PERSPECTIVE
https://doi.org/10.1071/AH22190

Australian Health Review

Enhancing person-centred care and access to primary care for Aboriginal and Torres Strait Islander peoples

Bryce Brickley[A,*] (*PhD, Research Fellow*), Jaydene Burzacott[B] (*Cert IV Aboriginal and Torres Strait Islander Primary Health Care Practice, Practice Manager and Aboriginal Health Practitioner*) and Thileepan Naren[C] (*MBBS, FRACGP, FACRRM, Addiction Medicine Registrar*)

For full list of author affiliations and declarations see end of paper

***Correspondence to:**
Bryce Brickley
Healthy Primary Care, Menzies Health Institute Queensland, G40 Griffith Health Centre, Level 8.86, Gold Coast Campus, Griffith University, Gold Coast, Qld 4222, Australia
Email: b.brickley@griffith.edu.au

Received: 15 August 2022
Accepted: 9 November 2022
Published: 25 November 2022

Cite this:
Brickley B *et al.* (2022)
Australian Health Review
doi:10.1071/AH22190

ABSTRACT

The pandemic has amplified the health needs of Aboriginal and Torres Strait Islander peoples and influenced the way primary care services are delivered. The purpose of this critical perspective is to explore the research on person-centred care (PCC) that has been conducted during the pandemic, with a contextual focus on care delivered by general practitioners (GPs) to Aboriginal and Torres Strait Islander communities. The pandemic has shown that primary care needs to be flexible, adaptive and innovative to maintain PCC. During the pandemic, general practice teams maintained their focus on the delivery of PCC and adapted routine services. National health care policy and modifications to the Medicare Benefits Schedule supported the delivery of PCC. Evaluation research has shown that funding extensions made during the pandemic increased patient engagement and the delivery of routine services, which supported primary care clinic sustainability. However, the delivery of PCC by GPs in the clinical setting requires time. Adequately funded, longer primary care consultations are needed to enhance PCC and access to services for Aboriginal and Torres Strait Islander peoples.

Keywords: consultation duration, family doctor, First Nations, general practitioner, indigenous health, patient-centred care, primary care, primary care funding, quality care, safety.

Introduction

The pandemic has damaged the social and emotional wellbeing of Aboriginal and Torres Strait Islander communities.[1,2] Person-centred care (PCC) through wide-reaching primary care services could be the all-important tool to repair Aboriginal and Torres Strait Islander peoples' health. Enacting PCC means to deliver care that encompasses the health and wellbeing domains of connection to land, mental, physical, cultural, and spiritual health.[3] Care teams in general practices, Aboriginal Community Controlled Health Organisations (ACCHOs) and Aboriginal Medical Services have led efforts to support Aboriginal and Torres Strait Islander communities throughout the pandemic. General practitioners (GPs), who are at the heart of these services maintained their focus on delivering PCC by adapting their usual approaches to care, innovating services, and using new funding arrangements.[4,5] There is much to learn from experiences during the pandemic for the future of primary care services.

Aboriginal and Torres Strait Islander peoples' health needs

Aboriginal and Torres Strait Islander peoples experience significant health and social disparities. Two-thirds of Aboriginal and Torres Strait Islander peoples report at least one chronic health condition and one-third report having three or more conditions.[6] Aboriginal and Torres Strait Islander peoples encounter unequal socio-economic, cultural, and environmental determinants of health compared with non-indigenous Australians;[3]

and these determinants of health have been magnified by the pandemic. Access to effective primary health care services can be challenging among Aboriginal and Torres Strait Islander peoples, with nearly one-fifth of the population residing in rural or remote settings with limited access to comprehensive care services.[7] The pandemic has amplified the health needs of Aboriginal and Torres Strait Islander peoples and strategic intervention is required.

Supporting the health and wellbeing of Aboriginal and Torres Strait Islander peoples through person-centred care

A person-centred approach to deliver primary care services is highly important and valuable among Aboriginal and Torres Strait Islander populations.[8,9] The delivery of PCC involves care that is highly individual, humanistic, culturally appropriate and acknowledges a person's beliefs and values towards wellbeing.[10,11] Key features of PCC in a clinical setting include health professionals' spending time and building relationships with patients, finding common ground, and collaborating in care.[11] Through a health promotion and public health approach, PCC involves initiatives that empower and engage communities towards better outcomes, including self-determination and self-management.[12] Clearly, PCC is worth further investigation for its potential impact on the wellbeing of Aboriginal and Torres Strait Islander peoples.

Several lessons regarding PCC have been realised throughout the pandemic. First, high functioning general practice teams in Australia have maintained their focus on PCC throughout the pandemic.[4] General practice teams were initially challenged to deliver PCC, but they adapted to deliver PCC through new strategies, such as community leadership, increased use of telehealth services, and other proactive interventions.[4] The pandemic has shown that primary care needs to be flexible, adaptive and innovative to maintain PCC. A general practice team in Tasmania created a database of vulnerable patients during the heights of the pandemic, then the clinical team phoned these patients to offer health care services.[4] This activity resulted in the practice team developing a deeper understanding of their patients; and it uncovered high levels of social and emotional distress and isolation, which allowed the clinical team to provide appropriate mental health care services.[4] The PCC research that has emerged during the pandemic has highlighted the resilience of general care teams and importance of PCC.

Enabling longer consultations

To enact PCC in the clinical setting requires time to allow for relationship building, exchange of information and the empowerment of patients.[11] Aboriginal and Torres Strait Islander peoples and GPs need time to yarn in care. GPs listen to patients' stories and gain an understanding of their patient as a whole person,[9,13] a key tenant of PCC. Currently in Australia, Medicare Benefits Schedule (MBS) primary care funding is allocated based on time spent with patients. A standard or 'Level B' consultation is defined to be less than 20 min and is reimbursed at A$39.10.[14] A longer 'Level C' consultation lasting between 20 and 40 min is reimbursed at A$75.75.[14] The MBS funding model tends to favour general practice business models based on shorter and multiple consultations. For PCC to be enhanced, the MBS funding model must change to reward longer consultations and time spent with fewer patients.

Telehealth is now a permanent feature of the health system

Telehealth is now more accessible Australia-wide. Telehealth services were routinely delivered to Aboriginal and Torres Strait Islander populations prior to the pandemic, as a tool to improve access to essential health services and support those with unequal access to care.[15] Caffery *et al.* found that the delivery of telehealth services to Aboriginal and Torres Strait Islander people improved access to specialist services, enhanced screening rates, clinical outcomes and social and emotional wellbeing.[15] Aboriginal and Torres Strait Islander peoples who reside in rural and remote regions have expressed a preference for telehealth services compared with in-person services, due to reduced costs, waiting times and no requirement of travel.[16,17] Costs to patients who travel from rural and remote areas to attend hospital outpatient services include time off work, public transport, parking, fuel, meals, and accommodation.[18] Those using telehealth services can receive care in the community and engage services with family or an Aboriginal Health Practitioner present.[15] Furthermore, the costs associated with delivering telehealth services may be less than similar face-to-face services, although it is not yet fully understood.[19] Telehealth is a valuable tool to enhance access and support the delivery of PCC to Aboriginal and Torres Strait Islander peoples.

ACCHOs deliver services based on the premise of PCC and are leading advocates for the right to self-determination by Aboriginal and Torres Strait Islander peoples.[20] During the crisis of the pandemic, ACCHOs communicated new and existing health policies to members of their community in a way that was meaningful and effective.[21] The Bendigo & District Aboriginal Co-operative recently published an evaluation of their services during the pandemic, and found that the transition to telehealth services enhanced attendance rates of standard services by 27% and MBS claims by 59% compared to the previous year (when no telehealth services were delivered).[5] The evaluation identified that the expansion of telehealth funding enabled the organisation to engage

a greater number of patients (as shown by the marked increase in attendance rates).[5] Policy amendments to expand telehealth were valuable as they added flexibility to the delivery of usual services, in turn enhancing clinic financial sustainability. The pandemic has shown that if ACCHOs have appropriate autonomy, tools, and funding, then they can enhance PCC and access to primary care for Aboriginal and Torres Strait Islander peoples.

What next?

The PCC research that has emerged throughout the pandemic suggests that person-centredness is still a priority in primary care. To enhance PCC and access to services among Aboriginal and Torres Strait Islander peoples, long primary care consultations must be appropriately funded through modifications to MBS items, with greater emphasis on developing innovative funding models. Immediate action on these items can support the health and wellbeing of Aboriginal and Torres Strait Islander peoples and strengthen primary health care beyond the duration of the pandemic.

References

1 Gall A, Diaz A, Garvey G, Anderson K, Lindsay D, Howard K. Self-reported wellbeing and health-related quality of life of Aboriginal and Torres Strait Islander people pre and post the first wave of the COVID-19 2020 pandemic. *Aust N Z J Public Health* 2022; 46(2): 170–6. doi:10.1111/1753-6405.13199

2 Newby JM, O'Moore K, Tang S, Christensen H, Faasse K. Acute mental health responses during the COVID-19 pandemic in Australia. *PLoS One* 2020; 15(7): e0236562. doi:10.1371/journal.pone.0236562

3 Gee G, Dudgeon P, Schultz C, Hart A, Kelly K. Aboriginal and Torres Strait Islander social and emotional wellbeing. Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice. Vol. 2. 2014. pp. 55–68. Available at https://www.telethonkids.org.au/globalassets/media/documents/aboriginal-health/working-together-second-edition/working-together-aboriginal-and-wellbeing-2014.pdf

4 Brickley B, Williams LT, Morgan M, Ross A, Trigger K, Ball L. How has the COVID-19 pandemic influenced patient-centred care? Analysis of a qualitative collective case study by high performing practice teams. *Aust J Gen Pract* 2022; 51(5): 357–64. doi:10.31128/AJGP-08-21-6133-2

5 Couch D, Doherty Z, Panozzo L, Naren T, Burzacott J, Ward B, *et al.* The impact of telehealth on patient attendance and revenue within an Aboriginal Community Controlled Health Organisation during COVID-19. *Aust J Gen Pract* 2021; 50(11): 851–5. doi:10.31128/AJGP-07-21-6060

6 Department of Health and Aged Care. Australia's Long Term National Health Plan. Australian Government: Canberra; 2019.

7 Australian Institute of Health and Welfare. Australia's Welfare 2021: In brief. Canberra: AIHW; 2021.

8 Kerrigan V, McGrath SY, Herdman RM, Puruntatameri P, Lee B, Cass A, *et al.* Evaluation of 'Ask the Specialist': a cultural education podcast to inspire improved healthcare for Aboriginal peoples in Northern Australia. *Health Sociol Rev* 2022; 31: 139–57. doi:10.1080/14461242.2022.2055484

9 Lethborg C, Halatanu F, Mason T, Posenelli S, Cleak H, Braddy L. Culturally informed, codesigned, supportive care for Aboriginal and Torres Strait Islander people with cancer and their families. *Aust Soc Work* 2022; 75(2): 165–79. doi:10.1080/0312407X.2021.1916050

10 Delaney LJ. Patient-centred care as an approach to improving health care in Australia. *Collegian* 2018; 25(1): 119–23. doi:10.1016/j.colegn.2017.02.005

11 Brickley B, Williams LT, Morgan M, Ross A, Trigger K, Ball L. Putting patients first: development of a patient advocate and general practitioner-informed model of patient-centred care. *BMC Health Serv Res* 2021; 21(1): 261. doi:10.1186/s12913-021-06273-y

12 Burdett T, Inman J. Person-centred integrated care with a health promotion/public health approach: a rapid review. *J Integr Care* 2021; 29: 357–71. doi:10.1108/JICA-02-2021-0010

13 Dudgeon P, Calma T, Holland C. The context and causes of the suicide of Indigenous people in Australia. *J Indig Wellbeing* 2017; 2(2): 5–15.

14 Australian Government Department of Health. MBS Online: Search the MBS. 2022. Available at http://www9.health.gov.au/mbs/search.cfm

15 Caffery LJ, Bradford NK, Wickramasinghe SI, Hayman N, Smith AC. Outcomes of using telehealth for the provision of healthcare to Aboriginal and Torres Strait Islander people: a systematic review. *Aust N Z J Public Health* 2017; 41(1): 48–53. doi:10.1111/1753-6405.12600

16 Mooi JK, Whop LJ, Valery PC, Sabesan SS. Teleoncology for Indigenous patients: the responses of patients and health workers. *Aust J Rural Health* 2012; 20(5): 265–9. doi:10.1111/j.1440-1584.2012.01302.x

17 Clair MS, Murtagh DP, Kelly J, Cook J. Telehealth a game changer: Closing the gap in remote Aboriginal communities. *Med J Aust* 2019; 210: S36–7. doi:10.5694/mja2.50036

18 Smith AC, Youngberry K, Christie F, Isles A, McCrossin R, Williams M. The family costs of attending hospital outpatient appointments via videoconference and in person. *J Telemed Telecare* 2003; 9(2_suppl): 58–61. doi:10.1258/135763303322596282

19 Snoswell CL, Taylor ML, Comans TA, Smith AC, Gray LC, Caffery LJ. Determining if Telehealth Can Reduce Health System Costs: Scoping Review. *J Med Internet Res* 2020; 22(10): e17298. doi:10.2196/17298

20 Dudgeon P, Alexi J, Derry K, Brideson T, Calma T, Darwin L, *et al.* Mental health and well-being of Aboriginal and Torres Strait Islander peoples in Australia during COVID-19. *Aust J Soc Issues* 2021; 56(4): 485–502. doi:10.1002/ajs4.185

21 Naren T, Widdicombe D. Aboriginal communities need to be at the forefront of the COVID-19 vaccination campaign. *Aust J Gen Pract* 2020; 44(4): 251–2. doi:10.31128/ajgp-covid-51-2

Data availability. Data sharing is not applicable as no new data were generated or analysed during this study.

Conflicts of interest. The authors declare no conflicts of interest.

Declaration of funding. No direct funding was received for this article.

Author affiliations

[A]Healthy Primary Care, Menzies Health Institute Queensland, G40 Griffith Health Centre, Level 8.86, Gold Coast Campus, Griffith University, Gold Coast, Qld 4222, Australia.

[B]Bendigo & District Aboriginal Co-operative, 119 Prouses Road, North Bendigo, Vic. 3550, Australia.

[C]Drug Health Services, Western Health, 3–7 Eleanor Street, Footscray, Vic. 3011, Australia.