PROPOSED STRATEGIES TO IMPROVE ACCESS, TIMELINESS AND QUALITY OF REMOTE AREA RENAL SERVICES FOR INDIGENOUS AUSTRALIANS

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INTRODUCTION

This Report proposes strategies to improve access, timeliness and quality of remote renal services for Indigenous Australians. End-stage renal disease is a chronic condition inter-related with diabetes, hypertension and vascular disease. The strategies contained in this Report are consistent with a ‘health systems’ approach to chronic disease management. The World Health Organisation\(^1\) proposes that a health systems approach to chronic disease management requires:

1. an emphasis on prevention;
2. resources to manage chronic conditions within the community;
3. cross-sectoral ‘whole of government’ co-ordination to align policies to support the attainment and maintenance of health;
4. innovative approaches to workforce planning, bringing together skills from a range of disciplines and health service sectors;
5. shared information across settings and providers, and across time—from the initial patient contact onward; and
6. provision of care centred on the patient and their family.

In the Phase 1 Report, the current status of remote area renal services for Indigenous Australians was reviewed and barriers to their accessing needed services were identified. The proposed strategies have been formulated following consultation with rural/remote health and renal service stakeholders including clinicians and bureaucrats. The work program for the Remote Area Renal Services Working Group outlined the need for broad stakeholder consultation; including with the Indigenous health sector. Such consultation has not yet been undertaken and will be required to ensure that the proposed strategies are appropriate, sustainable and acceptable to key stakeholders.

Strategy #1: Principles

The following principles should be adopted to guide the development of remote renal services:

1. All jurisdictions will work towards achieving equitable access to all modalities of renal replacement therapies for people living in remote areas;
2. Renal dialysis treatments should be available as close to home as possible;
3. Transplantation is the optimal treatment for appropriate patients;
4. Planning for remote renal services requires recognition of the unique needs and disadvantaged circumstances of remote communities and their impact on service delivery;
5. Aboriginal and Torres Strait Islander consumers and communities should participate in the planning for remote renal service provision;
6. Planning for remote renal services requires a focus on local needs, flexibility, accountability and whole of government collaboration at the regional level; and
7. Prevention and management of chronic kidney disease requires the provision of effective primary health care services.

Strategy #2: Prevention of Chronic Kidney Disease

Effective prevention of chronic kidney disease will be underpinned by the development and implementation of the National Chronic Disease Strategy:

1. The development of the National Chronic Disease Strategy will address the primary and secondary prevention of chronic kidney disease and will entail greater integration between community/primary care and hospital-based care to deliver services across the continuum of chronic kidney disease;
2. The development of the National Chronic Disease Strategy will address the development of health information systems to foster the sharing of information across organisations, sectors and jurisdictions which, with regard to chronic kidney disease prevention, would facilitate optimal efficiency in use of current resources and optimal outcomes; and
3. Aboriginal and Torres Strait Islander chronic kidney disease should be worked through as an example of how the National Chronic Disease Strategy would be implemented.

Strategy #3: Remote infrastructure

The planning, design and establishment of new health facilities in remote communities should take into account in-community dialysis provision needs.
Strategy #4: Renal Service Standards

Service standards, monitoring and data infrastructure will support the development of high quality, timely and accessible renal services.

The following initiatives should be undertaken:

1. Development of a national consensus document on service standards for rural and remote area dialysis and transplant services;
2. Existing performance frameworks should incorporate performance measures that reflect the service standards; and
3. These service standards and the information reported against the performance measures should inform renal services development and maximise the efficient use of resources.

Strategy #5: Transplantation

Decreased organs donation rates are insufficient to meet national needs. Aboriginal and Torres Strait Islander end-stage kidney disease patients should have equitable access to kidney transplantation and strategies regarding both deceased and living donation should be explored.

Initiatives to improve the access to kidney transplantation for Aboriginal and Torres Strait Islander end-stage kidney disease patients should:

1. Consider the findings of the Improving Patient Access to Kidney Transplantation (IMPACT) research project which will explore barriers to Indigenous end-stage kidney disease patients accessing kidney transplants and identify strategies to improve access; and
2. Develop a consistent national approach to maximise the utilisation of potential deceased donor organs for transplantation (as proposed by Australians Donate).

Strategy #6: Workforce—Primary Health Care

The remote area primary health care workforce needs to have sufficient expertise to provide a supportive local clinical environment for patients on renal replacement therapy and to address the primary health care needs of chronic kidney disease patients. For health professionals across the disciplines working in remote areas, this needs to be addressed through orientation programs, continuing professional development and clinical placements in renal units (where appropriate).

Opportunities should be investigated for general practitioner, nurse and Aboriginal health worker placements in renal units to undertake training and continuing professional development to provide additional experience in renal health care for remote practice.
Strategy #7: Workforce—Renal services

There is a need for renal workforce development to maintain agreed service standards and to support a service model that promotes consumer independence and dialysis as close to home community as possible. In particular the need to increase Aboriginal and Torres Strait Islander participation within all disciplines is acknowledged.

Specific processes may include:

1. Ensuring that the outcomes of the review of access to specialist services being conducted by the National Rural Health Policy Sub-Committee provide for improved access to general physicians with particular expertise in diabetes, cardiovascular disease and kidney disease; and
2. Encouraging the Royal Australasian College of Physicians to promote opportunities for specialist physician trainees to undertake renal advanced training especially involving remote/ regional renal services.

Strategy #8: Patient Education and Support

Many remote area renal patients must relocate to regional and/or urban centres for treatment. Social support requirements, specifically housing and income support, need to be identified early, where possible in the pre-dialysis phase, along with co-ordinated strategies to address them.

Providing dialysis closer to home requires increased and improved patient training in home/community based care, increased client support from renal services and from the community.

The need for adequate investment in patient and family member (carer/buddy) training to maximise independence and opportunities for dialysis close to home should be acknowledged. Options to increase access to trained family members (carers/buddies) need to be further explored.

Strategy #9: Sharing Information and Resources

Sharing information and resources is valuable for remote renal services planning. Mechanisms should be explored to allow this to occur.

Potential mechanisms could include:

1) Establishing a central web-based resource library for remote renal services that specifically addresses the needs of non-English speaking/low literacy clients.

2) A biennial meeting of key personnel involved in remote renal services with specific provision for the inclusion of Indigenous service providers, patients and communities.

Strategy #10: Aboriginal and Torres Strait Islander participation

The need to establish and maintain Aboriginal and Torres Strait Islander community and consumer participation is vital in remote renal services development and mechanisms should be explored to allow this to occur.
Strategy # 11: A Remote Area Renal Services Development Working Group

An identified body is required to progress the strategies identified under this proposal and to facilitate the integration of the initiatives into ongoing programs and structures.

A time-limited, cross-jurisdictional remote end-stage kidney disease working group should be established to oversee the development of service standards and key performance indicators and investigate appropriate mechanism to report nationally on progress against these benchmarks.