

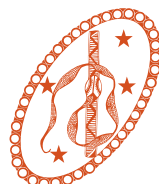
Identification of Aboriginal and Torres Strait Islander people in Australian general practice

The RACGP National Faculty of Aboriginal and Torres Strait Islander Health

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The Royal Australian
College of General
Practitioners



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National Faculty of Aboriginal
and Torres Strait Islander Health
Working Together

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Preamble

The Royal Australian College of General Practitioners is committed to improving the health of Aboriginal and Torres Strait Islander people, most significantly demonstrated by the establishment of The RACGP National Faculty of Aboriginal and Torres Strait Islander Health in February 2010.

In its position statement on Aboriginal and Torres Strait Islander health,¹ the RACGP commented on the significant numbers of Aboriginal and Torres Strait Islander patients being treated by 'mainstream' practices, but the relatively small number of preventive health assessments conducted for these patients. The College observed a need for improvements in the rates of identification of Aboriginal and Torres Strait Islander patients by general practices.

The need for improved identification has intensified as the result of two national initiatives.

In April 2010 the Australian Institute of Health and Welfare (AIHW) published a report, *National Best Practice Guidelines for Collecting Indigenous Status in Health Data Sets*. This report recommended the use of a standard national question:² 'Are you of Aboriginal or Torres Strait Islander origin?' to identify, record and report the Aboriginal and Torres Strait Islander status of patients of health services.

The AIHW data collection guidelines were adopted by the Council of Australian Governments (COAG) in order to report progress against performance indicators to close the gap in health outcomes. Schedule F of the COAG National Indigenous Reform Agreement requires all jurisdictions in the health sector to have fully implemented the AIHW best practice guidelines by December 2012.

Position of the College

Research evidence shows that where general practices take systematic action to improve their identification processes, there is a corresponding increase in the numbers of correctly identified patients. The RACGP is aware that there are sensitivities and concerns in some areas about the issue of identification and that 'asking the question' and recording the answer may require IT and procedural support. The College believes that these issues can be addressed, and intends to lead or participate in initiatives to address them.

The College acknowledges that at practice level, identifying Aboriginal and Torres Strait Islander status is a necessary precondition for participation in the Closing the Gap³ initiative. Without practice awareness, a patient who is of Aboriginal or Torres Strait Islander origin cannot benefit from various measures in the Australian Government's Indigenous Chronic Disease Package. These include key measures available under the Practice Incentives Program Indigenous Health Incentive (PIP IHI) and the Pharmaceutical Benefits Scheme (PBS) co-payment measure.

1 Available at www.racgp.org.au/aboriginalhealth/policy/38005.

2 This question is already used in other national data collections, including the Census, Centrelink, ABS household surveys and for national administrative databases.

3 Closing the Gap is 'a commitment made in 2008 by all Australian governments to work towards a better future for Aboriginal and Torres Strait Islander people. It aims to close the gap of Aboriginal and Torres Strait Islander disadvantage in areas such as health, housing, education and employment'. The Closing the Gap initiative should not be confused with the human rights based 'Close the Gap' campaign, which was initiated in 2005 by a group of Aboriginal and Torres Strait Islander and other organisations. The campaign followed the publication of the 2005 annual Social Justice Report by then Aboriginal and Torres Strait Islander Social Justice Commissioner, Tom Calma, which called for action to end the gross health inequities between Aboriginal and Torres Strait Islander Australians and non-Indigenous Australians. The Close the Gap campaign created momentum for government action and is still being run through the Australian Human Rights Commission, chiefly through The Steering Committee for Indigenous Health Equality. More information on the campaign can be accessed at www.hreoc.gov.au/social_justice/health/targets/closesthegap/index.html

In particular, to register for the PIP IHI, general practices must ask all patients if they identify as being of Aboriginal or Torres Strait Islander origin, using the national standard identification question, and must record this in the appropriate place in the medical record.

Acceptable evidence for proof of Aboriginal and/or Torres Strait Islander heritage is commonly based on the report of the Constitutional Section of the Department of Aboriginal Affairs from 1981 as described in Box 1.^{4,5,6}

Box 1. Acceptable evidence for proof of Aboriginal and/or Torres Strait Islander heritage

1. Evidence of Aboriginal or Torres Strait Islander descent:
 - birth records or genealogies verified by a suitable authority as applicable; or
 - a letter signed by the chairperson of an Aboriginal and/or Torres Strait Islander incorporated organisation (if records are not available)
2. Evidence of self identification as an Aboriginal or Torres Strait Islander:
 - a signed affirmation that the applicant identifies as an Australian Aboriginal or Torres Strait Islander
3. Evidence of community recognition:
 - confirmation in writing by the chairperson of an Aboriginal or Torres Strait Islander incorporated organisation in a community in which the applicant lives or has previously lived.

The College acknowledges that the National Community Controlled Health Organisation (NACCHO) believes that simply 'asking the question' is not sufficient, and that all parts of a three tiered definition of Aboriginality should be used for identification purposes (Box 1). This is consistent with many Australian Government Department of Health and Ageing (DoHA) requirements for access to a range of public services and provisions related to the Australian population which identifies as being Aboriginal or Torres Strait Islander.

The College acknowledges the three tiered definition of Aboriginal and/or Torres Strait Islander heritage and recognises that it is readily and appropriately used in the Aboriginal and Torres Strait Islander community controlled health sector.

However, the College does not believe that GPs should require patients, nor should patients be expected, to demonstrate evidence of Aboriginal or Torres Strait Islander status in a general practice context. The matter of Aboriginal or Torres Strait Islander identification for eligibility to Australian Government programs is, and should be, the domain of DoHA and not of the general practice sector.

In the context of delivering healthcare to patients within general practice settings, the position of the College is that the standard national identification question (see page 5) should be used, in line with the AIHW guidelines and the COAG National Indigenous Reform Agreement. Asking the same question of all patients allows for consistency within the practice, between practices at a local and national level, and across primary and secondary care. This includes having consistency for quality improvement programs, such as the Australian Primary Care Collaborative, and research, such as Bettering the Evaluation and Care of Health (BEACH) data.

4 Australian Government Department of Education, Employment and Workplace Relations. Primary eligibility criteria for ABSTUDY: Chapter 10 – Aboriginality or Torres Strait Islander Status. In: ABSTUDY – the Aboriginal and Torres Strait Islander Study Assistance Scheme Policy manual, 2005. Available at www.deewr.gov.au/Indigenous/Schooling/Programs/ABSTUDY/2010Arch/PrimaryeligibilitycriteriaforABSTUDY/Pages/AboriginalityTorresStraitIslanderStatus.aspx#10.1_definition_of_aboriginality_or_torres_strait_islander_status (accessed November 2010).

5 Australian Institute of Aboriginal and Torres Strait Islander Studies. Fact Sheet 11. Parliament of Australia, Parliamentary Library 20-00. Available at www.aiatsis.gov.au/fhu/docs/11_FHU_Aboriginality.pdf (accessed November 2010).

6 Couzos S, Delaney Thiele D. The new "Indigenous health" incentive payment: issues and challenges. *MJA* 2010;192:154–157.

The development of the fourth edition of the RACGP *Standards for general practices* has provided the first opportunity for the College to demonstrate its position in relation to identification.

Indicator E of Criterion 1.7.1 (Patient Health Records) now asks practices to demonstrate that they routinely record Aboriginal and Torres Strait Islander status in their active patient health records (see Box 2). Practices being accredited against the fourth edition of the *Standards* must be able to satisfy this requirement to achieve practice accreditation.

Box 2. Identification indicator

Standard 1.7 of the RACGP *Standards for general practices*, 4th edn, includes Criterion 1.7.1: Patient health records. Indicator E is as follows:

Our practice can demonstrate that we routinely record Aboriginal and Torres Strait Islander status in our active patient health records.

As the COAG agreement stated, to fully implement the AIHW best practice guidelines, practices will need to:

- adopt the standard ABS question pertaining to Aboriginality or Torres Strait Islander origin and record categories on their data collection forms and information systems
- improve procedures for identifying and recording Aboriginal or Torres Strait Islander status information in health by training the practice team about how and why to ask the question on a patient's Aboriginal or Torres Strait Islander status and to raise staff awareness about its importance
- develop and implement initiatives to raise the awareness of Aboriginal and Torres Strait Islander patients about the importance of identifying as Indigenous Australians when accessing services.

On its part, the RACGP will engage in a range of initiatives to support general practices in this process.

Benefits of identification

The College believes that proper identification of the Aboriginal or Torres Strait Islander status of patients of general practices will bring benefits to:

- patients who are eligible for participation in the PIP IHI payment and the PBS co-payment, as well as other elements of the government's Chronic Disease Package
- patients who are eligible to access specific services aimed at reducing the disparities in health outcomes, such as:
 - Indigenous Australian health assessments
 - allied health referrals on Medicare specifically for Aboriginal and Torres Strait Islander people after a health assessment
 - specific medications available on the PBS that are only for Aboriginal and Torres Strait Islander people
 - local services run specifically for Aboriginal and Torres Strait Islander people
- Aboriginal and Torres Strait Islander patients who are currently not identified as such, to identify, and to thereby participate in appropriate prevention and early intervention services where needed
- practices to audit their own care of their Aboriginal and Torres Strait Islander patients, to find areas where they are doing well and areas for improvement⁷
- the development of a more accurate aggregate database on indigenous health at the national level and thereby contribute to future health policy directed to the Aboriginal and Torres Strait Islander population.

⁷ An example of this kind of enquiry could be: Do the Aboriginal and/or Torres Strait Islander people on your patient database have the same level of diabetes control as the non-Aboriginal and/or non-Torres Strait Islander people?

Asking the question: advice for GPs and practice teams

Practices need to correctly and consistently record the Aboriginal and/or Torres Strait Islander status of all patients.

Note that it is not just the Aboriginal and/or Torres Strait Islander status of patients that needs to be collected, it is equally important to ask and record the status of non-Indigenous Australian patients. This is why all patients need to be asked the same question – it isn't just about asking Aboriginal patients if they are Aboriginal, it is about making sure that every patient has been given an opportunity to identify if they are of Aboriginal or Torres Strait Islander origin.

Adherence to national standards helps to ensure consistency and accuracy for national data collections. Self reporting is the most practical way of ascertaining an individual's Aboriginal and/or Torres Strait Islander or non-Indigenous Australian status in general practice settings.

The standard question is:

'Are you of Aboriginal or Torres Strait Islander origin?'

Patients may be asked the question in person or over the phone, or asked to complete a form.

It is important that the question is asked exactly as it is worded. Changing the question even slightly has the potential to alter the question's meaning, and this may in turn influence the patient's response.

This question should be asked of all patients irrespective of appearance, country of birth or whether the staff know of the patient or their family background.

All patients have the right to decide for themselves whether they wish to report their status as Aboriginal or Torres Strait Islander, or both Aboriginal and Torres Strait Islander, or neither Aboriginal or Torres Strait Islander.

The AIHW guidelines themselves do not advocate 'encouraging' patients to provide any particular response to the Aboriginal or Torres Strait Islander identifier question, rather they advocate that a patient be freely able to choose how they respond, and that their choice be respected.

If a preamble is necessary, it is suggested that GPs preface the question with the following statement:

'The following information will assist in the planning and provision of appropriate and improved healthcare and services so that we can provide the best care possible'

Response options

Patients should be provided with at least three response options:

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander.

For patients of both Aboriginal and Torres Strait Islander origin, both 'Yes' boxes should be marked. Alternatively, you may include a fourth response category:

- Yes, both Aboriginal and Torres Strait Islander.

Recording responses

The AIHW guidelines stress that the patient's response must be recorded according to a national standard. Information systems should record Aboriginal and/or Torres Strait Islander or non-Indigenous Australian status information using the national standard categories, as follows:

- Aboriginal but not Torres Strait Islander origin
- Torres Strait Islander but not Aboriginal origin
- Both Aboriginal and Torres Strait Islander origin
- Neither Aboriginal nor Torres Strait Islander origin
- Not stated/inadequately described.

Putting the guidelines into practice

Refer to the full AIHW report for recommendations to deal with situations such as:

- in the event of a birth
- if the patient is a child under 15
- if the patient is too ill to be questioned or is unable to respond to a question
- if the patient does not speak English or cannot read or write
- if the patient is deceased
- if staff are reluctant to ask the question
- if the patient wants to know why they are being asked this question
- if the patient objects to the question or declines to answer
- if the patient chooses not to answer the question correctly
- if the patient wishes to change their previously recorded indigenous status.

Additional information

For more information on how to use and implement the AIHW guidelines, access the AIHW guidelines at: www.aihw.gov.au/publications/index.cfm/title/11052 or contact the National Indigenous Data Improvement Support Centre on 1800 223 919.

For information on the NACCHO guidelines for identification of Aboriginality contact NACCHO on 02 6248 0644.

For information on this position statement, contact the RACGP National Faculty of Aboriginal and Torres Strait Islander Health on 03 8699 0499.