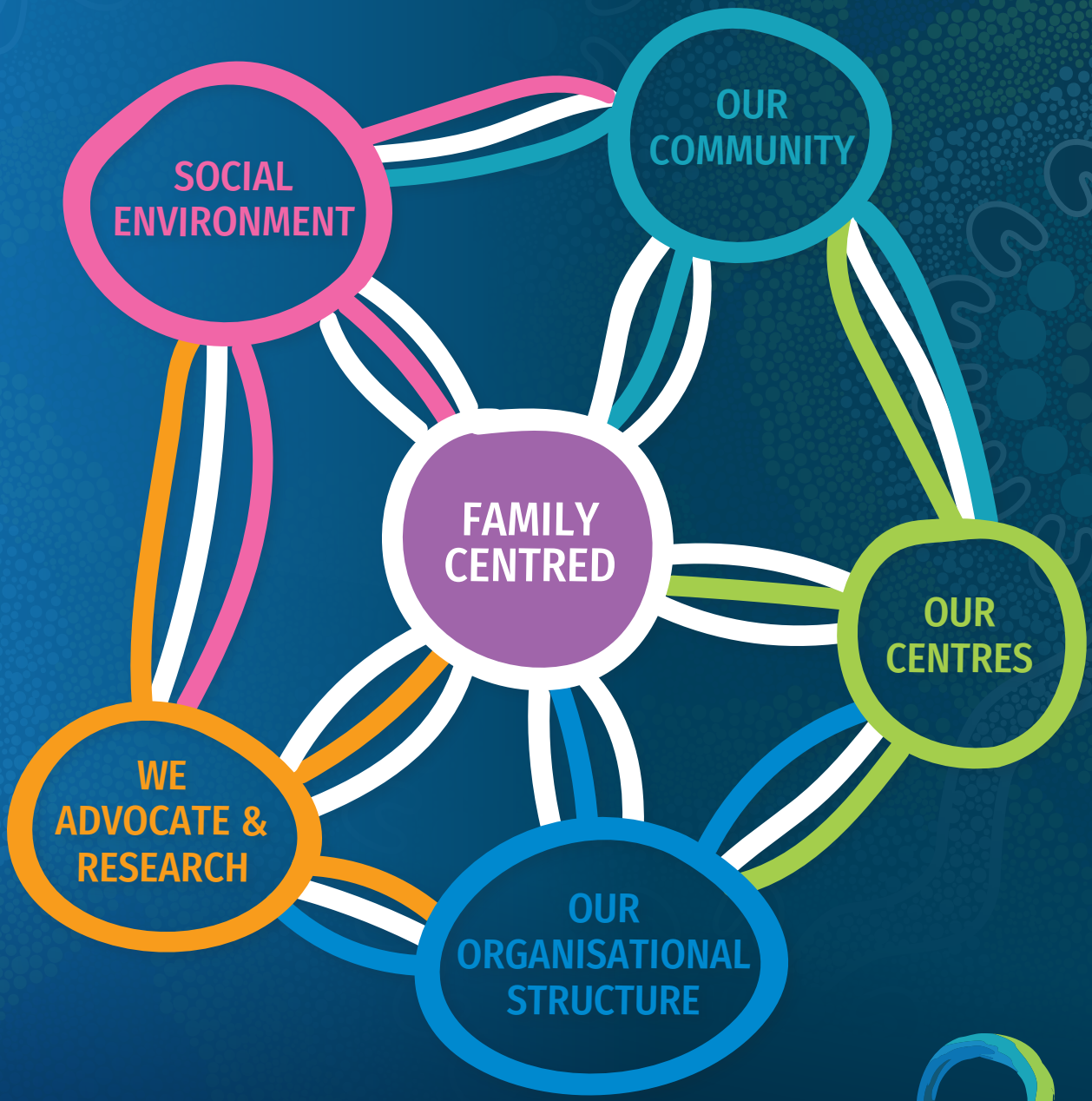
Queensland Aboriginal and Torres Strait Islander Community Controlled Health Organisations'

# Model of Care




QAIHC
Queensland Aboriginal and Islander Health Council

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QAIHC

Queensland Aboriginal and Islander Health Council

The Queensland Aboriginal and Islander Health Council (QAIHC) is the peak body for the 31 Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs) in Queensland, two Regional Bodies and 11 Associate Members. Together, we form the ATSICCHO Sector.

This is our Model of Care. It is an expression of our self-determination and our collective goal of delivering high quality comprehensive primary health care for our people, by our people.

"Our first members have been around since the very early 1970s. Our roots are deep. We have endured as high quality, clinically accredited community controlled services for over forty years.

As the health system becomes more complex, the role of our Aboriginal and Torres Strait Islander Community Controlled Health Organisations becomes even more critical."

*NACCHO 2018*

> "Aboriginal health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being."

*National Aboriginal Health Strategy, 1989*

# ATSICCHO Model of Care


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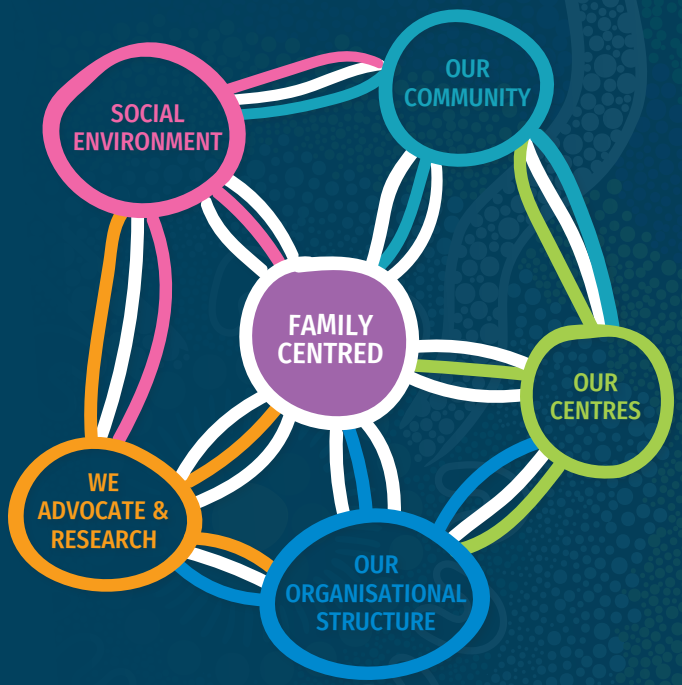

# Community Control

Local Aboriginal and Torres Strait Islander peoples, in local communities, are the foundation of Aboriginal and Torres Strait Islander community controlled organisations.

## Our Membership

**For an organisation to be 'Aboriginal and Torres Strait Islander Community Controlled', it must form a majority membership from the local Aboriginal and/or Torres Strait Islander community.**

The membership mandates the organisation to act in the interests of the members and their community. The Board of Directors are elected from the membership and, accordingly, community engagement mechanisms are inherently built into community controlled structures. Community elected Boards represent the ultimate expression of our self- determination.

## Our Governance

**There are significant variations of governance structures within the approximately 145 ATSICCHOs in Australia. Regardless of their structure, ATSICCHO Boards must have the support of the community and be adequately represented by the community where the service is located.**

This can often present difficulties, particularly for areas where multiple traditional owner/family groups are represented. However difficult, true representation is paramount to ensure their local community is the organisation's primary focus.

In addition to the standard governance burdens of financial and legal responsibilities, Boards of ATSICCHOs have the added responsibility of representing community needs, beliefs and values. This essential element of the Model of Care is a contributor to its success as it represents ultimate consumer engagement.

# Our Community

## Cultural Safety, Community Engagement and Development

**Empowering Aboriginal and Torres Strait Islander peoples to take charge of their own health advancement is a core element of the ATSICCHO Model of Care. Aboriginal and Torres Strait Islander cultural and community values dictate the delivery of our services. This method of practice management promotes culturally safe, regionally relevant care that is cost-effective as it specifically addresses the needs of most relevance to the community.**

The ATSICCHO Model of Care, developed with respect and understanding of local historical context and cultural values, ensures that Aboriginal and Torres Strait Islander families feel culturally safe and free from institutional racism when presenting for care. Cultural safety is distinguished from cultural 'awareness' as it relates to embedding culturally sound practices into all elements of delivery, rather than merely recognising that cultural differences exist.

The values and perspective of local communities shape the design of the delivery of services, evaluation, cultural policies, engagement mechanisms and the physical attributes of our organisations.

# Our Centres

## Clinical Services

**ATSICCHOs deliver holistic care that is 'patient or family centered', at no cost to the patient, at a single location. In delivering comprehensive primary health care, ATSICCHOs provide treatment, prevention and early intervention, rehabilitation and recovery services. The family's engagement is critical to supporting individual health advancement. Flexibility in providing services is necessary, including home visits, hospital visits, outreach, telehealth and family care plans.**

Clinical services are often designed to address prevention, treatment and management of chronic disease, the major contributor to the health gap in Australia.

Aboriginal and Torres Strait Islander Health Workers and practitioners, nurses and general practitioners, supported by specialists and allied health professionals, work together as a team to address the complex health concerns faced by patients. Aboriginal and Torres Strait Islander Health Workers and Health Practitioners lead coordination of the services for the patient/family and care is shared between a team of clinicians promoting a shared care arrangement. An array of specialists and allied health providers are accessible on-site (either through direct employment or funded arrangements) or by brokering off-site access. These include cardiologists, renal specialists, ophthalmologists, pediatricians, psychiatrists, diabetes specialists, ear, nose and throat specialists, physiotherapists, dietitians, podiatrists, optometrists, audiologists, dentists and oral hygienists.

To provide optimal care, ATSICCHOs use the data extracted from the electronic medical records systems to monitor patient care pathways and provide reminders/recalls and support where required. Collectively, the aggregated patient data extracted from the electronic medical records software is used by ATSICCHOs for planning purposes to shape service delivery, and for the purpose of monitoring population health.

# Social Environment

## Population Health and the Social Determinants

**ATSICCHOs recognise that preventative strategies such as community education and health promotion are vital to long term Aboriginal and Torres Strait Islander health advancement.**

Focusing expenditure on prevention strategies reduces the cost expended on treatment and acute care. In addition to the core treatment services that can be found at any primary health care centre, ATSICCHOs provide additional preventative health programs such as:

- nutrition and exercise
- mums and bubs (pre/antenatal care and support)
- immunisation
- tobacco, alcohol and other drugs (AOD)
- communicable diseases (including Sexually Transmitted Infections)
- mental health and social and emotional wellbeing (SEWB)
- ears, eyes and oral health.

ATSICCHOs integrate social and emotional wellbeing treatment and support into patient care plans. They understand that mental, spiritual and holistic wellbeing is vital to good physical health.

ATSICCHOs commonly integrate public health knowledge, education and practice into every day service delivery. Aboriginal and Torres Strait Islander people (generally Health Workers) deliver health promotion activities, attracting community participation and ensuring that approaches are culturally appropriate and regionally relevant. Additionally, community health promotion events are held regularly at ATSICCHOs (maternal health, sexual health, healthy eating/living campaigns, quit smoking, alcohol and other drugs education etc), either delivered by trained staff or supported by external agencies.

# Social Environment

*In addition to health promotion, many ATSICCHOs engage Public Health Physicians to integrate relevant preventive and other population health strategies into service delivery. Public Health Physicians within ATSICCHOs also regularly lead research and advocacy initiatives.*

**A key consideration in supporting population health is understanding the social, cultural, political, economic and environmental determinants including housing, education, employment, tobacco, alcohol consumption, drugs and substance misuse, homelessness and justice.**

ATSICCHOs often play a key role in working to reduce the impact of these determinants. For example:

- The ATSICCHO Sector is the largest employer of Aboriginal and Torres Strait Islander peoples.
- ATSICCHOs have strong partnerships with Early Childhood educators and schools.
- ATSICCHOs have referral pathways and sometimes share premises with employment agencies.
- Prisoner health and social inclusion programs are becoming more common.
- Some ATSICCHOs own community housing stock or have partnerships with community controlled housing organisations.
- Many ATSICCHOs are Recognised Entities for the purposes of Child Protection.
- Many ATSICCHOs offer AOD/harmful substance use and rehabilitation services.
- Many ATSICCHOs support 'Link-up' services or other family/cultural connection support programs.
- Many ATSICCHOs offer SEWB programs which may include on country camps.

# We Advocate and Research

## Advocacy and Research

**As representatives of our communities, ATSICCHOs advocate for the health needs of our families. ATSICCHOs practice data sovereignty and build partnerships with key stakeholders to enhance our evidence base.**

Advocacy is practiced in ATSICCHOs in many ways: on behalf of individual clients, on behalf of the community or from the ATSICCHO Sector in influencing system-wide change. ATSICCHOs advocate for patients and families in dealing with other health care providers, protecting their rights and supporting their health needs. This type of advocacy is common when working with the elderly, mentally ill, or where language barriers exist. Advocacy for patients and families is also common in accessing services beyond health such as housing, employment, schooling and child services.

Public Health advocacy has emerged as a priority for ATSICCHOs, influencing the system/regulatory environment and policies and programs most likely to have an impact on Aboriginal and Torres Strait Islander families. It is well recognised in the ATSICCHO Sector that government policy is an influential determinant of Aboriginal and Torres Strait Islander health. Most ATSICCHOs will have relationships with local, state and Commonwealth governments, Hospital and Health Services or Primary Health Networks. Representatives from the ATSICCHO Sector also frequently participate in health forums and strategic working groups.

ATSICCHOs (often in partnership with state peak bodies) have developed data management systems designed to support improvements in clinical practice and service delivery. The use of these systems has contributed to the development of a solid evidence base. Although ATSICCHOs are still highly pursued by research institutions, it has become more common for ATSICCHOs to seek out research partners to influence change, demonstrate clinical leadership, or to gather data to compliment funding applications. Data are also heavily relied upon to understand the impact of Continuous Quality Improvement activities.

The increasing visibility of Aboriginal and Torres Strait Islander researchers and the rise of policies promoting community participation have contributed to research projects that translate into practice rather than 'research for the sake of research'. Further, the increase of Aboriginal and Torres Strait Islander ethics bodies and partnerships with non-Indigenous bodies has contributed to the delivery of more ethical research practices when engaging with Aboriginal and Torres Strait Islander peoples.

# Our Organisational Structure

## Operational Systems

**ATSICCHOs have developed sophisticated and agile corporate and operational systems to adapt to volatile funding environments and to respond to community needs.**

The necessary 'systems' components of the ATSICCHO Model of Care includes:

- A robust and skilled Aboriginal and Torres Strait Islander workforce and an ongoing commitment to employing and developing Aboriginal and Torres Strait Islander peoples.
- Strong leadership that understands community priorities, can engage and develop staff and lead an organisational culture that is committed to high quality care, compliance and accountability.
- Clinical Governance, usually led by the Senior Medical Officer (including clinical audit, evidence-based practices, ongoing clinical education, contributing to research and considering new and emerging practices).
- Solid working relationships with key stakeholders (including government partners).
- Effective data management including:
  - Information Technology infrastructure (hardware, software and technical expertise)
  - Engagement of data experts including analysts, epidemiologists and health economists (QAIHC provides some of these services for ATSICCHOs).
- Financial management including:
  - Controlling the performance, reporting and expenditure across multiple funding agreements

- Complying with financial requirements of funding agreements, governance arrangements and statutory authorities
- Managing risk: both strategic and financial
- Seeking out and maximising opportunities for income generation, particularly through Medicare billing processes
- Providing innovative approaches to reinvesting income into improved service delivery.

- Continuous Quality Improvement (CQI):
  - Management, clinicians and other staff provide input in the CQI processes through the Plan, Do, Study, Act (PDSA) cycles; studying data, activity and processes to determine where improvements can be made, with the ultimate focus being on improving care for patients, families and communities.
  - CQI is necessary for the multiple accreditation processes imposed on the ATSICCHO Sector. ATSICCHOs aspire to maintain clinical and organisational accreditation (e.g. RACGP and ISO). However, some ATSICCHOs are required to maintain up to eight different types of accreditation to support the varied services they provide to the community.

To ensure high quality consumer engagement and participation, common characteristics of ATSICCHOs' patient support systems include:

- Patient transport—to and from the centre, hospital, specialists and home (in rural and remote settings this generally includes arranging flights, accommodation and incidental expenses)
- Patient liaison—bookings, referrals, follow-ups and supporting communication between the patient, family and other services (specialists, hospital or broader social services).

# How to contact us

## Want to know more about QAIHC?

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The artwork featured in this booklet is called:

### Connecting Community

**By Mandy Draper**

Mandy Draper is a proud Darug woman of the Cabrogal tribe.

To see more of Mandy's artwork, visit **deadlydotpots.com**

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