



General practice software model to support best practice in Indigenous health care

Introduction

The Australian Institute of Health and Welfare (AIHW) has developed this model of software attributes and recording practices to support best practice in Aboriginal and Torres Strait Islander health care in general practice. It is intended to raise awareness of these issues and help change general practice software to improve health care for Aboriginal and Torres Strait Islander people.

Improving the software used in general practice has been identified as a key way to improve:

- standardisation of processes to ascertain and record Indigenous status
- uptake of GP-mediated Indigenous-specific health measures, such as Indigenous-specific health checks and follow-up services (see Attachment 1 for a full list of measures)
- the recording of Indigenous status in datasets that rely on GP-generated data, such as cancer registries, pap smear registries and mortality data.

The software model is made up of the following 5 components:

1. **Best practice component for collecting and recording Indigenous status**
2. **Best practice component for Indigenous specific health measures**
3. **Best practice component for preventative health care**
4. **Best practice component for quality of care, patient information and recall**
5. **Best practice component for the transmission of Indigenous status**

Attachments

Attachment 1: GP-mediated Indigenous-specific health measures

Attachment 2: Guidelines for collecting and recording Indigenous status

For more information on the model, contact the AIHW National Indigenous Data Improvement Support Centre (**NIDISC**) helpdesk:

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1. Best practice component for collecting and recording Indigenous status

Aspect	Suggested software features	Rationale/additional information
General	Software should be flexible and support both administrative and clinical staff seeking responses to the Indigenous status question (whether in writing or orally). Processes to put the question and record responses should support different practice models.	<p>Indigenous specific health measures cannot be offered unless Indigenous status is known.</p> <p>Patients may be more inclined to discuss their Indigenous status with the clinician (in a private consultation) rather than administrative staff in an open reception area. Hence it is important to have the flexibility for administrative staff to ask the question but also the opportunity for the clinician to update responses if the patient then discusses their status with them during the consultation.</p>
Collecting Indigenous status	<p>Support the collection of Indigenous status using the standard Indigenous status question and response codes (Attachment 2).</p> <p>Prompts and supporting information for administrative or clinical staff to collect Indigenous status (see example Attachment 3). This information should be used by whoever asks the question to explain why the question is being asked and the implications for patients' of the decision to identify or not identify for care provided. Where patients are given a paper form to complete, the information should be included on the form.</p> <p>Allow for the confirmation or updating of Indigenous status at regular intervals.</p>	All clients should have an opportunity to confirm or update any previously recorded personal information on a regular basis, including confirmation or alteration of their recorded Indigenous status.
Recording Indigenous status	<p>Require Indigenous status box to be completed before progressing to other screens (that is, a mandatory field)</p> <p>Use national standard response codes (Indigenous status should not be included with ethnicity drop down boxes) (Attachment 2)</p> <p>Response options should differentiate between 'declined to provide Indigenous status' and 'question not asked'. Where the response is that the question has not been asked, prompt to do so at future appointments until another response code is completed.</p> <p>Where administrative staff collect Indigenous status information, the response should be recorded in a way which is visible and available to clinical staff.</p>	

2. Best practice component for Indigenous-specific health measures

Aspect	Suggested software features	Rationale/additional information
Raise awareness about GP mediated Indigenous specific health measures	Provide access to a list of all GP mediated Indigenous specific health measures (Attachment 1)	GP mediated Indigenous specific measures are designed to increase preventive health opportunities, detect chronic disease risk factors, better manage existing chronic disease and reduce inequities in access to primary care for Aboriginal and Torres Strait Islander people.
Aboriginal and Torres Strait Islander-specific MBS health checks (MBS item 715)	<p>Ability to record the provision of a health check</p> <p>Include brief statement of the purpose of in the check</p> <p>Prompt to offer checks for all Indigenous patients without health check in last 12 months. Default should be prompt recurs 12 months after completing check</p> <p>Include age appropriate wizard/template based on recommendations in <i>National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people</i></p> <p>Maximise pre-population of data from existing patient data in wizard/template</p> <p>Link to, and prompt use of, measures flowing from health check as appropriate (for example, Practice nurse/Aboriginal Health Worker/allied health follow-up)</p> <p>Flag existence of chronic disease or at risk of chronic disease, highlight potentially appropriate follow-ups and enable viewing of eligibility criteria to allow consideration of these if not already enrolled (for example, Indigenous Health Incentive registration, Closing the Gap (CTG) co-payment access)</p> <p>Maximise opportunities for once only data entry for example, information gathered through the health assessment could be:</p> <ul style="list-style-type: none"> • available for use in other clinical consultations • enable the capacity to record the health check summary including issues identified • used to populate patient's consultation notes • produce an actions box with all actions resulting from the health check • extracted and imported to Excel so results from all practice health checks could be collated etc. 	<p>Health checks are intended to increase preventative health opportunities, detect chronic disease risk factors and better manage existing chronic disease</p> <p>Practice software often includes wizards or templates to streamline processes. For example, a wizard for a mainstream 45-49 year old health check would produce a form with MBS and other requirements (such as height, weight & BMI) and extract data from existing patient records where available & appropriate to match against those requirements. This makes it easier and quicker for the GP to complete the requirements of the check.</p>
Practice nurse or registered Aboriginal Health Worker follow-up services (MBS item 10987) after a health check (up to 10 per year)	<p>Prompt to offer follow-ups linked to health check as relevant</p> <p>Include brief statement of the purpose and scope of this item</p> <p>Pro forma/wizard available to streamline directions to PN or AHW to action</p> <p>Include prompt for status of items: that is, how many of the 10 services have been used in the relevant 12 month period</p>	Maximise the benefit of health checks through targeted follow-up
Allied Health follow-up services (MBS items 81300–81360) after a health check (up to 5 follow-up services/year)	<p>Prompt to offer follow-ups linked to health check as relevant</p> <p>Include brief statement of the purpose and scope of this item</p> <p>Pro forma/wizard available to streamline request for follow-up to Allied Health</p> <p>Include prompt for status of items: that is, how many of the 5 services have been used in the relevant 12 month period</p> <p>Facilitate link to web-based care planning tool for GPs and others to use a shared document about collaborative care planning</p>	Maximise the benefit of health checks through targeted follow-up

2. Best practice component for Indigenous-specific health measures (contd.)

Aspect	Suggested software features	Rationale/additional information
Practice Incentive Program Indigenous Health Incentive (PIP IHI)	<p>For practices using PIP, prompt the uptake of IHI when in patient record:</p> <ul style="list-style-type: none"> for Aboriginal and/Torres Strait Islander patients 15 years and over with chronic disease, to be offered registration under chronic disease management for Aboriginal and Torres Strait Islander people of any age with or at risk of chronic disease to be offered registration for access to CTG PBS scripts <p>Prompt the use of GP Management Plan or Team Care Arrangement as appropriate to trigger Tier 1 outcomes payment under IHI</p> <p>Link to patient consent/info forms for chronic disease management and CTG scripts (noting and prompting re-registration requirements). Ideally this should include the ability to print pre-population forms using template from software letter writer.</p> <p>Ensure functionality to be able to search for those patients registered for chronic disease management in order to satisfy requirements of the PIP IHI</p> <p>Flag registered patients on patient record in practice software</p> <p>Link to existing tick box on patient demographic screen</p>	Support practice team to improve coordination of health services for Aboriginal and Torres Strait Islander people
Support via Aboriginal and Torres Strait Islander-specific Care Coordinators	<p>For GPs participating in the PIP IHI, prompt referral to Care Coordinator workers for eligible Aboriginal and/Torres Strait Islander patients</p> <p>Pro forma/wizard available to streamline request for Care Coordination</p>	Optimise access to care coordination services for Aboriginal and Torres Strait Islander people
Pneumococcal and influenza immunisations for Aboriginal and Torres Strait Islander adults	<p>Prompt to offer as per Immunisation Handbook ie. for those aged 50 years and over, and those aged 15-49 years for those medically at risk</p> <p>Integrate with age appropriate health check wizard & link to risk factors for those aged 15 – 49 years</p>	Increase pneumococcal and influenza immunisation coverage among Aboriginal and Torres Strait Islander people
Aboriginal and Torres Strait Islander children's immunisation	<p>Prompt to check children's immunisations for those aged under 5 years and offer immunisations as per Immunisation Handbook. Note immunisations recommended for Indigenous children differ in some states and territories</p> <p>Integrate with age appropriate health check wizard</p>	Increase immunisation coverage and timeliness among Aboriginal and Torres Strait Islander children
Access to PBS medicines through the co-payment measure	Link to IHI functionality as described above.	Co-payment measure seeks increase access to PBS medicines for eligible Aboriginal and Torres Strait Islander people through reducing their cost
Access to PBS medicines that are limited for prescription to Aboriginal and Torres Strait Islander people	<p>Alert to bring list of Aboriginal and Torres Strait Islander specific PBS-listed medicines to the GPs attention.</p> <p>Integrate with prescribing functionality</p>	Increase access to the PBS-listed medicines for Aboriginal and Torres Strait Islander people

3. Best practice component for preventive healthcare

Aspect	Suggested software features	Rationale/additional information
Links with the National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people	<p>Include Aboriginal and Torres Strait Islander specific decision support materials such as:</p> <ul style="list-style-type: none"> an Aboriginal and Torres Strait Islander specific antenatal template and referral form a diabetic retinal screening pro forma defaults to Aboriginal and Torres Strait Islander protocols for all preventive care (Domestic violence screening, diabetes screening, renal disease screening - not just immunisation) prompt to contact Aboriginal and/or Torres Strait Islander liaison officer for all Emergency Department referrals. <p>Also include recommendations not specific to Aboriginal and Torres Strait Islander people such as cervical screening reminders.</p>	Ensure the provision of care tailored to the needs of Aboriginal and Torres Strait Islander people

4. Best practice component for quality of care, patient information and recall

Aspect	Suggested software features	Rationale/additional information
Support for continuous quality improvement and patient information and recall systems	<p>Ensure functionality to interrogate and collate data on Indigenous-specific services provided, that is, ability to report all data by Indigenous and non-Indigenous status.</p> <p>Functionality could either be in the software itself, or through using it with a separate Clinical Audit Tool.</p> <p>Patient recall systems could be generated and supported by this functionality</p>	<p>Continuous improvement in quality of care</p> <p>Collated data would allow practices to audit the quality of care they provide for Aboriginal and Torres Strait Islander patients.</p>

5. Best practice component for the transmission of Indigenous status information

Aspect	Suggested software features	Rationale/additional information
Improve the collection of Indigenous status in datasets that rely on GP generated data	<p>Include Indigenous status on pathology requests, whether electronic or paper</p> <p>Ensure consistency between GP and pathology software</p> <p>Include Indigenous status from on referrals, whether electronic or paper</p> <p>Include Indigenous status from referral source on death certificates</p>	<p>Improved national and jurisdiction level data for program planning and delivery (for example, Cancer and pap smear registries)</p> <p>Lack of consistency between GP and pathology software restricts out of practice data collection and data validity will be restricted.</p>

Attachment 1: GP-mediated Indigenous-specific health measures

The main Aboriginal and Torres Strait Islander-specific health measures which GPs provide directly, or provide access to, are:

- [Indigenous-specific health checks](#) (MBS item 715)
- [Follow-up services provided by a practice nurse or registered Aboriginal health worker for a person who had a MBS health check](#) (MBS item 10987)
- [Follow-up allied health services for a person who had a MBS health check](#) (MBS items 81300–81360)
- [Pneumococcal and influenza immunisations for Indigenous adults and different immunisations for Indigenous children in some states and areas](#)
- [Listings on the Pharmaceutical Benefits Scheme \(PBS\) specifically for Indigenous people](#)
- [Cheaper medicines through the PBS co-payment measure](#)
- [Support via Aboriginal and Torres Strait Islander-specific Care Coordinators](#)

Attachment 2: Guidelines for collecting and recording Indigenous status

The AIHW has produced the *National best practice guidelines for collecting Indigenous status in health data sets* (see <http://www.aihw.gov.au/publication-detail/?id=6442468342>). The Guidelines were developed to improve the collection and recording of Indigenous status information and support consistency in these processes across health services.

Asking the question

The standard Indigenous status question

The following question should be asked of all clients to establish their Aboriginal and/or Torres Strait Islander or non-Indigenous status:

Are you [is the person] of Aboriginal or Torres Strait Islander origin?

The standard response options

Three standard response options should be provided to clients to answer the question (either verbally or on a written form):

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

For clients of both Aboriginal and Torres Strait Islander origin, both 'Yes' boxes should be marked.

Alternatively, a fourth response category may also be included if this better suits the data collection practices of the agency or establishment concerned:

- Yes, both Aboriginal and Torres Strait Islander

Recording responses

Information systems should record Aboriginal and/or Torres Strait Islander or non-Indigenous status information using the following national categories:

1. Aboriginal but not Torres Strait Islander origin
2. Torres Strait Islander but not Aboriginal origin
3. Both Aboriginal and Torres Strait Islander origin
4. Neither Aboriginal nor Torres Strait Islander origin
9. Not stated/inadequately described

Information to use to support the collection of Indigenous status

Knowing who our Indigenous patients are can help us to offer them the best health care and access to the targeted programs designed to overcome the health disparities between Indigenous and non-Indigenous Australians. For example, there are a range of health programs specifically for Aboriginal and Torres Strait Islander people such as Indigenous specific health checks, access to medicines through the Pharmaceutical Benefits Scheme, and specific adult and childhood immunisations.