

GETTING STARTED – A GUIDE TO PLANNING AND IMPLEMENTING HEALTH ASSESSMENTS

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INTRODUCTION

The following guide to planning health assessments is the result of extensive consultation with GPs who are already doing annual health assessments for their patients aged over 75 years and have successfully moved from planning to implementation. Twenty practices across five Divisions of General Practice were involved in our study. We hope that their collective experience will make it easier for you to do health assessments and save you from spending time ‘reinventing the wheel’. There isn’t one right way to ‘do’ health assessments. A small investment in time spent planning a process that suits you and your practice should pay dividends in the longer term.

PLEASE NOTE - This guide does NOT cover:

- The Medical Benefits Schedule requirements for health assessments
- The clinical aspects of health assessments
- Critical appraisal of the various assessment forms and tools available
- Employment of staff

• The financial advantage/disadvantage of conducting health assessments

For further information on this last point, see *Health Assessments In General Practice:*

Exploring the financial advantage/disadvantage, also available from the Monash Division of General Practice, or from our website; www.monashdivision.com.au

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STEPS IN PLANNING - SUMMARY

STEP ONE: IDENTIFY YOUR ELIGIBLE POPULATION

Do you know how many patients you have in the 75 and over age group who are eligible for an annual health assessment? How many Aboriginal or Torres Strait Islanders over 55? Many GPs have found it a valuable exercise to “clean up their database” before they begin, i.e., remove records of any deceased patients, once-only visits or those who have moved away from the practice. Up to one third of your records may be inactive and give an inaccurate picture of your practice population. Once you know how many patients you really have, this will help determine your approach.

STEP TWO: DECIDE ON THE BEST APPROACH FOR YOUR PRACTICE

Three broad approaches, or models, have been identified; of course no two practices are the same, but most of the GPs consulted use one of the following approaches with minor variations, e.g., differing approaches to patient recruitment.

These are:

- A) Health assessments done by GP only, usually practice based
- B) Health assessments done by GP and contract staff, usually home based
- C) Health assessments done by GP and practice staff, either practice or home based

The features and advantages of each model are discussed in more detail on pages 3 – 5.

STEP THREE: CHOOSE AN ASSESSMENT PROFORMA TO MEET YOUR NEEDS

Currently there are a number of assessment forms:

- Royal Australian College of General Practitioners
- Department of Veterans' Affairs
- Clinical software packages now include health assessment templates
- Several Divisions of General Practice have developed their own
- Individual GPs have developed their own

See page 5 for more information.

STEP FOUR: CHOOSE A PATIENT RECRUITMENT STRATEGY

This can be:

- Opportunistic – as patients attend the practice for other reasons
- Waiting room promotion – brochures and posters
- By mail – personalised letter from the GP +/- information brochure
- By telephone – this may follow a letter of invitation.

More detail on page 6.

STEP FIVE: IDENTIFY STAFF ROLES

The table on page 7 provides a comprehensive list of tasks which may be undertaken when providing annual health assessments for your eligible patients. Not *all* GPs or practices follow *all* these steps, but it provides a framework for considering the allocation of tasks in your own context.

STEP 2 - DECIDING ON THE BEST APPROACH FOR YOUR PRACTICE

While guidelines for conducting a health assessment have been developed by the RACGP, our research provides additional information on how GPs are currently introducing health assessments into their practice. Twenty five GPs and five practice staff were interviewed and asked questions about implementation and the amount of time that they spend on different elements of the health assessment. Five key steps have been identified in the process of conducting a health assessment. These are: preparation, proactive patient contact, functional assessment, medical assessment and finalisation. The key tasks/activities for each of these steps are listed in Table 1.

Table 1: Health Assessment activity pathway

Step 1 →	Step 2 →	Step 3 →	Step 4 →	Step 5
PREPARATION	PROACTIVE PATIENT CONTACT	FUNCTIONAL ASSESSMENT	MEDICAL ASSESSMENT	FINALISATION
Consider and plan approach	Recruitment letter	Physical	Blood pressure	Finalise report
Review and clean data base	Follow up phone call	Psychological	Pulse rate & rhythm	Summary to patient
Prepare patient summary	Sticker on file	Social	Medication review	Enter for recall
Role clarification & staff training	Arrange appointment		List issues for management	
	Patient consent			

As stated previously, three main models of health assessment implementation have emerged:

Model A: OPPORTUNISTIC - Health assessments done by GP only, usually practice based

Model B: CONTRACTING - Health assessments done by GP and contract staff, usually home based

Model C: INTERNAL EMPLOYMENT - Health assessments done by GP and practice staff, either practice or home based.

These models are summarised in Table 2 below, and described in more detail on the following pages.

Table 2: Models by key components and allocation of roles

	Model A Opportunistic		Model B Contracting		Model C Internal employment	
	GP	AHP*	GP	AHP	GP	AHP
Step 1 Preparation			✓		✓	✓
Step 2 Proactive patient contact			✓		+/-	✓
Step 3 Functional assessment	✓			✓		✓
Step 4 Medical assessment	✓		✓		✓	
Step 5 Finalisation	✓		✓		✓	✓

(* AHP = Allied Health Professional; usually, but not necessarily, a nurse)

MODEL A – OPPORTUNISTIC MODEL- GP only, usually practice based.

The GP, upon seeing an eligible patient, encourages them to return for a health assessment. Approximately 2 minutes are taken to explain to the patient what is involved in a health assessment and the patient makes an appointment, usually a double booking. The GP sees the patient in the consulting rooms for 30 – 60 minutes.

ADVANTAGES of Model A:

- This model is suitable if you have less than 100 patients over 75yrs in your practice population, which equates to 1-2 health assessment per week.
- A practice based HA could be incorporated into your usual consulting sessions without causing too much disruption.
- To make this approach more systematic you could tag the files of eligible patients (alternatively, if you use Medical Director, it will prompt you).
- The bulk of the assessments can be scheduled for the quieter times of the year, e.g., January.

MODEL B. CONTRACTING MODEL – usually home based, but can be practice based

The GP enters into an agreement with a third party to complete the functional assessment component with the patient, usually in their own home. This third party may be an organisation e.g RDNS, or an individual health professional. Some Divisions have contracted nurses for this purpose. The GP identifies eligible patients, obtains the patient's consent to undertake a health assessment and then notifies the third party (approx. 10 minutes per patient). The third party then follows up with the patient, undertakes the home assessment and provides a report to the GP. The third party usually charges a set rate per assessment. The patient then sees GP for an average of 30 minutes to complete the medical component of the health assessment and receive a summary.

ADVANTAGES of Model B:

- This model is applicable irrespective of your >75yrs practice population size.
- There is minimal disruption to your usual consultation patterns.
- Home assessments attract the higher rebate (a proportion of which is paid to the nurse).
- Do not need to provide accommodation for the nurse in the practice.
- Home assessment and nurse's perspective adds to the quality of the assessment.
- Similar to current referral processes – easy for GPs to incorporate into routine practice.

MODEL C. INTERNAL EMPLOYMENT MODEL – usually home based, but can be practice based.

The practice decides to employ or redirect current allied health staff (usually a nurse) to be involved in health assessments, and often to coordinate the process. The practice proactively identifies their 75+ patient population, establishes a system with clearly defined roles, e.g., the allied health staff may be fully responsible for recruitment, including sending a letter, or the GP may see patients first and obtain consent. The allied health staff conduct a functional health assessment in the home. The patient then sees the GP for an average of 30 minutes in the practice to complete the medical component of the health assessment and receive a summary.

Approximately two hours per assessment is allocated for the coordinating role of the non-GP staff member. This may include: initial identification of eligible patients (database cleaning); sending letters of invitation +/- follow up phone call; organising and conducting the home assessment,

including travel time; organising follow up appointment for GP to complete the assessment; registering patients for recall in twelve months.

ADVANTAGES of Model C:

- This model is more sustainable in larger practices. However, it is economically viable to employ a nurse on a part time basis even with an eligible practice population of 100-200.
- GP has minimal involvement in administrative functions.
- Enables a systematic, coordinated approach.
- Existing practice nurse already has an established rapport with patient and ongoing relationship.
- Remuneration at the higher home assessment rate covers nurse employment costs.
- Nurse is able to follow up on any identified needs: liaise with other service providers.
- The nurse is available for other roles within the practice, e.g., immunisation, wound care, diabetes/asthma education.

STEP 3 - CHOOSING AN ASSESSMENT PROFORMA TO MEET YOUR NEEDS


GPs in our sample identified a number of benefits from undertaking health assessments, both for the doctor/practice and for the patients. It may be helpful to consider these against your own priorities when selecting an assessment proforma to meet your needs.

POSITIVE OUTCOMES FROM ANNUAL HEALTH ASSESSMENTS:

- Improvement in the standard of medical records:
 - ◊ Increase in the number of current and comprehensive health summaries
 - ◊ Assessment information can be used when making referrals
 - ◊ Information such as next of kin, power of attorney is now recorded
- Identification of patients overdue for review, e.g., eye checks, cholesterol, diabetics, driving skills
- Identification of patients at risk, leading to appropriate preventive action
- Increased patient awareness of their own health risks and the GP's role in holistic preventive care.

Currently there are a number of health assessment formats available:

- RACGP
- DVA
- Medical software (e.g. Medical Director)
- Divisions
- Individual GPs

 **TIP:** Try a number of different forms with less complex patients initially, to become familiar with each before choosing the one that best suits your needs. In a group practice, it may be beneficial if all GPs trial the forms and reach consensus.

Other things to consider in choosing the most appropriate proforma:

- Level of computer use and competency in your practice as a whole
- Who will conduct the assessment
- Where the assessment is to be conducted.

STEP 4 - CHOOSING A PATIENT RECRUITMENT STRATEGY

This can be:

- **opportunistic** - as patients present for other reasons.

- **waiting room promotion** - The Department of Health and Aged Care (DHAC) has produced an information brochure for consumers, which could be supplemented with your own posters and practice specific information. If you have a Practice Newsletter, consider including an article or series of articles about health assessments, e.g., information from DHAC, positive testimonials from patients.

- **systematic mailout to all eligible patients over the age of 75 years** -You may choose to design your own letter, as well as include the DHAC brochure. As there has been some reluctance and suspicion amongst the elderly population, the wording of such letters needs careful consideration. Emphasise the preventive nature, that it is a health 'review' rather than 'assessment' (with it's negative connotations), and that it allows time and opportunity for the doctor to understand any concerns which are not addressed during short consultations, etc. Many Divisions have examples of letters for you to consider.

- **by phone** - Consider practice staff taking on this role, especially if they have a good rapport with your elderly patients.

- **combination of strategies** – Your choice of any or all of the above approaches will depend on a number of practice-specific factors:
 - ◇ Size and demographic profile of eligible practice population
 - ◇ Your target group – do you plan to assess: patients at their own request; those who live alone; those who would benefit most from a comprehensive psycho/social assessment; or work systematically through the whole practice population?
 - ◇ Availability of staff to undertake tasks
 - ◇ Level of agreement/enthusiasm among other doctors in the practice. You may need to tailor the recruitment to accommodate different consulting styles and attitudes to health assessments.

STEP 5 – IDENTIFYING STAFF ROLES

The following table may help you to plan the allocation of staff time and responsibilities.

TASKS	PERFORMED BY				(ESTIMATE)	
	N/A	GP	NURSE	OTHER	TIME	COST
Identify eligible patients						
Tag files						
Send letter of invitation						
Telephone invitation						
Discuss benefits						
Obtain consent						
Make appointment						
Update health summary/history						
Arrange home assessment						
Conduct home assessment						
Conduct practice based assessment						
Conduct physical examination						
Conduct medication review						
Communicate outcomes to patient, provide summary						
Register patient for recall/reminder						
Follow up on care needs						
Other:						
Other:						

PLANNING CHECKLIST

Step 1. Identify your eligible practice population:

Number of patients aged 75 and over

Number of Aboriginal patients aged 55 and over

Step 2. Decide on the best approach for your practice:

Opportunistic

Contracting

Internal Employment

Other variation

Step 3. Choose an assessment tool:

RACGP

DVA

Medical Director

Division

Other

Own

Step 4. Choose a patient recruitment strategy:

Opportunistic

Waiting room promotion

Systematic mailout

Phone

Combination of some or all of the above

Step 5. Identify staff roles and tasks:

Review of patient database or records - identify eligible practice population

Recruitment

Practice based assessment

Home based assessment

Follow up

Recall

GOOD LUCK!

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