Transformation to a patient-centred medical home led and delivered by an urban Aboriginal and Torres Strait Islander community, and association with engagement and quality-of-care: quantitative findings from a pilot study.

Background: The patient-centred medical home (PCMH) is a team-based primary care model that is patient-centred, coordinated, accessible, and has a focus on quality and safety. In South East Queensland, there has been a substantial growth in the Aboriginal and Torres Strait Islander population, leading to an increase in demand for primary care services. To meet this need, the Institute for Urban Indigenous Health (IUIH), an urban Aboriginal and Torres Strait Islander Community-Controlled Health Service (ACCHS) in South-East Queensland, developed the IUIH System of Care-2 (ISoC2), based on an international Indigenous-led PCMH. ISoC2 was first introduced at one of IUIH's services between 2019 -2020, with further changes made to ensure it met the cultural, and health and well-being needs of the local Aboriginal and Torres Strait Islander community.

In this study, first, we described changes in measures relating to transformation to ISoC2 from the previous health service model over the first two years of implementation and second, we examined changes in how clients use the service and changes to the quality of the care they received, with a focus on screening for and management of chronic conditions, in the first two years of introducing ISoC2 compared with a two-year period prior to introducing the new model. This is the first study to assess these changes following the implementation of a PCMH, specifically within an ACCHS setting.

Methods: Anonymised electronic health information was collected for regular clients of the service and analysed to assess changes from before to after introducing ISoC2. We gathered data on how many clients enrolled with a care team, access and use of services, whether clients

saw the same team most of the time (continuity-of-care), and clinical outcomes (for example, blood pressure).

Results: The number of regular clients within the health service increased from 1,186 pre-implementation to 1,606 post-implementation. Given the rapid local population growth, this meant a slightly lower percentage of the population was attending the service (38.5 to 37.6%). For clients assigned to a care team (60% of all clients by the end of 2020), care was more even between providers, with an increased proportion of services provided by the Aboriginal and Torres Strait Islander Health Worker (16-17% versus 10-11%). In the period after implementing ISOC2, 41% of clients had continuity-of-care with their assigned care team (i.e. saw a member of their care team for more than 70% of their visits in two years), while the total number of preventive and chronic disease services was similar before and after implementation. Recording of the necessary risk factors to enable absolute cardiovascular disease risk assessment improved, although there were no changes in clinical outcomes, such as blood pressure or blood cholesterol levels.

Conclusions: The increase in the number of regular clients assigned to a team and their even distribution of care among care team members demonstrates that the service is transforming into a PCMH. Changing how a service delivers care is challenging and requires effort and time, and this was further complicated by the COVID-19 pandemic. Despite these challenges, levels of service delivery and quality remained relatively stable, with some improvements in screening for cardiovascular risk factors.

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