Priority 3 – Improve access to timely and culturally appropriate diagnostic services

- Heart disease is the single biggest killer of Aboriginal and Torres Strait Islander peoples, who continue to die from this disease at greater rates and much younger ages than non-Indigenous Australians.
- The Heart Foundation aims to reduce the life expectancy gap by improving heart health of Aboriginal and Torres Strait Islander peoples.

What is the challenge?

Optimal outcomes for patients with suspected heart disease depends on receiving timely initial diagnosis service and treatment, including a specialist physician review, as close to their home as possible. The initial diagnosis and treatment are determined by the patient’s location, the level of medical expertise of the first medical contact and the infrastructure available. However, there is considerable variation in access to diagnostic cardiac services in different regions and settings across Australia, which directly impacts on the ability of health professionals to provide appropriate diagnosis, treatment and follow-up.

It is a commonly held misconception that Aboriginal and Torres Strait Islander peoples living in urban centres have outcomes similar to the non-Indigenous urban population. There are a number of systemic issues that detrimentally affect the outcomes of all Aboriginal and Torres Strait Islander peoples, although these issues are likely to be exacerbated by remoteness.

Aboriginal and Torres Strait Islander peoples have lower rates of angiography and other diagnostic services than non-Indigenous people, and their access to these services including echocardiography is highly variable across Australia. This partly due to a lack of specialist physicians available to provide rapid expert medical review, and the lack of trained technicians, such as sonographers, to perform diagnostic investigations in regional and remote areas.

To ensure timely and culturally appropriate diagnostic services, a coordinated and patient-centred pathway of care provided by designated provider clinical networks and supported by capable and appropriately resourced Aboriginal Health Workforce are needed.

Key facts

- In 2010–2012, the hospitalisation rate for CHD for Aboriginal and Torres Strait Islander peoples was 2.4 times as high as the rate for non-Indigenous people.¹
- Aboriginal and Torres Strait Islander peoples were 40% less likely to be investigated by elective angiography compared to the non-Indigenous population.
- In 2012–13, 14% of Aboriginal and Torres Strait Islander peoples reported having problems accessing doctors, 9% counsellors, 9% other health professionals and 6% hospitals.²
Aboriginal and Torres Strait Islander peoples had lower rates of hospitalisations with a procedure recorded compared with non-Indigenous patients.\textsuperscript{2}

**What needs to happen?**

Develop or enhance integrated clinical networks that support culturally competent diagnostic services and ensure access to cardiac specialist care.

Access to diagnostic services can be improved by developing or enhancing integrated health service networks that include 24-hour diagnostic advice, established referral pathways and clinical guidelines, agreed protocols and processes for the management of acute events and coordination of retrieval and transportation of patients.

Access to echocardiographic diagnosis and specialist physician review could be improved at a regional level by better aligning specialist outreach programs, such as the Rural Health Outreach Fund and the Medical Outreach – Indigenous Chronic Disease Programme, and encouraging partnership between primary care network organisations, primary care providers and Local Hospital Networks, ideally through co-location of specialist services with primary care providers who see significant numbers of Aboriginal and Torres Strait Islander peoples. The Rural Health Outreach Fund and the Medical Outreach – Indigenous Chronic Disease Programme have the potential to increase the delivery of point-of-presentation diagnosis and specialist physician review\textsuperscript{3} as they enable cardiologists to travel to remote and rural areas.

Primary care network organisations and Local Hospital Networks should provide coordinated access to specialist physician review and diagnostic services such as echocardiography, and work in partnership to plan local and regional provision of services based on identified needs of communities.

Support, grow, and increase the capability and capacity of Aboriginal Health Workforce to effectively support cardiac diagnostic services.

Employing an Aboriginal Health Workforce has a positive effect on healthcare for Aboriginal and Torres Strait Islander peoples with heart disease. They can assist in liaising among health services and ensuring follow-up procedures are in place, as well as facilitating communication with family members and Aboriginal Health Workers in other services.

There is a need to improve the quality of care and the cultural competence of health services, including increasing Aboriginal and Torres Strait Islander representation in specialist care and diagnostic services. Training opportunities need to be provided to further develop the skills of staff to meet current and future health service needs and increase retention of staff levels.

The capacity and capability of Aboriginal Health Workforce can be improved by increasing the number of specialist and general practice training posts in Aboriginal and Torres Strait Islander medical services and identified specialist training posts for Aboriginal and Torres Strait Islander doctors.

In addition, training and support that encourages and qualifies Aboriginal Health Workers and practitioners to provide diagnostic services when working independently in remote and rural areas must be provided. Support and investment in an Aboriginal Health Workforce should include building relationship and networking between Aboriginal Health Workers and other Aboriginal Health Professionals.
What will this achieve?

- Increase in the delivery of point-of-presentation diagnosis and specialist physician review.
- Increase the number and proportion of Aboriginal and Torres Strait Islander clients of health services with relevant Medicare-listed diagnostic items claimed in the previous 12 months.

References

