

Senate Finance and Public Administration Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Supplementary Budget Estimates 2016 - 2017, 21 October 2016

Ref No: SQ16-000632

OUTCOME: 2 - Health Access and Support Services

Topic: Treatment of chronic diseases in Aboriginal Communities

Type of Question: Written Question on Notice

Senator: Siewert, Rachel

Question:

Central Australian Aboriginal communities face specific chronic health issues. What multi-disciplinary collaborations is the Government supporting in Central Australia to prevent, manage and treat chronic diseases?

Answer:

The Australian Government enables and supports many multi-disciplinary collaborations in Central Australia to prevent, manage and treat chronic diseases through the Indigenous Australians' Health Program including:

- The Medical Outreach Indigenous Chronic Disease Program (MOICDP), which increases access to coordinated, multidisciplinary health services for Indigenous people in the prevention and management of chronic disease, particularly in rural and remote locations. For example, medical specialists and allied health professionals attend to patients referred for services by local GPs and refer them back to local health professionals for follow-up care.
- Integrated Team Care (ITC), which supports well-coordinated and integrated multidisciplinary primary health care services for Indigenous people diagnosed with a chronic disease. For example GPs in Aboriginal Community Controlled Health Organisations and mainstream services work with a care coordinator to ensure that patients access care from medical specialists and allied health professionals following referral under a GP care plan. The care coordinator also works in collaboration with Indigenous outreach workers to ensure that patients are able to attend medical appointments and associated follow up care. Primary Health Networks (PHNs) are funded to manage the ITC, and are currently working to commission service delivery arrangements that most effectively and efficiently meet the needs of patients in their regions;
- Core funding to the Central Australian Aboriginal Congress to support the delivery of well-coordinated and integrated multidisciplinary primary health care services involving GPs and allied health professionals providing psychological services, drug and alcohol treatment, nutrition support and wellbeing services. Medical practitioners also work with an on-site pharmacist; and

- Funding for the Western Desert Nganampa Walytja Palyantjaku Tjutaku (WDNWPT/the Purple House) to support care provided by renal nurses under the supervision of consultant nephrologists, and case managers who coordinate a range of on-site patient care including GP services, allied health services including podiatry, and social support and wellbeing services.

The Australian Government also supports the Rural Health Outreach Fund (RHOF), which is a mainstream program that improves access to multidisciplinary health services including medical specialists, GPs, allied and other health professionals, for all Australians living in regional, rural and remote Australia. Visiting health professionals are encouraged to work in multi-disciplinary teams and to work collaboratively with local health services to target the delivery of essential treatment to patients with chronic disease. Approximately 25 per cent of patients supported by the RHOF identify as being of Aboriginal and Torres Strait Islander descent.

From 1 July 2017, Health Care Homes (HCH) will commence service delivery in ten selected PHN regions, including the Northern Territory PHN. HCHs will enhance the provision of team-based care, and provide greater flexibility for health professionals in general practice/Aboriginal Community Controlled Health Services to deliver care for these patients. This will include improved coordination of services, including links with hospitals, allied health and community care providers.

General practices and Aboriginal Community Controlled Health Services in the Northern Territory PHN region are now able to apply to become a HCH. (The HCH approach to market opened on 4 November 2016 and closes on 15 December 2016.) For Aboriginal and Torres Strait Islander people with chronic disease who are not registered for care coordination through the Integrated Team Care program, HCHs will support their care coordination.