

Improving Health Equity to Primary Care for First Nations Peoples Living in Northern Queensland

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Abstract. With only 13.75% of the identified Aboriginal and Torres Strait Islander population of northern Queensland accessing a billed 715 Health Assessment over a 12-month period, Northern Queensland Primary Health Network (NQPHN) is embarking on an ambitious 12-month program to dramatically improve access to health assessments, and integrated and coordinated care for First Nations' people within its region. By supporting primary care providers with targeted education, training, and digital health literacy bundles and tools, NQPHN aims to facilitate quality and culturally safe 715 Health Assessments to manage chronic conditions. Success of the program will be measured using regional and practice-level data, focusing on the number of Health Assessments and Management Plans for identified chronic conditions.

Keywords. Indigenous 715 health assessment, shared care planning, closing the gap, technology, continuous quality improvement, patient-centered healthcare.

1. Introduction

Approximately 80,000 people identifying as Aboriginal and Torres Strait Islander live in the NQPHN region, equating to 11.7% of our total population [1]. Many of this population attend 'mainstream' (non-Aboriginal or Torres Strait Islander and/or non-Community Controlled Medical Centres) general practices. Aggregated and deidentified data insights indicate that many individuals within this cohort are not receiving a scheduled annual health check, leading to undetected and preventable healthcare issues, while increasing longer-term health issues and contributing to poor health outcomes.

2. Methods

Implement a quality improvement program in general practices, Aboriginal Community Controlled Health Organisations (ACCHOs), Aboriginal Medical Centres (AMCs), Hospital and Health Services (HHSs), and the Royal Flying Doctor Service across the NQPHN region [2]. Provide pertinent information via toolkits, covering Practice Incentives Program – Indigenous Health Incentive (PIP-IHI), Closing the Gap – Pharmaceutical Benefits Scheme (CTG – PBS), Integrated Team Care (ITC) program,

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and Clinical Audit Tool (CAT) 4 recipes, with links to peak body information, i.e. RACGP, Department of Health and Aged Care, the National Aboriginal Community Controlled Health Organisation (NACCHO). Deliver Cultural Awareness sessions to improve cultural safety and appropriate care that is in line with RACGP 5th edition standards (criterion C2.1) [3]. Fund digital platform solutions for enrolled services for a 12-month period and provide practices with patient incentives to encourage attendance and healthy lifestyle choices and changes.

3. Results

There are 75 primary care services registered for NQPHN's First Nations Health Continuous Quality Improvement (CQI) program, in addition to 54 general practices and ACCHOs, and 21 Primary Health Care Clinics (PHCCs) facilitated by the Torres and Cape Hospital and Health Service (HHS).

Monthly practice comparison reports show an early increase in the identification and coding of Indigenous status in some practices, with several practices showing an increase in the provision of 715 Health Assessments and associated shared care management.

Table 1. Digital Health Literacy uptake.

Campaign measures	Quantity	Level of engagement
Practices actively sending bundles	20	35.71%
Practices undergoing onboarding	18	32.14%
Practices declined	10	18%
Awaiting practice confirmation of participation	7	12.5%
Health Literacy Bundles sent	5,501	100%
Average patient interaction with bundle (i.e., open rate)	952	18%

**Individual practice patient interaction with bundle ranges from 12-43%.*

4. Conclusions

Early uptake and patient interaction results are promising, with 82% of patients finding the information 'helpful' or 'very helpful'. Expanding the scope of CQI to key North Queensland primary care service providers for First Nations people will ensure appropriate care and services to positively impact their health status and management.

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