phn
HUNTER NEW ENGLAND AND CENTRAL COAST
An Australian Government Initiative

PRIMARY HEALTH NETWORK

Evaluation of the Integrated Team Care program

FINAL REPORT

July 2023

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Hunter New England and Central Coast (HNECC) PHN acknowledges the traditional custodians of the lands we walk, reside and work upon. We pay our respects to First Nations people and value the continued connection to culture, country, waterways and contributions made to the life of our vast region.

We would like to extend our gratitude to Nama Jalu Consulting, PHN commissioned service providers and the dedicated Hunter New England and Central Coast First Nations PHN staff for their invaluable contributions and expert insights, which have greatly enriched this document.

Hunter Primary care / Healthwise / Tobwabba Aboriginal Medical Service / Ungooroo GP & Health Services / Biripi Aboriginal Corporation Medical Centre / Yerin Eleanor Duncan Aboriginal Health Service.

We also value the insightful voices of First Nations community members.

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EXECUTIVE SUMMARY

PROJECT

In 2022, the Hunter, New England and Central Coast Primary Health Network (HNECC PHN) engaged Nama Jalu Consulting to evaluate their Integrated Team Care (ITC) program.

The ITC program is delivered by the PHN and commissioned service providers to provide care coordination and supports to First Nations people with chronic health conditions.

This evaluation focused on assessing how well the program has been implemented and overall performance against program objectives, as well as identifying future opportunities to improve program delivery.

METHODS

The evaluation used a qualitative approach to data collection, informed by the interests of program stakeholders and community members who wanted to more deeply understand the experiences of clients in the ITC program.

Findings are drawn from interviews and focus groups with key stakeholders (n=69; response rate 84%), including clients (n=25), HNECC PHN staff, staff from the commissioned ITC providers and other program stakeholders (including General Practitioners [GPs] and allied health professionals).

KEY FINDINGS

Overall, the ITC program has been largely delivered as intended by the program guidelines and the program is highly regarded by all stakeholders. Clients overwhelmingly reported the importance of the program and the multifaceted impacts it has had on their lives.

Program delivery largely aligns with program guidelines

Program delivery by both the PHN and commissioned ITC providers aligns with the ITC program guidelines.

PHN staff are supporting ITC providers in program delivery and maintain strong relationships with open communication.

ITC providers are delivering the key aspects of the program while also developing localised approaches and initiatives. In many cases, ITC providers go above and beyond the guidelines to meet their clients' needs. Their approach is holistic, which has been seen as essential for successful client engagement, culturally safe and appropriate, and is highly valued by clients.

Self-management aspect of program requires greater focus and resourcing

There is inconsistent understanding and awareness of the self-management aspect of the program among stakeholders. Some stakeholders suggested that there is a lack of clarity or resources to effectively deliver this aspect of the program with the current program design.

Clear communication, strong relationships and passionate staff are key enablers for program delivery

Strong relationships marked by clear and flowing communication between all stakeholders involved in program delivery are key enablers for optimal client experience and outcomes. Many stakeholders commented on strong relationships and communication, while others also identified there are still opportunities to improve clarity of communication, including through more structured communication and engagement initiatives by the PHN.

Many stakeholders also commented on the passion, skill and experience of staff at ITC providers and this being key to success for the program. It was clear that staff in the program show genuine care for their clients as well as strong program understanding, which is complemented by high staff retention rates at the ITC providers.

Barriers to delivery include systemic and local-level funding and resourcing issues

The most commonly reported barriers to program delivery were both broader system-level and localised challenges with program need and demand exceeding the available funding and resourcing. Many ITC providers reported dipping into other funding sources to adequately meet their clients' needs. Others lamented that the program guidelines have largely remained unchanged since program inception, despite substantial changes to the healthcare landscape. These challenges were felt across the HNECC region but were exacerbated in more remote areas.

Limited awareness and understanding of the program by GPs and specialists in several provider areas also presented as a barrier to program delivery.

Clients reported increased health outcomes and engagement with the health system

Clients highly valued the program and reported having their medical, physical, social, emotional, and cultural needs met.

We heard many stories where clients had notably improved their capacity to engage with the broader healthcare system. Clients reported feeling more educated about their health and chronic conditions and had deeper trust in the healthcare system. This often appeared to improve attendance at appointments and appropriate use of medication and other necessities.

All clients and other stakeholders described that the program supported clients to increase their ability to treat and manage their health conditions. Clients also reported overall increases in overall health, wellbeing, and quality of life from the program. The ongoing care and support from Care Coordinators and diet and physical activity programs were seen as key contributors to broader and holistic wellbeing outcomes.

These positive client outcomes were consistent across different provider regions, suggesting that the localised delivery methods are working well for clients.

Mixed success in supporting clients towards self-management of health conditions

Outcomes regarding the improved ability of clients to self-manage their conditions was perceived to be mixed. Clients were able to achieve elements of self-management through the program by increasing their capacity to navigate the healthcare system. However, some stakeholders suggested that some aspects of the program structure and delivery can encourage dependence on the program rather than facilitating an appropriate transition towards self-management for clients.

More work needed to improve capacity of mainstream primary care providers to deliver culturally appropriate care

There is not enough evidence to suggest that the program is improving the capacity of mainstream primary care providers to deliver culturally appropriate care. Many mainstream providers have not displayed a greater understanding of the challenges faced by First Nations clients and more support and consistent communication from the PHN in their engagement with mainstream providers was desired by ITC providers.

Program was especially effective for clients with diabetes and multiple chronic conditions

The program was seen to be especially effective for clients living with diabetes, a common chronic condition that was often successfully managed and even reversed for participants. Clients who were living with multiple chronic conditions also extracted maximal benefits from the program as they are a cohort with critical need for care coordination and support.

OPPORTUNITIES FOR THE FUTURE

The evaluation identified several opportunities to refine and strengthen the ITC program.

Update ITC program guidelines

- Update funding and subsidies offered through the program in line with current healthcare context to ensure services and supports are affordable.
- Cover GP appointments through the ITC program now that bulk billing options are limited.
- Clarify purpose of the program around the goal of self-management.

Increase focus on the goal of self-management

- PHN to refine communications and information around the program for ITC providers and other stakeholders.
- PHN to deliver information sessions on the ITC program guidelines and/or specific training and support for staff to work with their clients on building self-management skills.
- Refreshed information packages for clients about the ITC program and its goals.
- ITC providers to renew efforts to build self-management skills of clients where possible, noting that this will not be possible for all clients.

Possible tiered program structure

- Consider a tiered approach to program delivery, where clients are placed in different tiers based on severity and complexity of their support needs.
- Consider early intervention supports to support some people before they need more intensive care coordination and support.
- Consider post-program support for clients who have participated in the program and no longer need intensive care coordination, but still need some support.

Advocate for affordable and accessible healthcare services

- Explore opportunities to broker deals with certain GPs and specialists to ensure affordable access for ITC clients.
- Fund specialists to make visits to ITC providers and hold multiple consultations with different clients during their visit.

Enhance internal and external communication internally and externally

- Increase communication and relationship development within the PHN between the Health Access team and Commissioning team around roles and responsibilities.
- Improve communication between PHN First Nations Health Access team and ITC providers and other service providers.
- Renew efforts to engage with mainstream primary care providers to improve understanding and awareness of the ITC program, including more education around eligibility and referral.

Capitalise on learnings from the COVID-19 pandemic

- Explore opportunity to roll out Shared Health Appointment model across the HNECC PHN service area, as well as other group healing approaches.
- Continue to support clients to use telehealth to improve access to appointments and as an option for supplementing face-to-face check-ins with their Care Coordinators and other healthcare support staff.

Increase focus on cultural safety

- PHN First Nations Health Access team to renew efforts to engage mainstream primary care providers with face-to-face visits and cultural education sessions.
- Investigate accreditation of the PHN's cultural competency education sessions under Australian Health Practitioner Regulation Agency (AHPRA) and/or other professional bodies.
- Redesign data collection processes and tools with input from local communities and ITC providers.
- Explore using the, What Matters, tool for data collection.
- Broaden range of supports that a client can access through the ITC program, including psychologists and psychiatrists, to align with First Nations communities' more holistic conception of health and wellbeing.
- Explore running more cultural activities, including group yarning and healing sessions, holding activities outdoors and on country, bush tucker education and client gatherings to share arts, craft and music.

1. INTRODUCTION

1.1 THIS REPORT

This is an Evaluation Report for the Integrated Team Care (ITC) program, commissioned by the Hunter, New England and Central Coast Primary Health Network (HNECC PHN).

1.2 THE INTEGRATED TEAM CARE (ITC) PROGRAM

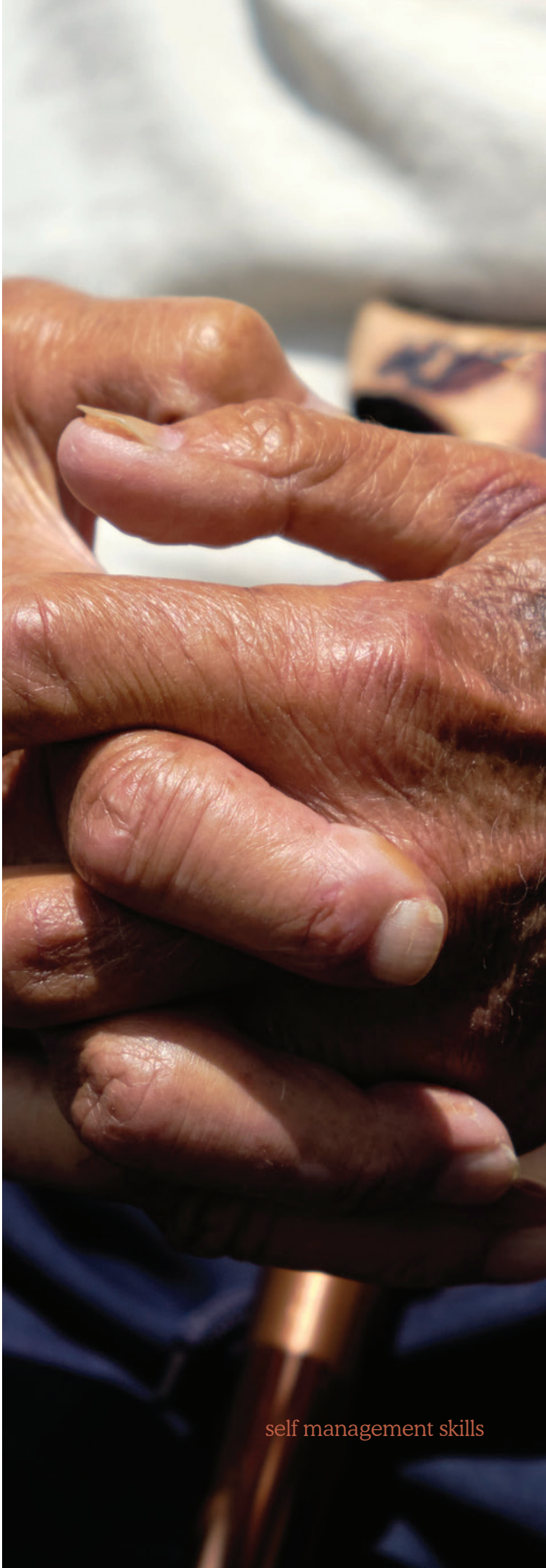
Since 2015, the HNECC PHN has commissioned the ITC program to provide services to First Nations people with complex chronic health conditions who require culturally appropriate coordinated and multidisciplinary care.

The program aims to:

- contribute to improving health outcomes for First Nations people with chronic health conditions through access to care coordination, multidisciplinary care, and support for self-management
- improve access to culturally appropriate mainstream primary care providers (including but not limited to general practice, allied health, and specialists) for First Nations people.

The ITC program is designed to achieve these aims through the delivery of a range of activities from directly working with people to access appropriate healthcare to working with mainstream primary care providers to ensure culturally appropriate services are available to First Nations people. These activities of care, coordination and support include, but are not limited to:

- providing access to care coordination
- developing chronic condition self-management skills
- connecting with appropriate community-based services such as those that provide support for daily living
- providing access to a supplementary services funding pool to expedite client access to urgent and essential allied health, specialist services and specified medical aids
- encouraging the uptake of Medicare Benefits Schedule items targeted to First Nations peoples, such as 715 Health Checks and ensuring follow-up services are utilised
- developing and implementing strategies to improve the capacity of mainstream primary care providers to deliver culturally appropriate services to First Nations people.

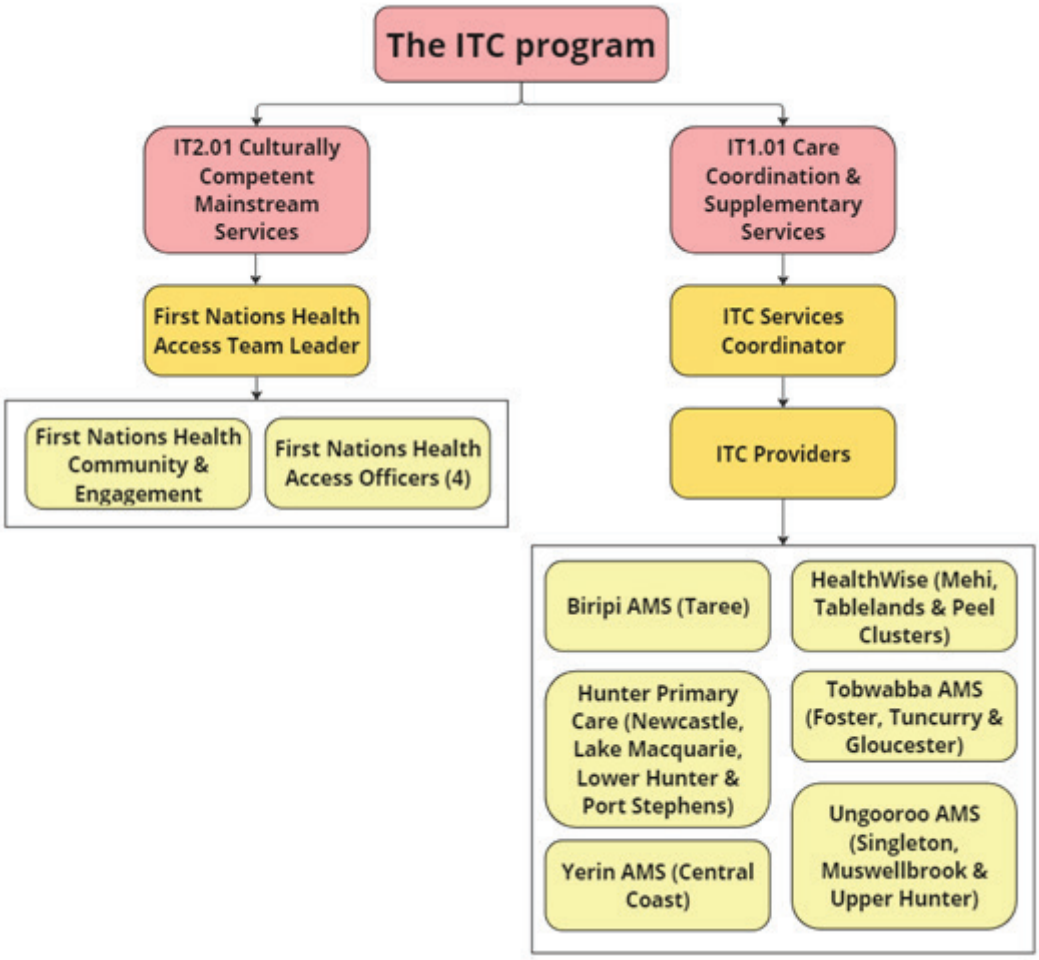


1.2.1 PROGRAM COMPONENTS

The ITC program (illustrated in Figure 1) consists of two core components:

- Culturally competent mainstream services, which are delivered by the HNECC PHN (Component 1)
- Care coordination and supplementary services, which are commissioned by the PHN to ITC providers (Component 2).

FIGURE 1. ITC program components



COMPONENT 1 – CULTURALLY COMPETENT MAINSTREAM SERVICES (ITC 2.01)

Culturally competent mainstream services are provided by a team of First Nations Health Access Officers within the HNECC PHN.

First Nations Health Access Officers are responsible for:

- promoting the objectives and outcomes of the ITC Program to the broader community
- identifying and addressing barriers faced by First Nations people when accessing mainstream primary care services
- promoting mainstream primary care providers to First Nations people as valid, trustworthy and accessible first points of healthcare
- providing support to mainstream primary care providers to encourage First Nations people to identify their Indigenous status when accessing mainstream primary care services; and
- delivering or coordinating cultural awareness training and quality improvement activities and coordinating relevant education events.

COMPONENT 2: CARE COORDINATION AND SUPPLEMENTARY SERVICES (ITC 1.01)

Care coordination and supplementary services are commissioned by the HNECC PHN. ITC services are delivered by Outreach Workers and Care Coordinators. The performance of the ITC program, incorporating the Outreach Workers and Care Coordinators, is supported by the ITC Services Coordinator with the assistance of the PHN's First Nations Health Access team.

The ITC Services Coordinator is responsible for maintaining relationships with service providers and other local stakeholders in First Nations health to ensure program outcomes are met in line with KPIs. They also closely collaborate with the Health Planning and First Nations Health Access teams to enhance needs assessments and the provision of culturally appropriate primary care respectively. Other responsibilities include contributing to program evaluation and reporting outcomes and program updates to the Executive and Board.

Outreach Workers encourage First Nations people to access healthcare services and help to ensure that services are culturally competent. They have strong links to the community they work in and perform non-clinical tasks such as helping clients to travel to their medical appointments.

Care Coordinators are qualified health workers such as nurses and First Nations Health Workers who support eligible clients through one-on-one care coordination to access the services, ITC Services Coordinator may need to treat their chronic disease according to their GP care plan.

The work of a Care Coordinator can include:

- arranging the services outlined in the client's care plan
- assisting clients to participate in regular reviews by their primary care providers
- providing clinical care.

Care Coordinators work closely with Outreach Workers in many of these activities. Care Coordinators have access to a supplementary service funding pool when they need to expedite a client's access to an urgent and essential allied health or specialist service, or the necessary transport to access the service, where this is publicly available in a clinically acceptable time frame. The supplementary services funding pool can also be used to assist clients to access GP-approved medical aids.

COMISSIONED ITC PROVIDERS

Care coordination and supplementary services are currently being delivered by six organisations, four Aboriginal community-controlled health organisation (ACCHOs) and two non-government organisations (NGOs), with the intent to expand provision of the program to an additional two ACCHOs in the future.

Table 1. ITC providers and regions

ITC provider	Region
Biripi Aboriginal Corporation Medical Centre	Taree
Healthwise	Mehi, Peel and Tablelands clusters
Hunter Primary Care	Newcastle, Lake Macquarie, Lower Hunter and Port Stephens
Yerin Eleanor Duncan Aboriginal Healthcare services	Central Coast
Ungooroo Aboriginal Corporation	Singleton, Muswellbrook and Upper Hunter
Tobwabba Aboriginal Medical Service	Foster, Tuncurry and Gloucester

1.3 INTENDED PROGRAM OUTCOMES

A set of intended program outcomes were identified by the HNECC PHN with input from the ITC providers of the ITC program.

PROGRAM OUTCOMES
Short-term - Encourage First Nations people to self-identify - Improve the capacity and capability of clients to engage with the broader healthcare system - Enhance integration between mainstream primary health care and the First Nations health sector - Improve the capacity of mainstream primary care providers to deliver culturally appropriate services - Improve timely access to care - Improve access to information and services to enable clients to make informed decisions regarding their own lives.
Medium-term - An increased uptake of 715 Health assessment, care planning and follow up items - Improved access to culturally appropriate mainstream primary care for clients - Improved client understanding of the healthcare system and of client health conditions - Improved client skills to navigate the non-health sector for wellbeing - Improved treatment and management of complex chronic conditions for clients - Improved self-management of chronic disease - Improved cultural safety when attending medical appointments - Increased client reported wellbeing and security.
Longer-term - A reduction in non-urgent presentations to ED - Reduction in preventable hospital admissions - Improved wellbeing and quality of life for First Nations people with a complex chronic condition.

1.3.1 THEORY OF CHANGE AND PROGRAM LOGIC MODEL

Prior to this evaluation, the HNECC PHN developed a theory of change for the ITC program to provide a visual representation of the linkages between the activities of the program and the intended program outcomes.

This theory of change can be found at Appendix 2.

The HNECC PHN had also developed a draft program logic model, which we then refreshed during the planning process of this evaluation. This program logic model is at Appendix 1 and was used to inform the development of our key evaluation questions.

2. OUR EVALUATION

2.1 PURPOSE

The purpose of this project was to conduct a process and summative evaluation of the ITC program. The evaluation sought to:

- assess how well the program has been implemented
- identify how delivery could be improved
- assess the overall performance of the program against its objectives.

2.2 SCOPE

The evaluation covered both core program components delivered by the HNECC PHN and commissioned ITC providers under the ITC Program (see Figure 1).

This evaluation consisted of two main parts, a process evaluation and a summative (outcome) evaluation. The evaluation did not include economic analyses.

Process evaluation vs summative evaluation
A process evaluation determines whether program activities have been implemented as intended and resulted in intended outputs.
A summative evaluation assesses the overall impact of the program and whether the intended outcomes of the program were achieved.

2.3 KEY EVALUATION QUESTIONS

The evaluation was guided by two sets of key evaluation questions (KEQs), which were developed in collaboration with the HNECC PHN and commissioned ITC providers. The evaluation's First Nations Reference Group also reviewed and provided feedback on these questions.

This evaluation sought to answer the KEQs listed in Table 3.

Table 3. Key evaluation questions

No.	Key Evaluation Questions	Section Question is Addressed
Process evaluation		
1	To what extent are the activities being delivered as intended? a. Are there any other activities being delivered to supplement the guidelines and meet the needs of clients? b. To what extent has the COVID-19 pandemic impacted on service delivery?	3.1.1, 3.1.2, 3.1.3 3.1.4
2	To what extent is the program meeting the needs of clients and other key stakeholders? a. Are clients satisfied/ happy with the program? b. Are the families/ kin of clients satisfied/ happy with the program? c. To what extent is the program meeting the cultural needs of clients?	3.3 3.3.1 3.3.2 3.3.3
3	What was the provider's experience of implementing the program? a. Are there any barriers to the delivery of the program? b. If so, how can these be managed?	3.2 3.2.2 5
4	Can the program be refined to improve efficiency in the delivery of activities?	5

2.4 METHODS

This evaluation used qualitative methods to collect data and draw findings.

The decision to focus on qualitative methods was made in collaboration with the HNECC PHN after we developed a collective understanding that the report needed to focus on the voice and stories of clients. This was also the preference of the commissioned ITC providers and community representatives who formed the First Nations Reference Group. These evaluation stakeholders felt that a qualitative approach was more culturally appropriate and fit for purpose for the ITC Program, a program for First Nations clients.

Qualitative data collection included one-on-one interviews and group interviews, which used yarning methodologies.

2.4.1 SAMPLING

In collaboration with the HNECC PHN, we developed a list of stakeholders who were interested in sharing their feedback on their experiences of the ITC Program.

We focused on speaking to as many clients as possible, and also spoke to HNECC PHN staff involved with the program, staff from the commissioned ITC providers and other program stakeholders (including GPs and allied health professionals).

In total, we spoke to 69 stakeholders out of 82 contacted, see Table 4.

Table 4. ITC evaluation's sample size

Stakeholder cohort	n	(Contacted)
ITC clients	25	26
HNECC PHN internal staff	13	14
ITC provider staff	25	21
Other stakeholders (e.g. GPs, specialists, allied health)	6	21
Total	**69**	**(82)**

The response rate among all stakeholders contacted to participate in the evaluation was 84%, and almost all clients contacted were interviewed (25 of 26). This reflects the eagerness to provide feedback on the ITC Program among clients and stakeholders.

2.4.2 INDIVIDUAL AND GROUP INTERVIEWS

Our primary source of data for the evaluation were interviews, both individual and group. The interview guides were developed around the key evaluation questions and were designed to collect data about the program's implementation, outcomes and areas for improvement (Appendix 4).

We provided clients and stakeholders with the option of participating through an individual or group interview to cater to their preferences in sharing their story and experiences.

The interviews ran for approximately 45 minutes to an hour and the group interviews from an hour to two hours.

The group interviews ranged between two and six stakeholders at a time. The majority of our interviews were conducted online, with only two face-to-face group interviews being held with program clients.

Table 5. ITC evaluation's participants by method

Stakeholder Cohort Interviews	n	Individual	Group
Program Clients	25	7	4
HNECC PHN Internal Staff	13	13	0
ITC providers	25	4	6
Other stakeholders (GPs, specialists allied health)	6	4	1
Total	**69**	**28**	**11**

2.5 ETHICS

2.5.1 AH&MRC ETHICS APPROVAL

We sought ethics approval for this evaluation from the Aboriginal Health and Medical Research Council of NSW (AH&MRC) to confirm the validity and usefulness of this project and ensure that our methodology was sound and culturally safe. Ethics approval was particularly important as this evaluation involved consulting with community members living with chronic health conditions.

Our ethics application was approved on 28 October 2022 under the submission name '2008/22: Evaluation of the Integrated Team Care Program'.

2.5.2 FIRST NATIONS REFERENCE GROUP

We worked with the HNECC PHN to organise a First Nations Reference Group to provide oversight and advisory support to our evaluation. The group was comprised of key First Nations stakeholders including community members, health professionals, primary care workforce and education representatives. The group convened at three key points of the evaluation.

- Pre data collection - to review the proposed scope, methodology, interview guides and participant information and consent forms.
- Post data collection – to provide feedback on the key findings and proposed opportunities for the future of the ITC program.
- Post draft report - to provide feedback on the draft report to be incorporated into the final report.

3. PROCESS EVALUATION FINDINGS

3.1 PROGRAM DELIVERY

3.1.1 PROGRAM LARGELY DELIVERED AS INTENDED

Based on the feedback from all program stakeholders, but particularly the PHN staff and commissioned ITC providers involved in program delivery, it is clear that the ITC Program has been largely delivered as intended. By this, we mean that program delivery by both the PHN and commissioned ITC providers, clearly aligns with the ITC program guidelines and the program components described in Section 1.2 of this report.

Program stakeholders reported that the PHN are performing activities:

- to help improve the capacity of mainstream providers
- to deliver culturally appropriate care to First Nations people
- to encourage and educate GPs around the uptake of 715 health checks and other First Nations health initiatives
- to support the ITC providers in their program delivery.

The commissioned ITC providers are also delivering Component 2 of the ITC program in line with the ITC program guidelines. Feedback from all stakeholders suggested that each of the ITC providers were providing access to care coordination, purchasing medical aids, paying for specialist appointments, and connecting with other community-based primary and supplementary services to support client needs in line with their care plans.

3.1.2 ASPECTS OF DELIVERY REQUIRING ONGOING FOCUS AND IMPROVEMENT

Feedback from stakeholders also identified some areas of program delivery that require ongoing focus and improvement.

Challenges with self-management aspect of the program

ITC providers are using a range of localised approaches and strategies to provide care coordination and to develop the self-management skills of their clients. Some strategies employed to facilitate self-management include:

- continued, but less frequent, check-ins and support with clients
- providing education activities surrounding diet, medication, supplements, and nutrition
- developing home exercise plans and providing exercise equipment
- connecting clients to other existing health pathways or supports.

Feedback across all stakeholder groups, however, suggested that more could be done by ITC providers to support the development of clients' self-management of their health and wellbeing.

Some PHN and ITC provider staff reported that certain clients were not aware that self-management was the aim of the program. Further, some providers found it challenging or did not have the time or resources to focus on this element of the program. As a result, some stakeholders felt that this aspect of the program was either not being effectively delivered or felt that it was not a feasible reality with the current program design. In some cases, it appeared that stakeholders needed clearer communication that self-management of health and wellbeing is an explicit and critical goal of the ITC Program.

Need for improved communication to enhance program delivery

While the PHN is delivering all intended ITC activities, some internal PHN staff have reported that there is a lack of communication between different internal PHN teams, as well as between the PHN and the ITC providers. Some PHN staff in ITC-funded positions report often being unsure about how to engage with ITC providers and General Practice to support program delivery.

> "The left hand doesn't know what the right hand is doing." – PHN Staff Member

> "We're supposed to be working together, aren't we?" – PHN Staff Member

This lack of communication between PHN First Nations teams led to many staff members reporting program updates and feedback are not reaching all First Nations staff internally. This means that certain First Nations staff members are unsure about how the program is being delivered and how the PHN can support improvements to program delivery. Further, when community members and other relevant stakeholders ask about the program delivery, these staff are not able to provide any insight.

> "We don't know what is going on because there is no relationship there." – PHN Staff Member

Awareness and understanding of the ITC program among GPs and specialists is inconsistent

There was a mixed response among stakeholders regarding the awareness and understanding of the ITC program among GPs and specialists.

In some locations, there was strong awareness and understanding of the ITC program. However, there was a sense that some mainstream primary care providers lacked understanding about the existence of the program and the specific areas in which the program can provide supports. For example, some stakeholders reported that mainstream providers did not understand what kinds of services and supports the ITC program can fund.

Some ITC providers said that they wanted further support from the PHN in terms of raising awareness of the program, as well as support to help the GPs understand the program better. For example, in some areas, there seems to be the impression among some GPs that ITC providers are taking their clients away from them.

> "We also rely on the GPs in those areas to refer them into the program, and sometimes they may not be asking the barriers that the clients experience and may not know who should be on the program." – ITC Provider

> "There is work to do around the education and making sure the GPs don't feel threatened by the program." – ITC Provider

Increased efforts need to be made by the PHN to raise awareness and understanding of the program among mainstream primary care providers, and this needs to be done regularly and consistently.

3.1.3 ACTIVITIES ARE BEING DELIVERED THAT GO BEYOND THE ITC GUIDELINES

There is a general sense that most ITC providers are going above and beyond the program requirements to ensure that the clients are both receiving adequate care and feel supported.

HOLISTIC SUPPORT IS KEY TO SUPPORTING FIRST NATIONS PEOPLE IN THE ITC PROGRAM

An overarching principle of effective healthcare for First Nations people and communities is having a holistic approach. Such an approach involves supporting clients' social, emotional, cultural, and spiritual health and wellbeing, as well as their physical health (Australian Institute of Health and Welfare, 2018).[1]

All ITC providers deliver the ITC program using a holistic model of care. Both the ACCHO and mainstream ITC providers were described as willing to support people with other aspects of their lives and health outside the immediate remit of the program, including with housing and aged care support. This came from an understanding that these issues would also have a profound impact on a client's health and wellbeing and without addressing other factors, health outcomes were often unlikely to improve.

Care coordination therefore often appeared similar to a case management approach, whereby ITC providers identified and did their best to meet a broad range of their clients' needs to support their holistic wellbeing. Supporting clients with these "non-ITC" issues was seen as integral to ensuring the program had success.

> "You need to start at the places that are affecting them. They are not going to look after their own health if that is not sorted" – ITC Provider

The PHN is providing support for ITC providers to take holistic approaches to program delivery, through providing ongoing upskilling activities such as trauma informed care training. Stakeholders also reported that the PHN was continuing to support ITC providers with collecting program data.

HOLISTIC SUPPORT INCLUDES MEETING CULTURAL NEEDS

It is clear that the ACCHO ITC providers are especially attuned to the broad range of different client needs, including cultural needs, and how important it is to address these in order to see client progress. ACCHOs clearly understand the cultural needs of their clients and their program delivery is rooted in their community presence and workforce of staff living in community. As the majority of care coordination staff are active in their communities, they also described that care for clients went beyond just office hours.

> "Because they are our Elders and our friends, we bend over for them" – ITC Provider

The two mainstream ITC providers are also delivering culturally centred and holistic support, including support that goes beyond the program guidelines and offers wrap-around client support. One mainstream ITC provider has all First Nations ITC care coordination staff, while the other has some First Nations staff in care coordination and other positions central to ITC delivery. This was seen to contribute to meeting clients' cultural needs.

ADDITIONAL SUPPORTS PROVIDED CAN INCREASE CLIENT EXPECTATIONS

While it is seen as important to go above and beyond for clients, this can also lead to client expectations exceeding the capacity of ITC providers. While providers will deliver extra supports where possible, it is important that clients understand the guidelines of the program so that providers can be comfortable describing when these additional needs cannot be met.

"Some community members want a lot more out of it." – ITC Provider

3.1.4 COVID-19 PANDEMIC HAS IMPACTED ALL ASPECTS OF PROGRAM DELIVERY

Based on the reports of all stakeholders, the delivery of the ITC program has been severely disrupted by the COVID-19 pandemic. Both the PHN and ITC providers had to change their ways of working together and with clients during this time and there are many legacies of the pandemic, including benefits and learnings, as well as challenges.

CHALLENGES FOR PROGRAM DELIVERY

During the COVID-19 pandemic and associated lockdowns, internal PHN staff were unable to deliver face-to-face education, cultural competency training, and other face-to-face supports to ITC providers. This disrupted the building and maintenance of relationships across the region. This was exacerbated by staff turnover at both the PHN and among ITC providers. Some PHN staff in ITC positions either started their role or started a new role at the PHN during the pandemic, meaning that it has been challenging to build meaningful relationships with ITC providers in the past few years.

One of the ITC providers commenced program delivery during the pandemic. This was clearly not an ideal time to establish a service and they reported it was difficult to establish their program and to hire staff.

The pandemic also clearly stretched the resources of the ITC providers. Some stakeholders felt that some of the ITC providers were providing broader support prior to the pandemic, but now they are stretched and finding it difficult to deliver the program in its entirety.

"I don't think they have enough staff to do that [since COVID] … They would get a bit more psychological support … I think it made a big difference for them." – External Stakeholder

HOLISTIC CARE COORDINATION CONTINUED THROUGH THE PANDEMIC

Providers had to change the nature of their ITC program delivery but continued to go above and beyond for their clients in this period. Three providers noted that they would collect groceries and medications for clients and deliver them to their homes. This support was highly valued by clients, with many providers saying they received extensive positive client feedback from their COVID-19 response, including one client saying that the provider 'became family' for them.

"We had to do things differently, drop off things to people's houses, extra responsibilities with the organisation, but we did still deliver frontline services during COVID." – ITC Provider

"There were a lot of services that were closed down, so we were doing shopping for clients, picking up prescriptions, all sort of things to make sure vulnerable clients didn't get COVID." – ITC Provider

In general, stakeholders reported that ITC providers remained contactable and responsive to their clients during the pandemic. Only one client noted that it was harder to get in contact with their ITC provider during COVID-19.

"During the lockdown it was difficult to get in touch with people so that was hard but now it is good again." – Client

TRANSITION TO TELEHEALTH APPOINTMENTS AND OTHER REMOTE SUPPORTS

A number of the ITC providers described making significant investments to support both their staff and clients to transition to using telehealth appointments and other remote and online methods. ITC providers worked with clients, who had varied experience and capability using technology, to set them up to continue to receive their ITC support from home.

Stakeholders reported that the ITC program was a particularly hard program to transition to a digital and remote model. This is largely because the program is utilised by a lot of older people. Further, people in rural and remote areas that may not have the infrastructure or technology to facilitate some of these changes.

"Had to change the model to make it more digitally friendly, doing online workshops, outreach to support Elders in communities." – ITC Provider

Many clients, however, were successfully supported to be able to engage with their ITC provider over the phone and via the internet and built their technology literacy through this process.

Further, one of the unforeseen benefits of the COVID-19 pandemic was discovering that some clients prefer telehealth appointments and remote support. For some clients, receiving supports in this manner is both easier and more comfortable and the choice of receiving remote support can remove barriers to accessing support.

"We have been able to overcome barriers for motivation to change through this model – social support, capacity building for telehealth. They are more likely to attend and engage when they know other people will have the same questions, they can have camera on or off if they want, they share their experiences." – ITC Provider

Many clients continue to prefer receiving support over the phone and by connecting online with their ITC provider.

LEARNINGS FROM COVID-19 PANDEMIC FOR FUTURE DELIVERY

There has been suggestion from some internal PHN staff that telehealth could provide a useful vehicle for clients on their transition to self-management, whereby they could engage with providers and Care Coordinators over the phone when they are experiencing less urgent need to directly engage with the program. This potential future application of telehealth is explored further in section 5.1.6.

"Telehealth has been a positive and some people are seeing the benefits of it, and good to have both options – took some getting used to but some people thought it was good. Face-to-face still mostly works better" – PHN Staff Member

"Lots of AMS' were eliminating face-to-face where possible [during COVID] because people were so high risk – but also may not have the capacity to contact. Some people could do telehealth and meant that they didn't need to travel/ get transport." – PHN Staff Member

One ITC provider has started running group telehealth self-management sessions, known as Shared Health Appointments. These appointments are voluntary group sessions that facilitate group yarning and education sessions about cooking skills, home exercise routines, and nutrition information. This allows people in the program an opportunity to develop self-management skills together and socialise with other people with similar health conditions.

"COVID brought many things – and we utilised COVID to get these Shared Health Appointments off the ground – and still do lots of this online." – ITC Provider

3.2 ENABLERS AND BARRIERS TO PROGRAM DELIVERY

The evaluation, and particularly the interviews with the ITC providers has identified both a number of key enablers for and barriers to successful delivery of the ITC program. These barriers and enablers help to identify where ITC providers need further support from the PHN and where the ITC program could be refined, which is discussed in Chapter 5.

3.2.1 KEY ENABLERS FOR PROGRAM DELIVERY

This evaluation identified a number of key enablers that helped ITC providers efficiently and effectively implement and deliver the ITC program.

STRONG RELATIONSHIPS WITH ALL STAKEHOLDERS

Feedback from all stakeholders made it clear that strong relationships between those involved in program delivery are critical to an effective ITC program. ITC providers often identified their strong working relationships with other stakeholders, including the PHN, and the benefits of these relationships. ITC providers particularly appreciated when they received useful support and advice from the PHN. They were also thankful that they could work together and collaborate on different ways to support effective localised delivery.

"We love our relationship with [PHN commissioning team] – very great collaborators and provide great advice." – ITC Provider

The working relationships between ITC providers and the services to which they refer their clients is also critical. Both ITC providers and external stakeholders commented that clear lines of communication helped them to deliver services to clients. Clear communication between ITC providers and GPs and specialists also supports clients to navigate the program.

"Great relationships with the GPs through reporting back to the GP, which is rare because often the different services don't talk to each other" – ITC Provider

"Also building relationships with specialists and clinics. We do see a lot of specialists and so built some relationships with them. Now some of those clinics just email us straight away there." – ITC Provider

Many ITC providers explicitly described these relationships as a key enabler while all people interviewed described positive relationships with clients. When these positive relationships exist across all levels of the program, all parties are motivated to provide an effective service to clients while also receiving support from the PHN when required.

PASSIONATE, EXPERIENCED AND SUPPORTIVE ITC PROVIDER STAFF

We consistently heard from stakeholders that ITC providers have skilled, experienced and passionate teams who are critical to ensuring that clients feel supported throughout their time in the program.

As mentioned above, Care Coordinators, Outreach Workers, and other team members all go above and beyond the program requirements to ensure that clients have their needs and worries addressed. Staff work well together, support each other with their caseloads, communicate effectively, and provide wrap-around support to clients and ensure that referrals, data collection, and reporting are managed efficiently.

"Great team internally – support each other with their case load, great communication, support all staff with different backgrounds." – ITC Provider

"Everyone in the team is involved in care coordination … clients know us well and feel that they can open up to us." – ITC Provider

Some providers who have been delivering the program for a long time have reported that their core program staff have been involved for up to five years and many reported that high staff retention rates and experience is a key enabler.

"We have such a great reputation ... and word of mouth is strong with community." – ITC Provider

All stakeholder interviews suggested that the ITC provider workforce, especially the Care Coordinators and Outreach Workers, were critical to the success of the program. We often heard stories where ITC provider staff were able to develop close relationships of trust with their clients, including to the point where clients felt comfortable sharing information in car trips and during home visits.

"What you find out in a car is unbelievable." – PHN Staff Member

These trusting relationships mean that clients are more open in sharing information with ITC provider staff than they are with their GPs or specialists. With client permission, ITC provider staff can then pass on critical information to professionals involved in the healthcare of their clients, and also feed information back to their clients in a safe and accessible way.

"The Outreach Workers are worth their weight in gold." – PHN Staff Member

FLEXIBILITY AND AUTONOMY BUILT INTO PROGRAM DELIVERY

Three stakeholders suggested a key enabler to program implementation was the flexibility and autonomy that ITC providers are allowed, within the program guidelines, to deliver a service that is responsive to the needs of their local community.

"We are changing and are happy to adapt, we consider ourselves change agents. One of the changes that works well for our people is moving from 'what can we buy' to 'what can we do better' and having it centred on the client." – ITC Provider

"Care Coordinators have great autonomy to deal with different clients, because some people you can click with easily and some it takes a while to build trust. Bigger focus on holistic care which is great." – ITC Provider

"Our PHN is wonderful to work with and they are listening to us … to continue skill development and model growth." – ITC Provider

ITC providers feel that they have the trust of the PHN and of other service providers to deliver a unique program "that works well for our mob".

3.2.2 BARRIERS TO PROGRAM DELIVERY

While providers were all glad to be able to provide this service to the First Nations people in their communities, a range of barriers to service implementation and delivery were described across the interviews. ITC providers demonstrated awareness of these barriers and a willingness to overcome them and do what they could in spite of their presence.

"We made it work because we saw the value in the program." – ITC Provider

SYSTEM LEVEL BARRIERS

Arguably, the main barriers to successful delivery of the ITC program appear at a system level. While the PHN and ITC providers do not have control over these system-level issues, the context within which this program is delivered is one of the key factors to consider when evaluating the success of the program.

When we spoke to all stakeholders, there was a consistent and recurring frustration which underlined their feedback on the ITC program, and this was that the healthcare system more broadly needs to be more adequately resourced. This feeling is also particularly acute in the more remote and regional areas of the HNECC PHN footprint, where it is clearly far more difficult for people to access healthcare. Stakeholders were grateful for the existence of the ITC program, but the general sentiment was that this was the program is a 'band-aid solution' to a larger problem, which is that vulnerable populations find it increasingly difficult to access the healthcare they need at a cost that they can afford.

In most cases, ITC clients simply could not afford the healthcare they need without the ITC program. Many stakeholders talked about the lack of GPs and specialists that offer bulk billing appointments in their area. This often presented as a frustration with those healthcare providers. However, the issue is a systemic one, which is that most of these healthcare providers are no longer able to provide and/or cannot afford to offer bulk billing as an option.

This issue intersects with the fact that the ITC program guidelines detail that GP appointments cannot be covered by the program. Since bulk-billed GP appointments are increasingly difficult to find, many stakeholders suggested that this part of the guidelines needs to be updated to allow funding to support GP visits.

The commissioned ITC providers also reported increasingly dipping into other funding buckets and finding other creative ways to support their clients to access the services they need. The providers often reported needing more funding for supplementary services and an expansion of what supports can be funded under the ITC program.

However, a more effective solution would be to increase funding at a system level to ensure that all vulnerable people, including First Nations people and the elderly, can access the healthcare they need.

DEMAND FOR THE ITC PROGRAM EXCEEDS FUNDING AND RESOURCES

Just as the healthcare system is stretched at a broader level, it became clear throughout the evaluation that ITC providers often feel stretched in delivering the ITC program.

Many of the ITC providers reported that the demand for the program in their area exceeds the funding and resources they have available. This includes not having enough staff and also feeling that the funding available to support clients financially is insufficient. Further, there are waitlists in many of the locations and stakeholders are aware of many community members who are in need of support but are not on the ITC program. Several PHN staff reported that people in community often ask about the length of waitlists.

"I don't hear dissatisfaction from community about the program. I do hear dissatisfaction with the waitlist and lack of funding." – PHN Staff Member

"Because we do have waitlists and super urgent care things, we do need more money to service everyone." – ITC Provider

"The demand for the program – its growing and to keep it going on the successful level that it is on, can we assist more clients out there. We would need more funding and more team members on the ground." – ITC Provider

All of the ITC providers we spoke to suggested that they felt their ITC program was understaffed and/or underfunded. It was felt that more support and funding was needed to deliver all of the necessary activities and fund the specialists and other services required for successful program delivery.

"The more funding we can get, the more we can give. It sucks that it comes down to it. But around here, without money, you can't get services." – ITC Provider

INADEQUATE TRANSPORT TO SERVICES

Another key barrier to effective program delivery was inadequate transport in certain delivery areas. ITC provider staff, external stakeholders, and clients in one region reported consistent issues with their transport provider. These issues included the transport service being late, unreliable, poor with communication and even not turning up at all.

> "People wait over an hour, get dropped off at the wrong location, fail to be picked up." – External Stakeholder

Several clients mentioned that their ability to access care and support has been significantly jeopardised by this transport provider, with one client mentioning that they are losing their access to a specialist as a result.

> "Since the [transport provider] took over, some specialists won't see me anymore because I have been late too many times" – Client

Transport was a recurring challenge in all areas, but particularly in rural and remote ones. In these more rural and remote areas, staff have to travel further distances to visit and support clients. Clients in the program also have to travel long distances to see specialists. These are additional expenses which stretch funding.

A suggestion from one ITC provider was to have specialists come into the local ITC provider's facilities periodically and do a series of consultations. It was suggested that the provider could sort out the scheduling and payment if needed, alongside support from the PHN.

> "One thing I think that could be good is if we could have specialists coming to [remote ITC provider] to do a run of consultations rather than having people go to Newcastle all the time." – ITC Provider

FURTHER CHALLENGES IN RURAL AND REMOTE AREAS

Stakeholders also consistently mentioned other challenges in delivering the ITC program in more rural and remote areas. ITC providers that delivered the service to large geographical areas appeared to be the most stretched in their program delivery and reported that it can be challenging to meet the needs of their clients due to the lack of healthcare services in the area as well as a lack of services and supports to otherwise transport clients to services further away.

Stakeholders also mentioned the challenge of there not being an Aboriginal Medical Service (AMS) in all areas and that outreach needs to be done in these areas to ensure that clients who should be part of the ITC program are not missing out.

AWARENESS AND UNDERSTANDING OF THE ITC PROGRAM AMONG GPS AND SPECIALISTS

As mentioned in section 3.1.2, the limited awareness and understanding of the program among GPs and specialists is a significant barrier to successful implementation of the ITC program.

Consultations revealed that in some areas, mainstream primary care providers lacked understanding about the specific details of the program and what it could fund. Providers mentioned that GPs often provided referrals that were not aligned with the requirements of the program or lacked sufficient detail for the ITC providers to connect clients to the program.

> "The GPs don't really understand what the program does, even if we explain it over and over again – the GPs send us stupid referrals and then we have to tell them they aren't eligible." – ITC Provider

This can lead to providers having to follow up with GPs many times to get a sufficient level of detail about potential clients and that it can be very hard to identify who is eligible for the program. Such misunderstanding can also lead to distress for people who are led to believe they are eligible for subsidised care by their GP, only to later find out from an ITC provider that they are not.

When providers and GPs have clear and cooperative relationships, this is an important enabler for success in the program at all levels. Further, ITC providers and PHN staff described that areas where awareness may be low can be due to high staff turnover in the GP sector. Both of these points further highlight the importance of ongoing communication and engagement with this sector by the PHN to educate them about the existence and details of the program.

3.3 THE ITC PROGRAM IS MEETING CLIENT NEEDS

3.3.1 THE PROGRAM IS MEETING A BROAD RANGE OF CLIENT NEEDS

PHN staff measure the client engagement with the program through feedback from the ITC providers, which includes ITC providers collecting Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs), as well as other participation metrics and general community feedback. This feedback shows predominantly positive outcomes across the six ITC providers. However, until this consultation process, there had been no history of formal consultation with clients to assess if these outcomes reflect their experiences.

Clients were very satisfied with the ITC program and often commented on the quality of the service they received from their ITC provider. When asked if they would change anything about the program, most clients simply reiterated their satisfaction.

"No, I wouldn't [change it], everything has been running perfectly for me." – Client

"I don't know if you can improve it, because it is doing wonders, and it really does help that it is people in the community." – Client

Stakeholders also consistently commented that client needs were generally met by the ITC program.

"They're happier, general wellbeing and mental health. Grateful to have someone to lean on for support and encouragement." – ITC Provider

"It is meeting the needs of an issue within community – it addresses issues where people aren't otherwise able to address issues." – ITC Provider

While the barriers previously mentioned show that there remains some unmet demand in many communities, those clients who are in the program experience a broad range of benefits and feel that the program meets their medical, physical, personal, social and emotional needs.

CARE COORDINATORS MEETING HOLISTIC NEEDS OF CLIENTS

All the clients we spoke to as part of this evaluation reported that they were happy or very happy with the service they have received through the ITC program. Most clients also mentioned they would be in serious financial trouble or would simply not be able to access healthcare services if the program was not there to support them.

As well as the considerable financial support, clients felt that their Care Coordinators really cared about them and their wellbeing. Many clients felt a close connection to their coordinators felt like more than just clients.

"[My Care Coordinator] is a very beautiful person, always makes sure I'm comfortable when I am travelling, always chatting and she seems like she really cares." – Client

"[My Care Coordinator] makes you feel special, she's a lovely person." – Client

"Everyone there would do anything to help you." – Client

FINANCIAL SUPPORTS AND CARE COORDINATION ARE THE MOST HELPFUL ASPECTS OF THE PROGRAM ACCORDING TO CLIENTS

When clients were asked about what the most helpful thing about the program was, the two main responses were the financial support to get specialist appointments and the support from Care Coordinators and other ITC provider staff. Clients reported appreciating the attentive care and support of from their ITC providers, which included things like:

- phone calls to check in on clients (often weekly or more)
- supporting them to book specialist appointments
- travelling with them to appointments and often joining them in attending appointments
- other social supports in challenging circumstances (outside of hours when required).

"It doesn't feel like someone just taking me somewhere, it feels like family." – Client

"I can't say enough about the [staff] down there at [provider]." – Client

Clients were also especially grateful that they could receive answers about appointments and health plans straight away, rather than having to wait for months to find out about their situation. Two clients reported that the purchasing of medical equipment for their homes was the most helpful thing about the program. Others referred to the education they gained from being in ITC and the programs that the ITC providers offer, while others found the social aspects of program delivery to be the thing they have benefitted from the most.

"I have learned so much, [the program] gives you an insight into things you didn't know about" – Client

SOME CHALLENGES IN SUPPORTING CLIENTS IN SELF-MANAGEMENT

Some PHN and ITC provider staff mentioned that moving clients towards the self-management stage is a significant challenge. Some clients become reliant on the service and, for many others, it can be very hard or impossible to progress towards self-management of their health conditions.

While clients may agree that the program is meeting their needs, other stakeholders suggested that it can be hard to show clients that the program, and their own health, relies on the development of self-management skills and behaviours.

> "We are feeding them fish, but not teaching them how to catch it." – ITC Provider

Some stakeholders suggested that ITC providers do not have the resources to effectively deliver the support toward clients improved self-management. As the ITC providers have felt increasingly stretched in delivering the program, they are no longer able to work with their clients as intensely towards this outcome.

> "I don't think they have enough staff to help people self-manage anymore – it would be great if we could bring that back because we would be changing their journey". – External Stakeholder

Many stakeholders suggested that the lack of focus on the self-management aspect of the program could be exacerbating the length of waitlists and is preventing people that might have greater needs from accessing support.

> "It is supposed to be a time-limited program and they have waitlists of people because the people in the program are not being moved through a program and they do not end up achieving that self-management." – PHN Staff Member

Stakeholders also felt that a more concentrated focus on self-management in the program design is needed and that this might help to free up space for clients on waitlists. However, stakeholders also often stressed that not all clients should be expected to self-manage their health, and it should be acceptable for clients to remain in the program if they need that intensive support for their chronic health issues.

LACK OF CLEAR FEEDBACK CHANNELS

One other issue noted by PHN staff was that clients and community members may not know how to give feedback to the PHN or their ITC provider about their experiences. While there are surveys conducted and formal channels to provide feedback through the PHN, clients may not be aware of these important ways of providing their views on the program. First Nations staff internally felt that they would benefit from hearing client feedback, so they could enact changes and improvements from a PHN level.

DATA COLLECTION COULD BE MORE CULTURALLY APPROPRIATE

While PHN staff and ITC providers suggested that participants were showing improvements in the PREMs and PROMs, it was suggested by many stakeholders that these tools are not sufficient or culturally appropriate as the only method of data collection. Some ITC providers suggested that because their quarterly reporting only involves quantitative data, the PHN are unable to understand the entire picture of program delivery and client experience.

> "There is a story behind the data… and we don't have the opportunity to give the narrative with the numbers" – ITC Provider

Another ITC provider suggested that because the PREMs and PROMs do not capture the client experience with the program, other more culturally appropriate and relevant tools should be incorporated into the program. One example that this provider and the PHN have been discussing is the What Matters tool—a tool that measures health, wellbeing and quality of life developed by First Nations people and underpinned by First Nations values.[2]

While the PREMs and PROMs data may be required for funding cycles and reporting to the Commonwealth, complementing these data measures with more storytelling and more culturally appropriate measurement may make data collection more comfortable for participants and produce a greater wealth of relevant outcomes for the PHN and the Commonwealth.

3.3.2 EXPERIENCES OF FAMILIES AND KIN

Family and kin were not directly approached as part of this evaluation, but clients and other stakeholders sometimes commented on their experience and levels of satisfaction.

The ITC program sometimes supports partners and family members to attend important appointments with clients. In other cases, clients are simply grateful that the program has relieved some of the burden of care from family members and report feeling happier at home.

> "In 2020 I had to go down to Sydney … and I spent 20 days in hospital down there … some days they brought [client's partner] down and I spent a couple of hours down there with them. It was a very very big help to [partner]. Took a lot of pressure off." – Client

"[The program] takes that worry off us and now I can concentrate on getting myself right – and that has big benefits for my family." – Client

3.3.3 CLIENTS' CULTURAL NEEDS ARE MET

The ITC program follows many best practice principles in supporting First Nations people to access healthcare and manage their chronic illnesses, particularly by having First Nations-led services tailored to the needs of First Nations people and communities.[3]

Four of the ITC providers are ACCHOs, and the two mainstream ITC providers both have First Nations staff in key roles. Accordingly, the cultural needs of clients have been built into the design and commissioning of the ITC program.

Cultural needs are also built into the care model and delivery of the ITC program by all of the ITC providers. It was clear that ITC providers have a strong focus on cultural safety, by providing a holistic focus on wellbeing for their clients and a wrap-around circle of care for them and their families. Clients reported that they appreciated not having to tell their story over and over again and trusted their providers.

"She's from my culture, I get the feeling she understands what I am going through." – Client

"I just feel comfortable talking to another Aboriginal person who knows what you are going through, and I have never been one to ask for help." – Client

None of the clients we spoke to were concerned about their cultural needs not being met by the program and all were appreciative of the support provided to access other culturally safe services. This was particularly the case as many clients had previous negative experiences with healthcare services.

4.1 PROGRAM OUTCOMES

This evaluation investigated the extent to which intended outcomes were achieved in four key areas. There was evidence from a range of stakeholders that there were notable improvements in the capacity of clients to engage with the broader healthcare system, the treatment and management of their health conditions, and their improved health, wellbeing, and quality of life.

Feedback from stakeholders was mixed about the improved ability of clients to self-manage their conditions, as well as the improved capacity of mainstream primary care providers in delivering culturally appropriate care. We report detailed analysis of these outcomes below.

4.1.1 CAPACITY OF MAINSTREAM PRIMARY CARE PROVIDERS TO DELIVER CULTURALLY APPROPRIATE CARE

Consultations with various stakeholders revealed that while some mainstream primary care providers are providing more culturally appropriate care, this has not been consistently evidenced across the HNECC service region.

CHALLENGES FACED BY FIRST NATIONS CLIENTS ARE STILL LARGELY NOT ACKNOWLEDGED

Many ITC providers felt that there is still a lack of understanding by mainstream primary care providers (e.g. GPs, specialists and allied health) regarding the needs and health challenges faced by First Nations people. This leads ACCHO ITC providers to feel that these services are not culturally safe for their clients, meaning that they often either feel uncomfortable sending clients to these appointments or that they have to be present in these appointments to support clients.

Several ITC providers described situations where mainstream providers had been either culturally unsafe or inappropriate, or where they had used excessive medical jargon without explanation with clients. In one specific case, an ITC provider reported that a mainstream practice in their area would make First Nations people sit outside of the surgery. One ITC provider mentioned that a GP in their local area referred to administering 715 health checks as 'charity cases'.

"There's still just a lack of understanding. People just need to take a little longer with our mob, ask a few more questions … We were sat there for ages and waiting. We kept being told to wait our turn, then someone said they thought we'd left. They were treating us differently to well-to-do businessmen, coming in all day." – ITC Provider

"Mainstream services not culturally appropriate … there's still just a lack of understanding. People just need to take a little longer with our mob, ask a few more questions. They need to understand our mob have more going on" – ITC Provider

PHN CULTURAL AWARENESS ACTIVITIES

As part of the PHN's role in the delivery of the ITC program, their First Nations Health Access team run cultural education presentations for mainstream primary care providers, as well as face-to-face visits to mainstream providers to educate them on how to provide appropriate support and care for First Nations clients.

"[I] do talk to GPs about ITC when I am asked to in forums and stuff – 'the do's and don'ts of the program'. Did a GP talk about the program the other day and what is in and out of scope for the program." ¬– PHN Staff Member

Some PHN staff reported feeling that these activities have been successful, and some ITC providers noted that they feel the PHN are helping in addressing these cultural issues.

"That mentality is being broken down slowly" – ITC Provider

However, many ITC providers suggested that more support is required to develop awareness about the existence of the ITC program among mainstream primary care providers. Further, ITC providers also asked for more efforts to be made to improve the cultural competence of mainstream providers in working with First Nations people, including improving awareness of what practices are not culturally safe.

Staff in the PHN have noted that factors such as COVID-19 and high GP staff turnover have both impacted the reach and uptake of their cultural education activities in the last few years. Further, the fact that the PHN's cultural competency sessions are not being accredited for Continuous Professional Development (CPD) under the Australian Health Practitioner Regulation Agency (AHPRA) is restricting potential participation in these sessions.

"We got a little bit derailed by COVID in terms of getting services together and sharing those ways of working and achieving certain outcomes face-to-face." – PHN Staff Member

"Do some cultural training but training not accredited for continuous professional development so not formally recognised." – PHN Staff Member

It is vital that the PHN return to consistent face-to-face education sessions while exploring the possibility of AHPRA CPD accreditation for their cultural competency activities. Increasing the consistency of these engagement activities and focusing promotion in areas where these issues are most pertinent will enhance the capacity of mainstream providers to deliver more culturally appropriate care.

4.1.2 IMPROVED CLIENT CAPACITY AND CAPABILITY TO ENGAGE WITH THE BROADER HEALTHCARE SYSTEM

Many First Nations people have reported mistrust and a lack of safety in their experiences with mainstream primary care providers and a subsequent reluctance to engage with the broader healthcare system. One recent example of this was captured in the NSW parliamentary inquiry into regional, rural and remote healthcare.[4]

One key focus of the ITC program is to address these issues and support clients to engage with the broader healthcare system, while enhancing integration between mainstream primary healthcare and the First Nations health sector. Evidence from various consultations supports success in improving client's capacity and capability to engage with the broader healthcare system, especially through support and education provided by Care Coordinators.

INCREASED ACCESS TO THE HEALTHCARE SYSTEM

There is evidence that the ITC program has improved client trust and engagement among with the broader healthcare system. Many clients explicitly reported this improved trust, capacity and confidence during their interviews. Clients spoke to their anxieties about accessing mainstream primary care providers, but that their anxieties were eased through the program by having the support of their Care Coordinator. In many cases, Care Coordinators accompanied them to their appointments.

"I get nervous when I am at the doctors, and I don't take all the information in … [Care Coordinator] will take me to appointments and they come in with me and they can explain to me what the doctors are talking about." – Client

One client with improved capacity to engage with services, explained they had previously had negative experiences with both mainstream and First Nations healthcare providers before coming to their current provider and now feels better about accessing the healthcare system.

"They were supposed to be Aboriginal but if you didn't belong to that area then you were treated as a second-rate citizen … [I] feel good [about accessing services], 100% better than before I started." – Client

The majority of clients reported that they accessed mainstream primary care services through the ITC program and now felt like they had more trust in the healthcare system. Even clients who were already confident with accessing services, spoke to feeling more supported with the support and coordination provided by their Care Coordinators, who help them to navigate the system and provide financial aid.

"Don't have to jump through hoops to get to where I need to be." – Client

"Always been pretty good at it – just needed the help with the financial stress." – Client

EDUCATION AND SUPPORT TO NAVIGATE THE SYSTEM

Across all stakeholders, education and support from the ITC program was associated with increasing client engagement and trust in the healthcare system. The evaluation found that clients often experienced barriers to accessing healthcare where they had a knowledge gap, including lack of awareness of certain services and misunderstandings of how different services work. Clients often spoke to how interacting with the ITC program improved their overall knowledge of how the healthcare system works more broadly.

"I didn't have the same awareness [of the healthcare system] at other services." - Client

"I thought you were only able to see one GP but when I can't get in, [ITC provider] have offered to have me in there and then communicate with my usual GP." - Client

ITC providers also reflected on how the program has increased the engagement and trust in the healthcare system among their clients. ITC providers reported that most of their clients are consistent in attending their

appointments and understand the steps they need to take to improve their health and wellbeing. One ITC provider even reported that their ITC clients' 'fail to attend' statistics had decreased to less than 2%.

"Yes definitely, increased education and empowerment to access services." – ITC Provider

"A lot of patients don't have trust in the healthcare system. Its helping to improve that trust. We support them to go into hospital or to go to appointments, so they become more willing to go." – ITC Provider

The perspective of PHN staff further supported these findings. PHN staff often praised the work being done by ITC providers in supporting clients to navigate the healthcare system and provide education about the healthcare system and how to access the supports clients might need. It is clear that the ability of Care Coordinators to translate complex medical information from healthcare professionals into plain language that makes sense to clients is a huge asset to the ITC program.

"Having [Care Coordinators] using plain language with them and helping to decode medical jargon was seen as a key benefit." – PHN Staff Member

One PHN staff member noted that the greatest benefit for clients was "having [Care Coordinators] walking beside them", which meant they felt more comfortable about engaging with a challenging system.

4.1.3 IMPROVED CLIENT TREATMENT AND MANAGEMENT OF COMPLEX CHRONIC CONDITIONS

The ITC program takes a holistic approach to healthcare and one of the intended outcomes of the program is to improve the treatment and management of clients' chronic conditions by providing them with additional supports. The feedback across all stakeholders suggests that the ITC program is supporting clients to manage their chronic conditions, and this is being achieved primarily through the provision of care coordination and financial support.

All stakeholders were able to comment on the ITC program having some impact on clients increased capacity and capability to engage with the broader healthcare system. Most clients reported that the care coordination and the financial support of ITC providers was highly valued in the treatment and management of their chronic conditions.

CARE COORDINATION IS HIGH QUALITY

Many clients in the ITC program struggle to navigate the healthcare system and easily access the healthcare services they need to manage their chronic conditions. As these people age with their chronic conditions, the barriers they experience in accessing the services they need only get greater. Care coordination is therefore a critical component of the ITC program to get clients on track with managing their chronic conditions and ideally set them in the right direction to manage their health and wellbeing more independently.

In general, we found evidence that ITC providers approached care coordination holistically, including booking appointments for clients, organising their transport and outreach and visits to the homes of clients. It also became clear that Care Coordinators were developing therapeutic relationships with their clients, which made clients feel supported and safe. In many cases, the most important thing for a client was to have someone alongside them who cared about them, and this had a profound impact on their general health and wellbeing, but also supported their motivation to manage their chronic condition.

The clients we spoke to as part of this evaluation were particularly effusive about the care coordination and support provided under the ITC program. Many clients spoke highly of their Care Coordinators and other staff at their ITC provider who provided a high-quality service that often-exceeded expectations.

"[Care Coordinator] often rings me to see how I am going, so being supportive and doing lots of follow-up." – Client

"Give me transport to and from medical appointments. Call all the time to check in and see how I am going." – Client

"Call up and tell you about appointments that you have coming up, including allied health. Look at the GP management plan and then can link us with different specialists and also transport. Support with transport to go visit the eye doctor, oncologist." – Client

"Just by talking and letting me know what was on offer and helped organise some things so I could get out of the hospital and move back home [from hospital]." – Client

Case study: Care coordination can be life saving

One client entered the ITC program suffering from angina and a rare blood disease. They had low health literacy and were not confident approaching doctors or healthcare services for help.

The Care Coordinator accompanied the client to their first appointment with a cardiologist, at which the client was too anxious and nervous to engage with them. Luckily, the Care Coordinator could take on information on behalf of their client and explained it to them later so that they could still get something out of the appointment.

The Care Coordinator also worked closely with this client to patiently and carefully explain their healthcare options in words that made sense to them. This cleared up the 'unknown' for the client and they felt empowered by their choice of different options. Visiting doctors also became less scary for them.

During their time together, the Care Coordinator made regular home visits to the client and eventually realised that the client was not taking their prescribed medications because they were unsure about what they were and if they were safe. The Care Coordinator was then able to sit down with them, explain to them what the medications were and encourage the client to take them for their own safety.

Without these interventions through the ITC program, the client would have had a serious cardiovascular issue. Simple efforts to provide care, support and education made a potentially life-saving difference.

FINANCIAL SUPPORT IS CRITICAL

For most clients in the ITC program, the primary barrier to managing their chronic conditions has always been a financial barrier. Clients in the ITC program often require the support of specialists and/or need to travel long distances to access these services and simply cannot afford them. Under the ITC program, financial support includes appointment subsidies and the purchasing of medical equipment for clients. This evaluation found that the financial support provided by the program is critical to removing the financial barriers that prevent clients from treating and managing their chronic conditions.

All stakeholders spoke of how critical the financial support provided by the program was to supporting clients to manage their chronic conditions. Clients were particularly thankful for this financial support and mentioned that they were now able to access a range of other primary care providers, including GPs, specialists and allied health. This financial support is now particularly important as stakeholders often reported that there are very few, if any, healthcare services in their service areas that offer bulk billing services. In most locations, only AMS' provide bulk billing GP appointments, while it is virtually impossible to fund affordable appointments for specialists.

> "Booked everything, pay for everything, check in, home visits. I can book appointments – its more just getting the money." – Client

The supplementary supports offered under the ITC program are also critical and help to support people to attain all the necessary items and supports necessary for clients to effectively treat and manage their conditions.

> "[Care Coordinator] was taking me to all my appointments (heart specialists, pain specialists), helped me get equipment and shoes for diabetes stuff, paid for all my medical stuff." – Client

Clients consistently mentioned that without the program, they would simply be at a loss and would not be able to treat their condition. Financial support is therefore the difference for many clients in the ITC program between effective treatment of their conditions and a serious deterioration and decline in their health.

> " I am on the aged pension so I wouldn't be able to afford them [the services]." – Client

Evidently, from the support received through care coordination and financial aid, the ITC program has been able to improve the treatment and management of their clients' chronic conditions.

4.1.4 IMPROVED SELF-MANAGEMENT, HEALTH AND WELLBEING, AND QUALITY OF LIFE FOR CLIENTS

IMPROVEMENTS IN SELF-MANAGEMENT

Self-management support in health is commonly defined as help provided to people with chronic conditions that enables and empowers them to take an active role in their healthcare. The ITC program facilitates self-management by:

- purchasing medical aids and equipment
- providing ongoing check-ins
- providing social and emotional support
- educating clients on lifestyle choices and changes (e.g. diet, exercises)
- educating and building clients capacity in how to navigate the healthcare system.[5]

Some clients were able to achieve elements of self-management through the program and this tends to look different from person to person. Aspects of improved self-management were almost always embedded in the stories of success reported by all stakeholders in this evaluation. For example, we often heard about clients improving their ability to book appointments themselves and attend those appointments without as much support as they once needed. This was often due to increased knowledge of the services that are available to them, as well as being taken through the process of navigating services with their Care Coordinator. As previously discussed, this education and increased knowledge supports improved confidence among clients, and this combination of increased knowledge, understanding and confidence allows clients to self-manage their chronic health and wellbeing more effectively.

"People are missing less appointments than they were, it has allowed people to have pride and be organised and attend the services they need to receive." – ITC Provider

One element of the program contributing to improved self-management is Care Coordinators demonstrating and clearly explaining behaviours and processes to clients, such as how to use equipment and how to take medication. We sometimes heard stories where clients were previously not taking or obtaining medications they needed but are now confident in managing their medication.

"[Clients] feel like they are not alone and that they have someone to listen and go on that journey with them, they don't feel like they are a burden." – ITC Provider

Tangible supports, including equipment, provided to clients through the ITC program also supported clients to self-manage their wellbeing. One client received a portable oxygen concentrator through the program, which allowed them to move from hospital to home and greatly increased their independence and meant that they did not have to always visit healthcare services. Other clients received exercise equipment to look after their fitness from home.

Throughout the evaluation, stakeholders were also able to report good news stories where clients had progressed through the program to a point where they no longer needed the same intensive support from their ITC provider.

"Some people have got to the point where they don't need me as much anymore. Still in touch with them but [the clients] need less support." – ITC Provider

PERCEPTION THE PROGRAM ENCOURAGES DEPENDENCE RATHER THAN SELF-MANAGEMENT

While some ITC providers believed the program contributed to positive client outcomes and increased engagement with the healthcare system, some also felt that the program encouraged service dependence rather than self-management. Stakeholders often felt that clients were not being encouraged or not making an effort to self-manage their health and wellbeing.

"I think all of these programs aren't designed to cure; they are designed to keep people on the programs … We don't want that." – ITC Provider

"Some people are starting to do the exercises at home and ITC providers are buying them resistance bands and stuff to do it at home … but some people are doing the programs over and over again or are just dropping off at home." – External Stakeholder

As discussed in sections 3.1 and 3.3, there have been challenges in supporting clients towards self-management of their health and wellbeing. In many cases, this is likely due to the fact that self-management for many clients in the ITC program is not an attainable outcome due to the severity of their chronic conditions and the multiplying effect of having more than one health issue. However, we have also found that if the program is to shift clients towards self-management, then it needs to have more of an explicit focus on achieving this outcome. Some clients were not aware that this is an objective of the program, and it is also clear that self-management is not always a priority for the commissioned ITC providers.

"They also just call up and have a chat. Didn't really help me manage my health condition myself - just help me with the specialists." – Client

One key aspect of this is that many clients are likely to continue to be financially dependent on the program, as the majority of clients are pensioners. As explained previously in this section, the financial support provided by the program is critical and many cannot afford to lose that support, or they risk returning to the helpless situation they were in before joining the ITC program. We heard from many clients who were concerned about what was going to happen at the end of their first year in the program.

"They can self-manage, but they need us involved … $400 a fortnight is not going to cover what these people need." – ITC Provider

"The whole point of the program is to be self-sufficient, and this doesn't support that – the person will be set up for failure because once they are discharged from the program, they won't be able to afford it." – PHN Staff Member

IMPROVED WELLBEING AND LIFESTYLE CHANGES

Overall, the majority of clients reported reduced stress, worry and anxiety about their health and their healthcare as a result of participating in the ITC program. Regarding improved wellbeing, many clients commented that their mental health issues had considerably improved since being involved in the program, with some suggesting that they may not be here today if not for the program.

"Don't have to worry about getting to appointments." – Client

"Feel more relaxed, don't worry as much about my health, [Care Coordinator] is always there to talk to." – Client

"Generally, it has taken the stress away from trying to find money to pay for things." – Client

"They are all great, I couldn't do it without them." – Client

"I don't know where I would be today if it wasn't for this service." – Client

Other stakeholders we spoke to also had a strong conviction that the program is contributing to achieving broader health and wellbeing outcomes beyond clients' chronic conditions. We heard stories of clients losing weight, improving their diets increasing their mobility, improving their fitness and improving their cardiovascular health among many other health outcomes.

"The exercise programs are helping people to manage some other aspects of their health that will benefit their wellbeing e.g. diet, exercise, stopping sugary drinks." – External Stakeholder

"Great from a physical perspective but also from a mental. Great that they can all come together as a group and be together, support each other, including online etc. If you can get a culture of them coming together." – External Stakeholder

These findings highlight that even though participation in the ITC program does not foster complete independence for self-management of chronic health conditions, it does contribute to forms of self-management, as well as supporting and enhancing clients' wellbeing and overall quality of life.

Client experience: Supported into housing

One client, who has a range of chronic health issues, had been barred from housing for 30 years. Through assistance from the ITC program, the client was able to start going to appointments to manage their health conditions. They were also able to get into a housing shelter before eventually having their housing decision overturned. Now the client has their own home and is in a better place to manage their health and experience increased wellbeing and quality of life.

4.2 EFFECTIVENESS FOR CERTAIN COHORTS

The majority of stakeholders suggested that the program was effective for all clients, regardless of demographic factors such as age, gender, and condition. However, some stakeholders gave particular mention to people with diabetes and people with multiple chronic conditions.

4.2.1 CLIENTS LIVING WITH DIABETES

The evaluation found that people with diabetes achieved particularly good outcomes through their participation in the ITC program. There were a few reasons provided for this feedback from stakeholders.

Firstly, diabetes is one of the most common chronic conditions, with 4.9% of Australians affected,[6] and First Nations people are almost four times more likely than non-First Nations Australians to have diabetes and pre-diabetes.[7] For most people, however, it can be relatively easily managed with information, increased understanding and simple interventions. This makes diabetes particularly amenable to the interventions of the ITC program.

Service providers were able to highlight a range of positive outcomes among their clients including reductions in HbA1c levels (a validated and widely used measure of blood glucose levels), weight loss, and increased education around how to manage diabetes.

Several ITC providers have also connected with the Too Deadly for Diabetes program and have then run this program specifically for their clients alongside other initiatives. These activities that were specifically tailored for people with certain conditions were highly valued.

Some ITC provider staff reported that they have seen people reduce their need for medication and insulin and even reverse their Type 2 Diabetes diagnoses. The reversibility of diabetes and the ability to monitor improvements and use these as motivation may be key reasons that the treatment of this condition was seen as especially effective.

Client experience: improved management of diabetes

One client, who has diabetes, reported that they used to drink alcohol excessively and made other lifestyle choices that were adversely affecting their health and wellbeing. Through some diabetes education and physical activity initiatives run by their ITC provider, they saw their HbA1c levels drop by 50% and lost over 30 kilograms.

4.2.2 CLIENTS LIVING WITH MULTIPLE CHRONIC CONDITIONS

Several ITC providers mentioned the effectiveness of the program for people with many different complex chronic conditions. This was commonly discussed due to the support the ITC program offers clients to manage attending many different appointments and understanding the differences between their various medications. As it can be a personal and financial challenge for many people to attend health appointments, the program is seen as especially helpful for people who have many to attend and many conditions to manage. Similar reasons were reported by two internal staff when mentioning that they felt the program was most effective for older people and people in more rural areas.

> "This year it is going to help even more because I will have to see a bunch of specialists." – Client

4.2.3 CLIENTS WITH RECENT DIAGNOSES AND THE POTENTIAL FOR AN EARLY INTERVENTION FOCUS

Another group that stakeholders often suggested the program is particularly effective for is those who have had a recent diagnosis or people who are in the early stages of chronic disease. Staff felt that by catching these people early following their chronic condition diagnosis, it is possible to significantly reduce the impact of that chronic condition and even reverse the diagnosis.

A range of stakeholders suggested that the program would achieve improved outcomes around health and self-management of health conditions if it incorporated a focus on prevention and early intervention. This led to the recommendation from some stakeholders to update the ITC program guidelines to include eligibility for people 'on the cusp' of a chronic illness diagnosis.

By doing this the program could build in an earlier intervention or prevention approach and the program would see more success in this area of helping people manage their conditions before they become very complex or challenging. This would potentially have to be another stream or tier of the program with a clear focus on early intervention.

> "We need to do more around prevention." – ITC Provider

> "Imagine if we could delay a diabetes diagnosis by 5 or 10 years, we are going to delay hospitalisation costs." – ITC Provider

One ITC provider spoke to us about an example of prevention in practice where a client was allowed to engage in a diabetes program when they were not diabetic but had a family history of diabetes. The client appreciated the "good timing" of the program and was able to lose 11 kilograms by learning about "what I am eating and why I am eating it". Through learning about the impacts of eating certain foods and how to eat a healthy diet, the client reduced their likelihood of a diabetes diagnosis.

Changes to the guidelines and increased funding sources can allow for more of these early intervention and prevention activities to increase the opportunities for self-management through the program.

4.3 LOCALISED DELIVERY IS ACHIEVING POSITIVE OUTCOMES

This evaluation has found that the HNECC PHN has clearly developed a commissioning process with the ITC program that allows for flexibility in implementation and delivery. This flexibility gives ITC providers the self-determination and ability to make local adaptations to the program so it can better meet the need of their communities. The PHN actively supports and encourages this innovation and makes efforts to share these innovations with other ITC providers. This is a clear strength of the program.

Each provider has their own ITC model, which covers all fundamental requirements of the ITC program with additional innovations. This includes care coordination (booking appointments and transport, check-ins with clients and referrals) and financial supports (buying medical equipment and appointment subsides) to access services.

A notable strength of the ITC model delivered by the ACCHOs is their ability to scan their other initiatives for First Nations people who would be eligible for the ITC program. This also works for ITC clients who come in as new members of the ACCHOs, as they are able to be referred to other in-house services that the ACCHO provides for further wrap-around supports.

While the PHN does hold meetings with all its commissioned ITC providers, there are opportunities to increase resource and idea sharing. Some approaches have resulted in particular success and could be replicated or adapted in other communities.

Overall, all ITC providers are delivering localised approaches and achieving positive outcomes for their clients.

CASE STUDIES IN INNOVATIVE PROGRAM DELIVERY

There are some models achieving successes due to their innovation in program delivery that are worth highlighting and sharing for the benefit of all providers.

Case Study: Innovations in program delivery

One ITC provider has made notable changes to the way they deliver the ITC program, which have led to a range of unique and positive outcomes for both clients and the ITC provider.

This ITC provider has been delivering the program for some time. For the first four years, they delivered the program strictly in line with the program guidelines. Staff felt that method of program delivery left clients too reliant on the program. It was felt that people did not want to get better, as it meant they would lose the support of the program. Further, it was thought that there could be efficiencies achieved to support the program to see more clients with the same budget.

"4 years in, we thought the guidelines meant that the clients were left too reliant on the program." – ITC Provider

The ITC provider decided to train their staff in the Flinders Model of chronic disease management, which puts the client at the centre as the decision maker and the health care provider as the facilitator or advisor. Through adapting this model and its key principles to the ITC program, the provider was able to develop a model that supported clients' health literacy and ability to self-manage, while still providing support and care for clients.

"It is not just health, but it is tech literacy, financial literacy, social and emotional wellbeing." – ITC Provider

This ITC model involves cycles of care coordination that go for 12 months. The first three months involves pure care coordination activities, whereby people are initially assessed, goals are set, they receive support to get connected to the required specialists and other relevant community providers, and then provide them with any necessary transport, equipment, or other support.

The following 9 months involves a more oversight role, where Care Coordinators are checking in to see how people are going with their specialists and other appointments and how their issues are going and continuing to provide financial support. If required, the Care Coordinator will help them to make any changes required. Clients also have the option of joining Shared Health Appointments with other ITC clients to experience social connection and learn self-management skills.

These program benefits and efficiencies could provide learnings for the Commonwealth and potentially other providers as to how the program model can successfully steer people towards self-management while experiencing social and other benefits.

Case Study: A flexible approach to appointments

One of the ACCHOs delivering the ITC program has adapted their approach to scheduling appointments to suit the needs of their local community members. Their approach is to not book set timeslots for client appointments, but instead offer a rough timeframe for them to visit.

"We give them a window to come in, but not a specific time." – ITC Provider

This gives clients flexibility and some control in managing their lives and alleviates some of the worries and anxieties around booking and attending appointments. For example, Elders can come into the centre as they please, instead of rushing to drop their grandchildren off at school in order to make a specific appointment time that does not suit them.

Over time, staff tend to develop an intuitive understanding of when clients will come in based on experience and understanding of their clients' lives and responsibilities.

Even when client turns up unexpected, a nurse informs the doctor of their presence and provides some preliminary observations and care. This helps clients to feel welcomed, reassured that they are not being ignored and that the doctor will see them when they can.

Clients now come into this ITC provider and feel relaxed and welcomed, and the ITC providers is reporting increased attendance and engagement with their healthcare services.

"People are missing less appointments than they were, it has allowed people to have pride and be organised and attend the services they need to receive." – ITC Provider

5. OPPORTUNITIES FOR THE FUTURE

This chapter draws on the feedback from stakeholder consultation to identify several opportunities to refine and strengthen the ITC program, both in terms of efficiency and effectiveness.

5.1 UPDATE PROGRAM GUIDELINES

Stakeholders consistently reported feeling that the ITC program guidelines are outdated and need a refresh. The program guidelines have largely not changed since the inception of the program, in which time the landscape of the healthcare sector has changed substantially.

We understand that these changes would require the PHN to collaborate with the Department of Health (DoH).

UPDATE FUNDING AND SUBSIDIES OFFERED THROUGH THE ITC PROGRAM

Above all, there is a clear need to review the financing of the program and update the guidelines around what funding can be used for and what subsidies are available under the program. The cost of healthcare services and supports has increased in recent years and many GPs no longer offer bulk billing.

Specific suggestions for updating the program guidelines and funding arrangements included:

- allowing GP appointments to be covered under the ITC program
- updating the list and amounts available for subsidy and supplementary payments
- increased support for transport services.

CLARIFY PURPOSE OF THE PROGRAM

There is also an opportunity to clarify the purpose of the ITC program through a refresh of the program guidelines, particularly around the program's goal of supporting clients towards self-management of their chronic conditions. This goal is often not clearly understood by stakeholders and updating the program guidelines is the first step towards shifting perceptions about the program.

In refining the messaging around self-management, however, it is critical that the program guidelines recognise that not all clients with chronic conditions will have the capacity for self-management, and there is a spectrum of support needs among ITC clients.

UPDATE PROGRAM MODEL TO INCORPORATE TIERED STRUCTURE

Many stakeholders also suggested that the ITC program needs to be updated to include different levels of support for clients at different stages on their journey in managing their chronic conditions. In 5.3, we suggest a tiered approach. This would include an 'early intervention' stage of support to catch some people before they need more intensive care coordination and support, as well as 'post-program' support, for clients who have participated in the ITC program and are transitioning towards self-management who no longer need intensive support.

We recognise that these substantive updates to the program model would require discussion and collaboration with the Department of Health.

5.2 INCREASE FOCUS ON THE GOAL OF SELF-MANAGEMENT

The ITC program is intended to be time-limited and is designed to support clients towards a self-management phase. This is particularly important as we know that ITC providers have a limited list of clients and there are many eligible people in the community who need the support of the ITC program.

In addition to refining the program guidelines around the goal of self-management, there are also opportunities for the PHN and ITC providers to support stakeholders to better understand this program goal.

OPPORTUNITIES FOR THE PHN TO CLARIFY THE GOAL OF SELF-MANAGEMENT

To begin shifting perception of the program from people viewing it as an ongoing support service, it is important that the PHN firstly work with the commissioned ITC providers to ensure that they clearly understand the program's purpose. This can be achieved through refining communications and information packages around the program, both for ITC providers and for clients and other stakeholders. The PHN could also offer information sessions or walk-throughs of the program guidelines as well as more specific training and support around how frontline workers can best support clients towards self-managing their chronic conditions.

OPPORTUNITIES FOR ITC PROVIDERS TO CLARIFY THE GOAL OF SELF-MANAGEMENT WITH THEIR CLIENTS

The next step in shifting perceptions of the program involves ITC providers ensuring that their clients understand the goals of the ITC program, including the goal of self-management where possible. This could involve refreshing information packages for clients about the program and its goals. These packages should also provide reassurances to clients that they will not lose ITC supports if they still have those needs.

RECOGNITION THAT SOME CLIENTS WILL NEED LONGER AND MORE INTENSIVE SUPPORT

While it is important that ITC providers aim to support

their clients towards self-management of their chronic conditions, expectations need to be balanced by recognition that some clients will need to remain in the ITC program longer and some may not ever be capable of self-management. This needs to be recognised throughout the program, including in the program guidelines and by all stakeholders involved in program delivery.

5.3 TIERED PROGRAM STRUCTURE

As described in 5.1, a number of stakeholders, and particularly PHN staff, suggested that a tiered approach or 'stepped model of care' could be used to deliver the ITC program. These tiers would be based on the severity and complexity of clients' support needs.

Throughout stakeholder consultation, people suggested the program could offer both earlier intervention supports as well as post-program supports for people who no longer require intensive care coordination support. Including these tiers would present an opportunity to reduce the number of people requiring intensive ITC care coordination and/or offer those places to people on waitlists.

Suggested tiered program structure

- Early intervention supports – to support people to self-manage their wellbeing before they develop a serious chronic condition.
- ITC program – in line with the existing program model.
- Post-program supports – for those transitioning towards self-management who no longer need intensive care coordination but would still benefit from check-ins and financial supports for necessary appointments and services.

5.4 ADVOCATE FOR AFFORDABLE AND ACCESSIBLE HEALTHCARE SERVICES

This evaluation found that an obstacle to efficient and effective delivery of the ITC program is that clients find it difficult to access the healthcare services they need at an affordable cost. While we have discussed this being a systemic problem, there are opportunities for the PHN and DoH to collaborate to ensure that there are some bulk billing or subsidised GPs and specialists available for ITC clients and similar cohorts. This might involve brokering formalised arrangements with healthcare providers through the ITC program and having a list of these partnerships and/or arrangements available for ITC providers and their clients.

Stakeholders also suggested that the PHN could fund specialists to make periodic visits to ITC providers and hold consultations there over a day or multi-day visit. This would also remove the barrier of travelling long distances for many clients.

5.5 ENHANCED COMMUNICATION

CLEAR COMMUNICATION WITHIN AND BETWEEN THE PHN AND ITC PROVIDERS

Many stakeholders working on the delivery of the ITC program reported a need for clearer communication between the PHN and ITC providers.

There is room for increased communication and relationship development between the First Nations Health Access team and the Commissioning team around the roles and responsibilities of supporting ITC providers. Communication could also be strengthened between First Nations Health Access staff and ITC providers, as well as with supplementary services and other external stakeholders.

Structured communication pieces that detail these relationships, developed with input from all these stakeholder groups, would help to strengthen these relationships, improve the efficiency of program delivery, reporting, and general communication of feedback.

CLEAR COMMUNICATION AND ENGAGEMENT STRATEGIES WITH MAINSTREAM GPS AND SPECIALISTS

While the PHN has made efforts to engage with GPs and mainstream primary care providers to help them understand the ITC program, it is clear that more can be done to educate these healthcare providers around the eligibility criteria and referral process into the ITC program.

There is also scope for improvements to the electronic referral forms, including more clearly identifying eligibility criteria in the form.

5.6 CAPITALISE ON LEARNINGS DURING COVID-19

This evaluation found that there have been a number of positive learnings from delivering the program during the COVID-19 pandemic. Program delivery during the pandemic has shown the strengths of innovative and flexible program delivery to improve client access to the program.

SHARED HEALTH APPOINTMENTS AND GROUP HEALING MODELS

The success of Shared Health Appointments delivered by one of the ITC providers has demonstrated that there is an opportunity to roll out this approach more broadly, as well as explore other group healing models.

There are many benefits to this group approach. It is an efficient way of supporting a number of clients at one time and clients can support and learn from each other, while learning self-management skills and developing social connections. Shared Health Appointments may be a particularly useful model for clients who are closer to the self-management end of the scale with their chronic conditions. Some stakeholders even suggested that the groups could be encouraged to continue to meet after their structured appointments end.

INCREASE USE OF TELEHEALTH IN THE PROGRAM

The increased uptake of telehealth appointments has also been a positive for the program since the COVID-19 pandemic. Telehealth provides another flexible option for clients to access healthcare providers where travel might otherwise be a barrier.

It is suggested that ITC providers continue to support their clients to use telehealth where this might be beneficial, this includes setting up and demonstrating use of technology where necessary. Increased check-ins over the phone or online between Care Coordinators and clients could also supplement face-to-face interactions and ensure clients feel supported.

5.7 INCREASE FOCUS ON CULTURAL SAFETY

The ITC program is a First Nations specific program and there are opportunities to further embed culture into the program.

STRENGTHEN THE CULTURAL CAPABILITY OF MAINSTREAM PRIMARY CARE PROVIDERS

Feedback from all stakeholders has shown that more can be done by both the PHN and ITC providers to engage with mainstream primary care providers around cultural safety.

Now that the COVID-19 pandemic has settled, it is critical that the PHN's First Nations Health Access team should renew efforts to make face-to-face visits to mainstream providers and run more face-to-face cultural education sessions to supplement online offerings. Face-to-face contact is critical to build relationships and ensure that healthcare professionals engage with cultural education offerings.

There is also an opportunity for the PHN to investigate having their cultural competency presentations and webinars accredited for continuing professional development under the AHPRA and other professional bodies. This may motivate and increase the attendance of mainstream providers at these sessions as it will be counted towards their annual registration requirements.

MORE NUANCED AND CULTURALLY APPROPRIATE DATA COLLECTION

Stakeholders involved in program delivery often recommended that the data collection processes and tools of the program could be redesigned with local communities to collect information that is most relevant to them. This would also support developing a broader understanding of the impact that the program is having in First Nations communities.

PHN staff are considering using the What Matters tool to supplement PREMS and PROMS data collection. We also recommend exploring other data collection tools including the Personal Wellbeing Index (PWI), which is being used in many First Nations communities across Australia, as well as more qualitative and oral approaches to data collection.

Stakeholders also suggested that a dedicated data professional at the PHN could support the collection and analyses of data to refine program delivery.

MORE HOLISTIC AND CULTURAL SUPPORTS

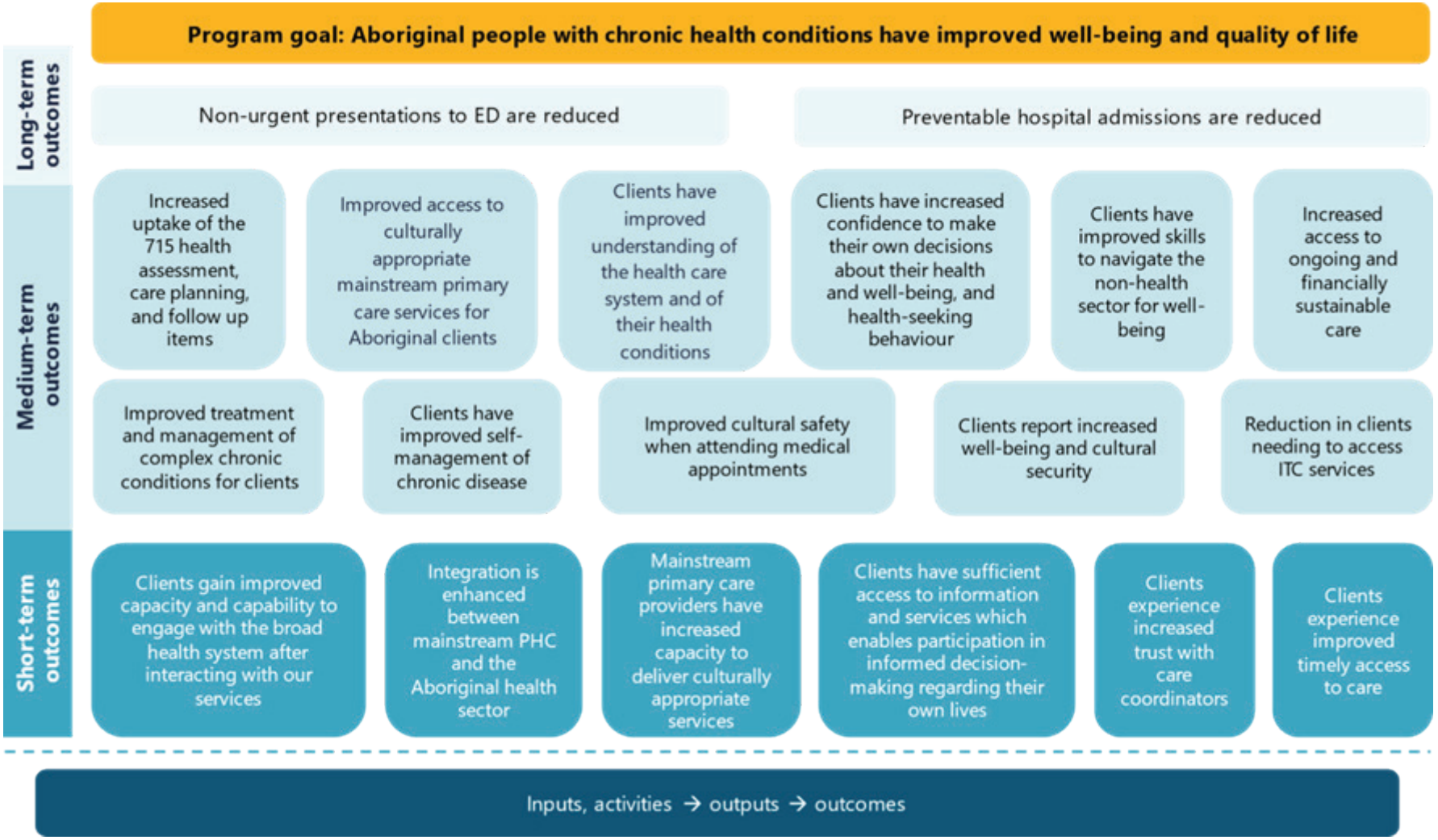
There is scope to align the program more closely with First Nations' understanding of health and wellbeing through broadening the range of supports that a client can access through the ITC program. To address social and emotional health more effectively, the ITC program guidelines could be updated to include referrals to psychologists and psychiatrists as specialists. In turn, providers could cover these services with appointment subsidies from their ITC fundings.

Stakeholders also suggested that more cultural activities and experiences could be embedded in the program. Cultural initiatives and activities could include:

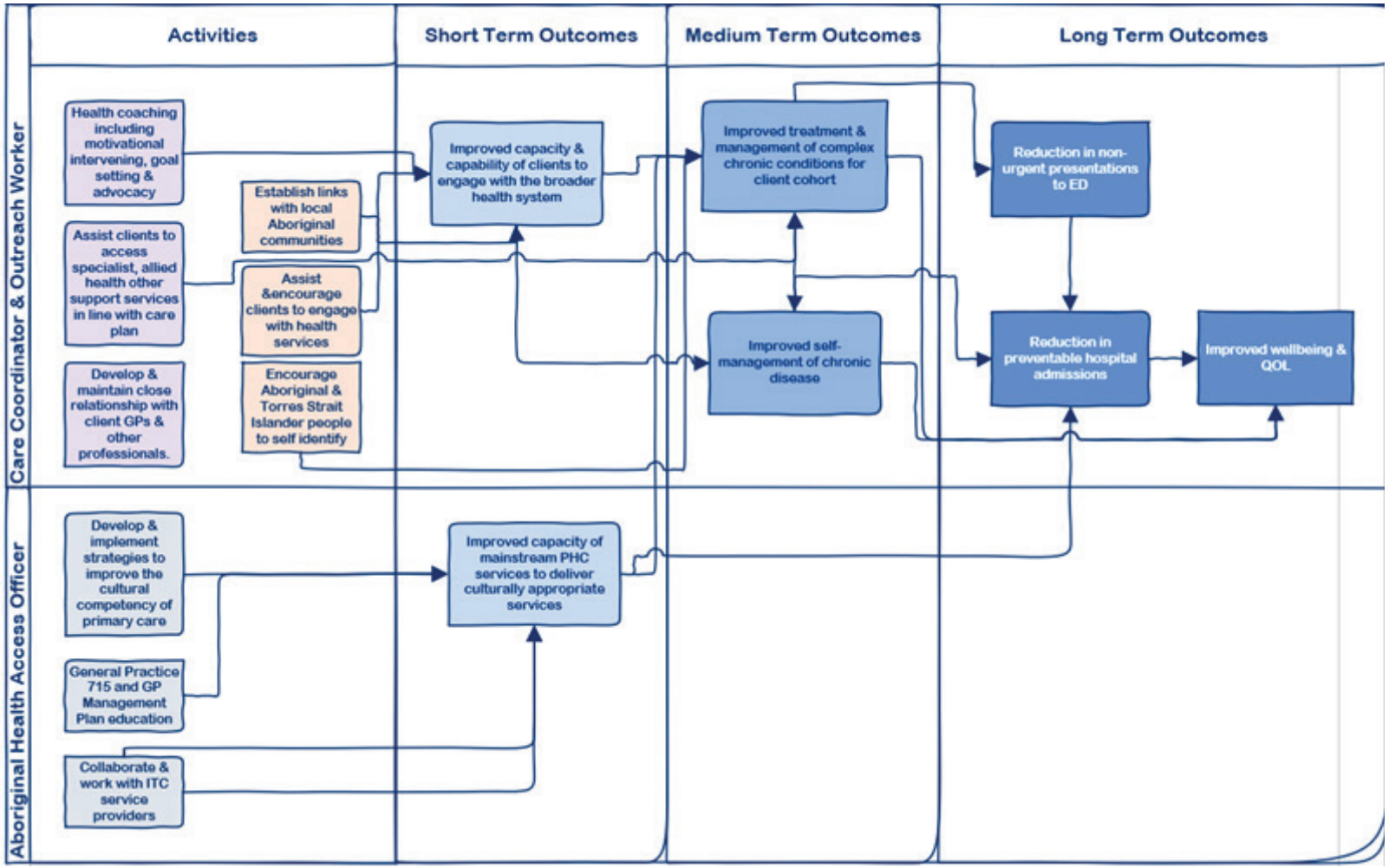
- involving local Elders in the program
- group yarning sessions
- bush tucker education
- activities and gatherings on country or at the beach instead of in clinics or gyms
- clients gathering together to share skills in arts, craft and music.

"More flexibility in location and stuff would be cool and make it a more cultural experience for people" – External Stakeholder

APPENDIX 1. ITC PROGRAM LOGIC MODEL



APPENDIX 2. ITC PROGRAM THEORY OF CHANGE



INFORMATION AND CONSENT FORM FOR ABORIGINAL COMMUNITY ORGANISATIONS AND GROUPS

ORGANISATION/ GROUP DETAILS

Name of Aboriginal Community Organisation/ Group	**(insert name of Aboriginal organisation)**
Project	Evaluation of the Integrated Team Care Program
Chief Investigator	[Details redacted]
Research Organisation	Nama Jalu Consulting
Ethics Committee Clearance	2008/22

CONSENT DETAILS

Note: To be completed by the Chairperson or CEO of the Aboriginal community organisation or group.

I, …… can confirm that the (insert name of Aboriginal organisation) gives its consent to the above research project, subject to the following conditions:

1. We have the right to withdraw our consent and cease any further involvement in the research project at any time without any penalty and without giving any reasons.

2. The purpose of the research, as outlined in the attached brief, has been explained we have had the opportunity to ask questions about the project. We have received satisfactory answers to our questions and have been given adequate time to consider the appropriateness of the project.

3. We have been provided with the following information in writing:

    - The names of all people and organisations that are responsible for the security of data and who will have access to the data.
    - Details of the proposed storage and destruction of data.

4. The researcher will need to obtain additional consent from us if there are any changes to the project from the information provided under paragraphs [2] and [3] above.

5. Any information that any member of our staff provides, or any personal details of our clients obtained in the course of this research, are confidential and any information that could identify individual participants will neither be used nor published.

6. Unless otherwise explicitly agreed, any information provided in the course of this research that identifies our organisation or the Aboriginal community which it serves will not be used nor published without our written permission.

7. The researcher will ensure there is continuing consultation with the community and our organisation during the course of the research. The research will not proceed until all required negotiation has occurred to our satisfaction.

8. The ethical provisions relating to the health of Aboriginal people, as set out in AH&MRC and NHMRC publications, will be complied with and the project will not proceed until the AH&MRC Ethics Committee has endorsed the project.

9. The researchers will obtain the written individual consent of all participants in the research.

10. We understand that if we have any complaints or questions concerning this research project, we can contact the principal researcher mentioned above; the Chairperson or CEO, or the Chairperson of the AH&MRC Ethics Committee as follows:

    The Chairperson
    AH&MRC Ethics Committee
    PO Box 1565
    Strawberry Hills NSW 2012
    Telephone: 9212 4777

SIGNATURES

Signed on behalf of (insert name of Aboriginal organisation)

Signature …… *Date* ……

Position in the organisation (Board Chair or CEO) ……

Witnessed by …… *Date* ……

Email/ mailing address (to send a copy of this form):
……

_____

As the Chief Researcher in the project, I acknowledge the conditions set out above

Name: ……

Signature…… *Date* ……

Witnessed by …… *Date* ……

INFORMATION AND CONSENT FORMS FOR PROGRAM PARTICIPANTS

ORGANISATION/ GROUP DETAILS

Project	Evaluation of the Integrated Team Care Program

Chief Investigator	[Details redacted]
Research Organisation	Nama Jalu Consulting
Ethics Committee Clearance	2008/22

INTRODUCTION

This information sheet provides further detail to help you make an informed decision about your participation in an interview as part of this project. Your participation is voluntary. You may withdraw from participating in the interview at any time without consequence. Please take the time to read this information carefully and contact the research team on the contact details below if you have any questions.

ABOUT THE REVIEW AND WHO IS INVOLVED?

The Primary Health Network of Hunter New England and the Central Coast (HNECC PHN) is evaluating its Integrated Team Care (ITC) program to assess how well it has been implemented and identify how delivery could be improved, and to assess the overall performance of the program against its objectives.

Nama Jalu Consulting (Nama Jalu) were contracted by HNECC PHN in May 2022 to conduct the evaluation. This evaluation is expected to finish in February 2023. Nama Jalu has worked with Aboriginal communities and stakeholders across Australia for over 30 years to design, deliver and evaluate policies and programs in their communities. To carry out this review, Nama Jalu's Aboriginal staff will lead all aspects of the project including design, data collection and analysis, and reporting.

WHY HAVE I BEEN INVITED TO PARTICIPATE?

You are being invited to participate in this evaluation because you are an Aboriginal and/ or Torres Strait Islander people who is currently or has pervious used the ITC program. The information you provide will help us understand how the programs are working for Aboriginal people and communities, the impact they are having, and how they could be improved.

You can withdraw from the research at any time, and this will not change your relationship with the researcher(s) or anyone else involved in the programs.

WHAT WILL THE RESEARCHER DO AND WHEN?

If you consent, you will be agreeing to participate in one interview held between November and December 2022. The interview may be one-on-one or be held in a group setting with other participants (such as a focus group or a yarning circle). You will be given a choice for how you would prefer to speak with us.

The individual or group interview will be conducted by an experienced Aboriginal researcher and will take approximately 30 minutes to an hour. The interview/s will take place over an online platform such as Zoom or Microsoft Teams, over the phone, or in person if this is possible. Your participation is voluntary, and you may stop participating at any time. This interviewer may ask you if the interview can be recorded for note taking purposes. The information provided in this sheet is to help you decide if you want to participate. There are no consequences if you choose to not participate.

WHAT WILL I BE ASKED BY THE INTERVIEWER?

Researchers will ask different questions and you will also be given an opportunity to tell researchers anything else about your experiences in the program you think is relevant. Prior to the interview, you're welcome to ask the researcher to send you a list of possible questions that you might be asked during the interview.

WHAT WILL HAPPEN TO MY INFORMATION?

The information provided in the interviews will be reviewed by the evaluators to identify key themes including strengths, challenges and recommendations for how the programs could be improved. The information will be included in a report by the researchers, and it may be used in future in publications and presentations.

Any information you provide will remain confidential unless otherwise permitted by you, or as required by law. Your name, or any information identifying you will not be used in any reports or publications. You will retain any Intellectual Property from your own personal interview recordings, and any recordings will be deleted immediately after the interview is transcribed.

WHAT ARE THE POTENTIAL RISKS?

The risks involved in participating in the evaluation are low. However, we know that being part of research, such as interviews, can sometimes cause unexpected discomfort or raise issues related to your situation. You can contact the evaluation team on the contact details below at any time if you have concerns, they will be able to provide you with details for support.

During the interview, you only have to answer questions that you are comfortable responding to and can request to move past questions at any time. You are also welcomed to end the interview at any time if you need. You don't have to give a reason if you decide not to answer a question or want to stop the interview.

Every effort will be made to not identify you, or any other individuals associated with you or their comments. You will be given the opportunity to review your transcript and redact individual remarks.

HOW WILL MY INFORMATION BE STORED?

The evaluation team will maintain strict confidentiality of all data, information and documentation provided or obtained during the course of the project. Nama Jalu will collect, hold, manage and disseminate information in accordance with the Australian Privacy Principles, which cover the collection and management of personal information. Individual transcripts and audio from interviews will be stored on our secure cloud storage in Australian data centres, which will be deleted immediately after the interview is transcribed. We will collate all data collected in the project into a report for HNECC PHN; subsequent findings will be shared with participants.

HOW WILL CULTURALLY RESTRICTIVE INFORMATION BE MANAGED?

The interview questions do not directly ask about culturally restrictive information however, it's possible that culturally restrictive information may be provided in the interview. Interview participants will be provided with their transcript after the interview and asked to review and

identify any information that is incorrect or that they would like to change or information that they identify as culturally restricted information. Additionally, Nama Jalu's Aboriginal staff will be able to identify any culturally restricted information that may arise through the data collection and analysis processes.

REIMBURSEMENT

You will receive a $50 Woolworths or Coles Essentials Gift Voucher to acknowledge the time you spent participating in the research. We will need your consent to collect your address or email address so we can send the gift voucher to you, or we can arrange for HNECC PHN to provide this to you.

CONTACT

If you have questions about the research, you can contact [Details redacted]

COMPLAINTS

If you have any concerns or complaints about the conduct of this research, you are welcome to contact Nama Jalu or alternatively if you do not wish to discuss your concerns with the research team you can contact:

- [Details redacted]The Chairperson AH&MRC Ethics Committee 35 Harvey Street Little Bay, NSW, 2012 Email: ethics@ahmrc.org.au
- If you think there has been a breach of your privacy, you can write to the Office of the Australian Information Commissioner, GPO Box 5218 Sydney NSW 2001 or call 1300 363 992.

ETHICS COMMITTEE CLEARANCE

The ethical aspects of this research project have been approved by the Aboriginal Health and Medical Research Council (AH&MRC) Research Ethics Committee.

CONSENT FORM FOR PROGRAM PARTICIPANTS

1.	I understand what this project is about.	Yes ☐	No ☐
2.	I voluntarily agree to my participation in this study.	Yes ☐	No ☐
3.	I understand that I can withdraw from the project at any time.	Yes ☐	No ☐
4.	I understand what will happen to me during the research project as explained to me.	Yes ☐	No ☐
5.	I agree that the researcher(s) can interview me for the research including an individual or a group interview.	Yes ☐	No ☐
6.	I consent to this interview being audio recorded, which will be deleted immediately after the interview is transcribed	Yes ☐	No ☐

7. I understand that I will not be paid for my participation but will receive a $50 gift voucher as reimbursement, which has been explained to me.	Yes ☐	No ☐
8. I understand that my name, or any other information identifying me, will not be used in any reports or publications.	Yes ☐	No ☐
9. I understand the potential risks and possible benefits of participating in this research as explained to me.	Yes ☐	No ☐
10. I understand that the results of this research may be published in a public or other forum.	Yes ☐	No ☐
11. I understand that all information gathered in this research that is confidential will be kept secure for up to 7 years before being destroyed.	Yes ☐	No ☐
12. If the researcher(s) keep(s) a record of what I said with my name on it, or which could be used to identify me, I:	☐ give permission for my information to be shared ☐ don't give permission for my information to be shared	
13. I want the researcher(s) to give me a copy of the final report that is produced as a result of this research.	Yes ☐	No ☐
14. I understand that I will retain any Intellectual Property from my personal interview recordings.	Yes ☐	No ☐

SIGNATURES

PARTICIPANT TO COMPLETE:

☐ I have read the Participant Information Sheet and Informed Consent Form (or someone has read it to me in language I understand) and I agree with it.

Name: ……..

Signature …… *Date* ……

Email/ mailing address (to send a copy of this form):

……

RESEARCHER TO COMPLETE:

- I have described the nature of the research to the Participant, and I believe that they understood and agreed to it.

Researcher's name: ……..

Signature: …… *Date* ……..

INFORMATION AND CONSENT FORM FOR PROGRAM SERVICE PROVIDERS

ORGANISATION/ GROUP DETAILS

Project	Evaluation of the Integrated Team Care Program
Chief Investigator	[Details redacted]
Research Organisation	Nama Jalu Consulting
Ethics Committee Clearance	2008/22

INTRODUCTION

This information sheet provides further detail to help you make an informed decision about your participation in an interview as part of this project. Your participation is voluntary. You may withdraw from participating in the interview at any time without consequence. Please take the time to read this information carefully and contact the research team on the contact details below if you have any questions.

ABOUT THE REVIEW AND WHO IS INVOLVED?

The Primary Health Network of Hunter New England and the Central Coast (HNECC PHN) is evaluating its Integrated Team Care (ITC) program to assess how well it has been implemented and identify how delivery could be improved, and to assess the overall performance of the program against its objectives.

Nama Jalu Consulting (Nama Jalu) were contracted by HNECC PHN in May 2022 to conduct the evaluation. This evaluation is expected to finish in February 2023. Nama Jalu has worked with Aboriginal communities and stakeholders across Australia for over 30 years to design, deliver and evaluate policies and programs in their communities. To carry out this review, Nama Jalu's Aboriginal staff will lead all aspects of the project including design, data collection and analysis, and reporting.

WHY HAVE I BEEN INVITED TO PARTICIPATE?

You are being invited to participate in this evaluation because you work for a service provider who delivers the ITC program.

The information you provide will help us understand how the programs are working for Aboriginal people and communities, the impact they are having, and how they could be improved.

You can withdraw from the research at any time, and this will not change your relationship with the researcher(s) or anyone else involved in the programs.

WHAT WILL THE RESEARCHER DO AND WHEN?

If you consent, you will be agreeing to participate in one interview held between November to December 2022. The interview may be one-on-one or be held in a group setting with other participants (such as a focus group or a yarning circle). You will be given a choice for how you would prefer to speak with us.

The individual or group interview will be conducted by an experienced Aboriginal researcher and will take approximately 30 minutes to an hour. The interview/s will take place over an online platform such as Zoom or Microsoft Teams, over the phone, or in person if this is possible. This interviewer may ask you if the interview can be recorded for note taking purposes. Your participation is voluntary, and you may stop participating at any time. The information provided in this sheet is to help you decide if you want to participate. There are no consequences if you choose to not participate.

WHAT WILL I BE ASKED BY THE INTERVIEWER?

Researchers will ask different questions and you will also be given an opportunity to tell researchers anything else about your experiences in the program you think is relevant. Prior to the interview, you're welcome to ask the researcher to send you a list of possible questions that you might be asked during the interview.

WHAT WILL HAPPEN TO MY INFORMATION?

The information provided in the interviews will be reviewed by the evaluators to identify key themes including strengths, challenges and recommendations for how the programs could be improved. The information will be included in a report by the researchers, and it may be used in future in publications and presentations.

Any information you provide will remain confidential unless otherwise permitted by you, or as required by law. Your name, or any information identifying you will not be used in any reports or publications.

You will retain any Intellectual Property from your own personal interview recordings, and any recordings will be deleted immediately after the interview is transcribed.

WHAT ARE THE POTENTIAL RISKS?

The risks involved in participating in the evaluation are low. However, we know that being part of research, such as interviews, can sometimes cause unexpected discomfort or raise issues related to your situation. You can contact the evaluation team on the contact details below at any time if you have concerns, they will be able to provide you with details for support.

During the interview, you only have to answer questions that you are comfortable responding to and can request to move past questions at any time. You are also welcomed to end the interview at any time if you need. You don't have to give a reason if you decide not to answer a question or want to stop the interview.

Every effort will be made to not identify you, or any other individuals associated with you or their comments. You will be given the opportunity to review your transcript and redact individual remarks.

HOW WILL MY INFORMATION BE STORED?

The evaluation team will maintain strict confidentiality of all data, information and documentation provided or obtained during the course of the project. Nama Jalu will collect, hold, manage and

disseminate information in accordance with the Australian Privacy Principles, which cover the collection and management of personal information.

Individual transcripts and audio from interviews will be stored on our secure cloud storage in Australian data centres, which will be deleted immediately after the interview is transcribed. We will collate all data collected in the project into a report for HNECC PHN; subsequent findings will be shared with participants.

HOW WILL CULTURALLY RESTRICTIVE INFORMATION BE MANAGED?

The interview questions do not directly ask about culturally restrictive information however, it's possible that culturally restrictive information may be provided in the interview.

Interview participants will be provided with their transcript after the interview and asked to review and identify any information that is incorrect or that they would like to change or information that they identify as culturally restricted information.

Additionally, Nama Jalu's Aboriginal staff will be able to identify any culturally restricted information that may arise through the data collection and analysis processes.

CONTACT

If you have questions about the research, you can contact [Details redacted]

COMPLAINTS

If you have any concerns or complaints about the conduct of this research, you are welcome to contact Nama Jalu or alternatively if you do not wish to discuss your concerns with the research team you can contact:

- [Details redacted]The Chairperson AH&MRC Ethics Committee 35 Harvey Street Little Bay, NSW, 2012 Email: ethics@ahmrc.org.au
- If you think there has been a breach of your privacy, you can write to the Office of the Australian Information Commissioner, GPO Box 5218 Sydney NSW 2001 or call 1300 363 992.

ETHICS COMMITTEE CLEARANCE

The ethical aspects of this research project have been approved by the Aboriginal Health and Medical Research Council (AH&MRC) Research Ethics Committee.

CONSENT FORM FOR PROGRAM SERVICE PROVIDERS

1. I understand what this project is about.	Yes ☐	No ☐
2. I voluntarily agree to my participation in this study.	Yes ☐	No ☐
3. I understand that I can withdraw from the project at any time.	Yes ☐	No ☐
4. I understand what will happen to me during the research project as explained to me.	Yes ☐	No ☐
5. I agree that the researcher(s) can interview me for the research including an individual or a group interview.	Yes ☐	No ☐
6. I consent to this interview being audio recorded, which will be deleted immediately after the interview is transcribed.	Yes ☐	No ☐
7. I understand that I will not be paid for my participation.	Yes ☐	No ☐
8. I understand that my name, or any other information identifying me, will not be used in any reports or publications.	Yes ☐	No ☐
9. I understand the potential risks and possible benefits of participating in this research as explained to me.	Yes ☐	No ☐
10. I understand that the results of this research may be published in a public or other forum.	Yes ☐	No ☐
11. I understand that all information gathered in this research that is confidential will be kept secure for up to 7 years before being destroyed.	Yes ☐	No ☐
12. If the researcher(s) keep(s) a record of what I said with my name on it, or which could be used to identify me, I:	☐ give permission for my information to be shared ☐ don't give permission for my information to be shared	
13. I want the researcher(s) to give me a copy of the final report that is produced as a result of this research.	Yes ☐	No ☐
14. I understand that I will retain any Intellectual Property from my personal interview recordings.	Yes ☐	No ☐

SIGNATURES

PARTICIPANT TO COMPLETE:

- ☐ I have read the Participant Information Sheet and Informed Consent Form (or someone has read it to me in language I understand) and I agree with it.

Name: ……

Signature …… *Date* ……

Email/ mailing address (to send a copy of this form):

……

RESEARCHER TO COMPLETE:

- I have described the nature of the research to the Participant, and I believe that they understood and agreed to it.

Researcher's name: ……

Signature: …… *Date* ……

APPENDIX 4 ITC EVALUATION INTERVIEW GUIDES

PARTICIPANT INTERVIEW GUIDE

Thank-you for agreeing to talk with me today about your experience with the ITC program/ [insert local provider service name].

We've been asked by the Hunter, New England & Central Coast PHN to help them understand how well this program is running, how useful it is and how it could be improved.

I'm interested in hearing about your experience and views of the service, whether it was helpful for you, in what ways, and how it could be improved. Are you happy to go ahead with the interview?

The things we talk about are confidential—I won't be repeating anything you say to workers from the service, and we won't be naming any individual in our report.

There are no right or wrong answers to the questions that I'll ask and nothing you say will affect your access to the service. The interview will be approximately 30 minutes long. You can stop the interview at any time and don't need to provide a reason.

Are you happy for me to record the interview? It is just so I can focus on listening to you and not get distracted by taking notes while we are speaking. The recording will be kept securely and deleted after the review has finished. A copy of the interview notes without any identifying information will be kept for a period of seven years.

Thank you

Interviewer to introduce themselves, including their pronouns. Tell the interviewee they are welcome to ask them any questions they would like about the evaluation.

1. To start with, can you please tell me a bit about yourself? (Prompts as needed)
    a. Where are you from? / Where do you live?
    b. How did you find out about the program? Why did you first start using the service?
    c. What were you hoping the program could help you with?

2. Can you tell me a bit about the support you received from [HNECC PHN/ Service Provider name]?

PROMPTS AS NECESSARY

    a. How did they support you? / What types of different things did they support you with?
    b. How long have they been supporting you? When did you first start using their services?
    c. What health condition were you wanting support for (if not answered previously)?
    d. How did they help you to manage/ treat your health condition?
    e. How, if at all, has the ITC program helped you with your own health and wellbeing?

3. How happy or unhappy have you been with the support you have received through the program?
    a. Did they provide the help you needed?
    b. What was it about the program that helped you the most?
    c. Was there anything you didn't like or would like to change?
    d. Did you feel safe at [the service]?

e. How, if at all, has your life changed as a result of the support you received through the ITC program?
f. How did you feel before about accessing healthcare and how do you feel now?

4. Have you visited mainstream healthcare services to treat your health condition? (For example, non-Aboriginal doctor, specialist or hospital?)
    a. What was your experience like?
    b. Did your ITC program provider support you with that process?

5. Would you recommend the program to others? Why?

6. That's all my questions today, do you have any other comments you would like to make?

As compensation for your time today, we will be providing you with a 50$ gift voucher for Woolworths/ Coles.

We can send this via post or pick up from [service provider name], or [another location]? What would you prefer? Get address.

Thank you for your time.

The information you have provided will be used to write a report for the HNECC PHN. The report will not include your name or any identifying information about you.

If you would like, we can share a summary of the results of the project once it is completed. Would you like this? How would you like us to send it to you?

Again, thank you for your time.

ITC PROVIDER INTERVIEW GUIDE

As you may know, Nama Jalu Consulting have been engaged by the Hunter, New England & Central Coast PHN to evaluate the Integrated Team Care program.

The purpose of the evaluation is to help the PHN and commissioned service providers to understand how well this program is running, how useful it is and how it could be improved.

A key part of the evaluation is speaking to program stakeholders including the service providers and their staff. Are you happy to go ahead with the interview?

The things we talk about are confidential—I won't be repeating anything you say to workers from the service, and we won't use your name, or anyone else's name in our report.

There are no right or wrong answers to the questions that I'll ask and nothing you say will affect your access to the service. The interview will be approximately 30 minutes long. You can stop the interview at any time and don't need to provide a reason.

Are you happy for me to record the interview? It is just so I can focus on listening to you and not get distracted by taking notes while we are speaking.

The recording will be kept securely and deleted after the review has finished. A copy of the interview notes without any identifying information will be kept for a period of seven years.

Thank you

Interviewer to introduce themselves, including their pronouns. Tell the interviewee they are welcome to ask them any questions they would like about the evaluation.

1. To start with, can you please briefly describe your role and how you're involved with the ITC program?

2. Can you tell me about the supports you provide under the ITC program?
    a. What does your day-to-day work look like?
    b. Have you had to do anything differently due to COVID-19?
    c. Are there any other changes you've made to delivering the program to meet the needs program participants?

    PROMPT AS NEEDED
    d. Can you tell me what you do with participants in terms of:
        i. care coordination?
        ii. outreach?
        iii. supporting people to self-manage their health and chronic health condition?
        iv. your work with GPs and other healthcare services?

3. In your experience, is the program meeting the needs of participants?
    a. How can you tell?
    b. Are they happy or unhappy with the supports provided?

4. What kinds of changes do you notice for participants of the ITC program?
   PROMPT AS NEEDED
   Any changes to participants,
    a. health and management of their chronic health condition?
    b. access to healthcare services?
    c. confidence or trust in healthcare services?
    d. capacity to self-manage their own health and wellbeing / their chronic disease?
    e. quality of life?

5. Can you tell me about how you work with other service providers through the ITC program?
    a. Do other health services know about the ITC program?
    b. What services do you work with?
    c. Do you work with mainstream primary care services? (e.g. doctors, specialists, hospitals)
    d. How does your work with those mainstream services support them to deliver a more culturally appropriate service to local Aboriginal people?

6. Would you change anything about the program?
    a. Do you have any recommendations for improving the program?

7. That's all my questions today, do you have any other comments you would like to make?

Thank you for your time.

The information you have provided will be used to write a report for the HNECC PHN. The report will not include your name or any identifying information about you.

If you would like, we can share a summary of the results of the project once it is completed. Would you like this? How would you like us to send it to you?

Again, thank you for your time.

EXTERNAL STAKEHOLDER INTERVIEW GUIDE

As you may know, Nama Jalu Consulting have been engaged by the Hunter, New England & Central Coast PHN to evaluate the Integrated Team Care program.

The purpose of the evaluation is to help the PHN and commissioned service providers to understand how well this program is running, how useful it is and how it could be improved.

A key part of the evaluation is speaking to program stakeholders including other service providers and their staff. Are you happy to go ahead with the interview?

The things we talk about are confidential—I won't be repeating anything you say to workers from the service, and we won't use your name, or anyone else's name in our report.

There are no right or wrong answers to the questions that I'll ask and nothing you say will affect your access to the service. The interview will be approximately 30 minutes long. You can stop the interview at any time and don't need to provide a reason.

Are you happy for me to record the interview? It is just so I can focus on listening to you and not get distracted by taking notes while we are speaking. The recording will be kept securely and deleted after the review has finished. A copy of the interview notes without any identifying information will be kept for a period of seven years.

Thank you

Interviewer to introduce themselves, including their pronouns. Tell the interviewee they are welcome to ask them any questions they would like about the evaluation.

1. To start with, can you please briefly describe your role and how this brings you into contact with the ITC program?
    a. How did you become aware of the ITC program/ the service provided by [service provider name/HNECC PHN]?

2. Can you tell us about how [service provider name/HNECC PHN] has worked with you?
    a. What kind of supports do they provide?

3. What has your experience been like working with [service provider name/HNECC PHN]?
    a. What do you like most about the service?
    b. Are there any challenges in working with the service?
    c. If this [service provider] was no longer there, how do you think that would affect your service/ business?

4. Do you notice any difference with your clients when they have the support of [service provider/ HNECC PHN]?
    PROMPT AS NEEDED
    Any changes to participants,

    a. in terms of attending appointments?
    b. understanding their health condition?
    c. understanding treatment and management of their health?

d. quality of life?
e. Who does the program work best for?

5. How has the support you have received from [service provider name/HNECC PHN] through the ITC program, changed:
    a. the service you are able to provide to Aboriginal clients?
    b. the way you work with Aboriginal clients?

6. Would you change anything about how the ITC team work with you?
    a. Do you have any recommendations for how they could improve the program?

7. That's all my questions today, do you have any other comments you would like to make?

Thank you for your time.

The information you have provided will be used to write a report for the HNECC PHN. The report will not include your name or any identifying information about you.

If you would like, we can share a summary of the results of the project once it is completed. Would you like this? How would you like us to send it to you?

Again, thank you for your time.

PHN STAFF INTERVIEW GUIDE

As you may know, Nama Jalu Consulting have been engaged by the Hunter, New England & Central Coast PHN to evaluate the Integrated Team Care program.

The purpose of the evaluation is to help the PHN and commissioned service providers to understand how well this program is running, how useful it is and how it could be improved.

A key part of the evaluation is speaking to staff at the PHN. Are you happy to go ahead with the interview?

The things we talk about are confidential—I won't be repeating anything you say to workers from the service, and we won't use your name, or anyone else's name in our report.

There are no right or wrong answers to the questions that I'll ask and nothing you say will affect your access to the service. The interview will be approximately 30 minutes long. You can stop the interview at any time and don't need to provide a reason.

Are you happy for me to record the interview? It is just so I can focus on listening to you and not get distracted by taking notes while we are speaking.

The recording will be kept securely and deleted after the review has finished. A copy of the interview notes without any identifying information will be kept for a period of seven years.

Thank you

Interviewer to introduce themselves, including their pronouns. Tell the interviewee they are welcome to ask them any questions they would like about the evaluation.

1. To start with, can you please briefly describe your role and how you're involved with the ITC program?

2. Can you tell me about the work that you do within ITC program?
    a. What does your day-to-day work look like?
    b. Have you had to do anything differently due to COVID-19?
    c. Are there any other changes you've made to delivering the program to meet the needs of partnering primary health services or participants?

PROMPT AS NEEDED

    d. Can you tell me what you do in terms of:
        i. supporting the commissioned service providers of the ITC program?
        ii. Improving access to healthcare services for local Aboriginal people?
        iii. your work with mainstream GPs and other healthcare services?
        iv. Cultural awareness training and other educational and/or professional supports?

3. In your experience, is the program meeting the needs of participants?
    a. How can you tell?
    b. Are they happy or unhappy with the supports provided?

4. What kinds of changes do you notice for participants of the ITC program?

PROMPT AS NEEDED
Any changes to participants,

a. health and management of their chronic health condition?
b. access to healthcare services?
c. confidence or trust in healthcare services?
d. capacity to self-manage their own health and wellbeing / their chronic disease?
e. quality of life?

5. Are there any participant groups that you think the program may be more (or less) effective for? Why do you think that might be the case?

6. Can you tell me about your working partnership with the service providers of the ITC program?
    a. Do you think that these partnerships have been effective in delivering positive program outcomes for program participants?
    b. Are there any changes that you would make to improve the effectiveness of these working partnerships?

7. Can you tell how you work with other stakeholders through the ITC program? (e.g. other local service providers [health, transport], mainstream GPS, specialists and allied health)
    a. Do other health services know about the ITC program?
    b. What services do you work with?
    c. Do you work with mainstream primary care services? (e.g. doctors, specialists, hospitals)
    d. How does your work with those mainstream services support them to deliver a more culturally appropriate service to local Aboriginal people?

8. Would you change anything about the program?
    a. Do you have any recommendations for improving the program?
    b. Have you received any feedback from participants or partnering primary health services about ways to improve the program in the past?

9. That's all my questions today, do you have any other comments you would like to make?

Thank you for your time.

The information you have provided will be used to write a report for the HNECC PHN. The report will not include your name or any identifying information about you.

If you would like, we can share a summary of the results of the project once it is completed. Would you like this? How would you like us to send it to you?

Again, thank you for your time.

ENDNOTES

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5 Self-Management Support. Content last reviewed November 2020. Agency for Healthcare Research and Quality, Rockville, MD.https://www.ahrq.gov/ncepcr/tools/self-mgmt/self.html

6 Australian Government. (2020). Chronic conditions in Australia. Department of Health and Aged Care. Retrieved February 28, 2023, from https://www.health.gov.au/topics/chronic-conditions/chronic-conditions-in-australia

7 Diabetes Australia (n.d.). Diabetes Resources for Aboriginal and Torres Strait Islander people. Retrieved February 28, 2023, from https://www.diabetesaustralia.com.au/atsi/resources/


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