

Medical Specialist Access Framework (MSAF)

A guide to Equitable Access to Specialist Care for Aboriginal and Torres Strait Islander people

RACP CONGRESS 2018 Sydney 14 - 16 May 2018



Welcome

I would like to show my respect and acknowledge the Gadigal people of the Eora Nation who are the traditional Owners and Custodians of the Land on which this meeting takes place, and their Elders past and present.

I extend that respect to other Aboriginal and Torres Strait Islander people who are present.

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Introductions

Dr Tamara Mackean (Chair)
Dr Catherine Yelland PSM
Professor Noel Hayman
Professor Don Campbell
Dr Simon Quilty



RACP's Aboriginal and Torres Strait Islander Health Committee

Current members:

Dr Tamara Mackean (Chair)

Professor Noel Hayman (Deputy chair)

Ms Dawn Casey PSM (NACCHO representative)

Dr Angela Dos Santos

Dr Andrew Hutchinson

Associate Professor Mark Lane

Associate Professor Phillip Mills (Community representative)

Dr Jonathan Newchurch (AIDA representative)

Dr Naru Pal

Dr Simon Quilty

Dr Angela Titmuss

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RACP's Aboriginal and Torres Strait Islander Health Committee



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Past ATSIHC members + MSAF working party members

Dr Paul Bauert

Dr Mary Belfrage

Ms Lisa Briggs

Dr Alex Hope

Ms Ann Maree Liddy

Professor Ian Ring AO

Dr Catherine Yelland

Dr Ashim Sinha

Associate Professor John Stuart

Dr Stephanie Trust

Ms Michelle Underhill

Dr Ray Warner

Ms Catherine Wright

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Session plan

- Background
- What is the issue?
- What is the Framework?
- Quick tour of the website
- Presentations from Noel, Don, Simon, Catherine
- Conversation, questions and observations about the Framework
- Next steps



What is the issue?

On per person basis, average health expenditure for Indigenous Australians in 2013–14 was **1.38 times** that for non-Indigenous Australians.

But...

Indigenous Australians are currently experiencing a burden of disease and illness **2.3 times** the rate of non-Indigenous Australians.

Source: Aboriginal and Torres Strait Islander Health Performance

Framework

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What is the issue?

Aboriginal and Torres Strait Islander peoples see specialists about **40 per cent less often** than non-Aboriginal Australians (despite greater burden of disease).

In addition, this *access discrepancy* between Aboriginal and non-Aboriginal access to specialists is worse than the discrepancy for access to GPs, allied health, pathology, diagnostic imaging, and other MBS items.

Source: Aboriginal and Torres Strait Islander Health Performance Framework

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Background to the MSAF

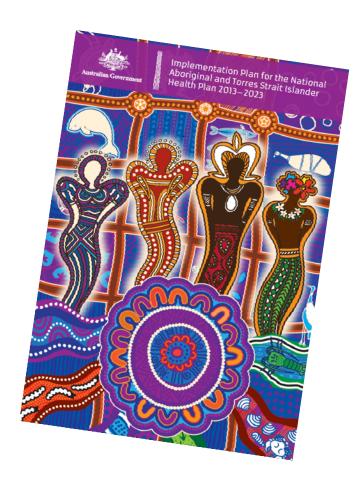


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Where does this fit strategically?





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Where does this fit strategically?

Actions Deliverables by 2018 Deliverables by 2023 Lead entity

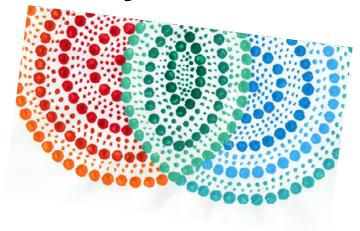
Strategy 1B: Mainstream health services are supported to provide clinically competent, culturally safe, accessible, accountable and responsive services to Aboriginal and Torres Strait Islander peoples in a health system that is free of racism and inequality.

Guidance on the principles that inform equitable access to specialist medical care. The development and usage of a national framework that drives improved access to specialist medical care and integration of care across the health sectors.

Review of national framework undertaken and recommendations actioned Royal Australasian College of Physicians (RACP), NHLF, NACCHO, Affiliates, ACCHOs, Health, health service providers



Deliverable by 2018



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MSAF

Three parts:

- Principles
- Roles and Responsibilities
- Enablers of specialist access

Then:

- Case studies
- Tools and resources

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Principles

- Indigenous Leadership
- Culturally safe and equitable services
- Person centred and family oriented
- Flexibility
- Sustainable and feasible
- Integration and continuity of care
- Quality and accountability

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Why a principles-based framework?

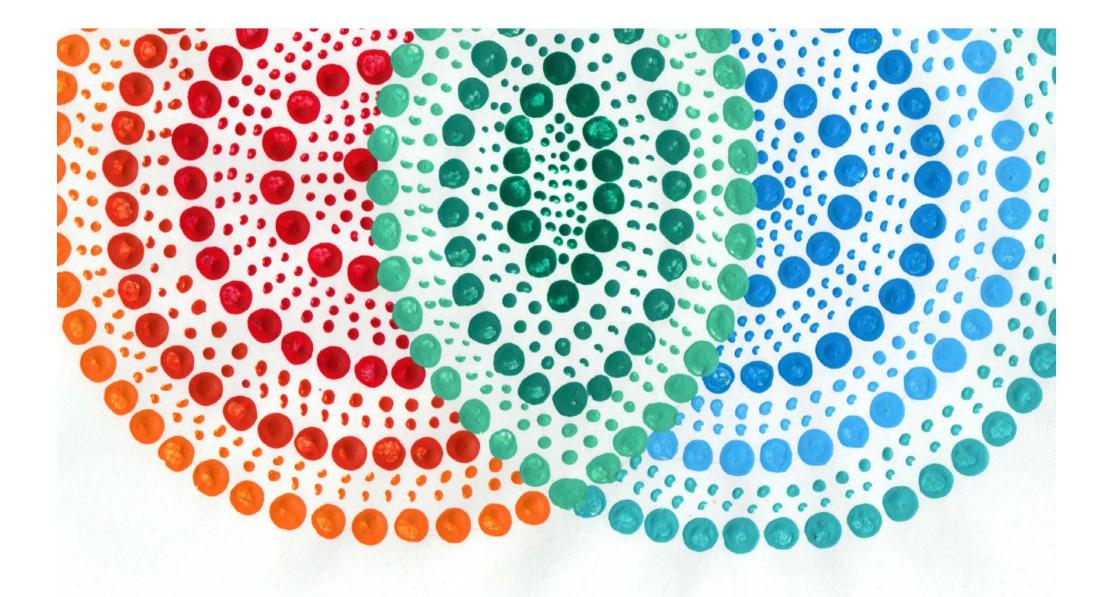
Because ATSIHC want a strengths-based approach, not a deficit lens through which to view the challenge.

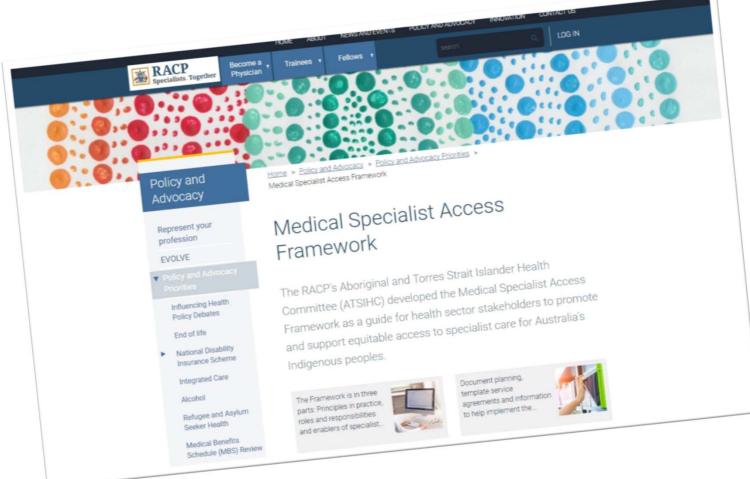
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Role of case studies

- The case studies exemplify the principles in different combinations
- They are instructive and potentially replicable, but they are not a recipe book.





www.racp.edu.au/msaf



Four physicians' experiences

- Noel Hayman
- Don Campbell
- Simon Quilty
- Catherine Yelland

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