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Medicare health assessments for people with intellectual disability – benefits for patients, doctors and carers in a rural community

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Questions

Please turn and speak to the person next to you then give us two or three suggestions:

What would make Medicare health assessments work for people with an intellectual disability?

Did you know about these health assessments? Yes/No

Have you experienced one (in any role?) Yes/No

What led to this study?

A rural accommodation service provider said that her clients had difficulty getting a new Medicare health assessment

She wondered: was this because they were in a rural community? Why was there a problem?

Some theories

Rural doctors might be too busy to fit in long consultations?

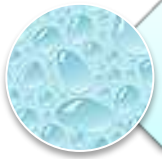
Maybe doctors don't even know about the health assessments?

Maybe their staff don't have the training to conduct them?

Aims – to find out:

If people in the country can get a health assessment every year

If the health assessments are useful



how they are useful

If it is harder to get one in a rural place

And whether they make it easier to live a healthy life

Background

What is the health assessment?

Enables people with an intellectual disability to:

- Receive a **comprehensive assessment** of their **physical, psychological and social function from their GP**;
- be part of a **regular review structure**
- **have input where appropriate from their carers and case managers**

Who can get one?

LIFE WITHOUT BARRIERS

Anyone with an intellectual or developmental disability who needs some help with activities in every day life, such as from the organisations on this page and many others...

LAAS Lifestyle Assistance & Accommodation Service
Ordinary People. Extraordinary Lives

PAKA parents assisting kids with Autism
success | friendship | safety

asid research to practice

Bedford™ Creating a brighter future

Medicare item numbers

Item no.	Designation	Description	Length
701	Brief	Simple – brief assessment	<30 mins
703	Standard	Straightforward – needs extra attention	30-45 mins
705	Long	Extensive – complex issues that may need long term management	45-60 mins
707	Prolonged	Complex – significant long term health needs, and needs a GP management plan	>60 mins
721	GP Management plan	An agreed action plan for a person with a chronic health condition, which identifies health and care needs	
723	Team care arrangement	GP will collaborate with at least two other health care providers in ongoing care	

Methodology

Methods

We wanted to talk with people with an intellectual disability who live in the country to ask

- if they have ever had a health assessment and
- if they are/would be helpful?

We also wanted to talk with rural doctors (GPs) to ask if they

- have ever done one of these and
- Are they/would they be helpful?

We chose to talk to people in the city as well, to see

- if we heard stories in Adelaide that were similar or different.

Who we interviewed

ASGC-RA rural zones

Code	Rurality
RA1	Metro
RA2	Inner region
RA3	Outer region
RA4	Remote
RA5	Very remote

Source: Australian Bureau of Statistics. Australian Standard Geographical Classification (ASGC) - 2006 Cat. no 1216.0.

Results

Participants - doctors

Participant	Zone	Description
Simon (GP)	RA3	FACRRM*. GP anaesthetics, stress tests, diabetes, sports medicine.
Barbara (GP)	RA3	FRACGP**, GP Anaesthetics, GP obstetrics and gynaecology
Michael (GP)	RA2 and RA1	FRACGP, GP obstetrics and gynaecology, M.A.S.H. Special interests: intellectual disability and paediatric care
Patrick (GP)	RA2	FRACGP FARGP***, GP obstetrics and gynaecology Special interests: Anaesthetics, internal medicine, medical education

*FACRRM	Fellowship of Australian College of Rural and Remote Medicine
**FRACGP	Fellowship of Royal Australian College of General Practice
***FARGP	Fellowship of Advanced Rural General Practice

Participants - carers

Participant	Zone	Description
Louise	RA3	- CEO accommodation service/legal guardian/carer
Anthony carer/manager	RA3	carer/manager
Noelene – carer/parent	RA3	Carer - parent
Joanne carer/support worker	RA1	carer/support worker
Joel carer/support worker	RA1	carer/support worker

Participants -consumers

Participant	code	Description
Josef	MSA	Josef blinked to say 'yes' or 'no', his carer phrased questions that Josef might understand.
Lewis	RSA	Lewis, Rodney and James remembered some things about going to the doctor and talked a bit about it. James understood the questions and answered them. In day to day activities Lewis, Rodney and James used a symbol board to communicate with carers.
Rodney	RSA	
James	RSA	
Amanda	MSA	Amanda has multiple sclerosis and can't walk or sit up. She understood some things clearly in the interview and could whisper short answers but sometimes she didn't understand. Her carer explained questions to help her and also explained what Amanda was saying.
David	MSA	David and Paul could understand and talk easily about going to the doctor and getting their health checked. The carer did not need to help. When they go to the doctor they do take a carer/support worker who can make sure that the doctor understands all of their needs.
Paul	RSA	
Connor	RF	Connor lives at home and his carer helped with his interview by helping him not to worry. She answered questions when Connor asked her to.

What we found

Health assessments give comprehensive information about health

Thorough – documented

Comprehensive history for the person being assessed, their doctor and their carer!

HEALTH ASSESSMENT as relevant to the patient.

☐ Check dental health (including dentition)

IDENTIFIED HEALTH ISSUES	ACTION

☐ Conduct aural examination (arrange formal audiometry every 5 years)

IDENTIFIED HEALTH ISSUES	ACTION

☐ Assess ocular health (arrange ophthalmologist/ optometrist review every 5 years)

IDENTIFIED HEALTH ISSUES	ACTION

☐ Assess nutritional status and review growth and development Weight: ..... Height: .....

IDENTIFIED HEALTH ISSUES	ACTION

☐ Assess bowel and bladder function (particularly for incontinence and chronic constipation)

IDENTIFIED HEALTH ISSUES	ACTION

☐ Assess medications (including 'non prescription' medicines taken by the patient, prescriptions from other doctors, medications prescribed but not taken, interactions, side effects and review of indications)

IDENTIFIED HEALTH ISSUES	ACTION

"involving the patient's carer or appropriate disability professionals"

HEALTH ASSESSMENT as relevant to the patient:

The balance between the patient's health and physical, psychological and social function domains is a matter for professional judgement in relation to each patient. Practitioners should also consider the following:

☐ Medical
- ☐ Consider follow-up consultations where medical treatment is required eg. high blood pressure, likelihood of other health problems
- ☐ Assess pathology if continence problems are evident

ACTION

☐ Physical function
- ☐ Consider the health impact of the patient's general skill levels and daily activities
- ☐ Consider the need for a referral for a formal review of activities of daily living

ACTION

☐ Psychological function
- ☐ Consider and investigate medical/ psychiatric causes where problems with cognition and skill decline are clinically suspected
- ☐ Consider depression where there is change in weight, sleep habit and escalation of behavioural problems
- ☐ Ensure there are systems in place to keep track of the patient's current behavioural status
- ☐ Consider psychiatric disorders when changes in behaviour are evident

ACTION

☐ Social function
- ☐ Assess suitability of the patient's accommodation setting to provide the best physical and psychological health outcomes
- ☐ Consider issues that relate to the care provided by the patient's carer to meet the health related needs of the patient

ACTION

☐ Other examinations as considered necessary by GP

EXAMINATION	IDENTIFIED HEALTH ISSUES	ACTION

☐ Involving the patient's carer or appropriate disability professionals
- ☐ Consider the need for referrals such as accommodation, daily assistance assessment, disability support services and psychologists

ACTION

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Communication

Communication: need for advocacy

- Joel (carer – metro) *'they [people with an intellectual disability] don't normally have people to speak up for them, and sometimes they can't speak effectively for themselves, so they need to have a detailed history…'*

Communication – need for interpretation

- Louise (carer/manager): Do you remember when you went to the doctor with Anthony?
- Lewis (Consumer, RA): Yeah.
- Louise: Was it good?
- Lewis: Yeah.
- Louise: What did he do?
- Lewis: Needle.
- Louise: ... you got a needle in your arm?
- Lewis: On my own.
- Louise: What was that for?
- Lewis: That was alright.

Communication – just not happening

Joanne (metro carer/support worker)

‘*…review of medications and things. It’s a good thing to do. It just needs to be made a bit simpler to have done, and its obviously, sort of not happening, I don’t think.’*

Health assessments unknown

- No consumers in the city or the country – or their carers and support workers – had ever heard of the Medicare health assessments

How is it for people in rural communities?

Rural themes: Familiar health care barriers in rural places

Lack of services in rural towns such as supported accommodation

Travel issues for referrals to city specialists and hospitals

Long waiting times to see a GP

'People tend to say well you choose to live in a rural area, so you have to accept their services, but I don't think that's acceptable. Barbara (Rural GP) '

What is valued about being in a rural community?

Rural themes - Being where you feel you belong

Connor (RF) *I like to be out of town.*

Louise (Service Manager) *the idea was to establish a community based accommodation in their own home town and quite rightly so.*

Louise (Service Manager) *community in rural areas is much, much stronger than in metro*

Stability and cohesion

Michael(Rural/urban GP) *…[in rural communities] the people don't change as often, the staff don't change as often, the doctors don't change as often, there's less mobility of the patients…*

Security and comfort

Simon (Rural GP) "… there's actually a lot more community comfort with having people [who are] intellectually disabled around,

…quite often some of the (accommodation) clients will walk up to the main street, and I find that very good because it's something you don't necessarily see in other areas, and if there's more exposure, then hopefully, there's more tolerance."

GPs are the right people

Inclusive care

Barbara (rural GP) *I would always prefer people to go to their own GP because you're looking at more than just the intellectual disability. There's a lot of fragmentation of medicine now, and I think that's the beauty...*

Noelene (rural carer -family) *They always treat him with respect, they always speak to him and not me, and then refer to me if Connor gets stuck, they're very respectful…*

Or generic care

Patrick (rural GP) I guess doctors are more used to: patient comes in, you do what you need to do, the patient goes out – 'next' – kind of way of thinking about how general practice medical services are provided for the community.

Simon (Rural GP) *Well that's always been the argument about any of these health plans is does it make a difference. …if you were looking after a Down's Syndrome child of yours in the community…it may potentially bring it to attention that we hadn't immunised them properly, so there may well be a change in the way we manage it because simply, having done this. But potentially, we may not ever refer to the document again, until its time to redo it.*

GPs don't know about or use the health assessments

- Simon (Rural GP) *Until you came and told me about it, it was nowhere near the forefront of my mind. I do remember hearing about it; that's the limit.*

GPs can’t do it alone

Needs to be simple and supported

- Barbara (Rural GP) *It's been very hard to sort out all these Medicare items, and we've been a little bit nervous of compliance, and there's been a large amount of work involved in getting them up and trying to work out what the nurses can do and what you have to do, and so, we've always tried to keep things simple, so we've started off with GP management plans, and then we'll diversify into other plans for other groups.*

And enable coordination with other services

- Louise (Manager) *If there isn't a disability support service in that town or in that region the GP probably doesn't have a relationship with an organisation such as ours to even be able to contact and say okay so what's happening with this*
- Dr Patrick (rural GP): …*it depends on the nature of what's required for that item number if you like and if it means access to a lot of allied health services and, and formulating a multi disciplinary plan for instance that might be difficult in a rural setting.*

Underpinned with education

Michael (rural/urban GP) *I think to look after a person with a intellectual disability needs some specific training*

Simon (rural GP)...*quite frequently, the diagnosis is later because of the intellectual disability, as well. Hopefully, that's improving, and again, the exposure with these medical students we've talked about will mean that people, it doesn't matter where they end up, they've had exposure and, hopefully, an understanding.*

conclusions

Conclusions

- Ownership for the promotion and coordination of this important national ‘win’ for people with an intellectual disability, their carers and supporters is complex.
- Rural GPs are serious about their role as community doctors and with appropriate assistance, support staff and training are well placed to implement the health assessments.
- Not all GPs are doing this well: perhaps this is because the meaning of a health assessment is different for doctors than for carer and client.

Further work

Further research

- Education and research around communication and case management, who is responsible and where are the gaps? What is the role of Disability SA? Not visible in this study. What is the role for a wider disability heath team?
- Trialling/adoption of different tools in SA that are proving effective interstate
- Disability research centres need to focus on States such as SA that are lagging behind

References

Australian Bureau of Statistics. Australian Standard Geographical Classification (ASGC) - 2006 Cat. no 1216.0. In. Canberra: Australian G; 2006.

The questions and your recommendations

Please give us two or three suggestions:

What would make Medicare health assessments work better for people with an intellectual disability?

Did you know about these health assessments? Yes/No

Have you experienced one (in any role?) Yes/No

Contact details

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