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MEDIA RELEASE

BARRIERS TO INDIGENOUS FOLLOW-UP HEALTH CARE IDENTIFIED

THE uptake of Indigenous-specific health assessments is on the rise, but follow-up care remains problematic with many barriers identified in research published in the *Medical Journal of Australia*.

The \$805 million Indigenous Chronic Disease Package (ICDP) was introduced in 2010 by the Australian Government to increase the delivery of health assessments and appropriate follow-up.

Researchers from the Menzies School of Health Research and The University of Melbourne, used Department of Health data, community focus groups, and interviews and discussions with key stakeholders to examine “the barriers and enablers to delivery and billing of follow-up care” over the first 3 years of the ICDP.

There was “a general improvement in uptake of health assessments and follow-up items”, Ms Bailie and her coauthors reported.

However, the documented uptake of follow-up items was “disproportionately low” compared to health assessments, they wrote.

At the patient level, barriers to follow-up care included a lack of information provided to patients about why they needed follow-up care. The frequent movement of Indigenous people, limited access to transport, cost of access, and other out-of-pocket expenses were also found to be limiting factors.

Negative past experiences, including racist attitudes of health service staff, particularly receptionists, highlighted the need for cultural awareness training.

At the health service level, interviews revealed that health service providers felt short consultation times meant they had limited opportunities to explain the importance of follow-up care to their patients. Additionally the shortage of GPs, allied health professionals, Aboriginal Health Workers (AHWs) and practice nurses constrained referrals.

In some cases, because of the small number of Indigenous patients, practices were reluctant to reorient their systems to “address the needs of relatively few patients”.

Other barriers to follow-up care were orientation of services to acute rather than chronic illness; GP-centric models of care; lack of clarity about roles; lack of confidence in co-workers; lack of established systems to organise and bill for follow-up; staff turnover and use of locums; incorrect billing item numbers; and lack of easy access to information and transparency around gap payments.

“Overcoming barriers to follow-up and strengthening enablers is vital to achieving health benefits from the large financial and human resource investment in health assessments”, the authors wrote.

