



The imperative for investment in Aboriginal and Torres Strait Islander health

Evidence points to a “good return” from funding comprehensive primary care services for Indigenous people

This issue of the Journal showcases the work of health services in Aboriginal and Torres Strait Islander health care settings across Australia. The research reported provides clear indication of where funding is likely to improve the health of Indigenous peoples. It also creates an economic imperative for action, in addition to the social justice arguments made elsewhere.¹

The health care gaps highlighted require policy responses and long-term financial investment. However, there is uncertainty over the ongoing funding of many Closing the Gap initiatives as well as Aboriginal community controlled health services (ACCHSs) and Medicare Locals. There is also no certainty to the future of the National Aboriginal and Torres Strait Islander Health Plan 2013–2023.²

Panaretto and colleagues describe outcomes achieved by ACCHSs³ among a population poorly served by the health system.⁴ They see the ACCHS model of comprehensive, holistic, ongoing primary care as being akin to the medical home model widely espoused in Australia and internationally.⁵ They also note that its benefits in terms of employment are an important contributor to the economic benefits of ACCHSs.⁶

Two studies from the Northern Territory show the need for increased investment in Indigenous primary health care. Using a rigorous mixed-methods approach in a remote clinic, Gador-Whyte and colleagues estimated that providing the recommended standard of care for patients with type 2 diabetes and chronic kidney disease would require a 44% increase in funding (an additional \$1733 per patient per annum).⁷ Thomas and colleagues suggest that covering such a shortfall would be cheaper than picking up the costs in the hospital setting. Their analysis showed that for patients with type 2 diabetes, each dollar invested in primary care could save up to \$12.90 in hospital costs.⁸

In their study of 24 “sentinel sites” around Australia, Bailie and colleagues found that despite increasing rates of Aboriginal and Torres Strait Islander health assessments, the follow-up needed to improve health outcomes was not being consistently taken up.⁹ This further illustrates the importance of supporting the development of primary health systems, as does a recent systematic review showing benefit from health checks by the patient’s usual primary care doctor.¹⁰ Bailie et al call for health service support “in developing systems and organisational capability to undertake follow-up of health assessments, but more importantly to reorient to high-quality, population-based and patient-centred chronic illness care” — the sort of care that requires increased investment in primary health care.⁷

The local and international evidence is unequivocal: affordable, effective and equitable health care requires well supported, comprehensive primary health care. The ACCHS model achieves these outcomes. What is required now is ongoing commitment to targeted funding by state and federal governments, starting with implementation of the National Aboriginal and Torres Strait Islander Health Plan;² commitment to ongoing long-term funding for Closing the Gap initiatives; and long-term investment in services delivering primary health care to all Aboriginal and Torres Strait Islander people — in particular, ACCHSs. This is not only required for equitable health care but also makes sound economic sense.

This investment is clearly a critical issue in light of the proposed federal Budget cuts to Aboriginal and Torres Strait Islander health initiatives.¹¹ There is also clear evidence that out-of-pocket costs have a direct impact on access to health care.¹² The GP copayment will pose a barrier to accessing the level of primary health care suggested by Thomas et al

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as being likely to save hospital costs. We hope it is not too late for a commitment to ongoing long-term funding for Closing the Gap initiatives and long-term investment in primary health care delivery to all Aboriginal and Torres Strait Islander people.

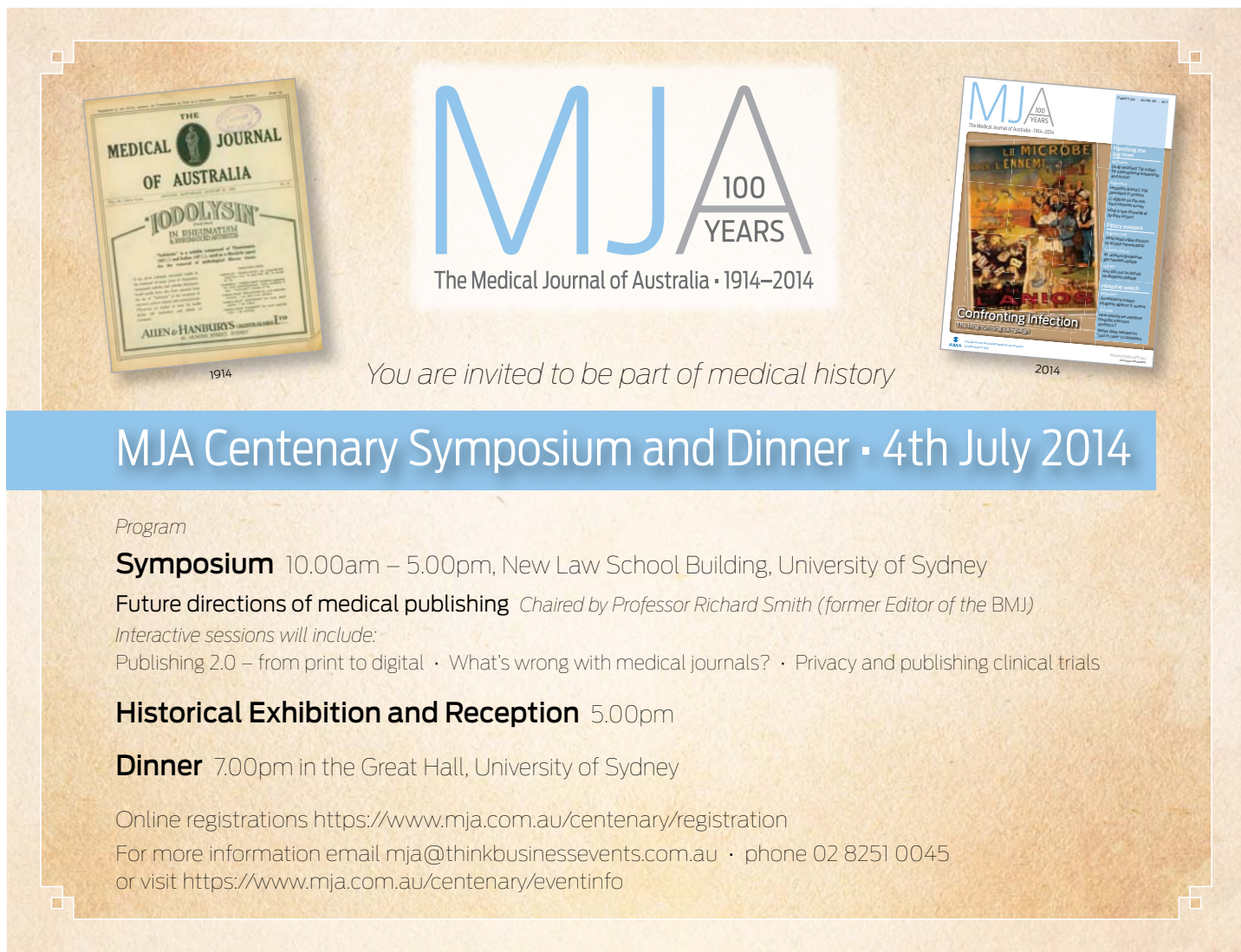
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Program

Symposium 10.00am – 5.00pm, New Law School Building, University of Sydney

Future directions of medical publishing *Chaired by Professor Richard Smith (former Editor of the BMJ)*

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Historical Exhibition and Reception 5.00pm

Dinner 7.00pm in the Great Hall, University of Sydney

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