



RACP CONGRESS 2018

“Improving Aboriginal and Torres Strait Islander Access to Specialist Care”

The Inala model-One Stop Shop

14 - 16 May 2018 - Sydney

Professor Noel Hayman

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Access to Inala Health Centre General Practice

Inala Community Health Building – Indigenous Health resides in this building



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Access data

Improving Indigenous access to a mainstream health service

- Intervention Location
- Inala – Urban multicultural population
- Inala – 8% Indigenous but only 12 Indigenous patients attended UGP

Services Provided at Inala Community Health Centre

- Inala Health Centre General Practice (UGP-IHCGP – IPC)
- Inala Indigenous Health Service established in 1995
- Home & Community Care (HACC)
- Child Health (visiting pediatricians)
- Oral Health
- Mental Health (visiting psychiatrists)
- Alcohol, Tobacco & Other Drugs
- Breast screening Unit
- Therapies

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Noel Hayman, Nola White and Geoffrey Spurling. Improving Indigenous patients' access to mainstream health services: The Inala experience. Medical Journal of Australia (MJA), 2009; 190 (10): 604-606



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Healthy for Life 2006 - 20011

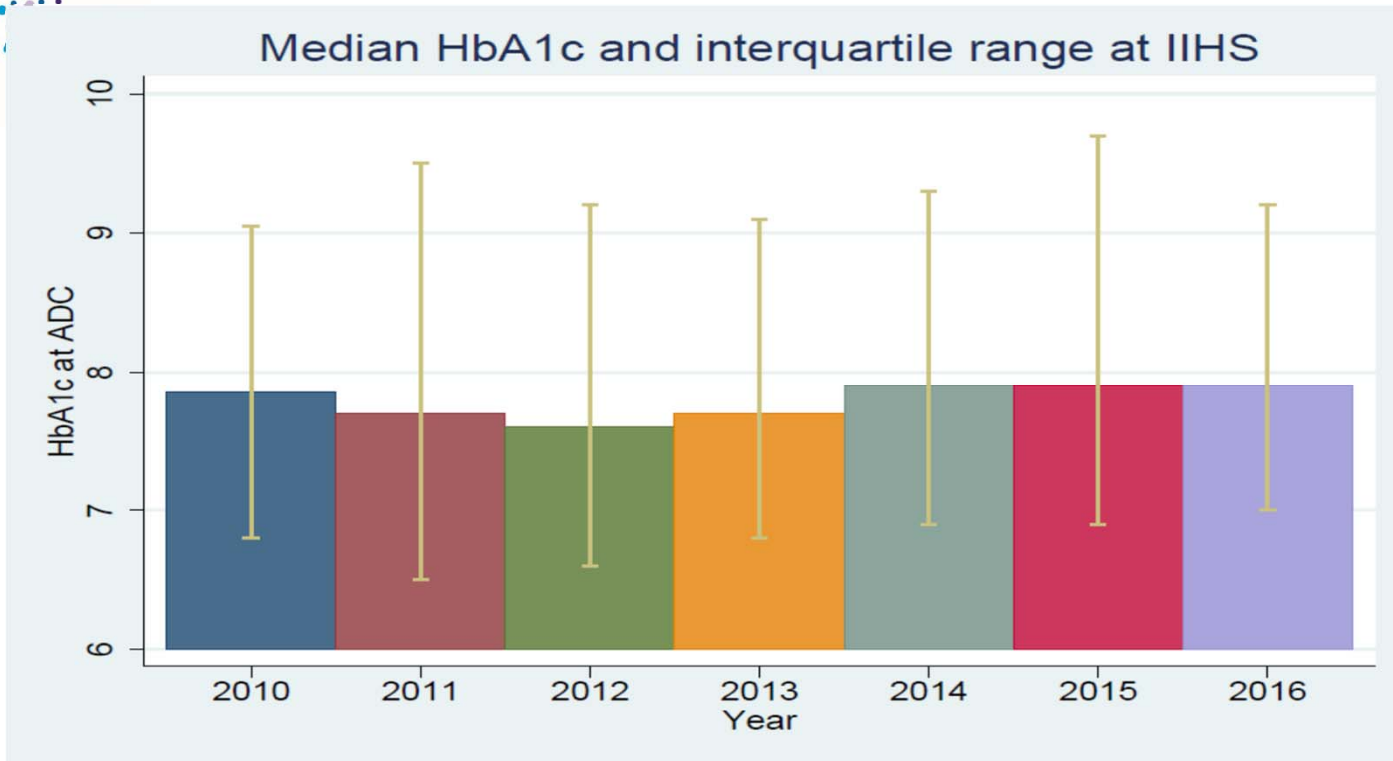
- Commonwealth funding commencing 2006
- Healthy for Life \$102.4 M over four years
- Improve health outcomes for mums and babies
- Reduce incidence of chronic disease
- Enhance the life of patients with chronic disease
- Extensive evaluation framework
- CQI, collect data, analyse, act

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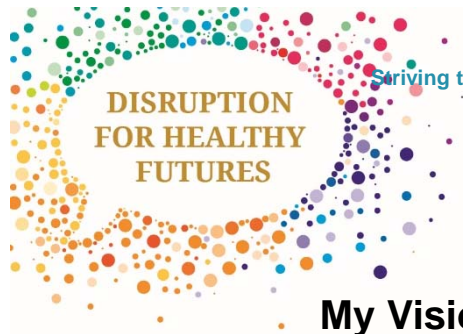


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Equity to Infrastructure

My Vision in 2008

Centre of Excellence in Indigenous Primary Health Care (IndigenousHealth: Everyone's responsibility)

- Link with Universities for Teaching (medical students, nursing, Allied Health) and Research
- Link with Colleges: Teaching and training of Advanced Trainees (ie Paeds, Endocrine, Psychiatry, GP registrar) in Indigenous Health
- Improve local community capacity
- Teaching of PGY1 (Interns) eg Chronic Disease management
- Outreach to areas of need where access is poor. Cunnamulla MSOAP-IDC.
- Integration of Specialist Care

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Vision Becomes Reality

- Queensland Government provided funding for the development of a Southern Queensland Centre of Excellence in Indigenous Primary Health Care. \$7M for building + \$2M recurrent for staff.
- **Official Name: Southern Queensland Centre of Excellence for Aboriginal and Torres Strait Islander Primary Health Care.**
- Aim is to increase the quality, quantity and appropriateness of Indigenous primary health care through teaching and research.
- The development falls under the “Closing the Gap on Indigenous Health Outcomes National Partnership Agreement” (the Indigenous Health NPA), agreed to by Council of Australian Governments (COAG), 2009-2010.
- Sod Turning Ceremony 22/05/12.

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Centre of Excellence

Workforce Development and Teaching

- Strong cultural exchange for students, registrars, doctors, all staff
- Strong grounding In Indigenous Health Issues
- Strong teaching in Chronic Disease Management
- Strong leadership (Succession planning)
- Outcomes: 3 GP Registrars - now SMO's with strong interest in teaching and research. GP currently completing his PhD.
- Advanced Paediatrician Fellow – now our Paediatrician (Completed MPH in Indigenous Child Health)
- Integration of Specialist services at Inala
Cardiology, Ophthalmology, Endocrinology, Hepatology, Paeds, Rheumatology
- Very low turnover of staff (Doctors have half day off from clinic for research or what ever)

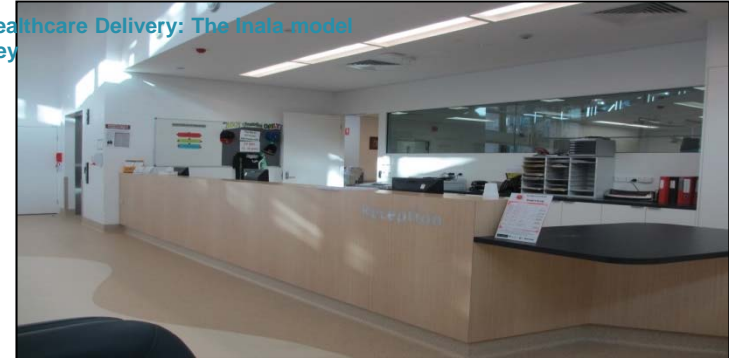
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Inala Indigenous Health CoE Patient Waiting Area May 2013



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**DISRUPTION
FOR HEALTHY
FUTURES**

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Centre of Excellence at Completion



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Inala Indigenous Health Clinical & Specialist Area



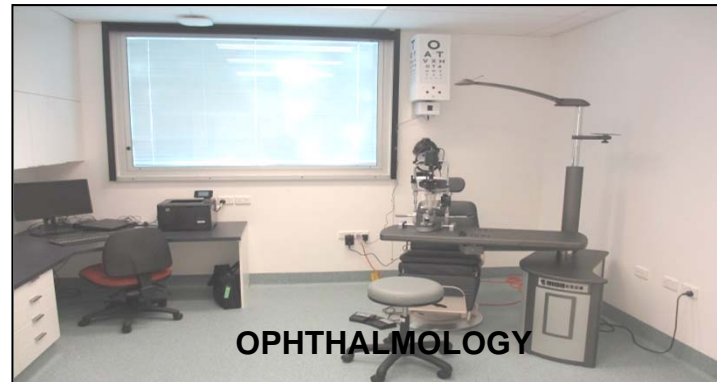
CLINICAL AREA



CARDIOLOGY



TREATMENT AND MINOR OPS



OPHTHALMOLOGY

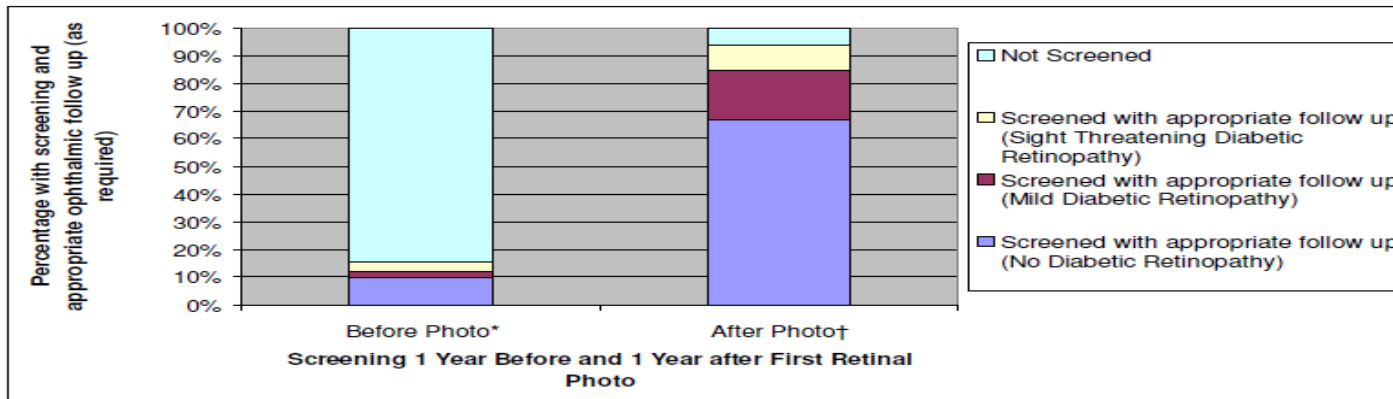
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Access to Retinal Screening and Appropriate Ophthalmic Follow Up (as required) One Year Before and One Year After the Introduction of Clinic-Based Retinal Photography Screening



* Appropriate screening and follow up with optometrist or ophthalmologist

† Appropriate screening with clinic-based retinal photography and then ophthalmic follow up if indicated

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APPENDIX 1

**Southern Qld Centre of Excellence in Aboriginal & Torres Strait Islander Primary Health Care
 Specialist Clinics
 July - December 2017**

	<i>Ophthalmologist</i>	<i>Optometrist</i>	<i>Cardiologist</i>	<i>Paediatrician</i>	<i>Hepatologist</i>	<i>Endocrinologist</i>	<i>Pain Registrar</i>	<i>Rheumatologist</i>	<i>Geriatrician</i>	<i>Speech Therapist</i>	<i>Audiologist</i>	<i>Psychiatrist</i>	<i>Renal</i>
Total number of clients	205	53	50	130	23	63	56	64	16	17	7	171	24
Number of new clients	35	9	32	29	7	19	23	12	4	3	4	16	14
Number of review clients	170	44	18	101	16	42	33	52	12	14	3	155	10
Number of clients having laser surgery	20												

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Improving access to Specialist care- Two examples

- **Rheumatology**

Staff Specialist PAH expressed concern. Low attendance rate (30%) at PAH OPD

Those who attended 70% did not return

Missing out on new medication (biologicals)

At COE 65-70% attendance rate. Those who attend will have follow up

- **Ophthalmology**

Retinal photo at ADC. GP reads photo

Referral to laser or eye injections

Patients love One Stop Shop

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Funding Specialist Care at the COE

1. COE under Section 19(2) of the Health Act
2. All Specialist employed with Queensland Health
3. Option A
Staff specialist receive 50% of base salary for bulk billing
Bulk billing monies to pay for session
4. Option B
Private Practice
Retains bulk billing and pays Facility fee.

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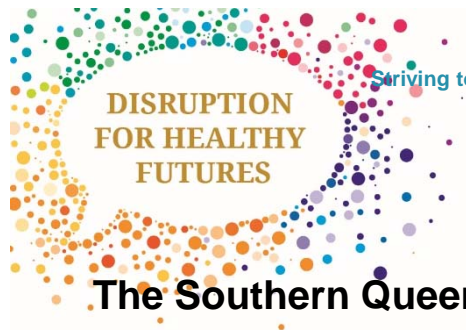
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Benefits of Queensland Health Specialists at COE

1. All specialist linked to Hospital
2. Ease of follow up.
Admission to Hospital if necessary
3. Already seen Specialist more likely to attend Hospital for follow up and treatment
Example.
60 year old man with recent chest pain. Positive EST.
Bypass surgery in 2-3 weeks.

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The Southern Queensland Centre of Excellence in Indigenous Primary Health Care (SQCoE) – Stage 2



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To improve Indigenous health need new models of care. The CoE at Inala is and excellent model focusing on the integration of specialist services, teaching and research as well as high quality care with health gains for our community (shown by CQI)
Importance of involving community. Community Jury. Research but more recently in service delivery.

Thank you

Questions?

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