



## **2018 Closing the Gap Refresh Submission**

**April 2018**

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## Introduction

The Australian Healthcare and Hospitals Association (AHHA) welcomes this opportunity to provide a submission to the Closing the Gap Refresh consultation of the Council of Australian Governments.

AHHA is Australia's national peak body for public hospitals and health care providers. Our membership includes state health departments, Local Hospital Networks and public hospitals, community health services, Primary Health Networks and primary healthcare providers, aged care providers, universities, individual health professionals and academics. As such, we are uniquely placed to be an independent, national voice for universal high quality healthcare to benefit the whole community.

Aboriginal and Torres Strait Islander people experience a significantly higher burden of disease and a reduced life expectancy in comparison to other Australians. The social determinants of health play a significant part in these inequities. The concept of Aboriginal and Torres Strait Islander health includes, as well as the individual, the health and well-being of the whole community. The ability to address Aboriginal and Torres Strait Islander health issues is dependent on the availability of culturally safe health services.

The position of AHHA is that sustained comprehensive action is required to address inequities in Aboriginal and Torres Strait Islander health outcomes. COAG's commitment to prioritising improving outcomes for Aboriginal and Torres Strait Islander people must be supported by appropriate funding and support for locally developed responses from Commonwealth, state and territory governments. These Commonwealth, state and territory programs and initiatives must consider, reflect and compliment the National Aboriginal and Torres Strait Islander Health Plan 2013-2023. Aboriginal Community Controlled Health Organisations (ACCHOs) also have an integral role in community-focused service provision; effective service provision requires a holistic approach incorporating a combination of ACCHOs and culturally appropriate mainstream services.

Targeted long term programs are required to increase Aboriginal and Torres Strait Islander representation in the health workforce. The knowledge-base of effective service models, community engagement strategies and health policy should be enhanced through the allocation of research funding to investigate community-identified service and policy issues. The Australian Commission on Safety and Quality in Health Care guide on improving care for Aboriginal and Torres Strait Islander People should be incorporated into the national accreditation program along with assessment and reporting on institutional racism. AHHA also supports the development and implementation of Reconciliation Action Plans by health services.

Reducing the impact of the social determinants of health on Aboriginal and Torres Strait Islander health outcomes requires long-term comprehensive community level programs. At the national level a Makarrata Commission to oversee treaty negotiations, and tell the truth about our history, plus constitutional change to establish a First Nations Voice to the Australian Parliament, is also required to improve health and well-being, and reduce health disadvantage and inequality.

## Summary of Recommendations

Outcome	Government Action Required
Reduction and monitoring of institutional racism	Validate the matrix for identifying, measuring and monitoring institutional racism for hospitals and other health services across Australia. \$0.5M.
Creation of a workforce capable of delivering better Aboriginal and Torres Strait Islander health outcomes	Deliver targeted long term programs to increase Aboriginal and Torres Strait Islander representation in the health workforce.
Implementation of an evidence-based policy framework to improve Aboriginal and Torres Strait Islander health over the next decade	Fund the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023.
Improved access to medicines for Aboriginal and Torres Strait Islander patients	Review the Closing the Gap PBS Measures to enable provision of key medicines to Aboriginal and Torres Strait Islander patients regardless of setting.

## Close the Gap

### Key Recommendations:

- Validate the matrix for identifying, measuring and monitoring institutional racism for hospitals and other health services across Australia. \$0.5M
- Deliver targeted long term programs to increase Aboriginal and Torres Strait Islander representation in the health workforce
- Fund the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2014
- Review the Closing the Gap PBS Measures to enable provision of key medicines to Aboriginal and Torres Strait Islander patients regardless of setting

AHHA calls for sustained priority support for Aboriginal and Torres Strait Islander health programs, including those that encourage collaboration between Aboriginal community-controlled services and mainstream services, and which develop the capacity and resilience of individuals and communities. There is a particular opportunity through Primary Health Networks to entrench better connectedness with non-Aboriginal and Torres Strait Islander health services at the primary level, but also better planning for the healthcare needs and challenges facing Aboriginal and Torres Strait Islander people.

### **Institutional racism**

For Aboriginal and Torres Strait Islander people, institutional racism in hospitals and other health services fundamentally underpins racial inequalities in health. It forms a barrier to accessing healthcare, and must be acknowledged and addressed. A matrix has been developed for identifying, measuring and monitoring institutional racism. This simple and cost-effective tool has shown its value for both internal and external assessment (Marrie & Marrie 2014). Validation of the matrix for use in hospitals and other health services across Australia is required prior to deployment. Once validated the matrix should be incorporated into performance information and reporting requirements across the health system.

### **Aboriginal and Torres Strait Islander representation in the health workforce**

The Australian health workforce has insufficient Aboriginal and Torres Strait Islander representation which seriously affects the capacity of the health system to meet the needs of Aboriginal and Torres Strait Islander people (AHMAC 2017). Long term targeted programs are needed to increase representation across the health workforce. Aboriginal and Torres Strait Islander health peak organisations have a critical role in supporting the workforce growth and would benefit from the certainty and efficiency of 5-year funding cycle. This aligns with the recent Productivity Commission recommendation of an increase in default contract lengths for human services in Aboriginal and Torres Strait Islander communities (Productivity Commission).

### **Implementation of the National Aboriginal and Torres Strait Islander Health Plan 2013-2023**

The Implementation Plan is a major commitment by the Federal Government and requires adequate resourcing. To achieve this objective the Government should undertake a formal costing to identify resourcing gaps, the current funding programs and differentiate between mainstream programs and direct Aboriginal and Torres Strait Islander programs. Additional benefit would be gained by a capacity-building plan for Aboriginal Community Controlled Health Organisations in geographic areas with inadequate services and high levels of preventable illness and death.

### **Closing the Gap Pharmaceutical Benefits Scheme**

Implemented in 2010, the Closing the Gap (CTG) Pharmaceutical Benefits Scheme (PBS) Co-payment Measure and Remote Area Aboriginal Health Services s100 program have improved Aboriginal and Torres Strait Islander access to medicines and pharmacy services.

Both Closing the Gap PBS Measures and Remote Area Aboriginal Health Services programs are limited by location and substantial gaps remain around the access of people away from home whether visiting family in a regional town or receiving treatment for serious illness in a metropolitan hospital. This has been highlighted as problematic in the work AHHA is conducting in partnership with the Heart Foundation with hospitals participating in the Lighthouse Hospital Project<sup>1</sup>.

Possible solutions include:

- Enable hospitals discharging patients registered as Closing the Gap patients to access the Closing The Gap funding necessary to provide a complete medication supply and Dose Administration Aids as required;
- Revise registration of patients for Closing the Gap PBS co-payment measure to also include patients typically accessing medicines through Remote Area Aboriginal Health Services, to enable consistent and adequate medicine supply at times of hospital discharge;
- Revise the prescriber categories for Closing the Gap prescriptions to include both Remote Area Aboriginal Health Services and hospitals to enable provision of key medicines to Aboriginal and Torres Strait Islander patients regardless of setting; and
- Add the provision of Dose Administration Aids to the list of medicines funded through Closing the Gap and s100 programs to improve the safe adherence of medicines by patients at high risk of medicines misadventure.

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<sup>1</sup> Details on the Lighthouse Hospital Project can be found at <http://ahha.asn.au/lighthouse/lighthouse-project>.



## References

- Australian Health Ministers' Advisory Council (AHMAC) 2017, *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2023*, Commonwealth of Australia, Canberra
- Department of Health and Ageing 2013, *National Aboriginal and Torres Strait Islander Health Plan 2013-2023*, Commonwealth of Australia, Canberra
- Marrie, A and Marrie, H 2014, *A Matrix for Identifying, Measuring and Monitoring Institutional Racism within Public Hospitals and Health Services*, viewed 17 November 2017, <http://www.avidstudy.com/wp-content/uploads/2015/08/Matrix-Revised-2-9-14.pdf>.
- Productivity Commission 2017, *Introducing Competition and Informed User Choice into Human Services:Reforms to Human Services*, Report No. 85, Canberra.



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