The Aboriginal community-controlled health care model

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Outline

• Evidence for the success of ACCHSs
• Reasons for the success of ACCHSs
• Reflections on the lack of recognition of the success of ACCHSs
Evidence for success of ACCHSs

- “The limited information available suggests that the performance in the ACCHS sector on some key care activities is at a higher level then for mainstream general practice.”
- “The challenge now is to sustain this system and to continue to act on such data, which is predicated on having the appropriate time and resources in our peak bodies to support the Aboriginal and Islander health services.”
  - Panaretto et al. BMJ Open, 2013
- Also TORPEDO study, George Institute
ACCHSs are the most cost-effective way to deliver health care to Aboriginal people

• “up to fifty percent more health gain or benefit can be achieved if health programs are delivered to the Aboriginal population via ACCHSs, compared to if the same programs are delivered via mainstream primary care services.”

- The Assessing Cost-Effectiveness in Prevention (ACE-Prevention) Project
Aboriginal community-control of health care: The Canadian experience

Josée Lavoie and her colleagues (2005) showed that rates of avoidable hospitalisation decreased each year following a “transfer agreement” which transferred control of Indigenous health services from government control to community control.
Reasons for the success of ACCHSs

- Self-determination
- Subsidiarity
- Comprehensive primary health care
- Access to health care
- Clinical governance
- Advocacy
- Employment
Self-determination

• The Aboriginal organisational sector has been and continues to be the major manifestation of Aboriginal self-determination in Australia.

• Self-determination as a social determinant of health
Self-determination

• In a century of U.S. efforts to improve Indian economic and community conditions, Indigenous self-determination is the only policy that has had broad, positive, sustained results.

-Cornell 2004
Self-determination

“our clients are actually our bosses . . . and they think they’re our bosses. They say ‘You’re working for Congress and Congress is working for me.’ And that’s the way they feed information into the Cabinet [the governing body of Congress], or the Cabinet themselves are a part of the community and they are in a position to change it within.”

(Practitioner)
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Subsidiarity

• ... the fundamental principle should be *subsidiarity*, with authority delegated to those closest to users unless there are strong reasons for higher level intervention.

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Comprehensive primary health care

BEACH data 2000-2008

- 1.4% of consults involved Indigenous people (2.2% of population);
- Number of problems managed per encounter same as for non-Indigenous people;
- Lower rates of preventive measures at Indigenous encounters compared to non-Indigenous encounters.

Thomas 1998 (Darwin), Larkins 2006 (Townsville)

- More problems managed per encounter with Indigenous patients in ACCHSs compared to mainstream general practice.
Problems with private GPs providing health care for Aboriginal people

• Difficulties experienced by GPs in establishing trust: requires long consultations and ‘the system is against it’.

• Some GPs specifically mentioned that they do not get involved in mental health or drug and alcohol issues.

- Pippa Craig, SW Sydney, 2002
The importance of the ACCHS model of primary health care

The fee-for-service system of provider payment is increasingly viewed as an obstacle to achieving effective, coordinated, and efficient care. It rewards the overuse of services, duplication of services, use of costly specialized services, and involvement of multiple physicians in the treatment of individual patients. It does not reward the prevention of hospitalization or rehospitalization, effective control of chronic conditions, or care coordination.

Davis K, Editorial, New England Journal of Medicine, March 15th 2007
Comprehensive primary health care

“We don’t just look at the medical model, we look at the whole person. Not just their medical problems, but social, economical, environmental, all those things that affect people, like education, income. So we don’t just focus on one little thing, we try and just see the whole person and the whole picture, not just a small part of it.” (Aboriginal Health Worker)
Comprehensive primary health care

"It’s really how you talk to people about things I suppose. Yeah, about their conditions and even about home life and helping people really. You can’t just say ‘you got to do this, this and this’. And people want help to do this, this and this. They want to do it, but it’s finding that right road. How to get from A to B.” (Aboriginal health worker)
Comprehensive primary health care

“As a comprehensive primary health care service we think that what they should be doing is funding comprehensive primary health care rather than vertical programs. … And the way that the government is rolling out the large investment at the moment is pretty much in vertical programs” (Practitioner).
Comprehensive primary health care

“funding bodies tend to get nervous if they can’t see their program get up in a siloed way.” (Practitioner)
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Access

“We got a demographer to come and look at our access data over 12 months … and he ended up saying we are the only health service he’s ever seen that could honestly say we are seeing 100% of the population every year.” (Practitioner)
Access

• “The engagement happens out in the creek bed, basically, or out in wherever the AOD worker is going to engage with the client, and that’s where the initial engagement happens . . . it then becomes the next stage as to how you engage.” (Practitioner)"
“we can ask other guys if we know we’re looking for this guy … if he needs to go to hospital or something like that we spread the word around – ‘do you know where this guy is?’” [Manager]
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Clinical governance

• “the Aboriginal community-controlled sector is in the vanguard of clinical governance in Australia”
• “input from the (ACCHS) sector should be sought from others in Australia to inform the implementation of clinical governance across all primary health care”.

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Advocacy

“[Advocacy] means that we’re getting the policy environment focused on what we are saying is going to work for Aboriginal people. So it’s about using our capacity and our ability to shape the way in which government decides around health policy or education, any of the health systems, and anything to do with broader social determinants.” (Manager)
Advocacy

“So on alcohol we’ve had the People’s Alcohol Action Coalition since 1995 and we are mainly then working with legal practitioners, health professional groups, the churches, on a regular basis. We meet every month.” (Practioner)
Advocacy

“So we advocate through writing submissions to enquiries. We advocate by attending federal senate enquiries into particular matters that we think are relevant to the goals. And we participate in our peak health body organisation and our national body around advocacy. But we do it individually at the level of organisations and through ministerial visits.” (Manager)
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Employment

• The ACCHS sector across Australia is collectively the largest employer of Aboriginal people in the nation;

• Opportunities for employment, further education, and personal development.
Is there adequate recognition of the success of ACCHSs?

“Government strategy to close the gap will focus on the treatment of Indigenous Australians’ illnesses ...largely through the mainstream health system, because that is where 70% of Indigenous people are treated”.

- Prime Minister Rudd in speech to Parliament, 26 Feb 2009
The Facts

- Approximately 60% of Indigenous people across Australia use ACCHSs
- The SA Indigenous Health Survey (2012) showed a majority of Aboriginal people prefer Aboriginal-specific health services
- The evidence shows that ACCHSs provide the best value for money in achieving health outcomes
- So why is there not greater recognition of and support for ACCHSs?