Overview:
The VOICE project grew out of discussions between services, researchers and other stakeholders over the past few years. These groups identified a need to develop a validated Patient Reported Experience Measure (PREM) to capture Aboriginal and Torres Strait Islander peoples’ experience of care.

Accreditation requirement: Australian primary health care (PHC) services are required to formally gather patient feedback to meet accreditation requirements. However, the currently available and endorsed tools have not been developed or validated with Aboriginal and Torres Strait Islander peoples, and do not reflect their values, beliefs and world views. Consequently, existing tools do not adequately capture important experiences of care in Indigenous PHC settings, and do not return information that is useful for improving health service delivery.

Ideas grant application: Our team of researchers, service providers and policy makers have applied for an Ideas Grant from NHMRC to co-develop and validate an Indigenous-specific PREM that reflects the values and world views of Indigenous Australians. The application was submitted in June 2020.

Project Goals:
To improve the experience and satisfaction with care for Aboriginal and Torres Strait Islander peoples accessing Primary Health Care (PHC) services and to improve the quality of care provided;

To develop and validate an Indigenous-specific patient reported experience measurement (PREM) tool that reflects the values and world views of Aboriginal and Torres Strait Islander peoples, for use by PHC services to improve the quality of care they provide.

Project Aims:
1. Identify elements of quality and experience of care that are most valued by Aboriginal and Torres Strait Islander people attending PHC services.
2. Develop a PREM that captures experiences of care in Indigenous PHC settings; assess its face and content validity to ensure comprehensiveness in covering elements that stakeholders feel are important; and ensure acceptability to consumers, services and other stakeholders.
3. Determine PHC service views on a PREM, including how to ensure it is useful; how to optimise feasibility of collection, analysis and interpretation of findings; and resourcing implications.
4. Validate the PREM by assessing its psychometric properties and develop a suitable scoring system for the items that will be used for benchmarking and assessment of trends.
Outputs and outcomes:
Specific outputs from this research will include:

• a new validated, Indigenous-specific PREM for use in PHC services. None of these currently exist
• a framework reflecting the values, priorities and experiences of Indigenous Australians attending PHC services;
• an understanding of the resourcing requirements, limitations and challenges faced by Indigenous PHC services when collecting patient experience data;

Outcomes will include:
• The new PREM will satisfy accreditation requirements and be available for services to use as a CQI measure for patient-centred care.
• It will be suitable for use in metropolitan, rural and remote settings;
• It will support benchmarking and assessment of temporal trends while retaining flexibility to address local priority issues.
• Critically, this new PREM will enable PHC services to respond to priorities and perspectives of the people in their communities, in order to improve the quality of care they provide, improve health outcomes and reduce inequities in health and wellbeing experienced by Indigenous Australians.

Project team:
Chief Investigators:
Assoc. Prof. Megan Passey (co-lead) (USyd), Ms Emma Walke (co-lead) (USyd), Prof. Roxanne Bainbridge (CQU), Prof Ross Bailie (USYD), Dr Bronwyn Silver (Congress), Prof. Sarah Larkins (JCU), Dr Erika Langham (CQU), Ms Ellaina Wingate (CWAATSICH), Dr Paul Burgess (NT Gov).

Associate Investigators:
Assoc. Prof. Catrina Felton-Busch (JCU), Dr Sean Taylor (NT Gov), Dr Sarah Fraser (AHCSA), Ms Karen Thomas (NTPHN), Mr Girish Swaminathan (ACSQHC), Ms Samantha Smorgon (RACGP), Ms Angela Young (QAIHC), Ms Marni Tuala (NCPHN), Assoc. Prof Deb Askew (Inala and UQ), Ms Shana Quayle (AH&MRC).

Service Partners (services that have indicated they are interested in participating):
Central Australian Aboriginal Congress (NT), CWAATSICH (Charleville and Western Areas Aboriginal and Torres Strait Islander Community Health) (Qld), Minjilang Community Health Centre (NT), Gunbalanya Community Health Centre (NT), Nunkuwarrin Yundi (SA), Inala Indigenous Health Service (Qld), Bullinah Aboriginal Health Service. We would like to recruit another three services if we are successful with the grant application.