

Focus on quality improvement is 'key' to Closing the Gap



Improving the quality of primary health care (PHC) is essential for Closing the Gap in health and wellbeing disparities between Aboriginal and Torres Strait Islander and non-Indigenous Australians.

The Centre for Research Excellence in Integrated Quality Improvement (CRE-IQI), which ran from 2015 to 2019, was a national research collaboration built on more than two decades of experience and commitment to improving Aboriginal and Torres Strait Islander health through strengthening comprehensive PHC delivery.

The vision of the CRE-IQI was to improve Aboriginal and Torres Strait Islander health outcomes by accelerating and strengthening large-scale quality improvement efforts. To achieve this, it brought together researchers, service providers

and policy makers – from Aboriginal Community Controlled Health Organisations, government-managed health centres, research institutions, government health departments and key regional support organisations such as health councils – to work on ways to strengthen system-wide quality improvement.

Three cross-cutting work programs aimed to build collaboration, strengthen research capacity and translate research outcomes into health policy and practice, with details of these available at <https://ucr.edu.au/cre-iqi/>.



Key findings

1

Continuous quality improvement (CQI) has been widely accepted and applied in Aboriginal and Torres Strait Islander health services and in PHC settings with resulting improvements in clinical care, service systems and the social determinants of health.

2

Aboriginal and Torres Strait Islander leadership and participation in PHC services and research improves the quality of care delivered.

3

Clinical and non-clinical health outcomes can be improved by using evidence-based CQI tools and processes.

4

Access to accurate and timely data across the scope of practice is essential for CQI in comprehensive PHC, and for informing and driving health service, intersectoral and community action.

5

Priorities have been identified for strengthening PHC systems to achieve large-scale health improvements for Aboriginal and Torres Strait Islander people.

CRE-IQI research offers lessons for applying CQI in Australian primary health care more broadly, with the findings relevant to the implementation of national policies and state-based initiatives including:

- + National Framework for Continuous Quality Improvement in Primary Health Care for Aboriginal and Torres Strait Islander People 2018–2023
- + Patient Centred Medical Homes initiative
- + Australian Government's Practice Incentives Program (PIP)
- + Standards for General Practices (RACGP, 5th edn, 2017; updated December 2019).

The CRE-IQI research outcomes, on which this Policy Brief are based, are detailed in a Final Report, *Improving the Quality of Primary Health Care for Aboriginal and Torres Strait Islander Australians: Messages for Action, Impact and Research*. It is available at: ucr.edu.au/cre-iqi/

This research collaboration would not have been possible without the work and expertise of our many partners and network members, particularly the generous sharing and leadership of our Aboriginal and Torres Strait Islander members.

Policy recommendations

For government and support organisations

- + Support the implementation of the National Framework for CQI in Primary Health Care for Aboriginal and Torres Strait Islander People 2018–2023 by resourcing jurisdiction- and regional-level service providers
- + Strengthen the use of information systems within PHC to record brief interventions for lifestyle risk factors, enable follow-up of abnormal results, and further incentivise through the Medicare Benefits Schedule
- + Encourage the use of CQI to strengthen systems for addressing the social determinants of health
- + Work with communities to incorporate Indigenous perspectives on care quality into the measures of quality used in CQI
- + Allocate funding for dedicated CQI roles/functions and processes and for staff at all levels and roles to participate in CQI training and activities
- + Support the use of tools and processes that enables services to identify and address local priorities for improvement, in addition to meeting their reporting requirements
- + Invest in data literacy and data analysis skills at all levels of the health system to build understanding and capacity in generating and using data to inform decision-making
- + Further develop systems to improve data quality at the PHC level, to aggregate data at different system levels and to monitor trends in best practice care, CQI impact and whole-of-system responses
- + Continue to invest and collaborate in CQI research into Indigenous PHC

For health services

- + Invest in PHC workforce recruitment and retention strategies that address high staff turnover
- + Increase and support the Aboriginal and Torres Strait Islander health workforce at all levels and establish professional pathways and opportunities for training and two-way mentoring
- + Improve identification of Aboriginal and/or Torres Strait Islander clients in patient records in PHC settings
- + Modify and integrate clinical information systems, as required, to generate data for improving care coordination and delivery
- + Advocate for training and development in CQI facilitation skills
- + Allocate time and resources for all staff to participate in CQI training and activities
- + Facilitate Aboriginal and Torres Strait Islander community engagement in CQI, and in planning and evaluating health and wellbeing programs
- + Focus on preventative health care and health promotion using culturally appropriate and strengths-based approaches
- + Continue to collaborate in CQI research



Recommendations for research to support this work

- + Encourage and support diverse collaboration in CQI research
- + Empower community members and service providers to co-lead projects and collaborate in research teams, including formal opportunities to learn and apply research skills
- + Conduct implementation studies to address the variation across services in delivery of care
- + Undertake more research to understand how CQI works in different contexts, and to advance facilitation techniques
- + Develop CQI tools to monitor client experiences of PHC
- + Further refine the Audit and Best Practice for Chronic Disease tools to meet the ongoing CQI implementation needs of PHC services
- + Advance the application of CQI for health system strengthening and for engaging intersectoral action to improve health and wellbeing
- + Conduct economic studies to understand more fully the return on investment in CQI
- + Establish clear objective measures to monitor the impact of CQI on the broader health system

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