



# Engaging stakeholders in prioritising and addressing evidence-practice gaps in preventive care for Indigenous Australians

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preventable chronic disease - largest contributor to health gap between Indigenous and non-Indigenous Australians

recommended best-practice care not consistently provided

how to achieve improvement?

**identify and minimise evidence-practice gaps**



# aim

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engage stakeholders across the primary health care system in using aggregate continuous quality improvement data to identify:

- priority evidence-practice gaps
- barriers and enablers
- strategies for improvement



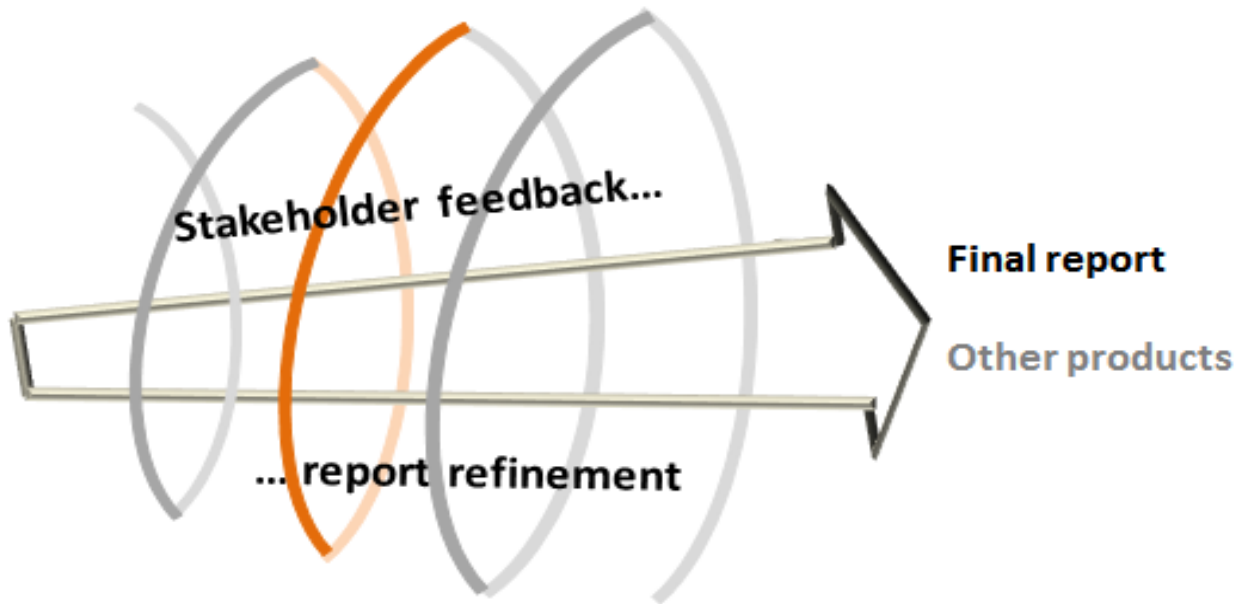
continuous quality improvement  
(CQI) data, 2005 - 2014:

- 137 Indigenous PHC centres
- 17,108 audited patient records
- 367 systems assessments



preventive health clinical audit - based on evidence-based guidelines

# Engaging Stakeholders in identifying Priority evidence-practice gaps and strategies for improvement (**ESP Project**)



**Phase 1**  
Priority  
evidence-  
practice gaps

**Phase 2**  
Barriers &  
strategies for  
improvement

**Review**  
Final report

**Phase 1** - 19 responses: 15 individuals, 4 groups (n= 62)

**Phase 2** - 7 responses: 3 individuals, 4 groups (n= 70)

**Review of report** - 5 individuals

# recruitment and responses

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**roles** - nurse, CQI facilitator, policy staff, Aboriginal and Torres Strait Islander health practitioner, academic, doctor, manager, other

**jurisdictions** - NSW, SA, QLD, WA, NT, Victoria

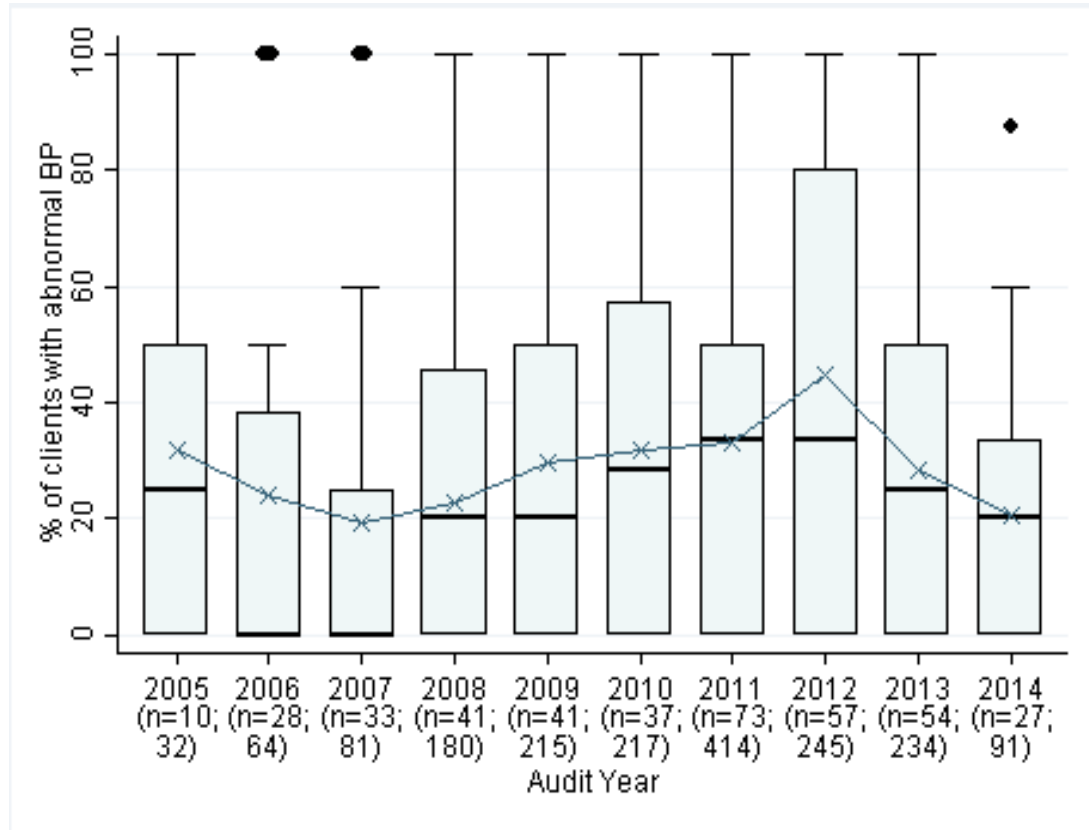
**organisations** - community-controlled health centre, peak body; government health centre, department; primary health care network; academic institution

# priority evidence-practice gaps

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1. follow-up of abnormal blood pressure, blood glucose levels and lipid profile
2. completing absolute cardiovascular risk assessments
3. recording urinalysis
4. recording lipid profiles
5. recording of enquiry about living conditions, family relationships and substance misuse
6. providing appropriate support and follow-up for clients at risk - emotional wellbeing

mean health centre record of follow-up plan for abnormal blood pressure, 2005 – 2014, by audit year (n= number of health centres; number of client records)



- some improvement from 2007 – 2012

- wide variation for all years with no clear trend



# barriers to addressing identified gaps:

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- financing and resourcing
- recruitment and retention of staff
- systems to support community engagement and health literacy
- primary health care team structure and function
- training and development
- effective use of clinical information systems
- management support for quality improvement

## strengths

use of a comprehensive and large-scale data set  
reflects knowledge held by a range of stakeholders

## limitations

not possible to accurately measure reach or response rates  
audit data based on recorded delivery of services

# conclusion

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six priority evidence-practice gaps in preventive care were identified

barriers to addressing these gaps and strategies for improvement were shared

findings identify areas of focus for development of barrier-driven, tailored interventions to improve health outcomes

Bailie J, Matthews V, Laycock A, Schultz R,  
Bailie R. Preventive Health Care for Aboriginal  
and Torres Strait Islander People: Final Report.  
Menzies School of Health Research. June 2016.

<http://apo.org.au/node/64599>



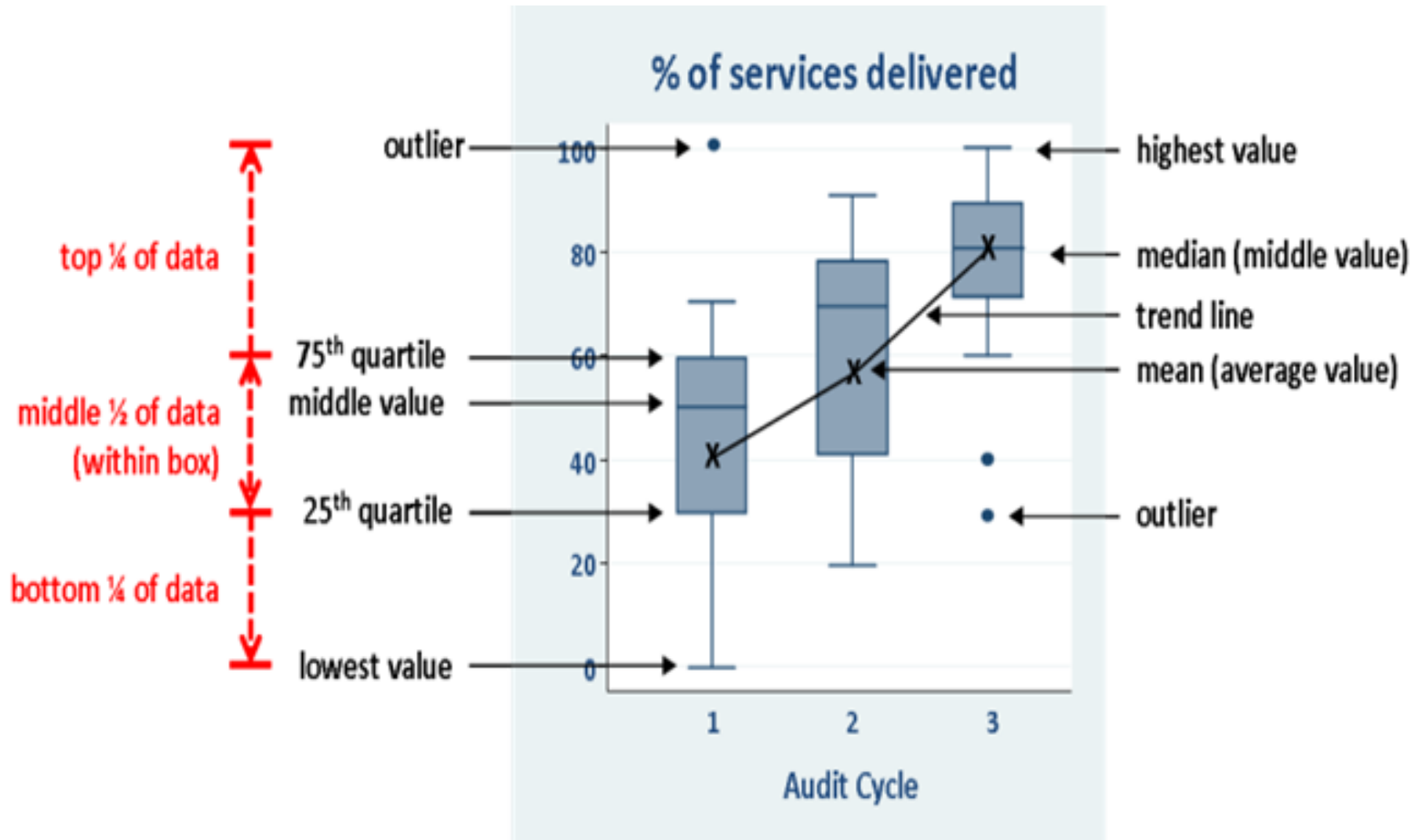
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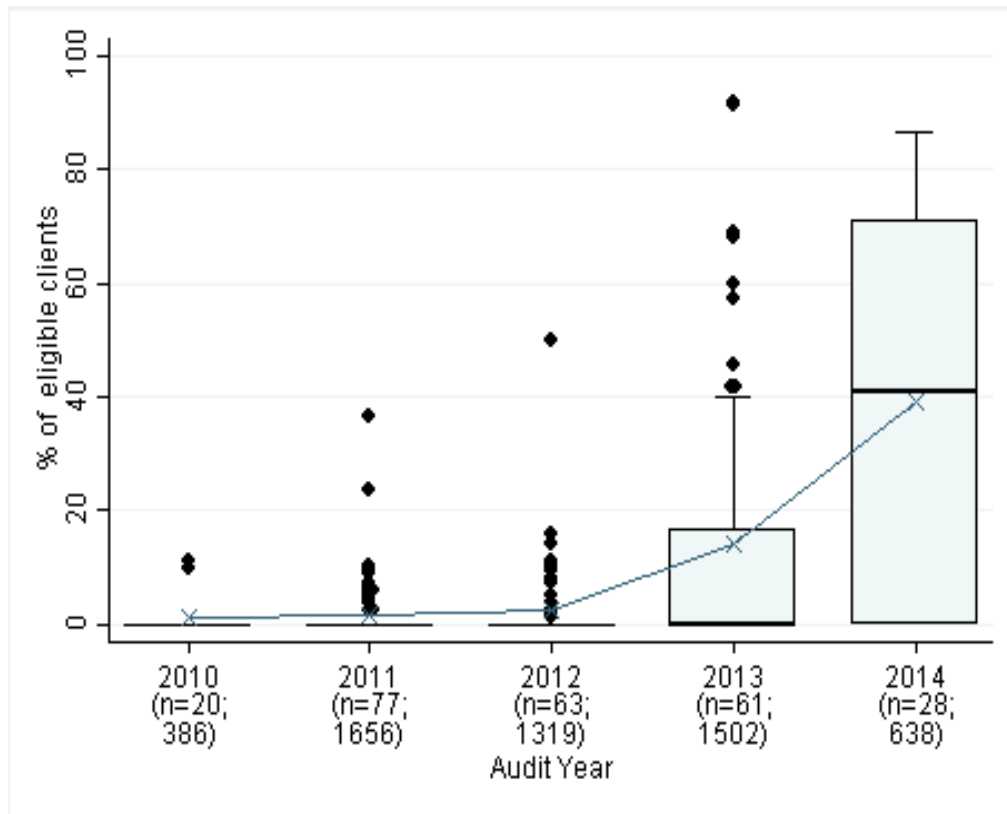
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The Centre for Research Excellence in Integrated Quality Improvement is a collaboration between research organisations, universities, service and policy organisations, managers and service providers





**priority 2:** mean health centre recording of cardiovascular risk assessment, 2005 – 2014, by audit year (n= number of health centres; number of client records)



- improving trend in delivery levels, 2012 - 2014
- increase in variation over successive years as some health centres increased delivery of CVRA