

# Cancer prevention and management via a 715

Aboriginal & Torres Strait Islander People

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15 October, 2020

HNECC PHN ACKNOWLEDGES THE TRADITIONAL OWNERS & CUSTODIANS OF THE  
LAND THAT WE LIVE & WORK ON AS THE FIRST PEOPLE OF THIS COUNTRY.





## LEARNING OUTCOMES

Encourage clinicians to consider age appropriate cancer screening in 715 health assessments

Enhance the awareness on the need for practice staff to engage in early discussions on cancer care in Aboriginal populations, including prevention and screening

Provide links to patient education and resources regarding cancer

# 1. Why?

### 3. Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer

Optimal care pathway for Aboriginal and Torres Strait Islander people with cancer

## MBS items 715 VR/228 non-VR

- is useful to the patient
- identifies health needs including patient health goals and priorities
- supports patients to take charge of their health and wellbeing
- provides a framework for primary and secondary disease prevention through healthcare advice, risk assessment and other measures
- is provided by the regular healthcare provider
- includes a plan for follow-up of identified health needs, priorities and goals.

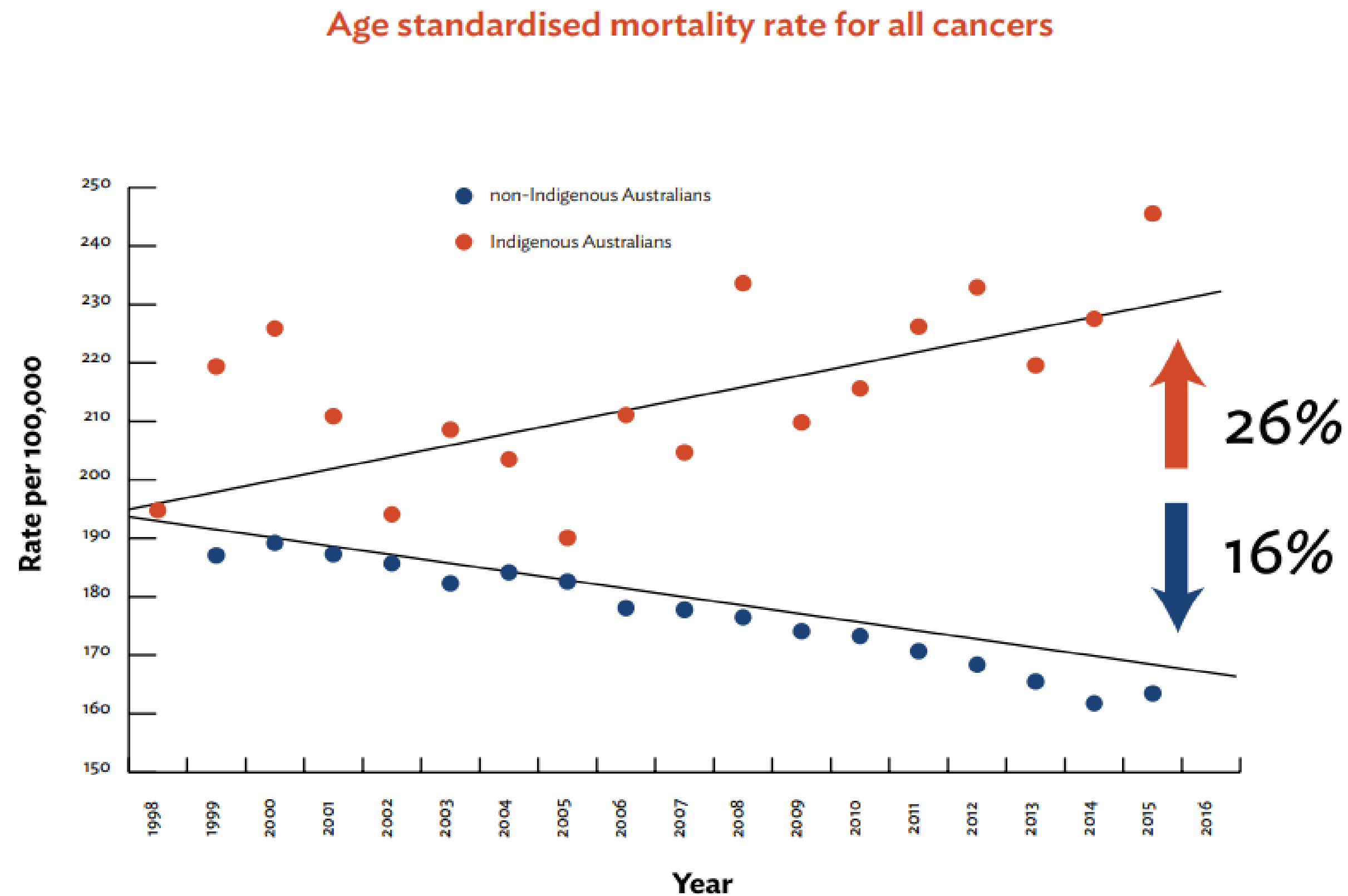
- [\*National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people\*](#), 3rd edition, The Royal Australian College of General Practitioners (RACGP) and National Aboriginal Community Controlled Health Organisation (NACCHO)
- [\*CARPA standard treatment manual\*](#), 7th edition, Central Australian Rural Practitioner's Association (CARPA).

Key:

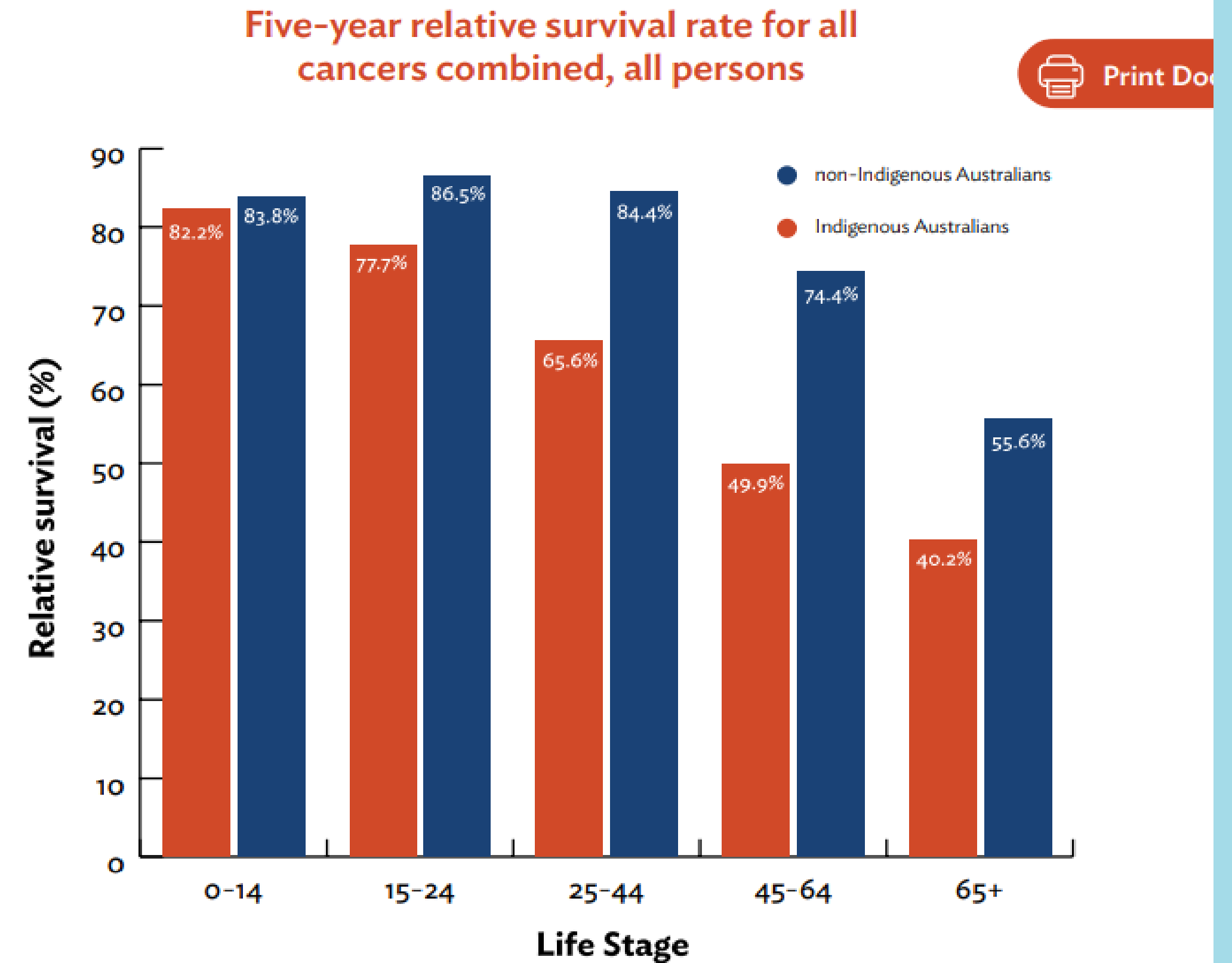
- Relevant to nKPIs
- Relevant to QI PIP

About the health check	Yes	No	N/A	
Eligible for health check (not claimed 715 or 228 in past nine months):				Date of last health check:
Consent				

## WHY?



Australian Institute of Health & Welfare 2018, Cancer in Aboriginal and Torres Strait Islander people of Australia. <https://www.aihw.gov.au/reports/cancer/cancer-in-indigenous-australians/contents/mortality>



Australian Institute of Health & Welfare 2018, Cancer in Aboriginal and Torres Strait Islander people of Australia. <https://www.aihw.gov.au/reports/cancer/cancer-in-indigenous-australians/contents/survival>

Source: Cancer Australia 2020 [https://www.canceraustralia.gov.au/sites/default/files/publications/optimal-care-pathway-aboriginal-and-torres-strait-islander-people-cancer-guide/pdf/optimal\\_care\\_pathway\\_for\\_aboriginal\\_and\\_torres\\_strait\\_islander\\_people\\_with\\_cancer\\_the\\_guide.pdf](https://www.canceraustralia.gov.au/sites/default/files/publications/optimal-care-pathway-aboriginal-and-torres-strait-islander-people-cancer-guide/pdf/optimal_care_pathway_for_aboriginal_and_torres_strait_islander_people_with_cancer_the_guide.pdf)

WHY?

Incidence figures for top 5 cancer types in Aboriginal and Torres Strait Islander persons 2010 - 2014

Cancer Type	No. of new cases		
Lung cancer	1,211		1
Breast cancer	989		2
Colorectal cancer	840		3
Prostate cancer	771		4
Head and neck (with lip)	536		5

Mortality figures for top 5 cancer types in Aboriginal and Torres Strait Islander persons 2012 - 2016

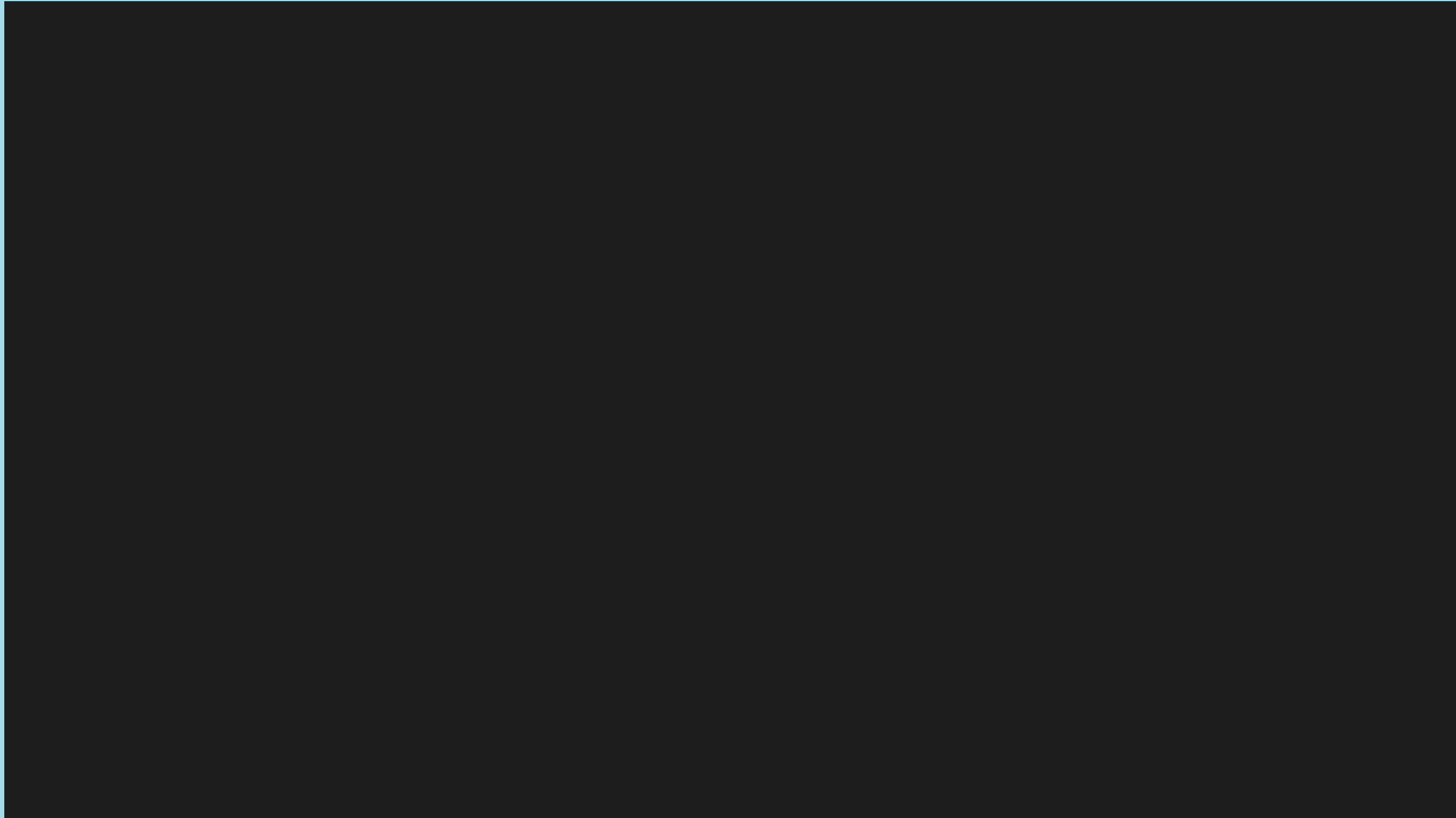
Cancer Type	No. of deaths		
Lung cancer	780		1
Colorectal cancer	213		2
Head and neck (with lip)	204		3
Liver cancer	202		4
Cancer of unknown primary site	195		5

 Print Document

Australian Institute of Health and Welfare 2019. Cancer in Australia 2019. Cancer series no.119. Cat. no. CAN 123. Canberra: AIHW. <https://www.aihw.gov.au/reports/cancer/cancer-in-australia-2019>

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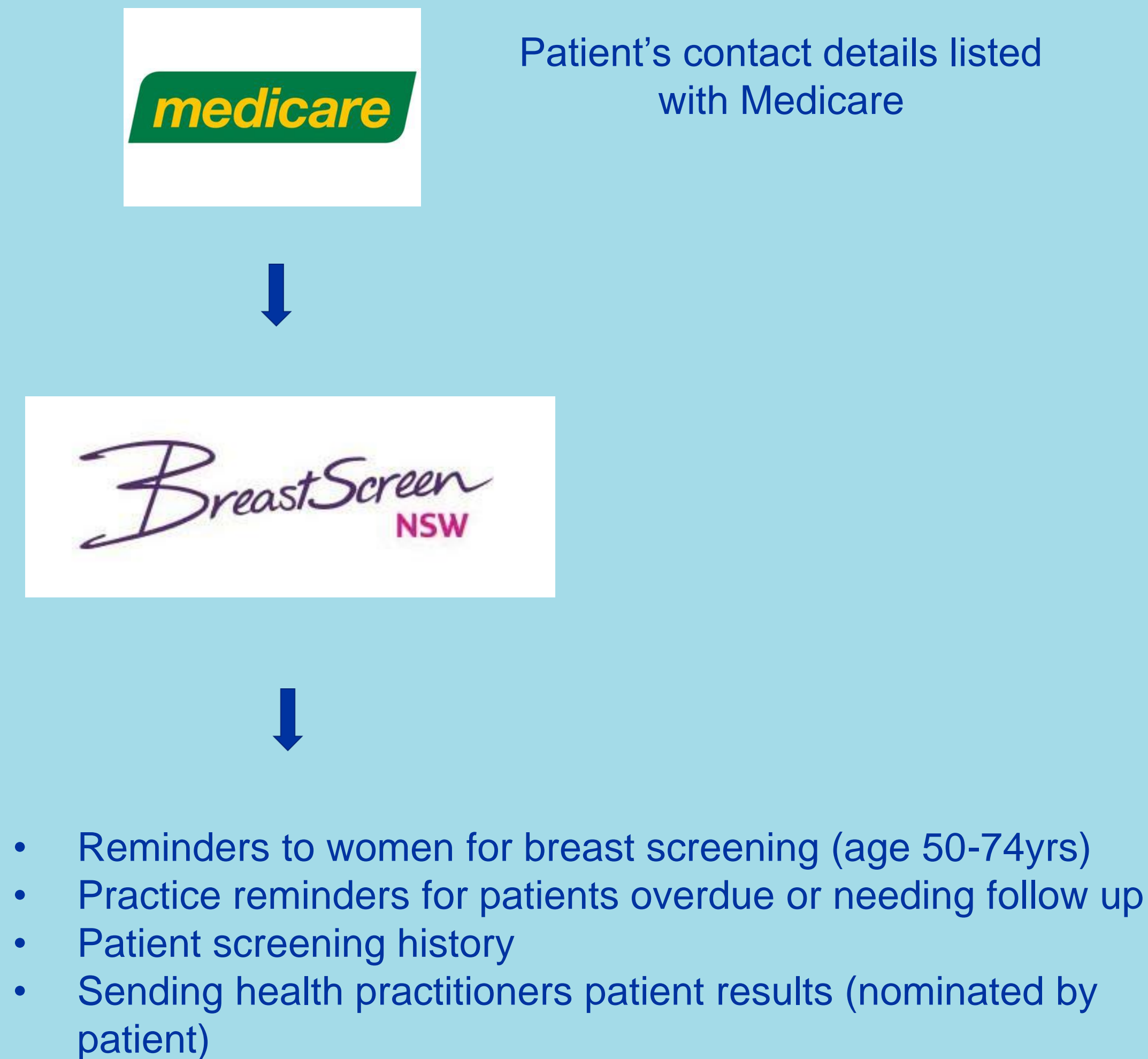
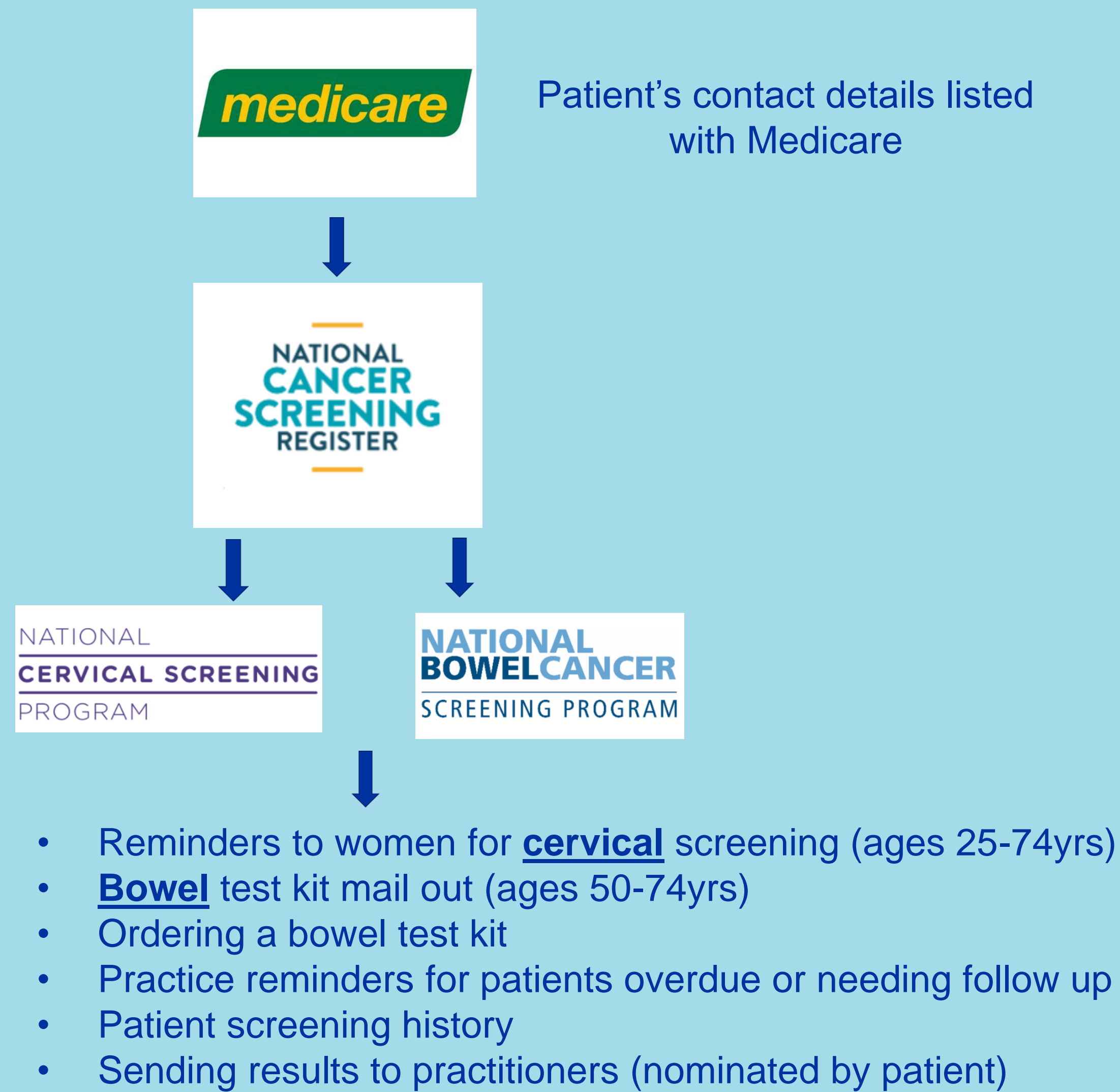
## VIDEO




<https://vimeo.com/birdcreative/download/467995143/a9bc41e35e>



# CONFIRMING THE PATIENT'S DETAILS



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# MBS Item 715 health check resources

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## Links to key resources that support a quality 715 health check

NACCHO RACGP: [How to do a useful high quality MBS item health check for Aboriginal and Torres Strait Islander people.](#)

[Videos, posters and brochures for clinicians and patients](#)

[Medicare online module MBS Item 715 health check](#)

[Department of Human Services – Education suite on MBS Item 715 health checks](#)

[Your guide to Medicare for Indigenous Health Services](#)

[MBS online – MBS Item 715 Descriptor and Associated notes](#)

[Department of Health MBS Item 715 information page](#)

## Health check templates

With support from the Department of Health, NACCHO and RACGP established a working group in 2019 to review and update Aboriginal and Torres Strait Islander annual health check templates. Throughout 2020 we will be testing these templates for operability in a range of services. We are keen to hear your feedback and will be conducting a survey later in the year. We also invite general feedback and suggestions at [aboriginalhealth@racgp.org.au](mailto:aboriginalhealth@racgp.org.au).

A key recommendation was to update elements to better reflect age-appropriate health needs. This resulted in five new templates that span the life course:

1. Infants and preschool (birth-5 years) [PDF](#) [RTF](#)
2. Primary school age (5-12 years) [PDF](#) [RTF](#)
3. Adolescents and young people (12-24 years) [PDF](#) [RTF](#)
4. Adults (25-49 years) [PDF](#) [RTF](#)
5. Older people (50+ years) [PDF](#) [RTF](#)



# NEW NACCHO/ RACGP 715 TEMPLATES (SAMPLE: 25-49 YR)

## Aboriginal and Torres Strait Islander health check – Adults (25–49 years)

MBS items 715 VR/228 non-VR

### A good health check:

- is useful to the patient
- identifies health needs including patient health goals and priorities
- supports patients to take charge of their health and wellbeing
- provides a framework for primary and secondary disease prevention through healthcare advice, risk assessment and other measures
- is provided by the regular healthcare provider
- includes a plan for follow-up of identified health needs, priorities and goals.

**Disclaimer:** This is an example health check template that includes recommended core elements and is intended for use as a general guide only. Health checks should always be completed based on clinical judgment of what is relevant to individual patients and settings. Adaptation to local needs and priorities is encouraged, with reference to current Australian preventive health guidelines that are culturally and clinically suitable to Aboriginal and Torres Strait Islander needs, evidence-based and generally accepted in primary care practice, for example:

- [National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people](#), 3rd edition, The Royal Australian College of General Practitioners (RACGP) and National Aboriginal Community Controlled Health Organisation (NACCHO)
- [CARPA standard treatment manual](#), 7th edition, Central Australian Rural Practitioner's Association (CARPA).

Where an individual practitioner or service has skills and capacity to provide culturally safe healthcare, the range of elements in the health check, and use of clinical screening and assessment tools, may be extended.

### Key:

- Relevant to rKPIs
- Relevant to QI PIP

About the health check	Yes	No	N/A	
Eligible for health check (not claimed 715 or 228 in past nine months):				Date of last health check:
<b>Consent</b>				
Consent given after discussion of process and benefits of a health check:				
Consent given for sharing of information with relevant healthcare providers:				Who/Details:
Date:	Doctor:	Nurse:		
Aboriginal and/or Torres Strait Islander Health Worker / Health Practitioner:				
Location of health check:	<input type="checkbox"/> Clinic	<input type="checkbox"/> Home	<input type="checkbox"/> School	<input type="checkbox"/> Other:
<b>Patient details</b>				
Name:	Date of birth:	Age:	Gender:	
Aboriginal and/or Torres Strait Islander status:	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Aboriginal and Torres Strait Islander	
Address:				
Home phone:	Mobile phone:			
Emergency contact:	Relationship to patient:	Emergency contact phone:		
Medicare number:	Reference number:	Expiry:		
Person/Health Care Card number:				

This template in its original form was developed as part of the 2019 [NACCHO-RACGP Partnership Project](#)

This template is supported by funding from the Australian Government under the [Department of Health](#)

Aboriginal and Torres Strait Islander health check – Adults (25–49 years) MBS items 715 VR/228 non-VR

2

	Yes	No	N/A	
Registered for Closing the Gap PBS Co-payment Measure (CTG):				
Registered for National Disability Insurance Scheme				Yes, number:
Do you have children?				Number of children: Number of children in your care:
Are you responsible for caring for someone else?				Details:
Are name and contact details of other key providers (eg case workers, support services) up to date?				Details:

Assessment	Health priorities, actions and follow-up
<b>Current health/patient priorities</b> What are the important things for you in this health check today? Details: Is there anything you are worried about? Details: Do you have any specific health goals? Is there anything in particular about your health and wellbeing that you would like to improve? Details: <b>Medical history and current problems</b> <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Hypertension <input type="checkbox"/> COPD <input type="checkbox"/> Myocardial infarction <input type="checkbox"/> Rheumatic heart disease <input type="checkbox"/> Stroke <input type="checkbox"/> HBV <input type="checkbox"/> Kidney disease <input type="checkbox"/> Significant head trauma <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Mental health <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other relevant medical history, operations, hospital admissions, etc. Details: <b>Regular medications; check if still required, appropriate dose, understanding of medication and adherence</b> Do you take any regular medications (prescribed, over-the-counter, traditional, complementary and alternative)? <input type="checkbox"/> None <input type="checkbox"/> Yes, up to date in health record <input type="checkbox"/> Understanding and adherence checked <b>Allergies/adverse reactions</b> <input type="checkbox"/> Up to date in health record <b>Relevant family history (including diabetes, heart disease, cancer, mental health)</b> Details:	

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Aboriginal and Torres Strait Islander health check – Adults (25–49 years) MBS items 715 VR/228 non-VR

3

Assessment	Health priorities, actions and follow-up
<b>Social and emotional wellbeing</b> <b>General</b> Have there been any particular stressful life events that are impacting on you/your health lately? <input type="checkbox"/> Yes <input type="checkbox"/> No Details: Consider conversation about social connection, which could include questions about sports/hobbies/clubs/other activities Details: <b>Home and family</b> Who do you live with? Details: Do you have stable housing? <input type="checkbox"/> Yes <input type="checkbox"/> No Details: Do you feel safe at home? <input type="checkbox"/> Yes <input type="checkbox"/> No Details: <b>Learning and work</b> Are you studying? <input type="checkbox"/> Yes <input type="checkbox"/> No Details: Are you working? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Details (occupation including occupational hazards, study, training, disability, etc): <b>Mood</b> How have you been feeling lately? Details: If indicated, ask about depression (consider screening tools, eg aPHQ-9, KS or K10) and complete risk assessment. Details: Explore other mental health concerns as indicated. Details: <b>Healthy eating</b> Do you have any worries about your diet or weight? <input type="checkbox"/> Yes <input type="checkbox"/> No Details: Document conversation about age-appropriate healthy eating, which could include: • current diet including food and drinks • recommendations about fruit and vegetable intake, water as the main drink, avoiding sugary drinks, avoiding highly processed foods (including supermarket-bought and take-away like KFC, Maccas) Details: Are there any issues about availability of food? <input type="checkbox"/> Yes <input type="checkbox"/> No Details:	

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Aboriginal and Torres Strait Islander health check – Adults (25–49 years) MBS items 715 VR/228 non-VR

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Assessment	Health priorities, actions and follow-up
<b>Physical activity, exercise and screen time</b> Do you have any worries about physical activity or screen time? <input type="checkbox"/> Yes <input type="checkbox"/> No Details: Document conversation about recommendations re physical activity, exercise and screen time. Details: <b>Substance use, including tobacco</b> <b>Smoking</b> (CJ M2, PI 69, PI 13) <input type="checkbox"/> Never smoked <input type="checkbox"/> Quit <12 months <input type="checkbox"/> Quit ≥12 months <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Current smoker How many? <input type="text"/> How long? <input type="text"/> <input type="checkbox"/> Wants to quit <input type="checkbox"/> Other tobacco use <input type="checkbox"/> Environmental exposure to tobacco smoke (home, car, etc) <b>Alcohol and other substance use</b> (CJ M2, PI 16) Quantity and frequency of: • alcohol • caffeine (coffee, soft drinks, iced coffee) • cannabis/yardi/gunja • other substance use: IVDU, methamphetamine, other stimulants, opiates, solvents, other Details: <b>Gambling</b> Have you or someone close to you ever had issues with gambling? <input type="checkbox"/> Yes <input type="checkbox"/> No Details: <b>Genitourinary and sexual health</b> Is there anything that you are worried about in relation to your sexual health? <input type="checkbox"/> Yes <input type="checkbox"/> No Details: Cervical screening (CJ M9, PI 22) <input type="checkbox"/> Offered <input type="checkbox"/> Declined <input type="checkbox"/> Not required <input type="checkbox"/> Up to date <input type="checkbox"/> Next due: Details: Consider discussing as relevant to age/sex/gender: • contraception • menstruation • sexually transmitted infection symptoms and screening • blood-borne virus screening • continence • menopause • erectile dysfunction	

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Aboriginal and Torres Strait Islander health check – Adults (25–49 years) MBS items 715 VR/228 non-VR

5

Assessment	Health priorities, actions and follow-up
<b>Immunisation</b> (eligibility for funded vaccines may vary across jurisdictions) Check recommended primary vaccinations completed and provide catch-up if required Immunisations up to date and recorded on Australian Immunisation Register (as per Australian Immunisation Handbook)? <input type="checkbox"/> Yes <input type="checkbox"/> No Immunisations due: Vaccines given today recorded on Australian Immunisation Register? <input type="checkbox"/> Yes <input type="checkbox"/> No Details: <b>Eye health</b> Is there anything that you are worried about with your vision? <input type="checkbox"/> Yes <input type="checkbox"/> No Details: <b>Eye examination</b> Visual acuity R <input type="text"/> L <input type="text"/> Trachoma check (endemic areas) R <input type="checkbox"/> Trichiasis <input type="checkbox"/> Corneal scarring L <input type="checkbox"/> Trichiasis <input type="checkbox"/> Corneal scarring <b>Ear health and hearing</b> Is there anything that you are worried about with your hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No Details: Last hearing test (audiology): <b>Ear examination</b> Otoscopy findings (may be more than one of these): <b>Left ear</b> <input type="checkbox"/> Clear and intact <input type="checkbox"/> Dull and intact <input type="checkbox"/> Discharge <input type="checkbox"/> Retracted <input type="checkbox"/> Unable to view eardrum <input type="checkbox"/> Wax <input type="checkbox"/> Other: <b>Right ear</b> <input type="checkbox"/> Clear and intact <input type="checkbox"/> Dull and intact <input type="checkbox"/> Discharge <input type="checkbox"/> Retracted <input type="checkbox"/> Unable to view eardrum <input type="checkbox"/> Wax <input type="checkbox"/> Other: <b>Oral and dental health</b> Is there anything that you are worried about with your teeth? <input type="checkbox"/> Yes <input type="checkbox"/> No Details: Last dental checkup: <b>Teeth and mouth check</b> Examination findings: Document conversation about oral health and care of teeth Details:	

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Aboriginal and Torres Strait Islander health check – Adults (25–49 years) MBS items 715 VR/228 non-VR

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Assessment	Health priorities, actions and follow-up
<b>Examination</b> Height: Waist circumference: Weight (CJ M3): Blood pressure: BMI: Heart rate and rhythm: <b>Absolute cardiovascular risk calculation</b> (CJ M6, PI 21) Cardiovascular risk calculated: <a href="https://auscvtrisk.com.au/risk-calculator">https://auscvtrisk.com.au/risk-calculator</a> Result: <b>Investigations</b> • Full blood count • HbA1c or blood glucose level • Serum lipids • Kidney function including eGFR • Liver function tests • ACR Chlamydia, gonorrhoea: age ≤30 years, first void urine (male and female) <b>and/or</b> endocervical swab or self-administered vaginal swab (female) or throat and anal swab (men who have sex with men (MSM)) Syphilis (endemic areas, MSM, others at high risk) Trichomoniasis: age ≤30 years, male and female, remote areas and other endemic areas, first void urine and/or endocervical swab or self-administered vaginal swab Blood-borne virus screening: • HBV if status not known/not recorded on file • HCV, if risk factors • HIV, if risk factors	

<b>Finalising the health check</b>				
<b>Patient priorities and goals:</b> What does the patient say are the important things that have come out of this health check?				
<b>Brief intervention:</b> Advice and information provided during health check, for example:				
<input type="checkbox"/> Healthy eating	<input type="checkbox"/> Screen use	<input type="checkbox"/> Physical activity and exercise	<input type="checkbox"/> Mental health and wellbeing	<input type="checkbox"/> Carer support
<input type="checkbox"/> Safety/risky behaviours	<input type="checkbox"/> Smoking cessation	<input type="checkbox"/> Substance use/harm minimisation	<input type="checkbox"/> Safe sex/contraception	<input type="checkbox"/> Oral and dental health
Other:				

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Aboriginal and Torres Strait Islander health check – Adults (25–49 years) MBS items 715 VR/228 non-VR

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<b>Care provided as part of the health check</b> (eg immunisations, medication review, investigations requested)	
<b>Identified needs and plan</b> (including new diagnoses)	
<b>Follow-up:</b> Consider what follow-up appointments can be made at the time of the health check	<b>Reminder:</b> MBS follow up items for clients at risk of or with chronic disease are available to support follow-up of health checks
<b>Referrals and appointments, for example:</b>	When
<input type="checkbox"/> GP follow-up	
<input type="checkbox"/> GP review of results of investigations	
<input type="checkbox"/> Aboriginal and/or Torres Strait Islander Health Worker follow-up	
<input type="checkbox"/> Aboriginal and/or Torres Strait Islander Health Practitioner follow-up	
<input type="checkbox"/> Practice nurse follow-up	
<input type="checkbox"/> Dentist	
<input type="checkbox"/> Medication review	
<input type="checkbox"/> Smoking cessation	
<input type="checkbox"/> Audiology	
<input type="checkbox"/> Dietician	
<input type="checkbox"/> Physiotherapist or exercise program	
<input type="checkbox"/> Parenting programs/support services	
<input type="checkbox"/> Social and emotional wellbeing/mental health	
<input type="checkbox"/> Other:	
Recalls entered (eg clinical review including review of results, immunisations, asthma plan/cycle of care, diabetes cycle of care, care plan review, cervical screening, investigations)	
Patient actions	
Patient has been offered a copy of this health check including details of follow-up and future appointments	
<input type="checkbox"/> Yes, copy taken	<input type="checkbox"/> Yes, but declined <input type="checkbox"/> Not offered. Plan to follow up and offer at a later date

Health check claimed (PI 33)

If you would like to provide feedback on this template, please contact [aboriginalhealth@racgp.org.au](mailto:aboriginalhealth@racgp.org.au)

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.



Aboriginal and Torres Strait Islander Health



NACCHO  
National Aboriginal Community Controlled Health Organisation  
www.naccho.org.au



Australian Government  
Department of Health

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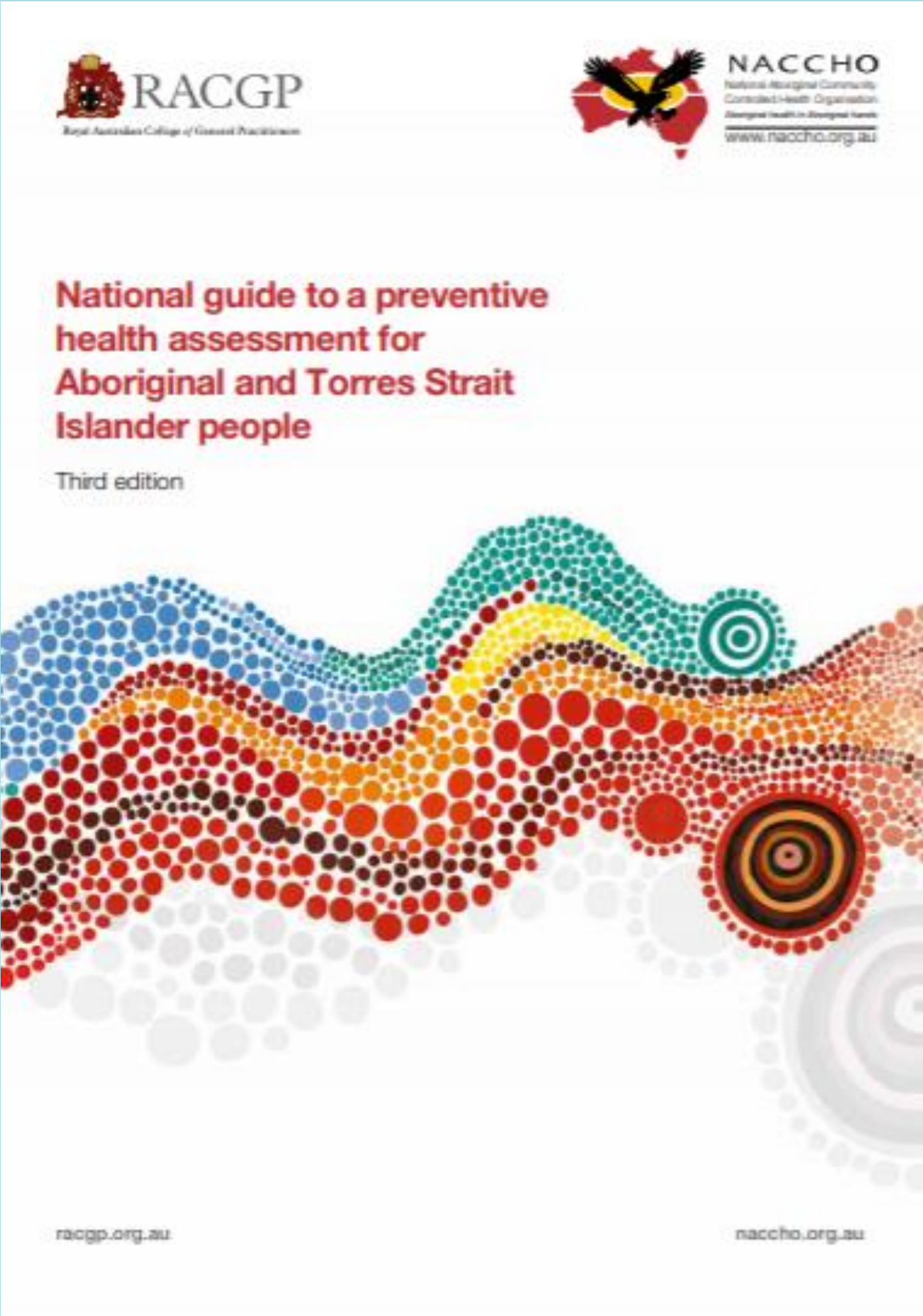
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- ## Available in PDF and RTF
1. Infants and preschool (birth-5 years)
  2. Primary school age (5-12 years)
  3. Adolescents and young people (12-24 years)
  4. Adults (25-49 years)
  5. Older people (50+ years)

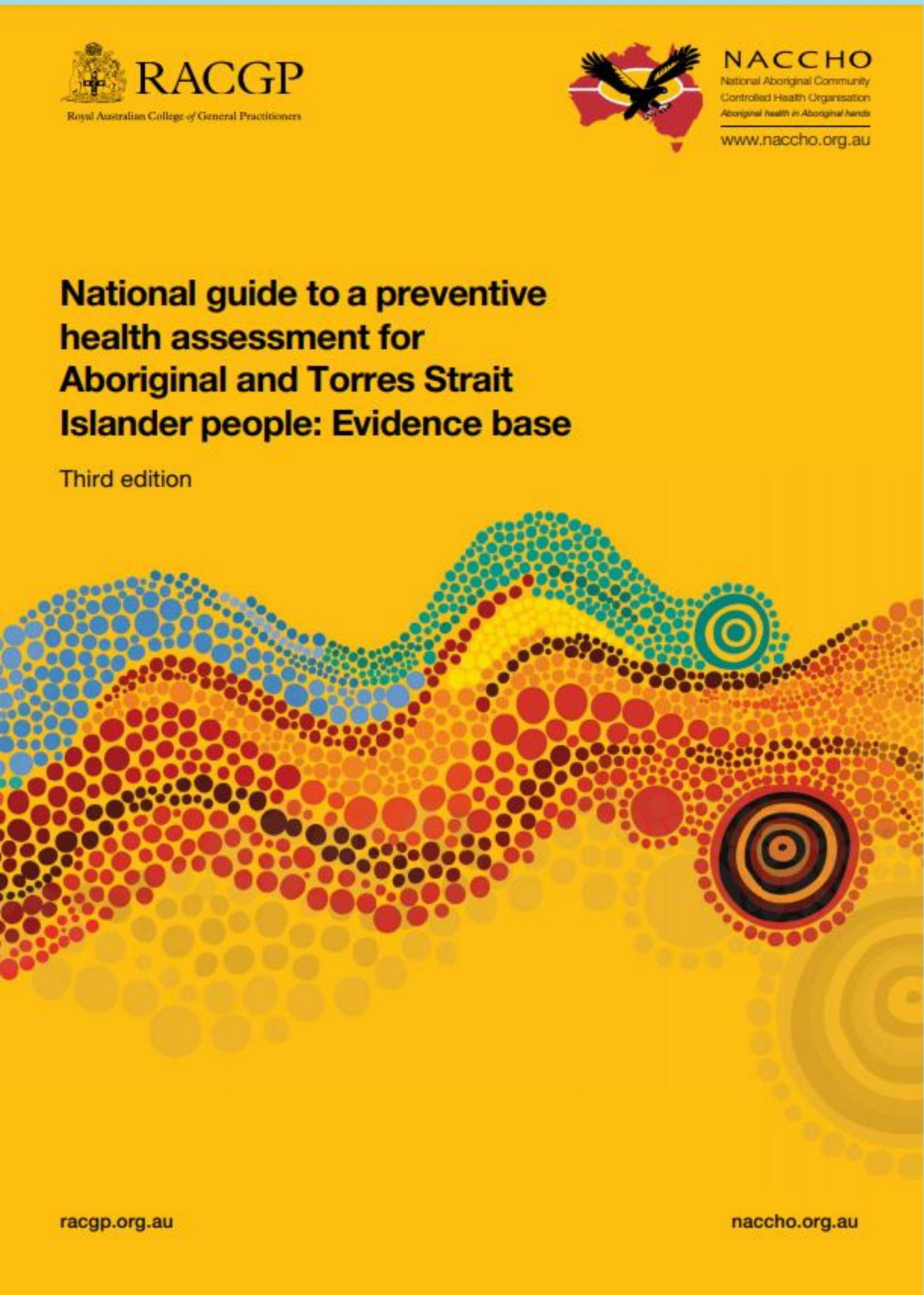
Template feedback: [aboriginalhealth@racgp.org.au](mailto:aboriginalhealth@racgp.org.au)



715 ASSESSMENT RESOURCES

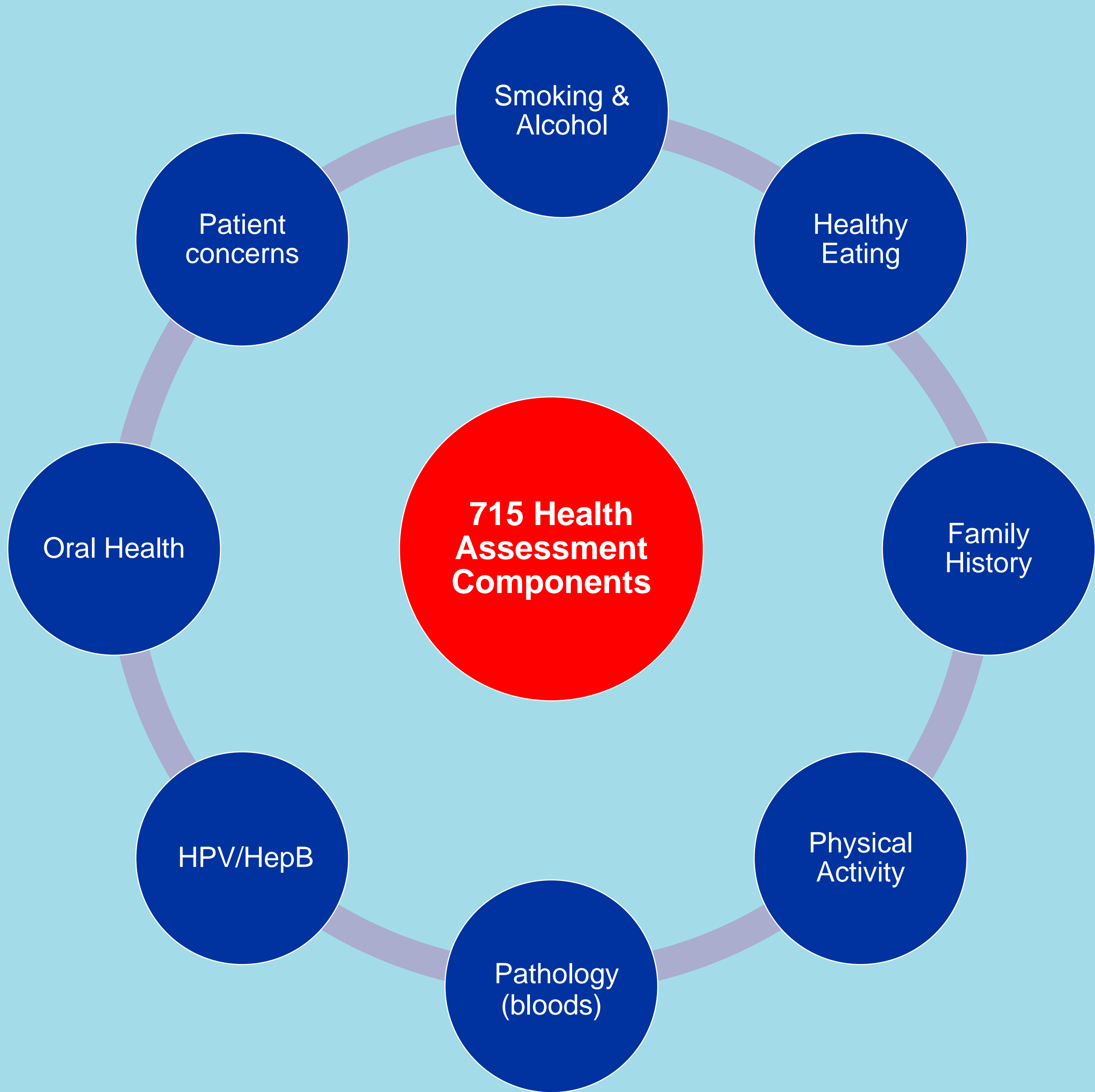


National Guide lifecycle chart   Adult				 RACGP Royal Australian College of General Practitioners		 NACCHO National Aboriginal Community Controlled Health Organisation www.naccho.org.au										
Screening/assessment		How often?	Who?	Page*	Age (years)											
					10–14	15–17	18–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	>55	
<b>Lifestyle</b>																
<b>Smoking</b>																
Smoking status		Annually and opportunistically	People aged ≥10 years	10												
Assess willingness to quit and level of nicotine dependence to guide intervention choice		Opportunistically	People who currently smoke	10												
<b>Overweight and obesity</b>																
Body mass index (BMI) using age-specific and sex-specific centile charts		Annually and opportunistically	People aged <18 years (refer to Chapter 3: Child health)	12												
BMI and waist circumference		Annually and opportunistically	People aged ≥18 years	12												
<b>Physical activity</b>																
Assess level of physical activity and sedentary behaviour as per Australian age-appropriate recommendations		Annually and opportunistically	All people	16												
<b>Alcohol</b>																
Quantity and frequency		Annually	People aged ≥15 years	20												
Comprehensive alcohol assessment		Opportunistically	High-risk groups (refer to Chapter 1: Lifestyle, 'Alcohol')	20												
<b>Gambling</b>																
Screen by asking a single-item question		Annually and opportunistically	People aged ≥12 years (refer to Chapter 1: Lifestyle, 'Gambling')	23												
<b>Antenatal care</b> (For pregnant girls aged <15 years, follow recommendations for people aged ≥15 years)																
<b>General antenatal care and screening</b>		<b>Refer to Chapter 2: Antenatal care</b>	<b>Refer to Chapter 2: Antenatal care</b>	<b>30</b>												
Ask about psychosocial factors and screen for depression and anxiety using a validated perinatal mental health assessment tool		Early in pregnancy and at subsequent visits	All pregnant women	32												
Ask about exposure to family abuse and violence (FAV) and respond immediately if a woman discloses FAV		Early in pregnancy and at subsequent visits	All pregnant women	32												
<b>Smoking cessation</b>																
Regularly assess smoking status and remind patients to limit/avoid exposure to cigarette smoke		First visit and subsequent antenatal visits	All pregnant women	25												
<b>Gonorrhoeal and blood-borne virus (BBV) infections</b>																
Offer either screening for Group B streptococcus (GBS) colonisation or an assessment of risk factors for GBS transmission during labour		At 35–37 weeks' gestation	All pregnant women	26												
Chlamydia testing		First antenatal visit and consider screening later in pregnancy in areas of high prevalence	Pregnant women aged <25 years and all pregnant women from communities with high prevalence of sexually transmitted infections (STIs)	26												
Gonorrhoea testing		First antenatal visit and consider repeat screening later in pregnancy in areas of high prevalence	Pregnant women who have known risk factors or who live in or come from communities with a high prevalence of gonorrhoea, including those in outer regional and remote areas	26												
Offer syphilis, human immunodeficiency virus (HIV) and hepatitis B virus (HBV) testing		First antenatal visit	All pregnant women	27												
Offer serological testing for hepatitis C virus (HCV) antibodies		First antenatal visit	Pregnant women with risk for HCV, including intravenous drug use, tattooing and body piercing, and incarceration	27												
Asymptomatic bacteriuria test		First antenatal visit	All pregnant women	26												
Bacterial vaginosis test		On presentation	Pregnant women with symptoms of bacterial vaginosis	26												
Trichomoniasis test		On presentation	Pregnant women with symptoms of trichomoniasis	26												
<b>Nutrition and nutritional supplementation</b>																
Measure height and weight and calculate BMI		At first visit; at subsequent visits only if clinically indicated	All pregnant women	28												
Full blood examination to assess for anaemia		First antenatal visit and at 28 and 36 weeks	All pregnant women	28												
Consider serology testing for vitamin D levels		First antenatal visit	Pregnant women with risk factors for vitamin D deficiency	28												
<b>Diabetes</b>																
Fasting plasma glucose		First antenatal visit	Pregnant women who do not have diagnosed diabetes	29												
75 g two-hour oral glucose tolerance test (OGTT)		Between 24 and 28 weeks	Pregnant women who do not have diagnosed diabetes	29												
75 g fasting OGTT		At six weeks postpartum	Women diagnosed with gestational diabetes who are now postpartum	29												
<b>Health of older people</b>																
<b>Osteoporosis</b>																
Assess risk factors for osteoporosis		Annually	All postmenopausal women and men aged >50 years	60												
Dual-energy X-ray absorptiometry on at least two skeletal sites to measure bone density		Baseline, then two-yearly if needed	People at moderate and high risk (refer to Chapter 5: The health of older people)	60												
<b>Falls</b>																
Assess for risk factors for falls		Annually	People aged >50 years at all risk levels	63												
On admission, then six-monthly		Opportunistically	Aged care residents	63												
Detailed assessment including cardiac, neurological, medication, vision/gait/balance, home environment		Opportunistically	People with a history of falls or at high risk	63												
Referral for pacemaker		As needed	Falls due to carotid sinus hypersensitivity	63												
Referral for cataract surgery (first eye)		As needed	Vision-threatening cataract disease	63												





USING THE 715 TO PREVENT, DETECT AND ACT ON CANCER EARLY



Participation in screening programs

**Cervical screening (age ≤74 years)**

☐ Up to date      ☐ Not required

☐ Discussed today    ☐ Declined    ☐ Next due

Details:

**Breast screening (age ≤74 years)**

☐ Up to date    ☐ Discussed today    ☐ Declined    ☐ Next due

Details:


**Bowel cancer screening (age ≤74 years)**

☐ Up to date    ☐ Discussed today    ☐ Declined    ☐ Next due


Details:



# OPTIMAL CARE PATHWAY FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE WITH CANCER



HomeCancer typesSupport and supportive careContact Us



### Checking for cancer

#### What to expect

Information for Aboriginal and Torres Strait Islander people who might have cancer. This information explains what to expect while you're getting checked out. Your carer, family and community might also find this information helpful.


There are also guides that tell you what to expect for your type of cancer. [Click here](#) to find guides about different cancer types.

Download a printable PDF of this page.

### 1. Your doctor visit

If there are changes in your body that could be due to cancer, it's really important to have them checked out.

Finding cancer early gives you the best chance of getting better and living well. You can talk to your doctor, Aboriginal and/ or Torres Strait Islander Health Worker, Health Practitioner or Liaison Officer or a health professional you trust.



## Suite of resources

- OCP
- Quick reference guide
- What to expect: 'Checking for cancer' and 'Cancer'
- Implementation guide

<https://www.cancerpathways.org.au/optimal-care-pathways/checking-for-cancer>

OPTIMAL CARE PATHWAY FOR ABORIGINAL  
AND TORRES STRAIT ISLANDER PEOPLE  
WITH CANCER



The OCPs outline the seven critical steps in the patient journey.

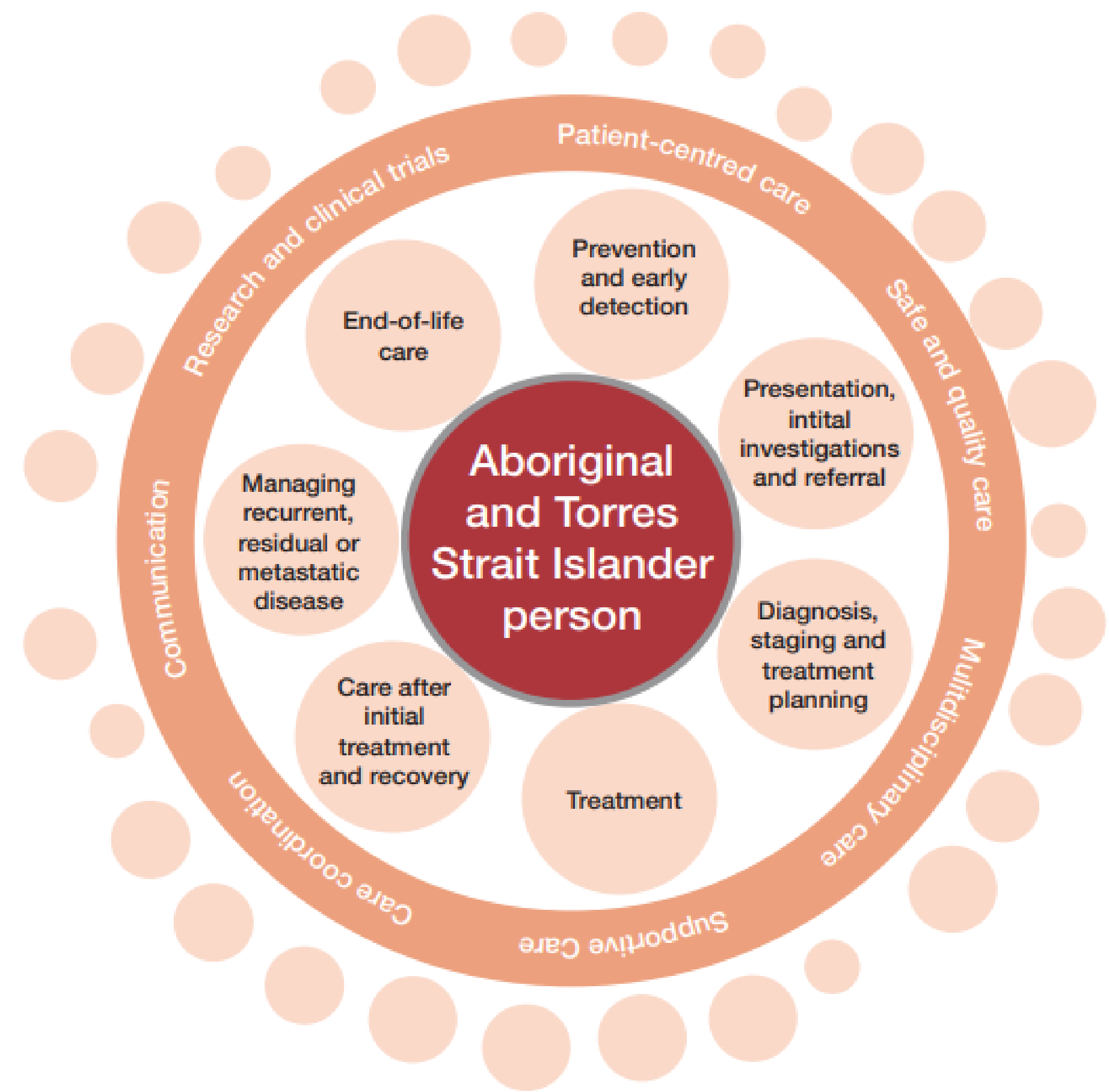


Figure 1: Patient-centred care for Aboriginal and Torres Strait Islander people

## OPTIMAL CARE PATHWAY FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE WITH CANCER

### Step 1 Prevention and early detection

**Risk reduction:** Encourage Aboriginal and Torres Strait Islander people to:

- quit smoking
- maintain a healthy body weight
- be physically active
- avoid or limit alcohol intake
- eat a healthy diet
- reduce ultraviolet exposure
- consider risk-reducing surgery or medication for people with a high hereditary or genetic risk of certain cancers.

### Screening and immunisation:

- encourage screening for colorectal, breast and cervical cancer
- support uptake of immunisation for HPV and hepatitis B
- encourage regular Medicare health assessments and use these opportunities to discuss prevention and early detection, and to assess cancer risk
- discuss privacy concerns.


**Early detection:** Timely diagnosis can be enabled by:

- sharing knowledge about cancer, its symptoms and survivability
- discussions addressing concerns or fears
- increasing awareness of, and access to, affordable, convenient quality health services in remote and regional areas
- considering comorbidities masking cancer symptoms.



# IMPLEMENTATION GUIDE

## OPTIMAL CARE PATHWAY FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE WITH CANCER

 USING THIS GUIDE

INTRODUCTION

GETTING STARTED

OVERARCHING IMPLEMENTATION ACTIVITIES

PATHWAY-SPECIFIC IMPLEMENTATION ACTIVITIES


RESOURCES AND TOOLS

TERMINOLOGY

Priority 1:  
Culturally competent workforce

Priority 2:  
Integrated planning & delivery of care

Priority 3:  
Culturally appropriate care coordination & support


 HEALTH SERVICE ACTIVITIES


WHAT	HOW
Provide systems and tools to support patients to identify as Aboriginal and/or Torres Strait Islander	<ul style="list-style-type: none"><li>Implement Action 5.8: Identifying people of Aboriginal and/or Torres Strait Islander origin in the <a href="#">National Safety and Quality Health Service Standards</a>.</li><li>Include space to note identification as Aboriginal and/or Torres Strait Islander on admission, referral and cancer planning templates and tools</li><li>Provide patients with information to help them understand the benefits for their cancer care of identifying as Aboriginal and/or Torres Strait Islander</li><li>Provide health professionals and staff with training on appropriate ways to ask whether a person identifies as Aboriginal and/or Torres Strait Islander</li><li>Use validated tools to collect and review data related to outcomes and experiences of Aboriginal and Torres Strait Islander patients to reinforce the importance of collecting information about identification</li></ul>
Demonstrate a commitment to collaborative planning of cancer service delivery	<ul style="list-style-type: none"><li>Develop an Aboriginal and Torres Strait Islander Impact Statement for all new activities</li><li>Include Aboriginal and Torres Strait Islander health services and communities in cancer program and service governance</li><li>Routinely evaluate and report on progress and outcomes in a way that reflects and recognises the input and priorities of all relevant services and community</li></ul>


GO TO QUICK LINKS


✓ Checklist

⚙ Health System

 Health Service

 Health Professional

 Case Studies

 Print Document

### Priority 2: Integrated planning and delivery of care across services

Integration of cancer-specific and Aboriginal and Torres Strait Islander health expertise is an important foundation for culturally appropriate and responsive cancer care.



#### Quick check: monitoring progress

Does your service:

- ☐ have an agreed protocol for identification of Aboriginal and Torres Strait Islander patients?
- ☐ include Aboriginal and/or Torres Strait Islander people within service governance and reporting?
- ☐ routinely seek input from Aboriginal and/or Torres Strait Islander communities about the health service environment?
- ☐ have established pathways and agreed ways of working with services providing care and support for Aboriginal and/or Torres Strait Islander people?

IMPLEMENTATION GUIDE  
OPTIMAL CARE PATHWAY FOR ABORIGINAL  
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**PATHWAY-SPECIFIC IMPLEMENTATION ACTIVITIES**

RESOURCES AND TOOLS

TERMINOLOGY

Step 1: Prevention & early detection

**Step 2: Presentation, initial investigations and referral**

Step 3: Diagnosis, staging and treatment planning  
Step 4: Treatment

Step 5: Care after initial treatment and recovery

Step 6: Managing recurrent, residual or metastatic disease /  
Step 7: End of life care

 **Quick check: monitoring progress**  
Do you or does your service:

☐

understand and have strategies to address potential barriers to early presentation of cancer symptoms in Aboriginal and Torres Strait Islander people?

☐

provide culturally appropriate information about steps involved in the investigation of cancer symptoms?

☐

facilitate access for Aboriginal and Torres Strait Islander people to appropriate support to help with accessing and attending specialist appointments?

☐

implement strategies to facilitate timely follow-up on the status of tests or referrals for investigation of cancer symptoms in Aboriginal and Torres Strait Islander people?







GO TO QUICK LINKS

 Checklist Health System Health Service Print Document



HEALTHPATHWAYS

Central Coast NSW  
HealthPathways

Help

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Aboriginal cancer referral

Search

Web Pages

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32 results found containing all search terms.

Lung Cancer

Alcohol Intervention

Bowel Cancer Screening

Eating Disorder Referrals

Principles of Care for Aboriginal and Torres Strait Islander Peoples

Chronic Disease Management / Support Services

Aboriginal and Torres Strait Islander Health Assessment for Patients Aged 15 to 54 Years

Principles for Telehealth Consultations with Aboriginal and Torres Strait Islander Peoples

Breast Screening

Daily Updates

Pages: 1 2 3 4 Next >>

Indicates specific advice about Aboriginal and Torres Strait Islander people.

This page is designed to provide cultural support information for treatment of patients who identify as Islander.  
HNECC PHN recognises the [UN Declaration on the Rights of Indigenous Peoples](#) endorsed by the Australian Government.  
[Darkinjung Local Aboriginal Land Council \(LALC\)](#) is the LALC for the Central Coast region.

At practice reception

General practitioners

1. [Ask](#) if the patient identifies as Aboriginal and/or Torres Strait Islander, as recommended by the [HNECC PHN Aboriginal Health Team](#).

2. Enter the information on cultural identity into medical notes/practice management software, and a [Health Assessment for Aboriginal and/or Torres Strait Islander People \(MBS Item 715\)](#).

3. Check for issues relating to access and community/cultural support:

- Transport: Check that the patient has transport available to get to any appointments needed
- Finance: Determine the ability of the patient to pay. For example, for allied health service gap prescriptions.
- [Community / cultural support](#).

4. If the patient needs referral to hospital, highlight that they are Aboriginal and/or Torres Strait Islander in your referral letter. The Central Coast LHD and HNECC PHN work together to support Aboriginal and Torres Strait Islander people in and out of hospital, and are assisted by the [Nunyana Aboriginal Health Unit](#).

5. If referring to the emergency department, contact the relevant hospital's Aboriginal Hospital Liaison Officer by phoning **(02) 4320-2698**.

6. If the patient has a chronic disease (diabetes, lung disease, cardiovascular disease, kidney disease, or cancer), offer support from [Chronic Disease Management Support / Services](#).

7. If the patient is diagnosed with a chronic disease and ongoing support is required, contact the Aboriginal Chronic Care 48 Hour Follow Up and Case Management Program by phoning **(02) 4320-2698** through Nunyara.

8. Refer pregnant Aboriginal women, and young families up to school age, to the [Nunyana Aboriginal Health team](#) for support by phoning **(02) 4320-2698**.

9. If the patient wishes to be directed to an Aboriginal Medical Service, consider Eleanor Duncan Aboriginal Health Centre, provided by

Bone Flare Pain Following Radiation Therapy

Chemotherapy-induced Diarrhoea (CID)

Chemotherapy-induced Nausea and Vomiting (CINV)

Chemotherapy and Infection

Dexamethasone in Oncology

Lung Cancer

Melanoma

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Spinal Cord Compression in Palliative Care

Oncology Referrals

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Specialist Melanoma Referrals

Oncology Allied Health Referrals


Oncology Nursing Referrals

Pain

Rehabilitation Medicine

Search Community HealthPathways

/ Medical / Oncology / Optimal Cancer Care Pathways



Optimal Cancer Care Pathways

Background

About optimal cancer care pathways

Information

The use of localised cancer pathways is recommended as these have been developed by the Local Health District. Localised cancer pathways include:

Breast Symptoms and Suspected Breast Cancer

Colorectal Cancer Symptoms

Lung Cancer

Melanoma

Ovarian Cyst

Clinical guidelines

In the absence of localised cancer pathways, it is recommended that the oncology reference guides into Best Practice or Medical Director, follow [these instructions](#).

The following optimal cancer care pathways are recommended:

Acute myeloid leukaemia ([guideline](#), [quick reference guide](#))

Breast cancer ([guideline](#), [quick reference guide](#))

Cancer prevention and management via a 715

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# Primary Care Quality Improvement Community of Practice




## WE NEED YOU!

The PHN Primary Care Quality Improvement Community of Practice is now available!

How to access the QI Community of Practice: to request access to the site email: your name, your individual (not practice) email address, and the organisation you work for to:


[cdingelstad@hneccphn.com.au](mailto:cdingelstad@hneccphn.com.au)

# ABORIGINAL HEALTH DASHBOARDS



## Aboriginal Health in General Practice

# SAMPLE



**DEMOGRAPHIC PROFILE**

**4266**

Total patients

**601**

Aboriginal patients

**14.1 %**

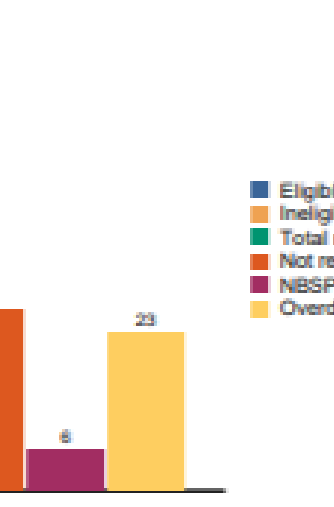
% Aboriginal patients

All values in this report are calculated with active patients (seen 3 or more times in the past 2 years).

Unless specified, data in this report includes only Aboriginal and Torres Strait Islander patients.

**CANCER SCREENING**

### Bowel Cancer Screening (FOBT)



Category	Count
Eligible patients	63
Ineligible	1
Total recorded	37
Not recorded	28
NBSP participants	6
Overdue (>2 years)	23

**About FOBT data**

The data shows the FOBT status of patients in the age range between 50 and 75 years. Patients are excluded (ineligible) if they have been diagnosed with one or more specific cancers and/or a small number of other diagnoses (for list of diagnostic exclusions see: <http://help.pencs.com.au/display/CG/FOBT>).

Groups of FOBT results may assist your practice in identifying patients who are overdue for screening, or underscreened (eg where an FOBT was last recorded > 3-4 years ago).

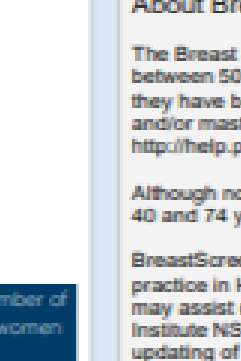
Numbers of FOBT results without matching pathology requests are an indicator of participation by your patients in the National Bowel Cancer Screening Program.

Other high risk patients may require screening outside of the National Bowel Cancer Screening Program. A family history may assist to identify these patients.

For more information see: <http://www.cancerscreening.gov.au/Internet/screening/publish>

\* Cohort includes active patients aged from 50 to 75 years of age who are eligible for FOBT. See notes (above right) for exclusion criteria

### Breast Screening



Category	Percentage
Not Recorded	21.88%
Ineligible	3.12%
0-2yrs	62.50%
>2-3yrs	12.50%

**About Breast Screening data**

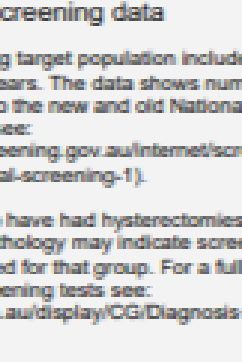
The Breast Screening target population includes women aged between 50 and 74 years. Patients are excluded (ineligible) if they have been diagnosed with one or more specific cancers and/or mastectomy (for list of diagnostic exclusions see: <http://help.pencs.com.au/display/CG/Mammogram>).

Although not reported here, Aboriginal women aged between 40 and 74 years should also be considered.

BreastScreen results may be delivered electronically to your practice in HL7 format. A regular check of correspondence may assist data cleansing of breast screening data. Cancer Institute NSW can also provide a list of patients to assist updating of clinical records.

\* Cohort includes active female patients aged from 50 to 75 years of age who are eligible for screening. See notes (above right) for exclusion criteria

### Cervical Screening



Category	Percentage
Ineligible	4.38%
Not Recorded	31.25%
HPV <= 5yrs / Pap >= 2yrs (no HPV)	22.63%
Pap <= 2yrs (no HPV)	0.73%
HPV <= 5 yrs	40.88%

**About Cervical Screening data**

The cervical screening target population includes women aged between 25 and 74 years. The data shows numbers of women screened in relation to the new and old National Cervical Screening program (see: <http://www.cancerscreening.gov.au/Internet/screening/publish/ng.nsf/Content/cervical-screening-1>).

Although women who have had hysterectomies are excluded in these numbers, pathology may indicate screening may continue to be required for that group. For a full list of exclusions for all screening tests see: <http://help.pencs.com.au/display/CG/Diagnosis+Codes+Screening+Tests>

\* Cohort includes active female patients aged from 25 to 75 years of age who are eligible for screening. See notes (above right) for exclusion criteria

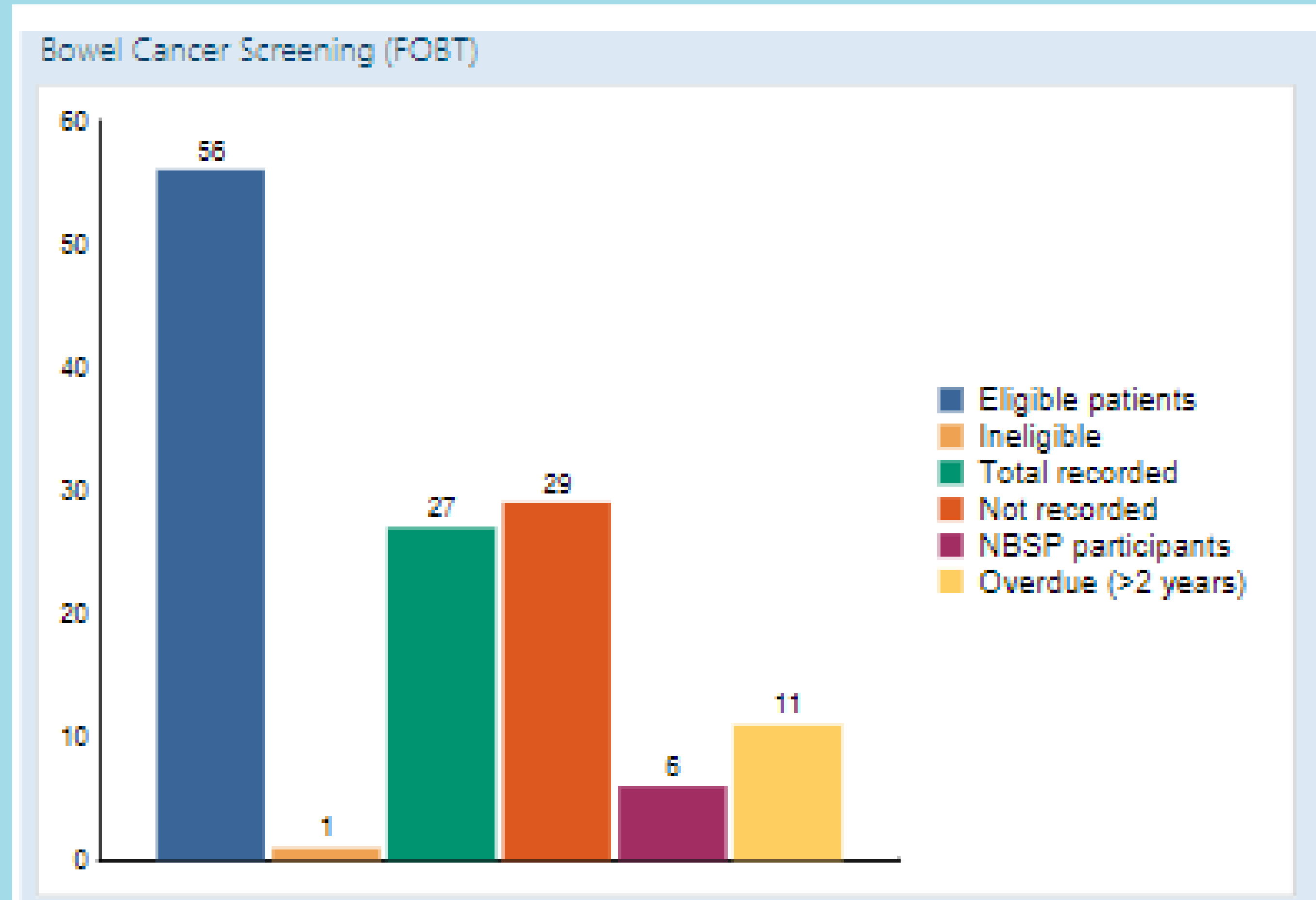
**NOTE**

Data shown in the charts above indicate what has been recorded in your clinical software and extracted into PATCAT. Actual cancer screening rates for patients in your practice may differ from those shown.

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Hunter New England Central Coast Primary Health Network (HNECC PHN)

Data in this report is based on information in PATCAT received from the practice

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## Aboriginal and Torres Strait Islander Peoples Dedicated Support Line on 1800 861 085



### MEMBER ASSISTANCE PROGRAM

**phn**  
HUNTER NEW ENGLAND  
AND CENTRAL COAST  
An Australian Government Initiative



Confidential counselling for work-related or  
personal concerns. Visit [accesseap.com.au](https://accesseap.com.au)

.....  
Your confidentiality is assured



CALL  
**1800 931 711\***

*\*advise that you are included with the  
HNECC Primary Health Network program  
& your practice*



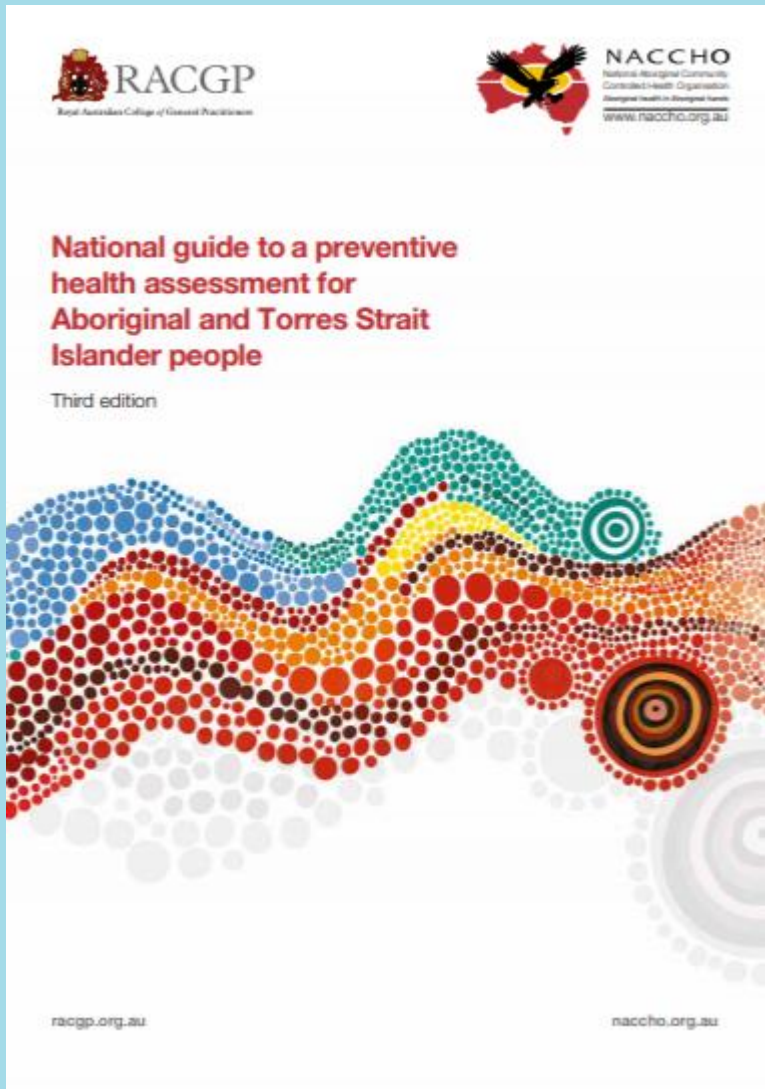
## KEY MESSAGES

1. Check service protocols related to identification and cultural safety
2. Tailor 715's and embed into software
3. It is timely to check in on cancer
4. Take small steps
5. Reach out to PHN





RESOURCES AND USEFUL LINKS



## OCP RESOURCES AND LINKS

[Optimal care pathway for Aboriginal and Torres Strait Islander people with cancer](#)

[Optimal care pathways \(OCP\)](#)

[OCP What to expect guides](#)

[A guide to implementing the Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer](#)

[National Immunisation Program \(NIP\) Schedule](#)



# Cancer prevention and management via a 715

Aboriginal & Torres Strait Islander People

Aboriginal Health Access Team or Primary Care Improvement Officer

Phone: 1300 859 028