



QAIHC SUBMISSION TO Queensland Health

SUBMISSION

**Review of the Advancing Kidney Care
2026: Framework for delivering quality
care to people with kidney disease**

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SUBMISSION

Review of the Advancing Kidney Care 2026: Framework for delivering quality care to people with kidney disease

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.

QAIHC is the peak body representing the Aboriginal and Islander Community Controlled Health Organisation Sector in Queensland at both a state and national level. Its membership comprises of Aboriginal and Islander Community Controlled Health Organisations (AICCHOs) 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.

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's Public Health Registrar would like to thank Queensland Health, Clinical Excellence Queensland for the opportunity to comment on the Advancing Kidney Care 2026 framework for delivering quality care to people with kidney disease.

QAIHC CONTACT REGARDING THIS SUBMISSION:

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1. Opening statement

Aboriginal and Torres Strait Islander people currently experience disproportionate rates of chronic kidney disease, and suffer substantially poorer health outcomes compared to non-Indigenous Australians. Aboriginal and Torres Strait Islander people are more likely to have end-stage kidney disease, be hospitalised due to chronic kidney disease, and to die with chronic kidney disease as a cause of death. In addition, Aboriginal and Torres Strait Islander people also experience inequitable access to kidney transplantation and experience worse outcomes following transplantation. These figures are even higher for those living in rural and remote communities.

QAIHC wholly supports the following points that have been incorporated within the framework:

- The inclusion of Aboriginal and Torres Strait Islander people with any stage of kidney disease, as well as those living in a rural or remote area, as eligible for early referral for multi-disciplinary team pathway entry.
- The provision of access to Aboriginal and Torres Strait Islander Health Practitioners and/or Indigenous Liaison Officers for Aboriginal and Torres Strait Islander patients on referral and throughout each of the pathways described.
- The recognition that relocation and travel to urban centres for Aboriginal and Torres Strait Islander patients living in rural and remote areas is a barrier to accessing haemodialysis and kidney replacement therapy. QAIHC supports improved access to kidney replacement therapy, and community dialysis units for Aboriginal and Torres Strait Islander people so they can receive treatment as close to home as possible, and be able to return to Country when necessary for family / cultural / community matters.
- The regular communication with Aboriginal and Torres Strait Islander Medical Services (which includes AICCHOs) and other primary care providers, and their inclusion in patient-centred decision making.

In addition, QAIHC supports the 'Primary Care Position Statement' outlined in the Appendix that recognises the crucial role that AICCHOs and other primary care providers play in healthcare provision, health promotion and disease prevention. QAIHC welcomes the design and implementation of a health promotion and disease prevention program targeted at patients with, or at risk of chronic kidney disease and strongly advocates for the inclusion of AICCHO sector representation in the program's development.

2. Recommendations

Recommendation 1: Quality Measures for culturally appropriate care

QAIHC supports the following quality statement that has been shared across each of the 7 domains of the framework 'Patients identifying as Aboriginal and / or Torres Strait Islander should be provided with culturally appropriate care in a culturally safe environment and should be provided with access to an Aboriginal and Torres Strait Islander Health Practitioner or Indigenous Liaison Officer throughout the care pathway'

However, it is noted there are no quality measures to follow on from this quality statement, in contrast to the vast majority of the other quality statements made. QAIHC suggests further consideration be given to the development of appropriate measures to support and monitor the implementation this goal.

Recommendation 2: Embed specialist nephrology outreach services within AICCHOs

The AICCHO family centred, holistic Model of Care (AICCHO Model of Care) is effective in addressing the complex health needs of Aboriginal and Torres Strait Islander people. The provision of culturally appropriate care in a culturally safe environment is core business for AICCHOs.

Most AICCHOs are well placed to support their clients to attend specialist appointments within their own service or clinic. AICCHOs are a culturally safe space for Aboriginal and Torres Strait Islander patients, and incorporate many additional wrap-around services and allied health staff, and as such are able to address the many issues impacting upon the health of their clients. Improving access to specialist renal services through already embedded regular outreach clinics in AICCHOs should be explored, in urban, regional, rural and remote regions.

Recommendation 3: Culturally appropriate training, education and resources

The 'Primary Care Position Statement' outlined in the Appendix discusses the development of a health promotion and disease prevention program targeted at patients at risk of chronic kidney disease. It is essential that awareness-raising, prevention and education campaigns aimed at Aboriginal and Torres Strait Islander people are culturally sensitive and culturally appropriate. QAIHC strongly encourages the inclusion of representation from the AICCHO sector, and from local communities where possible, in the design of any health promotion campaigns and/or preventative strategies that will be targeted at Aboriginal and Torres Strait Islander people.

In addition, QAIHC strongly supports the implementation of cultural safety training for all clinical and administrative staff working with Aboriginal and Torres Strait Islander patients.

Recommendation 4: Facilitate timely follow up in primary care and safe discharge from hospital

It is the experience of clinicians within the AICCHO sector, that many of their patients are discharged following hospital admissions or return for follow up after reviews in specialist clinics without adequate documentation outlining the specific follow up required or important changes to their management.

In addition, patients are often discharged from hospital without the provision of any of their medications and/or 'Closing the Gap' (CTG) annotated scripts which allow them to access free or heavily subsidised vital medications, which they otherwise may be unable to afford. It is the belief of clinicians working within the AICCHO sector that these issues have a significant impact on re-admission rates and poorer outcomes for Aboriginal and Torres Strait Islander patients with chronic diseases. Whilst this issue is certainly not specific to patients with chronic kidney disease, this systemic issue needs to be embedded into all chronic disease management frameworks.

QAIHC recommends effective discharge planning and follow up with the patient's preferred primary care service, for patients leaving hospital or undergoing specialist review within the hospital setting. QAIHC also supports the appropriate emphasis of regular communication with Aboriginal Medical Services, General Practitioners and other primary care providers within the framework.

3. Response to Consultation Questions

Question	QAIHC's Response
Are there any major omissions from an Aboriginal and Torres Strait Islander patient or service provider perspective?	Not really More outreach clinics / telehealth clinics with specialists and their teams embedded into AICCHOs
Are there any major omissions when considering the way care should be provided in regional, rural and remote areas?	See above
Cultural appropriateness of the pathways, resource profiles, quality statements and measures	Yes so long as there is AICCHO Sector representation in developing any tools / campaigns / materials for Aboriginal and Torres Strait Islander patients.

4. Conclusion

It is QAIHC's primary interest to understand how the AICCHO Model of Care can further support the health needs of Aboriginal and Torres Strait Islander people. The AICCHOs are often the first point of contact for Aboriginal and Torres Strait Islander people and it is for this reason that QAIHC should be engaged in the planning, delivery and review of health services. QAIHC commends the Clinical Excellence Queensland for a considered review and looks forward to receiving a response on the feedback provided and proposed set of recommendations.



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