Integration – the IUIH Perspective
Queensland Clinical Senate
Royal on the Park, 4 November 2016
The IUIH established in 2009 as a strategic response to population growth and dispersion of the Indigenous population of SEQ.

The IUIH established to integrate **planning, development and delivery** of comprehensive primary health care services to Aboriginal and Torres Strait Islander populations across SEQ.

The IUIH owned by our Members - the four (4) Community Controlled Health Services of SEQ:
- ATSICHS Brisbane Ltd;
- the Kalwun Health Service;
- the Kambu Medical Service; and
- the Yulu-Burri- Ba Health Service.
IUIH – Governance Model

- IUIH established as company limited by guarantee under Corporations Law
- ‘Mixed-Board’ structure, with equal representation from Members (4) plus independent expertise (4) – IUIH Chairperson elected from amongst Nominee Directors:
  - 1 x Nominee Director from ATSICHS Brisbane, Kambu, Yulu-Burri-Ba and Kalwun
  - 1 x Independent Expert – Clinical/Indigenous Health
  - 1 x Independent Expert – Business & Not-for-Profit
  - 1 x Independent Expert – Financial Management
  - 1 x Independent Expert – Clinical/Specialist
IUIH Board

Chairperson

Aunty Lyn Shipway

Independent Independent Independent Independent (vacant)
Aboriginal & Torres Strait Islander Population of SEQ

- Minimum of 50,000 (2011 Census) – estimated to have increased to 65,000 in 2016
- More than the total Indigenous population of Victoria
- More than the total Indigenous population of South Australia
- More than two thirds of the total Indigenous population of Northern Territory
- More than half of the total Indigenous population of the Western Australia
38% of Indigenous people in QLD residing in SEQ.
## Indigenous Population of SEQ

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Brisbane</td>
<td>14,629</td>
<td>13%</td>
</tr>
<tr>
<td>Ipswich</td>
<td>6,416</td>
<td>36%</td>
</tr>
<tr>
<td>Gold Coast</td>
<td>6,196</td>
<td>35%</td>
</tr>
<tr>
<td>Logan</td>
<td>7,774</td>
<td>21%</td>
</tr>
<tr>
<td>Moreton Bay</td>
<td>8,482</td>
<td>42%</td>
</tr>
<tr>
<td>Redland</td>
<td>2,617</td>
<td>34%</td>
</tr>
<tr>
<td>Lockyer Valley</td>
<td>1,012</td>
<td>-12%</td>
</tr>
<tr>
<td>Scenic Rim</td>
<td>932</td>
<td>43%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>48,058</td>
<td>16%</td>
</tr>
</tbody>
</table>
Urban Indigenous Health - Challenges & Opportunities

Program – Day 2

Cape York Indigenous Region
Projected population (2031) – 12,772
Projected average annual growth – 1.3%

Brisbane Indigenous Region
Projected population (2031) – 133,189
Projected average annual growth – 3.7%

Sydney-Wollongong Indigenous Region
Projected population (2031) – 88,371
Projected average annual growth – 1.6%

Victoria
Projected population (2031) – 82,838
Projected average annual growth – 2.8%

South Australia
Projected population (2031) – 60,090
Projected average annual growth – 3%

Northern Territory
Projected population (2031) – 88,556
Projected average annual growth – 1.4%

Perth Indigenous Region
Projected population (2031) – 57,292
Projected average annual growth – 2.8%

Indigenous Population Growth - 2013
The ‘Gap’ in South East Queensland

- Indigenous people comprise 1.2% of total SEQ Population, yet experience 2.2% of the disease and injury burden
- The rate of burden for all causes among Indigenous peoples 2.2 times that of the total burden in SEQ
- The Health adjusted life expectancy for Indigenous people in SEQ is 61.33 years - 11.99 years less than the HALE for all Queenslanders (73.32 years).
- Gap in the Indigenous HALE in SEQ due to cardiovascular (29%), diabetes (16%), chronic respiratory (11%), cancer (10%) and mental (9%).

Indigenous Health Gap by selected causes: expressed as proportions by remoteness (Voss et al 2007)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Non-remote</th>
<th>Remote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population distribution</td>
<td>74%</td>
<td>26%</td>
</tr>
<tr>
<td>All causes</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>Injuries</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Other NCDs**</td>
<td>58%</td>
<td>42%</td>
</tr>
<tr>
<td>Chronic respiratory disease</td>
<td>66%</td>
<td>34%</td>
</tr>
<tr>
<td>Mental disorders</td>
<td>83%</td>
<td>17%</td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>61%</td>
<td>39%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>62%</td>
<td>38%</td>
</tr>
<tr>
<td>Cancers</td>
<td>64%</td>
<td>36%</td>
</tr>
<tr>
<td>Group 1*</td>
<td>47%</td>
<td>53%</td>
</tr>
</tbody>
</table>

* Communicable diseases, maternal and neonatal conditions
## MBS Health Checks 2008/2009

<table>
<thead>
<tr>
<th>Division of GP</th>
<th>No of 708 checks</th>
<th>% of eligible children screened</th>
<th>No of 710 checks</th>
<th>% of eligible adults screened</th>
</tr>
</thead>
<tbody>
<tr>
<td>South East Alliance</td>
<td>59</td>
<td>3.4</td>
<td>126</td>
<td>4.5</td>
</tr>
<tr>
<td>Brisbane South</td>
<td>195</td>
<td>12.3</td>
<td>452</td>
<td>17.3</td>
</tr>
<tr>
<td>Gold Coast</td>
<td>35</td>
<td>1.5</td>
<td>28</td>
<td>2</td>
</tr>
<tr>
<td>Logan Network</td>
<td>42</td>
<td>1.1</td>
<td>67</td>
<td>2.2</td>
</tr>
<tr>
<td>Ipswich</td>
<td>74</td>
<td>2</td>
<td>52</td>
<td>2</td>
</tr>
<tr>
<td>Moreton Bay</td>
<td>0</td>
<td>0</td>
<td>14</td>
<td>0.6</td>
</tr>
<tr>
<td>GP Partners</td>
<td>27</td>
<td>3</td>
<td>35</td>
<td>0.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>432</strong></td>
<td><strong>3</strong></td>
<td><strong>774</strong></td>
<td><strong>4.1</strong></td>
</tr>
</tbody>
</table>

Source: Medicare Australia, ABS Census 2006
The IUIH established to integrate planning, development and delivery of comprehensive primary health care services to Aboriginal and Torres Strait Islander populations across SEQ.

The IUIH understood complexity and fragmented nature of the healthy system – need to make it easier for our people to access fully integrated/comprehensive care.

Need to integrate the system (data and ITC, planning, investment, delivery) at the regional level in order to ensure integrated care at local level.
“The body parts approach has been a complete failure in Aboriginal health. There is no use treating the heart or the ears alone, when the whole person is in danger of breaking down” (Puggy Hunter, NACCHO Chair - July 1999).
What are we trying to achieve? – Current Journey

Current Journey for Undiagnosed Indigenous Diabetes Patient

- **Week One**: Patient feels unwell but does not seek medical advice.
- **Week Ten**: GP visits patient, detects diabetes complications.
- **Six Months**: Patient visits specialist, needs medication.
- **Two - Three Years**: Patient presents at hospital, needs treatment.

**Impact on Patient Health**
- Acute Episodes
- Impact on Patient Health

**Patient Experience**
- Poor Health Outcome
- Fragmented Care
- Lack of understanding of condition
What are we trying to achieve? Ideal Journey

**Ideal Journey for Undiagnosed Indigenous Diabetes Patient**

**Care coordination, flexible funding and information sharing at local community level**

**Week One**
- GP contacts patient via phone
- Suggests an appointment to see diabetes specialist

**Week Two**
- GP coord. contacts patient via phone
- reminds patient of appointment

**Week Three**
- Patient attends health check
- Finds any diagnosis
- Refers patient to specialist

**Week Four**
- Specialist contacts patient via phone
- Suggests an appointment to see diabetes specialist

**Week Five**
- Patient attends health check
- Finds any diagnosis
- Refers patient to specialist

**Patient Experience**
- Improved quality of life and participation
- Confident and able to self-manage
- Coordinated clinical care pathway

**Impact on Patient Health**
- Education and support
- Improved health outcomes

**Barriers and Challenges**
- Language barriers
- Cultural differences
- Limited access to healthcare

**Strategies**
- Cultural competence training
- Language services
- Community engagement

**Support Services**
- Indigenous health workers
- Mental health support
- Exercise programs

**Key Outcomes**
- Improved health outcomes
- Increased confidence in self-management
- Better coordination of care
Focus on integrating a fragmented health system AND disparate funding programs (Indigenous specific and mainstream) to support a coherent regional strategy which spans the care continuum AND life course

Integration aimed at enabling seamless patient journey

Integration across ALL levels:
- Health system at the regional level – planning and service development, information systems/data, clinical governance and CQI, workforce development (student placement AND GPRs) and population health (Deadly Choices), IUIH Connect

Care delivery – implementation of evidence-based/consistent ‘Model of Care’ within CCHSs, delivery of comprehensive range of allied health services, integration across the life course (ie. mums and bubs to aged care), Care Coordination

Community – utilising preventative health/social marketing campaigns to engage community and empower behaviour change (‘generating a demand for change’)
IUIH Model of Care

- Integration of ‘disparate’ health system/funding to provide seamless and efficient access to comprehensive primary health care
- Efficiencies applied to the delivery/expansion of services to meet identified ‘gaps’, ie. Dental, children’s therapy, chronic disease self-management programs
- IUIH Model of Care imbedded with regional/integrated system – the IUIH System of Care
Population health
Strategic Goal 1
To facilitate improved access to comprehensive primary health care for Aboriginal and Torres Strait Islander peoples in SEQ.

Highlights – Improving access to PHC

NEW PATIENTS

<table>
<thead>
<tr>
<th>Year</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008/09</td>
<td>1,917</td>
</tr>
<tr>
<td>2009/10</td>
<td>3,255</td>
</tr>
<tr>
<td>2010/11</td>
<td>3,855</td>
</tr>
<tr>
<td>2011/12</td>
<td>5,955</td>
</tr>
<tr>
<td>2012/13</td>
<td>7,566</td>
</tr>
<tr>
<td>2013/14</td>
<td>5,787</td>
</tr>
<tr>
<td>2014/15</td>
<td>7,970</td>
</tr>
<tr>
<td>2015/16</td>
<td>9,436</td>
</tr>
</tbody>
</table>
Highlights – Improving access to PHC

Annual 715 Health Checks - SEQ

- 2010/11: 20
- 2011/12: 40
- 2012/13: 50
- 2013/14: 70
- 2014/15: 130
- 2015/16: 150
Highlights – 2015/2016

- 9,436 NEW Indigenous patients accessed SEQ CCHSs;
- Active patient population approaching 30,000 at 30 June 2016 – over 50% of total Indigenous population;
- 14,551 Health Checks – over 2500% increase since IUIH’s establishment
- Medicare increased to $11.5million – enabling funding of clinic/service expansion and dental, allied health (adult and child) and chronic disease self-management programs
- 18,445 patient visits to Allied Health Services
- 30,100 occasions of service for dental and oral health – 3,688 patients in total
- 4,896 patient visits to Specialist Clinics conducted within SEQ CCHSs
- With CheckUp Australian AND Healthscope, delivery of 50 cataract and 14 ENT surgeries
Effective integration creates inter-dependencies – the IUIH System of Care now constitutes an ‘Ecosystem’, comprising a complex mix of Indigenous specific and non-Indigenous (mainstream) programs – challenge for government to understand HOW integration of care dependent on integration of systems at regional level

‘Your Integration is My Fragmentation’ – Health Care Homes

Additional focus on support integration of care for Indigenous peoples accessing mainstream services

Shifting the focus of our efforts beyond health to ‘integrate’ with broader human services sector to impact on ‘other’ determinants of health (ie. Justice - Health Justice Partnerships, Family Support AND Well-Being – ANFPP and Child Protection, Early Childhood Education – Deadly Kindies)

Building the evidence base for integration – without evidence anecdote will continue to drive policy, leading to ‘innovation without change’
“We are now faced with the fact that tomorrow is today. We are confronted with the fierce urgency of now. In this unfolding conundrum of life and history, there "is" such a thing as being too late. This is no time for apathy or complacency. This is a time for vigorous and positive action.” (Martin Luther King Jr.)