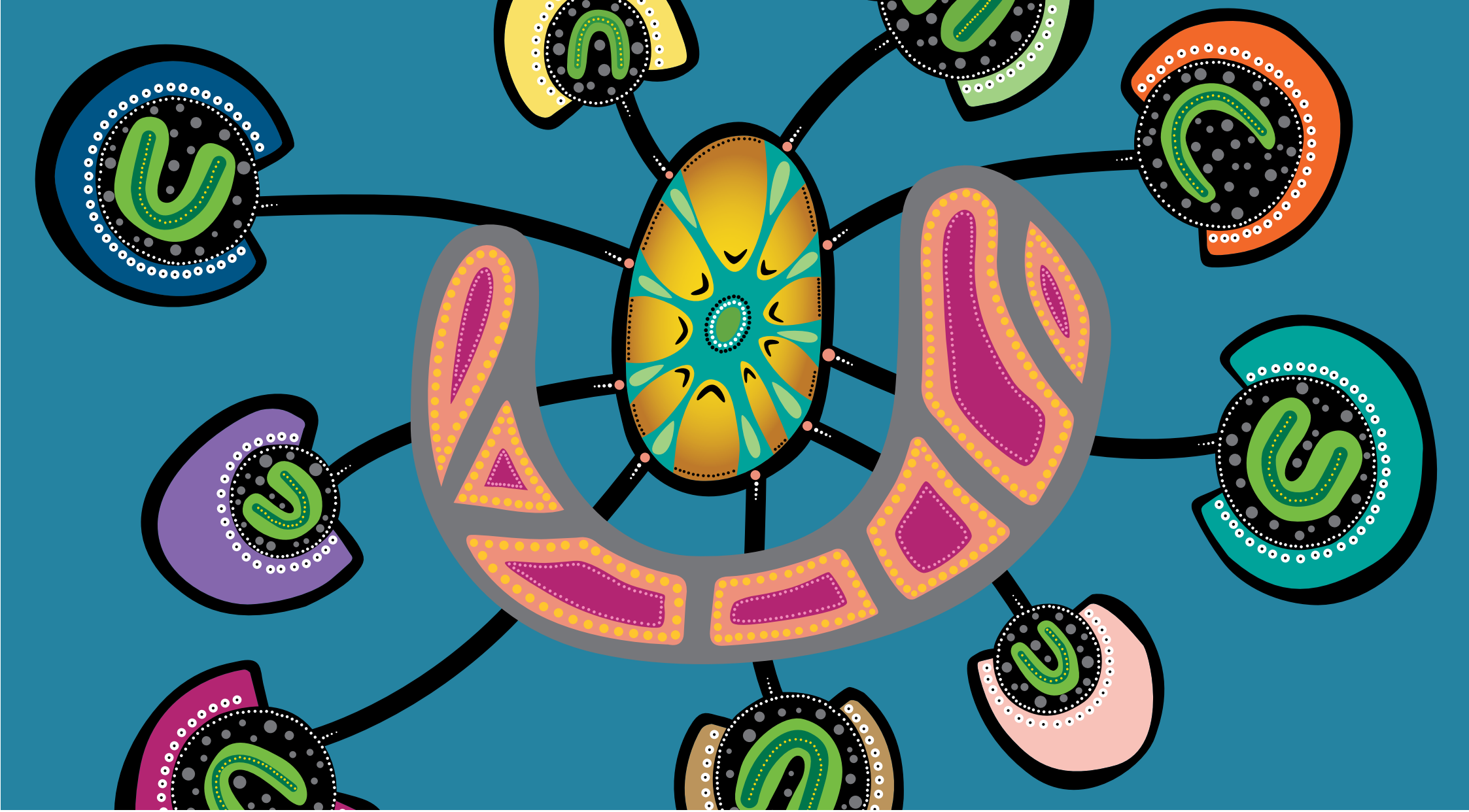

phn
SOUTH WESTERN
SYDNEY
An Australian Government Initiative

Aboriginal and Torres Strait Islander Health Toolkit for General Practice

Third edition, updated October 2026

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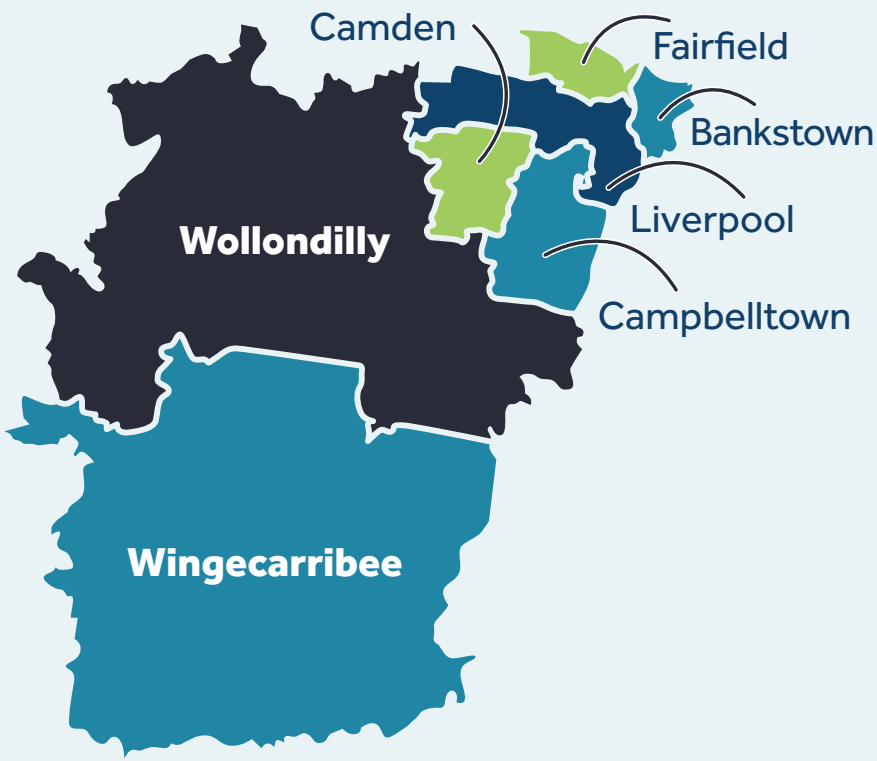
Disclaimer:

All information is accurate as of the date this version was developed. We will endeavour to update the information as needed.
Every effort has been made to ensure the information provided is accurate. Health professionals must not rely solely on this information to make patient care decisions.

We do not give any warrant as to the accuracy, reliability, or completeness of information which is contained in this toolkit. SWSPHN and its employees do not accept any liability for any error or omission in this toolkit or for any resulting loss or damage suffered.



South Western Sydney Primary Health Network (SWSPHN) covers the South Western suburbs of metropolitan Sydney and extends south to the Southern Highlands, an area of 6,243 square kilometres. It sits on Dharawal, Gandangara and Darug country.

SWSPHN is committed to supporting our First Nations peoples and closing the gap between the health outcomes of the Indigenous and Non-Indigenous communities.

Our diverse region includes the seven local government areas (LGAs) of Camden, Campbelltown, Fairfield, Liverpool, Wingecarribee, Wollondilly and of the former Bankstown, now part of Canterbury-Bankstown LGA.

South Western Sydney is one of the fastest growing populations in NSW due to greenfield developments and extensive urban in-fill development. Our population is expected to increase from just over one million people in 2021 to 1.284 million by 2031.

Acknowledgement of Country

SWSPHN acknowledges the Traditional Custodians of the lands across our region, which includes the Dharawal, Gandangara and Darug nations. We pay respect to the Elders past and present. We recognise these lands were never ceded and acknowledge the continuation of culture and connection to land, sky and sea. We acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First Peoples and honour the rich diversity of the world's oldest living culture.

Aboriginal and Torres Strait Islander people are advised this toolkit, and websites linked to within may contain images of people who have passed away.

How to use this toolkit

This toolkit was created to bring resources and information together to assist primary healthcare providers when caring for First Nations people in our region.

Approximately half (43 per cent) of First Nations people report their preferred method of access to primary healthcare is through mainstream GP services. Everyone working in a general practice has a role in helping to close the gap and improve the health and wellbeing of First Nations people.

This toolkit has been developed to provide information and resources for all practice staff to use. Practices and individual members of the practice team will have varying levels of need in terms of information, knowledge, understanding and ongoing learning.

It has been designed to be read either in easily navigated sections, or as a whole according to individual, practice and patient needs, and can be printed for hardcopy use or accessed online. It is intended to be used as a perpetual reference and source of further information.

As a starting point, we suggest all practice staff, including reception, administrative, allied health, and management staff view the following sections and resources:

- Introduction
- Cultural Awareness and Cultural Safety
- Identification of Aboriginal and Torres Strait Islander patients
- Practice workflow
- Patient journey
- Commonly used Medicare Benefits Schedule (MBS) item numbers.

Australian Institute of Health and Welfare (AIHW)

Resources to support Indigenous identification in health services:
Staff brochure
Patient factsheet
Waiting area poster.

Services Australia

Medicare Indigenous enrolments
for reception and practice management staff in particular.

The Healing Foundation

The story of the Healing Foundation

The remaining sections provide further detail about the government programs and initiatives in place to support primary care services in caring for First Nations people, and suggested quality improvement activities for practices.

While it is important for all staff to be aware of these programs and initiatives, the level of detail in these sections is intended for the use of clinical and practice management staff.

Please note, information in this toolkit is current as of June 2024 and is subject to change. Future updates will be available on the SWSPHN website.

We welcome feedback and suggestions for improvement:

Christie.Duong@swsphn.com.au
enquiries@swsphn.com.au

We thank you for accessing and utilising this toolkit, and for your commitment to closing the gap, providing culturally appropriate and safe primary healthcare services, and improving health and wellbeing outcomes for First Nations people.

The content in this toolkit has been adapted with permission from Capital Health Network PHN.

Please note:

The terms 'Aboriginal and/or Torres Strait Islander', 'Aboriginal', 'Indigenous' and 'First Natons' may be used interchangeably throughout this document. Using these terminologies, we seek to acknowledge and honour diversity, shared knowledge, and experiences as well as the right of people to define their own idenities.

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Cover artwork

Artwork by Indigenous artist Danielle Mate, commissioned by SWSPHN.

The centre oval represents South Western Sydney GPs, practice nurses and other primary care providers.

The large U shape which wraps around the central oval represents the support PHNs provide to local primary care providers.

The seven segments within this U shape represent the seven local government areas SWSPHN supports.

The lines which lead from the centre oval to the circle symbolise the role of these primary care providers to 'feed' information to their clients and the wider community.

The connected shapes are people, each shape is represented differently to symbolise their individual needs.

The outer u-shaped layer around the people show the information building which strengthens them, allowing them to make well informed choices.

The seven background layers represent the national health priorities.

Introduction

Aboriginal and Torres Strait Islander health

For Aboriginal and Torres Strait Islander people, good health is more than the absence of disease or illness. It is a whole-of-life view and includes the cyclical concept of life-death-life.

Aboriginal and Torres Strait Islander people can find it difficult to access culturally appropriate mainstream primary healthcare services.

For First Nations people, access is about more than services being situated in close proximity. It is about ensuring culturally appropriate healthcare is provided for Aboriginal and Torres Strait Islander people, who are often faced with additional barriers including experiences of discrimination and racism.

When visiting a primary healthcare provider, it is important for First Nations people to experience a culturally safe environment, and to have their cultural identity respected.

Aspects of cultural safety include clear and respectful communication, respectful treatment, consider including family members, and empowerment in decision-making.

For primary healthcare services, it is important to provide a culturally safe environment and to be responsive to the health and wellbeing needs of Aboriginal and Torres Strait Islander people who access the service for care.

SWSPHN recognises the importance of partnerships to improve the health and wellbeing of First Nations people in our region. Central to this, SWSPHN facilitates the co-design, funding and support for programs which improve access to culturally safe, holistic and integrated health and wellbeing services for the more than 21,000 Aboriginal and Torres Strait Islander people living in our area.

We acknowledge and strive to work together with the many other organisations providing important services to the First Nations community in South Western Sydney.

We know culturally appropriate and safe primary healthcare services are essential in supporting First Nations people with detection and management of health risk factors, social and emotional wellbeing issues, and chronic illnesses.

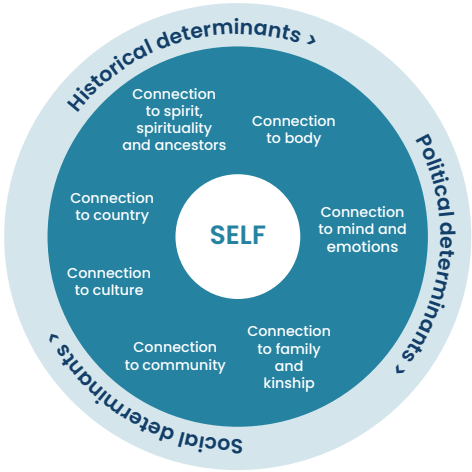
This toolkit will provide general practice staff with information about government initiatives and programs, and a range of resources to support holistic, patient-centred, culturally safe care of First Nations people in mainstream primary healthcare.

Aboriginal perspective of health

The Aboriginal persepective of health is a holistic concept.

It includes physical, social, emotional, cultural and spiritual wellbeing, for both the individual and the community.

Each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community.



What is the definition of Aboriginal health?
Source: adapted from National National Aboriginal Community Controlled Health Organisation.

Diagram: Aboriginal perspective of individual health
© Gee, Dudgeon, Schultz, Hart and Kelly, 2013.
Source: adapted from National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023.

Closing the Gap

Closing the Gap is a strategy which aims to improve the life outcomes of Aboriginal and Torres Strait Islander people with respect to health and wellbeing, education, employment, justice, safety, housing, land and waters, and languages. It is a formal commitment made by all Australian governments to achieve Aboriginal and Torres Strait Islander health equality.

In July 2020, a new national agreement on Closing the Gap was endorsed by Aboriginal and Torres Strait Islander leaders. Specific outcomes, targets and monitoring measures were set for a range of health and wellbeing indicators including:

- Life expectancy
- Deaths
- Leading causes of death
- Potential avoidable deaths.

There are 17 social economic outcome areas which have an impact on life outcomes for Aboriginal and Torres Strait Islander people. Based on the most recent data, there have been some improvements on targets such as life expectancy and babies born with a healthy weight, however the progress on these targets is still not on track to be met.

In the period 2017–2021, the five leading causes of death for First Nations Australians were:

- Coronary heart disease
- Diabetes
- Chronic obstructive pulmonary disease (COPD)
- Lung cancer
- Suicide.

Chronic disease hospitalisations

Chronic disease is known to be a major contributor to the mortality of First Nations people. Potentially preventable hospitalisations are those which could have been avoided with preventative care actions and early disease management.

These hospitalisations are calculated for chronic conditions (such as diabetes), acute conditions and conditions which can be prevented with vaccinations. In 2019-2020, the age-standardised rate of potentially preventable hospitalisations was 72 per 1,000.

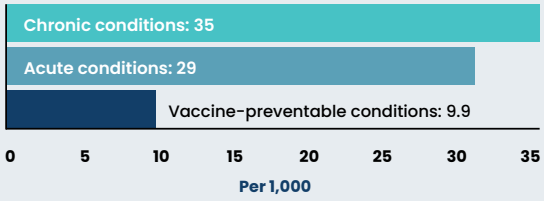
Further information

- HealthInfoNet - Closing the Gap
- Closing the Gap
- Close the Gap Campaign
- Closing the Gap Annual Data Compilation Report July 2025.

Leading underlying causes of death in Australia, by Indigenous status, 2017-2021.
Source: AIHW

Rank	Indigenous Australians	Non-Indigenous Australians
1st	Coronary heart disease	Coronary heart disease
2nd	Diabetes	Dementia including Alzheimer's disease
3rd	Chronic obstructive pulmonary disease	Cerebrovascular disease
4th	Lung cancer	Lung cancer
5th	Suicide	Chronic obstructive pulmonary disease

Potentially preventable hospitalisations 2019-2020.
Source: Summary of Aboriginal and Torres Strait Islander health status – selected topics 2021
Australian Indigenous HealthInfoNet



Closing the Gap Outcomes

Logic of the framework for measuring progress (of the Closing the Gap strategy)
Source: Closing the Gap Annual Data Compilation Report July 2026

Four priority reforms

Priority Reform 1
Formal partnerships and shared decision-making

Priority Reform 2
Building the community-controlled sector

Priority Reform 3
Transforming government organisations

Priority Reform 4
Shared access to data and information at a regional level

17 Socio-economic targets

1. People enjoy long and healthy lives
2. Children are born healthy and strong
3. Children are engaged in high quality, culturally appropriate early childhood education in their early years
4. Children thrive in their early years
5. Students achieve their full learning potential
6. Students reach their full potential through further education pathways
7. Youth are engaged in employment or education
8. Strong economic participation and development of people and communities
9. People in secure, appropriate, affordable housing which is aligned with their priorities and need
10. Adults are not overrepresented in the criminal justice system
11. Young people are not overrepresented in the criminal justice system
12. Children are not overrepresented in the child protection system
13. Families and households are safe
14. People enjoy high levels of social and emotional wellbeing
15. People maintain a distinctive cultural, spiritual, physical and economic relationship with their land and waters
16. Cultures and languages are strong, supported and flourishing
17. People have access to information and services enabling participation in informed decision-making regarding their own lives

Summary of government initiatives and programs

Improving the health of First Nations people is a national priority. The Australian Government Department of Health and Aged Care funds a number of initiatives and programs to support primary healthcare for Aboriginal and Torres Strait Islander people, with the aim to improve health and wellbeing outcomes, decrease the burden of illness, and prevent hospitalisations where possible.

Practice Incentive Program – Indigenous Health Incentive (PIP-IHI)

The Indigenous Health Incentive (IHI) provides financial support for practices caring for Aboriginal and Torres Strait Islander patients to achieve best practice management of chronic disease.

Closing the Gap Pharmaceutical Benefits Scheme (PBS) co-payment measure

The Closing the Gap PBS co-payment measure helps reduce the cost of PBS medicines for eligible Aboriginal and Torres Strait Islander patients. All prescriptions for PBS medicines are covered and provided at a lower price, or free for healthcare card holders, whether used to treat chronic or acute medical conditions.

Listings on the PBS for Aboriginal and Torres Strait Islander people

Some items are listed on the PBS to support the treatment of conditions common in Aboriginal and Torres Strait Islander health settings. These items are specifically PBS listed for patients who identify as an Aboriginal and/or Torres Strait Islander person. See Information for PBS prescribers.

Health Assessment for Aboriginal and Torres Strait Islander People (MBS Item 715)

The Annual Health Assessment for Aboriginal and Torres Strait Islander People (MBS item 715) is an early detection and prevention tool available to all Aboriginal and Torres Strait Islander patients. It aims to assess the preventive healthcare and education which should be offered to the patient to improve health and physical, psychological, and social functioning and entitles the patient to access additional funded allied health services if deemed necessary.

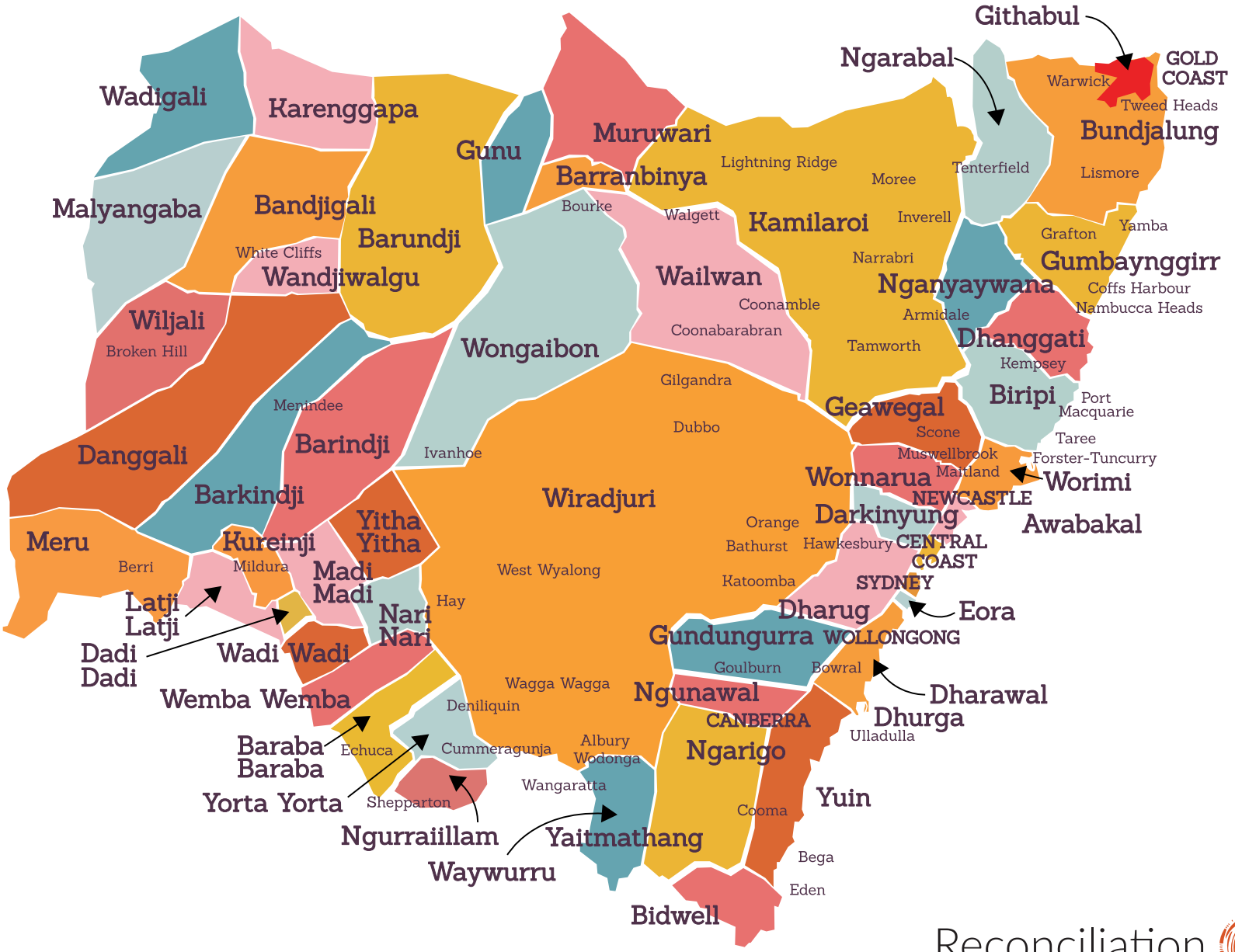
Integrated Team Care (ITC) Program

SWSPHN commissions local services to provide the ITC Program. The program aims to contribute to improving health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through better access to care coordination, multidisciplinary care and support for self-management, and improve access to culturally appropriate mainstream primary care services (e.g. general practice, allied health and specialists).

Detailed information about the above initiatives can be found within this toolkit and can be accessed by clicking on the heading.

Further information about these, and other Government programs and initiatives can be found here.

Cultural awareness and safety



Reconciliation NSW

Aboriginal nations/languages in NSW and ACT

For Aboriginal and Torres Strait Islander peoples, language is not merely a means of communication. It is an important medium through which culture is carried.

Prior to 1788 more than 700 different languages were spoken across Australia.

Currently, there are over 500 words from Aboriginal and Torres Strait Islander languages across Australia which are commonly used in the English language and this number continues to grow.

NSW is made up of around 70 different Aboriginal nations, each with their own language or language group.

The boundaries of different Aboriginal Nations help to illustrate the complex social and cultural structures which existed among First Nations people prior to European colonisation and where specific Indigenous languages were historically spoken.

The region of South Western Sydney is home to the Dharawal, Gundungurra and Dharug Nations.

Aboriginal languages are at high risk of becoming lost. Everyone can play a role in revitalising these languages by learning and using them.

Say hello in Language!

BARKINDJI
- Hello/welcome: **Ngayi**
- Let's go/goodbye: **Yerrabi**

BUNDJALUNG
- Hello: **Jingiwallah**
- All the best: **Yoway**
- Thank you. **Boogelbah** or **Bugalwan**

DHARUG
- Hello/good to see you: **Warami**
- Goodbye/to go: **Yanu**

DHURGA
- Hello/Goodbye (We hope you had/have a safe journey): **Walawaani**

KAMILAROI/GAMILARAAY
- Hello: **Yaama**
- How are you: **Yaamagara nginda**
- Goodbye: **Baayadhu**

WIRADJURI
- Are you well?: **Yamandhu marang**
- Yes I am well: **Ngawa baladhu marang**
- Goodbye friend: **Yanhanhadu mudyi**

Aboriginal nations/languages in NSW and ACT
Source: Reconciliation NSW

Definitions

For Aboriginal and Torres Strait Islander people, culture is about family networks, Elders and ancestors. It is about relationships, languages, dance, ceremony and heritage.

Culture is about spiritual connection to lands and waters. It is the way stories and knowledge are passed on to babies and children, and how they greet each other and look for connection.

Cultural awareness

Is awareness of the similarities and differences between two different cultures, and the use of this awareness in effective communication with members of another cultural group.

Cultural sensitivity

Extends beyond cultural awareness and encourages self-reflection by individuals about how their personal attitudes and behaviours may impact on people from other cultural backgrounds.

Cultural competence

Is the ability to participate ethically and effectively in personal and professional intercultural settings. It requires knowing and reflecting on one's own cultural values and world view and their implications for making respectful, reflective and reasoned choices, including the capacity to imagine and collaborate in cross cultural contexts.

Cultural safety

Involves actions which recognise, respect and nurture the unique cultural identity of a person, and safely meet their needs, expectations and rights. It means working from the cultural perspective of the other person, not from your own perspective.

Cultural awareness education

Cultural awareness education is an understanding of how a person's culture may inform their values, behaviours, beliefs, and basic assumptions. It recognises we are all shaped by our cultural background, which influences how we interpret the world around us, perceive ourselves, and relate to other people.

Why is it important?

Many services have been, and continue to be, culturally inappropriate and therefore inaccessible for Aboriginal and Torres Strait Islander people. There are many other barriers to Aboriginal and Torres Strait Islander patients accessing and receiving culturally appropriate care, including a lack of trust in mainstream health systems, previous negative experiences, language, economic, social, cultural and logistical barriers.

Recent efforts have aimed to not only increase cultural awareness, but also provide the skills for practitioners to effectively change their behaviour, practises and systems, to be culturally competent and safe. The journey towards cultural competency and improved culturally safe practice is an individual, ongoing journey.

Working towards achieving the goal of cultural safety will allow an environment which is safe for people - where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning, living and working together with dignity and truly listening.

What are the benefits for my patients?

- Patients feel culturally safe to attend the practice
- Patients feel more confident to access primary healthcare services
- Patients receive better, more culturally appropriate healthcare
- Patients experience better health outcomes.

What are the benefits for my practice?

- All staff feel more confident in providing culturally appropriate care for Aboriginal and Torres Strait Islander patients
- Improved health outcomes for Aboriginal and Torres Strait Islander patients
- Positive contribution to helping 'Close the Gap' for First Nations people.

Cultural awareness training opportunities

For the purpose of the Practice Incentive Program – Indigenous Health Incentive (PIP-IHI), appropriate cultural awareness training is any endorsed by a professional medical college, including those:

- Offering Continuing Professional Development (CPD) hours
- Endorsed by the National Aboriginal Community Controlled Health Organisation (NACCHO) or one of its state or territory affiliates.

Cultural awareness training programs which comply with PIP-IHI requirements are:

- RACGP Cultural Awareness and Cultural Safety Training
  This is free for GPs who are members of RACGP. SWSPHN periodically funds places for non-RACGP members, allowing all practice staff to do the training module at no cost.
- To submit your interest or enquire about cultural awareness training at your South Western Sydney based practice, contact Christie Duong:
  Email: Christie.Duong@swsphn.com.au
  Phone: 9896 9564
- ACRRM Cultural Awareness PIP Indigenous Health Incentive.

For ideas on how to further progress your cultural safety learning and development, please contact:

- enquiries@swsphn.com.au
- swsphn.com.au/events

Cultural awareness and safety: Implementation in practice

Check within your practice

- The whole practice is committed to an ongoing journey towards cultural competence ☐
- All staff are aware of the importance of their role in contributing to cultural safety ☐
- All staff are confident to ask all patients 'Are you of Aboriginal or Torres Strait Islander origin'? ☐
- All staff reflect on their own cultural awareness, biases and understanding regularly ☐
- All staff know how to correctly record patients' ethnicity in practice software ☐
- All staff actively seek out learning opportunities to improve cultural awareness and safety ☐
- The practice considers asking SWSPHN First Nations Coordinator to come and speak to staff ☐
- The practice seeks advice from the local Aboriginal and Torres Strait Islander community and Elders about implementing culturally appropriate care ☐

Complete the following tasks

- The practice is registered for the PIP-IHI ☐
- Arrange for all staff to complete cultural awareness training every one to two years ☐
- Review policies and procedures around recording patients' ethnicity ☐
- Check patients' ethnicity has been recorded as a routine practise when checking patient details at reception ☐
- Display Australian, Aboriginal and Torres Strait Islander flags at reception ☐
- Display Aboriginal and Torres Strait Islander artwork in the practice ☐
- Display culturally appropriate and relevant health information in the reception area ☐
- Incorporate Acknowledgement of Country and Traditional Owners into practice communications and displays ☐
- Acknowledge, promote and participate in significant local Aboriginal and Torres Strait Islander community events, for example NAIDOC week, National Reconciliation Week, National Close the Gap Day, sporting events ☐
- Review RACGP's Aboriginal and Torres Strait Islander resources ☐
- Consider joining the RACGP's Aboriginal and Torres Strait Islander Health Faculty ☐
- Consider compassionate billing practices ☐
- Encourage all staff members to seek out opportunities for ongoing cultural learning and development ☐
- Subscribe to, or follow on social media, organisations such as: ☐

> National Aboriginal Community Controlled Health Organisation (NACCHO)
> Gandangara
> Tharawal Aboriginal Corporation
> NCOSS - NSW Council of Social Service

Other helpful information

Flags

The Aboriginal flag is divided horizontally into halves. The top half is black and the lower half red. There is a yellow circle in the centre of the flag. The meanings of the three colours in the flag, as stated by Harold Thomas, are:

> Black represents the Aboriginal people of Australia
>
> Yellow represents the sun, the giver of life and protector
>
> Red represents the red earth, the red ochre used in ceremonies and Aboriginal peoples' spiritual relation to the land.

The Torres Strait Islander flag has three horizontal panels, with green at the top and bottom and blue in between. These panels are divided by thin black lines. A white Dhari (traditional headdress) sits in the centre, with a five-pointed white star beneath it.

The meaning of the colours in the flag are:

> White Dari (headdress) is a symbol of the Torres Strait Islanders
>
> White five-pointed star symbolises the five major island groups and the importance of stars to the seafaring people
>
> Green represents the land
>
> Black represents the Torres Strait Islander people
>
> Blue represents the sea.

Dates of significance

> Dates of significance to NSW Aboriginal people I Reconciliation NSW

Terminology

Awareness, understanding and use of accurate language and terminology are essential components of respectful communication with and about Aboriginal and Torres Strait Islander peoples, organisations, and communities. The following are some of the widely used and accepted terms.

Aboriginal people(s)	'Aboriginal' is an adjective and widely used to describe 'Aboriginal people'. 'Aboriginal peoples' is a collective name for the original people of Australia and their descendants, and is preferable. This term emphasises the diversity of languages, communities, cultural practices and spiritual beliefs.
Torres Strait Islander people(s)	The term 'Aboriginal' is not inclusive of Torres Strait Islander people, and reference to both 'Aboriginal and Torres Strait Islander people' should therefore be made where necessary. A Torres Strait Islander person is a descendant from the Torres Strait Islands, which are located to the north of mainland Australia in Queensland.
First or First Nations people(s) **First Australians**	'First Peoples', 'First Nations People(s)', and 'First Australians' are collective names for the original people of Australia and their descendants and are used to emphasise Aboriginal and Torres Strait Islander peoples lived on this continent prior to European settlement.
Indigenous people(s)	The term 'Indigenous' is generally used when referring to both First Peoples of Australia—Aboriginal peoples and Torres Strait Islander peoples. 'Indigenous' is commonly used as shorthand to include both. However, because 'Indigenous' is not specific, some Aboriginal and Torres Strait Islander peoples prefer the phrase to be used in full to refer to all of the Indigenous people of Australia.
Elder	An Elder is an identified and respected member of an Aboriginal and Torres Strait Islander community. Elders generally hold key community knowledge and are expected to provide advice and support to community members. Age alone does not necessarily distinguish an Elder. Many Aboriginal and Torres Strait Islander peoples acknowledge Elders as 'aunty' or 'uncle' as a sign of respect, even if they are not related.
Traditional owner	A 'traditional owner' is an Aboriginal or Torres Strait Islander person or people directly descended from the original inhabitants of a culturally defined area of country. They have a cultural association with their country deriving from the traditions, observances, customs, beliefs or history of the original Aboriginal or Torres Strait Islander inhabitants of the area.
Mob	'Mob' is a term identifying a group of Aboriginal or Torres Strait Islander people associated with a particular place or country. 'Mob' is more generally used by Aboriginal and Torres Strait Islander peoples and between Aboriginal and Torres Strait Islander peoples. Therefore, it may not be appropriate for non-Aboriginal people to use this term unless this is known to be acceptable to Aboriginal and Torres Strait Islander peoples.
Country	'Country' is a term used to describe a culturally defined area of land associated with a particular culturally distinct group of Aboriginal and Torres Strait Islander people.
Nation	'Nation' refers to a culturally distinct group of people associated with a particular culturally defined area of land or country. Each nation has boundaries which cannot be changed, and language is tied to that nation and its country. 'Nation' should be used to refer to a culturally distinct Aboriginal group and their associated country, noting the boundaries of some nations cross over state borders.
Men and Women's Business	In Aboriginal and Torres Strait Islander culture there are customs and practices which are performed by men and women separately. This gender-specific practice is often referred to as Men's and Women's Business. These practices have very strict rules. Men's and Women's Business includes matters relating to health, wellbeing, religious ceremony and maintenance of significant geographic sites and differs from community to community. Topics discussed during Men's and Women's Business can differ between communities.
Sorry Business	'Sorry Business' is the period of mourning or ceremony following the death of an Aboriginal or Torres Strait Islander person. This is usually a solemn time with little spoken conversation and usual daily community activities may be stopped or postponed. In some communities the name of a deceased person, and even others who share the same name, is not to be spoken for a certain period of time—ask for guidance on this matter.

Identification of Aboriginal and Torres Strait Islander patients

Aboriginal identity

All patients have the right to decide whether they wish to identify as Aboriginal, Torres Strait Islander, both Aboriginal and Torres Strait Islander, or neither Aboriginal or Torres Strait Islander.

Aboriginal identity: Who is 'Aboriginal'?

People who identify themselves as 'Aboriginal' range from dark-skinned, broad-nosed to blonde-haired, blue-eyed people. Aboriginal people define Aboriginality not by skin colour but by relationships. Light-skinned Aboriginal people often face challenges on their Aboriginal identity because of stereotyping.

Commonwealth departments have adopted the 'three-part' definition of Aboriginal identity. The definition is also known as the tripartite test.

Three-part definition of Aboriginal identity

An Aboriginal or Torres Strait Islander is a person

- of Aboriginal or Torres Strait Islander descent
- who identifies as an Aboriginal or Torres Strait Islander and
- is accepted as such by the community in which he (she) lives.

> Aboriginal Identity: Who is Aboriginal?
> Creative Spirits

What is it?

The role practice staff have in ensuring all patients are given the opportunity to identify whether or not they are Aboriginal and/or Torres Strait Islander. Self-identification is voluntary and practices should provide patients with enough information to enable them to make an informed decision. Practice staff do not need to seek proof to confirm the patient's decision.

Before asking a patient about their cultural background, explain the information helps the practice to provide appropriate, individualised healthcare. Explaining why this question is important, in a culturally safe environment which maintains patient confidentiality, is essential.

Why is it important?

Identification of Aboriginal and Torres Strait Islander patients is important to ensure the most appropriate care is provided for them.

Ethnicity is an important indicator of clinical risk factors and will help practitioners provide relevant care.

It will also enable Aboriginal and Torres Strait Islander patients and practices to access important government health incentives and programs.

Aboriginal and Torres Strait Islander people can self-identify here:

> Medicare Voluntary Indigenous Identifier | Services Australia

Further information can be found here:

> Voluntary Indigenous Identifier (VII) Framework | Australian Government Department of Health and Aged Care

What are the benefits for my practice?

> Identification of Aboriginal and/or Torres Strait Islander patients will enable the practice to register eligible patients to participate in the Practice Incentive Program - Indigenous Health Incentive (PIP-IHI).
>
> Identified patients can be recalled and linked in with appropriate prevention, early intervention, and chronic disease management services.

What are the benefits for my patients?

Eligible identified patients can access specific services aimed at improving health outcomes, including:

> Aboriginal and Torres Strait Islander Peoples Health Assessment (MBS Items – 715 and 228)
>
> MBS item 10987 for practice-based follow-up after a health assessment
>
> Additional allied health services specifically for Aboriginal and Torres Strait Islander people (MBS items 81300 – 81360)
>
> MBS items 92004 and 92011 for health assessments conducted by telehealth
>
> MBS items 93470 and 93479 for health assessments conducted in aged care facilities
>
> Some medications specifically listed on the PBS for Aboriginal and Torres Strait Islander patients
>
> The CTG Pharmaceutical Benefit Scheme (PBS) co-payment measure (CTG script)
>
> The Integrated Team Care Program
>
> Other local services and programs available for Aboriginal and Torres Strait Islander people
>
> Patients receive high quality, culturally safe, patient-centred care.

> One simple question could help close the gap
> Australian Institute of Health and Welfare

Check within your practice

- All practice staff understand the importance of asking patients about, and accurately recording their Aboriginal and/or Torres Strait Islander status in practice software ☐
- Practice staff receive appropriate cultural awareness training and feel confident to ask patients about their Aboriginal and/or Torres Strait Islander status ☐
- Practice staff know where to access resources to assist them with providing information to patients about the purpose and importance of asking the Indigenous identification question ☐

Identification of Aboriginal and Torres Strait Islander patients: Implementation in practice

Complete the following tasks

- Display information inviting patients to self-identify their Aboriginal and/or Torres Strait Islander status ☐
- Incorporate a standard procedure for asking all patients, 'Are you of Aboriginal or Torres Strait Islander origin?' on registration, and at subsequent visits if their status is unclear or not recorded ☐
- The practice new patient registration form contains the following question and responses (word for word): ☐

'Are you of Aboriginal or Torres Strait Islander origin?'

> No
> Yes, Aboriginal
> Yes, Torres Strait Islander
> Yes, both Aboriginal and Torres Strait Islander.

- Ideally, the GP receives notification about a patient who has self-identified as being Aboriginal and/or Torres Strait Islander before the consultation ☐
- Clinical staff routinely check to see if a patient's Aboriginal and/or Torres Strait Islander status has been recorded during all consultations ☐
- Utilise information systems to record Aboriginal and/or Torres Strait Islander or non-Indigenous status information using the following national standard categories, as per AIHW guidelines: ☐

> Aboriginal but not Torres Strait Islander origin
> Torres Strait Islander but not Aboriginal origin
> Both Aboriginal and Torres Strait Islander origin
> Neither Aboriginal nor Torres Strait Islander origin
> Not stated/inadequately described.

- The practice completes the RACGP clinical audit (quality improvement activity): ☐

> 'Identification of Aboriginal and Torres Strait Islander patients in general practice'

- For further information and resources see: ☐

> AIHW Indigenous Identification and, RACGP Identification of Aboriginal and Torres Strait Islander people in Australian General Practice
>
> SWSPHN: How to identify your Aboriginal patients.

Practice Incentive Program – Indigenous Health Incentive (PIP IHI)

The Practice Incentive Program (PIP) supports general practice improvement through nine incentives. One of the nine incentives is the Practice Incentives Program – Indigenous Health Incentive (PIP-IHI).

What is it?

PIP-IHI was introduced in March 2010 as part of the Indigenous Chronic Disease Package and encourages general practices and Aboriginal Community Controlled Health Services to appropriately and effectively meet the healthcare needs of Aboriginal and Torres Strait Islander people with a chronic disease.

Why is it important?

In 2018 the burden of disease among Aboriginal and Torres Strait Islander people was 2.3 times that of non-Indigenous Australians. Recent figures suggest chronic diseases (including mental and substance use disorders) account for nearly two-thirds (63 per cent) of the disease burden among Indigenous Australians.

Chronic diseases which are major contributors to mortality for First Nations people are cardiovascular disease, diabetes, chronic lung disease, and cancer.

The PIP-IHI seeks to address this gap with better prevention, detection, and management of chronic disease for Aboriginal and Torres Strait Islander people.

What are the benefits for my patients?

- Better access to culturally appropriate healthcare
- Prevention and early detection of chronic disease, and chronic disease risk factors
- Better management of chronic disease and chronic disease risk factors
- Improved continuity of care
- Increased access to and satisfaction with primary healthcare services
- Improved relationships with health care providers
- Improved health outcomes.

What are the benefits for my practice?

- Financial incentives to support better healthcare for Aboriginal and Torres Strait Islander patients
- Contributing to best practice management of chronic disease in Aboriginal and Torres Strait Islander patients
- Contributing to help Close the Gap
- Improved relationships with patients and continuity of care
- Increased job satisfaction.

Payments under the PIP Indigenous Health Incentive (PIP-IHI)

Payments under the PIP-IHI:

Payment type	1 January 2023	1 January 2024	1 January 2025	Payment description
1. Sign-on payment	$1,000 per practice	$1,000 per practice	$1,000 per practice	One-off payment to practices that register for the Indigenous Health Incentive. Practices agree to undertake specified activities to improve the provision of care to their Aboriginal and/or Torres Strait Islander patients disorder.
2. Patient registration payment	$150 per eligible patient per calendar year	$100 per eligible patient per calendar year	$0	A payment to practices for each Aboriginal and/or Torres Strait Islander patient 15 and over. These patients are registered with the practice as their 'usual care provider'. Patient registration payments aren't payable for patients under 15, but you can still register them.
3. Outcomes payment:	**Tier 1:** $100 per eligible patient per 12-month assessment period	**Tier 1:** $100 per eligible patient per 12-month assessment period	**Tier 1:** $100 per eligible patient per 12-month assessment period	A payment to practices which either: prepare and review a GP management plan or team care arrangement prior to 1 July 2025, a GP chronic condition management plan (from 1 July 2025) or GP mental health treatment plan for a registered patient within a 12-month assessment period, or complete 2 reviews of an existing GP management plan or Team Care Arrangement prior to 1 July 2025, GP chronic condition management plan (from 1 July 2025), or GP mental health treatment plan for a registered patient or contribute to a review of a multidisciplinary care plan for a patient in a residential aged care home within a 12-month assessment period.
	Tier 2: $150 per eligible patient per 12-month assessment period	**Tier 2:** $200 per eligible patient per 12-month assessment period	**Tier 2:** $300 per eligible patient per 12-month assessment period	A payment to practices which provide a target level of care for a registered patient within a 12-month assessment period.

Recent changes to PIP-IHI:

Nov 2023	Practices can begin obtaining consent from patients for lifetime registration as part of all patient registrations and re-registrations for patients aged 15 years and above. (Lifetime registration will be automatically applied from 1 January 2025.) Revised processes for managing consent from 15-year-olds on the program to take account of the move to lifetime registration.
Jan 2024	Continuation of the gradual shift to a back-ended payment structure.
Jan 2025	Finalisation of the gradual shift to a back-ended payment structure. With the shift to lifetime registration, there is no longer a registration payment. Now most of the payment to practices will be provided after a threshold level of care has been provided.
July 2025	Items for GP management plans (229, 721, 92024, 92055), team care arrangements (230, 723, 92025, 92056) and reviews (233, 732, 92028, 92059) have ceased and have been replaced with a new streamlined GP chronic condition management plan (MBS 965). Patients that had a GP Management Plan and/or Team Care Arrangement in place prior to 1 July 2025 are able to continue to access services, consistent with those plans, for two years.
July 2027	A GP chronic condition management plan (MBS 965) will be required for ongoing access to allied health services.

Visit Australian Government Department of Health, Disability and Ageing – PIP IHI for more information.

Practice Incentive Program - Indigenous Health Incentive (PIP-IHI): Implementation in practice

Check within your practice

Practice eligibility

To be eligible for the PIP-IHI sign-on payment, the practice must:

- **Participate in the PIP according to PIP guidelines**
- **Create and implement a system to make sure their Aboriginal and/or Torres Strait Islander patients aged 15 years and over with a chronic disease are actively followed up and managed**
- **Have two staff members (one of whom must be a GP) undertake cultural awareness training within 12 months of joining the incentive, unless the practice is exempt (see PIP-IHI guidelines for further information).**

Complete the following tasks

Register the practice

Practices already participating in the PIP can apply for the Indigenous Health Incentive:

- Through HPOS using your PRODA account, or
- By completing the Practice Incentives Program Indigenous Health Incentive practice application form.

This only needs to be done once. Find out how to register a PRODA account.

Register patients

Eligible patients can be registered:

- Online through HPOS using your PRODA account, or
- By faxing a completed PIP-IHI registration and consent form to 1300 587 696.

The practice must:

- Apply for the PIP-IHI before patients can be registered
- Verbally explain the PIP Indigenous Health Incentive to patients and be sure the patient understands the incentive before asking them if they want to register
- Ask patients to complete the PIP Indigenous Health Incentive Patient Registration and consent form
- Retain the patient consent and declaration section of the form for six years if registering patients through HPOS
- Mail the PIP Indigenous Health Incentive patient registration and consent form for manual processing if you cannot register patients through HPOS.

Practices can download a list of patients registered for the PIP-IHI at the practice during the quarter through HPOS. Practices can check if a patient is currently registered with their practice by checking their list of registered patients through HPOS using your PRODA account, or by phoning PIP on 1800 222 032.

Note: Patients can withdraw their consent at any time by completing the Practice Incentives Program Indigenous Health Incentive patient withdrawal of consent. The practice can also withdraw consent on behalf of the patient online through HPOS using your PRODA account.

Check within your practice

Patient eligibility

To be eligible for registration, practices must ensure patients:

- Self-identify as being of Aboriginal and/or Torres Strait Islander origin
- Are aged 15 years or over
- Have a current Medicare card
- Have nominated the practice as their 'usual care provider'
- Have a chronic disease or mental disorder
- Have had, or have been offered, an Aboriginal and Torres Strait Islander Peoples health assessment
- Have provided informed consent to be registered for the PIP-IHI (or have a parent or guardian do this for patients under 15).

Complete the following tasks

- From November 2024, lifetime registration is automatically applied to patients aged over 15 with an active 2024 registration.

  Patients can withdraw their consent at any time.

  Patients under 15 are registered under a parent or guardian's consent. Their registration continues until they turn 15, when they must provide their own consent to continue to participate in the program.

  To stay up to date, learn about PIP IHI changes from 1 July 2025 or apply for the Practice Incentives Program.

Perform chronic disease and mental health management activities

To receive Tier 1 outcomes payments per 12-month assessment period for a patient the practice must either;

- Prepare a GP chronic condition management plan (GPCCMP) using MBS item 965, or
- Coordinate a GP mental health treatment plan (MHTP) using MBS items 2700, 2701 and 2717.

And complete at least one review of either a:

- GPCCMP, using MBS item 967, or
- MHTP using MBS item 2712.

OR

For patients who have a GPCCMP or MHTP already in place, the practice must either;

- Complete two reviews of the patient's GPCCMP, using MBS item 967
- Complete two reviews of the patient's MHTP using MBS item 2712, or
- Contribute twice to a review of a multidisciplinary care plan for a patient in a residential aged care home using MBS items 731 and 232.

Note: Please refer to MBS Online for guidance on the frequency and claiming restrictions for MHTP, GPCCMP and multidisciplinary care plan preparation and review items.

Complete the following tasks

Perform total care activities

To receive Tier 2 outcomes payments, the practice must provide a minimum of five eligible MBS services for a registered patient within a 12-month assessment period. This may include the services your practice provided to qualify for the Tier 1 outcome payment.

For the purposes of this incentive, eligible MBS items include professional attendance and procedural items delivered by either:

- A general practitioner, or
- A medical practitioner who practises in general practice
- MBS items under Category 4, 7, 8, and most items under Category 6 are excluded.

Meet practice requirements and obligations

The practice must prove its claims for payment by providing:

- Proof a system is in place to make sure your Aboriginal and/or Torres Strait Islander patients, with a chronic disease are followed up
- Proof of completing appropriate cultural awareness training
- Records of consent for patients registered online through HPOS
- Information as part of the ongoing confirmation statement audit process to verify the practice meets eligibility requirements.

Note: The practice must tell Services Australia about relevant changes to practice arrangements as per PIP guidelines.

Receive incentive payments

- A one-off sign on payment of $1,000 is made to practices which register for PIP-IHI
- The patient registration payment of $150 is paid once per patient, per calendar year for patients registered between 1 January and 31 October
- Outcome payments are based on MBS services provided to registered patients within a 12-month assessment period. For both Tier 1 and Tier 2 payments, the assessment period starts from the date the first eligible MBS service is processed, and ends 12 months later
- Only usual care provider practices will be eligible for the registration payment, but any practice providing a target level of Tier 1 and Tier 2 services will be eligible for the outcome payments
- For practices approved for the PIP-IHI and which have met requirements for the outcomes payments, these payments are automatically paid as part of the PIP quarterly payment.

Services Australia manages the PIP-IHI on behalf of the Australian Government Department of Health and Aged Care, further information is available:

Practice Incentives Program
Services Australia and
PIP-IHI guidelines

pip@servicesaustralia.gov.au

1800 222 032

Pharmaceutical Benefits Scheme (PBS) co-payment measure (CTG scripts)

The Closing The Gap PBS co-payment measure helps reduce the cost of PBS medicines for eligible Aboriginal and Torres Strait Islander patients. All prescriptions for PBS medicines are included, whether used to treat chronic or acute medical conditions.

What is it?

Changes to enhance the CTG PBS Co-payment Program were implemented in July 2021 and included:

- A new centralised patient registration database for the program, managed by Services Australia, and accessible via Health Professional Online Services (HPOS)
- Eligible Aboriginal and Torres Strait Islander people can be registered for the program no matter where they live, and regardless of their chronic disease status
- Any PBS prescriber or AHPRA registered Aboriginal and Torres Strait Islander health practitioner registered with Medicare as a provider can register eligible Aboriginal and Torres Strait Islander people for the program if they are not already registered
- Aboriginal and Torres Strait Islander people already registered for the program continue to be registered, and details were transferred to the new database
- PBS prescribers are no longer required to write or electronically print 'CTG' on eligible PBS prescriptions, however annotation of scripts will help pharmacists know the patient is registered for the program
- Any PBS prescriber can issue PBS General Schedule medicine 'CTG' prescriptions for Aboriginal and Torres Strait Islander peoples registered for the program
- PBS prescriptions issued by PBS prescribers within public hospitals will now be eligible to be dispensed by any community pharmacy or Section 94 approved private hospital pharmacy.

If a patient is unsure whether they are registered for the program, their practitioner or the pharmacist can check via Health Professional Online Services (HPOS) for them.

Further information

- Information for Aboriginal and Torres Strait Islander People
- Information for prescribers, Aboriginal and Torres Strait Islander health practitioners and their peak bodies
- Closing the Gap Pharmaceutical Benefits Scheme Co-payment Program
- Closing the Gap Pharmaceutical Benefits Scheme Co-payment Program Changes: Frequently Asked Questions
- Listings on the Pharmaceutical Benefits Scheme for Aboriginal and Torres Strait Islander People.

Why is it important?

The cost of medicines is a significant barrier to improving access to medicines for First Nations people.

The CTG PBS co-payment measure helps reduce the cost of PBS medicines for eligible Aboriginal and Torres Strait Islander patients and can be accessed at a lower price or free, for healthcare card holders.

Accessibility enables patients to keep up with their treatment without the high cost and helps to prevent setbacks and hospitalisations.

In addition to the PBS co-payment measure, some items are listed on the PBS to support the treatment of conditions common in Aboriginal and Torres Strait Islander health settings.

Items are specifically PBS listed for patients who identify as an Aboriginal and/or Torres Strait Islander person.

For more information:

- PBS Prescribers
- pbsIndigenous@health.gov.au

What are the benefits for my patients?

- Helps to reduce the cost of PBS medicines for eligible patients
- Medicines can be provided free for healthcare card holders
- Improved accessibility to treatment
- Assists patients with adherence to treatment without the high-cost burden
- Prevention of complications and hospitalisations.

What are the benefits for my practice?

- An understanding of these measures improves culturally safe care
- Assist patients with accessing appropriate treatment at a lower cost
- Improved health outcomes for First Nations patients
- Better chronic disease management.

Pharmaceutical Benefits Scheme (PBS) co-payment measure (CTG Scripts): Implementation in practice

Check within your practice

Check patient eligibility (you only need to assess a patient's eligibility once). ☐

A patient is eligible if they:

> Self-identify as an Aboriginal or Torres Strait Islander Australian
>
> Will have setbacks in preventing or managing their condition if they don't take the medicine
>
> Are unlikely to keep up their treatment without help to improve affordability
>
> Are enrolled with Medicare.

Their age, where they live and their chronic disease status doesn't matter. ☐

Check if the patient is already on the Closing the Gap PBS co-payment register in HPOS (see right). ☐

Discuss the CTG PBS co-payment with the patient, and obtain their consent to be registered. ☐

Complete the following tasks

Register the patient by using your PRODA account to log on to the Health Professional Online Service (HPOS). Once you've logged into HPOS, go to 'My programs' and then the 'Closing the Gap PBS co-payment register': ☐

> HPOS>My programs>Closing the Gap PBS co-payment register

Check to see if the medicines you are prescribing are specifically PBS listed for Aboriginal and Torres Strait Islander patients ☐

Prescribe PBS medicines to eligible patients using usual prescribing procedures ☐

Utilise principles for producing best possible medicines list for Aboriginal and Torres Strait Islander people ☐

Notes: Practitioners can authorise a HPOS delegate to enter the registration details into HPOS. (Delegates will need to register for their own Provider Digital Access (PRODA) account to be linked to a practitioner's HPOS account). In remote areas with limited internet access, a health service or clinic can phone Services Australia on 132 290 to register the patient for the program. Patients do not need to be re-registered annually for the PBS Co-Payment Measure.

Aboriginal and Torres Strait Islander peoples health assessment (MBS item 715)

The Aboriginal and Torres Strait Islander peoples health assessment (otherwise known as the 715 health check) is designed to address a number of contributors to the high burden of illness amongst this population and helps to identify risk factors for chronic disease.

What is it?

A 715 health check should include an assessment of the patient's physical, psychological, and social wellbeing. A good health check:

- Is useful to the patient
- Identifies health needs including patient health goals and priorities
- Supports patients to take charge of their health and wellbeing
- Provides a framework for primary and secondary disease prevention through healthcare advice, risk assessment and other measures
- Is provided by the regular healthcare provider
- Includes a plan for follow-up of identified health needs, priorities and goals.

Why is it important?

Almost two-thirds (63 per cent) of the total burden of disease among Indigenous Australians is due to chronic disease, including mental and substance use disorders, cardiovascular disease, cancer and musculoskeletal conditions, and injuries including suicide.

Almost half (49 per cent) of the burden of disease in First Nations people could be prevented by reducing risk factors, particularly smoking, alcohol and illicit drug use, obesity and dietary factors.

The health assessment is used to consider whether preventive healthcare and education should be offered to the patient to improve health and physical, psychological and social functioning, and wellbeing in the Aboriginal and Torres Strait Islander population.

What are the benefits for my patients?

- Early detection of patients' risk of illnesses or chronic conditions
- Helps to ensure patients are getting the medication and management required
- Identifies health issues which may not come up in standard consultations
- Improved access to patient-centred, culturally safe care.

What are the benefits for my practice?

- The 715 MBS item fee is paid at 100 per cent benefit
- Following a 715 health check a patient has access to follow up MBS items, making it easier to support your patient to manage their health
- Provision of comprehensive and holistic patient care.

The health assessment is drawn from the:

- National guide to preventive healthcare for Aboriginal and Torres Strait Islander people developed by NACCHO and the RACGP.

239,000 (28%)
of Indigenous Australians had a health check in 2019-2020

Aboriginal and Torres Strait Islander peoples health assessment (MBS item 715): Implementation in practice

Check within your practice

- Identify Aboriginal and Torres Strait Islander patients ☐
- Check to see if the patient is registered at your practice for the PIP-IHI, and for the PBS co-payment ☐
- Check to see if the patient has had a health assessment in the past 12 months. Health check item numbers can be claimed once every nine months ☐
- Review MBS criteria MBS item 715 ☐
- Review RACGP resources ☐
- Review Australian Government Department of Health and Aged Care and Services Australia resources. ☐

Complete the following tasks

- Provide information for patients about the 715 health check in the waiting room ☐
- Recall patients who are eligible and due for a health assessment and book them in for an appropriate time with the appropriate clinician/s ☐
- Explain the purpose and process of a health check and obtain patient consent ☐
- Undertake the health assessment face-to-face or by video conference ☐
- Utilise your practice nurse or Aboriginal health worker/practitioner to assist with information collection and providing patient information and education ☐
- Utilise relevant MBS items (715, 228, 92004, 92011, 10987, 81300 to 81360) ☐
- Include elements according to MBS item 715, with mandatory elements being: ☐
  - Information collection
  - Making an overall assessment of the patient
  - Recommending appropriate interventions
  - Providing advice and information to the patient
  - Keeping a record of the health assessment
  - Offering the patient, and/or patient's carer, a written report about the health assessment.
- Utilise the RACGP/NACCHO age-specific templates: ☐
  - Infants and preschool children (birth to 5 years)
  - Primary school age children (5 to 12 years)
  - Adolescents and young people (12 to 24 years)
  - Adults (25 to 49 years)
  - Older people (≥ 50 years).

Note: These are example health check templates which include recommended core elements. Adaptation of these templates to local needs and priorities is encouraged. Templates can be integrated into clinical software.

Complete the following tasks

Ensure the health check is patient-centred and culturally appropriate: ☐

- Adapt the health check content to what is relevant and appropriate for the patient
- Discuss patient priorities and goals
- Ask questions in ways which acknowledge strengths, are sensitive to individual circumstances and avoid cultural stereotypes
- Make a plan for follow-up of identified health needs together with the patient
- Offer the patient a copy of the health assessment
- Consider seeking feedback from the patient about their experience of the health check in order to support patient engagement and quality improvement.

Arrange follow-up: ☐

- Refer the patient to appropriate/necessary allied and specialist health services
- Arrange follow up with the practice nurse or Aboriginal health worker/practitioner
- Consider the need for arranging a further appointment to undertake a GPMP +/- TCA if any eligible chronic conditions are identified
- Consider referral to the Integrated Team Care (ITC) Program if complex chronic conditions and needs are identified
- Make follow up appointments at the time of the health check, where possible
- Add a recall/reminder for the patient to have their next health check in 9-12 months.

715 health check brochures and posters are available to download from: ☐

- Australian Government Department of Health, Disability and Ageing

Integrated Team Care (ITC) Program

The Integrated Team Care (ITC) Program is one of the current activities under the Indigenous Australians' Health Program funded by the Department of Health, Disability and Ageing. SWSPHN commissions local services to provide the ITC Program. ITC contributes to improving health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through better access to care coordination and multidisciplinary care, and to support self-management.

Why is it important?

The program supports Aboriginal and Torres Strait Islander patients of any age with complex chronic health conditions who are at risk of otherwise avoidable hospital admissions and have difficulty accessing and utilising appropriate services for their care.

ITC assists patients who have difficulty managing multiple services and appointments and those requiring help to overcome barriers to accessing health services, such as cost and transport. It is a requirement of the program that patients have a current GP management plan (GPMP) and/or team care arrangement (TCA).

What are the benefits for my patients?

Patients are provided support by a care coordinator, who is a qualified healthcare worker

The care coordinator works with patients one-on-one to assist with implementation of the patient's GP management plan (GPMP) and/or team care arrangement (TCA)

The program can assist with transport for patients to get to and from appointments and payment for medical specialist and allied health professional service fees and approved medical aids to develop self-management skills for their chronic conditions.

What are the benefits for my practice?

Assisting patients to participate in regular reviews with their GP and supporting patients with adherence to treatment regimens

Working with patients to improve their engagement with the health system and working collaboratively with the patient's healthcare team.

Check within your practice

Consider Aboriginal and Torres Strait Islander patients who would benefit from referral to the Integrated Team Care Program, ie patients with chronic condition/s which require multidisciplinary care and would benefit from assistance with management of their chronic disease to improve health outcomes. ☐

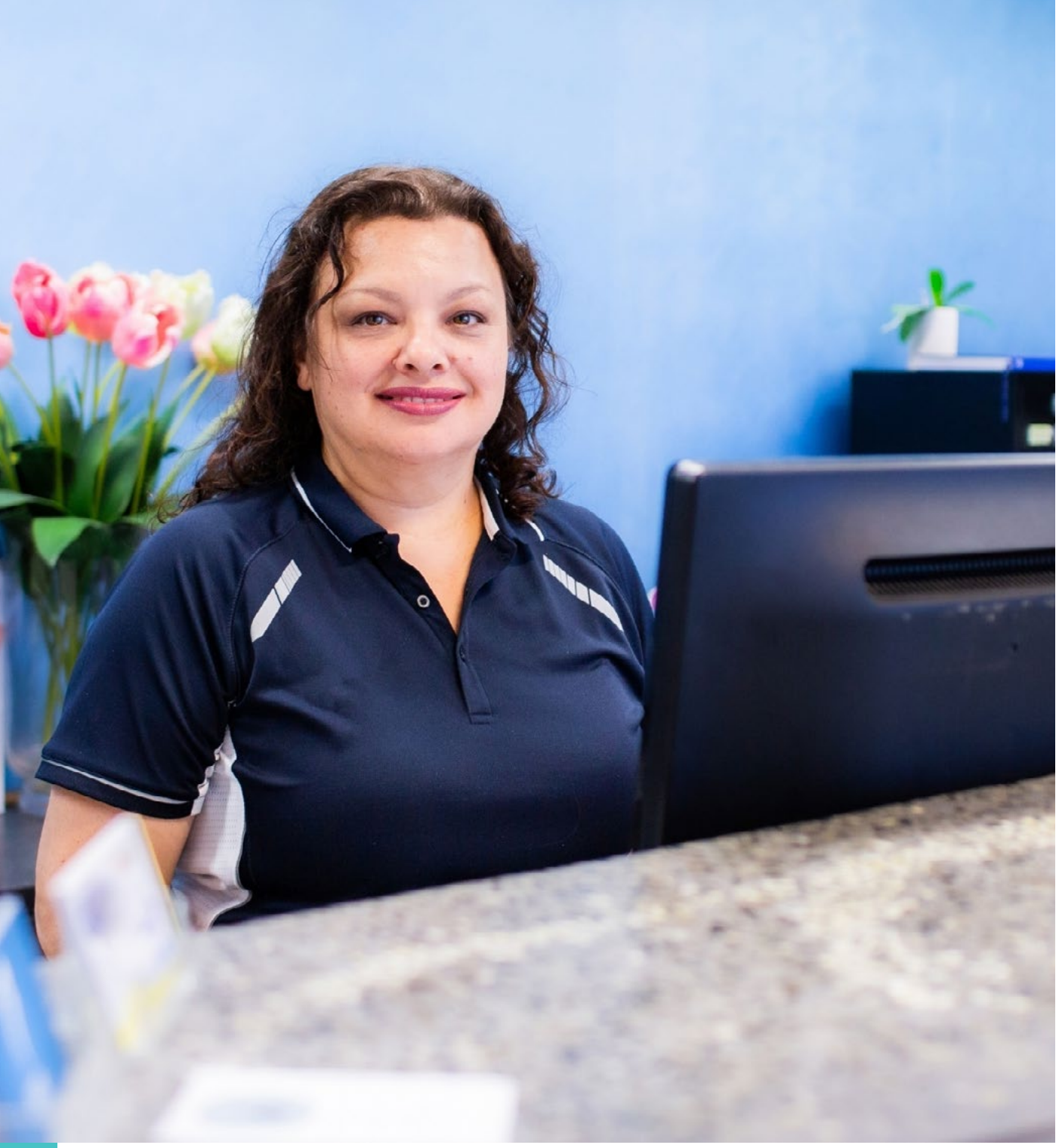
Integrated Team Care Program (ITC): Implementation in practice

Complete the following tasks

- Offer eligible patients an Aboriginal and Torres Strait Islander peoples health assessment (715 health check) ☐
- Complete GP chronic condition management Plan (GPCCMP – MBS item 965) for eligible patients ☐
- Discuss patient priorities and goals ☐
- Refer patients who may benefit from assistance to the ITC Program ☐
- Patients of mainstream general practices are referred to: ☐

> SWSPHN: ITC Program for complex chronic conditions.

Practice workflow



Medical receptionist

- [ ] Asks all new patients 'Are you of Aboriginal or Torres Strait Islander origin'?
- [ ] Records ethnicity for all new patients in practice software
- [ ] Reviews if ethnicity has been recorded for all patients when other patient details are reviewed or updated, on a regular basis
- [ ] Asks patients 'Are you of Aboriginal or Torres Strait Islander origin'? if this information has not been recorded on their file
- [ ] Attends cultural awareness training
- [ ] Contributes to making the reception area culturally safe
- [ ] Has an understanding of programs and Medicare item numbers available for First Nations people
- [ ] Assists with recalling First Nations patients when they are due for health assessments and routine care
- [ ] Understands how to register patients for programs such as the PIP-IHI and CTG co-payment, and knows how to access this information if required
- [ ] Knows how to access relevant information from Medicare when required e.g. helping to check patients' Medicare details, checking to see when relevant Medicare items have previously been billed.

Practice manager

- Has a good understanding of the PIP-IHI and practice requirements ☐
- Understands how to register patients for programs such as the PIP-IHI and CTG co-payment, and knows how to access this information ☐
- Is able to run regular practice audits for information such as: ☐
  - practice records of patient ethnicity
  - number of regular First Nations patients who are due or overdue for routine aspects of healthcare eg health assessments, GPMPs
  - number of regular First Nations patients who are registered with the practice for PIP-IHI
- Has a good understanding of the practice recall system and regularly ensures it is functioning adequately ☐
- Attends cultural awareness training ☐
- Contributes to making the reception area culturally safe ☐
- Has an understanding of programs and Medicare item numbers available for First Nations people and provides education to other practice staff on these ☐
- Asks patients 'Are you of Aboriginal or Torres Strait Islander origin'? if this information has not been recorded on their file. ☐

Practice nurse

- Has a good understanding of the practice recall system and regularly ensures it is functioning adequately ☐
- Recalls patients when due for routine aspects of care ☐
- Attends cultural awareness training ☐
- Contributes to making the reception area culturally safe ☐
- Has an understanding of programs and Medicare item numbers available for First Nations people and provides education to other practice staff on these ☐
- Asks patients 'Are you of Aboriginal or Torres Strait Islander origin'? if this information has not been recorded on their file ☐
- Assists the GP with undertaking 715 health checks and GPMPs ☐
- Provides follow up care services ☐
- Is aware of where to find information specific for Indigenous patients eg on Healthpathways, Australian Immunisation Handbook, Australian Indigenous HealthInfoNet. ☐

General practitioner

- Asks patients 'Are you of Aboriginal or Torres Strait Islander origin'? if this information has not been recorded on their file ☐
- Provides comprehensive, wholistic, patient-centred, culturally safe care ☐
- Attends cultural awareness training ☐
- Contributes to making the reception area culturally safe ☐
- Has an understanding of programs and Medicare item numbers available for First Nations people and provides education to other practice staff on these ☐
- Undertakes 715 health assessments and GPMPs when required for patients ☐
- Is aware of medications specifically listed on the PBS for patients who identify as being Aboriginal and/or Torres Strait Islander. ☐
- Has a good understanding of the practice recall system and regularly ensures it is functioning adequately ☐
- Is aware of where to find information specific for Indigenous patients e.g. on Healthpathways, Australian Immunisation Handbook, Australian Indigenous HealthInfoNet. ☐

Patient journey

Identification

Patient presents at the general practice or primary healthcare service and self-identifies as Aboriginal and/or Torres Strait Islander.

Registration

Patient feels culturally safe and expresses an interest in attending the practice for the majority of their healthcare needs i.e. identifies the practice as their 'usual' practice

Patient is registered for PIP-IHI with the practice with patient's consent

GP, practice nurse, or Aboriginal Health Worker (AHW)/Aboriginal Health Practitioner (AHP) checks to see if the patient is registered for CTG PBS co-payment. If not, the practice explains this and assists the patient with registration.

Health assessment/s

GP, practice nurse or AHW/AHP discusses the patient's healthcare needs, the potential benefit of an MBS item 715 health assessment and what is involved

Patient consents to a 715 health check and the health check is undertaken by clinical staff in a culturally safe patient-centred way

Practice clinical staff discuss health issues identified in health check with the patient and agree on a strategy to improve and reduce risk of future disease

Health check is completed with the patient by the GP and the patient is offered a copy.

Medicines

GP prescribes any required medicines, utilising specific PBS listings if relevant, and the patient receives lower cost

Medicines from the pharmacy under the CTG PBS co-payment measure.

Follow-up

If after the 715 health assessment further follow-up and assistance is required the patient can be referred for:

Follow up allied health services (MBS 81300 – 81360) five in total per calendar year; and/or

Follow up services by practice nurse or Aboriginal and Torres Strait Islander health practitioner (MBS 10987), 10 in total per calendar year.

Chronic disease management

A GP chronic condition management plan (GPCCMP) MBS 965

Follow up practice nurse or Aboriginal and Torres Strait Islander health practitioner visits (MBS 10997) for ongoing support and monitoring (five per calendar year)

Follow up allied health services – MBS 10950 – 10970 (five per calendar year)

Follow up group allied health services for those with type 2 diabetes – MBS 8110 – 81125 (one assessment and eight services per calendar year)

If complex chronic conditions or needs are identified the patient can be referred to the Integrated Team Care (ITC).

Ongoing care

The patient continues to attend the practice for ongoing acute, preventive and chronic disease care

The practice utilises recall and reminder systems to let the patient know when they are due for further preventive and chronic disease care

The patient attends to have a health assessment each year.

Commonly used Medicare Benefits Scheme (MBS) item numbers

Information and resources

Services Australia

A comprehensive guide for health professionals of MBS item numbers and when to use them, and other Medicare specific information.
Your guide to Medicare for Indigenous health services

Learn about health program payments and services to help improve Aboriginal and Torres Strait Islander Australians' health outcomes.
Indigenous health education for health professionals

Provides information for patients regarding access to Medicare services for Aboriginal and Torres Strait Islander peoples
Indigenous access program.

Australian Government Department of Health and Aged Care

Frequently claimed MBS items for Aboriginal Community Controlled Health Services and other primary health care providers.
Download factsheet

Aboriginal and Torres Strait Islander Access Line
A free call telephone service which helps Aboriginal and Torres Strait Islander Australians get information about, or access to, Medicare services and programs. This service is supported by staff who are culturally aware of the special conditions which may affect Aboriginal and Torres Strait Islander Australians.
Call the Aboriginal and Torres Strait Islander Access Line on 1800 556 955.

RACGP

This guide is intended to be used by GPs providing care to Aboriginal and Torres Strait Islander people. It includes MBS items commonly used in general practice, as well as items used by other health professionals such as allied health providers and nurse practitioners.
MBS guide for GPs and primary care teams working in Aboriginal and Torres Strait Islander health.

Australian Government
Services Australia

Australian Government
Department of Health, Disability and Ageing

RACGP

Preventive health and chronic conditions management

MBS and government programs flowchart

Identify Aboriginal and Torres Strait Islander patients

Register the practice and eligible patients for PIP-IHI

Register eligible patients for CTG PBS co-payment

Offer an Aboriginal and Torres Strait Islander peoples health assessment

Health Assessment 715

One per calendar year (minimum interval 9 months)

Birth to 5 yrs | 5 to 12 yrs | 25 to 49 years | 50 yrs and over

Need for GP follow-up

Follow-up provided by Practice Nurses, Aboriginal and Torres Strait Islander health practitioners under supervision of the GP

Aboriginal and Torres Strait Islander patient specific

10987

Up to 10 per calendar year

(claimed by the GP)

Need for allied health follow-up

GP refers patient using referral form for each type of service

Aboriginal and Torres Strait Islander patient specific

81300 – 81360

Up to 5 per calendar year

(claimed by allied health provider)

Chronic conditions management

Prepare GPCCMP 965 face to face or 92029 telehealth
One per calendar year*

Review GPCCMP 967 face to face or 92030 telehealth
Every 3-6 months*

*May be provided more often in exceptional circumstances. Cannot be claimed with a general consultation item on the same day.

Need for GP follow-up

Ongoing support and monitoring of chronic disease provided by practice nurses or Aboriginal and Torres Strait Islander health practitioners, consistent with the scope of the GPCCMP and under GP supervision

10997

Up to 5 per calendar year

(claimed by the GP)

Need for allied health follow-up

GP refers patient using referral form for each type of service

Patient must have a GPCCMP plan in place

10950 to 10970

Up to 5 per calendar year

(claimed by allied health provider)

Additional group allied health services

For patients with **type 2 diabetes** and a GPCCMP in place

81100 to 81125

Up to 8 group services plus 1 assessment service per calendar year

(claimed by allied health provider)

Follow up items 10997, 10950 to 10970 and 81100 - 81125 are not Aboriginal and Torres Strait Islander patient specific but can be offered IN ADDITION to follow up items available after a 715. Always check MBS Online for comprehensive information relevant to claiming all Medicare items listed above.

Consider referral to the Integrated Team Care (ITC) Program

Quality improvement

What is it?

Quality improvement is foundational to contemporary high performing primary care. It includes team-based approaches, peer review, reflective practice, best practice, and data analysis. It can improve uptake of evidence-based practises for better patient outcomes, better professional development, and better system performance.

The RACGP defines continuous quality improvement as an ongoing activity undertaken within a general practice with the primary purpose to monitor, evaluate or improve the quality of healthcare delivered to practice patients.

Why is it important?

Evidence shows quality improvement leads to better, safer care – particularly when the whole practice team is involved.

It also contributes to a more connected, capable and responsive health system.

The RACGP Standards for general practice (5th edition) recommends practices engage in QI activities that review structures, systems and processes, to aid the identification of required changes to increase the quality of healthcare delivery and the safety of patients.

What are the benefits for my patients?

- Improved health outcomes
- Improving patient experience
- Responsive, respectful and value-based care
- High quality, evidence-based care.

What are the benefits for my practice?

- Efficiency of managerial and clinical processes
- Staff satisfaction and pride in their work and the care they provide
- A better functioning and cohesive practice team
- Prevention of adverse outcomes.

Check within your practice

- Do all members of the practice team understand the CTG PBS co-payment measure? ☐
- Do all members of the practice team communicate this information to patients? ☐
- Do practice referral letters to specialists indicate CTG PBS co-payment registration and prompt prescriptions for patients referred from the practice can be CTG annotated? ☐
- Do staff members have an understanding of the PIP-IHI patient registration and consent requirements? ☐
- Does the practice provide access to cultural awareness training to all members of staff including GPs, practice manager, practice nurse/s and reception staff? ☐
- Do all practice staff know where to find and how to use culturally appropriate resources and guidelines? ☐
- Do GPs use relevant clinical guidelines for treating patients who identify as Aboriginal and/or Torres Strait Islander, and for preventing and managing chronic diseases in these patients? ☐

Quality improvement: Implementation in practice

Complete the following tasks

NACCHO and the RACGP have developed the Five Steps resources, a suite of resources which provide a clear and concise summary of the programs and funding options available to support care for Aboriginal and Torres Strait Islander patients in primary healthcare settings in order to help Close the Gap by taking 'five steps towards excellent Aboriginal and Torres Strait Islander healthcare'.

Five steps towards excellent Aboriginal and Torres Strait islander healthcare: ☐

> Five steps guide
>
> Five steps summary sheet
>
> Five steps visual poster.

Check within your practice

- Is practice data regularly reviewed to ensure all patients have ethnicity recorded in patient health records? ☐
- Does the practice have 715 health check information available for patients? Does the practice have a recall system in place for annual 715 health checks? Are practice staff aware of the Integrated Team Care (ITC) Program? ☐
- Does the practice have Integrated Team Care (ITC) Program brochures available to patients? ☐
- Does your practice support and educate all staff to understand how and why the identification question is asked? ☐
- Are all staff members trained to correctly record ethnicity in practice software? ☐
- Does your practice do periodic reviews or audits of systems and data relevant to First Nations patients? ☐
- Do you know how many regular Aboriginal and/or Torres Strait Islander patients attend your practice? ☐
- Do you know how many of your regular First Nations patients have had a 715 health check in the last 12 months? ☐
- How many of your eligible regular First Nations patients have an up-to-date GPMP/TCA/MHTP? ☐
- Is your practice registered for the PIP-IHI? If so, is your practice compliant with PIP-IHI requirements? ☐
- Is your practice completing requirements for all registered First Nations patients in order to receive the maximum incentive payments under the PIP-IHI? ☐
- Does your practice have a process for ensuring all eligible patients are registered with the practice under the PIP-IHI each year? ☐
- Has your practice completed the RACGP clinical audit ☐

> 'Identification of Aboriginal and Torres Strait Islander patients in general practice'

Complete the following tasks

Expanding on the Five Steps resource, RACGP and NACCHO's five Good Practice Tables provide practical actions and activities the whole practice team can undertake to support culturally responsive healthcare for Aboriginal and Torres Strait Islander people.

These activities are aligned with the Standards for general practice (5th edition) to support practice accreditation.

NACCHO – RACGP Good practice tables: ☐

> Step 1: Prepare the practice – Providing effective, culturally safe healthcare
>
> Step 2: Identification of Aboriginal and Torres Strait Islander patients
>
> Step 3: Offer the patient an MBS item 715 health check and make arrangements for follow-up
>
> Step 4: Register your practice for the Practice Incentives Program Indigenous Health Incentive and eligible patients for the Closing the Gap co-payment
>
> Step 5: Use appropriate clinical guidelines and programs to enhance access and quality of care.

For further information see: ☐

> NACCHO – RACGP resource hub
>
> National Framework for Continuous Quality Improvement in Primary Healthcare for Aboriginal and Torres Strait Islander People.

Resources

HealthPathways

A web-based clinical tool providing health professionals with localised and evidence-based pathways which feature the assessment, management and referral options available locally across South Western Sydney. These pathways are developed by the Primary Health Networks, GPs, specialists and other local healthcare providers. A suite of resources specific to Aboriginal and Torres Strait Islander people is available (for health professionals only) and includes:

- Principles for Care Provision for Aboriginal and Torres Strait Islander Peoples
- Cultural Competencies
- Aboriginal and Torres Strait Islander Health Funding
- Aboriginal and Torres Strait Islander Specific Services

RACGP

National Guide to a preventative health assessment for Aboriginal and Torres Strait Islander people

Standards for general practices – 5th edition

Standards for general practice training – 3rd edition

RACGP curriculum - Aboriginal and Torres Strait Islander Health unit

Cultural awareness education and cultural safety training

Cultural awareness and cultural safety training

An introduction to Aboriginal and Torres Strait Islander health cultural protocols and perspectives

Identification of Aboriginal and Torres Strait Islander people in Australian general practice

MBS guide for GPs and primary care teams working in Aboriginal and Torres Strait Islander health

MBS guide for other medical practitioners and primary care teams working with Aboriginal and Torres Strait Islander health

Health check templates

Telehealth – considerations for an effective health check

NACCHO – RACGP resource hub

RACGP clinical audit 'Identification of Aboriginal and Torres Strait Islander patients in general practice'

Australian Indigenous Doctors Association (AIDA)

Cultural Safety

Australian Government Department of Health , Disability and Ageing

Aboriginal and Torres Strait Islander Health

Services Australia

Indigenous Health Services (eLearning, infographics and simulations)

Your guide to Medicare for Indigenous Health Services

Health Professional Education Resources

Practitioners in Indigenous health (services payments and programs)

Register for a PRODA account

PRODA (provider digital access) account

Health Professional Online Services (HPOS)

Indigenous Health education for health professionals

Medicare Indigenous enrolments

Australian Institute of Health and Welfare

Resources available from AIHW to improve Indigenous identification in health services - Staff brochure, Patient factsheet, Waiting area poster

AIHW Indigenous identification

AIHW Indigenous Australians overview

National Aboriginal Community Controlled Health Organisation (NACCHO)

NACCHO key facts

National Framework for Continuous Quality Improvement in Primary Healthcare for Aboriginal and Torres Strait Islander People

Principles for producing best possible medicines list for Aboriginal and Torres Strait Islander people

The Healing Foundation

Intergenerational Trauma animation

Story of the Healing Foundation

Working with the Stolen Generations - GP factsheet

Snapshot – Providing effective GP services to Stolen Generations survivors

Further resources for working with Stolen Generations survivors

Other resources

Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners in Primary Health Care - A guide for general practice

Australian Indigenous HealthInfoNet

Australian Immunisation Handbook, vaccination for Aboriginal and Torres Strait Islander people

NSW Council of Social Service

Closing the Gap

Close the Gap Campaign

SWSPHN - Aboriginal and Torres Strait Islander health

SWSLHD - Aboriginal Health Service Directory 2025

AH&MRC - Aboriginal Health & Medical Research Council of NSW

Wellmob - WellMob

Journey of health and wellbeing

Gayaa Dhuwi (Proud Spirit) Australia

13YARN - Call 13 92 76 | 24/7 crisis support for Aboriginal and Torres Strait Islanders

Reconciliation Australia

Reconciliation NSW

SWSPHN support

SWSPHN is here to support primary healthcare providers within our region in the delivery of culturally appropriate healthcare. Practice visits and education sessions can be arranged if additional support is needed.

For SWSPHN support, please contact:

enquiries@swsphn.com.au
4632 3000

SWSPHN: Quality Improvement in Primary Care

References

What is the definition of Aboriginal health?
National Aboriginal Community Controlled Health Organisation

Summary of Aboriginal and Torres Strait Islander health status – selected topics 2021
Australian Indigenous HealthInfoNet

Towards Cultural Safety for Metis: An Introduction for Healthcare Providers
National Collaborating Centre for Aboriginal Health Canada

Cultural awareness education and cultural safety training
Royal Australian College of General Practitioners

What is cultural safety?
Centre for Excellence in Therapeutic Care

Flagworld; Aboriginal, Torres Strait Island, and Australian flags desk décor

Asking The Question
The University of Melbourne Indigenous Eye Health Unit

How Indigenous Australians are fairing
Aboriginal and Torres Strait Islander Health Performance Framework – summary report 2023

Australian Burden of Disease Study 2018: key findings for Aboriginal and Torres Strait Islander people
Australian Institute of Health and Welfare

Indigenous health checks and follow-ups
Australian Institute of Health and Welfare

Aboriginal and Torres Strait Islander Health Performance Framework
Regular general practitioner or health service: Key Facts
National Indigenous Australians Agency

phn
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SYDNEY

An Australian Government Initiative

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