

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH TOOLKIT

FOR GENERAL PRACTICE

phn ACT

An Australian Government Initiative

Capital Health Network

Partnering for better health

Version 4 November 2025

Capital Health Network (CHN) thanks the following people for their contribution to the development of this toolkit (original version):

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Aboriginal and Torres Strait Islander people are advised that this Toolkit, and websites linked to within may contain images, names and voices of people who have passed away.

Capital Health Network acknowledges the Traditional Custodians of the country on which we work and live, and recognises their continuing connection to land, waters and community. We pay our respects to them and their cultures, and to Elders both past and present.



Tidbinbilla - on Ngunnawal country, ACT

Front cover Artwork titled "Sunrise to Sunset" by Sarah Richards, Marrawuy Journeys was created to reflect CHN's cultural journey to date and their Cultural Competency Framework (CCF).

The concept as a whole is an abstract representation of a First Nation individual surrounded by community and how the journey CHN is on will positively contribute to the social and emotional wellbeing of the individual and the community.

The sunrise represents new beginnings, the rain represents a renewed commitment to how services are delivered to First Nation people, and the stars.





About the Artist – Sarah Richards'
I am a Ngiyampaa woman born on Gadigal land (Sydney) who grew up on Wiradjuri (Griffith) and Yugambeh (Gold Coast) country before moving down to Ngunnawal country in 2012. Since I was a young child, I have always loved to be creative and in particular, be creative through painting. For a time though, during university, I did stop painting to focus on my degree. However, towards the end of my degree, a life event helped me come to the realisation that painting is a healer for me and it needed to be a part of my daily life. I have been painting consistently ever since and in 2018 I used the knowledge from my degree to turn my passion from a hobby into a small business and created Marrawuy Journeys.

How to use this Toolkit

Yuma!
(hello in Ngunnawal language)

This toolkit has been created by CHN's Indigenous Health team to bring resources and information together to assist primary health care providers when caring for First Nations people in our region.

Approximately half (43%) of First Nations people report their preferred method of access to primary health care is through mainstream GP services.xii

Everyone in the practice team has a role in helping to Close the Gap and improve the health and wellbeing of First Nations peoples. This toolkit has been developed to provide information and resources for all practice staff to use.

Practices and individual members of the practice team will have varying levels of need in terms of information, knowledge, understanding and ongoing learning. This toolkit has been designed to be read either in easily navigated sections, or as whole according to individual, practice, and patient needs. It can be printed for hardcopy use or accessed online. It is intended to be used as a perpetual reference, and source of further information.

As a starting point, we suggest that all practice staff, including reception, administrative, allied health, and management staff view the following sections and resources;

Introduction

- Cultural Awareness and Cultural Safety
- Identification of Aboriginal and Torres Strait Islander patients
- Practice workflow
- Patient journey
- Commonly used Medicare Benefits Schedule (MBS) item numbers

AIHW

Resources to support Indigenous identification in health services - Staff Brochure, Patient Fact Sheet, Waiting area Poster

Services Australia

Medicare Indigenous enrolments (for reception and practice management staff in particular)

The Healing Foundation

The story of the Healing Foundation

The remaining sections provide further detail about government programs and initiatives that are in place to support primary care services in caring for First Nations people, and suggested quality improvement activities for practices. While it is important for all staff to be aware of these programs and initiatives, the level of detail in these sections is intended for the use of clinical and practice management staff.

Please note, information in this Toolkit is current as of November 2025 and is subject to change. Future updates will be available on the CHN Website.

We welcome feedback and suggestions for improvement and this can be provided to primarycare@chnact.org.au

We thank you for accessing and utilising this toolkit, and for your commitment to Closing the Gap, providing culturally appropriate and safe primary health care services and improving health and wellbeing outcomes for First Nations peoples.

Djan Yimaba
(thank you in Ngunnawal language)

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Introduction



Aboriginal and Torres Strait Islander Health

For Aboriginal and Torres Strait Islander people, good health is more than the absence of disease or illness, it is a holistic concept that includes physical, social, emotional, cultural and spiritual wellbeing, for both the individual and the community.

> [iii] *"not just the physical well-being of an individual but ... the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their Community. It is a whole-of-life view and includes the cyclical concept of life-death-life".*

Aboriginal and Torres Strait Islander people can find it difficult to access culturally appropriate mainstream primary health care services. For First Nations people it is not just about access, it requires more than just services that are situated in close proximity. It is about ensuring the accessibility to culturally appropriate health care for First Nations people, who are often faced with a vast array of additional barriers including experiences of discrimination and racism.

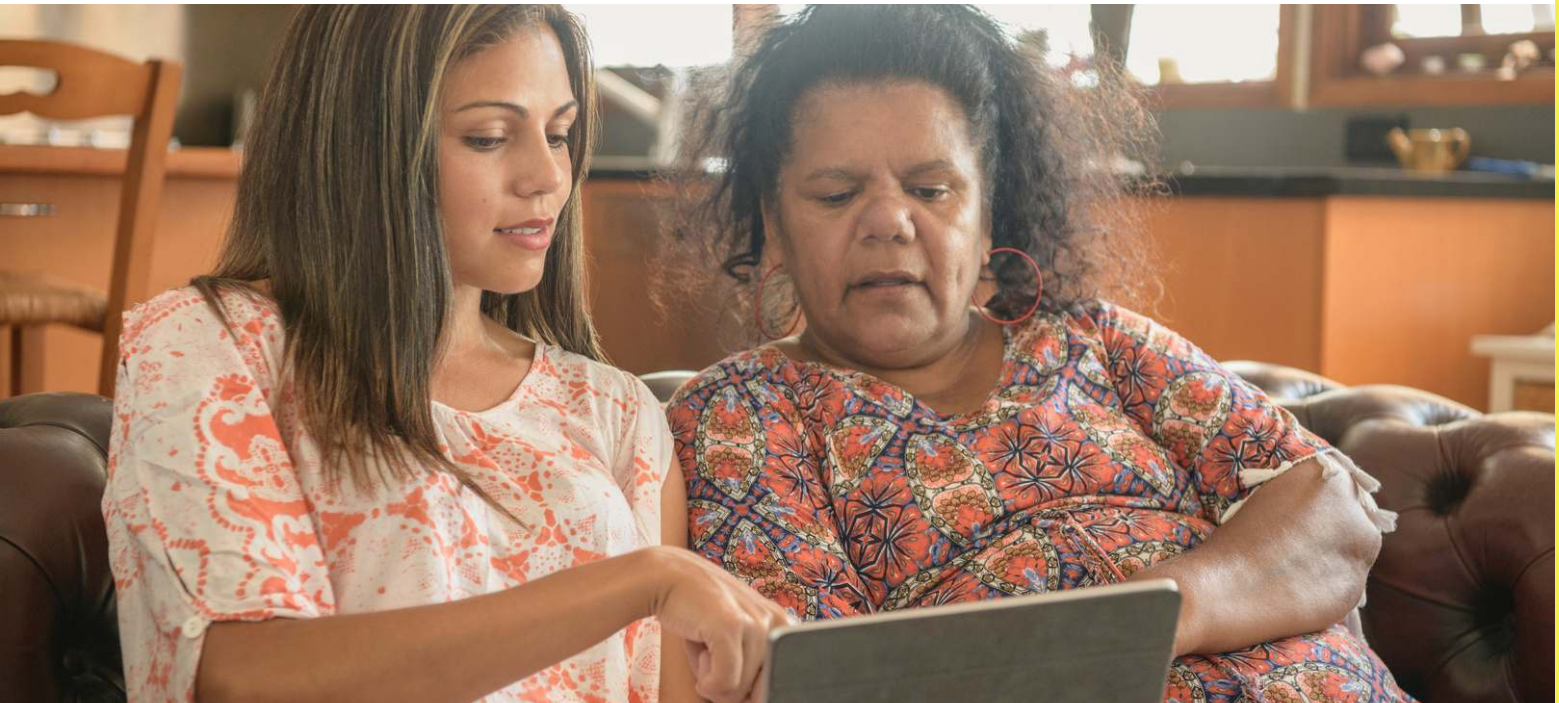
When visiting a primary health care provider, it is important for First Nations people to experience a culturally safe environment, and to have their cultural identity respected. Aspects of cultural safety include clear and respectful communication, respectful treatment, considering the inclusion of family members, and empowerment in decision making.

For primary health care services, it is important to provide a culturally safe environment and to be responsive to the health and wellbeing needs of Aboriginal and Torres Strait Islander people who access the service for care.

Capital Health Network (CHN), ACT's Primary Health Network recognises the importance of partnerships to improve the health and wellbeing of First Nations people in the ACT. Central to this, CHN facilitates the co-design, funding and support for programs that improve access to culturally safe, holistic and integrated health and well-being services for the more than 8600 Aboriginal and Torres Strait Islander people living in the ACT. We acknowledge and strive to work together with the many other organisations providing important services to the First Nations community in the ACT.

We know that culturally appropriate and safe primary health care services are essential in supporting First Nations people with detection and management of health risk factors, social and emotional well-being issues, and chronic illnesses.

This toolkit will provide general practice staff with information about government initiatives and programs, and a range of resources to support holistic, patient-centered, culturally safe care of First Nations people in mainstream primary health care.

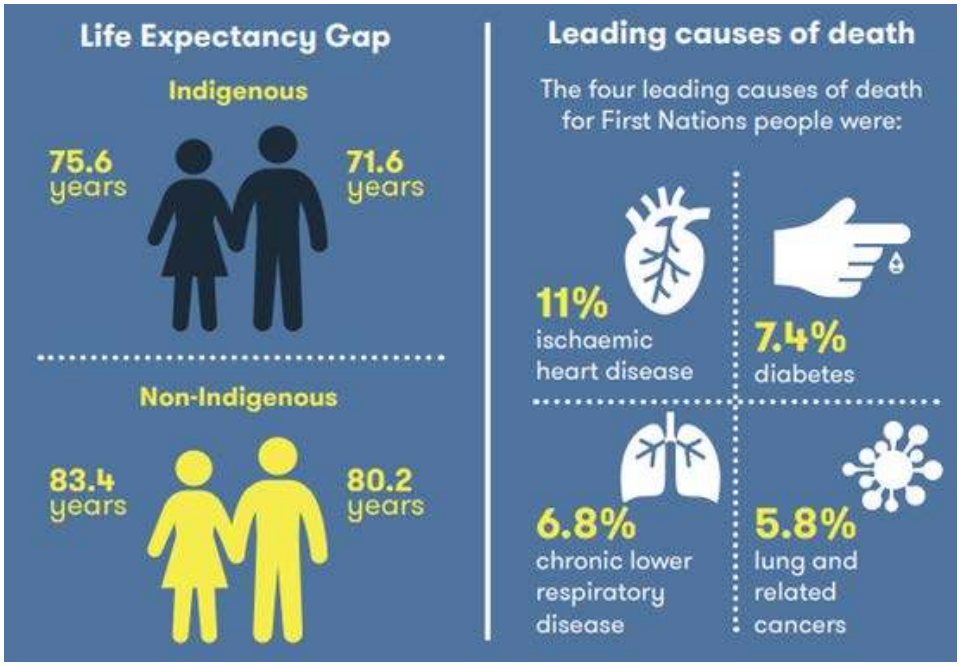


Closing the Gap

Closing the Gap is a strategy that that aims to improve the life outcomes of Aboriginal and Torres Strait Islander people with respect to health and wellbeing, education, employment, justice, safety, housing, land and waters, and languages. It is a formal commitment made by all Australian governments to achieve Aboriginal and Torres Strait Islander health equality.

In July 2020, a new national agreement on Closing the Gap was endorsed by Aboriginal and Torres Strait Islander leaders. Specific outcomes, targets and monitoring measures were set for a range of health and wellbeing indicators including; life expectancy; deaths; leading causes of death; and potential avoidable deaths.

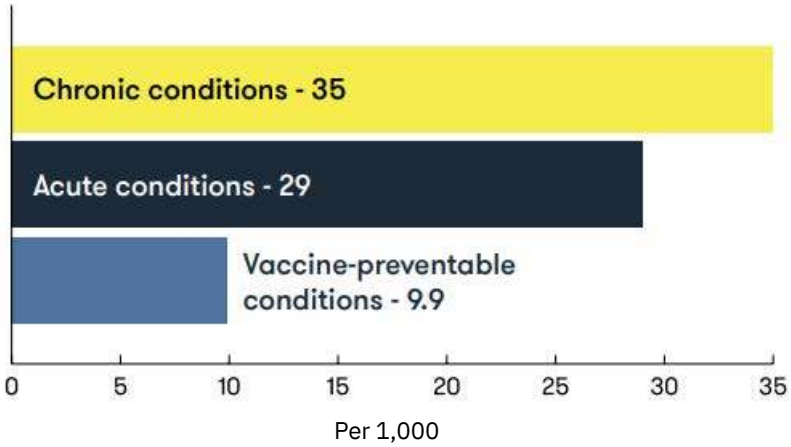
Closing the gap in life expectancy between First Nations people and non-Indigenous Australians within a generation (by 2031) is one of the original Closing the Gap targets set by the Council of Australian Governments in 2008. Based on the most recent data, progress on the target is not on track to be met.



iii The life expectancy for Aboriginal and Torres Strait Islander people born in 2015–2017 was 71.6 years for males and 75.6 years for females. In comparison, over the same period life expectancy at birth for non-Indigenous Australians was 80.2 years for males and 83.4 years for females. The four leading causes of death in 2020 were ischaemic heart disease; diabetes; chronic lower respiratory disease; lung and related cancers.

Potentially preventable hospitalisations are those that could have been avoided with preventative care actions and early disease management. They can be used as a way to measure how easily people can access primary health or community care and how effective it is. These hospitalisations are calculated for chronic conditions (such as diabetes), acute conditions and conditions that can be prevented with vaccinations.

In 2019-20, the age-standardised rate of potentially preventable hospitalisations was 72 per 1,000. The highest rates for potentially preventable hospitalisations were for:



For further information see:

- HealthInfoNet - Closing the Gap
- Closing the Gap
- Close the Gap Campaign

Summary of Government Initiatives and Programs

Improving the health of First Nations people is a national priority. The Department of Health funds a number of initiatives and programs to support primary health care for Aboriginal and Torres Strait Islander people, with the aim to improve health and wellbeing outcomes, decrease the burden of illness, and prevent hospitalisations where possible.

Practice Incentive Program – Indigenous Health Incentive (PIP-IHI)

The Indigenous Health Incentive (IHI) provides financial support for practices caring for Aboriginal and Torres Strait Islander patients to achieve best practice management of chronic disease.

Closing the Gap Pharmaceutical Benefits Scheme (PBS) Co-payment Measure

The Closing the Gap PBS Co-payment Measure helps reduce the cost of PBS medicines for eligible Aboriginal and Torres Strait Islander patients. All prescriptions for PBS medicines are covered and provided at a lower price, or free for health care card holders, whether used to treat chronic or acute medical conditions.

Listings on the PBS for Aboriginal and Torres Strait Islander people

Some items are listed on the PBS to support the treatment of conditions common in Aboriginal and Torres Strait Islander health settings. These items are specifically PBS listed for patients who identify as an Aboriginal and/or Torres Strait Islander person. See Information for PBS Prescribers.

Health Assessment for Aboriginal and Torres Strait Islander People (MBS Item 715)

The Annual Health Assessment for Aboriginal and Torres Strait Islander People (MBS item 715) is an early detection and prevention tool available to all Aboriginal and Torres Strait Islander patients. It aims to assess the preventive health care and education that should be offered to the patient to improve health and physical, psychological, and social functioning and entitles the patient to access additional funded allied health services if deemed necessary.

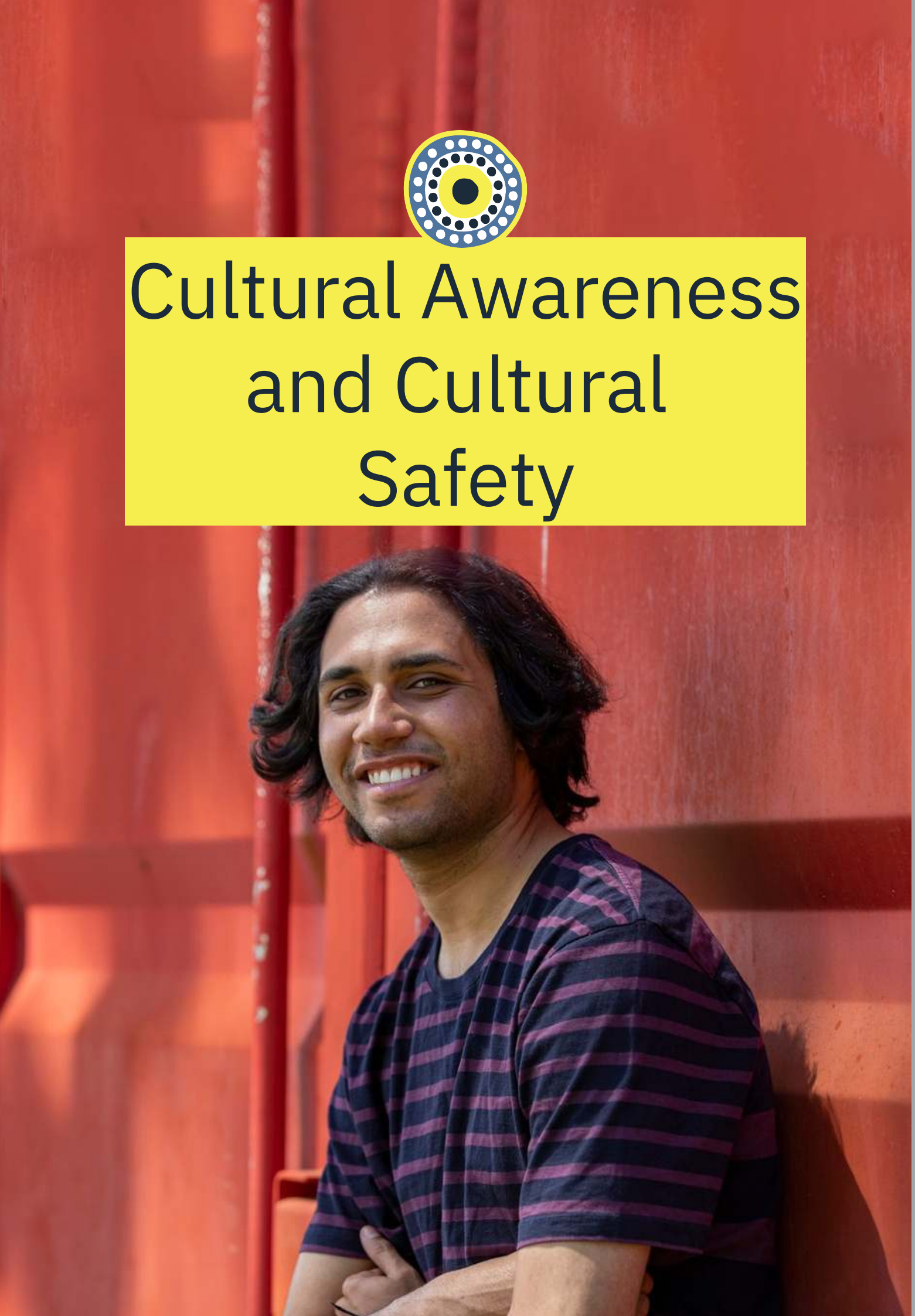
Integrated Team Care (ITC) Program

CHN commissions local services to provide the ITC Program. The program aims to contribute to improving health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through better access to care coordination, multidisciplinary care and support for self-management, and improve access to culturally appropriate mainstream primary care services (e.g., general practice, allied health and specialists) for Aboriginal and Torres Strait Islander people.

Detailed information about the above initiatives can be found within this toolkit and can be accessed by clicking on the heading.

Further information about these, and other Government programs and initiatives can be found here.

Cultural Awareness and Cultural Safety



Definitions

For Aboriginal and Torres Strait Islander people, culture is about family networks, Elders and ancestors. It is about relationships, languages, dance, ceremony and heritage. Culture is about spiritual connection to lands and waters. It is the way stories and knowledge are passed on to babies and children, and how they greet each other and look for connection.



Cultural awareness

is awareness of the similarities and differences that exist between two different cultures, and the use of this awareness in effective communication with members of another cultural group.

Cultural sensitivity

extends beyond cultural awareness and encourages self-reflection by individuals about how their personal attitudes and behaviours may impact on people from other cultural backgrounds.

Cultural competence

is the ability to participate ethically and effectively in personal and professional intercultural settings. It requires knowing and reflecting on one's own cultural values and world view and their implications for making respectful, reflective, and reasoned choices, including the capacity to imagine and collaborate in cross cultural contexts.

Cultural safety

involves actions that recognise, respect and nurture the unique cultural identity of a person, and safely meet their needs, expectations and rights. It means working from the cultural perspective of the other person, not from your own perspective.

iv



Cultural Awareness Education

In the late 1980s, cultural awareness education programs arose in response to a National Aboriginal Health Strategy. These programs were developed to teach health professionals about aspects of Aboriginal and Torres Strait Islander culture in order to develop more culturally appropriate service provision.



What is it?

Cultural awareness education is defined as:

> [v] *"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".*



Why is it important?

Many services have been, and continue to be, culturally inappropriate and therefore inaccessible for Aboriginal and Torres Strait Islander people. There are many other barriers to Aboriginal and Torres Strait Islander patients accessing and receiving culturally appropriate care including a lack of trust in mainstream health systems, previous negative experiences, language, economic, social, cultural and logistical barriers.

Recent efforts have aimed to not only increase cultural awareness, but also provide the skills for practitioners to effectively change their behaviour, practices and systems, to be culturally competent and safe. The journey towards cultural competency and improved culturally safe practice is an individual, ongoing journey.

Working towards achieving the goal of cultural safety will allow:

> [vi] *"an environment that is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning, living and working together with dignity and truly listening".*



What are the benefits for my patients?

- Patients feel culturally safe to attend the practice
- Patients feel more confident to access primary health care services
- Patients receive better, more culturally appropriate health care
- Patients experience better health outcomes.

What are the benefits for my practice?

- All staff feel more confident in providing culturally appropriate care for Aboriginal and Torres Strait Islander patients
- Improved health outcomes for Aboriginal and Torres Strait Islander patients
- Positive contribution to helping 'Close the Gap' for First Nations people.

Cultural Awareness Training Opportunities

For the purpose of the Practice Incentive Program – Indigenous Health Incentive (PIP-IHI), appropriate cultural awareness training is any endorsed by a professional medical college, including those:

- offering Continuing Professional Development (CPD) points, or
- endorsed by the National Aboriginal Community Controlled Health Organisation (NACCHO) or one of its state or territory affiliates.

Cultural awareness training programs that comply with PIP-IHI requirements are:

- Capital Health Network (ACT PHN) cultural awareness training. This training is offered to primary health care providers at no cost through the National Indigenous Australian's Health Programme. For more information, please contact the Indigenous Health Team primarycare@chnact.org.au or visit CHN events page.
- RACGP – Cultural Awareness and Cultural Safety Training
- ACRRM – Cultural Awareness – PIP Indigenous Health Incentive

For ideas on how to further progress your cultural safety learning and development, please contact CHN's Indigenous Health Team primarycare@chnact.org.au.

Implementation in Practice

Check

- [ ] The whole practice is committed to providing culturally safe health care
- [ ] The whole practice is committed to an ongoing journey towards cultural competence
- [ ] All staff are aware of the importance of their role in contributing to cultural safety
- [ ] All staff are confident to ask all patients 'Are you of Aboriginal or Torres Strait Islander Origin'?
- [ ] All staff reflect on their own cultural awareness, biases and understanding regularly
- [ ] All staff know how to correctly record patients' ethnicity in practice software
- [ ] All staff actively seek out learning opportunities to improve cultural awareness and safety
- [ ] The practice considers asking CHN's Indigenous Health Team to come and speak to staff
- [ ] The practice seeks advice from the local Aboriginal and Torres Strait Islander community and elders about implementing culturally appropriate care



[vii] Example of desk flags that can be used for practice reception area. Item can be purchased online.

Do

- [ ] The practice is registered for the PIP-IHI
- [ ] Arrange for all staff to complete cultural awareness training every one to two years
- [ ] Review policies and procedures around recording patients' ethnicity
- [ ] Check that patients' ethnicity has been recorded as a routine practice when checking patient details at reception
- [ ] Display Australian, Aboriginal and Torres Strait Islander flags at reception
- [ ] Display Aboriginal and Torres Strait Islander artwork in the practice
- [ ] Display culturally appropriate and relevant health information in the reception area.
- [ ] Incorporate Acknowledgement of Country and Traditional Owners into practice communications and displays
- [ ] Acknowledge, promote and participate in significant local Aboriginal and Torres Strait Islander community events (eg NAIDOC week, National Reconciliation Week, National Close the Gap Day, sporting events)
- [ ] Review RACGP's Aboriginal and Torres Strait Islander resources
- [ ] Consider joining the RACGP's Aboriginal and Torres Strait Islander Health Faculty
- [ ] Consider compassionate billing practices
- [ ] Encourage all staff members to seek out opportunities for ongoing cultural leaning and development
- [ ] Subscribe to and/or follow on social media organisations such as;
    - National Aboriginal Community Controlled Health Organisation (NACCHO)
    - Winnunga Nimmityjah Aboriginal Health and Community Services
    - Gugan Gulwan Youth Aboriginal Corporation
    - Yerrabi Yurwang Child and Family Aboriginal Corporation
    - Australian Indigenous HealthInfoNet
    - ACT Council of Social Service (ACTCOSS).

Other helpful information

Flags

The Aboriginal flag is divided horizontally into halves. The top half is black and the lower half red. There is a yellow circle in the centre of the flag. The meanings of the three colours in the flag, as stated by Harold Thomas, are:



Black represents the Aboriginal people of Australia.

Yellow represents the Sun, the giver of life and protector.

Red represents the red earth, the red ochre used in ceremonies and Aboriginal peoples' spiritual relation to the land.

The Torres Strait Islander flag has three horizontal panels, with green at the top and bottom and blue in between. These panels are divided by thin black lines. A white Dhari (traditional headdress) sits in the centre, with a five-pointed white star beneath it.

The meaning of the colours in the flag are:



White Dari (Headdress) is a symbol of the Torres Strait Islanders.
White five-pointed star symbolises the five major Island groups and the importance of stars to the seafaring people

Green represents the land

Black represents the Indigenous people

Blue represents the sea

Significant dates for Aboriginal and Torres Strait people can be viewed here

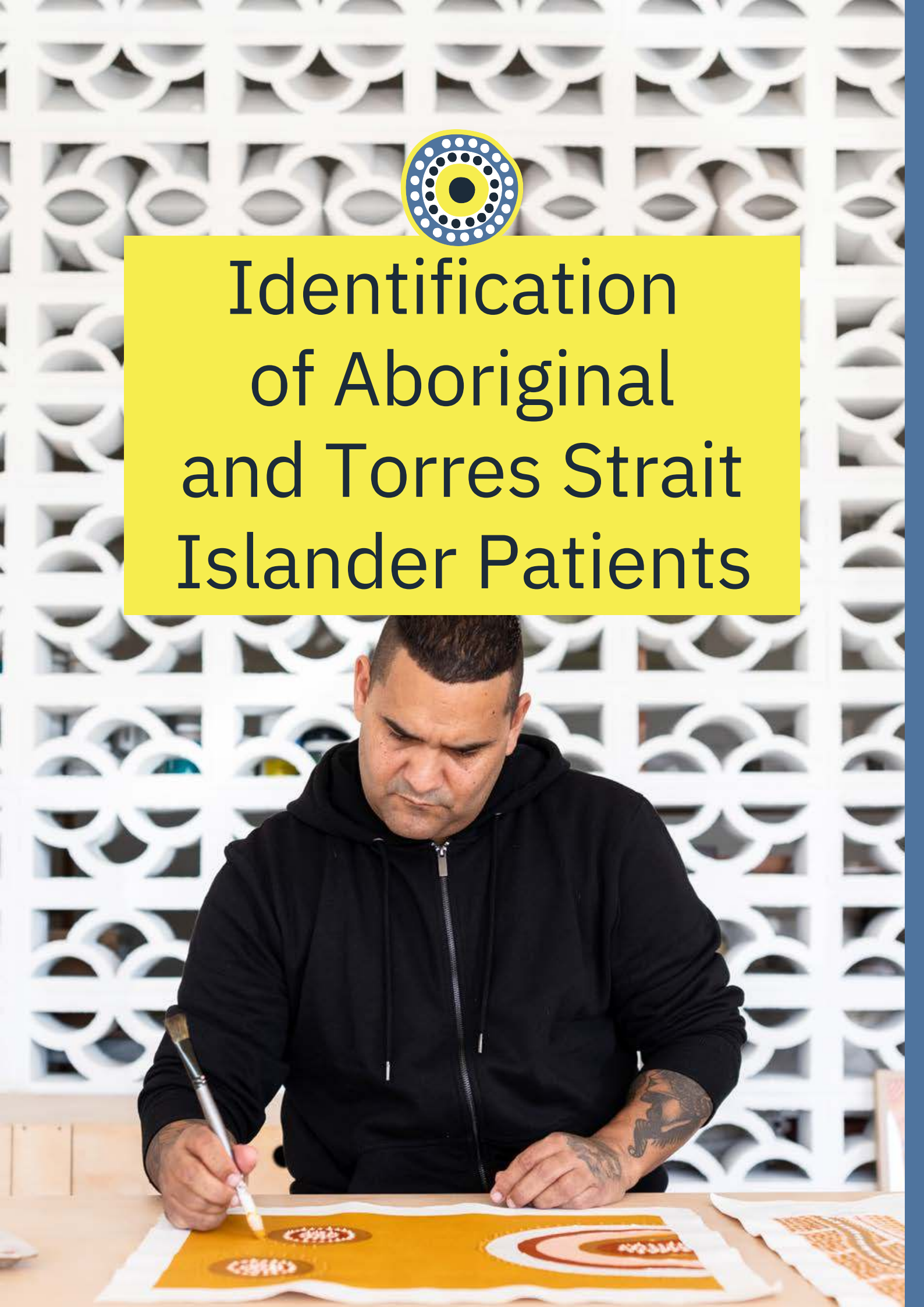


Terminology

Awareness, understanding and use of accurate language and terminology are essential components of respectful communication with and about Aboriginal and Torres Strait Islander peoples, organisations, and communities. These are some of the widely used and accepted terms;

Aboriginal people(s)	'Aboriginal' is an adjective and widely used to describe 'Aboriginal people'. 'Aboriginal peoples' is a collective name for the original people of Australia and their descendants, and is preferable. This term emphasises the diversity of languages, communities, cultural practices and spiritual beliefs.
Torres Strait Islander people(s)	The term 'Aboriginal' is not inclusive of Torres Strait Islander people, and reference to both 'Aboriginal and Torres Strait Islander people' should therefore be made where necessary. A Torres Strait Islander person is a descendant from the Torres Strait Islands, which are located to the north of mainland Australia in Queensland.
'First Peoples', 'First Nations People(s)' and 'First Australians'	'First Peoples', 'First Nations People(s)', and 'First Australians' are collective names for the original people of Australia and their descendants and are used to emphasise that Aboriginal and Torres Strait Islander peoples lived on this continent prior to European settlement.
Indigenous people(s)	The term 'Indigenous' is generally used when referring to both First Peoples of Australia—Aboriginal peoples and Torres Strait Islander peoples. 'Indigenous 'is commonly used as shorthand to include both. However, because 'Indigenous' is not specific, some Aboriginal and Torres Strait Islander peoples prefer the phrase to be used in full so that it refers to all of the Indigenous people of Australia.
Elder	An Elder is an identified and respected member of an Aboriginal and Torres Strait Islander community. Elders generally hold key community knowledge and are expected to provide advice and support to community members. Age alone does not necessarily distinguish an Elder. Many Aboriginal and Torres Strait Islander peoples acknowledge Elders as 'aunty' or 'uncle' as a sign of respect, even if they are not related.
Traditional Owner	A 'traditional owner' is an Aboriginal or Torres Strait Islander person or people directly descended from the original inhabitants of a culturally defined area of country. They have a cultural association with their country deriving from the traditions, observances, customs, beliefs or history of the original Aboriginal or Torres Strait Islander inhabitants of the area.
Mob	"Mob' is a term identifying a group of Aboriginal or Torres Strait Islander people associated with a particular place or country. 'Mob' is more generally used by Aboriginal and Torres Strait Islander peoples and between Aboriginal and Torres Strait Islander peoples. Therefore, it may not be appropriate for non-Aboriginal people to use this term unless this is known to be acceptable to Aboriginal and Torres Strait Islander peoples.
Country	Country' is a term used to describe a culturally defined area of land associated with a particular culturally distinct group of Aboriginal and Torres Strait Islander people.
Nation	Nation' refers to a culturally distinct group of people associated with a particular culturally defined area of land or country. Each nation has boundaries that cannot be changed, and language is tied to that nation and its country. 'Nation' should be used to refer to a culturally distinct Aboriginal group and its associated country, noting that the boundaries of some nations cross over state borders.
Men's and Women's Business	In Aboriginal and Torres Strait Islander culture there are customs and practices that are performed by men and women separately. This gender-specific practice is often referred to as Men's and Women's Business. These practices have very strict rules. Men's and Women's Business includes matters relating to health, wellbeing, religious ceremony and maintenance of significant geographic sites and differs from community to community. Topics discussed during Men and Women's Business can differ between communities.
Sorry Business	'Sorry Business' is the period of mourning or ceremony following the death of an Aboriginal or Torres Strait Islander person. This is usually a solemn time with little spoken conversation and usual daily community activities may be stopped or postponed. In some communities the name of a deceased person, and even others who share the same name, is not to be spoken for a certain period of time—ask for guidance on this matter.

Identification of Aboriginal and Torres Strait Islander Patients



What is it?

All patients have the right to decide whether or not they wish to identify as Aboriginal, Torres Strait Islander, both Aboriginal and Torres Strait Islander, or neither Aboriginal or Torres Strait Islander.

All practice staff have a role in ensuring that all patients are given the opportunity to identify whether or not they are Aboriginal and/or Torres Strait Islander. Self-identification is voluntary and practices should provide patients with enough information to enable them to make an informed decision. Practice staff do not need to seek proof to confirm the patient's decision.

Before asking a patient about their cultural background, explain that this information helps the practice to provide appropriate, individualised health care. Providing an explanation for why this question is important, in an environment that is culturally safe and maintains patient confidentiality is essential.

Why is it important?

Identification of Aboriginal and Torres Strait Islander patients is important to ensure the most appropriate care is provided for them. Ethnicity is an important indicator of clinical risk factors and will help practitioners provide relevant care. It will also enable Aboriginal and Torres Strait Islander patients, and practices to access important government health incentives and programs.



What are the benefits for my patients?

Eligible identified patients can access specific services aimed at improving health outcomes, including:

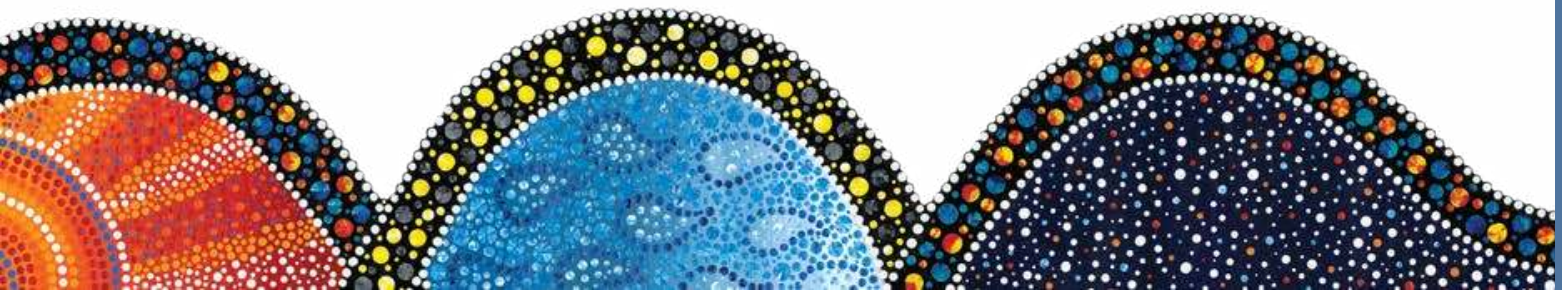
- Aboriginal and Torres Strait Islander Peoples Health Assessment (MBS Items – 715 and 228)
- MBS item 10987 for practice-based follow-up after a health assessment
- Additional allied health services specifically for Aboriginal and Torres Strait Islander people (MBS items 81300 – 81360)
- MBS items 92004 and 92011 for health assessments conducted by telehealth
- MBS items 93470 and 93479 for health assessments conducted in aged care facilities
- Some medications specifically listed on the PBS for Aboriginal and Torres Strait Islander patients
- The CTG Pharmaceutical Benefit Scheme (PBS) co-payment measure (CTG script)
- The Integrated Team Care Program
- Other local services and programs available for Aboriginal and Torres Strait Islander people
- Patients receive high quality, culturally safe, patient-centred care.

What are the benefits for my practice?

- Identification of Aboriginal and/or Torres Strait Islander patients will enable the practice to register eligible patients to participate in the Practice Incentive Program - Indigenous Health Incentive (PIP-IHI).
- Identified patients can be recalled and linked in with appropriate prevention, early intervention, and chronic disease management services.

[viii]





Implementation in Practice

Check

- ☐ All practice staff understand the importance of asking patients about, and accurately recording their Aboriginal and/ or Torres Strait Islander status in practice software.
- ☐ Practice staff receive appropriate cultural awareness training and feel confident to ask patients about their Aboriginal and/or Torres Strait Islander status.
- ☐ Practice staff know where to access resources to assist them with providing information to patients about the
- ☐ purpose and importance of asking the Indigenous identification question.
- ☐ All staff complete the AIHW training tool for Indigenous identification

Do

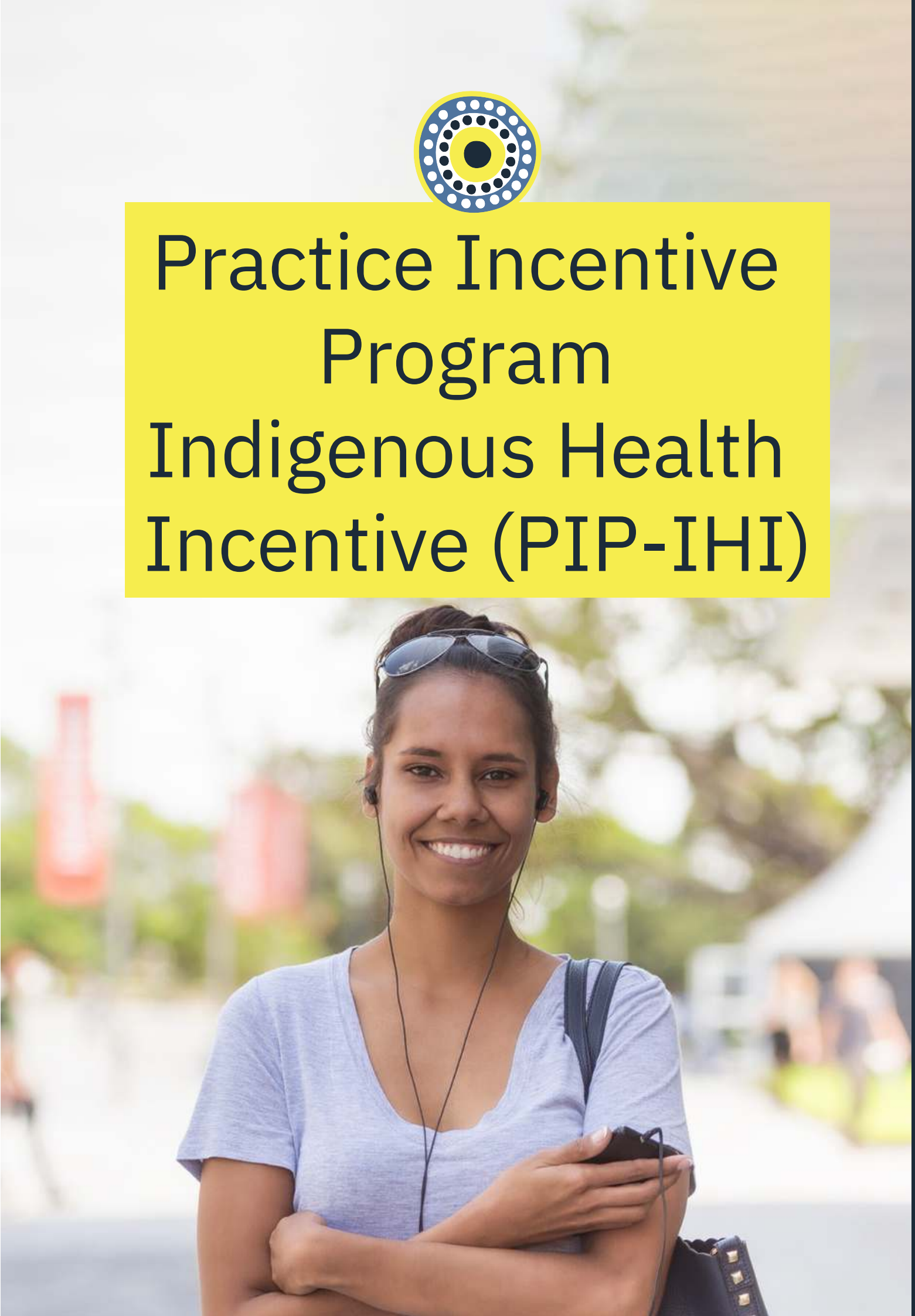
- ☐ Display information inviting patients to self-identify their Aboriginal and/or Torres Strait Islander status.
- ☐ Incorporate a standard procedure for asking all patients, 'Are you of Aboriginal or Torres Strait Islander origin?' on registration, and at subsequent visits if their status is unclear or not recorded.
- ☐ The practice new patient registration form contains the following question and responses (word for word):

> 'Are you of Aboriginal or Torres Strait Islander origin?'
>
> - No
> - Yes, Aboriginal
> - Yes, Torres Strait Islander
> - Yes, both Aboriginal and Torres Strait Islander

- ☐ Ideally, the GP receives notification about a patient who has self-identified as being Aboriginal and/or Torres Strait Islander before the consultation.
- ☐ Clinical staff routinely check to see if a patients' Aboriginal and/or Torres Strait Islander status has been recorded during all consultations
- ☐ Utilise Information systems to record Aboriginal and/or Torres Strait Islander or non-Indigenous status information using the following national standard categories, as per AIHW guidelines:
  - Aboriginal but not Torres Strait Islander origin
  - Torres Strait Islander but not Aboriginal origin
  - Both Aboriginal and Torres Strait Islander origin
  - Neither Aboriginal nor Torres Strait Islander origin
  - Not stated/inadequately described
- ☐ The practice completes the RACGP clinical audit (quality improvement activity), 'Identification of Aboriginal and Torres Strait Islander patients in general practice'

For further information and resources see; AIHW Indigenous Identification and, RACGP Identification of Aboriginal and Torres Strait Islander people in Australian General Practice

Practice Incentive Program Indigenous Health Incentive (PIP-IHI)



What is it?

The Practice Incentive Program (PIP) supports general practice improvements through nine incentives. One of the nine incentives is the Practice Incentives Program – Indigenous Health Incentive (PIP-IHI).

PIP-IHI was introduced in March 2010 as part of the Indigenous Chronic Disease Package and encourages general practices and Aboriginal Community Controlled Health Services to appropriately and effectively meet the health care needs of Aboriginal and Torres Strait Islander people with a chronic disease.

Why is it important?

[ix] In 2018 the burden of disease among Aboriginal and Torres Strait Islander people was 2.3 times that of non-Indigenous Australians. Recent figures suggest that chronic diseases (including mental and substance use disorders) account for nearly two-thirds (63%) of the disease burden among Indigenous Australians.

[iii] Chronic diseases that are major contributors to mortality for First Nations people are cardiovascular disease, diabetes, chronic lung disease, and cancer.

The PIP-IHI seeks to address this gap with better prevention, detection, and management of chronic disease for Aboriginal and Torres Strait Islander people.

What are the benefits for my patients?

- Better access to culturally appropriate health care
- Prevention and early detection of chronic disease, and chronic disease risk factors
- Better management of chronic disease and chronic disease risk factors
- Improved continuity of care
- Increased access to and satisfaction with primary health care services
- Improved relationships with health care providers
- Improved health outcomes.

What are the benefits for my practice?

- Financial incentives to support better health care for Aboriginal and Torres Strait Islander patients
- Contributing to best practice management of chronic disease in Aboriginal and Torres Strait Islander patients
- Contributing to help Close the Gap
- Improved relationships with patients and continuity of care
- Increased job satisfaction.

Payments under the PIP Indigenous Health Incentive:

Payment type and amount		Payment description		
	1 January 2023	1 January 2024	1 January 2025 onwards	
1. Sign-on payment	$1,000 per practice	$1,000 per practice	$1,000 per practice	A one-off payment to practices that register for the Indigenous Health Incentive. Practices agree to undertake specified activities to improve the provision of care to their Aboriginal and/or Torres Strait Islander patients with a chronic disease or mental disorder
2. Patient registration	$150 per eligible patient per calendar year	$100 per eligible patient per calendar year	$0	PIP IHI registration is now lifetime (ongoing). Patients no longer need to be re-registered annually. Patients under the age of 15 can be registered by a parent or guardian. From 15 years of age patients need to provide their own consent. If the patient's consent is not obtained and recorded by the time they reach 16 years of age, they will be automatically withdrawn from the PIP IHI program, but they can be re-registered at any time.
3. Outcome payment	Tier 1: $100 per eligible patient per 12-month assessment period	Tier 1: $100 per eligible patient per 12-month assessment period	Tier 1: $100 per eligible patient per 12-month assessment period	Paid to all approved practices that provide two eligible Tier 1 MBS services, to a registered patient, within the patient's 12-month assessment period with that practice. Eligible Tier 1 MBS services are: • Preparation of a GP Chronic Condition Management Plan (GPCCMP) • Review of a GPCCMP • Preparation of a GP Mental Health Treatment Plan (MHTP) • Contribution to a review of a multidisciplinary care plan for a patient in a Residential Aged Care Facility
	Tier 2: $150 per eligible patient per 12-month assessment period	Tier 2: $200 per eligible patient per 12-month assessment period	Tier 2: $300 per eligible patient per 12-month assessment period	Paid to all approved practices that provide a minimum of 5 eligible MBS services, to a registered patient, within the patient's 12-month assessment period with that practice. This includes the two services provided to qualify for the Tier 1 outcome payment.

Visit Department of Health and Aged Care – PIP IHI for more information

Note: A rural loading is applied to the payments for practices located in Rural, Remote and Metropolitan Areas (RRMA) classifications 3–7. Refer to the Rural Loading Incentives Guidelines to see the eligibility requirements.

Implementation in Practice

Check

☐ Practice eligibility

To be eligible to register and be assessed for payments under the PIP IHI, the practice must:

- be an approved PIP practice (see the PIP Guidelines for the eligibility requirements)
- have at least 2 staff members (one of whom must be a GP) complete appropriate cultural awareness training within 12 months of the practice being approved for the PIP IHI. (See PIP-IHI guidelines for further information)
- establish and use a follow-up mechanism for Aboriginal and Torres Strait Islander patients to encourage patients to return for ongoing care
- undertake the provision of care to Aboriginal and/or Torres Strait Islander patients with a chronic disease or mental disorder

☐ Patient eligibility

To be eligible for registration, practices must ensure a patient has had or been offered and Aboriginal and Torres Strait Islander Peoples Health Assessment

(Residential Aged Care patients can be offered MBS items 701, 703, 705 and 707

- self-identifies as being of Aboriginal and/or Torres Strait Islander origin have nominated the practice as their 'usual care provider'
- has a chronic disease or mental disorder
- has had or been offered and Aboriginal and Torres Strait Islander Peoples Health Assessment (Residential Aged Care patients can be offered MBS items 701, 703, 705 and 707)have provided informed consent to be registered for the PIP-IHI (or have a parent or guardian do this for patients under 15)
- has a current Medicare card
- has nominated the practice as their 'usual care provider'
  (ie the practice that provided the majority of care to the patient over the previous 12 months and/or intends to continue over the next 12 months, and the practice responsible for the patient's chronic disease or mental disorder management)

Do

☐ Register the practice

Practices can apply for the PIP-IHI when they apply for PIP using:

- the Health Professional Online Services (HPOS) using the practice Provider Digital Access (PRODA) account, or
- the Practice Incentives application form.

Practices already participating in the PIP can apply for the PIP-IHI:

- through HPOS using the practice PRODA account, or
- by completing the Practice Incentives Program Indigenous Health Incentive practice application form

Read more about PRODA and how to register a PRODA account.

☐ **Register patients**

Eligible patients can be registered:

- through HPOS using your PRODA account, or
- by completing the PIP Indigenous Health Incentive Patient Registration and consent form and submitting the form to Services Australia, per the instructions on the form. Incomplete forms will not be processed.

To register patients for the PIP-IHI practices must:

- Be approved for the PIP-IHI
- Verbally explain the PIP-IHI and ensure the patient (or guardian of a patient under the age of 15) understands the incentive before registering them,
- Explain that PIP-IHI registration is lifetime (ongoing) however the patient can withdraw their consent at anytime
- Ask the patient (or guardian of a patient under the age of 15) to complete the patient consent and declaration in the PIP Indigenous Health Incentive patient registration and consent form.
- Ask patients aged 15 years and above to provide their own consent, or the consent of a guardian if they are unable to consent for themselves. Update the consent type and date on the *Patient Registration – Register / Update Patient Screen* in HPOS using your PRODA account.
- Check that individual consent has been obtained and recorded by the time a young person reaches 16 years of age. If it hasn't the patient will be automatically withdrawn from the PIP IHI program however they can be re-registered at any time.
- Retain the patient consent and declaration section of the form for 6 years if registering the patient through HPOS.
- Inform patients that they can withdraw their consent at any time by completing the Practice Incentives Program Indigenous Health Incentive patient withdrawal of consent, or by asking the practice to do this on their behalf using HPOS and PRODA.
- Withdraw patients from PIP-IHI registration if they are no longer eligible
- Re-register patients who have been withdrawn at anytime if they are eligible and have provided consent.

☐ **Check patient registration status**

- Patients can be registered for PIP-IHI at more than one practice.
- A practice will only be able to view a patient's registration status, and eligible services that have been provided to a patient and assessed for outcome payments through HPOS, if the patient is registered for PIP-IHI at the practice.
- A practice owner or authorised contact person with PIP online access (HPOS) can view the details of all patients registered for the PIP-IHI at the practice.
- Practices cannot view the details of patients registered at other practices.
- When registering a patient for the PIP-IHI, the system will return a message if the patient is already registered at another practice. Select 'yes' to continue to register the patient at your practice as well.

☐ **No need to re-register patients annually**

- As of 1 January 2025, all new registrations for patients aged 15 years and above are lifetime (ongoing), unless the patient withdraws their consent to participate in the program.
- Annual re-registration of patients is no longer required.
- In November 2024 lifetime registration was automatically applied to patients aged over 15 years who were registered at that time.
- Patients aged under 15 years who are registered under a parent or guardian's consent will be registered until they turn 15. They will then need to provide their own consent to continue to be registered for the PIP-IHI.
- If a young person's consent to continue to be registered is not obtained and recorded by the time they reach 16 years of age, they will be automatically withdrawn from the PIP-IHI program, however they can be re-registered at any time.

☐ **Provide Tier 1 MBS services**

To receive Tier 1 outcomes payments, PIP-IHI approved practices must provide two eligible Tier 1 MBS services to a registered patient, within the patient's 12-month assessment period with that practice.

Eligible Tier 1 MBS services are:

- Preparation of a General Practitioner Chronic Condition Management Plan (CCMP) using MBS items 392, 965, 92029, or 92060
- Review of a CCMP using MBS items 393, 967, 92030 or 92061
- Preparation of a GP Mental Health Treatment Plan (MHTP), using MBS item 272, 276, 281, 282, 2700, 2701, 2715, 2717, 92112, 92113, 92116, 92117, 92118, 92119, 92122 or 92123
- Contribution to a review of a multidisciplinary care plan for a patient in a Residential Aged Care Facility using MBS items 232, 731, 92027 or 92058

Refer to MBS Online to read more about frequency and claiming rules for Chronic Condition Management items, and for guidance on claiming restrictions for Mental Health Treatment Plan Preparation items.

☐ **Provide Tier 2 MBS services**

To receive Tier 2 outcomes payments, the practice must provide a minimum of 5 eligible MBS services for a registered patient within a 12-month assessment period. This may include the services your practice provided to qualify for the Tier 1 outcome payment.

For the purposes of this incentive, eligible MBS items include professional attendance and procedural items delivered by either;

- a General Practitioner, or
- a Medical Practitioner who practices in general practice.

MBS Items under Category 4, 7, 8, and most items under category 6 are excluded

☐ **Meet practice requirements and obligations**

The practice must:

- meet the PIP obligations as set out in the PIP Guidelines
- retain records to support practice and patient PIP-IHI eligibility and claims for a minimum of 6 years
- confirm that a system is in place to ensure Aboriginal and/or Torres Strait Islander patients with a chronic condition are followed up
- confirm appropriate cultural awareness training has been completed or been exempted (within 12 months of applying for the PIP IHI)
- provide accurate information to the Department as part of audit programs
- retain records of consent, for patients registered online through HPOS, for a minimum of 6 years

☐ **Receive incentive payments**

A one-off sign on payment of $1,000 is made to practices that apply and are approved for the IHI.
Outcome payment assessments are based on:

- MBS services provided to a registered patient within a 12-month assessment period.
- MBS services where the practice has met all Medicare requirements and received a Medicare benefit.
- 15 months of a patient's MBS service history leading up to the calculation quarter.

The PIP IHI is paid quarterly, in February, May, August and November.

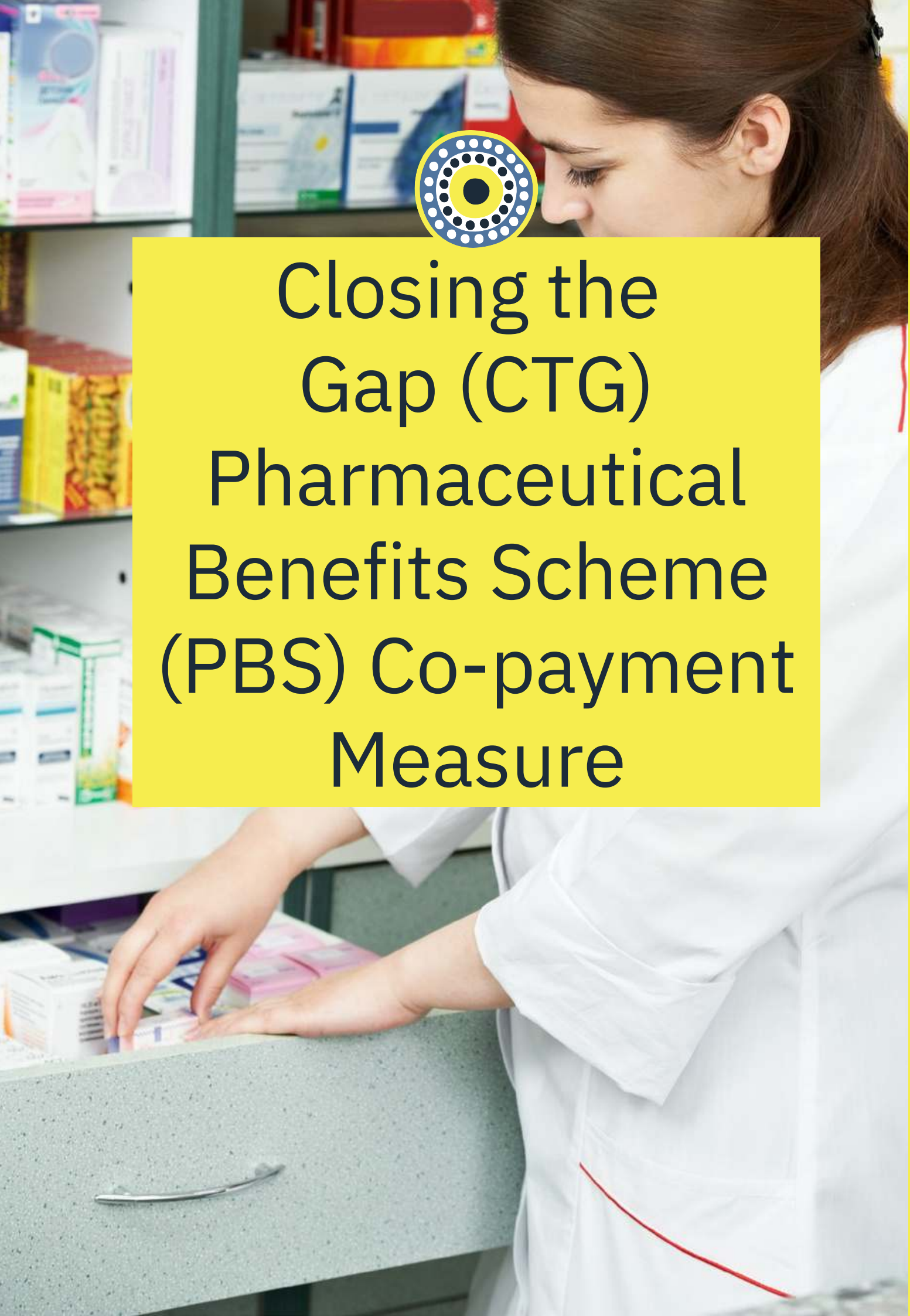
To receive outcome payments;

- the practice must be registered as an approved PIP practice and approved for PIP-IHI at the 'point-in-time date'.
- patients must be registered under PIP-IHI, with at least one PIP practice at the 'point-in-time date'.
- the 'point in time date' is the last day of the month before the next PIP quarterly payment.
- any PIP-IHI practice providing a target level of Tier 1 and Tier 2 services will be eligible for outcome payments
- patients do not need to be registered for the PIP-IHI at your practice for the practice to receive outcome payments for providing eligible services
- MBS services must be provided by a practitioner registered to the PIP-IHI practice
- a registered patient's 12-month assessment period starts from the date their first eligible Tier 1 or Tier 2 service is provided by your practice.
- Tier 1 outcome payments are made in the next PIP payment quarter after the 2nd eligible MBS service has been processed.
- Tier 2 outcome payments are paid in the next PIP payment quarter after the 5th eligible MBS service has been processed.
- practices that have met the requirements for one or both outcome payments do not have to take any action to get a payment.
- practices will get payments automatically paid as part of the PIP quarterly payment to the practice's nominated PIP bank account.
- A rural loading is automatically applied to the payments for eligible practices located in Rural, Remote and Metropolitan Areas (RRMA) classifications 3–7. Refer to the Rural Loading Incentives Guidelines to see the eligibility requirements.
- For patients registered through your practice, you can view the eligible services that have been assessed for an outcome payment through HPOS and the patient's assessment screen.

For more information:

Online: servicesaustralia.gov.au/pip
Call: 1800 222 032 (call charges may apply).

PIP-IHI Guidelines



Closing the Gap (CTG) Pharmaceutical Benefits Scheme (PBS) Co-payment Measure

What is it?

The CTG PBS Co-payment Measure helps reduce the cost of PBS medicines for eligible Aboriginal and Torres Strait Islander patients.

All prescriptions for PBS medicines are included, whether used to treat chronic or acute medical conditions.

Any PBS prescriber can issue PBS General Schedule medicine 'CTG' prescriptions for Aboriginal and Torres Strait Islander people that are registered for the program.

Prescribers are no longer be required to write or electronically print 'CTG' on eligible PBS prescriptions, however annotation of scripts will help pharmacists know that the patient is registered for the program.

PBS prescriptions issued by PBS prescribers within public hospitals are eligible to be dispensed by any community pharmacy or Section 94 Approved Private Hospital pharmacy.

Eligible Aboriginal and Torres Strait Islander people can be registered for the program no matter where they live, and regardless of their chronic disease status.

Any PBS prescriber or eligible AHP can register eligible First Nations people for the CTG PBS Co-payment Program.

There is now a centralised database for the program, managed by Services Australia and accessible via HPOS.

Registration of eligible First Nations people is completed via the Services Australia Health Professional Online Services (HPOS) portal and is a one-off (lifetime) registration process.

If a patient is unsure whether they are registered for the program, their Practitioner or the Pharmacist can check via Health Professional Online Services (HPOS) for them.

Recent changes have been made to enhance the CTG BPS Co-payment Program:

Prior to 1 July 2024 the CTG PBS Co-payment Program only applied to section 85 or 'general schedule' PBS medicines, when dispensed by a community pharmacy, approved medical practitioner or private hospital.

From 1 July 2024, was expanded to also apply to section 100 PBS medicines dispensed by community pharmacies, approved medical practitioners and private hospitals.

This also includes all section 100 PBS medicines supplied under Continued Dispensing arrangements.
From 1 January 2025, the CTG PBS Co-payment Program further expanded to include all PBS medicines (including section 85 and section 100 medicines) dispensed by public hospitals.

Section 100 medicines now included under the CTG PBS Co-payment Program encompass all medicines included under the following Section 100 programs:

- Highly Specialised Drugs Program (which includes Opioid Dependence Treatment, hepatitis B, and HIV antiretroviral medicines)
- Efficient Funding of Chemotherapy Program
- Botulinum Toxin Program
- PBS Growth Hormone Program
- In Vitro Fertilization (IVF) Program

Further information:

- Information for Aboriginal and Torres Strait Islander People
- Information for Prescribers, Aboriginal and Torres Strait Islander Health Practitioners and their Peak Bodies
- Closing the Gap Pharmaceutical Benefits Scheme Co-payment Program Changes: Frequently Asked Questions

Why is it important?

The cost of medicines is a significant barrier to improving access to medicines for First Nations people. The CTG PBS Copayment Measure helps reduce the cost of PBS medicines for eligible Aboriginal and Torres Strait Islander patients and can be accessed at a lower price or free, for health care card holders. Accessibility enables patients to keep up with their treatment without the high cost and helps to prevent setbacks and hospitalisations.

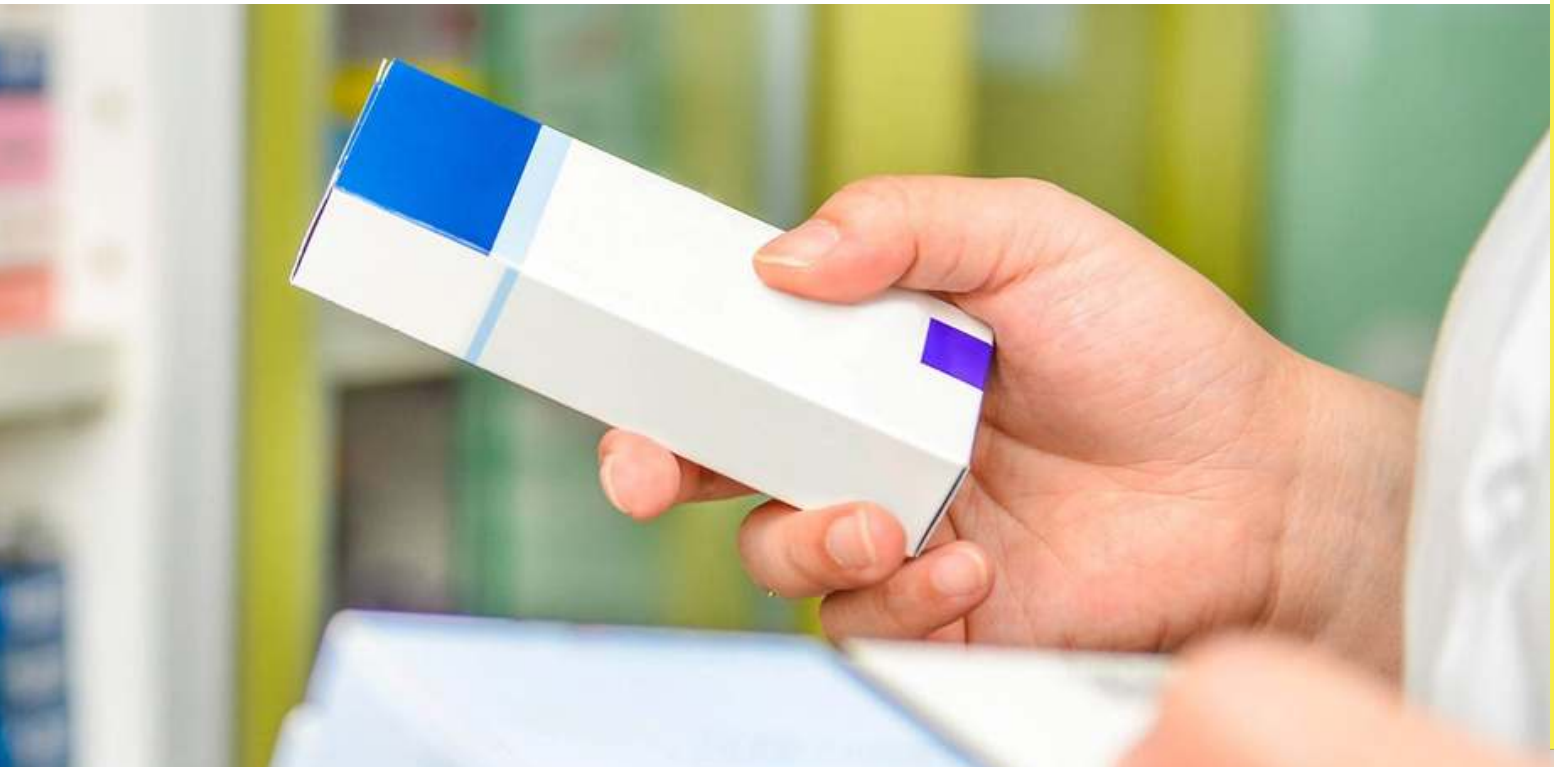
In addition to the PBS Co-Payment Measure, some items some items are listed on the PBS to support the treatment of conditions common in Aboriginal and Torres Strait Islander health settings. Items are specifically PBS listed for patients who identify as an Aboriginal and/or Torres Strait Islander person.
For more information PBS Prescribers; or email pbsindigenous@health.gov.au

What are the benefits for my patients?

- Helps to reduce the cost of PBS medicines for eligible patients
- Medicines can be provided free for health care card holders
- Improved accessibility to treatment
- Assists patients with adherence to treatment without the high-cost burden Prevention of complications and hospitalisations.

What are the benefits for my practice?

- An understanding of these measures improves culturally safe care
- Assist patients with accessing appropriate treatment at a lower cost
- Improved health outcomes for First Nations patients
- Better chronic disease management.



Implementation in Practice

Check

Practice eligibility

- ☐ Check patient eligibility (You only need to assess a patient's eligibility once)

  A patient is eligible if they:

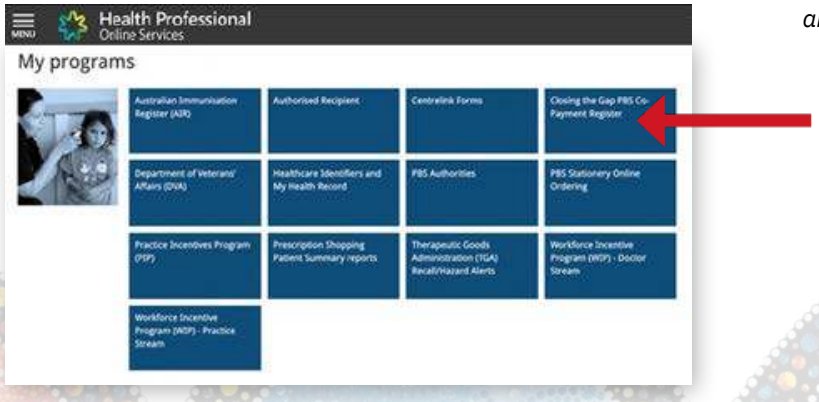
  - self-identify as an Aboriginal or Torres Strait Islander Australian
  - will have setbacks in preventing or managing their condition if they don't take the medicine
  - are unlikely to keep up their treatment without help with the cost
  - are enrolled with Medicare

  Their age, where they live and their chronic disease status don't matter.
- ☐ Check if the patient is already on the Closing the Gap PBS Co-Payment Register in HPOS (see below)
- ☐ Discuss the CTG PBS Co-payment with the patient, and obtain their consent to be registered

Do

- ☐ Register the patient through HPOS My programs Closing the Gap PBS Co-Payment Register (see below)
- ☐ Check to see if the medicines you are prescribing are specifically PBS listed for Aboriginal and Torres Strait Islander patients
- ☐ Prescribe PBS medicines to eligible patients using usual prescribing procedures.
- ☐ Utilise Principles for producing best possible medicines list for Aboriginal and Torres Strait Islander people

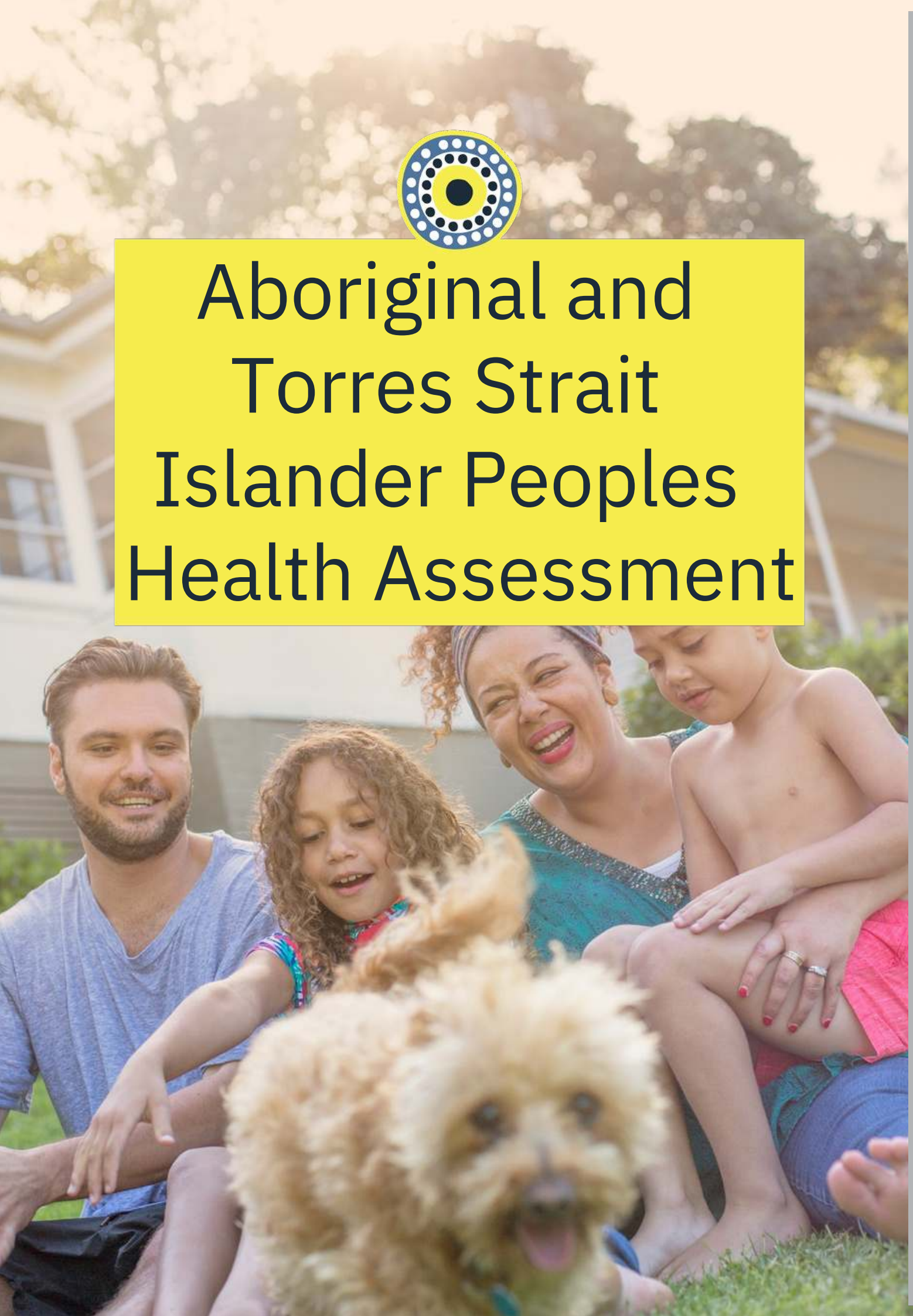




Notes:

- *Practitioners can authorise a HPOS delegate to enter the registration details into HPOS. (Delegates will need to register for their own Provider Digital Access (PRODA) account to be linked to a practitioner's HPOS account).*
- *In remote areas with limited internet access, a health service or clinic can phone Services Australia on 132 290 to register the patient for the program.*
- *Patients do not need to be re-registered annually for the PBS Co-Payment Measure.*

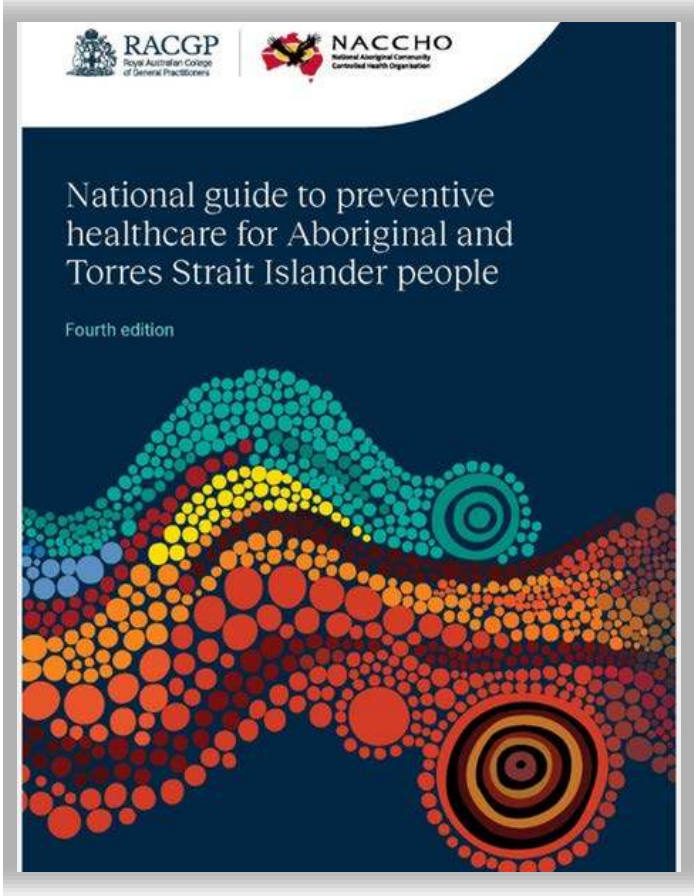
Aboriginal and Torres Strait Islander Peoples Health Assessment



What is it?

The Aboriginal and Torres Strait Islander Peoples Health Assessment (otherwise known as the 715 health check) is designed to address a number of contributors to the high burden of illness amongst this population and helps to identify risk factors for chronic disease.

The assessment is based on guidelines from NACCHO and the RACGP.



A 715 health check should include an assessment of the patient's physical, psychological, and social wellbeing.

A good health check:

- is useful to the patient
- identifies health needs including patient health goals and priorities
- supports patients to take charge of their health and wellbeing
- provides a framework for primary and secondary disease prevention through health care advice, risk assessment and other measures
- is provided by the regular health care provider
- includes a plan for follow-up of identified health needs, priorities and goals.

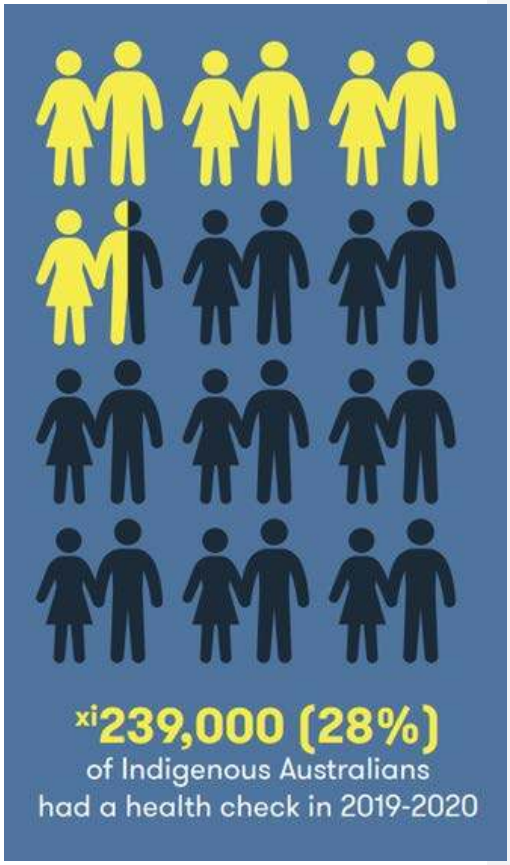


Why is it important?

[x]Almost two-thirds (63%) of the total burden of disease among Indigenous Australians is due to chronic disease including; mental and substance use disorders, cardiovascular disease, cancer and musculoskeletal conditions, and injuries including suicide.

Almost half (49%) of the burden of disease in Aboriginal people could be prevented by reducing risk factors, particularly smoking, alcohol and illicit drug use, obesity and dietary factors.

The health assessment is used to consider whether preventive health care and education should be offered to the patient to improve health and physical, psychological, and social functioning and well-being in the Aboriginal and Torres Strait Islander population.



What are the benefits for my patients?

- Early detection of patients' risk of illnesses or chronic conditions
- Helps to ensure patients are getting the medication and management required
- Identifies health issues that may not come up in standard consultations
- Improved access to patient-centered, culturally safe care.

What are the benefits for my practice?

- The 715 MBS item fee is paid at 100% benefit
- Following a 715 health check a patient has access to follow up MBS items, making it easier to support your patient to manage their health
- Provision of comprehensive and holistic patient care.

Implementation in Practice

Check

- ☐ Identify Aboriginal and Torres Strait Islander patients
- ☐ Check to see if the patient is registered at your practice for the PIP-IHI, and for the PBS co-payment
- ☐ Check to see if the patient has had a health assessment in the last 12 months. Health check item numbers can be claimed once every nine months.
- ☐ Review MBS criteria MBS Item 715
- ☐ Review RACGP resources
- ☐ Review health department and Services Australia resources.

Do

- ☐ Provide information for patients about the 715 health check in the waiting room
- ☐ Recall patients who are eligible and due for a health assessment and book them in for an appropriate time with the appropriate clinician/s
- ☐ Explain the purpose and process of a health check and obtain patient consent
- ☐ Undertake the health assessment face-to-face or by videoconference.
- ☐ Utilise your practice nurse or Aboriginal health worker/practitioner to assist with information collection and providing patient information and education.
- ☐ Utilise relevant MBS items (715, 228, 92004, 92011, 10987, 81300 to 81360).
- ☐ Utilise principles for producing best possible medicines lists for Aboriginal and Torres Strait Islander people.

- ☐ **Include elements according to MBS Item 715, with mandatory elements being:**
  - Recognising the patient's health priorities
  - Undertaking appropriate history, examination and investigation
  - Making an overall assessment of the patient
  - Initiating necessary treatment and referrals
  - Arrange an appropriate plan for ongoing care and follow-up
  - Keeping a record of the health assessment
  - Offering the patient, and/or patient's carer, a written report about the health assessment

- ☐ **Utilise the RACGP/NACCHO age-specific templates:**
  - Infants and preschool children (birth to 5 years) (PDF)
  - Primary school age children (5 to 12 years) (PDF)
  - Adolescents and young people (12 to 24 years) (PDF)
  - Adults (25 to 49 years) (PDF)
  - Older people (≥ 50 years) (PDF)

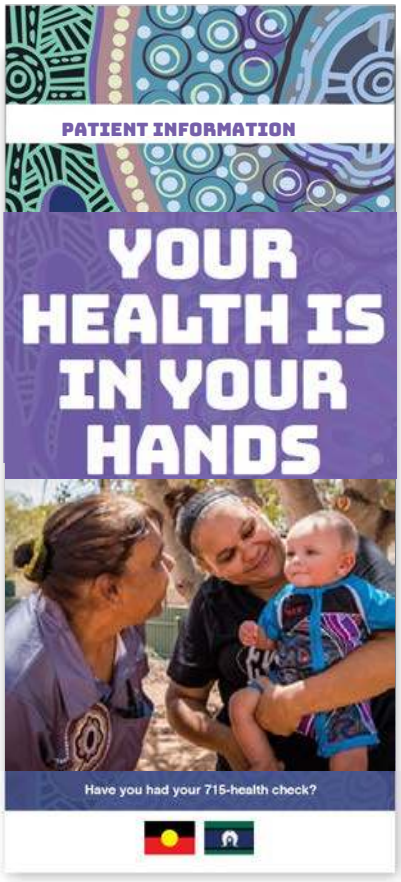
Note: These are example health check templates that include recommended core elements. Adaptation of these templates to local needs and priorities is encouraged. Templates can be integrated into clinical software.

☐ **Ensure the health check is patient-centered and culturally appropriate:**

- Adapt the health check content to what is relevant and appropriate for patient
- Discuss patient priorities and goals
- Ask questions in ways that acknowledge strengths, that are sensitive to individual circumstances and that avoid cultural stereotypes
- Make a plan for follow-up of identified health needs together with patient
- Offer the patient a copy of the health assessment
- Consider seeking feedback from the patient about their experience of the health check, in order to support patient engagement and quality improvement.

☐ **Arrange follow-up:**

- Refer the patient to appropriate/necessary allied and specialist health services
- Arrange follow up with the practice nurse or Aboriginal Health Worker/Practitioner
- Consider the need for arranging a further appointment to undertake a GPMP +/- TCA if any eligible chronic conditions are identified
- Consider referral to the the Integrated Team Care (ITC) Program if complex chronic conditions and needs are identified
- Make follow up appointments at the time of the health check, where possible
- Add a recall/reminder for the patient to have their next health check in 9-12 months.





715 Health Check brochures and posters are available from CHN's Indigenous Health Team, and online

Integrated Team Care (ITC) Program



What is it?

The Integrated Team Care (ITC) Program is one of the current activities under the Indigenous Australians' Health Programme funded by the Department of Health and Aged Care. CHN commissions local services to provide the ITC Program. ITC contributes to improving health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through better access to care coordination and multidisciplinary care, and to support self-management.

Why is it important?

The program supports Aboriginal and Torres Strait Islander patients of any age with complex chronic health conditions who are at risk of otherwise avoidable hospital admissions and have difficulty accessing and utilising appropriate services for their care.

ITC assists patients that have difficulty managing multiple services and appointments and those that require help to overcome barriers to access health services, such as cost and transport. It is a requirement of the program that patients have a current GP Chronic Condition Management Plan (GPCCMP).

What are the benefits for my patients?

- Patients are provided support by a Care Coordinator, who is a qualified health care worker.
- The Care Coordinator works with patients one-on-one to assist with implementation of the patient's GP Chronic Condition Management Plan (GPCCMP).
- The program can assist with transport for patients to get to and from appointments and payment for medical specialist and allied health professional service fees and approved medical aids to develop self-management skills for their chronic conditions.

What are the benefits for my practice?

- Assisting patients to participate in regular reviews with their GP and supporting patients with adherence to treatment regimens.
- Working with patients to improve their engagement of the health system and working collaboratively with the patients' health care team.

Implementation in Practice

Check

- [ ] Consider Aboriginal and Torres Strait Islander patients who would benefit from referral to the Integrated Team Care Program ie patients with chronic condition/s that require multidisciplinary care and would benefit from assistance with management of their chronic disease to improve health outcomes.

Do

- [ ] Offer eligible patients an Aboriginal and Torres Strait Islander Peoples Health Assessment (715 health check)
- [ ] Complete a GP Chronic Condition Management Plan (GPCCMP – MBS items 392, 965, 92029 and 92060)
- [ ] Discuss patient priorities and goals
- [ ] Refer patients who may benefit from assistance to the ITC Program.
- [ ] Patients of mainstream general practices are referred to Grand Pacific Health (GPH), see referral information on GPH website.

Real Stories - Ashleigh's Story

Ashleigh was referred to Grand Pacific Health's (GPH) Integrated Team Care (ITC) program in the Australian Capital Territory (ACT), through her GP as an Aboriginal woman living with chronic illness.

Ashleigh was struggling to afford specialist visits and as a result wasn't managing too well. She suffers from sleep apnoea and was using a 10-year-old mask with her Continuous Positive Airway Pressure (CPAP) machine - held together with sticky tape, which also had tubes that contained mould. Ashleigh's other conditions included an injured foot, reflex sympathetic nervous dystrophy, chronic pain, asthma, major depression and anxiety.

Managing her pain was a daily struggle and her medication was costing her a lot of money but despite taking dozens of pills, they weren't really working for her. She was also on a long waiting list to have an MRI for her right foot.

"I couldn't afford to keep living that way," said Ashleigh.

Her Support Worker Taylor – a Registered Nurse with GPH, helped get Ashleigh a referral to a private pain specialist and GPH assisted with funding this. Changes were made to her daily medications and she was also able to legally access marijuana oil to manage her pain and anxiety.

GPH's ITC Program also paid for a new mask and tubes for her CPAP machine, which means she is able to use the equipment and sleep through the night. An MRI revealed how far her dystrophy condition had degenerated in her right foot meaning specialists can now target that



effectively, and she was also assisted to obtain a Mental Health Care Plan to access affordable psychological services.

"Taylor has been wonderful, open and honest about the services GPH can and cannot assist with."

"She has helped to connect me with services I wouldn't otherwise have been able to find or afford."

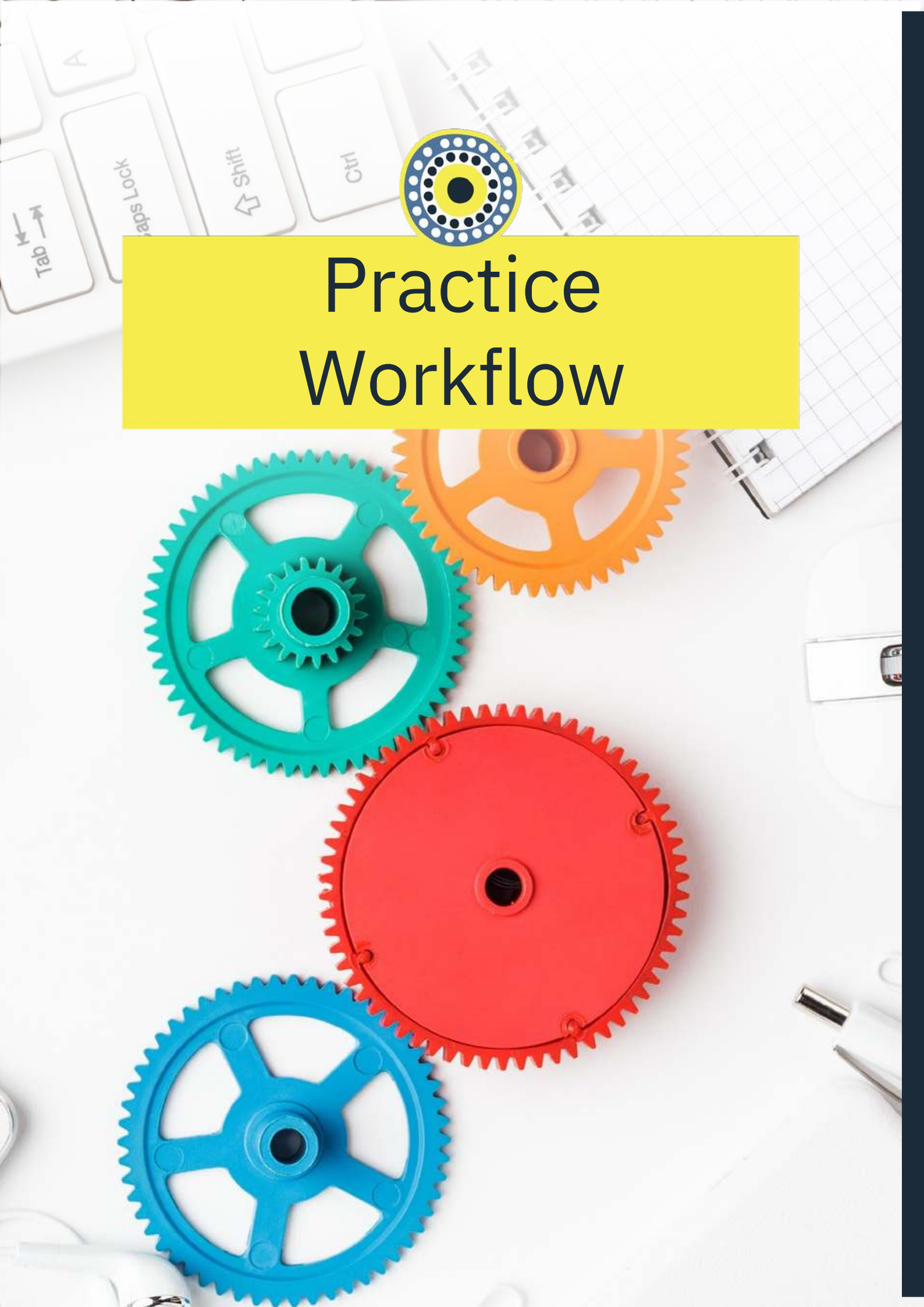
"She also came with me to appointments, which sometimes meant wiping dribble off the floor from my service dog who comes with me to help manage my anxiety in public," added Ashleigh.

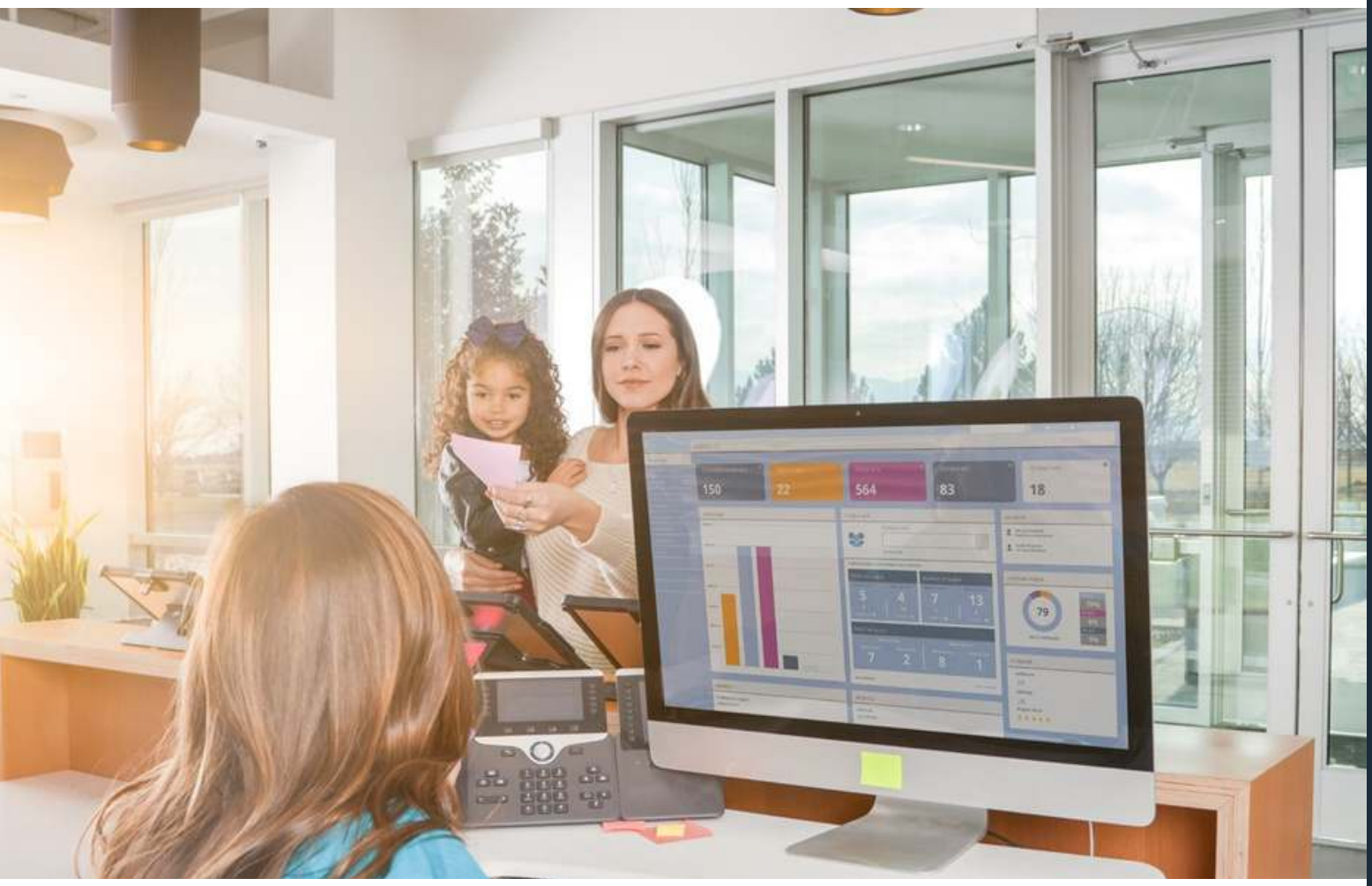
Taylor says seeing how far Ashleigh has come makes her happy:

"She was in a really bad place with her health management when I met her and was clearly struggling financially with her medications as well."

"Seeing her so much happier and healthier now is why I got into health care, and why I still love my job after working here for 3 years," added Taylor.

Practice Workflow





Medical Receptionist

- ☐ Asks all new patients ‘Are you of Aboriginal or Torres Strait Islander origin’?
- ☐ Records ethnicity for all new patients in practice software
- ☐ Reviews whether or not ethnicity has been recorded for all patients when other patient details are reviewed or updated, on a regular basis
- ☐ Asks patients ‘Are you of Aboriginal or Torres Strait Islander origin’? if this information has not been recorded on their file
- ☐ Attends cultural awareness training
- ☐ Contributes to making the reception area culturally safe
- ☐ Has an understanding of programs and Medicare item numbers available for First Nations’ people
- ☐ Assists with recalling First Nations patients when they are due for health assessments and routine care
- ☐ Understands how to register patients for programs such as the PIP-IHI and CTG co-payment, and knows how to access this information if required
- ☐ Knows how to access relevant information from Medicare when required eg helping to check patients’ Medicare details, checking to see when relevant Medicare items have previously been billed

Practice Manager

- [ ] Has a good understanding of the PIP-IHI and practice requirements
- [ ] Understands how to register patients for programs such as the PIP-IHI and CTG co-payment, and knows how to access this information
- [ ] Is able to run regular practice audits for information such as;
  - Practice records of patient ethnicity
  - Number of regular First Nations patients who are due or overdue for routine aspects of health care eg health assessments, GPCCMPs
  - Number of regular First Nations patients who are registered with the practice for PIP-IHI
- [ ] Has a good understanding of the practice recall system and regularly ensures it is functioning adequately
- [ ] Attends cultural awareness training
- [ ] Contributes to making the reception area culturally safe
- [ ] Has an understanding of programs and Medicare item numbers available for First Nations people and provides education to other practice staff on these
- [ ] Asks patients 'Are you of Aboriginal or Torres Strait Islander origin'? if this information has not been recorded on their file.

Practice Nurse

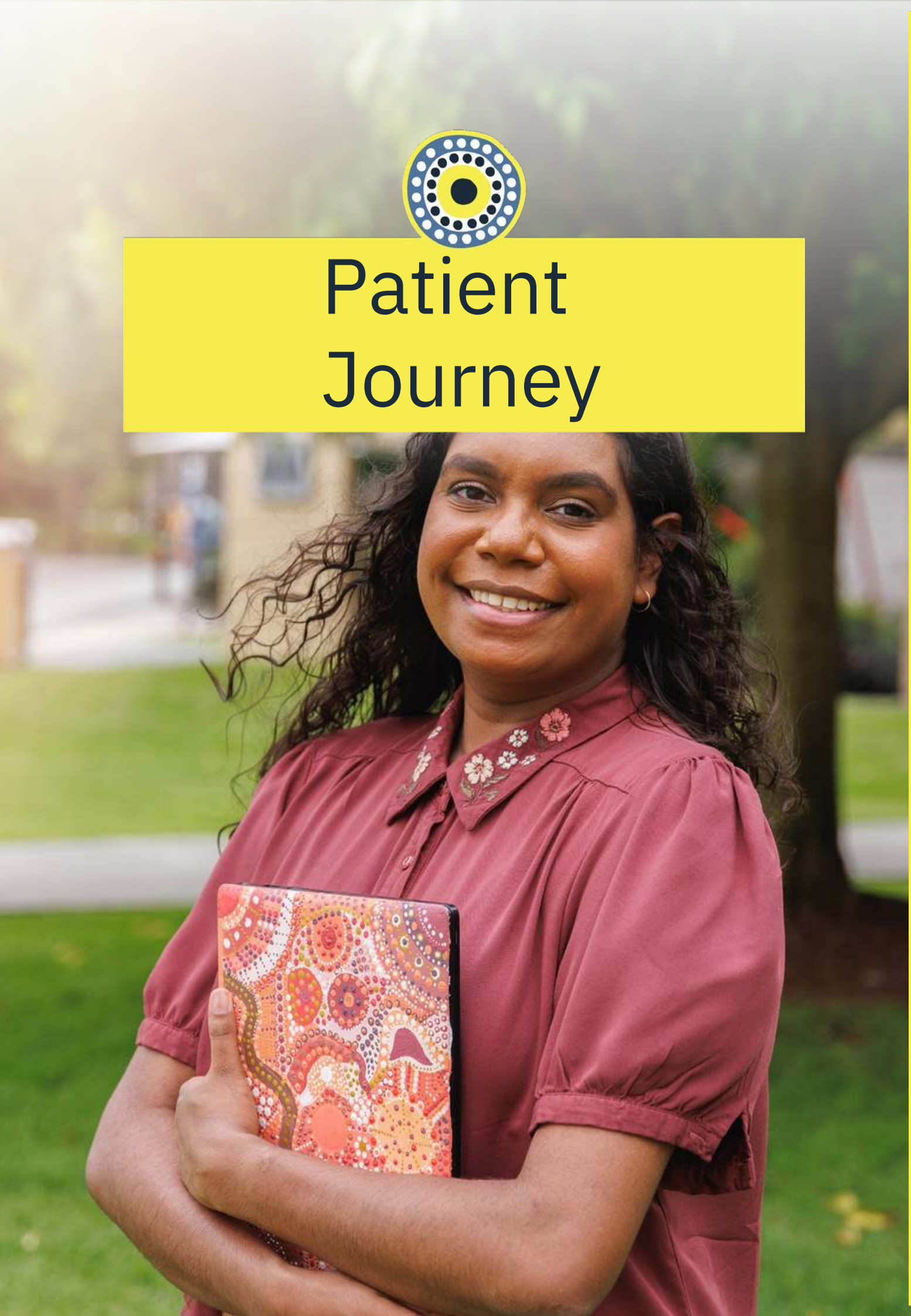
- [ ] Has a good understanding of the practice recall system and regularly ensures it is functioning adequately
- [ ] Recalls patients when due for routine aspects of care
- [ ] Attends cultural awareness training
- [ ] Contributes to making the reception area culturally safe
- [ ] Has an understanding of programs and Medicare item numbers available for First Nations people and provides education to other practice staff on these
- [ ] Asks patients 'Are you of Aboriginal or Torres Strait Islander origin'? if this information has not been recorded on their file
- [ ] Assists the GP with undertaking 715 health checks and GPCCMPs
- [ ] Provides follow up care services
- [ ] Is aware of where to find information specific for Indigenous patients eg on Healthpathways, Australian Immunisation Handbook, Australian Indigenous Health*Info*Net



General Practitioner

- ☐ Asks patients 'Are you of Aboriginal or Torres Strait Islander origin'? if this information has not been recorded on their file
- ☐ Provides comprehensive, wholistic, patient centred, culturally safe care
- ☐ Attends cultural awareness training
- ☐ Contributes to making the reception area culturally safe
- ☐ Has an understanding of programs and Medicare item numbers available for First Nations people and provides education to other practice staff on these
- ☐ Undertakes 715 health assessments and GPCCMPs and MHTPs when required for patients
- ☐ Is aware of medications specifically listed on the PBS for patients who identify as being Aboriginal and/or Torres Strait Islander.
- ☐ Has a good understanding of the practice recall system and regularly ensures it is functioning adequately
- ☐ Is aware of where to find information specific for Indigenous patients eg on Healthpathways, Australian Immunisation Handbook, Australian Indigenous Health*Info*Net

Patient Journey



Patient journey

Identification

- Patient presents at the general practice or primary health care service and self-identifies as Aboriginal and/or Torres Strait Islander.

Registration

- Patient feels culturally safe and expresses an interest in attending the practice for the majority of their health care needs (ie identifies the practice as their 'usual' practice)
- Patient is registered for PIP-IHI with the practice with patient's consent.
- GP, Practice Nurse, or Aboriginal Health Worker (AHW)/ Aboriginal Health Practitioner (AHP) checks to see if the patient is registered for CTG PBS co-payment. If not, the practice explains this and assists the patient with registration.

Health Assessment/s

- GP, Practice Nurse or AHW/AHP discusses the patient's health care needs, the potential benefit of an MBS item 715 Health Assessment and what is involved.
- Patient consents to a 715 health check and the health check is undertaken by clinical staff in a culturally safe, patient-centred way.
- Practice clinical staff discuss health issues identified in health check with the patient and agree on a strategy to improve and reduce risk of future disease.
- Health check is completed with the patient by the GP and the patient is offered a copy.

Medicines

GP prescribes any required medicines, utilising specific PBS listings if relevant, and the patient receives lower cost medicines from the pharmacy under the CTG PBS co-payment measure.

Follow up

If after the 715 health assessment further follow-up and assistance is identified as being required the patient can be referred for:

- Follow up allied health services (MBS 81300 – 81360) up to ten in total per calendar year; and/or
- GP prescribes any required medicines, utilising specific PBS listings if relevant, and the patient receives lower cost medicines from the pharmacy under the CTG PBS co-payment measure.

Chronic disease management

If a patient is identified as having a chronic condition they may be eligible for;

- A GP Chronic Condition Management Plan (GPCCMP – MBS items 392, 965, 92029 and 92060)
- 3 monthly GPCCMP reviews (MBS items 393, 967, 92030 and 92061)
- Follow up practice nurse or Aboriginal and Torres Strait Islander health practitioner visits (MBS 10997) for ongoing support and monitoring (5 per calendar year).
- Follow up Allied Health Services – MBS 10950 – 10970 (up to 10 per calendar year).
- Follow up Group Allied Health Services for those with Type 2 Diabetes – MBS 8110 – 81125 (1 assessment and 8 services per calendar year).

If complex chronic conditions or needs are identified the patient can be referred to the Integrated Team Care (ITC) program for care co-ordination and supplementary services.

Ongoing care

- The patient continues to attend the practice for ongoing acute, preventive and chronic disease care
- The practice utilises recall and reminder systems to let the patient know when they are due for further preventive and chronic disease care
- The patient attends to have a health assessment each year.



Commonly used Medicare Benefits Schedule (MBS) item numbers





Information and Resources

Your guide to Medicare for Indigenous health services – *Services Australia*

MBS guide for GPs and primary care teams working in Aboriginal and Torres Strait Islander health - *RACGP*

This guide is intended to be used by GPs providing care to Aboriginal and Torres Strait Islander people. It includes MBS items commonly used in general practice, as well as items used by other health professionals such as allied health providers and nurse practitioners.

Indigenous health education for health professionals – *Services Australia.*

Learn about health program payments and services to help improve Aboriginal and Torres Strait Islander Australians' health outcomes.

Indigenous Access Program – *Services Australia.*

Provides information for patients regarding access to Medicare services for Aboriginal and Torres Strait Islander peoples.

Aboriginal and Torres Strait Islander Access Line 1800 556 955

A free call telephone service that helps Aboriginal and Torres Strait Islander Australians get information about, or access to, Medicare services and programs. This service is supported by staff who are culturally aware of the special conditions that may affect Aboriginal and Torres Strait Islander Australians.

Preventive Health and Chronic Disease Management

MBS and Government Programs Flow Chart

Identify Aboriginal an Torres Strait Islander Patients

Register the practice and eligible patients for PIP-IHI

Register eligible patients for CTG PBS co-payment

Offer an Aboriginal and Torres Strait Islander Peoples Health Assessment

Health Assessment 715

1 x per calendar year (minimum interval 9 months)

Birth to 5 years | 5 to 12 years | 25 to 49 years | ≥ 50 years

Need for follow-up on behalf of GP identified

Follow-up provided by Practice Nurses, Aboriginal and Torres Strait Islander health practitioners under supervision of the GP Aboriginal and Torres Strait Islander patient specific

10987

Up to 10 per calendar year (claimed by the GP)

Need for allied health follow-up identified

GP refers patient using referral form for each type of service Aboriginal and Torres Strait Islander patient specific

81300 – 81360

Up to 10 per calendar year – after either a 715 or 965

Chronic Disease Management

GPCCMP, 965
1 x per year*

→

Review GPCCMP, 967,
Every 3 months*

*May be provided more often in exceptional circumstances. Cannot be claimed with a general consultation item on the same day.

Need for follow-up on behalf of GP identified

Ongoing support and monitoring of chronic disease provided by Practice Nurses or Aboriginal and Torres Strait Islander health practitioners, consistent with the scope of the GPCCMP and under GP supervision

10997

Up to 5 per calendar year (claimed by the GP)

Need for allied health follow-up identified

GP refers patient for each type of service. Patient must have a GPCCMP

10950 to 10970

Up to 5 per calendar year' to 'Up to 10 per calendar year – after either a 715 or 96

Additional group allied health services

for patients with Type 2 Diabetes and a GPCCMP

81100 to 81125

Up to 8 group services plus 1 assessment service per calendar year

(claimed by allied health provider)

Follow up items 10997, 10950 to 10970 and 81100 - 81125 are not Aboriginal and Torres Strait Islander patient specific but can be offered **IN ADDITION** to follow up items available after a 715. Always check MBS Online for comprehensive information relevant to claiming all Medicare items listed above.

Consider referral to the Integrated Team Care (ITC) Program

Quality Improvement



What is it?

Quality improvement is foundational to contemporary high performing primary care. It includes team-based approaches, peer review, reflective practice, best practice, and data analysis. It can improve uptake of evidence-based practices for better patient outcomes, better professional development, and better system performance.

The Royal Australian College of General Practitioners (RACGP) defines continuous quality improvement as an ongoing activity undertaken within a general practice with the primary purpose to monitor, evaluate or improve the quality of health care delivered to practice patients.

Why is it important?

Evidence shows quality improvement leads to better, safer care – particularly when the whole practice team is involved. It also contributes to a more connected, capable and responsive health system.

The RACGP Standards for general practice (5th edition) recommends practices engage in QI activities that review structures, systems and processes, to aid the identification of required changes to increase the quality of health care delivery and the safety of patients.

What are the benefits for my patients?

- Improved health outcomes
- Improving patient experience
- Responsive, respectful and value-based care
- High quality, evidence-based care.

What are the benefits for my practice?

- Efficiency of managerial and clinical processes
- Staff satisfaction and pride in their work and the care they provide
- A better functioning and cohesive practice team
- Prevention of adverse outcomes.

Implementation in practice

NACCHO and the RACGP have developed the Five Steps Resources, a suite of resources that provide a clear and concise summary of the programs and funding options available to support care for Aboriginal and Torres Strait Islander patients in primary health care settings in order to help Close the Gap by taking 'five steps towards excellent Aboriginal and Torres Strait Islander healthcare'.

Five steps towards excellent Aboriginal and Torres Strait islander healthcare:

- Five steps guide
- Five steps summary sheet
- Five steps visual poster



Expanding on the Five Steps resource, RACGP and NACCHO's five Good Practice Tables provide practical actions and activities that the whole practice team can undertake to support culturally responsive health care for Aboriginal and Torres Strait Islander people.

These activities are aligned with the Standards for general practice (5th edition) to support practice accreditation.

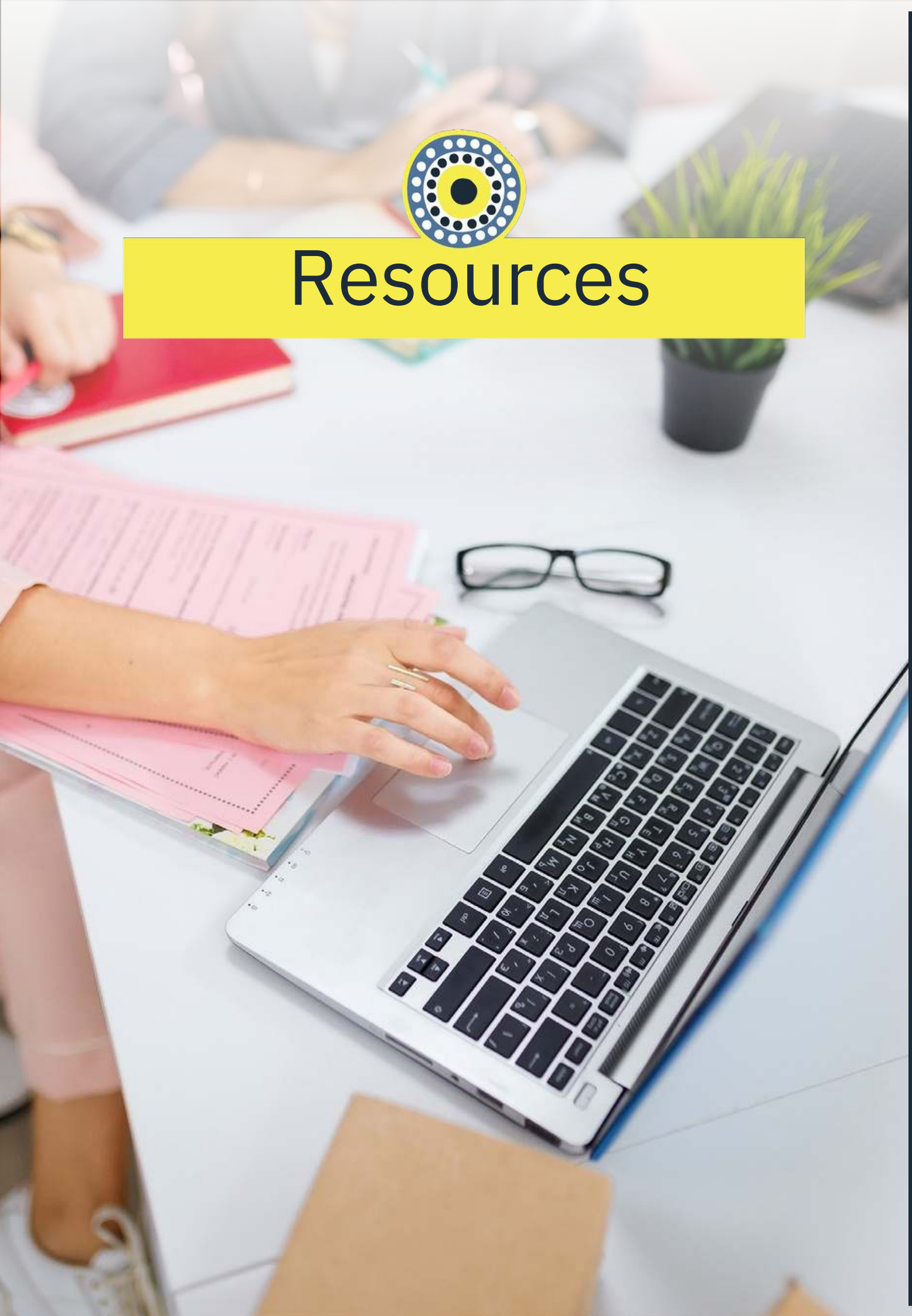
NACCHO – RACGP Good practice tables

- Step 1: Prepare the practice – Providing effective, culturally safe health care
- Step 2: Identification of Aboriginal and Torres Strait Islander patients
- Step 3: Offer the patient an MBS item 715 health check and make arrangements for follow-up
- Step 4: Register your practice for the Practice Incentives Program Indigenous Health Incentive and eligible patients for the Closing the Gap co-payment
- Step 5: Use appropriate clinical guidelines and programs to enhance access and quality of care.

For further information see:
NACCHO – RACGP resource hub

Quality improvement questions for your practice

- Do all members of the practice team understand the CTG PBS co-payment measure?
- Do all members of the practice team communicate this information to patients?
- Do practice referral letters to specialists indicate CTG PBS co-payment registration and a prompt that prescriptions for patients referred from the practice can be CTG annotated?
- Do staff members have an understanding of the PIP-IHI patient registration and consent requirements?
- Does the practice provide access to cultural awareness training to all members of staff including GP's, practice manager, practice nurse/s and reception staff?
- Do all practice staff know where to find and how to use culturally appropriate resources and guidelines?
- Do GP's use relevant clinical guidelines for treating patients who identify as Aboriginal and/or Torres Strait Islander, and for preventing and managing chronic diseases in these patients?
- Is practice data regularly reviewed to ensure all patients have ethnicity recorded in patient health records?
- Does the practice have 715 health check information available for patients? D Does the practice have a recall system in place for annual 715 health checks? D Are practice staff aware of the Integrated Team Care (ITC) Program?
- Does the practice have Integrated Team Care (ITC) Program brochures available to patients?
- Does your practice support and educate all staff to understand how and why the identification question is asked?
- Are all staff members trained to correctly record ethnicity in practice software?
- Does your practice do periodic reviews or audits of systems and data relevant to First Nations patients?
- Do you know how many regular Aboriginal and/or Torres Strait Islander patients attend your practice?
- Do you know how many of your regular First Nations patients have had a 715 health check in the last 12 months?
- How many of your eligible regular First Nations patients have an up to date GPCCMP and/or MHTP?
- Is your practice registered for the PIP-IHI? If so, is your practice compliant with PIP-IHI requirements?
- Is your practice completing requirements for all registered First Nations patients in order to receive the maximum incentive payments under the PIP-IHI?
- Does your practice have a process for ensuring all eligible patients are registered with the practice under the PIP-IHI each year?
- Has your practice completed the RACGP clinical audit 'Identification of Aboriginal and Torres Strait Islander patients in general practice' ?



Resources

RACGP

- National Guide to a preventative health assessment for Aboriginal and Torres Strait Islander people
- Standards for general practices – 5th edition
- Standards for General Practice training – 3rd edition
- RACGP curriculum - Aboriginal and Torres Strait Islander Health
- Cultural awareness education and cultural safety training
- Cultural awareness and cultural safety training
- An introduction to Aboriginal and Torres Strait Islander health cultural protocols and perspectives
- Identification of Aboriginal and Torres Strait Islander people in Australian general practice
- MBS guide for GPs and primary care teams working in Aboriginal and Torres Strait Islander health
- MBS guide for other medical practitioners and primary care teams working with Aboriginal and Torres Strait Islander health Health check templates
- Telehealth – considerations for an effective health check
- NACCHO – RACGP resource hub
- RACGP clinical audit 'Identification of Aboriginal and Torres Strait Islander patients in general practice'

Services Australia

- Indigenous Health Services (eLearning, infographics and simulations)
- Your guide to Medicare for Indigenous Health Services
- Health Professional Education Resources
- Practitioners in Indigenous health (services payments and programs)
- Register for a PRODA account
- PRODA (provider digital access) account
- Health Professional Online Services (HPOS)
- Indigenous Health education for health professionals
- Medicare Indigenous enrolments

Department of Health

- Aboriginal and Torres Strait Islander Health

Australian Institute of Health and Welfare

- Training tool to assist those who work in the health sector to ask about Indigenous status.
- Resources available from AIHW to improve Indigenous identification in health services - Staff Brochure, Patient Fact Sheet, Waiting area Poster
- AIHW Indigenous identification
- AIHW Indigenous Australians overview

National Aboriginal Community Controlled Health Organisation (NACCHO)

- NACCHO key facts
- National Framework for Continuous Quality Improvement in Primary Health Care for Aboriginal and Torres Strait Islander people, 2018-2023. Principles for producing best possible medicines list for Aboriginal and Torres Strait Islander people.

Australian Indigenous Doctors Association (AIDA)

- Cultural Safety

The Healing Foundation

- The Story of the Healing Foundation
- Working with Stolen Generations
- Intergenerational Trauma animation
- Story of the Healing Foundation
- Working with the Stolen Generations - GP factsheet
- Stolen Generations

Other Resources

- Australian Indigenous HealthInfoNet
- Wellmob - Social, emotional and cultural wellbeing online resources for First Nations people.
- Australian Immunisation Handbook, vaccination for Aboriginal and Torres Strait Islander
- people
- ACT Council of Social Service (ACTCOSS) Aboriginal and Torres Strait Islander resources
- Closing the Gap
- Close the Gap Campaign
- Uluru Statement from the Heart
- From the Heart – Aboriginal and Torres Strait Islander Voice to Parliament



HealthPathways

A web-based clinical tool that provides health professionals with localised and evidence-based pathways which feature the assessment, management and referral options available locally across the ACT and Southern NSW. These pathways are developed by the Primary Health Networks, GPs, specialists and other local health care providers. A suite of resources specific to Aboriginal and Torres Strait Islander people is available (for health professionals only) and includes:

- Aboriginal and Torres Strait Islander Health Services Directory
- Aboriginal and Torres Strait Islander Peoples Health Assessment (MBS Item 715)
- Claiming MBS Items for Aboriginal and Torres Strait Islander Health Care
- Closing the Gap
- Cultural Awareness and Cultural Safety
- Integrated Team Care (ITC) Program
- Pharmaceutical Benefits Scheme (PBS) Co-payment Measure (CTG scripts)
- Practice Incentives Program – Indigenous Health Incentive (PIP-IHI)
- Framework for Care Provision for Aboriginal and Torres Strait Islander Peoples
- Claiming MBS Items for Aboriginal and Torres Strait Islander Health Care

RACGP | Aboriginal and Torres Strait Islander Health

NACCHO
National Aboriginal Community Controlled Health Organisation
Aboriginal health in Aboriginal hands
www.naccho.org.au

Useful high-quality MBS item 715 health checks for Aboriginal and Torres Strait Islander people

Understand the purpose of the health check is to:

- support initial and ongoing engagement in comprehensive primary healthcare in a culturally safe way
- provide evidence-based health information, risk assessment and other services for primary and secondary disease prevention
- identify health needs, including patient health goals
- and priorities
- support participation in population health programs (eg immunisation, cancer screening), chronic disease management and other primary care services (eg oral health).

Know that a high-quality health check is:

- a positive experience for the patient that is respectful and culturally safe
- provided with a patient, not to a patient
- useful to the patient and includes patient priorities and goals in health assessment and planning
- supports patient agency
- provided by the usual healthcare provider in the context of established relationship and trust
- provided by a multidisciplinary team that includes Aboriginal and/or Torres Strait Islander clinicians
- evidence-based as per current Australian preventive health guidelines that are generally accepted in primary care practice (eg National Aboriginal Community Controlled Health Organisation [NACCHO]–Royal Australian College of General Practitioners [RACGP] National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people, Central Australian Rural Practitioner's Association [CARPA] Standard Treatment Manual, etc)
- provided with enough time (usually 30–60 minutes, with a minimum of 15 minutes with the GP) and often completed over several consultations
- followed up with care of identified health needs (ie continuity of care).

Make sure your practice is providing health checks that are acceptable and valuable to patients by:

- identifying Aboriginal and Torres Strait Islander patients in a welcoming, hospitable manner
- explaining the purpose and process of the health check and obtaining consent
- enquiring about patient priorities and goals
- adapting the health check content to what is relevant and appropriate to the patient
- asking questions in ways that acknowledge strengths, that are sensitive to individual circumstances and that avoid cultural stereotyping
- completing the health check and identifying health needs
- making a plan for follow-up of identified health needs in partnership with the patient
- making follow-up appointments at the time of the health check, where possible
- considering checking in with the patient about their experience of the health check, in order to support patient engagement and quality improvement.

Potential pitfalls of health checks:

- A poor health check can lead to non- or dis-engagement in healthcare and has the potential to do harm – **establish engagement and trust**
- Health checks can have highly variable content and quality – **use endorsed high-quality templates**
- Increasing the number of health checks without a focus on quality may undermine benefit for patients – **avoid quantity over quality**
- Health checks are not proxy for all preventive healthcare – **they are one activity in the range of health promotion and disease-prevention activities in primary care**
- No follow-up will have no or minimal impact on improving health outcomes – **follow up identified health needs**
- Cultural stereotyping – **acknowledge the health impacts of racism and build a culturally safe practice**

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RACGP | Aboriginal and Torres Strait Islander Health

NACCHO National Aboriginal Community Controlled Health Organisation *Aboriginal health in Aboriginal hands* www.naccho.org.au

Telehealth – considerations for an effective Aboriginal and Torres Strait Islander health check

Background

The aim of this resource is to support provision of effective health checks using telehealth (video or phone). This advice builds on the work of the NACCHO–RACGP Partnership Project in 2019, which includes:

- recommendations of what to include in age-appropriate health checks, templates available here
- a guide to useful high-quality health checks
- information about the development of the health check templates.

A good health check:

- is useful to the patient
- identifies health needs including patient health goals and priorities
- supports patients to take charge of their health and wellbeing
- provides a framework for primary and secondary disease prevention through healthcare advice, risk assessment and other measures
- is provided by the regular healthcare team/provider
- includes a plan for follow-up of identified health needs, priorities and goals.

Source: The Royal Australian College of General Practitioners and National Aboriginal Community Controlled Health Organisation. Aboriginal and Torres Strait Islander health check templates. East Melbourne, Vic: NACCHO–RACGP Partnership Project, 2020. Available at https://www.racgp.org.au/the-racgp/faculties/aboriginal-and-torres-strait-islander-health/guides/resources/2019-mbs-item-715-health-check-templates [Accessed 29 September 2020].

Points to consider about telehealth:

- Supplements and does not replace face-to-face consultations
- Can support different members of the team (multidisciplinary) to provide the health check at different times (over multiple consultations)
- Offers greater flexibility in how health checks are available to patients and conducted by healthcare teams
- Different components may be offered by telehealth and in face-to-face consultations depending on
  - availability of healthcare staff in different settings
  - patient preferences
  - access to services (including due to restrictions eg during the pandemic).

Checking health and gathering information via telehealth (video or phone):

- Identify current health priorities.
- Identify current concerns including housing, safety, financial.
- Check social and emotional wellbeing and mental health including how people are managing restrictions and other impacts of the pandemic, such as
  - social connection
  - things that support health and wellbeing eg exercise, healthy eating
  - alcohol and other substance use.

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NACCHO National Aboriginal Community Controlled Health Organisation *Aboriginal health in Aboriginal hands* www.naccho.org.au

- Check chronic disease management.
- Check medications.
- Check immunisations.
- Provide brief interventions eg to support smoking cessation.
- Discuss age-appropriate elements of the health check as per the health check recommendations, such as developmental tracking; cervical, breast and bowel cancer screening; blood-borne virus and sexually transmissible infection screening.
- Reinforce COVID-19 public health and prevention messages.
- Give information about how and when to access healthcare.
- Agree on what needs to be done in the face-to-face visit (finalise health check and other healthcare including follow-up of identified health needs).
- Ensure the health record is up to date and accurate including health summary, recalls, etc.

In-person consultation (face-to-face):

- Complete the physical examination components of the health check including height, weight and other age-appropriate examinations eg heart, abdomen, chest, eyes, ears (otoscopy), skin, mouth and teeth as per health check recommendations.
- Arrange and/or conduct investigations such as blood tests, blood-borne virus and sexually transmissible infection screening, other urine or point-of-care testing.
- Offer more in-depth interviewing/talking/social interaction.
- Consider the opportunity to give immunisations, complete cervical screening or make arrangements for another time.

Different ways to do a health check:

- In your health service/practice, consider which practitioner/role provides each part of the health check ie GP/nurse/Aboriginal health worker (AHW)/practitioner (AHP).
- Health checks may be completed over several visits/telehealth consultations and by different people.
- AHWs/AHPs may be able to ask questions in a way that is more appropriate than the GP.
- Health checks may be triggered by the patient or by recall/follow-up or opportunistically.

Finalising the health check – consider telehealth and face-to-face elements:

- Summarise health needs including patient priorities and goals, and plan response.
- Arrange a single visit to complete physical examination components.
- Arrange investigations.
- Make referrals and appointments.
- Consider coordinating the completion of the health check with services like immunisations, cervical screening, etc when booking appointments.
- Offer a summary of the health check to the patient, parent and/or carer when complete.

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Australian Government
Australian Institute of Health and Welfare

Fact Sheet: 'Are you of Aboriginal or Torres Strait Islander Origin?'

Why am I being asked this question?

Because we ask everybody...

The question 'Are you of Aboriginal or Torres Strait Islander origin?' is one of the routine questions that we ask of everybody using this service. Whether you are a non-Indigenous person, an Aboriginal person, a Torres Strait Islander person, or both Aboriginal and Torres Strait Islander, your response is equally important.

Because information is important...

We have a responsibility to collect data from all our patients, so we can better understand the health of all Australians. This helps us to deliver the best health services, by helping governments use data to plan services that meet the needs of different groups of Australians. Good decision-making depends on good quality information.

To make good decisions for the health of Indigenous Australians, it is important to properly collect data on non-Indigenous patients as well as on Aboriginal and Torres Strait Islander patients. This allows us to better understand how health issues for Indigenous Australians might be the same as, or different to, other Australians.

Because it's the right thing to do...

The best way to get this information right is for us to ask you the standard Indigenous status question and let you answer for yourself. It isn't right for us to guess or make assumptions about who you are, or how you should be counted – we need you to tell us.

Because we care about our patients...

From the evidence we have, we know that many Aboriginal and Torres Strait Islander people are at greater risk of some health problems. We want to make sure Aboriginal and Torres Strait Islander patients have the option to access some of the specific services that can help to reduce these risks - such as health checks, immunisations or contact with an Aboriginal health worker.

To make sure that no Indigenous Australian misses out on these opportunities to reduce their risks and improve their health, we ask every patient whether they are Aboriginal or Torres Strait Islander.

Will I be treated differently depending on my answer?

Different choices for different needs...

Every patient in this service receives the same high standard of care, delivered in a way to best meet your needs. Some patients with more complex needs or at higher risk of certain health conditions - such as older patients, pregnant women, or Aboriginal and Torres Strait Islander patients - might be offered some different choices or provided with specific information.

Support for any that need it...

To allow us to the best possible care for all our patients, we encourage you to ask questions, request information, and to talk with staff about any issues and concerns you may have. Some patients may require some additional support to do this, such as Aboriginal and Torres Strait Islander patients, or patients from different cultural backgrounds and language groups. Support services are available for all patients to use if they need to - please do not hesitate to tell us if you are in need of some additional support.

Different needs, same rights...

All our patients have the right to be treated fairly and with respect. This service works within anti-discrimination laws, which are in place to protect all people from discrimination or harassment on the basis of age, sex, race, disability and other characteristics. Please advise us if you feel you have been treated unfairly, or if you are unhappy with the quality of service you have received.

All your personal information is protected by a strict Privacy Act. The information we collect from patients can only be used to provide the best possible service, and to improve government planning and service delivery. Your personal information cannot be used for any other purpose without your free and informed consent.

CHN Support

Indigenous Health

The Indigenous Health Team at Capital Health Network (CHN) are here to support primary health care providers in the ACT in the delivery of culturally appropriate health care. The team are available for practice visits and education sessions covering all the information available in this toolkit.

Primary Care Quality Improvement

The Primary Care Quality Improvement (PCQI) Team at Capital Health Network (CHN) have developed a QuIK Library. These are resources covering topics relevant to primary health care that have been developed to inform and support general practices in Continuous Quality Improvement (CQI).

Each QuIK Library resource relates to a QuIK Cycle, a Quality Improvement activity. QuIK Cycles are based on the Plan-Do-Study-Act framework for Quality Improvement. Practices can opt in to undertake a QuIK Cycle with our PCQI team which could award participating GPs with CPD hours.

For CHN support please contact:

primarycare@chnact.org.au

(02) 6287 8099

References

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Ngunnawal People of the Canberra Region, Australians Together
(https://australianstogether.org.au/)

ii. What is the definition of Aboriginal health?
National Aboriginal Community Controlled Health Organisation
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iii. Summary of Aboriginal and Torres Strait Islander health status – selected topics 2021
Australian Indigenous HealthInfoNet
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iv. Towards Cultural Safety for Metis: An Introduction for Health Care Providers
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v. Cultural awareness education and cultural safety training
Royal Australian College of General Practitioners
(https://www.racgp.org.au/FSDEDEV/media/documents/Faculties/ATSI/NFATSIH-Cultural-awareness-and-safety-training.PDF)

vi. What is cultural safety?
Centre for Excellence in Therapeutic Care
(https://cetc.org.au/what-is-cultural-safety/)

vii. Flagworld; Aboriginal, Torres Strait Island, and Australian flags desk décor
(https://www.flagworld.com.au/)

viii. Asking The Question
The University of Melbourne Indigenous Eye Health Unit
(https://mspgh.unimelb.edu.au/centres-institutes/centre-for-health-equity/research-group/ieh/roadmap/asking-the-question)

ix. How Indigenous Australians are fairing
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*links accurate and active as of November 2025

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