CONERENCE ABSTRACT

A new culturally informed and innovative commissioning approach to boost access and primary health care performance for Indigenous communities of rural and remote New South Wales and Queensland

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Introduction: Improving chronic disease in Australia’s Indigenous populations is complex and new approaches are urgently required. Under the new Primary Health Networks PHNs, a contemporary commissioning approach in partnership with the Aboriginal Community Controlled Health Organisation ACCHO Sector is directly addressing health disparity in Indigenous chronic disease compared to other non-Indigenous Australians.

Transformation: Cultural competence is embedded through an enterprising Alliance and Consortia arrangement that is shifting leadership and design of Indigenous health care delivery in Western NSW and Western Queensland.

Aim and Theory of Change: The Marrabinya and Nukal Murra initiatives are health support services that aim to ensure eligible Indigenous clients of general practice have better access to more comprehensive care including medication and medical aids, transport, Specialist and allied health interventions. Using a service brokerage model, active chronic disease management is promoted across General Practice and ACCHO settings building health literacy and uptake of Medicare. A place-based commissioning approach, it allows knowledge of local behavioural, social and biomedical factors impacting on patient engagement and participation to be incorporated into culturally informed service delivery.

Targeted Population: The Marrabinya consortium agreement Western NSW and Nukal Murra alliance agreement Western QLD targets Indigenous patients with chronic disease living across a combined landmass of 1,400,000km2.

Timeline: Marrabinya commenced September 2016 and Nukal Murra July 2017. Both services have been funded through the Commonwealth PHN program till 2020.

Highlights: Through direct commissioning with Australia’s ACCHO sector both services have pioneered innovative approaches to achieve program fidelity across vast regions of remote Australia:

- supporting care-link workers who provide care coordination assisting patients to better navigate and understand their local healthcare system
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- Increased enrolments
- Decreased staffing and administration costs
- Customised health intelligence and operating procedures

**Sustainability:** Centralised brokerage optimises quality, access and cost drivers of care. Increased active enrolments signify changes in attitudes of providers and patients. A quadruple aim locus is achieved through ‘whole of population’ coverage, leveraging regional ACCHO infrastructure to realise cost efficiency at scale, improving quality through cultural competence, and better differentiating clinical and non-clinical roles in care.

**Transferability:** There is high transferability of this unique co-commissioning approach across the PHN national network. Commencing with the Marrabinya initiative, early sharing assisted the establishment of the Nukal Murra program.

**Conclusions:** Partnering with ACCHOs can strengthen cultural competence in clinical practice resulting in significant innovation, efficiency and demonstrated patient and system benefits. Early indications highlight potential to reduce unwarranted acute presentations.

**Discussions:** Cultural intelligence is an important element in commissioning and extremely difficult to dispense in practice. The cultural and social knowledge of Indigenous patients must be effectively integrated into systems supporting their care.

**Key Lessons Learned:** Integrated approaches that engages Indigenous leadership in primary health care design can dramatically improve commissioning outcomes.

Centralised brokerage and active health intelligence supports triage and assessment, as well as guiding greater efficiencies, clinical re-design and consumer and provider engagement.

Combining short term commissioning pragmatism with longer term partnerships is an important development and a new feature of engagement with Indigenous people.

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**Keywords:** partnership agreements; co-designing care and service delivery; health literacy and self-management; remote and rural populations; Indigenous communities; tackling inequalities and improving access; role of general practice