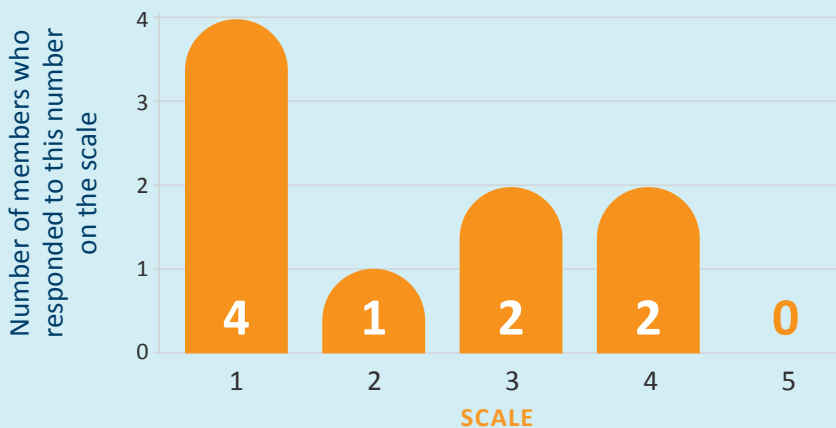


Health Assessments

Under MBS there are particular GP services called health assessments that people of certain ages are eligible for. This includes, a once off health assessment for people aged 45–49 years (inclusive) who are at risk of developing chronic disease and an annual health assessment for people aged 75 years and older. Health assessments play an important role in population health, both in screening for risk and providing an opportunity for early intervention.*



1 – Had never heard of health assessments before

5 – Had a very clear and thorough understanding of health assessments

78%

of CAC members

did not know certain criteria needed to be met for patients to participate in an MBS-funded health assessments.

CAC members' understanding of the term "health assessment" included:

- People who are unwell getting checked by GP
- Vulnerable people getting their health issues looked at
- It's a general health check by GP



Potential barriers to uptake of health assessments:

- Capacity of GPs is limited, especially since the pandemic. GPs may not have the time to bring them up with patients.
- CAC members discussed the remuneration general practices receive and whether it's sufficient for them to go through the trouble of doing a health assessment.
- CAC members concluded there is a lack of awareness or consideration of health assessments amongst patients and potentially even GPs.

Health assessments also include

- Aboriginal and Torres Strait Islander People
- a type 2 diabetes risk evaluation for people aged 40–49 years with a high risk of developing type 2 diabetes as determined by the Australian Type 2 Diabetes Risk Assessment Tool

- a comprehensive medical assessment for permanent residents of residential aged care facilities
- people with an intellectual disability
- refugees and other humanitarian entrant

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GCPHN Community Advisory Council (CAC)

MEETING 02.09.22



What can practices do to encourage patients to attend a general practice for a health assessment?

- Run campaigns similar to bowel cancer screening to encourage community uptake.
- GPs need to discuss with patients during regular appointments. Some CAC members mentioned how they wouldn't know health assessments existed if their GP hadn't brought them up.
- Encourage the message of prevention by linking health assessments to having a sense of wellness and fixing things before they get out of hand.
- Explore possibilities of completing health assessments outside the general practice setting (e.g., nurses visiting at home).
- Including blood tests for detecting cancer markers might encourage people to take up health assessments.
- Offer reminders to target group patients via posters in practice, reminder letters, and text messages.

What would encourage CAC members to go to their GP for a health assessment?

- Encouragement from a doctor or a friend.
- If the benefits of completing a health assessment were clearly explained and promoted.
- Knowing that the health assessment was free of charge.
- Assure patients that their privacy is important, and data is not shared with insurers.

What else could help promote the awareness and uptake of health assessments?

- Promotion on social media, particularly for the 45–49-year-old age bracket.
- Connecting health assessments with MyGov and My Health Record.
- Having flu shots or other important elements tied in with health assessments could help attract people in.
- CAC members suggested GCPHN provide GPs with a template on how to encourage patients.

Recommendation to GCPHN Board

Consider CAC's feedback when scoping and implementing strategies for increasing health assessments in General Practice, including suggestions of communication.

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Intake Assessment and Referrals

People seeking mental health support may present with a range of interrelated factors that can make it challenging to determine the most appropriate level of stepped care. The IAR provides a standardised, evidence-based and objective approach to assist with mental health care recommendations.

The IAR includes eight Initial Assessment Domains:

- 1 Symptom and severity distress
- 2 Risk of harm
- 3 Functioning
- 4 Impact of co-existing conditions
- 5 Treatment and recovery history
- 6 Social and environmental stressors
- 7 Family and other supports
- 8 Engagement and motivation

In order to understand and explore how people seeking mental health services would respond to the IAR tool, CAC members were asked questions about use of the tool by different service providers.

Overall CAC members believed they would be comfortable discussing their mental health in relation to the eight domains with different service providers because they were the ones seeking out help .

Your regular GP

67% of CAC members disagreed or strongly disagreed that they would be surprised by being asked these questions by their regular GP.

100% of CAC members agreed or strongly agreed they would feel comfortable discussing their mental health in relation to these eight domains with their regular GP.

78% of CAC members agreed or strongly agreed that they would be able to provide reasonable answers to their regular GP.



Head 2 Health Phone Service

78% of CAC members strongly disagreed or disagreed that they would be surprised by being asked these questions by the Head 2 Health Phone Service.

56% of CAC members agreed or strongly agreed they would feel comfortable discussing their mental health in relation to these eight domains with the Head 2 Health Phone Service.

56% of CAC members agreed or strongly agreed that they would be able to provide reasonable answers to the Head 2 Health Phone Service.

A service provider you have a relationship with

78% of CAC members disagreed or strongly disagreed that they would be surprised by being asked these questions by a service provider they have a relationship with.

100% of CAC members agreed or strongly agreed they would feel comfortable discussing their mental health in relation to these eight domains with a service provider they have a relationship with.

78% of CAC members agreed or strongly agreed that they would be able to provide reasonable answers to a service provider they have a relationship with.

A service provider you do not have a relationship with

78% of CAC members disagreed or strongly disagreed that they would be surprised by being asked these questions by a service provider they did not have a relationship with.

44.5% of CAC members agreed, 33.5% disagreed and 22% were undecided about whether they would feel comfortable discussing their mental health in relation to these eight domains with a service provider they did not have a relationship with.

35.5% of CAC members agreed they would be able to provide reasonable answers to a service provider they did not have a relationship with."



Discussion from CAC:

- Potential barriers to using the tool:
- Even if the tool assessed people well, there may not be capacity with local providers to access a suitable service in a timely way
- GPs are often comfortable with referring to the same providers they already know
- CAC members were concerned about being able to get consumers into the right service at the right time. There are so many different mental health services on the Gold Coast and many are at capacity.

Factors which have led/could lead to either positive or negative experiences:

- Not receiving the right level of care post-discharge.
- Bias and judgements from providers.
- Working up the courage to speak to a GP can be a big deal with some people.
- CAC members raised how they thought it would help if referring GPs sent a snapshot of the eight domains and some initial background information of consumers' experience to the next provider. Having to repeat details to a new person can be traumatic.
- Communications can make or break treatment e.g. it feels respectful and validating when your GP passes on details appropriately. When the details are forgotten or go missing, it can make the patient feel like they haven't been listened to or that the GP didn't care enough.
- CAC members suggested GCPHN develop a personalised mental health passport similar to children in out-of-home care to assist.
- The mental health transition between child and young adult has improved over the years, but still has a massive gap.
- Lack of coordination and running in silos.

Do CAC members see benefit in the tool and potential in it?

- Overall feedback was positive
- CAC members agreed it appeared to be a substantial effort to creating more cohesion with mental health treatment.
- Domain number six: life circumstances – this may need extensive conversation between provider and health consumer.
- CAC members discussed that further breakdowns on the domains may assist in assessments.



Recommendation to GCPHN Board

1. Ensure information about referral options is available to support GPs and other providers use the tool
2. Support education and training in using the tool including ways GPs can help the experience be less traumatic for patients.