

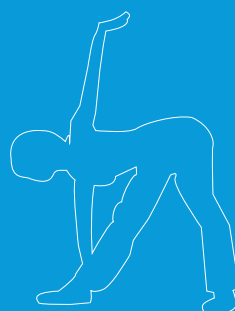
The Learning Guide for
An Ounce of Prevention: MBS Item 717,
the 45-49 year old Health Check



MEDICARE 45 YEAR OLD HEALTH CHECK

MBS Item 717

Australian Better Health Initiative:
A joint Australian, State and Territory Government initiative.





An Ounce of Prevention: MBS Item 717 - The 45 Year Old Health Check

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About the Rural Health Education Foundation

The Rural Health Education Foundation is a non-government, not-for-profit organisation that provides an education and information "lifeline" to rural and remote health professionals. The Foundation produces and broadcasts distance education programs using digital satellite technology, the Internet, "enduring" materials (DVDs and videos) and other television services. The Foundation operates a growing network of more than 650 receiving sites, called the Rural Health Satellite Network.

To the doctors, pharmacists, nurses, administrators and other health workers involved, the programs are invaluable for they provide an opportunity to undertake continuing professional education and receive timely information emanating from national launches or events of national importance.

The Rural Health Education Foundation is always interested in developing new sites. If your organisation is interested becoming a Foundation satellite site and gaining access to up to date education programs covering a wide range of topics for professionals employed in medical and allied health fields, please contact the Foundation office on 02 6232 5480.

Introduction - An Ounce of Prevention: MBS Item 717-The 45 Year Old Health Check Learning Kit

This kit has been produced by the Rural Health Education Foundation (the Foundation) as a complete learning resource, in either workshop or individual settings. The kit consists of;

The Rural Health Education Foundation program DVD: *An Ounce of Prevention: MBS Item 717-The 45 Year Old Health Check*

The program DVD contains a recording of the Foundation's satellite broadcast. The program was broadcast across the Rural Health Satellite network to over 650 sites Australia wide on 26 February 2008. The broadcast is also available as a webcast or podcast at the Foundation's website (www.rhef.com.au).

The DVD also contains a number of Australian General Practice Network (AGPN) electronic resources including reference guides, promotional material and templates. Detailed information on these resources and how to access them can be found in the **Electronic Resources** section on page 19.

Learning Guide: *An Ounce of Prevention: MBS Item 717-The 45 Year Old Health Check*

The **Learning Guide** has been designed with a number of activities that can be used to facilitate group discussion and engage with the material covered in the DVD. This **Learning Guide** aims to provide a framework for facilitating discussion of the key issues raised in the program.

The **Learning Guide** supports the learning of participants and provides a record of the information presented in the broadcast and the activities covered in the group facilitation.

Guide to Facilitating Adult Learning

A **Guide to Facilitating Adult Learning** booklet has been developed by the Foundation to support the facilitation of discussion with small groups. It covers the basic aspects of how people think and learn, running groups and facilitating learning in face-to-face settings. It is designed to provide some basic instructional information to assist people facilitating face to face learning. We encourage you to read this brochure before you work with groups as a guide to facilitate the **Learning Guide** discussion.

Background

Patients in the 45 – 49 year (inclusive) age group have an increased risk of developing a chronic disease; the Australian Institute of Health and Welfare estimates that 94% of males and 89% of females in the 45-54 age range have at least one risk factor for cardiovascular disease, and almost one in four Australians 25 years and over has either diabetes or impaired glucose metabolism.

The new MBS item 717 allows for GPs to provide a preventive health check for people between the ages of 45 and 49 (inclusive) who are at risk of developing a chronic disease. Implemented as part of the Council of Australian Governments' (COAG) "*Australian Better Health Initiative*", the health check aims to assist with the prevention of chronic disease and to enable early intervention strategies to be put in place where appropriate.

Lifescrpts



An important link with the 45- 49 year old health check is *Lifescrpts*. Using the SNAP Guide, *Lifescrpts* provides a population health focus allowing GPs to systematically target patients and offer treatment appropriate to their needs.

Indigenous Content

Although the 45-49 year old Health Check is intended for all Australians, for those organisations and individuals involved or interested in delivering health checks in an Indigenous context, the Department of Health and Aging has developed the Indigenous Health checks for Children, Adults and Older Persons. For further information on the Foundation's training resources in for the Children, Adults and Older Persons Indigenous health checks please contact the Rural Health Education Foundation office on 02 6232 5480.



Presenters

Dr Norman Swan (Panel Chair)



Dr Norman Swan regularly presents Rural Health Education Foundation satellite broadcasts.

He is best-known for his wide broadcasting experience, including the award-winning *Health Report*, which he produces and presents for ABC Radio National - as well as his other ABC Radio and Television program hosting.

Dr Swan trained in Medicine in Scotland and in Paediatrics in London and Sydney. A broadcaster and journalist with the ABC's Science Unit since 1982, he has been Australian Producer of the Year and was awarded a Gold Citation in the United Nations Media Peace Prizes.

In 2004 Dr Swan was honoured by the Australian Academy of Science, which presented him with an Academy Medal, only the third time such an award has been made. The Academy gave it for his outstanding contributions to science in the public domain. Around the same time, the Royal College of Physicians and Surgeons of Glasgow made him a Fellow.

He has won an Australian Writers' Guild Award, three Walkley National Awards for Journalism and the Michael Daley Award for Science Journalism on two occasions.

In addition to his broadcasting, he edits his own newsletter, *The Health Reader*, published in association with *Choice* magazine, and has been the Australian correspondent for the *Journal of the American Medical Association* and the *BMJ*. He has also consulted to the World Health Organisation (WHO) in Geneva.

Dr Mark Nelson MBBS(Hons), MFM, FRACGP, FAFPHM, PhD



Mark Nelson is professor and chair of the Discipline of General Practice, School of Medicine, and Senior Fellow Menzies Research Institute, University of Tasmania.

His research interests are in the prevention of cardiovascular disease in general practice.

Mark is on the National Heart Foundation's High Blood Pressure and Vascular Disease Advisory Committee, and the General Practice Reference Group.

Dr Nelson continues to be active in clinical general practice in Lindisfarne, Hobart.

Professor Mark Harris MB BS MD Syd, DRACOG, FRACGP



Professor Mark Harris is Professor of General Practice, School of Public Health and Community Medicine, University of NSW; and the Executive Director, UNSW Research Centre for Primary Health Care and Equity. His research interests are:

- Health system development, especially integration of health services (within Primary Health Care and between primary and secondary care);
- Prevention and management of chronic diseases, especially diabetes and cardiovascular disease;
- Health inequalities research, especially the health impact of unemployment and interventions to improve the health status of disadvantaged groups, including the unemployed refugees (asylum seekers) and Indigenous people; and

- Development of research capacity in primary health care, especially the development of primary care research networks and research practices.



Dr Bronwen Harvey MBBS, BA, MPH (Hons), GCHE

Dr Bronwen Harvey is the Medical Adviser to the Population Health Division of the Australian Government Department of Health and Ageing. She joined the Department in 1992, after 17 years of clinical experience in general practice, child health, rehabilitation and aged care. Within the Department she has advised on a range of policies and programs in public health, aged care and primary care. She has a particular interest in the support of preventive health and chronic disease management activities in general practice.

Session Planning

The following table overviews the activities within this learning guide. Activity time is based on numbers of 5-6 per group. Larger groups may take up to twice as long.

Activity	DVD Chapter	Activity time	Page
1. Creating the Learning Environment		15 minutes	9
2. What is item 717?	1	20 minutes	10
3. Case Study 1: MBS Item 717	1	15 minutes	11
4. Chronic disease risk factors	2	30minutes	11
5. The role of the Practice Nurse	3	20 minutes	13
6. Effectiveness of the 45-49 year old health check	4	20 minutes	15
7. Case Study 3: Patient management	4	15 minutes	16
8. Case Study 4: Stages of Change and Divisional Support	5	25 minutes	17

The table provides approximate timings for the activities within this guide. Session planning should include time to view the particular DVD chapter as a prompt to the activity and delivery of the background material provided for each section. As a guide, the entire training package could be covered in a 3-4 hour workshop.

Activities contained within the learning guide are short and not designed to tell the entire story, rather providing stimulus for participants to think about the information and the issues arising from it. The case studies and activities are designed to reflect real life situations, providing opportunities to integrate learning into practice.

Case Studies

Case Studies are provided in the presentation to highlight the practical aspects of delivering the 45-49 year old Health Check in a General Practice setting. Key points and discussion topics are outlined in the relevant section of the learning guide.

Case Study 1: MBS Item # 717

Dr Jenny May (General Practitioner, Tamworth NSW)



The new MBS item #717 allows for GPs to provide a preventive health check for people in the age group of 45 and 49 years who are at risk of developing a chronic disease. The health check aims to assist with the prevention of chronic disease and to enable early intervention strategies to be put in place where appropriate.

Using the 45 year old Health Check, this case study discusses the benefits of early intervention in chronic disease at an individual and community level.

Case study 2: Role of the practice nurse and other health professionals

Alicia Bonorno (Practice Nurse, Tamworth NSW)



Practice nurses, Aboriginal Health Workers and other health professionals may assist GPs in performing the health check, in accordance with accepted medical practice and under the supervision of the GP.

This case study illustrates the role of the practice nurse in undertaking specific elements of the 45 Yr Old Health Check.

Case Study 3: Patient management

Dr Jenny May (General Practitioner, Tamworth NSW)

An important link with 45-49 year old health check is *Lifescrpts*. Using the SNAP Guide, *Lifescrpts* provides a population health focus allowing GPs to systematically target patients and offer treatment appropriate to their needs.

This case study illustrates the role of the GP in the 45 yr old Health Check process and demonstrates the link between Item #717 and *Lifescrpts* resources.

Case Study 4: Stages of Change, Lifescrpts and Divisional Support

Dr Nicholas Zwar – (General Practice Clinic, Fairfield Hospital)



This case study illustrates how GPs can facilitate intervention in patients with identified risk factors as a result of the 45-49 year old health check. Through motivational interviewing techniques and the *Lifescrpts* resources they can develop an agreed patient management plan. The patient enquires about interventions and the GP contacts the local Division of General Practice to enquire about referral options in the patient's area.

Activity 1

Creating the Learning Environment

Visualisation activity – 45-49 year old health considerations

Allow the group to sit comfortably and close their eyes. Slowly read the following;

Imagine you finished high school or university around twenty five to thirty years ago, you may have a family and a long career. Although you are busy with work and don't have the opportunities to exercise as often as you would like, you consider yourself in reasonable health. Meals are often rushed or grabbed 'on the run', and not always as healthy as they could be.

You have noticed that you are putting on a little weight, considering it a normal part of the "middle age spread", you may smoke, or perhaps you indulge in a little more alcohol than you should. There may be some family links to chronic disease but you keep thinking, "it can't happen to me", "I haven't got time to go to the Dr", or "I'm sure the doc has sick people to deal with, he/she doesn't need to waste their time with me".

Think about how you may be feeling, the restrictions on your time, and your health concerns

When the group is ready, have them open their eyes.

Lead a group discussion, allowing and encouraging all participants to contribute, based on the following:

- What issues face the 45-49 year old patient in seeking information and screening for chronic health conditions?
- What are the lifestyle contributing factors and remedies to major medical conditions?

Activity 2

View DVD
Chapter 1



What is item 717?

Dr Bronwen Harvey

This session will outline:

- What is the 45-49 year old health check
- Who is eligible
- What are the components of, and MBS rebate for, the health check
- Which practitioners can undertake the 45-49 year old health check

Key points from Activity 2

- The 45-49 year old age group is highly likely to have a least one indicator for cardiovascular disease.
- Early identification of risk factors in patients is likely to improve long term outcomes in chronic disease.
- Item 717 has been established to respond to the forecast future burden of chronic disease.
- Item 717 is eligible to any patient in within the ages 45-49 years (inclusive) with one or more risk factors for chronic disease, either;
 - Lifestyle risk factors e.g. smoking, alcohol misuse, physical inactivity or poor nutrition,
 - Biomedical risk factors e.g. high blood pressure, high cholesterol, impaired glucose metabolism, or excessive weight, or
 - Family history of chronic disease.
- The components of item 717 include;
 - Taking a patient history and undertaking relevant examinations and investigations as clinically required, including BMI and waist circumference,
 - Making an overall assessment of the patient's health, including the patient's readiness to make lifestyle changes, and
 - Providing advice and information to the patient or appropriate treatment if that's necessary.
- Primary care professionals, particularly General Practitioners are best placed to provide screening for chronic disease risk factors, however;
 - General Practitioners can utilise practice nurses to assist with health checks, and
 - Health checks may be conducted over more than one appointment.
- In 2008 the rebate for item 717 is \$102.20.
- When combined with Lifescripts, or other methods of changing lifestyle, the long term health outcomes of patients with chronic disease risks can be improved.

Activity 3

View Case Study 1

Case Study 1: MBS Item 717

Have the group watch Dr Jenny May's initial consultation with Amanda.

In small groups discuss;

- How is preventative health care managed currently in your practice?
- Which situations could work against a preventative focus?
- Which positive outcomes could be achieved?
- Do you think the benefits outweigh the negative facets of the health check discussed above?

MBS Item #717 provides a number of positive benefits to both practitioners and patients:

- Although doctors regularly consider preventative measures in patient management, Item 717 allows a specific focus on prevention.
- A long standing knowledge of patients and their families may provide information on hereditary chronic disease risk factors.
- The health check can be suggested to patients, giving them a “better position to face the next 20 years”.
- As Item 717 is not required to be completed in a single appointment, opportunistic presentation allows the health check to be introduced and a preliminary assessment to be conducted, with a return appointment made to complete the health check in consultation with the practice nurse if available.

Activity 4

View DVD
Chapter 2



Chronic disease risk factors

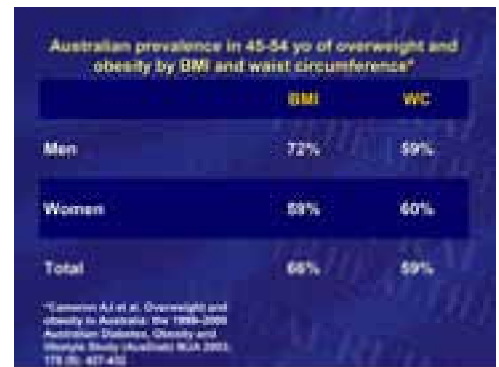
Dr Mark Nelson

This session will outline;

- The major chronic diseases and their risk factors facing Australians in the 45-49 year age bracket.
- The effects General Practitioners can have on influencing population health outcomes.
- The role of absolute and relative risk assessment.

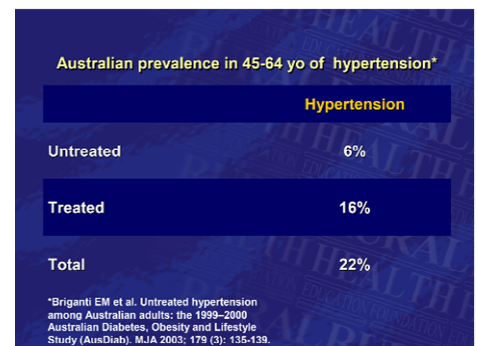
Key points from chapter 2 - Chronic disease risk factors

- Cardiovascular disease (CVD) risk factors are the most common cause of morbidity and mortality in Australia.
- CVD risk factors contribute to a wide range of conditions, eg, stroke and Type II diabetes
- 66% of the 45-54 year old population have a Body Mass Index (BMI) in the categories of either overweight or obese
- Obesity is becoming more common among Australians generally.
- Obesity is a significant contributing factor to the most common chronic conditions found in the 45-49 year old population.



Blood Pressure

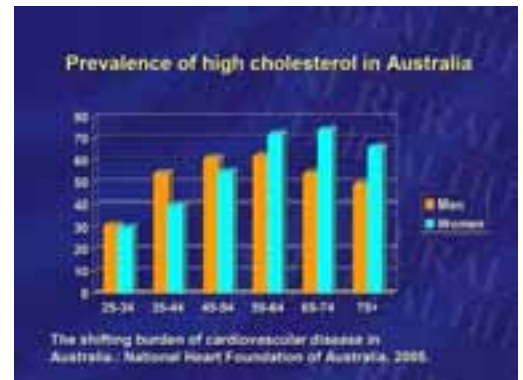
- In a population context, rates of identified hypertension are falling. While the population rate of treated hypertension is around 16%, 6% of patients are untreated and it is believed that substantially more patients with hypertension are not diagnosed, and in turn, not treated. It is these undiagnosed patients that have the potential to benefit most significantly by the 45-49 year old health check.
- When compared with clinics specialising in high blood pressure, General Practice appears to be managing high blood pressure well.
- A number of risk factors cause high blood pressure, and often these risk factors are managed less effectively, than the blood pressure itself.



A majority of heart attack patients do not have a single elevated risk factor. Patients are more likely to present with a number of risk factors in the elevated end of the “normal” range, which should not discount the possibility of a chronic disease. A number of factors, such as cholesterol, and blood pressure should be combined, using the absolute risk calculator, when determining a patient’s chronic disease risk.

Cholesterol

- The majority of patients, well over 60%, have dislipidaemia.
- Previously it was thought that women had lower rates of heart disease than men, however it is known that men and women have equal rates of heart disease, with women developing heart disease around 10 years later, on average, than men.
- Type 2 diabetes is a greater CVD risk in women than in men.



Absolute risk tools

- Absolute risk is the likelihood that an event will occur, whereas the relative risk is the risk assessed when compared to another member of the population of the same weight and age.
- Absolute risk tools are based on the Framingham Algorithm and while designed for patients around 65 years, the tools provide essential information on chronic disease potential. It is generally considered that the disease potential eg likelihood of a heart attack, is reduced when compared to an older patient.
- Patients with a high absolute risk are those patients who should be, and generally are, considered for medical interventions such as, medication or surgery.
- Patients with a moderate or low absolute risk, however a higher relative risk, benefit significantly from early interventions such as counselling, diet and exercise, potentially reducing their absolute risk. Such early intervention, when successful, reduces likelihood of progression to the disease.
- General Practitioners are best placed to manage patients at the stage of higher relative risk, with Australian and New Zealand doctors leading the world in the implementation of absolute risk calculators.

Other medical conditions

- Mental health conditions such as depression and anxiety are both chronic conditions which may exist in conjunction with, or independent of, other chronic diseases. Furthermore, depression is understood as a contributing factor

to, and a symptom of, coronary artery disease. As such, depression checklists or other mental health assessment tools should be considered as part of the health check.

- Any health check assessments should be evidence based, eg Prostate Specific Antigen (PSA) tests may be ordered as part of a prostate cancer assessment. However patient assessment should provide evidence that such additional testing is required.

General Practitioners are best placed to mitigate many chronic disease influences through the Smoking, Nutrition, Alcohol and Physical Activity (SNAP) Framework. (Details of the effects of the SNAP framework and Health Checks are covered in Activity 6).

By focusing on an evidence based approach, conducting the 45-49 year old health check gives General Practitioners the potential to considerably influence the occurrence of major chronic diseases.

Activity 5

View DVD
Chapter 3



Case study 2: Role of the practice nurse and other health professionals

Have the group watch case study 2, which follows the patient, Amanda, through the appointment with Alicia, the practice nurse.

In small groups, discuss:

- What parts of the 45-49 Year old Health Check, can be reasonable conducted by the Practice Nurse?
- What advantages to the management of patient load can be achieved through utilising the practice nurse in the delivery of the 45-49 year old Health Check?
- What additional information can be obtained during the appointment with the practice nurse?
- Give some examples of the types of support and additional information available to assist in conducting the 45-49 year old health check.

Practice nurses complement General Practitioners in a Practice team approach through:

- Identifying eligible patients through examination of patient records and patient information systems used within the practice.
- Information collection (such as measuring height, weight, blood pressure and lifestyle risk factors).
- Providing General Practitioners with results from the assessment allowing GP's to conduct a streamlined thorough analysis of assessment results with the patient.

- Time savings through assisting with the health assessment also allows GP to concentrate on other patients.
- Developing a good working relationship with patients allowing additional information to be sought through interviewing, especially when patients may be less likely to provide information in other forms, eg LifeScripts written questionnaires.
- Providing an additional appointment time to advise patients in greater depth on healthy lifestyle choices eg nutrition and exercise.
- Providing contextual information about patients and the external factors affecting the patient's lifestyle eg, older parents, adult children and work commitments.
- A long standing relationship with patient's and their families generally can provide a basis to access additional patient information.
- At the direction of the General Practitioner, practice nurses can provide patients with information about recommended interventions (such as information about community resources and support services in the local area, referral options, etc).
- Availability of the MBS Chronic Disease Management item numbers allows a multidisciplinary team approach to chronic disease where required and available.
- Support in the form of algorithms and other information is often available online to assist practices in administering the 45-49 year old Health Check and other MBS item numbers. (See also **Online Resources**, p 18)

Activity 6

View DVD
Chapter 4



Effectiveness of the 45-49 year old health check

Dr Mark Harris

This session will outline:

- How Item 717 has been taken up by General Practitioners.
- What have been the shortcomings of the health check.
- The steps that should be considered as part of a risk management approach to chronic disease intervention.

Key points from activity 6 – Effectiveness of the 45-49 year old health check

A three month study into the effectiveness of the health check was conducted, in relation to the patient behavioural risk factors of Smoking, Nutrition, Alcohol and Physical activity, known as the SNAP risk factors, finding:

- So far, the uptake of Item 717 has been positive, although metropolitan areas have been more readily introducing the health check, compared to country areas.

- In the wider context, there has been an equal distribution of male and female assessments being conducted.
- The health check has been proven as an effective tool to assess SNAP risk factors.
- Referral to other providers for intervention and management of SNAP risk factors was increased, although more than half of the study subjects identified as having risk factors were not referred. This is of concern, particularly in those patients with both behavioural and physiological risk factors.
- The General Practices provided advice, written material and where available, practice nurses were utilised to provide education.
- Reason for non referral was not outlined, however some lack of referral may be explained by lack of referral services, such as dietician, diet education, physical activity programs or exercise physiologists, particularly in non metropolitan areas. The inequity of allied health access in non metropolitan areas is being addressed through other intervention programs, notably though the Division of General Practice.
- Patients who undertook the health check were observed to have an increased readiness to change their behaviour in relation to their risk factors. Patients were observed increasing their servings of fruit and vegetables, and duration of physical activity, although the health check was less effective in smoking and alcohol consumption.
- The lower effectiveness of the health check in reducing smoking and alcohol consumption, suggests that patients who have these risk factors may benefit from additional interventions, such as alcohol counselling and smoking cessation programs.
- Although individual risk factors may not be considered to require intervention, using an absolute risk assessment approach to appreciate a combination of risk factors is likely to be more effective.
- Generally GP's are referring appropriately; however the large number of non referrals is of particular concern. A holistic appreciation rather than an individual risk approach should be taken when considering referrals, or other interventions, to manage chronic disease risk factors, in those areas where referral services are available. Investigation of other avenues of lifestyle risk factor management, such as telephone counselling for smoking cessation, may provide a useful alternative in those areas that lack local support services.

Activity 7

View case study 3

Case study 3: Patient management

Have the group watch case study 3, which follows the patient, Amanda, through the revision appointment with Dr Jenny May.

In small groups, discuss:

- What types of services are available in your area to assist in the intervention of a patient's chronic disease risk factors?
- Which referrals could be considered in the following;
 - A 48 year old male with a family history of prostate cancer, who admits to losing his licence after being convicted of driving under the influence of alcohol.
 - A 46 year old female, with a BMI of 31 and a history of diabetes, who presents with joint pain of unknown etiology.

Managing patients with chronic disease risk factors poses a number of issues:

- Patients with family history risk factors generally have increased motivation to manage their risk factors.
- If motivation is high then success is likely. Unmotivated patients can be provided with information in preparation for future change.
- While General Practitioners manage patients well, a more active approach to intervention is likely to have longer term affects in managing patient risks, both behavioural and physiological.
- Referral to specialists is well outlined for diagnosis, however referral to allied health professionals for risk management is less common and offers an additional approach to intervention.
- Holistic risk management should be considered by assessing all risks, not just those factors which are perceived to require intervention.
- *LifeScripts* resources assist in the overall assessment of risk, providing a vital first step in the ongoing management of patients with chronic disease risk factors.

Activity 8

View case study
4

Case Study 4: Stages of Change and Divisional Support

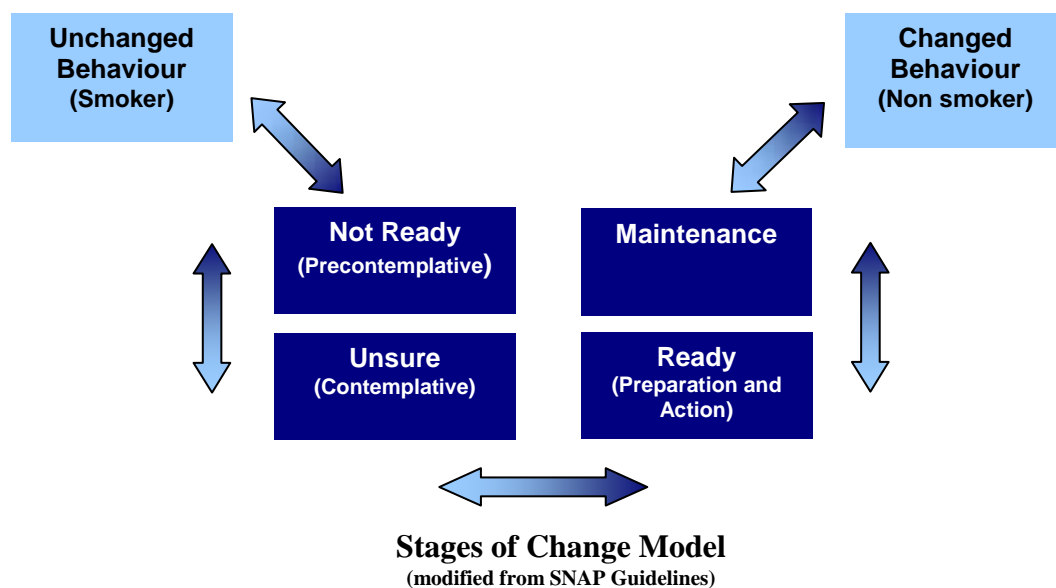
Have the group watch Case Study 4, outlining Dr Nicholas Zwar's consultation with Rod, a 49 year old patient of Dr Zwar for the last 5 years.

In small groups, discuss:

- Which risk factors were identified?
- For each of the risk factors, what clues did Rod give that suggested his readiness to change?
- What steps can be taken to improve Rod's motivation for change in those areas where he is less committed to change?
- Name and describe the methods of accessing the various tools and support available to manage lifestyle risk factors?

General Practitioners are best placed to manage chronic disease risk factors, however successful management can only be achieved in those patients who are correctly diagnosed and sufficiently motivated to undertake change:

- Rod was identified with nutrition, alcohol and physical activity behavioural risk factors. High cholesterol and triglycerides identified as physiological risk factors.
- The **Stages of Change** assessment gives an insight into the likelihood of success in intervention programs. Patients can move, both forward and backward, through the various stages of the model. Patients may be more motivated to manage some individual factors more than others, suggesting a prioritised approach, initially addressing the factors the patient is prepared to manage may provide results and in turn motivation to manage other lifestyle factors in the future.



- Through motivational interviewing techniques Dr Zwar was able to determine that Rod’s children were a strong motivating factor in addressing his current health concerns. Rod’s discussion regarding the use of alcohol to “calm down” may suggest that Rod would benefit from other strategies to help him relax.
- Prioritising risk factors and steadily introducing interventions may provide a sustainable solution to patients that may have a number of individual behavioural and physiological risk factors, which otherwise may cause patients to become overwhelmed.
- The level of familiarity between the regular patients and their General Practitioner allows GP’s the ability to gauge a patients’ likelihood to consider and commit to change.
- The Divisions of General Practice, Department of Health and Ageing and other professional bodies produce a wide range of resources for General Practitioners and other professionals to assist patients to manage their behavioural risk factors. A number of these resources are outlined in the **Electronic Resources** section of this guide.

Electronic Resources

A number of resources have been provided by the Australian General Practice Network to assist General practitioners in delivering the various Health checks. These resources are contained on the DVD, or are alternatively available through the AGPN. The DVD Electronic resources consist of:



- A **Guide to Health Check Resources** details the Health Check Resources available through the AGPN.
- A **2-hour PowerPoint presentation** and accompanying facilitators manual which provides a comprehensive overview of the aims of the 45-49 year old health check, practical advice on identifying eligible patients, as well as explaining what the assessment involves and who can help with each step of the process. These resources can be used to run workshops/events to provide education and training on the 45-49 year old health check.
- **Quick Reference Guides** for each group of MBS health check item numbers, designed as companion resources to the practice detailing cards. The Quick Reference Guides have been developed as a resource for division staff to give to general practitioners to assist them in conducting the health check.
- **Practice detailing cards** on each group of MBS health check item numbers to assist division of general practice staff in raising awareness of the Medicare health check item numbers, the eligible population group for each item number, information on why the health check is important for this group as well as information on the major causes of excess mortality.

The resource pack contains the following health check cards:

- Health Check for Patients aged 75 years and over (MBS items 700,702)
- Health Check for Aboriginal and Torres Strait Islander People (MBS items 704, 706, 708, 710)
- Comprehensive Medical Assessment for permanent residents of residential aged care facilities (MBS item 712)
- Health Check for humanitarian entrants to Australia (MBS items 714, 716)
- Health Check for men and women aged 45-49 years (inclusive) with at least one risk factor for chronic disease (MBS item 717)
- Health Check for people with an intellectual disability (MBS item 718, 719).

- An **A1 waiting room poster** to raise awareness of the 45-49 year old Medicare health check among patients, and to encourage them to speak with the GP about their eligibility for a health check.
- An **A1 wall chart to display within the GP's consulting room**. The chart provides details for each step of the health check, including required actions and investigations, available support tools as well as resources and guidance on practice staff who can assist in conducting the health check.
- **Practice Support Templates** (including a Medical Director Template for the 45-49 year old health check). Two template letters have been developed by the Royal Australian College of General Practitioners, and are reproduced with their permission. These templates can be used by practices to contact patients eligible for the 45-49 year old health check. These materials are available in electronic format and are included on the health checks DVD.
- **Business case** to demonstrate the level of remuneration available to general practice by providing the 45-49 year old health check (Medicare item number 717) to eligible patients within the practice population.

Online Resources

Health checks <http://www.health.gov.au/epc>

SNAP Framework <http://www.racgp.org.au/guidelines/snap/>

LifeScripts

Department of Health and Aging <http://www.health.gov.au/lifescrpts>

AGPN <http://www.agpn.com.au/site/index.cfm?display=5267>.

Rural Health Education Foundation

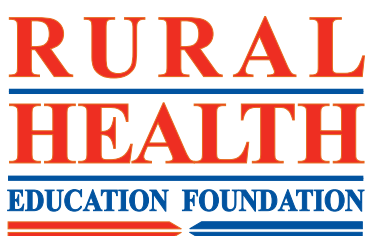
Main Page <http://www.rhef.com.au>

45-49 Year old Health Check <http://www.rhef.com.au/programs/803/803.html>

Indigenous Health Checks <http://www.rhef.com.au/programs/807/807.html>

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