



SETTING

Rural and Remote

Closing the Gap in the Detection and Treatment of Kidney Disease

Aboriginal Australians are challenged by kidney disease at about seven times the rate of non-indigenous Australians and are two and a half times more likely to die from kidney disease and its associated impacts. Early detection and treatment to prevent kidney failure is critical to closing the Indigenous health gap, and particularly so in remote communities. A specialist partnership with the Puntukurnu Aboriginal Medical Service (PAMS) in Newman in the WA Pilbara region demonstrates how nephrologists can make a difference.





SNAPSHOT Eastern Pilbara

History

The Martu people comprise about a dozen language groups across the Gibson and Great Sandy Deserts and much of the area now known as the Pilbara, starting over 1000 kilometres north of Perth. Jigalong was established in 1907 to support the building of the rabbit proof fence. In the 1940s, it became a church mission and an Aboriginal community was established. As a part of the wider homelands movement, Martu people established the small and very remote communities of Parnngurr, Punmu and Kanawarritji in the 1970s and 1980s.



Today

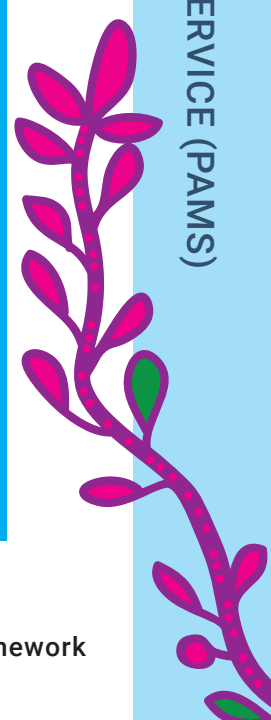
Newman, established in 1966, is a mining town about 165 kilometres west of Jigalong and connected to Port Headland by rail. The population varies but can be up to around 4500, with one in six residents being Indigenous. There is significant seasonal movement among the Indigenous populations of Newman, Jigalong (population 450) Parnngurr, Punmu and Kanawarritji communities.

The Kidney Disease Gap

Kidneys perform the vital task of filtering waste from the body. When the kidneys cannot perform this function, a person will die unless treated by dialysis. This requires them to be connected to a dialysis machine for about four hours a day, three times a week. The preferred treatment option is a kidney transplant which frees a person to lead a more normal life.

THE GAP

Kidney disease presents in the Indigenous population differently to the non-Indigenous. In particular, the onset of kidney disease often starts in those 18 years and over in contrast to over 55 years of age in the non-indigenous population. Among Indigenous people, kidney disease is associated with high blood pressure, untreated diabetes and obesity. Care involving dialysis was the leading cause of indigenous hospitalisations in 2013-15. The demand for kidneys for transplantation to Indigenous people is unmet. Detecting kidney disease at early stages is critical to closing the Indigenous health gap – enabling treatment so to prevent the need for dialysis or transplant. For Indigenous peoples with advanced kidney disease, the need to be near dialysis machines can challenge connections to country, community, family and so on.



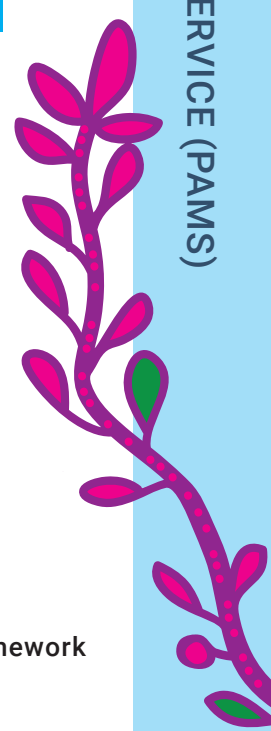


Puntukurnu Aboriginal Medical Service (PAMS)

PAMS is an Aboriginal Community Controlled Health Service (ACCHS). Its administrative hub is based in Newman. Jigalong is the location of the clinical hub and where two GPs, a nurse practitioner and two remote nurses are based. The GPs by rotation travel by charter plane to Parnngurr, Punmu and Kunawarritji each fortnight to provide an outreach service to support of a remote area nurse based in each of these communities. Core primary health care programs are delivered at each site. The demand for dialysis across its service area is high. To cope, PAMS are in the process of installing six self-dialysing chairs in Newman; two in Jigalong; four in Parnngurr; and four at Punmu. Training clients to use the chairs is ongoing.



An Aboriginal Community-Controlled Health Service (ACCHS) is a primary health care service initiated, operated and controlled by local Aboriginal communities through a locally elected board of management. ACCHS vary in size and the services they deliver, but all aim to deliver a model of care aligned with Aboriginal culturally shaped and holistic concepts of health – broadly known as ‘social and emotional wellbeing’ (SEWB). By this, the health of the ‘whole Aboriginal person’ including their mental and physical health, and their connections to family, community, culture, country and the spiritual dimension of existence are accounted for. ACCHS are culturally safe and ensure culturally competent consultations and treatment as core business, including by employing Aboriginal GPs, staff and Aboriginal Health Workers to support visiting health professionals. Researchers report that where an ACCHS exists it is the preferred provider of health services to local Aboriginal communities, and they outperform other health services in many areas.





“ The building blocks of health is primary care and a specialist as a part of the system, it’s a team-based approach not the expert coming in on top”. Dr Harish Puttagunta

Reaching out to Aboriginal People in the Pilbara

PAMS sites already hosted visiting physician providing outreach including paediatricians, ear and hearing health specialists, and optometrists. For those with kidney disease, however, access to specialists was mainly through the Patient Assisted Travel Scheme to clinics in Newman, Pt Hedland and Perth. For remote living Indigenous people, such journeys can be particularly challenging and stressful.

PAMS response to this situation was to work with the Aboriginal Health Council of Western Australia (the peak body for WA ACCHS) to reach out to Dr Harish Puttagunta, consultant nephrologist at the Fiona Stanley Hospital in Perth, to partner in the delivery of an nephrologist outreach service across its sites. Funding to support this was accessed through annually renewed agreement with the Medical Outreach - Indigenous Chronic Disease Program and with the support of Rural Health West.

In the first year, outreach involved Dr Puttagunta travelling by charter plane from Newman to Jigalong, extending to other communities in the following year. In all, about a week per three months nephrologist outreach is now being delivered to these communities.

Dr Puttagunta works closely with PAMS GPs and nurses in preparation for and during the visits. The latter will work to schedule clients and ensure their health records and so on are available. Dr Puttagunta in turn advises the GPs and nurses about medication changes and so on and upskills them in helping patients with kidney disease. Because PAMS clinicians work so closely with their communities, they provide Dr Puttagunta invaluable supplementary information that informs his treatment of clients. This can include information on cultural, familial and community contexts and challenges to treatment that must be taken into account. Further, if a client from the area is required to attend Fiona Stanley Hospital in Perth, Dr Puttagunta is their designated specialist to ensure continuity of care.



The Principles in Action: What Makes Dr Puttagunta’s Outreach Work?

Principles in practice	Action
Indigenous Leadership	<ul style="list-style-type: none"> The specialist responds to need identified by Aboriginal Community Controlled Health Services, or - in other contexts - Indigenous community-based leadership bodies.
Cultural Safety	<ul style="list-style-type: none"> Working with ACCHS-based GPs and nurses with knowledge of their communities and clients, including cultural elements that could influence treatment or that otherwise the specialist needs to know.
Place-based	<ul style="list-style-type: none"> Remote residents required to travel less, if at all, to receive the health care and specialist attention they need.
Sustainable and feasible	<ul style="list-style-type: none"> Funding for specialist salary, travel and accommodation is secured by annual renewal of a grant provided by the Medical Outreach - Indigenous Chronic Disease Program. Administrative and logistical support is provided by PAMS and community clinics.
Integration and continuity of care	<ul style="list-style-type: none"> E-health records are used where possible but connecting up information siloes remains a challenge Longstanding ACCHSs relationships with families and individuals helps ensure continuity of care for them. Dr Puttagunta treats his patients from the Pilbara while at the Fiona Stanley Hospital in Perth.

Further information
[Information]

