Effectiveness of an Aboriginal and Torres Strait Islander Cultural Respect Program in General Practice

Protocol for a cluster randomised control trial

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Overview

• Background
  • COAG Closing the Gap
  • NHMRC Project #509334
    o *Ways of thinking, Ways of doing (WOTWOD)* Framework, Toolkit and Care partnership
    o Pilot in Melbourne
  • Pilot in SW Sydney
• NHMRC Project #1065491
20 December 2007
COAG agreed to partnership between Governments and Indigenous communities to close the gap on Indigenous disadvantage.

20 March 2008
Statement of Intent signed.

Since 29 November 2008
$4.6 billion has been committed to the National Partnership Agreement
Total government expenditure on Indigenous health has risen significantly since the commencement of CtG in 2009-10 and now represents about 5.1% of total government health expenditure.

X Close the gap in life expectancy within a generation;
✓ Halve the gap in mortality rates for children <5 within a decade;
? All 4yo in remote communities have access to early childhood education within 5 years;
X Halve the gap in reading, writing and numeracy for children within a decade;
✓ Halve the gap for students in year 12 or equivalent attainment rates by 2020
X Halve the gap in employment outcomes within a decade.
Aim: To improve cultural appropriateness of urban mainstream general practice and primary health care for Aboriginal and Torres Strait Islander people with chronic disease.

Literature review, focus groups and interviews → Ways of thinking, Ways of doing framework, Toolkit and Care partnership
Ways of thinking, Ways of Doing FRAMEWORK

Community (engaged and culturally respectful)
- Respect and trust
- Courtesy
- Social responsibility
- Transport arrangements e.g. meteards
- Aboriginal friendly community centres and gyms
- Health promotion and community engagement activities with ACCHO, AMS, CHC, DGP, LG, etc

Reception (Courteous and culturally respectful)
- Cultural respect
- Respect and trust
- Common courtesy e.g. waiting times
- Flexibility
- Time management
- Posters of indigenous MBS items & need for identification
- Local Aboriginal artworks and information

Consulting room (Providing whole person, continuous and coordinated care)
- Cultural respect
- Counsels
- Social responsibility
- Supportive
- Good relationship
- Flexibility
- Time management
- Identification as part of clinical practice
- Follow up and follow through
- Clear communication and information
- Quality: Assess and manage needs of individual and families

GP & health organisations, governments, health system
- Cultural respect
- Formal arrangements and exchange with ACCHO including support, mentoring and job sharing
- Aboriginal friendly referral services with allied health and domiciliary nursing services
- Outreach services including transport and home visiting
- Costs and brokerage arrangements e.g. bulkbilling by specialists
- Formal arrangements with local council and social services

Aboriginal health worker and/or liaison officer based in AMS and managed by Division for clusters of general practices. Roles are liaison, service, brokerage, education and community engagement.
• revolves around 10 scenarios
• uses a clinical re-design process
• provides resources
• partnership between mainstream and Indigenous health and community organisations

• practices guided by WOTWOD with support of cultural mentors
Melbourne & Sydney Pilot Results

- Increased community engagement
- Improved practice environment
- Increased identification of Indigenous patients
- Increased health assessments and other services
- Acceptable and feasible in the mainstream general practice setting
Where does WOTWOD sit in Closing the Gap?

Cultural awareness

WoTWOoD

Culturally respectful
health service
delivery and
clinical practice
Aim:

• To support GPs to improve their ways of thinking and ways of doing cultural respect in general practice;

• To reinforce and complement current cultural awareness training for the Practice Incentive Program - Indigenous Health Incentives (PIP-IHI).

Objective:

• To conduct a mixed methods cluster randomized control trial in Sydney and Melbourne to assess the effectiveness of WoTWOd.
RCT of the WOTWOD program implemented through Medicare Locals, with support of the local community health services and/or community groups.

Analysis of data from intervention and control practices

- Predictive factors for self-identification, conduct of health checks and CQ examined using a multivariate analysis approach
- Interview data thematically analysed using a directed content analysis approach
**Outcome measures**

**Primary**
- Improved cultural respect among practice staff (Cultural Quotient Score)
- Improved clinical care of Indigenous patients (Use of MBS Item 715)

**Secondary**
- Number of Indigenous patients shared with community health sectors
- Clinically appropriate health care (adherence to Indigenous specific clinical guidelines)
- Culturally appropriate health care (patient satisfaction)
- Cultural mentor and practice perceptions on the appropriateness of embedding WoTWoD into routine practice
Where are we now?

• Ethical approvals
• Ongoing consultations with community and community health sector
• Advisory Group established
• Medicare Locals recruited
• Conducting 1st training workshop for Medicare Locals and cultural mentors in Melbourne in December
• Next: recruit practices
QUESTIONS?
Cultural Quotient Evaluation (pre and post)
• 20 items measure ability to engage in a culturally diverse setting

Practice Clinical Audit (pre and post)
• includes practice profile, number of Indigenous patients, identification processes, clinical issues, use of Indigenous-specific and relevant MBS items

Interviews (post)
• Selected patients – the impact of WOTWOD on their experiences
• Cultural mentors and practice staff – the impact WoTWoD on health care