
CONFERENCE ABSTRACT

An Integrated Care Model for Aboriginal and Torres Strait Islanders Peoples in Southeast Queensland Australia: Establishing an Indigenous Hospital in The Home Program

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Health inequity and unjust access to care and a higher burden of chronic disease persist in Australia for Aboriginal and Torres Strait Islander (respectfully Indigenous) peoples. For example, in 2015 - 2017, compared with non-Indigenous people, Indigenous people had 3.1 times higher rate of in hospitalisation, 4.7 times higher rate of Discharge Against Medical Advice, and almost three times the rate of Potentially Preventable Hospitalisations. These are significant measures of healthcare inequity that highlight the lack of an integrated care model for Indigenous people.

Hospital in the Home (HITH) has been a successful integrated care model globally. There is an extensive international research base, including a meta-analysis of 61 randomised control trials, as well as growing experience in Australia. The demonstrated beneficial impact of HITH programs includes equal or better patient clinical outcomes, higher patient satisfaction, reduced hospital admission and re-admissions and reduced overall costs. Despite recognising the inequities in health outcomes for Indigenous people, there has been no published report of Indigenous-specific models of HITH in Australia.

Culturally safe health services which address potential institutional barriers to acute inpatient care can improve Indigenous peoples' access to and the quality of integrated health care. An Indigenous HITH program (I-HITH) will integrate the models of care between secondary and primary care sectors, aiming to improve care outcomes of Indigenous people, via bringing acute care, and the management of acute exacerbations of chronic conditions, closer to home and/or community.

The need for an I-HITH program led by the Indigenous community was identified during extensive consultation undertaken by Brisbane North Primary Health Network, Metro North Health and Institute of Urban Indigenous Health, the largest Aboriginal community controlled primary healthcare provider in Australia which provides primary health care for approximately 50% of all Indigenous people in the catchment area. Community leaders, clinical, and system leaders have co-designed the I-HITH program with interventions across the health sectors including hospitals, primary and community-based services, and residential aged care. In the I-HITH model, there has

been the establishment of a Primary Care Pathway whereby the GP has admitting rights and retains governance of the patient whilst they are admitted.

In the process of establishing this innovative and integrated model of care for Indigenous people in Australia, there have been positive experiences and lessons learnt that could be valuable for other countries especially if the goal is to deliver timely and effectively care for priority groups of peoples. These include 1) co-design process in system innovation and changes in healthcare settings; 2) leadership and cross-sectorial partnerships focusing on integrated care transitions between organisations; 3) clinical governance especially from the whole person perspective in their care plans; 4) incremental referrals to I-HITH ensuring the shared-decision making process that aligns with clients' values and principles; 5) evaluation team in the whole journey of the development, implementation, and outcome assessment, and continuous quality improvement.

The program evaluation includes measures of process, implementation, and outcomes using mixed methods. The team is now ready to receive its first patient.