

History and performance: Charting the way forward

Independent Review of:
The Institute for Urban Indigenous Health

January 2019

INTRODUCTION

Based in Brisbane, the Institute for Urban Indigenous Health Ltd (IUIH) leads a regional network of Aboriginal and Torres Strait Islander Community Controlled Health Services (ACCHS) in the South East Queensland (SEQ) major urban footprint.

This IUIH Network encompasses 20 primary health clinics operated by the following ACCHSs:

- Aboriginal and Torres Strait Islander Community Health Service Brisbane (Network member)
- Kambu Aboriginal and Torres Strait Islander Corporation for Health (Network member)
- Yulu Burri Ba Aboriginal Corporation for Community Health (Network member)
- Kalwun Development Corporation (Network member)
- Moreton Aboriginal and Torres Strait Islander Community Health Service (directly operated by IUIH)

The Nous Group was approached by IUIH's CEO, Adrian Carson, to conduct an independent Review of the service, to document history and progress against its original vision, to examine key impacts made and to indicate future directions in addressing emerging challenges and opportunities.

The Review was timed to coincide with the 10-year mark since IUIH was established in 2009.

Led by Robert Griew (Principal, Nous Group), the Review was conducted from July to September 2018 and finalised in January 2019. It included documentary and data analyses, interviews with key IUIH staff and elders, service visits and consultations with external stakeholders.

This document is a Summary Report on key findings and recommendations of the Review.

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1 History & Performance: key findings

The Review has identified two overarching findings:

- The case for investment in urban Indigenous health is strong; and
- IUIH's System of Care has proven highly effective in addressing the health gap

The case for investment in urban Indigenous health is strong

Urban areas are key to improved Indigenous health outcomes at the population level. Australia's urban Indigenous population now makes up 79% of the total Indigenous population and is growing substantially faster than remote areas - which have relatively low or even negative growth.

"IUIH was created on the certainty that a focus on urban populations was critical to closing the gap"

Nous Review

Contrary to frequent assumptions, the data points to a failure of mainstream services - despite their proximity - to improve health outcomes for urban Indigenous peoples. While the comparative rates of disease between Indigenous peoples are mostly higher in remote areas, due to the urban population's still very high disease burden (compared to non-Indigenous) and much larger numbers, nearly three-quarters (74%) of the total Indigenous health gap is represented by Indigenous peoples living in urban areas.

This demographic and health profile is both replicated and amplified in IUIH's service footprint which represents the urban sprawl of SEQ. Home to around 85,000 Indigenous people, SEQ is the largest and equal fastest growing Indigenous region in Australia and home to 11% of Indigenous Australians and 38% of Indigenous Queenslanders.

Notably, the Health Adjusted Life Expectancy (HALE) Gap is the largest for urban Indigenous Queenslanders living in SEQ (11.5-year gap) compared to their regional and remote counterparts (7.6-year gap).

These were the challenges that underlined the 'case for change' upon which the IUIH was established. For

example, the IUIH founders' analysis of these challenges identified: very low levels of access and care through the existing ACCHSs (only 3.1% of eligible children and 4% of eligible adults were receiving annual health checks); misalignment of the existing services with population growth and movement (only 16% of the Indigenous population was regularly accessing ACCHSs); and concerns over emergent government policy and funding priorities that were promoting mainstream service access for urban Indigenous people.

It was clear that there needed to be a transformation in the way health care was delivered in SEQ. Accordingly, in 2009 IUIH identified four strategic objectives to realise a vision of achieving equitable health outcomes for urban Indigenous peoples. These targeted:

1. Service reach – improve primary health care delivery to urban Indigenous communities
2. Access and participation rates – increase access to health services to improve health outcomes
3. Income generation – maximise income generation opportunities available through MBS items
4. Workforce development – develop and upskill the health workforce to provide culturally appropriate services

These strategies were critical in framing the development of IUIH's System of Care and its ambitious reform agenda.

IUIH's System of Care has proven highly effective in addressing the health gap

The rationale that drove IUIH's establishment has proven to be correct and the model effective. Program evaluations, independent studies and published papers point to the IUIH System of Care achieving significant client outcomes, delivering outstanding perinatal results and making a material difference in closing the gap. The design characteristics underpinning the System of Care and the evidence demonstrating this success are outlined below.

CHARACTERISTICS OF SUCCESS

Cultural Integrity:

At its heart, the IUIH story is one of Indigenous empowerment and self-determination. The cultural frame of reference for IUIH's regional model goes back to traditional ways of being, doing and belonging when for thousands of years, Aboriginal tribes and nations across SEQ had come together to achieve shared and cross-territorial goals. Underpinning the establishment of the IUIH, these cultural foundations have been revived under its Cultural Integrity Investment Framework, known as 'The Ways', and are now deeply embedded within IUIH's practices and strengthen alignment between community and organisational operations.

A Regional Approach:

A critical decision by the founding ACCHS members was to forge a shared identity through the establishment of a new regional organisation – the IUIH. In this model, IUIH is systems integrator of regionally led reforms across the IUIH Network of ACCHSs, and has a lead role in strategic planning, service development, business modelling, income generation, data analysis, clinical/corporate governance, quality improvement, performance monitoring, workforce development, cross-sector connectivity and research. This has delivered significant returns on investment, including through leveraging region-wide funds pooling, regionally scaled solutions and generation of economies of scale to harness substantial efficiencies and support reinvestment to significantly expand services (eg allied health & aged care).

A Systems Approach:

Complementing an emphasis on scalability has been the pre-eminence for systemisation of IUIH's operations. This is driven by a data-informed priority for ongoing systems analysis, with rapid cycles of review against specified targets (eg client numbers, nKPIs and MBS revenue), trend adjustments and incentivising improved clinical and business performance. These are key enablers to invoke consistency and quality, and to proactively match service expansion with population growth. Supporting this has been a strong cultural and clinical change process in the form of 'spearheads' to establish the IUIH System of Care in both existing ('brownfield') and new ('greenfield') clinic sites across the SEQ network. Differentiating IUIH's approach is its pivot from implementation of a 'model of care' at the local clinic level to embedding this care into a highly integrated regional health 'ecosystem'. This ecosystem now increasingly involves broadening of IUIH's operations to address social determinants of health, including in justice, education, housing and employment.

Financial Sustainability:

IUIH's financial blueprint has seen the adaption and linkage of business and clinical operations into an integrated and commercially astute model designed to optimise MBS revenue streams and reduce dependence on grant income. At the same time, it ensures a focus on quality and health impact, including high adoption rates of best practice cycles of care. This has supported maximisation of MBS income generation, including through carefully calibrated billing targets, and has been a primary revenue source to spearhead growth in SEQ, including establishing services not otherwise grant funded or accessible for a client population with complex needs and limited disposable income (eg dental, Specialist. Allied health)

Workforce Development:

A core strength of the IUIH System of Care is the significant provision of employment opportunities for Indigenous people across SEQ and the creation of a sophisticated and comprehensive workforce pipeline to develop large numbers of health professionals and workers capable of providing culturally safe care. This includes school based, VET traineeships, university placements, and ready to work programs.

"The bottom line is that our review at this ten-year mark is strongly supportive. IUIH has the right model, the right emphasis on systems and making the right headway"

Nous Review

EVIDENCE OF SUCCESS

IUIH has demonstrated strong performance across multiple measures:

- **Original Strategic Objectives:** IUIH has delivered on its original business case objectives to bring transformational improvements in service reach, access, income generation and workforce
- **National Key Performance Indicators:** IUIH's nKPI performance well exceeds the urban ACCHS national median
- **Cultural Integrity:** IUIH is 2018 joint winner of the national Indigenous Governance Awards
- **Broader Impact:** Through evaluation and independent studies, IUIH has begun to demonstrate positive economic impact of its programs; the improvements in Health Adjusted Life Expectancy (HALE); and evaluated success in programs areas identified in the literature as being key drivers in Indigenous outcomes

SELECTED IUIH HIGHLIGHTED ACHIEVEMENTS 2018 (since 2009)

| | | |
|-------------------------------|--------------------------|--|
| Original Strategic Objectives | Service Reach | <ul style="list-style-type: none"> • IUIH Network clinics expanded from 5 to 20 across SEQ • IUIH Network regular clients increased from 8,000 to 35,000 - now largest ACCHS provider and one of largest community health services of any type (Indigenous or non-Indigenous) in Australia • IUIH Network client coverage of Indigenous population in SEQ increased from 16% to 51% • IUIH Network has expanded its service reach, including to address the social determinants of health: <ul style="list-style-type: none"> – <i>Aged Care:</i> Considered the largest Indigenous community aged care provider in Australia (over 1500 elders), IUIH operates a (nationally unique) seamless aged and health service model – <i>Legal:</i> IUIH's Community Legal service provides legal advocacy and support, including family law, domestic violence, elder abuse, tenancy and civil matters – <i>Child Safety:</i> Family wellbeing services support vulnerable families, including children at risk of out of home care and child protection orders – <i>Early childhood:</i> IUIH's <i>Deadly Kindies</i> campaign is significantly increasing kindy participation, strengthening school readiness and targeting developmental milestones – <i>Disability:</i> IUIH is active in facilitating access to, and plans to be a deliverer of NDIS service supports – <i>Correctional System:</i> IUIH operates support programs for Indigenous prisoners existing correctional facilities |
| | Access and Participation | <ul style="list-style-type: none"> • IUIH Network annual Health Assessments increased from 550 to 21,000 • Considered one of the most recognised Indigenous brands, IUIH's flagship <i>Deadly Choices</i> is a powerful force in preventative health and is now incentivising improved access to health across Australia |
| | Income Generation | <ul style="list-style-type: none"> • IUIH Network Medicare income generation has grown from \$3 million (2010) to \$15.5 million (2018). Best performing clinics generating \$1.05 Medicare income for every dollar of grant funding |
| | Workforce Development | <ul style="list-style-type: none"> • IUIH's workforce has grown from 1 in 2009 to almost 600 in 2018 (approximately 50% are Indigenous) • IUIH's university student placements grown from 26 in 2010 to 380 in 2018 across 22 disciplines, totalling 2000 • 20% of IUIH's workforce is drawn from its workforce pipeline strategies |
| National Indicators | nKPIs | <ul style="list-style-type: none"> • IUIH Network's National Key Performance Indicator (nKPI) performance exceeds national urban ACCHS median, with still some areas for improvement |
| Cultural Integrity | Governance | <ul style="list-style-type: none"> • IUIH's strong cultural foundations were acknowledged in its joint win of the national 2018 Indigenous Governance Awards (Reconciliation Australia). The award recognised IUIH's 'innovation and ingenuity in its governance development and response to local needs; future planning, sustainability and governance resilience; cultural legitimacy; and effectiveness'. |
| Broader Impact | Economic | <ul style="list-style-type: none"> • An independent health economic impact study identified a net benefit to society from IUIH System of Care of \$1.43 for every \$1 invested by IUIH. This included estimated savings in avoidable hospital admissions. Conservative modelling calculated \$100 million in net benefit to the community since IUIH established |
| | HALE | <ul style="list-style-type: none"> • An independent detailed analysis of IUIH's impact in shifting the Health Adjusted Life Expectancy (HALE) of its patients indicated an improvement of 0.4 years HALE relative to baseline improvement in SEQ. Study is ongoing |
| | Key Intervention Areas | <ul style="list-style-type: none"> • Research indicates three intervention areas are key to driving improvements in Indigenous health. The following examples of IUIH's outstanding success in these areas evidence the system level impact IUIH has had on the health and wellbeing of Indigenous people in SEQ: <ul style="list-style-type: none"> – <i>Child/Maternal:</i> IUIH's Birthing in Our Communities (BiOC) perinatal prospective interventional cohort study found Indigenous women had significantly better outcomes in key metrics (eg 3 times less likely to have pre-term birth and low birth weights, compared to standard care) – <i>Chronic Disease:</i> IUIH's Work it Out chronic condition self-management and rehabilitation program has demonstrated statistically significant changes in clinical outcome measures, including movement, blood pressure & weight – <i>Mental Health:</i> IUIH's MomenTIM mental health and wellbeing program targeting 12-24-year-old males saw a 20% increase in young Indigenous men attending clinics, a 12% increase in health assessments and a 7 fold increase in completion of GP mental health plans for this cohort. |

IUIH Network data includes all IUIH Network member organisations

2 Charting the way forward: key recommendations

The Review presents ten recommendations to 'chart the way forward'. The recommendations:

- Are in response to the emerging opportunities and challenges facing IUIH;
- Aim both to build on IUIH's many successes and to help continue its legacy of adaption to the needs of the community;
- Have relevance for IUIH, government and the broader health sector

OPPORTUNITIES & CHALLENGES

"IUIH has delivered on its original business case, but there are further opportunities to deepen and best realised the value of its success to date"

Nous Review

Challenging growth projections will require resetting IUIH's model again

Recommendation

1

The Indigenous population growth in IUIH's SEQ footprint has significantly outpaced national rates (33% compared to 18%) with the population projected to rapidly increase to 100,000 in 2021 and 130,000 in 2031.

To both maintain current access levels and to meet its 75% access target, IUIH estimates over the next three years it will likely need to double both its existing client numbers (by an additional 35,000 clients) and infrastructure (by an additional 20 clinics). IUIH has acknowledged that its current model is not likely to meet this challenge and has already invested substantial effort into exploring international best practice approaches such as the Nuka model operated by the Native American Southcentral Foundation in Alaska.

Given the similarity of circumstances, the Review recommends that an adaptation of the Nuka model in SEQ could support the level of scaled-up solutions required to keep pace with rapid population growth.

IUIH's model is underpinned by maximisation of Medicare revenue (as a supplement to grant funding).

It achieves this through a discerning blend of commercial health care with an unwavering commitment to clinical excellence. This has supported significant IUIH re-investment back into the community-controlled health care system in SEQ, including the recent establishment of its first completely 'grant-free' clinic. Despite this, there is increasing government scrutiny of MBS billing practices and perceptions of 'double dipping' under Section 19:2 Arrangements.

The Review concludes that ongoing access to MBS revenue will be critical for IUIH's operations and the broader sector and strongly recommends that the government continue these arrangements without reductions in grant income.

Continued access to MBS revenue is vital

Recommendation

2

IUIH has a central role to play in SEQ's transition to the NDIS

Recommendation

3

There are significant challenges that are likely to arise through the introduction of the National Disability Insurance Scheme (NDIS) in SEQ.

For the client, these include access and eligibility navigation. For potential providers, such as IUIH Network members, these include risks related to viability, market failure and workforce capacity under the new business model, including potential loss-making clients under the fee-for-service and price cap arrangements.

The Review considers that there are significant opportunities for IUIH to play a regional role at the systems level to mitigate these risks, including supporting the integration of the NDIS with IUIH's System of Care and with existing network services.

In addition to the access and outcome metrics demonstrated through specific nKPIs, IUIH has begun the complicated task of evaluating the broader impact it has had in improving outcomes.

This includes the important first steps in analysing identified improvements to the Health Adjusted Life Expectancy (HALE) gap, birthing outcomes and economic impact. The impetus to further demonstrate these broader outcomes is increasing in the context of growing expectations of IUIH, as a maturing sector leader, to articulate an impact narrative which delivers a 'cut through message' that clearly signals 'what works' to drive real change in meeting closing the gap objectives.

Acknowledging that recent service growth and model refinement are likely to point to additional realisable benefits, the Review recommends that IUIH invest in refreshing its HALE, birthing and economic impact studies.

IUIH must continue to communicate its broader impact

Recommendations

4 & 7

IUIH to work towards greater consistency of performance and practice across its members

Recommendation

5

Collectively, the IUIH network performs strongly on key measures relative to other urban ACCHSs. To exceed the performance of these urban regions, despite experiencing stronger challenges with population growth, speaks to the effectiveness of the model. However, variable performance across clinics and services means that the IUIH network still has room to improve relative to its top-performing clinics.

This includes nKPI results, follow-up care and conversion rates of new to regular clients, conversion rates of health checks to care plans, and MBS revenue generation. Importantly, there is a correlation between model implementation and performance, with 'Greenfield' sites being more consistent best performers and exemplars of model implementation.

Accordingly, the Review recommends an acceleration of efforts to improve individual clinic performance across the IUIH network, which is more consistently aligned to the IUIH model and best practice.

IUIH's ongoing engagement with mainstream practices remains important going forward

Recommendation

6

IUIH has developed rewarding institutional relationships within the mainstream tertiary education sector, which has delivered substantial and tangible results in terms of workforce development.

In addition, IUIH's engagement with government at both the State and Commonwealth levels has nurtured working relationships of deep respect and transparency.

The Review recommends that increasing organisational investment in external partnerships and engagement, including mainstream, will be an enabler for IUIH's wider program of activity as it pursues its social determinants of health agenda.

While the Commonwealth is currently using the PHN network as a commissioning agent of choice for targeted Indigenous funding, the service reach, community connection and expertise of IUIH point to an alternate commissioning model which could deliver improved effectiveness and efficiency.

For example, IUIH already operates in a commissioning type role with its network members, including leveraging the benefits of a system-orientated approach through negotiating outcomes and models of care, working to align financial incentives with good practice and intervening where services are falling behind. This commissioning model would also better align with the key principles requiring Indigenous peoples' involvement in the design, delivery and implementation of services.

The Review recommends the government adopt an alternate commissioning model for Indigenous Health services in SEQ, with the IUIH taking the role as a regional commissioner. Alternate commissioning models and funds pooling to access Commonwealth/State mainstream funding should also be explored.

IUIH's success has implications for how Indigenous health services should be commissioned

Recommendations

8 & 9

There are opportunities for others to learn from IUIH's success

Recommendation

10

IUIH's story and performance position the organisation to play a natural leadership role.

The IUIH model, as well as the success it has had in improving access, outcomes and reduced reliance on grant funding, means that people across Australia – in both urban and rural areas – are watching closely. Given the concentration of Indigenous population within the greater urban areas of Australia, initiating a particular dialogue with this sector would be a strong service to closing the gap. This dialogue would also represent welcome advocacy for urban Indigenous peoples, who have keenly felt the silencing effect of discourse that was about them and not informed with their voice.

The Review recommends that government and peak bodies proactively seek opportunities to replicate the success achieved by IUIH.

CONSOLIDATED RECOMMENDATIONS

| | |
|----|--|
| 1 | To deliver the same high quality of care and address challenges with increasing service volume, IUIH will need to and has indeed begun to consider alternative delivery options. Central to a new model of care will be a structure that allows clinics to offer high-quality care to a greater number of patients, many of whom will have chronic diseases and require regular follow up. |
| 2 | It is imperative for IUIH that the importance of current Section 19 (2) eligibility arrangements (that allow ACCHSs to access the Medicare Benefits Scheme) are made clear to government and mainstream services. This argument is based on both first principles and the practical impact of re-investment and the significant return on investment from the cost of this MBS access, compared to the cost of treating IUIH clients in more acute settings. |
| 3 | Appropriate and informed access to the NDIS is imperative for the community-controlled sector. IUIH and its member services need to determine the role they should play in the face of likely market failure for delivery to the Indigenous urban population. This should include in terms of service delivery as an NDIS provider, as well as the role IUIH may play in the NDIS system more broadly. |
| 4 | IUIH should invest in refreshing existing analysis on its economic impact and social return on investment to determine a more current and accurate assessment of its impact. |
| 5 | Improving consistency will be a key lever to lift IUIH's overall performance. The Board and members of IUIH, together with management, need to accelerate efforts to improve the performance of less well- performing services and clinics. Improvements should be made against the IUIH model of care, as well as the administrative, billing, data and clinical systems that support that model. |
| 6 | Investing in engagement remains crucial. The IUIH network should work to continuously improve relationships with the tertiary education sector, acute care services, Local and Primary Health Networks. Each of these sectors is vital to developing the workforce IUIH needs, the systems with which it seeks to connect for individual patient care planning, as well as overall system development. |
| 7 | As a sector leader, IUIH should continue to develop and articulate a narrative of broader impact. Studies into HALE, birthing outcomes and economic impact represent important first steps and should continue to be supported. IUIH must acknowledge that as expectations grow for its role as a maturing sector leader, so too will expectations regarding demonstration of impact. |
| 8 | The Commonwealth should adopt an alternate commissioning model for Indigenous health services in SE Queensland to ensure more effective and efficient service delivery. Under the revised model IUIH should adopt the role of the regional commissioner for Commonwealth funding related to Indigenous health programs given the network's strong performance, connection with the Indigenous communities in South East Queensland and specific expertise in Indigenous health. |
| 9 | Queensland Government, the Commonwealth, PHNs and IUIH should explore the possibility of implementing an alliance commissioning model to improve approaches to the delivery of health services to Aboriginal and Torres Strait Islander people in SE Queensland. |
| 10 | Government and peak bodies should consider opportunities to replicate the success achieved by IUIH in other urban contexts. These organisations should support a strong communication platform that supports liaison between urban ACCHSs and supports mutual learning and support around issues of common concern, strategy and development. The breadth of discussion should include both core primary health care related strategy and issues in the social determinants domain, such as aged care, family-centred care and NDIS. |