



Riverina Division of General Practice and Primary Health Ltd

Incorporating Barrier Division

Riverina Division of General Practice and Primary Health

A proud member of



Accredited by the Australian
Council on Healthcare Standards

Aboriginal Health Team

A leading primary health care organisation working with general practice to improve the health of our communities

Who we are?

- Melinda is the Mother of the team and gives us direction and guidance
- Rebecca is the blow in
- John is the face of the team.
 - They remember him where ever we go!
 - He says its his charm and good looks!
 - He is the most important person in the team so we've been told



Riverina Division of General Practice & Primary Health ..



- Riverina Division of General Practice (RDGP&PH) was established in 1993 as a not for profit organisation and in 2008 the Divisions boundaries expanded to include Broken Hill
- The Division covers 155,575 Square Km and encompasses Broken Hill, this includes 13 LGA's
- According to the 2006 ABS the Aboriginal and Torres Strait Islanders population is 5,718 this is under-represented
- RDGP&PH currently have 47 GP Practices as members, and of this 76% of GP Practices are registered for Indigenous PIP/PBS Co-payment incentives program.



Aboriginal Health Collaborative Committee



- Meets bi-monthly
- Membership
 - Riverina Medical & Dental
 - Department of Aboriginal Affairs
 - Indigenous Coordination Centre (FaHCSIA)
 - Murrumbidgee Health
 - Community Elder



Community Forums



The aim of the community forums was to provide an opportunity for the community to discuss the barriers to accessing services and develop local solutions to identified concerns. The day facilitated the opportunity for the Aboriginal community to voice their concerns and work with service providers to improve access to services for the Aboriginal community.



Patient Identifies as Aboriginal / Torres Strait Islander Decent



Update patient information on computer system

Health assessment offered and completed **Use item MBS 715**

Patient identified as having a chronic illness or at risk of a chronic illness

Speak with the patient about the Indigenous PIP/PBS Co-Payment incentives and how this can help them.

Register patient for the Indigenous PIP or PBS Co-Payment incentive. Send paperwork to Medicare. **Patient must re-register each year**

GP can now annotate scripts, and if patient has a chronic illness, a care plan needs to be completed by the GP

Issue patient with a **Closing the Gap** card, on the back identify what program they have registered for and the date of their health check include the expiry date (end November).

Take copy of the Closing the Gap card and Medicare Consent form and scan to patient medical file, and keep hard copy and place in folder for the practice record. This will help identify the number of patients registered with your practice

Indigenous PIP

For people **15 years and over** who has a chronic illness or at risk of a chronic illness

****Register each year for this program**

PBS Co-Payment

For **all ages** with a chronic, at risk of a chronic illness or acute illness

****Only has to register once**

Aboriginal Outreach Worker can assist your practice with **non-clinical support** e.g. attend appointments with patient if required, getting people to their appointments, and pharmacy assistance. Ring 02 69233100



Closing the Gap patient card



You must sign up to the Indigenous PIP each year
Carry this card with you and present to any GP you visit

- **Name:**
- **GP Practice:**
- **Practice phone number:**
- **Indigenous PIP** No Yes
- **PBS Co-Payment** No Yes
- **Date of Health Check**
- **Expiry date:**

** If you are away from your normal GP Practice and you are sick please seek medical assistance from the closest Doctor/ Hospital

- GP practices were wanting a tool they could use to identify those patients that were already registered at another practice
- There have been a number of request from GP's for the card

Identification Training with Practice staff



Topics:

- Identification of Aboriginal and Torres Strait Islander patients
- Why is it important to collect and record the indigenous status
- How to ask the question
- Dealing with Difficult Clients
- Why Medicare Needs to know the indigenous status



ATSIOW



■ GP After Hours visit with staff

- Aboriginal people now receive a pamphlet telling them about the type of service I provide
- Its been an opportunity to get to know staff

■ Practice visits / introduction

- Regular practice visits
- Located at West Wyalong Practices and a Local Practice in Wagga

■ Barriers

- After hours patient list
- Not knowing who to contact in other services
- Not having a phone

How we started CCSS



Visiting the GP Practices and AMS in our region.

- Brochures and Power point.
- Referral template

Developing Policies and Procedures

Workflow pathways for Model of Care

Mixed responses

Great program,

Good Luck,

We don't have any Aboriginal Clients

Bureaucratic, waste of government funds

How much funding do you have and for how long?

We have our own Care coordinator

Barriers



- Uptake by GP
 - Lack of referrals
 - Health Checks are not happening or incomplete
 - Not getting patients signed up to PIP (rejected)
- Receiving Referrals without GP management plan
- Referrals requesting only SS
- Connecting with other programs
- Mind field of health services
- Allocate the funds within the guidelines



Road for CCSS



- Continue to visit health centers speak to Dr and clinic staff ask them to identify patients that should be referred
- Maintain Professional networks
- Negotiation with specialist services
- Continue to develop Workflow paths
- Promotion of AHT of ML through attending expos, local meetings.
- offering our services to get AHC done.

As A team we've been every where man...



- Brungle Health Expo
- Naidoc Wagga Wagga Expo
- Naidoc Lunch
- Visited GP Clinics
- Attended interagency meetings and Working groups
- Mens Groups
- Aunty jeans

Division staff first NAIDOC luncheon



- Over 20 staff attended the lunch
- Some people had never eaten traditional meat before but enjoyed the Roo.
- Used native herbs and spices in dips



Future Activities

- Looking for Identity in the community
- Continue to do promotion in the community on Health Checks and Self Identification
- Promote Cultural Awareness in our workplace
- Work closely with our new counterparts from the Murrumbidgee crew



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