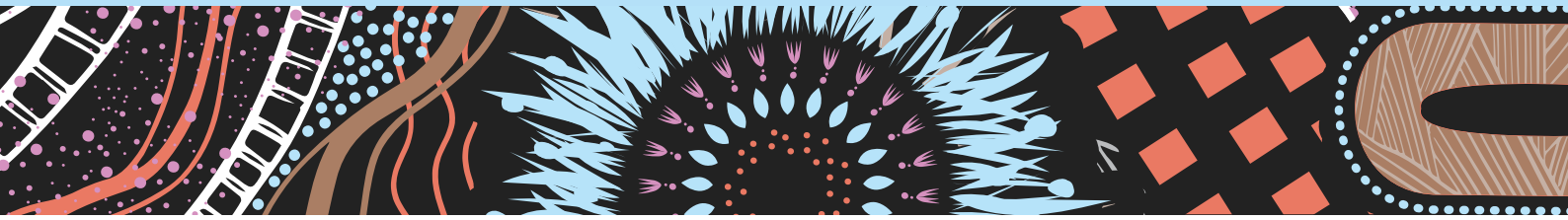
Australian Government
Australian Institute of Health and Welfare

INDIGENOUS
Mental Health and Suicide Prevention
Clearinghouse

Patient experiences of integrated services for chronic disease and social and emotional wellbeing: a case study of the Integrated Team Care Program

Summary paper



This paper is a summary of the *Patient experiences of integrated services for chronic disease and social and emotional wellbeing: a case study of the Integrated Team Care Program* publication by Toni Manton, Cate Dingelstad, Holly Kovac, Merrick Powell, Kieran Sobels and Simon Jordan. This publication was commissioned by and published on the Australian Institute of Health and Welfare Indigenous Mental Health and Suicide Prevention Clearinghouse. It can be accessed online at <www.indigenousmhspc.gov.au>.

Some people may find the content of this report confronting or distressing. If you are affected in this way, please contact **13YARN (13 92 76)**, **Lifeline (13 11 14)** or **Beyond Blue (1300 22 4636)**.

Key findings

- Chronic disease is the leading cause of premature death among First Nations communities.
- Best practice chronic disease management requires a multidisciplinary approach.
- Evidence shows that management of chronic disease among First Nations people works best when First Nations people are involved in designing and implementing models of care, and when both First Nations and non-Indigenous people work together.
- First Nations health programs are most sustainable and effective when they incorporate culturally strong components; include a range of healthy lifestyle activities within a holistic understanding of wellbeing; and emphasise cultural safety.
- There is limited evidence around implementation of holistic models of care, and better data collection is required to capture quality-of-life measures that are important to First Nations people and communities.
- Research linking social and emotional wellbeing to the impact of chronic disease is lacking.

AIHW
Stronger evidence,
better decisions,
improved health and welfare

What we know

Chronic disease is the leading cause of premature death among Aboriginal and Torres Strait Islander (First Nations) communities. First Nations people are also more likely to be living with chronic disease than non-Indigenous people. According to the 2018–19 National Aboriginal and Torres Strait Islander Health Survey, 46% of respondents reported experiencing one or more chronic conditions that significantly affected their health (ABS 2019). In 2018, 4 of the 5 disease groups causing the most disease burden among First Nations people largely comprised chronic conditions. These 4 disease groups alone accounted for 51% of the overall disease burden among First Nations people (AIHW 2022a).

The complex nature of these conditions is compounded by a failure to adequately address the social determinants of health. Implementing culturally relevant models of care helps mitigate the risk factors associated with chronic disease. But often, conventional Western health-care models fail to address these factors, resulting in poor health outcomes for First Nations people. First Nations people can also experience limited access to affordable and accessible ongoing chronic disease medical treatment.

The Integrated Team Care (ITC) Program is an Australian Government initiative, directed by the Department of Health and Aged Care and commissioned by Primary Health Networks. It provides care coordination and supports for First Nations people with chronic health conditions.

The Hunter New England Central Coast Primary Health Network (HNECC PHN) is one of many PHNs that commission service providers to facilitate the ITC Program. This paper outlines findings from an evaluation conducted by Nama Jalu Consulting for the HNECC PHN. The evaluation was completed in September 2023. This case study provides insights on the broader implications for integrated services for First Nations people. It also assesses how an integrated, multidisciplinary approach to health can support the social and emotional wellbeing of people with chronic health conditions.

What is chronic disease?

Chronic diseases are long-lasting conditions that gradually develop and worsen over time leading to limitations in daily activities, reduced quality of life and increased health-care costs. Individuals diagnosed with multiple chronic conditions often face increased complexities and a lower quality of life.

Chronic disease in First Nations communities

First Nations people face disproportionately high rates of chronic disease compared with the non-Indigenous population (AIHW 2022b). These disparities are deeply rooted in historical factors, including the lasting impact of colonisation which has continued to marginalise First Nations communities for hundreds of years. The experience of First Nations communities since colonisation has been characterised by loss of culture and language; disconnection from community and Country; and ongoing systemic racism. This history has produced a marked gap in outcomes for First Nations people in comparison with the rest of the Australian population, but particularly in health outcomes and chronic disease.

In recent years, First Nations communities have sought to revitalise cultural practices and traditions, including holistic health that encompasses social, emotional and spiritual wellbeing through connection to Country and family. These are protective factors that support First Nations people to become well.

Barriers to accessing health care

First Nations people face a number of challenges accessing health care, including:

- Systemic racism: Racism underpins many of the health-care challenges that First Nations people face and is strongly related to adverse effects on many aspects of health, including physical, social, emotional and spiritual wellbeing (Kairuz et al. 2021).

- Lack of culturally safe services: Attending a service that is culturally unsafe for First Nations people can have negative effects on their social and emotional wellbeing, such as feeling diminished, demeaned and disempowered (Milroy et al. 2023).
- Choice: Aboriginal Medical Services (AMS), controlled by First Nations communities are increasingly being empowered to deliver health care through the Australian Government's First Nations Health Funding Transition Program (Department of Health and Aged Care 2023). However, it is important that First Nations communities have access both to AMS and to culturally safe mainstream services, ensuring that communities have a right to choose what service they attend.
- Cost: The affordability of health care is a major access barrier for First Nations people living with chronic conditions, particularly in rural and remote communities. Obtaining and maintaining employment is either difficult or not possible for people living with complex chronic health issues. In 2021, First Nations people (aged 25–64) with one or more long-term health condition had lower employment rates (as low as 17% with some conditions), compared with those with no chronic conditions (65%) (AIHW 2024). This means that these individuals do not have an income and rely on government or other financial assistance. This further decreases their likelihood of being able to access the health-care services they need to address their chronic health issues.
- Access: The proportion of the First Nations population in Australia who live in regional, remote and isolated areas is much higher than the proportion of the non-Indigenous population that lives in those areas (ABS 2023). People who live in regional and remote communities experience many barriers to accessing health care, including a shortage of doctors, long wait times, and the distance required to travel to services.

Relevant policies, programs and initiatives

National

Several national policies and frameworks dedicated to First Nations people are relevant to chronic disease and the ITC Program:

Table 1: Description of national policies and frameworks

Name	Details
National Agreement on Closing the Gap	The agreement has been designed to overcome the inequality faced by First Nations people, so they have life outcomes equal to all Australians. The agreement identifies 5 priority reforms that support the transformation of the health sector to achieve this and 19 national social and economic targets (Australian Government 2020).
National Aboriginal and Torres Strait Islander Health Plan 2021–2031	The plan has been developed with First Nations communities. It takes a holistic and strengths-based approach, emphasising cultural and social factors throughout a person's life. It recognises that First Nations health outcomes are a whole-of-system responsibility and raises the importance of creating culturally safe and responsive health care (Department of Health and Aged Care 2022).
National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023	The framework outlines the domains of social and emotional wellbeing from a First Nations perspective. Some of the key strategies in this framework that are relevant to this paper include: • improving service equity for rural and remote communities • preferencing funding for Aboriginal Community Controlled Health Services to deliver mental health, suicide prevention and other primary health programs and services where feasible. • facilitating continuity of care and information sharing between services by using My Health Record (Australian Government 2017)
National Strategic Framework for Chronic Conditions	Guides the implementation of policies, strategies, actions and services to improve health outcomes for people with a chronic disease. First Nations people are a priority population (AHMAC 2017).

Other frameworks, plans and supports

Other relevant plans and agreements include the:

- Australian Health Performance Framework (to inform policy, planning and programs)
- Aboriginal and Torres Strait Islander Health Performance Framework
- AIHW National Strategic Framework for Chronic Conditions
- Australia's Primary Health Care 10 Year Plan 2022–2032 (Department of Health and Aged Care 2022)
- National Preventive Health Strategy 2021–2030
- National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031
- Fifth National Mental Health and Suicide Prevention Plan
- Australian National Diabetes Strategy 2021–2030.

The states and territories also have frameworks, strategies and approaches that support chronic disease prevention and management for First Nations people. Two of these are:

- The South Australian Aboriginal Chronic Disease Consortium, which involves government and non-government organisations. Its primary objective is to shape First Nations health policy and service systems in South Australia with a focus on chronic disease prevention, care and management.
- The NSW Aboriginal Health Plan, which guides the planning, execution and monitoring of health systems that relate to First Nations health in NSW.

More detail on these frameworks and strategies, and a number of condition-specific policies, is available in Chapter 5 and Appendix A of the full *Patient experiences of integrated services for chronic disease and social and emotional wellbeing: a case study of the Integrated Team Care Program* publication.

Case study: ITC Program

Across Australia, the ITC Program is used by Primary Health Networks to address the health and support needs of First Nations people who live with complex chronic conditions. The program delivers a range of activities and works directly with:

- First Nations people to improve access to appropriate health care
- mainstream primary care providers to develop and deliver culturally appropriate services.

These activities of care, coordination and support include, but are not limited to:

- ensuring care coordination
- developing stakeholders' self-management skills for chronic conditions
- connecting stakeholders with appropriate community-based services (such as those that provide support for daily living)
- providing access to a supplementary services funding pool to support client access to urgent and essential allied health, specialist services and specified medical aids
- encouraging the uptake of Medicare Benefits Schedule items targeted to First Nations peoples (such as 715 Health Checks) and ensuring follow-up services are utilised
- developing and implementing strategies to improve the capacity of mainstream primary care providers to deliver culturally appropriate services to First Nations people.

The ITC Program focuses on chronic health conditions such as respiratory, cardiovascular, and renal diseases, as well as mental health, diabetes, and cancer.

The evaluation of the Hunter New England Central Coast Primary Health Network's ITC Program (HNECC PHN 2023) sought to:

- assess how well it had been implemented.
- assess its overall performance against its objectives.
- identify how delivery could be improved.

In total, 69 stakeholders were interviewed across 28 individual and 11 group interviews. The response rate among all stakeholders contacted to participate was 84%, and 25 of the 26 ITC clients contacted were interviewed.

What the evaluation found

The evaluation found that:

- Clients overwhelmingly felt that the program met most of their medical, physical, personal, social and emotional needs.
- Clients reported that the program improved their social and emotional wellbeing; several said that they 'may not be here today' if not for the program.
- Clients highlighted 2 interlinking factors that contributed to social and emotional wellbeing outcomes:
  - the social supports that the program provided for them and their families. Clients most frequently mentioned the skilled and passionate care shown by coordinators, who made them feel supported in all aspects of their health and wellbeing.
  - the culturally safe approach taken to care coordination. ITC service providers offered a holistic focus on wellbeing for their clients and a wrap-around 'circle of care' for them and their families. Providers also understood the cultural and community factors that may lead to people missing appointments, such as sorry business or family matters, which can often have difficult implications for clients when accessing services that are not culturally aware.
- Many ITC service providers reported that there is still a lack of cultural understanding by mainstream primary care providers, and that some care coordinators felt upset if taking clients to providers who were not as culturally safe as expected.
- Stakeholders suggested that more cultural activities and experiences could be embedded in the program, such as group yarning sessions, gatherings on Country and the sharing of skills in arts, craft and music.

What works

Three key factors for success emerged from the case study. Integrated care works best when:

- First Nations people are supported to access and navigate the health-care system – for example, by organising appointments, providing financial aid, and offering education on their conditions and how to manage them. When this was done, clients had more trust in the health-care system, including mainstream primary care services, and engagement with health care increases
- service providers are considered culturally safe. Most service providers hired care coordinators who identified as First Nations, which was proven to be effective in understanding and meeting clients' cultural needs. Providing a culturally safe service further reduces the barriers to accessing health care and provides a wrap-around circle of care for clients and their families.
- service providers and PHN commissioners work collaboratively. When working with First Nations communities, relationships are crucial for achieving outcomes (Hunt 2013). A key enabler of the ITC Program identified in the evaluation was the strong relationships between the commissioner, service providers and stakeholders.

Challenges for the ITC Program

Several broad structural and system challenges were identified in the evaluation:

- The national ITC Program guidelines need to be updated to ensure the program's sustainability. For example, shifting the guidelines to clearly focus on empowering clients to further prioritise self-management and autonomy will improve clients' capacity to be independent.
- Health-care services need to be both more affordable and accessible for First Nations people.
- Standards need to be raised in delivering culturally safe support to First Nations people in the health-care system. The ITC Program has had great success in this area, but efforts still need to be made towards challenging the larger systemic issues of culturally unsafe practice in the health-care system.

Conclusions

While integrated services are beginning to address the complex and challenging needs of people with chronic diseases, little evidence has been gathered to understand the impacts of these programs on the social and emotional wellbeing of First Nations people. The recent evaluation of ITC Program in the HNECC PHN provides initial evidence that overwhelmingly supports its positive impacts on all aspects of the lives of First Nations clients and communities. When integrated care services are delivered by local organisations that understand the needs of their communities – and which employ First Nations staff who attend to clients' cultural needs and wellbeing – clients feel supported, safe and respected and are more likely to achieve positive health and wellbeing outcomes. The relationships formed between passionate and empathetic care coordinators in culturally safe organisations and their clients have led to a range of wellbeing and quality of life improvements.

The ITC Program is designed to be adapted to different local needs, and the HNECC PHN has ensured the program is delivered flexibly. This means giving autonomy to local providers to deliver their own ITC Program that both meets government requirements and develops local innovations and adaptations. Such adaptations have allowed providers to connect with other services to further address the social and emotional wellbeing needs of clients where they see fit, helping the program to continue to evolve and meet more client needs.

Seeing the overwhelmingly positive client response to the program shows that these innovations and delivery modes are successful and can serve as a strong example for the future of health service delivery for First Nations people. However, there are several aspects of this program, and health programs in general, that require ongoing commitment to ensure their success is sustained:

The funding for the program needs to be updated to reflect the extent of work and diversity of services that clients require to truly function as an integrated service.

- One potential future direction for health-care delivery is to combine pools of program funding to deliver wrap-around supports that can be further tailored to meet the needs of community members.
- Moving away from a single disease model of funding towards a holistic approach, which is place-based and co-designed with local community, is best practice (Verbunt et al. 2021).

References

ABS (Australia Bureau of Statistics) (2019) *National Aboriginal and Torres Strait Islander Health Survey*, ABS, Australian Government, accessed 12 April 2024. https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/national-aboriginal-and-torres-strait-islander-health-survey/latest-release

—— (2023) *Estimates of Aboriginal and Torres Strait Islander Australians*, ABS, Australian Government, accessed 12 July 2024. https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-aboriginal-and-torres-strait-islander-australians/30-june-2021

AHMAC (Australian Health Ministers' Advisory Council) (2017) *National Strategic Framework for Chronic Conditions*, Department of Health and Aged Care, Australian Government, accessed 25 March 2024. https://www.health.gov.au/resources/publications/national-strategic-framework-for-chronic-conditions?language=en

AIHW (Australian Institute of Health and Welfare) (2022a) *Australian Burden of Disease Study: impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2018*, AIHW, Australian Government, accessed 5 April 2024. https://www.aihw.gov.au/getmedia/1656f783-5d69-4c39-8521-9b42a59717d6/aihw-bod-32.pdf?v=20230605164213&inline=true

—— (2022b) *National Strategic Framework for Chronic Conditions: reporting framework*, AIHW, Australian Government, accessed 5 April 2024. https://www.aihw.gov.au/reports/chronic-disease/nsf-for-chronic-condition-reporting-framework/summary

—— (2024) *Aboriginal and Torres Strait Islander Health Performance Framework: Measure 3.12 Aboriginal and Torres Strait Islander people in the health workforce*, AIHW, Australian Government, accessed 12 April 2024. https://www.indigenoushpf.gov.au/measures/3-12-atsi-people-health-workforce

Australian Government (2017) *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023*, National Indigenous Australians Agency, Australian Government, accessed 5 April 2024. https://www.niaa.gov.au/resource-centre/national-strategic-framework-aboriginal-and-torres-strait-islander-peoples-mental

Australian Government (2020) *National Agreement on Closing the Gap*. Closing the Gap website, Australian Government, accessed 5 April 2024. https://www.closingthegap.gov.au/national- agreement

Department of Health and Aged Care (2022) *Australia's Primary Health Care 10 Year Plan 2022–2032,* Department of Health and Aged Care, Australian Government, accessed 5 April 2024. https://www.health.gov.au/resources/publications/australias-primary-health-care-10-year-plan-2022-2032

—— (2023) *First Nations Health Funding Transition Program (FNHFTP)*, Department of Health and Aged Care, Australian Government, accessed 12 April 2024. https://www.health.gov.au/our-work/first-nations-health-funding-transition-program-fnhftp

HNECC PHN (Hunter New England and Central Coast Primary Health Network) (2023) *Evaluation of the Integrated Team Care Program: final report*, HNECC PHN, accessed 12 April 2023. https://hneccphn.imgix.net/assets/src/uploads/images/PHN1117.-ITC-Evaluation-Report-v3.pdf

Hunt J (2013) *Engaging with Indigenous Australia – exploring the conditions for effective relationships with Aboriginal and Torres Strait Islander communities*, Issues paper no. 5. Produced for the Closing the Gap Clearinghouse, AIHW and Australian Institute of Family Studies. https://www.aihw.gov.au/getmedia/7d54eac8-4c95-4de1-91bb-0d6b1cf348e2/ctgc-ip05.pdf.aspx?inline=true

Kairuz CA, Casanelia LM, Bennett-Brook K, Coombes J & Yadav UN (2021) 'Impact of racism and discrimination on physical and mental health among Aboriginal and Torres Strait islander peoples living in Australia: a systematic scoping review', *BMC Public Health* 21:1302. https://doi.org/10.1186/s12889-021-11363-x

Milroy H, Kashyap S, Collova JR, Platell M, Gee G & Ohan JL (2023) 'Identifying the key characteristics of a culturally safe mental health service for Aboriginal and Torres Strait Islander peoples: A qualitative systematic review protocol', *PLoS One* 18(1):e0280213. https://doi.org/10.1371/journal.pone.0280213

Reynolds R, Dennis S, Hasan I, Slewa J, Chen W, Tian D et al. (2018) 'A systematic review of chronic disease management interventions in primary care', *BMC Family Practice* 19(1):11–24. https://doi.org/10.1186/s12875-017-0692-3

Verbunt E, Luke J, Paradies Y, Bamblett M, Salamone C, Jones A & Kelaher M (2021) 'Cultural determinants of health for Aboriginal and Torres Strait Islander people – a narrative overview of reviews', *International Journal for Equity in Health* 20,181. https://doi.org/10.1186/s12939-021-01514-2

Cover art
Data & Diversity
Created by Jay Hobbs
Meriam-Mir and Kuku Yalanji man