care.

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QAIHC

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36 Russell Street
South Brisbane Q 4101

PO Box 3205
South Brisbane Q 4101

T. **07 3328 8500**

www.qaihc.com.au

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