AN INDIGENOUS HEALTH CLINIC IN PRIVATE GENERAL PRACTICE

A GP REGISTRAR
CHANGING THE SYSTEM TO IMPROVE ACCESS TO SERVICES

DR ELLY WARREN
GP SYNERGY
ewarren@gmp.usyd.edu.au
Background

- Bathurst, central western NSW
  - 35000 people, 1300 Indigenous (3.6%)

Aboriginal Australia Wall Map, D R Horton, Aboriginal Studies Press, AIATSIS, 1996
Background

- Nearest AMS in Orange, 50km away

- Busby Medical Practice
  - Mixed billing
  - 11 GPs (4 partners / supervisors)
  - Beyond Medical Education RTP
  - 2–3 GP registrars per term
  - About 300 regularly–attending Indigenous patients
Specific Indigenous health initiatives and programs

- 715 health assessments
- Closing The Gap PBS co-payment measure
- PIP Indigenous Health Incentive
- Chronic Care Supplementary Services scheme

19 Indigenous patients CTG-registered
Practice survey

- 10/11 GPs and 3/5 practice nurses responded
- Most GPs and all nurses had “an interest in Aboriginal health”
- General lack of awareness of specific Indigenous health measures
- Barriers to care: lack of GP time and knowledge, poor attendance rates
Practice education

- Cultural orientation for all staff by Wiradjuri elder, Brian Grant, CWDGP Aboriginal Health Coordinator

- CWDGP online webinar “Closing the Gap”
- RACGP CHECK program on Aboriginal Torres Strait Islander Health
- Closing the Gap GP Resource Kit
- PIP Indigenous Health Incentive Guidelines

- Aboriginal patient cycle of care, recall and reminder system
Rationale for clinic model

- AFP podcast Jan 2011 Dr Paul Johanson QLD

- Local Indigenous community identified health issues
  - Lack of bulk-billing GPs
  - Difficulty of transport to medical practices

- Busby Medical Practice easy to access by bus

- Optimise existing resources to improve primary health care for Indigenous community
Indigenous health clinic concept – planning and discussion

- Indigenous patients, elders, IHWs, community
- Central West Division General Practice
- Majellan Med Centre QLD, Dr Johanson
- Orange AMS
- Redfern AMS
- Kelso Community Health Centre
- Bathurst Community Health Centre
Principles of the clinic

- Focused resources during a specific session
- Fortnightly, dedicated 4-hour session
- Appointment-based
- Bulk-billing
- Focus on health assessments, CTG-registration and chronic disease care
- Patients seen first by nurse, then GP registrar
- CWDGP chronic care coordinator, Alison Logan
- Indigenous health worker
- Receptionist reminder phone calls day before
Pilot

- 6 clinics, 4 hours
- 5–8 patients per clinic
- 59 Indigenous patients CTG–registered

- Good attendance rates, 1–2 missed appts/clinic
- Follow–up, engaged in services
- Good feedback from patients
- Positive patient outcomes, CCSS program
- Referrals from Community Health
- Bulk–billing, financially viable
Indigenous health clinic

- Established quickly via collaboration
- Positive outcomes, focused resources

- Other private general practices in Central West
  - Bathurst
  - Cowra

- Adapt model to suit local need
- Discussion with Indigenous community essential
Elly’s Journey
Lewis Burns – Wiradjuri artist
References


Senior T, et al. *Aboriginal and Torres Strait Islander health*, Royal Australian College of General Practitioners, CHECK Independent Learning Program for GPs, August 2011; 473.

