



Aboriginal Chronic Disease Consortium: Improving Care Across the Continuum

What is the challenge?

It is well documented that Aboriginal and Torres Strait Islander people experience disparities in life expectancy and that chronic disease is the major contributor. In SA, the Aboriginal Chronic Disease Consortium (SA ACDC) has been established to implement priority actions from 3 chronic disease plans - the South Australian Aboriginal Cancer Control Plan 2016-2021, South Australian Aboriginal Heart and Stroke Plan 2017-2021 and the South Australian Aboriginal Diabetes Strategy 2017-2021.

Each of these plans describe the extensive, detrimental impact these diseases have on the lives of Aboriginal people and their families. They describe the unacceptable gaps in care experienced by Aboriginal patients in primary care, while in-hospital, as well as the issues confronting patients when leaving hospital and returning home, particularly with respect to discharge advice, medication management and ongoing follow-up. The priorities across the 3 plans have been synthesised into the Consortium's Road Map for Action 2017-2021. Measuring the implementation of the Road Map is complex and needs to be actioned early with input from many key stakeholders if the systems will be able to monitor the impact of the SA ACDC.

About this research translation project

The Medical Research Future Fund (MRFF) funding is supporting two SA ACDC projects: (1) to develop the Monitoring and Evaluation Framework for the five-year Road Map for Action, including the development of an Aboriginal chronic disease performance data dashboard; (2) to design and implement systematic discharge, referral and follow up of Aboriginal patients hospitalised with the priority chronic conditions, focusing on effective discharge and referral pathways between hospital and community-based primary healthcare service providers, particularly for patients attending the Royal Adelaide Hospital.



The Consortium will work with its many members and stakeholders to ensure a collaborative approach to these two projects. Stakeholders include: Aboriginal Health Council of SA, Dept for Health and Ageing, Adelaide and Country SA Primary Health Networks, SA Health Local Health Networks, Royal Flying Doctors Service, clinical experts, Aboriginal Community Controlled Health Organisations and Aboriginal community representatives. Consumers are at the core of the Consortium's governance structure with an Aboriginal community reference group having a strong voice.

All those with a responsibility in monitoring and evaluation are participating in development and implementation of the monitoring system. Clinicians, administrators and researchers associated with the RAH and in primary care services across the state will help to co-design and implement the discharge and follow-up service and technological solutions, including video conferencing will be incorporated where possible.

What was the impact?

While the vision of the Consortium is to reduce the impact of chronic disease experienced by Aboriginal and Torres Strait Islander people living in South Australia these two funded projects drove immediate outcomes. The first project has ensured that any changes that are implemented over the next 5 years can be measured through the development of an evaluation framework and the second project worked with all relevant stakeholders to develop a model for improving ongoing care after a hospital stay at the Royal Adelaide Hospital. This project is currently being tested and has been embraced by key hospital clinical and administrative staff.

Project contact details

Kim Morey
E kim.morey@sahmri.com
P (08) 8128 4215

This project received one-year funding from the Medical Research Future Fund Rapid Applied Research Translation Impact Grant Scheme to be undertaken in 2018.

Published March 2019