



RACGP

Aboriginal and  
Torres Strait Islander  
Health

# *Five steps towards excellent Aboriginal and Torres Strait Islander healthcare*

For GPs and members of the practice team



1

Prepare the practice

2

Identify your Aboriginal and Torres Strait Islander patients

3

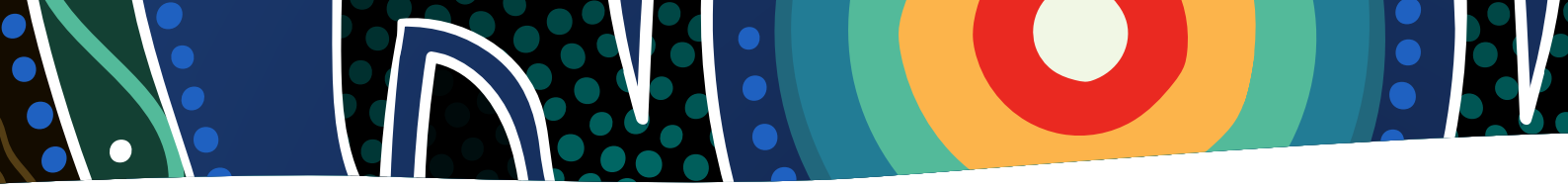
Offer the patient an Aboriginal and Torres Strait Islander health assessment (MBS Item 715) and make arrangements for appropriate follow up

4

Register eligible patients for the PIP and the Closing the Gap PBS co-payment

5

Use appropriate clinical guidelines and programs from the RACGP, Medicare and PHNs to enhance access and quality of care.



## 1 Prepare the practice

- Register the practice for the Indigenous Health Practice Incentive Payment.
- Ensure at least one general practitioner (GP) and two other staff complete cultural awareness training.
- Ensure the practice environment, including the waiting room and reception area, is welcoming.

### Register for the Indigenous Health Incentive Practice Incentive Payment

The Indigenous Health Incentive (IHI) Practice Incentive Payment is a PIP incentive item that gives accredited practices incentives for registering their identified Aboriginal and Torres Strait Islander patients with a chronic disease and providing the majority of their medical care. The incentives are outlined in the following table:

Component Payment		Activity required for payment
(i) Sign-on payment	\$1000 per practice	One-off payment to practices that agree to undertake specified activities to improve the provision of care to their Aboriginal and/or Torres Strait Islander patients with a chronic disease
(ii) Patient registration payment	\$250 per eligible patient per calendar year	A payment to practices for each Aboriginal and/or Torres Strait Islander patient aged 15 years and over who are registered with the practice for chronic disease management
(iii) Outcomes payment – up to \$250	Tier 1: \$100 per eligible patient per calendar year	A payment to practices for each registered patient where a target level of care is provided by the practice in a calendar year
	Tier 2: \$150 per eligible patient per calendar year	A payment to practices for providing the majority of care for a registered patient in a calendar year

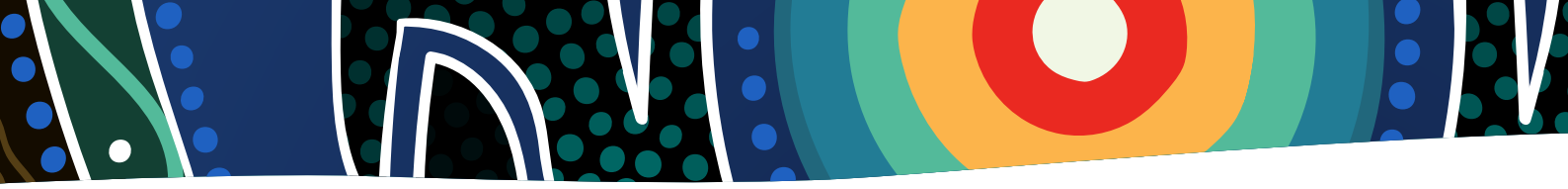
View the source and [guidelines for the program](#):

[www.humanservices.gov.au/sites/default/files/documents/indigenous-health-pip-guidelines.docx](http://www.humanservices.gov.au/sites/default/files/documents/indigenous-health-pip-guidelines.docx)

Forms for patient consent and registration:

[www.humanservices.gov.au/health-professionals/forms/ip017](http://www.humanservices.gov.au/health-professionals/forms/ip017)





### Staff to complete cultural awareness training

Cultural awareness is ‘an understanding of how a person’s culture may inform their values, behaviours, beliefs and basic assumptions ... It recognises that we are all shaped by our cultural background, which influences how we interpret the world around us, perceive ourselves and relate to other people’ .

For the PIP, two staff members must complete The Royal Australian College of General Practitioners (RACGP) or National Aboriginal Community Controlled Health Organisation (NACCHO) approved cultural awareness training in the 12 months following registration. The RACGP recommends that staff and GPs undertake the online introductory cultural awareness training available through *gplearning*. When it’s required to update your skills, the RACGP recommends the advanced level cultural safety. The more staff who attend such training, the better equipped your practice will be to care for Aboriginal and Torres Strait Islander patients and all of your other patients.

From time to time the RACGP conducts workshops but also provides the online cultural awareness module through *gplearning*. PHNs and local Aboriginal and Torres Strait Islander organisations also offer cultural awareness and cultural safety training, and will be able to advise on what is available in your area. View more details at [www.racgp.org.au/yourracgp/faculties/aboriginal/education/resources-for-gps-and-practice-staff/cultural-awareness/](http://www.racgp.org.au/yourracgp/faculties/aboriginal/education/resources-for-gps-and-practice-staff/cultural-awareness/)

### Ensure the practice environment is welcoming

The artworks, decoration and symbols we choose to use in our practices are noticed and recognised by our patients.

Having an Aboriginal and a Torres Strait Islander flag visible, or a plaque acknowledging the traditional owners of the land on which the practice stands, can go a long way to conveying the message to patients that you are welcoming and respectful towards your Aboriginal and Torres Strait Islander patients. Aboriginal-specific posters or pamphlets or artwork by a local community artist can also help create a welcoming environment. Of course, all of these need to be backed up by a positive patient experience and high-quality patient care.

## 2

### Identify your Aboriginal and Torres Strait Islander patients

#### Ask all your patients ‘Are you of Aboriginal or Torres Strait Islander origin?’

- Record the answer in the medical record as:
  - Yes, Aboriginal
  - Yes, Torres Strait Islander
  - Yes, both Aboriginal and Torres Strait Islander
  - No
- Train your staff to be confident about explaining to all patients the reasons for asking.

Identifying Aboriginal and Torres Strait Islander patients makes a difference to our clinical care. The vaccination recommendations are different, preventive care interventions are often different and are recommended at younger ages. In many areas, this will highlight if there is an increase in medical conditions including heart disease, renal disease or trachoma. Those patients who choose to identify will benefit from access to specific Medicare and PBS items. It may also prompt an awareness of social conditions exacerbating current medical conditions.

Asking the question can cause some discomfort in practice staff, but the evidence shows that all patients tend to be comfortable when asked if the reasons can be explained.

#### If patients choose to identify as Aboriginal and/or Torres Strait Islander, they will do so when prompted.

View more details on identification:

[www.racgp.org.au/yourracgp/faculties/aboriginal/guides/identification/](http://www.racgp.org.au/yourracgp/faculties/aboriginal/guides/identification/)



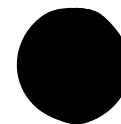
Aboriginal



Torres Strait Islander



Both



Neither



3

### Offer the patient an Aboriginal and Torres Strait Islander health assessment (MBS Item 715) and make arrangements for appropriate follow up

- An Aboriginal and Torres Strait Islander health assessment is a systematic review of an Indigenous person's health.
- The same item number (Item 715 paying \$212.25) is claimed for doing an assessment on people under 15, between 15 and 55, and those 55 years of age and over. It is independent of the time taken. In addition, patients are eligible for the MBS 721 and 723 if suffering from a chronic or terminal illness.
- An Aboriginal and Torres Strait Islander health assessment opens up access to five allied health visits by an Aboriginal health professional, Aboriginal health worker or a practice nurse MBS 10997, as well as the MBS 10987 that provides a maximum of 10 services, consistent with the needs identified in the health assessment per patient in a calendar year.

View the [Department of Health \(DoH\) fact sheet](http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare_ATSI_MBSitem715) on Aboriginal and Torres Strait Islander health assessments [www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare\\_ATSI\\_MBSitem715](http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare_ATSI_MBSitem715)

Research shows that the number of Aboriginal and Torres Strait Islander health assessments is gradually increasing, but the follow-up is often lacking. Practices are advised to implement systems that ensure that health problems identified in the health assessment are followed up and managed by the appropriate services.

Conducting a health assessment with a patient is an excellent opportunity to build rapport, build trust and to develop and enhance an ongoing relationship. As well as identifying physical health problems, opening communication barriers by discussing psychological, social and cultural determinants (such as their home country or a patient's relationship to the local community) is an excellent approach to effective two-way communication with Aboriginal and Torres Strait Islander patients.

[www.limenetwork.net.au/content/social-and-cultural-determinants-aboriginal-and-torres-strait-islander-health-and-human](http://www.limenetwork.net.au/content/social-and-cultural-determinants-aboriginal-and-torres-strait-islander-health-and-human)



#### 4 Register eligible patients for the PIP and the Closing the Gap PBS co-payment

- Once you are registered for the Indigenous Practice Incentive Payment (in Step 1) you are able to register patients for the 'Closing the gap PBS co-payment' (PBS CTG).
- This reduces the cost of medications for Aboriginal and Torres Strait Islander patients, thus reducing the financial barriers for medications.
- Aboriginal and Torres Strait Islander people of any age who have, or are at risk of, a chronic disease are eligible.

Patients who are registered for the PBS CTG co-payment can receive all their PBS medications at the concession price or at no charge if they are a concession card holder. Patients are registered on the same form as the patient registration for the PIP. [View the form www.humanservices.gov.au/health-professionals/forms/ip017](http://www.humanservices.gov.au/health-professionals/forms/ip017)

Most clinical record software programs can issue scripts annotated for the PBS CTG co-payment, provided that the correct Aboriginal and/or Torres Strait Islander identifier is recorded in the software. Prescriptions can be annotated 'PBS CTG co-payment' written by hand and initialled.

Specialists can also issue PBS CTG co-payment prescriptions if they have been referred to by a practice registered for the co-payment. It is advisable to remind a specialist of this in the referral letter.

View more details on the PBS CTG co-payment [www.humanservices.gov.au/health-professionals/services/medicare/closing-gap-pbs-co-payment-measure](http://www.humanservices.gov.au/health-professionals/services/medicare/closing-gap-pbs-co-payment-measure)

There are [medications available on the PBS](#) specifically for Aboriginal and Torres Strait Islander people. [www.pbs.gov.au/info/publication/factsheets/shared/pbs-listings-for-aboriginal-and-torres-strait-islander-people](http://www.pbs.gov.au/info/publication/factsheets/shared/pbs-listings-for-aboriginal-and-torres-strait-islander-people)



#### 5 Use appropriate clinical guidelines and programs from the RACGP, Medicare and PHNs to enhance access and quality of care

- NACCHO/RACGP National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people provides evidence based recommendations to support best practice preventive healthcare for Aboriginal and Torres Strait Islander patients. [www.racgp.org.au/national-guide/](http://www.racgp.org.au/national-guide/)
- Medicare allows access to five allied health visits for patients who have had an Aboriginal and Torres Strait Islander health assessment. These are in addition to the five visits from the MBS 721 or MBS 723 that chronic and terminally ill patients are eligible for.
- The care coordination and supplementary services, or Integrated Team Care (ITC) is run by PHNs. It enhances access and services for Aboriginal and Torres Strait Islander patients with chronic diseases.
- Medicare have released an online eLearning program and education guide to assist medical practitioners when providing health services to Aboriginal and Torres Strait Islander patients. The Indigenous Health Services eLearning program provides a comprehensive overview of Medicare services for Aboriginal and Torres Strait Islander patients. Please visit the Medicare page for more information on this program.
- Many clinical guidelines have specific recommendations for Aboriginal and Torres Strait Islander people. Examples include:
  - the immunisation handbook [www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home](http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home)
  - the RACGP general practice management of type 2 diabetes guidelines [www.racgp.org.au/your-practice/guidelines/diabetes/](http://www.racgp.org.au/your-practice/guidelines/diabetes/)
  - the [Australian STI management](http://www.sti.guidelines.org.au/) guidelines [www.sti.guidelines.org.au/](http://www.sti.guidelines.org.au/)

**Other guidelines are for conditions that predominantly occur in Aboriginal and Torres Strait Islander communities:**

- Rheumatic heart disease [www.rhdaustralia.org.au/arf-rhd-guideline](http://www.rhdaustralia.org.au/arf-rhd-guideline)
- Some guidelines are aimed specifically at Aboriginal and Torres Strait Islander patients; for example,
- Clinical care guidelines on the management of otitis media in Aboriginal and Torres Strait Islander populations [www.health.gov.au/internet/main/publishing.nsf/Content/indigenous-otitismedia-clinical-care-guidelines](http://www.health.gov.au/internet/main/publishing.nsf/Content/indigenous-otitismedia-clinical-care-guidelines)

**For detailed information on the MBS items available, please refer to the following links:**

- **MBS Item 715** – Health assessment for patients of Aboriginal and Torres Strait Islander descent [www.humanservices.gov.au/health-professionals/enablers/education-guide-aboriginal-and-torres-strait-islander-health#a1](http://www.humanservices.gov.au/health-professionals/enablers/education-guide-aboriginal-and-torres-strait-islander-health#a1)
- **MBS Item 721** – GP management plan [www.humanservices.gov.au/health-professionals/enablers/guideline-substantiating-preparation-valid-gp-management-plan-medical](http://www.humanservices.gov.au/health-professionals/enablers/guideline-substantiating-preparation-valid-gp-management-plan-medical)
- **MBS Item 723** – Coordinate development of team care arrangements [www.humanservices.gov.au/health-professionals/enablers/guideline-substantiating-coordination-development-team-care](http://www.humanservices.gov.au/health-professionals/enablers/guideline-substantiating-coordination-development-team-care)

- **MBS Item Number 10987** – Follow-up health services provided by a practice nurse or Aboriginal and Torres Strait Islander health practitioner [www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare\\_mbsitem10987](http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare_mbsitem10987)
- **MBS Items 81300-81360** – for five allied health services each calendar year. [www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare\\_mbsitems81300\\_81360](http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare_mbsitems81300_81360)

The care coordination and supplementary services, or Integrated Team Care (ITC), is run by PHNs. It allows Aboriginal and Torres Strait Islander patients with a chronic disease to access a nurse or health worker who is able to coordinate care across multiple services and appointments. There is a **Chronic Disease Prevention and Service Improvement Fund** administered by the Department of Health to support initiatives that address the rising burden of chronic disease. [www.health.gov.au/internet/main/publishing.nsf/Content/budget2011-flexfund-chronic03.htm](http://www.health.gov.au/internet/main/publishing.nsf/Content/budget2011-flexfund-chronic03.htm)

Program details vary; your PHN will be able to advise how this works in your area. Examples of funding options include payment for non-GP specialist visits, purchase of medical equipment and transport for patients to attend appointments.

