

## Submission

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### Potential new National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care (nKPIs)

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23 July 2021

The Aboriginal Health Council of Western Australia (AHCWA) and its member Aboriginal Community Controlled Health Services (ACCHS) welcome the opportunity to provide feedback on the proposed new National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care (nKPIs).

AHCWA is the peak body for 23 ACCHS in Western Australia. AHCWA exists to support and act on behalf of its Member Services, actively representing and responding to their individual and collective needs. WA ACCHS are located across geographically diverse metropolitan, regional, remote and very remote locations, and respond to complex health issues across the life course. ACCHS deliver the most effective model of comprehensive primary health care for Aboriginal people<sup>1</sup>, and are in a unique position to identify and respond to the local cultural and health issues of Aboriginal people and their communities across WA.

AHCWA and its Member ACCHS broadly support the existing suite of nKPIs for the purpose of continuous quality improvement (CQI) and to help measure Aboriginal and Torres Strait Islander health improvements over time. It is important, however, to acknowledge that these KPIs have significant limitations and that the data needs to be interpreted with great care. Issues with data quality and inconsistencies between services, and within services over time, are an ongoing concern.

AHCWA and its Member ACCHS are strongly of the view that any new nKPIs should provide data that is:

- useful for member services (particularly for the purpose of internal CQI);
- as accurate and consistent as possible;
- easy for clinicians to enter (with minimal impact on work-flow);
- easy to extract; and
- cost neutral (with the cost of all necessary software changes borne by the government).

AHCWA and its Member ACCHS acknowledge that the proposed new nKPIs involve health issues that are of major importance in Western Australia. These are also complex health issues where high quality data is currently lacking.

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<sup>1</sup> Throughout this submission, AHCWA uses the term 'Aboriginal' to respectfully refer to all Aboriginal and Torres Strait Islander people across Western Australia.

## Sexual Health/STI

Proposed nKPI: The number and proportion of Indigenous regular clients aged 15 to 35 years who had a chlamydia and/or gonorrhoea test result recorded.

- AHCWA and its Member ACCHS support the introduction of an nKPI on Sexual Health/STIs.
- WA ACCHS strongly recommend that the KPI should be; 'the number and proportion of Indigenous regular clients aged 15 to 35 years who had a chlamydia **and** gonorrhoea test result recorded'.
- The time-frame should be 12 months.
- AHCWA supports the proposed age range (15-35).
- AHCWA supports "test result recorded" rather than test ordered.
- There should be the capacity to include the results of STI tests ordered elsewhere (where copies of these results are sent to the clinical record).
- There should be the capacity to include point of care results.
- AHCWA would like to see syphilis testing included but recognises that this may not be appropriate for all jurisdictions.

## Mental Health

Proposed nKPI: The number and proportion of Indigenous regular clients with an active mental health condition who had a GP Mental Health Treatment Plan claimed.

- AHCWA and the WA ACCHS sector do not support the proposed nKPI given its focus on linking mental conditions with the need for a mental health plan.
- It is the view of AHCWA and WA ACCHS that the current proposed nKPI on Mental Health is not likely to add any value to the ACCHS delivery of primary health care services.
- It is the experience of WA ACCHS that GP Mental Health Treatment Plans are often not culturally secure or appropriate for Aboriginal people. They may not reflect the care that is provided by the practitioners involved, and they often don't yield the best outcome for the patient, either in metropolitan or regional areas.
- In mainstream general practices GP Mental Health Treatment Plans are an avenue for accessing psychological services for patients. Such referral services are typically either not available or are inappropriate (not culturally secure) for Aboriginal people attending ACCHS. This significantly reduces the potential benefit of a Treatment Plan.
- Many WA ACCHS deliver Social and Emotional Wellbeing (SEWB) services as part of their comprehensive primary care model. These services better meet patient needs but may not be remunerated through the GP Mental Health Treatment Plan model. Again this reduces the utility of a GP Mental Health Treatment Plan.
- GP Mental Health Treatment Plans are time-consuming to complete and there is a risk that they become a "tick-box" process.
- It is the view of WA ACCHS that there is already significant stigma linked to having a mental health diagnosis for Aboriginal people, and that GP Mental Health Treatment Plans might, in some circumstances, add unnecessarily to this stigma.
- AHCWA and its Member ACCHS strongly believe that all Aboriginal people and their communities should have access to a wide variety of therapies and services to support their SEWB. Enabling the capacity of ACCHS to provide these supports should, instead, be the focus.
- Given the importance of mental health, an alternative nKPI could be considered. Screening for suicidal ideation or behaviour was suggested by one Member service as an example.

## Ear Health

Proposed nKPI: The number and proportion of Indigenous regular clients aged 0 to 14 years who received at least one ear health check in the previous 12 months.

- Ear health is an important focus for WA ACCHS but the proposed nKPI is problematic for many reasons.
- Cost and administrative burden were raised by several member services as major (and unacceptable) barriers.
- Currently, the differing elements of an “ear health check” conducted by a range of ACCHS staff are not easy to capture in some clinical software systems (especially MMEX).
- Adapting clinical software is likely to be expensive and it is imperative that the Commonwealth meets these costs.
- It is also essential that ACCHS clinicians be closely involved in any clinical record redesign process to ensure the recording of information is seamlessly integrated into work flow.
- The nature of the “ear check” is not adequately defined and ideally should include otoscopy, tympanometry and a hearing assessment, together with an assessment of language.
- The focus of the ear health check should be on younger (particularly pre-school) children where hearing loss has the most detrimental effect, by affecting language acquisition. Ear disease and hearing loss are also easier to miss in younger children.
- Otoscopy is already part of the annual health assessment (715) and having it as a separate stand-alone nKPI would add little or no value.
- Audiology is often done by external providers and may not be captured systematically in a child's ACCHS clinical record.
- A better alternative to an nKPI would be a specific MBS ear health assessment item which would include a requirement for appropriate documentation and follow-up arrangements.