

3 Equitable health outcomes for all

Improve the equity of health outcomes

Objectives

- 3.1 Close the gap in health outcomes for Aboriginal and Torres Strait Islander peoples.
- 3.2 Improve health outcomes and access to safe and sustainable services for Queenslanders living in rural and remote locations.
- 3.3 Improve access to services and health outcomes for people from disadvantaged socioeconomic backgrounds.
- 3.4 Improve access to services and health outcomes for people from culturally and linguistically diverse backgrounds.
- 3.5 Improve patient transport and accommodation services to enhance continuity of care and ease access to health services.
- 3.6 Increase the availability of Telehealth and other technologies across Queensland, minimising the need for consumers to travel.

Key strategies

- 3.1.1 Continue to implement the Making Tracks Policy and Accountability Framework to achieve sustainable health gains through targeted and mainstream health programs focussing on prevention and treatment of chronic disease, and better access to health services across the lifespan and the health continuum.
- 3.1.2 Implement the Indigenous Alcohol Diversion Program in dedicated communities.
- 3.1.3 Implement targeted quit smoking interventions for Aboriginal and Torres Strait Islander peoples, including expanding the *SmokeCheck* program, enhancing Quitline and increasing awareness of the risks of smoking.
- 3.2.1 Drive innovation to improve health service delivery in rural and regional communities, including developing and implementing coordinated medical staffing and business solutions for Queensland rural health services.
- 3.2.2 Continue to improve the quality, safety and coordination of patient retrieval services.
- 3.2.3 Continue to implement health components of 'Blueprint for the Bush'.
- 3.2.4 Provide improved rural maternity and child health services.

3.2.5 Develop a rural and remote infrastructure renewal program.

3.3.1 With our partners, develop a strategic directions framework for people from disadvantaged socioeconomic backgrounds program.

3.4.1 Continue to improve the availability and quality of interpreter services and resources for consumers from culturally diverse backgrounds.

3.5.1 Continued provision of the Patient Transport Subsidy Scheme and grants to non-government accommodation providers.

3.6.1 Expand the capacity and increased usage of Telehealth technology to create virtual teams to deliver healthcare remotely.

Key performance indicators

- Percentage of Aboriginal and Torres Strait Islander women who gave birth and had five antenatal visits or more in the antenatal period.
- Percentage of Aboriginal and Torres Strait Islander low birth weights.
- Percentage of admitted Aboriginal and Torres Strait Islander patients discharged against medical advice.
- Aboriginal and Torres Strait Islander identification.
- Number of times an interpreter was requested and provided.
- Telehealth non-admitted occasions of service.

Making Tracks

Making Tracks activity in 2011–2012 focussed on the implementation of initiatives under the Closing the Gap in Indigenous Health Outcomes National Partnership Agreement and the Indigenous Early Childhood NPA.

Tackling smoking

Queensland Health met all deliverables in 2011–2012, including the following:

- Recruitment of six new Aboriginal and Torres Strait Islander counsellor positions at the Queensland Quitline and delivery of an accredited cultural competency training package to 45 Quitline staff.
- 650 Aboriginal and Torres Strait Islander people called the Quitline for counselling and quit smoking advice, representing approximately six per cent of all Quitline callers.
- 315 frontline health professionals trained in the *SmokeCheck* Program at 48 city, regional and remote centres across the state to improve health worker skills and confidence in delivering expert quit smoking advice to Indigenous clients.
- Continued delivery of smoking cessation services in custodial settings including 108 Aboriginal and Torres Strait Islander offenders participating in an intensive quit smoking program with medical support, achieving a 43 per cent quit smoking rate at four weeks and 33 per cent quit rate at 12 weeks.
- Commencement of a new three-year partnership with the Queensland Aboriginal and Islander Health Council to provide practical support and training to tobacco health promotion workers within the community-controlled sector.
- 155 Indigenous sporting and cultural community events and activities across the state received small grants to promote positive smoke-free messages.
- respiratory specific services—including a lung health outreach program in rural and remote communities and a statewide respiratory training program for Indigenous health workers
- diabetes services—including additional diabetes dedicated nurses, doctors and improved clinical management plans for rural and remote Indigenous communities across Queensland
- supporting the Institute for Urban Indigenous Health to provide a regional model of service planning, delivery and coordination in South East Queensland
- 17 new multi-disciplinary teams in Community Controlled Health Services and General Practice Divisions
- a statewide program to purchase HbA1c machines with internet connectivity and to provide quality assurance training from Flinders University for Community Controlled Health Services
- supporting the establishment of a Centre of Excellence in Indigenous Primary Healthcare at the Inala Indigenous Health Service
- ongoing statewide roll out of the *Audit and Best Practice for Chronic Disease Program* to 60 new sites
- an Indigenous primary healthcare framework to improve models of care across Queensland is also under development.

Primary healthcare services

All 2011–2012 Queensland Health deliverables under this priority area were met, including:

- multidisciplinary care approaches to improve chronic disease management and treatment—including an Indigenous Cardiac Outreach program which provides specialist cardiology outreach services to 23 communities in the lower Gulf, Central West and Central Queensland; and culturally appropriate care for Indigenous stroke survivors in Cairns and Ipswich

Fixing the gaps and improving the patient journey

Queensland Health delivered the following outcomes in 2011–2012:

- Strategies to embed the *Queensland Health Cultural Capability Framework 2010–2033* across the organisation are ongoing.
- New and expanded Hospital Liaison Services were finalised, including funding new services to assist Aboriginal and Torres Strait Islander people to navigate through the health system and access appropriate treatment.
- Sites for new or expanded accommodation and transport services have also been identified.

Healthy transition to adulthood

Key deliverables in 2011–2012 included the continuation of the investment over four years from July 2009 for strategies and initiatives aimed at young Aboriginal and Torres Strait Islander people aged 8 to 18 years.

Under this priority area, Queensland Health has been focussing on recruiting Indigenous youth health professionals to deliver programs in areas where evidence suggests services are most needed such as:

- expanded youth sexual health services
- new integrated drug and alcohol health services
- coordinated mental health services including chronic mental health services
- targeted youth offender health programs.

Making Indigenous health everyone's business

During 2011–2012, Queensland Health conducted an open tender process to identify suitably placed non-government organisations that will develop and establish better referral mechanisms between existing social services and existing health services. This work is about improving coordination for service delivery and increasing the responsiveness of all services to the overall needs of vulnerable Aboriginal and Torres Strait Islander families in urban locations.

Palm Island Health Action Plan 2010–2015

The *Palm Island Health Action Plan 2010–2015* (PIHAP) is a community plan developed to improve the level and quality of Queensland Health service delivery to the Palm Island community. The PIHAP is supported by the Palm Island Statement of Intent, which commits the Commonwealth and Queensland governments, the Palm Island Aboriginal Shire Council and the QAIHC to work in partnership to close the gap in health outcomes for Palm Island.

Yarrabah government champion

Under the Queensland Government Champion Program, the most senior officers in the Queensland Public Service work with a particular Aboriginal and Torres Strait Islander community in a whole-of-government context. As Government Champion for Yarrabah, the Director-General of Queensland Health has worked in partnership with the Yarrabah Aboriginal Shire Council and the Yarrabah community to address issues relating to child safety, school attendance, economic development, employment, youth and home ownership. A large component of this work has been visiting Yarrabah, talking with community leaders, and negotiating with other senior government officials to address cross-government barriers and support Yarrabah community leaders in achieving its aspirations.

The Institute for Urban Indigenous Health

Queensland Health has been supporting the development and implementation of innovative models of urban primary healthcare service delivery to target the 41 000 Aboriginal and Torres Strait Islander people living in South East Queensland. This is a dispersed and difficult-to-reach population with a high burden of disease. One example of an effective urban model of service is the Institute for Urban Indigenous Health which integrates regional health planning and culturally effective service delivery for Aboriginal and Torres Strait Islander people. It has developed strong relationships between local Aboriginal and Torres Strait Islander health services, Divisions of General Practice, private practitioners, allied health providers and hospitals to improve access rates and health outcomes for Indigenous people living in South East Queensland.

Rural and remote

E-Health

The Viewer is the latest E-Health solution to assist in the provision of safe quality care to rural and remote Queensland. In 2011–2012, it was introduced in 199 Queensland Health facilities across the state including the Torres Strait and Northern Peninsula regions. *The Viewer* allows patient records from different locations to be seen in one place, giving clinicians faster access to patient information and results, no matter where they are in Queensland.

Telehealth

The rollout of other E-Health services including teleradiology and digital imaging across Queensland provided remote locations with better access to first class healthcare. The QRiS connects rural and remote clients to specialist radiologists in metropolitan areas, and significantly reduced the need for unnecessary patient travel. X-ray images taken in remote facilities are now being viewed by specialists without the patient having to travel vast distances. Queensland Health's teleradiology network ensures medical staff can provide faster assessment and treatment options. QRiS is available in almost 100 Queensland Health facilities and delivered more than 153 000 validated radiology reports in 2011.

The use of Telehealth—via real time video link to deliver clinical services—increased by 27 per cent in 2011–2012. From July 2011 to June 2012, 13 635 non-admitted public eligible patient Telehealth occasions of services were recorded compared with 10 834

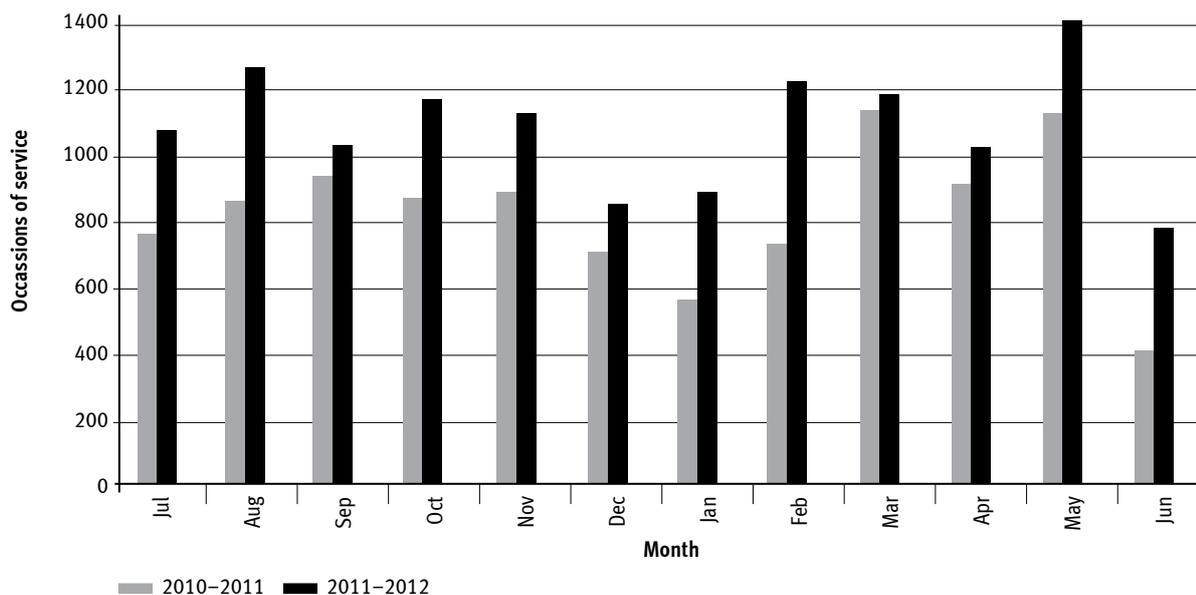
for the same period in 2010–2011. Telehealth is the delivery of health services and information through live and interactive video and audio links, storing and forwarding test results and diagnostic images—such as teleradiology—and using electronic equipment to monitor people in their own home. By using such technology to connect patients, consumers and health service providers across the state, Telehealth has the potential to improve access to specialist care and reduce travel and inconvenience. Telehealth is also able to assist in providing professional support to health service workers in rural and remote areas.

Key achievements during 2011–2012 included:

- a 10 per cent increase in the number of video conferencing systems available. At 30 June 2012, there were 1056 video conferencing units available for use across the state
- a 21 per cent growth in the use of Telehealth to provide mental health services. More than 7500 health consumers were provided with mental health services via video link compared with 6231 in 2010–2011
- a 35 per cent increase in the use of Telehealth to provide interpreting sessions with 468 interpreting sessions completed via videoconference in 2010–2011

- more than 160 000 radiology reports provided via the External Radiology Reporting Interface. The teleradiology network provides access to specialist radiology reporting services to rural and remote communities
- continued growth in the use of Telehealth to optimise the operations of Retrieval Service Queensland with more than 189 patient assessments completed remotely using video conferencing systems prior to patients being transferred from rural and remote sites
- enhanced reporting capability to enable monitoring of admitted patient Telehealth activity. Since the reporting commenced on 1 July 2011, 2332 admitted patient Telehealth events have been recorded
- the introduction of new Telehealth Medicare Benefits Scheme items, enabling reimbursement for services, has seen a strong growth in the use of Telehealth for the delivery of specialist services to private patients. Since the release of financial incentives on 1 July 2011, 2580 non-admitted private patient Telehealth occasions of services have been claimed and paid.

Graph 3: Non-admitted Patient Occasions of Service for Telehealth/Telemedicine by month, Public Acute Hospitals, Queensland, 2010–2011 and 2011–2012
Preliminary data, subject to change



Source: Monthly Activity Collection

Rural and remote workforce

The Radiographer Relief Service (RRS) was established in 2010 and provides radiographer coverage to BreastScreen Queensland Services and Mobile Services across the state. The relief pool supports free BreastScreen Queensland services in rural, remote and regional Queensland. In 2011–2012, the RRS supplied 299 weeks of radiographer cover using 22 radiographers to nine of the 11 BreastScreen Queensland Services.

A rural development pathway for allied health professionals was developed and will commence in 2012. This will facilitate early career allied health professionals' entry into rural or remote practice through providing enhanced professional supervision, training and support resources. The aims of the initiative are to incentivise rural and remote practice for new and recent graduate allied health professionals to support workforce sustainability and to ensure high-quality allied health services are available to rural and remote communities.

The last cohort of Griffith University Medical School's 235 training places, for which the Queensland Government provided additional funding, commenced training in 2010 and are scheduled to graduate in 2013. These graduates are bonded to work in areas of need.

In 2011–2012, there were 177 rural generalist trainees. The trainees are well placed to serve in rural and remote communities, practicing in both primary care and advanced speciality areas such as obstetrics, anaesthetics and emergency medicine. A number of other jurisdictions have indicated an interest in adopting this model and Queensland is working with Health Workforce Australia to develop a national approach to rural generalist medicine.

Improving clinical services to rural and remote areas

Approximately 40 per cent of all births in Queensland occur in rural and regional public hospitals.

Queensland is investing in a range of maternity service reforms to support the delivery of sustainable pregnancy, birth and post-birth services closer to where women live. These include workforce initiatives to increase the number of doctors and midwives providing rural obstetric care; changes to the midwifery scope of practice to enhance primary maternity services in rural areas; establishment of

more drop-in clinics to increase access for families to community-based antenatal and postnatal care; and funding for new midwifery-led models of care for rural women.

The *Strategic Direction for Rural Surgery 2012–2022* was developed in 2011–2012 and will strive to improve the delivery of surgical services to residents in rural Queensland through focussing on the five national rural health priorities defined in the *National Strategic Framework for Rural and Remote Health* released by Health Ministers in April 2012.

During 2011–2012, the following grant payments were made to non-government organisations to build or enhance accommodation for patients travelling to receive treatment for cancer, heart disease and other illnesses:

- \$340 000 to the Cancer Council Queensland to purchase and refurbish a facility for patient accommodation in Cairns, which opened in September 2011
- \$500 000 to Cancer Council Queensland to purchase and refurbish a facility for patient accommodation in Toowoomba, which opened in December 2011
- \$500 000 to the Leukaemia Foundation of Queensland to extend existing patient accommodation facilities in Townsville with an anticipated completion date later in 2012
- \$50 000 to Australian Red Cross towards the cost of demolishing and rebuilding its existing patient accommodation facility to significantly increase patient accommodation in Cairns with an anticipated completion date in 2013
- \$3.5 million to Cancer Council Queensland in February 2012, for the purchase and refurbishment of a patient accommodation facility in South Brisbane, due for completion in 2013.

Table 3**Accommodation grant payments**

Capital funding grant payments for patient accommodation facilities constructed or refurbished resulting in additional appropriate accommodation for patients travelling to access specialist health services. Payments in 2011–2012 are part of allocations made under a 2009–2010 commitment.	
Australian Red Cross—Cairns (total grant \$5m 2011–2013)	\$50 000
Cancer Council Queensland—Cairns (total grant \$2.5m 2010–2012)	\$340 000
Cancer Council Queensland—Toowoomba (total grant \$3m 2010–2012)	\$500 000
Cancer Council Queensland—South Brisbane (total grant \$4.97m 2012–2013)	\$3 500 000
Leukaemia Foundation Queensland—Townsville (total grant \$2.93m 2010–2012)	\$500 000
Total	\$4 890 000

Aeromedical Retrieval Services—Rotary wing

Funding provided to external providers under funding deed and contract arrangement for the provision of rotary wing aeromedical retrieval assets, with activity clinically coordinated by Retrieval Services Queensland.	
CareFlight—Gold Coast	\$2 761 045
CareFlight—Toowoomba	\$2 498 723
Sunshine Coast HRS—Marcoola	\$4 360 296
Sunshine Coast HRS—Bundaberg	\$1 976 689
CQ Rescue	\$3 103 491
Capricorn HRS	\$2 360 249
Australian Helicopters Pty Ltd	\$6 216 677
Total	\$23 277 171

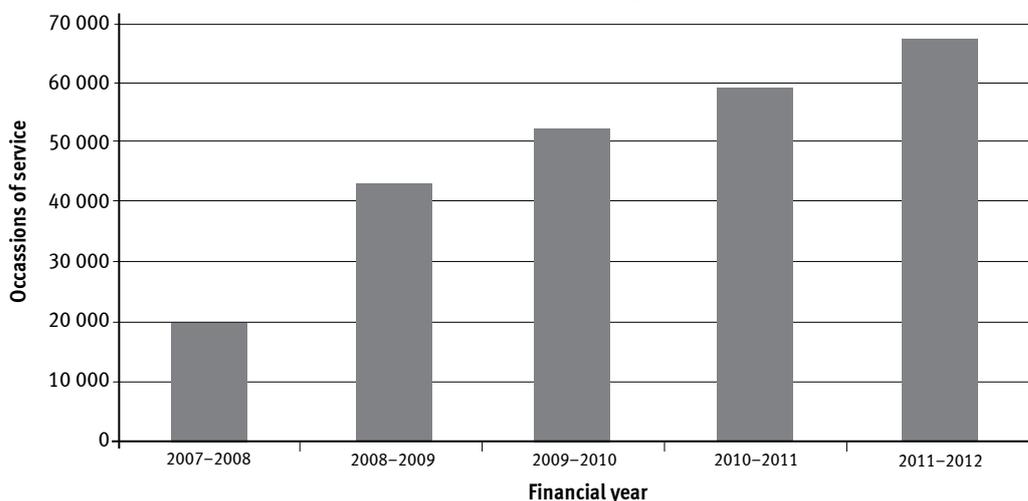
Aeromedical Retrieval Services—Fixed wing

Funding provided for fixed wing aeromedical retrieval assets, with activity clinically coordinated by Retrieval Services Queensland.	
Royal Flying Doctor Service	\$41 616 366
Careflight Queensland Jet	\$1 505 040
Total	\$43 121 406

Consumers from culturally diverse backgrounds

In 2011–2012, Queensland Health developed 43 health information resources for consumers from CALD backgrounds. Topics included mental health, oral health, physiotherapy, and child and family health. The resources were each translated in up to 32 languages. The Queensland Health website now features translated health information in more than 60 languages.

Graph 4: Increase in interpreter service provision since the establishment of the Queensland Health Interpreter Service



There was an 80 per cent increase in the use of Telehealth to provide interpreting sessions with 412 interpreting sessions completed via videoconference, compared with 229 in 2010–2011.

National partnership agreements

National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes

The NPA on Closing the Gap in Indigenous Health Outcomes has been developed to close the life expectancy gap between Aboriginal and Torres Strait Islanders and non-Indigenous Australians within a generation.

The Queensland implementation plan under this national partnership agreement includes initiatives across five nationally agreed priority areas:

1. Tackling smoking—because smoking is a leading cause of chronic disease.
2. Primary healthcare services that deliver—because getting early intervention and treatment can help extend the life of Aboriginal and Torres Strait Islander people with chronic disease.
3. Fixing the gaps and improving the patient journey—providing new services to support the treatment and the journey of patients within our healthcare system.
4. Healthy transition to adulthood—to address young people’s behaviours during high-risk periods in their life.
5. Making Indigenous health everyone’s business—supporting vulnerable families accessing social services including health services.

National Partnership Agreement on Indigenous Early Childhood Development

The NPA on Indigenous Early Childhood Development has been implemented as part of the Closing the Gap initiative and is committed to:

- improving development outcomes for Indigenous children
- achieving sustained improvements in pregnancy and birth outcomes for Indigenous women and infants
- improving Indigenous families' use of early childhood development services.

Antenatal care, pre-pregnancy and teenage sexual and reproductive health

The following programs have been developed to increase the accessibility and appropriateness of maternal health services delivered to Aboriginal and Torres Strait Islander women and their families in Queensland:

- Aboriginal and Torres Strait Islander Maternal and Infant Care teams at Toowoomba, Ipswich, Caboolture, Rockhampton, Townsville, Mount Isa and Cape York
- Aboriginal and Torres Strait Islander Maternal and Infant Care Health workers in major maternity units at Toowoomba, Ipswich, the Royal Brisbane and Women's Hospital, Redcliffe, Logan, Mount Isa, Townsville, and in the near future, Mackay.

Sites report improved connectedness with Aboriginal and Torres Strait Islander women, increases in the number of antenatal contacts and the timeliness of these contacts, and improved gestational outcomes, and reduction in risky behaviours (for example smoking).

In recognition of the high levels of early pregnancy in the Aboriginal and Torres Strait Islander population, programs have been funded to improve the health and wellbeing of Aboriginal and Torres Strait Islander young people. These include the:

- employment of Aboriginal and Torres Strait Islander Young Parent Support Workers on Palm Island and Cherbourg
- employment of Aboriginal and Torres Strait Islander Youth Health Workers in Toowoomba, Ipswich, Townsville, Cape York, Mount Isa, Torres Strait, and in the near future, Mackay
- employment of Aboriginal and Torres Strait Islander Sexual and Reproductive Health Workers to provide services to Aboriginal and Torres Strait

Islander young people at risk of entering or in detention centres

- employment of Aboriginal and Torres Strait Islander Healthy Women's Workers in Longreach and Cape York
- development and delivery of a wide range of sexual and reproductive health educational resources and health promotion activities and events across Queensland.

Programs have indicated high levels of engagement with the target populations and increased participation in sexual health testing and treatment.

In order to ensure that the maternal, child and youth health workforce of Queensland is able to appropriately and effectively respond to Aboriginal and Torres Strait Islander people a workforce development program is also being implemented with the Commonwealth funding. This supports:

- the employment of two nurse educators to identify and deliver a training and education program to both Queensland Health and non-government healthcare providers of maternal, child and youth health services to Aboriginal and Torres Strait Islander people
- development of the For Me and Bub, Smoking and Alcohol Prevention Program which trains maternal and child health staff in the delivery of brief intervention counselling to pregnant Aboriginal and Torres Strait Islander who report smoking or alcohol use.

Maternal and child health services

Queensland Health is supporting the:

- expansion of maternal and child health services in Cape York
- delivery of *Deadly Ears*, Queensland Health's Aboriginal and Torres Strait Islander Ear Health Program for children to manage and reduce the high rates of ear disease in Aboriginal and Torres Strait Islander communities
- enhancement of maternity services to increase access to culturally appropriate and timely care for Aboriginal and Torres Strait Islander women and their families.

The most significant issue to impact on the implementation of this national partnership agreement has been the recruitment of appropriately skilled and qualified Aboriginal and Torres Strait Islander Health Workers. There have also been delays associated with programs that required outsourcing to external service providers.