

Department of Health and Ageing's Response to the Sentinel Sites Evaluation Interim Report (December 2011)

The department would like to acknowledge the work of Menzies School of Health Research in undertaking the Sentinel Sites Evaluation (SSE) of the Indigenous Chronic Disease Package (ICDP). The formative place-based evaluation has provided valuable feedback to the department to inform program refinement as well as policy development.

The Sentinel Sites method is an innovative approach to the evaluation of a national program. It enables us to observe and learn from changes over time as well as variation between different local contexts. Between the middle of 2010 and early 2013, the SSE has provided six-monthly reports on progress with implementation across the selection of 24 Sentinel Sites. The reports provide rich detail of the effectiveness of the ICDP at the local level noting that this may not be representative of ICDP implementation across all primary health care settings across Australia.

The SSE shows the complexity of the health care system and the challenges involved in bringing about the type of change required to support high quality prevention and management of chronic disease among Aboriginal and Torres Strait Islander peoples.

The report shows the extent of engagement with the change process of many people and organisations as at December 2011 and there are many positives in the report. However, the report also shows that the process of change was at an early stage at December 2011 and all players were coming to grips with the extent of change required.

The complexities of achieving system change of this magnitude are challenging and the SSE has been an important tool to help guide refinements to the ICDP. Examples of where refinements have been made in response to the SSE are outlined below. The process of improvement does not stop here, however. The findings from the SSE will inform consultation on the future directions of the Aboriginal and Torres Strait Islander Chronic Disease Fund from 2013-14 onwards.

The public release of the SSE reports reinforces the Government's commitment to use evidence to guide policy, as well as to transparency and accountability. The remaining SSE reports, including the Final Report and Summary Report, are anticipated to be released later this year.

Refinements to the ICDP following the report

Priority 1: Tackling chronic disease risk factors

- The important influence of high level leadership and support in steering the implementation of the Tackling Smoking and Healthy Lifestyle initiatives has become evident in the fourth and final evaluation cycles. To assist with the recruitment and retention of the Regional Tackling Smoking and Healthy Lifestyle Teams, the department continues to offer support and guidance to the workforce through regular phone and email contact with the workers and through annual workshops.

Priority 2: Primary health care services that deliver: improved chronic disease management and follow up care

Practice Incentive Program –Indigenous Health Incentive

- To reduce the administrative burden of the Practice Incentive Program Indigenous Health Incentive (PIP-IHI) and the PBS Co-payment measures, the department has worked in

consultation with the Department of Human Services (DHS) to modify the patient registration and consent forms into a single form. DHS has received positive feedback from practices that the revised form has reduced confusion.

- To assist consumers identify and access PIP-IHI practices, DHS has established a PIP inquiry line that maintains a register of participating PIP-IHI and PBS Co-payment measure practices that have consented to be identified.
- The department can see a benefit in restructuring the PIP-IHI payments to focus on delivery of care rather than registration of patients. The department reviewed and is discussing the PIP-IHI payments with the PIP Advisory Group.

Pharmaceutical Benefits Scheme Co-payment

- Regarding lack of awareness of the Pharmaceutical Benefits Scheme (PBS) Co-payment measure among medical specialists, the *Indigenous Chronic Disease Package – GP Resource Kit*, released on 9 December 2010, provides guidance to GPs on this matter to ensure that eligible patients continue to access the benefits under the PBS Co-payment measure when they are referred to a medical specialist. In addition, the department has developed and distributed fact sheets for specialists and referring GPs, in consultation with stakeholders, to inform specialists of the PBS Co-payment measure and its benefits.

Medical Specialist/Urban Specialist Outreach Assistance Program

- To provide consistency with the range of health services available in rural and remote areas under the Medical Specialist Outreach Assistance Program (MSOAP) Indigenous Chronic Disease (ICD) initiative, on 4 September the scope of the Urban Specialist Outreach Assistance Program (USOAP) Program was broadened to include services provided by a range of health professionals (such as GPs, allied health professionals and nurses).
- From 1 July 2013, under the merged USOAP/MSOAP-ICD program, fund holders will be required to ensure that the delivery of services is well coordinated and that there are appropriate linkages and referral pathways.

Care Coordinators and Supplementary Services

- Under new funding arrangements with the Australian Medicare Local Alliance (AMLA) from 1 January 2013, the national coordinator and field officers also provide workforce support to the national network of Care Coordinators engaged by Medicare Locals (ML) in the areas of peer networking, information sharing and professional development. The department is continuing to work with the fund holders and the national coordinator to clarify parameters and ensure national consistency for the Care Coordination and Supplementary Services (CCSS) program. The national coordinator is also responsible for supporting the integration of the program with other programs under the ICDP.
- The CCSS program has been amended to enable consumers to access this program without the need to be referred by PIP-IHI registered practice in areas where there are no services registered for PIP-IHI.
- A Frequently Asked Questions document has been developed to provide further guidance on the use of Supplementary Services funds. This document has been distributed to the network of care coordinators and is updated on an ongoing basis.
- As of 15 October 2012, the Supplementary Services funds can be used by Care Coordinators to access a range of medical aids for patients in the program (such as Dose Administration Aids, Blood Sugar/Glucose Monitoring equipment).

Priority 3: Fixing the gaps and improving the patient journey: workforce expansion and support

- To help address the lower uptake of Outreach Worker (OW) orientation training in remote sites the department is re-emphasising with stakeholders the assistance available to assist OWs from remote areas to attend orientation training (e.g. funding for travel).
- To address concerns within Divisions of General Practice (DGP) about how the transition to MLs would affect continuity of support for the ICDP and employment with ICDP workers, the department provided early advice to the DGP/ML network about transition arrangements. Allocations to MLs took account of the Aboriginal and Torres Strait Islander population within each ML, the views of the Indigenous Health Partnership Forums in each jurisdiction and existing employment patterns. Funding agreements were offered to MLs in June 2012 to facilitate ongoing service provision from July 2012. As at 31 December 2012, recruitment of ICDP workers remained high.