



**Australian Government**

**Department of Health and Ageing**

**CLOSING THE GAP  
IMPROVING INDIGENOUS ACCESS TO  
MAINSTREAM PRIMARY CARE**

**INDIGENOUS HEALTH PROJECT  
OFFICERS  
AND  
INDIGENOUS OUTREACH WORKERS**

**PROGRAM GUIDELINES**

**Version 1.0**

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# 1. Introduction

This document provides guidance to Divisions of General Practice network members on the operation of the *Closing the Gap Improving Indigenous Access to Mainstream Primary Care Program*.

The Guidelines should be read together with the Deed for Multi-Program Funding (the Deed) between Divisions network members and the Department. In the event of any inconsistency or discrepancy between these Guidelines and the Deed, the Deed takes precedence.

## 1.1 Policy Context

In December 2007, the Council of Australian Governments (COAG) agreed to a partnership between all levels of government to work with Indigenous communities to close the gap on Indigenous disadvantage. The National Indigenous Reform Agreement (Closing the Gap) was established to provide the framework for this task. It sets out the objectives, outcomes, outputs, performance indicators and performance benchmarks set by COAG.

On 29 November 2008, COAG agreed to a \$1.6 billion *Indigenous Health National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes (the Indigenous Health NPA)* to address the target of closing the gap in life expectancy between Indigenous and non-Indigenous Australians within a generation.

The Indigenous Chronic Disease Package (the package) is the Australian Government's contribution to the Indigenous Health National Partnership Agreement (NPA). Commencing in 2009-10, the package provides funding of \$805.5 million over four years for preventative health, more coordinated and patient-focused primary health care and an expanded Indigenous health workforce. It also recognises that chronic diseases and associated risk factors are responsible for about two-thirds of the life expectancy gap between Indigenous and non-Indigenous Australians.

While there are 14 separate measures under the package, it adopts the following three broad strategies:

### 1. Tackling chronic disease risk factors

These measures will address key risk factors associated with the development of chronic diseases, including tobacco smoking, poor nutrition and lack of exercise. Community education initiatives will be developed and implemented to reduce the prevalence of these risk factors. National and local Indigenous tobacco campaigns, a new tobacco control workforce, a health promotion workforce, lifestyle modification programs and improved access to quit smoking programs will be provided.

### 2. Improving chronic disease management and follow up care

Measures under this strategy will deliver a comprehensive chronic disease management program that provides improved uptake of health checks and follow-up care in a coordinated, accessible and systematic manner. Incentives will be provided to encourage general practices to improve the coordination of health care for Indigenous Australians, and promote best practice management of patients with chronic disease.

Greater support will be provided for Indigenous Australians to actively participate in their own health care. Indigenous Australians will have improved access to affordable medicines, multidisciplinary follow up care and specialist services.

### **3. Workforce expansion and support**

The primary care workforce in Indigenous and mainstream health services will be expanded to increase the uptake of health services by Indigenous Australians.

Measures include:

- promotional activities to increase recruitment to the Indigenous health workforce;
- the provision of additional staff, such as tobacco workers, healthy lifestyle workers and Indigenous Outreach workers, health professionals, practice managers and project officers; and
- additional nursing scholarships, registrar training posts and nurse clinical placements.

The *Engaging Divisions of General Practice to Improve Indigenous Access to Mainstream Primary Care* measure provides funding for at least 80 full-time equivalent (FTE) Indigenous Health Project Officers and at least 80 FTE local Indigenous Australians to work as Indigenous Outreach Workers in the Divisions of General Practice network. These workforce measures will be delivered through the *Closing the Gap Improving Indigenous Access to Mainstream Primary Care Program*.

#### **Further Information**

Further information about the Australian Government's Indigenous Chronic Disease Package can be found at:

Website: <http://www.health.gov.au/tackling-chronic-disease>

or

Email: [ICDP@health.gov.au](mailto:ICDP@health.gov.au)

A summary of *Closing the Gap* Indigenous Chronic Disease measures of relevance to primary care is at [Attachment A](#).

## **2. Improving Indigenous Access to Mainstream Primary Care Program**

### **2.1 Rationale for the Program**

Mainstream primary care provides a first point of call for health services in Australia. However, cultural barriers can limit usage of these services by Indigenous Australians. This program aims to ensure that mainstream primary care services (including but not limited to general practice, allied health, specialists) are able to provide culturally sensitive care for Indigenous Australians.

Increasing the capacity of mainstream primary care to provide culturally sensitive services for Indigenous Australians will increase the options available for Indigenous Australians.

Intended outcomes include:

- an increase in the overall health of the Indigenous population;
- improved access to culturally sensitive primary care services for Indigenous Australians; and
- improved management of chronic conditions in Indigenous Australians.

## 2.2 Aim and objectives

The aim of the *Closing the Gap Improving Indigenous Access to Mainstream Primary Care Program* is to contribute to closing the gap in life expectancy by improving access to culturally sensitive primary care services for Indigenous Australians.

The objectives of the Program are to:

- Increase access to mainstream primary care services by Indigenous Australians;
- Improve the capacity of general practice to deliver culturally sensitive primary care services;
- Increase the uptake of Indigenous specific Medical Benefits Scheme (MBS) items including Indigenous health checks and follow up items;
- Support mainstream primary care services to encourage Indigenous Australians to self-identify;
- Increase awareness and understanding of *Closing the Gap* measures relevant to mainstream primary care; and
- Foster collaboration and support between the mainstream primary care and the Indigenous health sectors.

## 2.3 Service delivery principles

Divisions network members are required to consider the following service delivery principles established by the National Indigenous Reform Agreement (Closing the Gap) when implementing the *Closing the Gap Improving Indigenous Access to Mainstream Primary Care Program*:

- **Indigenous engagement:** Engagement with Indigenous men, women and children and communities should be central to the design and delivery of programs and services.
- **Access:** Programs and services should be physically and culturally accessible to Indigenous Australians, recognising the diversity of urban, regional and remote needs.
- **Accountability:** Programs and services should have regular and transparent performance monitoring, review and evaluation.

## 2.4 Components of the Program

The *Closing the Gap Improving Indigenous Access to Mainstream Primary Care Program* has two components:

### a) Indigenous Health Project Officers

Funding will be provided for Indigenous Health Project Officer positions in Divisions of General Practice. Indigenous Health Project Officer positions will also be provided at the State and National levels.

The allocation of funds for Indigenous Health Project Officer positions in Divisions of General Practice is based on the size of the Indigenous population in the Division, with proportionately more funding allocated to Divisions with larger Indigenous populations. Not all Divisions of General Practice will receive funding for an Indigenous Health Project Officer position.

Funding will commence in October 2009 and continue to 30 June 2012.

In recognition of the need for close cooperation between mainstream primary care providers and the Aboriginal Community Controlled Health sector, an Indigenous Health Project Officer position will also be funded in the State and Territory-based Aboriginal Community Controlled Health peak bodies. These Guidelines do not include advice on implementation arrangements for positions in Aboriginal Community Controlled Health peak bodies.

### b) Indigenous Outreach Workers

As a separate component of the *Closing the Gap Indigenous Chronic Disease Package*, funding will be provided to Divisions to employ local Indigenous Australians to work as Indigenous Outreach Workers (IOWs). IOWs will work to better connect Indigenous Australians to health services.

Forty three IOW positions will be funded in Divisions of General Practice from early 2010, with an additional 40 positions to commence from July 2010. Not all Divisions of General Practice will receive funding for an IOW position. However, where funding is provided, it is expected that the Indigenous Health Project Officer will play a key role in supporting IOWs.

Funding is also provided under a separate element of the *Closing the Gap Indigenous Chronic Disease Package* for Indigenous Outreach Worker positions in the Aboriginal Community Controlled Health sector.

Funding will commence in February 2010 and continue to 30 June 2012.

## **3. Indigenous Health Project Officers**

### **3.1 Roles and responsibilities**

#### **3.1.1 Australian General Practice Network (AGPN)**

An Indigenous Health Project Officer in the AGPN will provide national coordination and leadership to the Divisions of General Practice network in the area of Indigenous health. Responsibilities will include:

- increasing awareness and understanding of relevant *Closing the Gap* measures at the national level;
- developing and implementing strategies to increase the uptake of Indigenous specific MBS items including Indigenous health checks and follow up items;
- developing and implementing strategies to support mainstream primary care services to encourage Indigenous Australians to self identify;
- developing and implementing strategies to support Indigenous Health Project Officers and Indigenous Outreach Workers in collaboration with State Based Organisations (SBOs);
- identifying and disseminating good models of practice to SBOs and Divisions;
- facilitating information sharing and collaboration between SBOs and Divisions;
- working with SBOs to establish and maintain an effective network of Indigenous Health Project Officers in each State and Territory, particularly in regard to promoting *Closing the Gap* initiatives relevant to mainstream primary care;
- organising and managing regular meetings and teleconferences for Indigenous Health Project Officers working in SBOs (minimum of two face-to-face meetings annually); and
- developing and strengthening partnerships with the National Aboriginal and Community Controlled Health Organisation (NACCHO) and other relevant Indigenous health organisations

Orientation, training and ongoing support of Indigenous Health Project Officers will be critical to effective implementation of the *Closing the Gap Improving Indigenous Access to Mainstream Primary Care Program*. In 2009-10, AGPN will develop and deliver an orientation training package for Indigenous Health Project Officers, including a national workshop. Indigenous Health Project Officers in Divisions and SBOs will be required to participate in this training.

#### **3.1.2 State Based Organisations**

Indigenous Health Project Officers in SBOs provide state level leadership to Divisions in the area of Indigenous health. Responsibilities will include:

- supporting Divisions of General Practice to implement the *Closing the Gap Improving Indigenous Access to Mainstream Primary Care Program*;
- increasing awareness and understanding of relevant *Closing the Gap* measures at the state level;
- developing and implementing strategies to increase the uptake of Indigenous specific MBS items including Indigenous health checks and follow up items;
- developing and implementing strategies to support mainstream primary care services to encourage Indigenous Australians to self identify;
- developing and implementing strategies to support Indigenous Health Project Officers and Indigenous Outreach Workers in collaboration with the AGPN and other SBOs;

- establishing and strengthening links and partnerships with the Indigenous health sector, in particular the state-based Aboriginal Community Controlled Health peak body to address shared planning and priority setting;
- working with the AGPN and other SBOs to establish and maintain an effective network of Indigenous Health Project Officers, including:
  - contributing to at least two face to face meetings convened by the AGPN; and
  - participating in activities led by the AGPN such as the development and delivery of an orientation package for Indigenous Health Project Officers based in Divisions of General Practice; and
- organising and managing regular networking and information sharing for Divisions of General Practice in the State including:
  - at least two face-to-face meetings for Indigenous Health Project Officers in Divisions of General Practice each year; and
  - at least one activity with each Division of General Practice each year, preferably a face-to-face meeting or teleconference.

Activities could involve:

- undertaking joint projects with the NACCHO state affiliate and assisting Divisions to support collaboration between mainstream and Indigenous primary care sectors at the local level;
- promoting the objectives and outcomes of the program, for example at meetings, conference presentations, state forums;
- providing support and working with Divisions of General Practice to raise mainstream primary care providers' awareness and understanding of *Closing the Gap* initiatives relevant to primary care;
- identifying and disseminating good models of practice to Divisions;
- coordinating the development of resources between Divisions and between national and local levels to reduce duplication of effort; and
- contributing to the development of resources for Divisions, for example, needs assessment tools and promotional materials.

### 3.1.3 Divisions of General Practice

Indigenous Health Project Officers in Divisions of General Practice will provide a focus on Indigenous health issues at the local level.

Responsibilities for Indigenous Health Project Officers will include:

- developing and implementing strategies to improve access to mainstream primary care for Indigenous Australians;
- developing and implementing strategies to increase uptake of Indigenous specific MBS items including Indigenous health checks and follow up items;
- developing and implementing strategies to assist with self identification of Indigenous Australians to mainstream primary care services;
- developing and implementing strategies to improve the capacity of general practice and other mainstream primary care providers to deliver culturally sensitive primary care services to Indigenous Australians, including any Indigenous specific MBS items.
- increasing awareness and understanding of relevant *Closing the Gap* measures;

- participating in at least two Indigenous Health Project Officer meetings convened by the State Based Organisation as well as orientation and training activities coordinated by the AGPN; and
- collaborating with local Indigenous health services in a partnership approach for the delivery of primary care services.

Where funding is also provided to the Division for the employment of an Indigenous Outreach Worker (IOW), the Indigenous Health Project Officer will play a key role in supporting the IOW.

While Divisions must meet the overall objectives of the Program, activities should be tailored to meet local needs. Activities could involve:

- promoting the objectives and outcomes of the Program to community organisations, for example through website, conference presentations, at meetings and in reference groups for other projects;
- collaborating with Indigenous health organisations to identify and address barriers to Indigenous Australians accessing primary care services, including but not limited to general practice, pharmacy, allied health and specialists;
- promoting general practice as a valid, trustworthy and accessible first point of call for Indigenous Australian's health needs;
- assisting general practice to manage specific Indigenous health needs and issues at the local level;
- providing support to general practices on methods to encourage Indigenous Australians to self identify when accessing primary care services;
- delivering or coordinating cultural awareness training and quality improvement activities for primary care providers and Division staff;
- coordinating education events for general practitioners, other primary care providers and Division staff; and
- developing and disseminating information resources for Indigenous Australians relevant to accessing services and managing chronic disease.

### **3.1.4 Department of Health and Ageing**

**3.1.4.1 State and Territory Offices** will be responsible for administering and managing the Program. They will take responsibility for:

- Being the first point of contact at the Department for Divisions in relation to the Program (with the option to refer Divisions, where relevant to these Guidelines, to the relevant SBO, AGPN and/or Central Office);
- Managing Division and SBO Schedules under the Deed;
- Receiving, assessing and approving deliverables under Schedules to the Deed;
- Approving payments;
- Monitoring implementation and compliance of the Program by individual Divisions and SBOs; and
- Alerting Central Office to performance or other State/Territory issues relevant to the Program and providing advice on their resolution.

#### **3.1.4.2 Central Office** has responsibility for:

- Establishing the policy framework;
- Establishing funding arrangements, including execution of Schedules to the Deed;
- Managing AGPN's Schedule to the Deed;
- Making payments to Divisions, SBOs and the AGPN in accordance with Schedules to the Deed;
- Developing and maintaining Program Guidelines, Performance Indicators and reporting frameworks;
- Monitoring and managing the Program; and
- Evaluating and reporting on the Program.

## **3.2 Performance Indicators**

### **3.2.1 Reporting requirements**

Divisions network members are required to report against a set of Performance Indicators linked to the Program objectives.

Divisions network members must make themselves familiar with the Performance Indicators and reporting guide and ensure that they have systems in place to collect and collate the necessary information/data. This should include systems for the protection of private information and adherence to principles of confidentiality in accordance with Commonwealth and State/Territory legislation, where relevant.

Divisions network members will need to address Performance Indicators to an appropriate standard in each Six Month and Twelve Month Report (refer below) in order for those reports to be approved by the Department.

Performance Indicators for the *Closing the Gap Improving Indigenous Access to Mainstream Primary Care – Indigenous Health Project Officers*, are provided at [Attachment 2](#).

The Department will also continue to monitor Divisions' performance against the Divisions of General Practice Program Access 2 National Performance Indicator relating to the number of health checks and health assessments provided to Indigenous Australians within the Division.

## **3.3 Qualifications/Recruitment**

There is no prescriptive role statement for Indigenous Health Project Officer positions. However, it is expected that Indigenous Health Project Officers will have the qualifications and /or skills and experience in working with Indigenous Australians required for the performance of the activities outlined in these Program Guidelines.

Divisions are encouraged to employ Indigenous Australians to work as Indigenous Health Project Officers where possible.

Divisions are required to inform their State and Territory Offices when Indigenous Health Project Officers have been recruited. Advice must be provided in writing within 14 days from finalisation of recruitment.

## **3.4 Funding arrangements**

### **3.4.1 Funding eligibility**

Funding for Indigenous Health Project Officer positions in Divisions of General Practice is based on the size of the Indigenous population in the Division, with proportionately more funding allocated to Divisions with larger Indigenous populations.

While the allocation of funds has been based on employment of either a full or part-time Indigenous Health Project Officer, there is flexibility to allocate the funds to employ more than one person. Individual arrangements can be tailored to meet local needs.

Divisions also have flexibility to work with neighbouring Divisions in the delivery of the Program, including through pooling of resources. Such arrangements would need to be facilitated by individual Divisions and the relevant SBO. Such arrangements would need to be reflected in Interim/Annual Plans, and State and Territory Offices must be advised.

### **3.4.2 Funding package**

The funding package provided to Divisions network members provides only for salaries, salary on-costs, travel and administration of the Program and as specified in the Financial Planning and Reporting Template supplied by the Department. Funding must not be used to provide clinical services.

Divisions will be required to fund travel and accommodation costs for their Indigenous Health Project Officer to attend 2 Indigenous Health Project Officer meetings convened by the SBO each year, as well as any orientation and training activities.

State Based Organisations will be required to fund travel and accommodation costs for their Indigenous Health Project Officer to attend Indigenous Health Project Officer meetings convened by the AGPN twice a year, as well as any orientation and training activities appropriate to the role of the position.

### **3.4.3 Acceptable use of funds**

There is flexibility to allocate the funds to employ more than one person. Individual arrangements can be tailored to meet local needs.

Divisions also have flexibility to work with neighbouring Divisions following collaborative agreement by all parties. This may include pooling of resources.

Such arrangements would need to be facilitated by individual Divisions and the relevant SBO and reflected in Interim/Annual Plans. The relevant State or Territory Office must be advised of any such arrangement and Divisions will need to receive prior approval by the Department through the Interim/Annual Plan process.

## 3.5 Planning and Reporting

As part of their deliverables under the Deed, Divisions, SBOs and the AGPN are required to submit Annual Plans and Annual Budgets and Six and Twelve Month Reports (including financial reports). Divisions must meet these requirements in order to receive Program funding.

Annual Plans, Annual Budgets, Six and Twelve Month Reports for Divisions and SBOs must be submitted using the Divisions On-line Reporting System. The AGPN will submit Annual Plans, Annual Budgets, Six and Twelve Month Reports to the Department in hard copy.

### 3.5.1 Annual Plan and Annual Budget

It is expected that Divisions network members will undertake a Needs Assessment to inform their strategic planning. The Needs Assessment will address the objectives of the *Closing the Gap Improving Indigenous Access to Mainstream Primary Care – Indigenous Health Project Officers* and identify:

- the service delivery model that will be employed;
- the process to identify and respond to local needs;
- existing barriers to Indigenous Australians accessing mainstream primary care;
- prioritisation of needs; and
- risk management strategies that address the particular circumstances and/or characteristics of the Division.

Development of the Needs Assessment must involve consultation with stakeholders, including local Indigenous health services and Indigenous community members. A separate Needs Assessment will not be required for Indigenous Outreach Workers.

The 2009-10 Interim Plan (covering the period from execution of the Schedule to the Deed to 30 June 2010) will outline proposed activities identified as a result of the Needs Assessment.

The documented Needs Assessment must be provided with the Interim Plan.

A proposed budget for 2009-10 must also be submitted in accordance with the *Divisions of General Practice Program Financial Reporting Framework*.

In subsequent years, the Annual Plan and Budget should be based on a review of the Needs Assessment, taking into account experience in delivery of the program in the first year, progress to date and recent changes in circumstances. These reviews must also involve consultation with local Indigenous health services and Indigenous community members.

The requirement to report against Performance Indicators will also need to be taken into account in developing each Interim/Annual Plan.

### **3.5.2 Six and Twelve Month Reports**

Divisions network members will be required to submit Six and Twelve Month Reports each year. These reports will outline progress made against activities outlined in the Interim/Annual Plans and the outcomes achieved. The Six and Twelve month reports will also include reporting against Performance Indicators.

For 2009-10, in lieu of a Six Month Report, Divisions network members will be required to submit a Progress Report (covering the period from execution of the Schedule to the Deed to 30 April 2010). This report will outline progress made and outcomes achieved against activities outlined in the Interim Plan. Reporting against Performance Indicators will not be required.

Financial reports are also required as part of Six and Twelve Month Reports. These reports must be provided in accordance with the *Divisions of General Practice Program Financial Reporting Framework*.

The financial reports provided as part of the Twelve Month Reports must be prepared by an independent qualified auditor in accordance with the Australian Accounting Standards and Australian Auditing Standards and the requirements detailed in Schedule 2 of the Deed.

### **3.5.3 Assessment and Approval**

Payments to Divisions network members will be dependent on approval of deliverables by the Department.

In assessing Plans, Budgets and Six and Twelve Month Reports, the Department will consider:

- How well the objectives of the Programs are being met;
- How well the identified needs are being met;
- Reporting against Performance Indicators (where required);
- Whether the requirements of the contract and these Guidelines are met; and
- Whether activities are cost-effective and align with Program outcomes.

### **3.5.4 Requests for Carryover**

If there are Unspent and Uncommitted Funds at the end of the financial year these funds may be carried over into the next financial year for use in activities covered by the Interim/Annual Plan without the consent of the Department, up to a threshold of \$5,000.

However, should the level of Unspent and Uncommitted Funds be greater than \$5,000 an application for carryover of the full amount of the Unspent or Uncommitted Funds must be submitted to the Department for assessment.

If there is any doubt that the level of Unspent or Uncommitted Funds will be greater than the threshold an application for carryover should be submitted.

For Divisions and SBOs an application form and guidelines will be available on the Divisions On-line Reporting System. A paper-based application form will be available for AGPN.

As a minimum, the application for carryover will include the following information:

- a) the amount of Funds that remain Unspent and Uncommitted;
- b) the amount of Funds requested for carryover;
- c) the reason for the Unspent and Uncommitted Funds; and
- d) the proposed activities for the use of the Funds.

An application must be made as close to the end of the financial year as possible, and no later than the date for the Twelve Month Report.

Given that the *Closing the Gap Improving Indigenous Access to Mainstream Primary Care – Indigenous Health Project Officers* did not commence until late in 2009, the Department will take a flexible approach to assessment of applications to carryover funds from the 2009-10 financial year to the 2010-11 financial year.

## **4. Indigenous Outreach Workers**

### **4.1 Roles and responsibilities**

#### **4.1.1 Divisions of General Practice**

The IOW will work with the Indigenous Health Project Officer (IHPO) to help local Indigenous Australians make better use of available health care services. The IOW will undertake the following tasks, under supervision:

- community liaison: establish links with local Indigenous communities to encourage and support the increased use of health services, including Indigenous Health Checks, and to identify Indigenous Australians who would benefit from improved access to these health services;
- administration and support: assist the IHPO to identify barriers that may impact on access to health services by Indigenous Australians;
- provide practical assistance: provide practical assistance to identified Indigenous Australians to attend appointments for any recommended Indigenous Health Checks and to access other health services as required, including follow-up care, specialist services, and community pharmacies;
- provide feedback regarding access problems: provide feedback to the Division regarding problems encountered that may be restricting Indigenous Australians' access to health or related services, and in conjunction with the IHPO work to implement solutions.

Divisions will have the flexibility to tailor the role and activities of the IOW to suit local needs, taking into account the objectives of the Program. Broadly, it is expected that the IOW will undertake non-clinical activities such as:

- distributing available information/resources to local Indigenous communities about the services that are available to/for them and encouraging them to make the first contact with primary health care services in their region (both Indigenous specific and private GPs);
- encouraging and helping Indigenous Australians to attend appointments, including for Indigenous Health Checks, and assisting them in filling out forms and understanding instructions from reception staff;

- encouraging and assisting Indigenous Australians to:
  - return for follow up appointments with their GP and/or practice nurse;
  - return for relevant diagnostic tests and /or referrals to other primary health care providers (including allied health);
  - attend referred specialist services and care coordination, as necessary; and
  - collect prescribed medications from the pharmacist.
- encouraging Indigenous Australians to:
  - self identify; and
  - register for a Medicare card.
- distributing information to Indigenous Australians about other relevant Closing the Gap measures including tobacco programs, health and wellbeing programs.

#### **4.1.2 Department of Health and Ageing**

**4.1.2.1 State and Territory Offices** will be responsible for administering and managing the Program. They will take responsibility for:

- Being the first point of contact at the Department for Divisions in relation to the Program (with the option to refer Divisions, where relevant to these Guidelines, to the relevant SBO, AGPN and/or Central Office);
- Managing Division Schedules under the Deed;
- Receiving, assessing and approving deliverables under Schedules to the Deed;
- Approving payments;
- Monitoring implementation and compliance of the Program by individual Divisions; and
- Alerting Central Office to performance or other State/Territory issues relevant to the Program and providing advice on their resolution.

**4.1.2.2 Central Office** has responsibility for:

- Establishing the policy framework;
- Establishing funding arrangements, including execution of Schedules to the Deed;
- Making payments to Divisions in accordance with Schedules to the Deed;
- Developing and maintaining Program Guidelines, Performance Indicators and reporting frameworks;
- Monitoring and managing the Program; and
- Evaluating and reporting on the Program.

## **4.2 Performance Indicators**

### **4.2.1 Reporting requirements**

Divisions are required to report against a set of Performance Indicators linked to the Program objectives.

Divisions must make themselves familiar with the Performance Indicators and reporting guide and ensure that they have systems in place to collect and collate the necessary information/data. This should include systems for the protection of private information and adherence to principles of confidentiality in accordance with Commonwealth and State/Territory legislation, where relevant.

Divisions will need to address Performance Indicators to an appropriate standard in each Six Month and Twelve Month Report in order for those reports to be approved by the Department. In 2009-10, reporting against Performance Indicators will not be required (refer 4.5.2 Six and Twelve Month Reports below).

Performance Indicators for the *Closing the Gap Improving Indigenous Access to Mainstream Primary Care Program - Indigenous Outreach Workers*, are provided at [Attachment 3](#).

## **4.3 Qualifications/Recruitment**

Funding has been provided under this measure for local Indigenous people to work as IOWs supported by Indigenous Health Project Officers.

IOWs will need to have strong links with the local community and possess effective communication skills.

On employment, IOWs may have few or no formal qualifications. However, funding is provided under a separate element of the Closing the Gap package to develop appropriate training to Certificate II level in Aboriginal and/or Torres Strait Islander Primary Health Care. This training should be made available where appropriate.

There is no prescriptive role statement for the IOWs positions. Divisions will have the flexibility to tailor the role and activities of the IOW to suit local needs, taking into account the objectives outlined in these Program Guidelines.

Divisions are required to inform their State and Territory Offices when IOWs have been recruited. Advice must be provided in writing within 14 days from finalisation of recruitment.

## **4.4 Funding arrangements**

### **4.4.1 Funding eligibility**

The allocation of IOWs across both the Divisions network and Aboriginal Community Controlled Health sector is generally proportional to the Indigenous population in each jurisdiction.

Funding for IOWs in the Divisions network is largely based on the recommendations of the Indigenous Health Partnership Forums in each jurisdiction. Funding allocations also take into account:

- Indigenous population in the Division;
- numbers of PIP practices in the Division; and
- distribution of IOWs in the ACCHO sector.

Funding has only been allocated to Divisions receiving funding for Indigenous Health Project Officers.

### **4.4.2 Funding package**

The funding package provided to Divisions provides only for salaries, salary on-costs, travel and administration of the Program and as specified in the Financial Planning and Reporting Template supplied by the Department.

Funding must not be used to provide clinical services.

Funding may be used to cover:

- Travel costs associated with IOWs assisting Indigenous Australians to attend appointments (e.g. leasing a vehicle, taxis, reimbursing staff for use of private vehicles). If a Division is considering leasing a motor vehicle they must first seek approval from the relevant State and Territory Office as part of the Division's Interim/Annual Plan and Interim/Annual Budget approval process. A business case must be submitted to the STO for consideration, as outlined in the Divisions of General Practice Program Guidelines.
- Training for IOWs is funded under a separate *Closing the Gap* measure. However, Divisions will be required to fund any travel and accommodation costs associated with attending orientation and training activities.

### **4.4.3 Acceptable use of funds**

There is flexibility to allocate the funds to employ more than one person. Individual arrangements can be tailored to meet local needs.

Divisions also have flexibility to work with neighbouring Divisions, in the delivery of the program, following collaborative agreement by all parties. This may include pooling of resources.

Such arrangements would need to be facilitated by individual Divisions and the relevant SBO and reflected in Interim/Annual Plans. The relevant State or Territory Office must be advised of any such arrangement and Divisions will need to receive prior approval by the Department through the Interim/Annual Plan process.

## **4.5 Planning and Reporting**

As part of their deliverables under the Deed, Divisions are required to submit Annual Plans, Annual Budgets and Six and Twelve Month Reports (including financial reports). Divisions must meet these requirements in order to receive Program funding.

Annual Plans, Annual Budgets, Six and Twelve Month Reports must be submitted using the Divisions On-line Reporting System.

### **4.5.1 Annual Plan and Annual Budget**

The 2009-10 Interim Plan (covering the period from execution of the Schedule to the Deed to 30 June 2010) will outline proposed activities identified as a result of the Needs Assessment undertaken for the Indigenous Health Project Officer component of the Program. A separate Needs Assessment will not be required for Indigenous Outreach Workers.

A proposed budget for 2009-10 must also be submitted in accordance with the *Divisions of General Practice Program Financial Reporting Framework*.

In subsequent years, the Annual Plan and Budget should be based on a review of the Needs Assessment undertaken for the Indigenous Health Project Officer component of the Program. The Annual Plan and Budget must take into account experience in delivery of the program in the first year, progress to date and recent changes in circumstances. These reviews must also involve consultation with local Indigenous health services and Indigenous community members.

The requirement to report against Performance Indicators will also need to be taken into account in developing each Annual Plan.

### **4.5.2 Six and Twelve Month Reports**

Divisions will be required to submit Six and Twelve Month Reports each year. These reports will outline progress made against activities outlined in the Interim/Annual Plans and the outcomes achieved. The Six and Twelve Month Reports will also include reporting against Performance Indicators.

Financial reports are also required as part of Six and Twelve Month Reports. These reports must be provided in accordance with the *Divisions of General Practice Program Financial Reporting Framework*.

The financial reports provided as part of the Twelve Month Reports must be prepared by an independent qualified auditor in accordance with the Australian Accounting Standards and Australian Auditing Standards and the requirements detailed in Schedule 2 of the Deed.

#### Reporting requirements in 2009-10

For 2009-10, the Six Month Report will consist of a Progress Report covering the period from execution of the Schedule to the Deed to 30 June 2010. This report will outline progress made and outcomes achieved against activities outlined in the Interim Plan. Reporting against Performance Indicators will not be required.

### **4.5.3 Assessment and Approval**

Payments to Divisions will be dependent on approval of deliverables by the Department.

In assessing Plans, Budgets, Six and Twelve Month Reports, the Department will consider:

- How well the objectives of the Programs are being met;
- How well the identified needs are being met;
- Reporting against Performance Indicators (where required);
- Whether the requirements of the contract and these Guidelines are met; and
- Whether activities are cost-effective and align with Program outcomes.

### **4.5.4 Requests for Carryover**

If there are Unspent and Uncommitted Funds at the end of the financial year these funds may be carried over into the next financial year for use in activities covered by the Annual Plan without the consent of the Department, up to a threshold of \$5,000.

However, should the level of Unspent and Uncommitted Funds be greater than \$5,000 an application for carryover of the full amount of the Unspent or Uncommitted Funds must be submitted to the Department for assessment. If there is any doubt that the level of Unspent or Uncommitted Funds will be greater than the threshold an application for carryover should be submitted.

An application form and guidelines will be available on the Divisions On-line Reporting System.

As a minimum, the application for carryover will include the following information:

- a) the amount of Funds that remain Unspent and Uncommitted;
- b) the amount of Funds requested for carryover;
- c) the reason for the Unspent and Uncommitted Funds; and
- d) the proposed activities for the use of the Funds.

An application must be made as close to the end of the financial year as possible, and no later than the date for the Twelve Month Report.

Given that funding for the *Closing the Gap Improving Indigenous Access to Mainstream Primary Care – Indigenous Outreach Workers* will not commence until early in 2010, the Department will take a flexible approach to assessment of applications to carryover funds from the 2009-10 financial year to the 2010-11 financial year.

## **5. Evaluation**

The Department will conduct a formal evaluation of the *Closing the Gap Improving Indigenous Access to Mainstream Primary Care Program* as part of an overall evaluation of the *Closing the Gap Indigenous Chronic Disease Package*. Divisions will be required to contribute to the evaluation of the *Closing the Gap Indigenous Chronic Disease Package* by providing qualitative or quantitative data as agreed with the Department.

All Divisions network members are required to evaluate any key projects undertaken using Program funds. As a minimum, this should include a low-key in-house evaluation of projects and standardised feedback forms to be completed by attendees at education events.

## 6. Maintenance of Information and Data

Divisions network members are required to collect and maintain the information and data needed to meet the planning, reporting and evaluation requirements set out above.

## 7. Further information

For further information about the Australian Government's *Closing the Gap Improving Indigenous Access to Mainstream Primary Care Program*, contact your State or Territory Office.

Additional information about the Australian Government's *Closing the Gap Indigenous Chronic Disease Package* can be found at:

Website: <http://www.health.gov.au/tackling-chronic-disease> or  
Email: [ICDP@health.gov.au](mailto:ICDP@health.gov.au).

## 8. Useful resources

### Policy

Australian Government (2009), *Closing the Gap on Indigenous Disadvantage: The Challenge for Australia*, <http://www.fahcsia.gov.au/about/news/2009/Pages/Closingthegap.aspx>.

COAG (2008), *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes*, Council of Australian Governments, [http://www.coag.gov.au/intergov\\_agreements/federal\\_financial\\_relations/docs/national\\_partnership/NP\\_closing\\_the\\_Gap\\_indigenous\\_health\\_outcomes.pdf](http://www.coag.gov.au/intergov_agreements/federal_financial_relations/docs/national_partnership/NP_closing_the_Gap_indigenous_health_outcomes.pdf)

### Data

ABS (2006), *National Aboriginal and Torres Strait Islander Health Survey 2004-05*, Australian Bureau of Statistics, catalogue number 4715.0, [www.abs.gov.au](http://www.abs.gov.au).

AIHW (2008), *Aboriginal and Torres Strait Islander Health Performance Framework 2008 report*, Australian Institute of Health and Welfare, [www.aihw.gov.au](http://www.aihw.gov.au).

Deeble *et al* (2008), *Expenditures on health for Aboriginal and Torres Strait Islander peoples 2004-05*, Australian Institute of Health and Welfare, [www.aihw.gov.au](http://www.aihw.gov.au).

AGPN (2009), *General Practice Network Activity in Indigenous Health: Survey Results*, Australian General Practice Network, [www.agpn.com.au](http://www.agpn.com.au).

### Research

Australian Indigenous Health *Infonet*, <http://www.healthinfonet.ecu.edu.au>.

### Services

Medicare Australian Indigenous Services Information  
<http://www.medicareaustralia.gov.au/public/services/indigenous/index.jsp#N10095>.

## **Closing the Gap - Programs relevant to mainstream primary care**

### **PIP Indigenous Health Incentive**

The Practice Incentives Program (PIP) Indigenous Health Incentive will support general practices and Indigenous health services to provide better health care for Indigenous Australians, including best practice management of chronic disease.

The PIP Indigenous Health Incentive will have three components:

- Sign-on payment: a one-off payment of \$1,000 to practices that join the incentive and agree to undertake specified activities to improve the provision of care to their Aboriginal and Torres Strait Islander patients with chronic disease.
- Patient registration payment: \$250 to practices for each Aboriginal and Torres Strait Islander patient aged 15 years and over, registered with the practice for chronic disease management in a calendar year.
- Outcomes payment: Tier 1 - \$100 to practices for each registered patient for whom a target level of care is provided by the practice in a calendar year. Tier 2 - \$150 to practices for each registered patient for whom the majority of care is provided by the practice in a calendar year.

For more information on the PIP Indigenous Health Incentive visit the Medicare Australia web site at [www.medicareaustralia.gov.au/pip](http://www.medicareaustralia.gov.au/pip).

### **Chronic Disease Management - Care Coordination and Supplementary Services**

Patients registered with PIP practices for care of their chronic condition may be referred for more active care coordination where their GP thinks this would be of benefit to the patient.

Care coordination will support individual patients to ensure that they are accessing services consistent with their care plan, by arranging services required, assisting the patient to attend appointments, transferring and updating of medical records, and ensuring regular reviews are undertaken by the patient's primary care provider.

State Based Organisations (SBOs) of the Divisions of General Practice network will manage overall program funds. SBOs will subcontract to Divisions of General Practice or other nominated fund holders (if required), or lead/groupings of Divisions to provide these care coordination services.

Care coordinators will have access to a pool of funds that can be used to purchase supplementary services, such as allied health services where these are not available through other sources within clinically indicated timeframes. The funds pool may also be used to fund local transport for patients to travel to health care appointments.

## **Increasing Specialist Follow-up Care**

This program will provide funds to assist with the cost of follow up specialist care for Indigenous Australians with a chronic disease and support private specialists to provide outreach services to Indigenous patients in urban areas

The urban outreach services will complement an expansion of the Medical Specialist Outreach Assistance Program (MSOAP) in rural and remote areas.

It is anticipated that this program will commence in May 2010.

This component is scheduled to commence in May 2010 at the same time as the PIP Indigenous Health Incentive and the Care Coordination and Supplementary Services (CCSS) Program.

## **Medical Specialist Outreach Assistance Program (MSOAP) – Indigenous Chronic Disease (ICD) Measure**

MSOAP currently aims to improve rural and remote community access to medical specialist services. This is achieved by addressing some of the financial disincentives incurred by specialists in providing outreach services in rural and remote locations. The MSOAP is being expanded to introduce multidisciplinary teams, comprising specialists, general practitioners and allied health professionals, to better manage complex and chronic health conditions in rural and remote Indigenous communities

## **Pharmaceutical Benefits Scheme (PBS) Co-payment Measure**

From the 1 July 2010, this measure will assist Aboriginal and Torres Strait Islander peoples to better access Pharmaceutical Benefits Scheme (PBS) medicines by providing co-payment relief. Assistance will be available to patients presenting with a chronic disease and/or chronic disease risk factor at a non-remote Indigenous Health Service (HIS), or a general practice participating in the Indigenous Health Incentive (IHI) under the Practice Incentive Program (PIP). Increased access to PBS medicines will help improve prevention and management of chronic disease for Aboriginal and Torres Strait Islander peoples.

General practitioners (GP) and community pharmacists are the key health professionals involved in implementing the measure. GPs will identify and, with their consent, register eligible patients for the measure, then annotate patients' PBS prescriptions in an approved manner. Community pharmacists will update patients' details in the dispense system to identify those entitled to co-payment relief.

Patients who would normally pay the full co-payment of \$32.90 will pay the concessional rate of \$5.30. Concessional patients will receive their PBS medicines free of co-payment. Premiums for some brands of medicines will need to be paid by the patient. Community pharmacies will be reimbursed the proportion of the normal PBS Co-payment that has been forgone.

Depending on the local environment other health professionals that will need to be aware of the measure may include Aboriginal health workers, dentists and sessional /visiting medical specialists working from Indigenous Health Services, practice nurses, nurse practitioners, pharmacy managers, and pharmacy assistants (amongst others).

## **Clinical Practice and Decision Support Guidelines**

The aim of the Primary Health Care Resource (C5 measure) is to support and promote individual primary health care workers in the mainstream and Indigenous sector to better prevent, identify and manage chronic disease in Indigenous Australians.

*For Indigenous Australians the resource will:*

- Improve the diagnosis and management of people with chronic disease in a timely and culturally appropriate manner; and
- Reduce acute presentations, and provide better continuity of care.

*For health service providers the resource will:*

- Provide easily accessible and culturally appropriate information for the prevention, detection and management of chronic disease in Indigenous Australians; and
- Support and improve the use of best practice in the management of chronic disease for Indigenous Australians.

The resource will be developed over the 2 year period, 2009/10 to 2010/11 and will bring together existing tools and guides from a wide range of sources, providing primary health care workers in both the mainstream and Indigenous sector with access to relevant information. It will cover the following major contributors to the burden of chronic disease in Indigenous Australians; cardiovascular disease, diabetes, chronic respiratory disease, chronic kidney disease and cancer. It will also identify and address factors important in the prevention and management of chronic disease throughout the life course, including the incorporation of important cultural information. The resource will be targeted at all health professionals working in primary care, in urban, regional and remote settings, however, everyone will be able to access the resource (eg. community members, specialists).

## Performance Indicators Indigenous Health Project Officers Divisions of General Practice (including NT and ACT)

INDICATOR	REPORTING GUIDE
1. Impact of activities and approaches used to address barriers to the use of mainstream primary care services by Indigenous Australians.	Divisions will be required to: <ul style="list-style-type: none"> <li>• outline the activity undertaken;</li> <li>• discuss successes and challenges; and</li> <li>• discuss actual and expected outcomes.</li> </ul>
2. Impact of activities and approaches used to improve the capacity of mainstream primary care to deliver culturally sensitive services for Indigenous Australians.	Divisions will be required to: <ul style="list-style-type: none"> <li>• outline the activity undertaken;</li> <li>• discuss successes and challenges; and</li> <li>• discuss actual and expected outcomes.</li> </ul>
3. Impact of activities and approaches used to increase awareness and understanding of relevant <i>Closing the Gap</i> measures.	Divisions will be required to: <ul style="list-style-type: none"> <li>• outline the activity undertaken;</li> <li>• discuss successes and challenges; and</li> <li>• discuss actual and expected outcomes.</li> </ul>
4. Impact of collaboration with local Indigenous services to address shared planning and priority setting.	Divisions will be required to: <ul style="list-style-type: none"> <li>• outline the activity undertaken;</li> <li>• discuss successes and challenges; and</li> <li>• discuss actual and expected outcomes.</li> </ul>
5. The number of <i>Follow-up Allied Health Services for People of Aboriginal and Torres Strait Islander Descent</i> (MBS Item 81300-81360) provided to patients in the Division.	The Department will provide MBS data. Divisions will be asked to comment on changes over time and discuss successes and challenges.
6. Where funding is provided to the Division for the employment of an Indigenous Outreach Worker (IOW), impact of the strategies used to recruit and support of the IOW.	Divisions will be required to: <ul style="list-style-type: none"> <li>• outline the activity undertaken;</li> <li>• discuss successes and challenges; and</li> <li>• discuss actual and expected outcomes.</li> </ul>

(NB: The Department will also continue to monitor Divisions' performance against the Divisions of General Practice Program Access 2 National Performance Indicator relating to the number of health checks and health assessments provided to Indigenous Australians within the Division).

From 2010-11 the Department may introduce performance indicators linked to:

- broader MBS data on Medicare services provided to patients registered as Indigenous Australians (eg. general consultation items);
- the number of GP practices participating in the PIP Indigenous Health Incentive Program; and
- the number and proportion of general practices using a practice register/recall reminder system to identify patients of Aboriginal and Torres Strait Islander origin.

# Performance Indicators Indigenous Health Project Officers State Based Organisations

INDICATOR	REPORTING GUIDE
1. Impact of support for Divisions of General Practice to implement the <i>Closing the Gap Improving Indigenous Access to Mainstream Primary Care</i> measure, including activities to promote best practice.	SBOs will be asked to: <ul style="list-style-type: none"> <li>• outline activities undertaken;</li> <li>• discuss successes and challenges; and</li> <li>• discuss actual and expected outcomes.</li> </ul>
2. Impact of activities to increase understanding at the State level of the <i>Closing the Gap</i> measures relevant to mainstream primary care.	SBOs will be asked to: <ul style="list-style-type: none"> <li>• outline activities undertaken;</li> <li>• discuss successes and challenges; and</li> <li>• discuss actual and expected outcomes.</li> </ul>
3. Impact of contribution to activities to support the network of Indigenous Health Project officers, including meetings with Divisions and attendance at meetings organised by AGPN.	SBOs will be asked to: <ul style="list-style-type: none"> <li>• outline activities undertaken;</li> <li>• discuss successes and challenges; and</li> <li>• discuss actual and expected outcomes.</li> </ul>
4. Impact of collaboration between the mainstream and Indigenous health sectors in the State, including with NACCHO state affiliates.	SBOs will be asked to: <ul style="list-style-type: none"> <li>• outline collaborations undertaken;</li> <li>• discuss successes and challenges; and</li> <li>• discuss actual and expected outcomes.</li> </ul>
5. The number of <i>Follow-up Allied Health Services for People of Aboriginal and Torres Strait Islander Descent</i> (MBS Item 81300-81360) provided to patients in the State.	The Department will provide MBS data. SBOs will be asked to comment on changes over time and discuss successes and challenges.
6. Impact of strategies developed to support Indigenous Outreach Workers.	SBOs will be asked to: <ul style="list-style-type: none"> <li>• outline activities undertaken;</li> <li>• discuss successes and challenges; and</li> <li>• discuss actual and expected outcomes.</li> </ul>

(NB: The Department will also continue to monitor performance against the Divisions of General Practice Program Access 2 National Performance Indicator relating to the number of health checks and health assessments provided to Indigenous Australians in the State).

From 2010-11 the Department may introduce performance indicators linked to:

- broader MBS data on Medicare services provided to patients registered as Indigenous Australians (eg. general consultation items);
- the number of GP practices participating in the PIP Indigenous Health Incentive Program; and
- the number and proportion of general practices using a practice register/recall reminder system to identify patients of Aboriginal and Torres Strait Islander origin.

# Performance Indicators

## Indigenous Health Project Officers

### Australian General Practice Network

INDICATOR	REPORTING GUIDE
1. Impact of leadership in implementation of the Improving Indigenous Access to Mainstream Primary Care measure, including activities to promote best practice.	AGPN will be asked to: <ul style="list-style-type: none"> <li>• outline activities undertaken;</li> <li>• discuss successes and challenges; and</li> <li>• discuss actual and expected outcomes.</li> </ul>
2. Impact of leadership in increasing awareness and understanding at the national level of the Closing the Gap measures relevant to mainstream primary care.	AGPN will be asked to: <ul style="list-style-type: none"> <li>• outline activities undertaken;</li> <li>• discuss successes and challenges; and</li> <li>• discuss actual and expected outcomes</li> </ul>
3. Impact of leadership in development and maintenance of an effective network of Indigenous Health Project Officers.	AGPN will be asked to: <ul style="list-style-type: none"> <li>• outline activities undertaken;</li> <li>• discuss successes and challenges; and</li> <li>• discuss actual and expected outcomes.</li> </ul>
4. Impact of collaboration between the mainstream and Indigenous health sectors including the National Aboriginal Community Controlled Health Organisation.	AGPN will be asked to: <ul style="list-style-type: none"> <li>• outline collaborations undertaken;</li> <li>• discuss successes and challenges; and</li> <li>• discuss actual and expected outcomes.</li> </ul>
5. Impact of strategies developed to support Indigenous Outreach Workers.	AGPN will be asked to: <ul style="list-style-type: none"> <li>• outline activities undertaken;</li> <li>• discuss successes and challenges; and</li> <li>• discuss actual and expected outcomes.</li> </ul>

(NB: The Department will also continue to monitor performance against the Divisions of General Practice Program Access 2 National Performance Indicator relating to the number of health checks and health assessments provided to Indigenous Australians in Australia).

From 2010-11 the Department may introduce performance indicators linked to:

- broader MBS data on Medicare services provided to patients registered as Indigenous Australians (eg. general consultation items);
- the number of GP practices participating in the PIP Indigenous Health Incentive Program; and
- the number and proportion of general practices using a practice register/recall reminder system to identify patients of Aboriginal and Torres Strait Islander origin.

**Performance Indicators  
Indigenous Outreach Workers  
Divisions of General Practice (including NT and ACT)**

<b>INDICATOR</b>	<b>REPORTING GUIDE</b>
<p>1. Strategies used to:</p> <ul style="list-style-type: none"> <li>- identify and provide practical assistance to Indigenous Australians who would benefit from improved access to health checks and/or health services as required (e.g. follow up care, specialist services and community pharmacy).</li> </ul>	<p>Divisions will be asked to:</p> <ul style="list-style-type: none"> <li>- Outline activities undertaken;</li> <li>- Indicate successes and challenges; and</li> <li>- Indicate actual or expected outcomes.</li> </ul>
<p>2. Number of Indigenous Australians assisted by the Indigenous Outreach Worker to:</p> <ul style="list-style-type: none"> <li>a) attend first consultation with: GP and/or practice nurses.</li> <li>b) attend: <ul style="list-style-type: none"> <li>- follow-up GP/and or practice nurse appointments;</li> <li>- specialist appointments;</li> <li>- care coordination appointments;</li> <li>- other allied health appointments</li> </ul> </li> <li>c) collecting prescriptions from the pharmacy.</li> </ul>	<p>Divisions will be asked to report the number of services provided to Indigenous Australians under each of the following :</p> <ul style="list-style-type: none"> <li>a) attendance at first consultation with GP and/or practice nurses.</li> <li>b) attendance at: <ul style="list-style-type: none"> <li>- follow-up GP/and or practice nurse appointments;</li> <li>- specialist appointments;</li> <li>- care coordination appointments; and</li> <li>- other allied health appointments</li> </ul> </li> <li>c) collecting prescriptions from the pharmacy</li> </ul>

Due to the low level of voluntary self-identification by Indigenous Australians, it is currently not possible to obtain reliable MBS data for Indigenous Australians. As the level of Indigenous self identification improves, it may be possible to introduce performance indicators linked to:

- Number of attendances (split across GP, specialist, pathology, allied health, pharmacy) by patients registered as Indigenous compared to non Indigenous. (Medicare data).\*
- Proportion of Division Indigenous population registered as Indigenous on Medicare Australia.\*