

# Key messages for improving Aboriginal and Torres Strait Islander preventive health care

## from the '*Engaging Stakeholders in Identifying Priority Evidence-Practice Gaps and Strategies for Improvement (ESP)*' project

The ESP project for preventive health brought together de-identified continuous quality improvement (CQI) data from 137 health centres participating in the ABCD National Research Partnership. The health centres include community-controlled and government managed health services in different Australian jurisdictions. Teams in these health centres conducted audits of care for well adults (>17,000 client records), and completed 367 system assessments in preventive care, over the period 2005 – 2014.

The research team did an initial analysis of the data. Then, in a phased process of reporting and online surveys, we asked people to interpret the most recent clinical audit and system assessment data, and trend data, on preventive care.

In 2015 – 2016, about 150 people in diverse health roles and organisations helped to interpret the CQI data to:

- Identify gaps in recommended preventive care that are common across health centres
- Share knowledge on ways to improve Aboriginal and Torres Strait Islander preventive care.

### Key message

#### 1

**We are likely to improve the overall quality of preventive care by focusing on seven 'evidence-to-practice gaps' in care delivery. These gaps are common across many health centres.**

**Key findings** - Seven aspects of care were identified as system-wide priorities for improvement.

- Planning for follow-up of clients with abnormal blood pressure, blood glucose levels and lipid profile
- Completing absolute cardiovascular risk assessments
- Recording of urinalysis
- Recording of lipid profiles
- Recording of enquiry about environmental & living conditions, family relationships and substance abuse
- Providing appropriate support and follow-up for clients identified as being at risk with respect to emotional wellbeing
- Strengthening 'team structure and function' and 'continuity of care'

These aspects of care were identified as priorities on the basis that they were: a) areas of clinical care that were being delivered or recorded at a much lower level by services, or b) aspects of care where there was more general wide variation in recorded delivery of care, or c) components of the PHC centre systems that were poorly developed compared with others.

## Key message

### 2

**Eight key barriers to improving the preventive care priorities are experienced across many health centres. Overcoming these barriers involves strengthening staff capacity and knowledge of population health, systems to support community engagement and management support for quality improvement.**

**Key findings** – Collectively, ESP participants brought a large body of experience and knowledge in Aboriginal and Torres Strait Islander health to the process of identifying eight key barriers and enablers.

- Financing and resources for preventive health care
- Systems and approaches for workforce recruitment and retention, and adequate staffing levels – with need for more Aboriginal and Torres Strait Islander Health Practitioners (ATSIHPs) and access to medical specialists
- Training and development – particularly in patient-centred care, teamwork and self-management support (an area where good resources are needed)
- Ability of PHC staff to work well in teams
- Systems to help staff provide care that respects and responds to patient needs and values
- Application of population health principles and knowledge of population groups
- Management support for quality improvement systems
- Systems to support community engagement and health literacy

Current knowledge highlights the importance of targeting specific barriers and enablers to improvement, and engaging a range of stakeholders in developing interventions. Many of the identified barriers and enablers are much the same as were identified in the ESP project on other major aspects of PHC (e.g., chronic illness care).

## Key message

### 3

**Strategies for improving preventive care need to focus on overcoming the known barriers and strengthening systems for clinical information, staffing, teamwork, patient-centred care and client follow-up. Successful implementation of these strategies will have flow-on benefits in other key areas of care.**

**Key findings** – Drawing on their knowledge and experience in Aboriginal and Torres Strait Islander healthcare, project participants suggested strategies and actions to overcome the identified barriers to address the priority evidence-to-practice gaps in preventive care. The most commonly suggested strategies related to:

- Improving systems to support teamwork, self-management support and patient centred care - including continuity of care
- Developing systems to make sure clients receive the follow-up services they need
- Developing workable strategies for clients in remote areas who need referral or specialised assessment
- Support for health literacy and more ATSIHP positions
- Developing skills and knowledge about mental illness
- Making effective use of available funding for preventive health assessments
- Having one clinical information system, rather than multiple systems

- Better use of clinical information systems for:
  - recalling patients for regular preventive health assessments and follow up
  - calculating cardiovascular risk
  - routinely uploading test results (soon after receiving them)
  - recording follow-up actions.

The development of strategies should take account of evidence about how effective and appropriate they are in different contexts. Policy makers, funders, leaders, managers and staff across levels of the health system need to take a coordinated approach to supporting key strategies within their levels and areas of influence. Implementing the suggested strategies to improve preventive care will strengthen other key areas of care.

## From messages to action: an opportunity for wide-scale improvement

Why is it important to take action on the ESP project findings and key messages?

- They are based on the analysis and interpretation of the largest and most recent available sets of CQI data for Aboriginal and Torres Strait Islander healthcare.
- They represent the work, knowledge and ideas of people working in diverse roles and Aboriginal and Torres Strait Islander healthcare settings. Practitioners, managers and policy-makers at different levels of the health system, researchers, staff of health service support organisations and peak bodies representing the interests of Indigenous communities and community-controlled health services have had input.
- The findings and key messages provide an opportunity to develop system level solutions for common and important improvement priorities in preventive health care for Aboriginal and Torres Strait Islander people and communities.

How can the findings and messages be used to improve preventive care?

We know from international and national evidence that taking a system-wide approach to CQI is linked to large-scale improvements in health outcomes. Changes need to be made at different levels – the individual, the group or team, the service, and the broader system in which services operate – to improve overall care quality and outcomes.

ESP findings can be used to inform multi-level policy and system refinements that focus on strategies for overcoming barriers experienced across health centres, and strengthening known enablers. Strategies should be developed collaboratively across regions and jurisdictions, between service providers and communities, and adapted to local settings.

### To be read in conjunction with the Preventive Health Care Final Report

Bailie J, Matthews V, Laycock A, Schultz R, Bailie R. Preventive Health Care for Aboriginal and Torres Strait Islander People: Final Report. ESP Project: Priority Evidence-Practice Gaps and Stakeholder Views on Barriers and Strategies for Improvement. Menzies School of Health Research. June 2016.



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