



Centre for
Research Excellence
Intervention Research in Chronic Disease
Kanyini Vascular Collaboration

Appendix A: KEY MESSAGES

Investigating the feasibility, acceptability and appropriateness of outreach case management in an urban Aboriginal and Torres Strait Islander primary health care service

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Policy context

Despite the high burden of chronic disease (CD) among Aboriginal and Torres Strait Islander peoples, few intervention trials have sought to implement and evaluate novel approaches to reducing this disparity. Patient-centred, home-based, outreach models of CD management that are informed by the Aboriginal and Torres Strait Islander conceptualisation of health have the potential to improve the biomedical and psychosocial health status for Aboriginal and Torres Strait Islander people with CD. Therefore, we developed and implemented such a programme: The Home-based, Outreach case Management of chronic disease Exploratory (HOME) Study (2012-14) developed and implemented a home-based, case management model of patient-centred multidisciplinary care for Aboriginal and Torres Strait Islander people with complex CD in an urban Aboriginal and Torres Strait Islander primary health care service. This exploratory study evaluated the model of care's feasibility, acceptability and appropriateness to Aboriginal and Torres Strait Islander people with CD and their primary health care service.

Key messages

- > This model of care was feasible, acceptable and appropriate in our setting. Patient participants' high levels of satisfaction were verified by participation rates and the lack of differential attrition. Patient participants became more involved in their health care, self-rated health status improved, depression rates decreased, and significant improvements in key clinical indicators were achieved. Health service staff were highly satisfied and noted improved care quality for complex patients. Hospitalisation rates decreased, as did the ratio of general practitioner consultations for acute care compared with preventive care.
- > The positive outcomes of this study have far reaching implications, at the level of the individual patient, their family, the community and the primary health care system. Case management that addresses psychosocial and biomedical risk factors has provided direct benefit to individuals with CD, and to the primary health care service. Opportunities exist to broaden the scope of application of this model of care to high-risk and vulnerable populations across the country. This model of holistic, multidisciplinary patient-centred care improved health and wellbeing and has the potential to limit the individual and population impact of chronic disease within Australia's most vulnerable populations.
- > The exploratory nature of our study precludes any definitive statements about the effectiveness of our model of care, however patients' and staff high levels of satisfaction and the improved health and wellbeing of patients are promising. Further research, such as an intervention trial, is required to determine its effectiveness and cost-effectiveness in improving the quality of life and quality of care for Aboriginal and Torres Strait Islander peoples living with CD.

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