

**PRIMARY
HEALTH
NETWORK**



**FIRST NATIONS
HEALTH**

Health Check (MBS 715)

INFORMATION SESSION

Aboriginal Health Access Team
2021

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

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Healthy People, Healthy Communities



**Together we can change the outcomes of
First Nations Health**



POPULATION
ACCESS &
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PRIMARY
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The Primary Health Network acknowledges the traditional custodians of the land on which we live and work, and respects their continuing culture and the contribution they make to the life of this vast region.



Yaama

(hello)

During this presentation I will be referring to Aboriginal and Torres Strait Islander people as First Nations People.

CONTENTS

1. Acknowledgement of Country
2. Learning outcomes
3. What is a 715 Health Check
4. Who is eligible
5. The purpose
6. Who can perform the Health Check
7. Connecting with your client
8. Components of a 715 Health Check
9. Nurse Follow ups
10. Allied Health Follow Ups



BY THE END OF THIS EDUCATION SESSION PARTICIPANTS WILL....

Understand the components of an effective health check for First Nations People.



Identify strategies to improve health checks in their own services



Improve awareness of the importance of screening, early intervention and preventative health care tools.



Increased awareness of cultural diversity when performing a 715 health check



Follow up services

WHAT IS A 715 HEALTH CHECK

A 715 Health check is an Annual health check for First Nations People

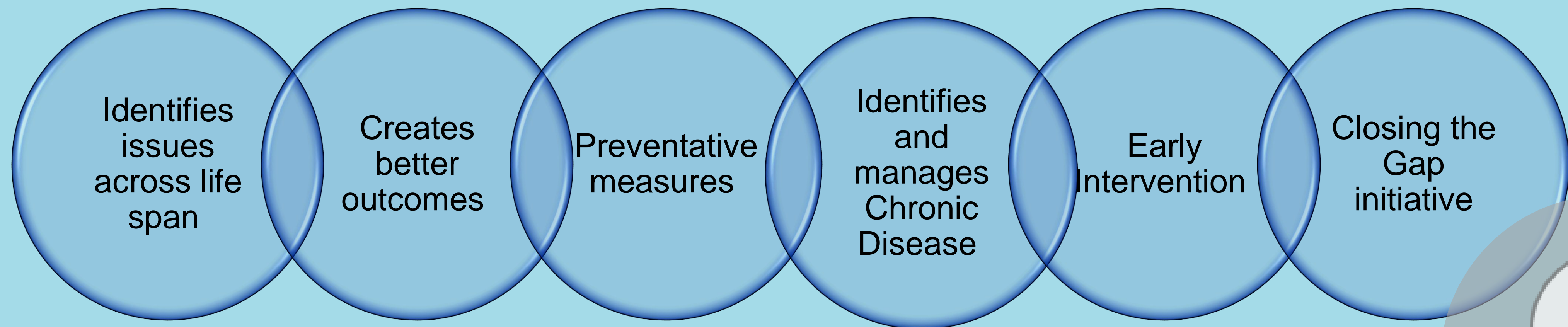
Where they can get a free health check once a year, as well as free follow-up care if needed.

The aim of health check is to **help ensure that First Nations People receive primary health care matched to their needs**, by encouraging early detection, diagnosis and intervention for common and treatable conditions that cause morbidity and early mortality.



Health checks allow access for health professionals in general practice and community health services to provide comprehensive health checks for **First Nations People** and can identify follow-up monitoring and/or treatment services required to improve their health and physical, psychological and social function.

A 715 Health check can ...



715 Health Check - Cairns Video Case Study

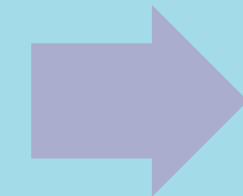


ELIGIBILITY

If the client or their parent/carer identifies them as a First Nations Person they are eligible.

715 health checks are available to the following age groups:

children aged 0 to 14



adults aged 15 to 54



older people aged 55 and over.





First Nations People of all ages can get an annual 715 health check.
They are free at Aboriginal Medical Services and bulk-billing clinics.



They do not need to be diagnosed with any chronic health conditions.



This health check is an annual service.
The minimum time allowed between services is nine (9) months.



THE PURPOSE OF A 715 HEALTH CHECK

The 715 Health Check is part of the Closing the Gap (CTG) on Indigenous health initiative to provides support for First Nations Peoples to better manage chronic disease.



Support Intial and ongoing engagement in comprehensive Primary Healthcare in a cultural safe way



Provide evidence-based health information, risk check and other services for primary and secondary disease prevention



Identify health needs, including client health goals and priorities



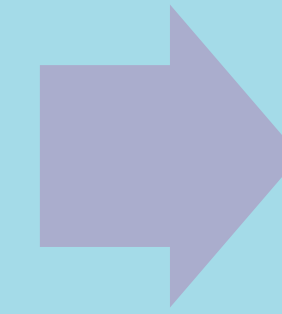
Support participation in population health programs (eg immunisation, cancer screening), chronic disease management and other primary care services (eg oral health).

WHO CAN PREFORM THE HEALTH CHECKS

To provide a 715 you must be an eligible practitioner working in a general practice.



You must also personally attend the client. You can't be a specialist or consultant physician.



When you provide the items, you must do all of the following:

- Take a client history
- Do an examination and investigate as required
- Keep a health check record
- Recommend appropriate interventions
- Overall assessment of the client
- Recommending appropriate follow up care
- Advice and information to the client
- Providing the client, or their carer, with a copy of the assessment and follow up plan.



PRACTICE NURSES AND HEALTH CHECKS

Nurses can collect information, including gathering of client information for you and taking and recording and routine measurements.

Providing your client with information about recommended interventions at your direction.

These activities must be performed in accordance with accepted medical practice and under your medical practitioner supervision.

All other components of the health check must include your personal attendance. If a practice nurse, Aboriginal health worker or practitioner is being used to assist in a health check for example collect information and provide information to the client, you must be satisfied that they're suitably qualified and have the necessary skills, expertise and training.



CONNECTING WITH YOUR CLIENT

The relationship with your client is important
When connecting with your client:

- Offer quick informal yarn at beginning of appointment (don't go straight into clinical)



Let the client know:

What's the main thing you would like to yarn (talk) about today?

What the health check's for (keep you well and out of hospital, catch problems early)

It's ok if you don't want to answer anything today, no pressure

Any question is a good question (ask me anything, medical jargon)

How long the check should go for

What you'll be asking

**Genuine
connection is
key to building
trust and
ongoing client
engagement**

COMPONENTS OF THE HEALTH CHECK

The health check supports a review of the client's health and wellbeing, including their physical, psychological and social wellbeing. It also assesses what preventive health care, education and other assistance should be offered to the client to improve their health and wellbeing. It complements existing services already undertaken by a range of health care providers.

A good health check

Is useful to the client

Identifies health needs, including client health goals and priorities

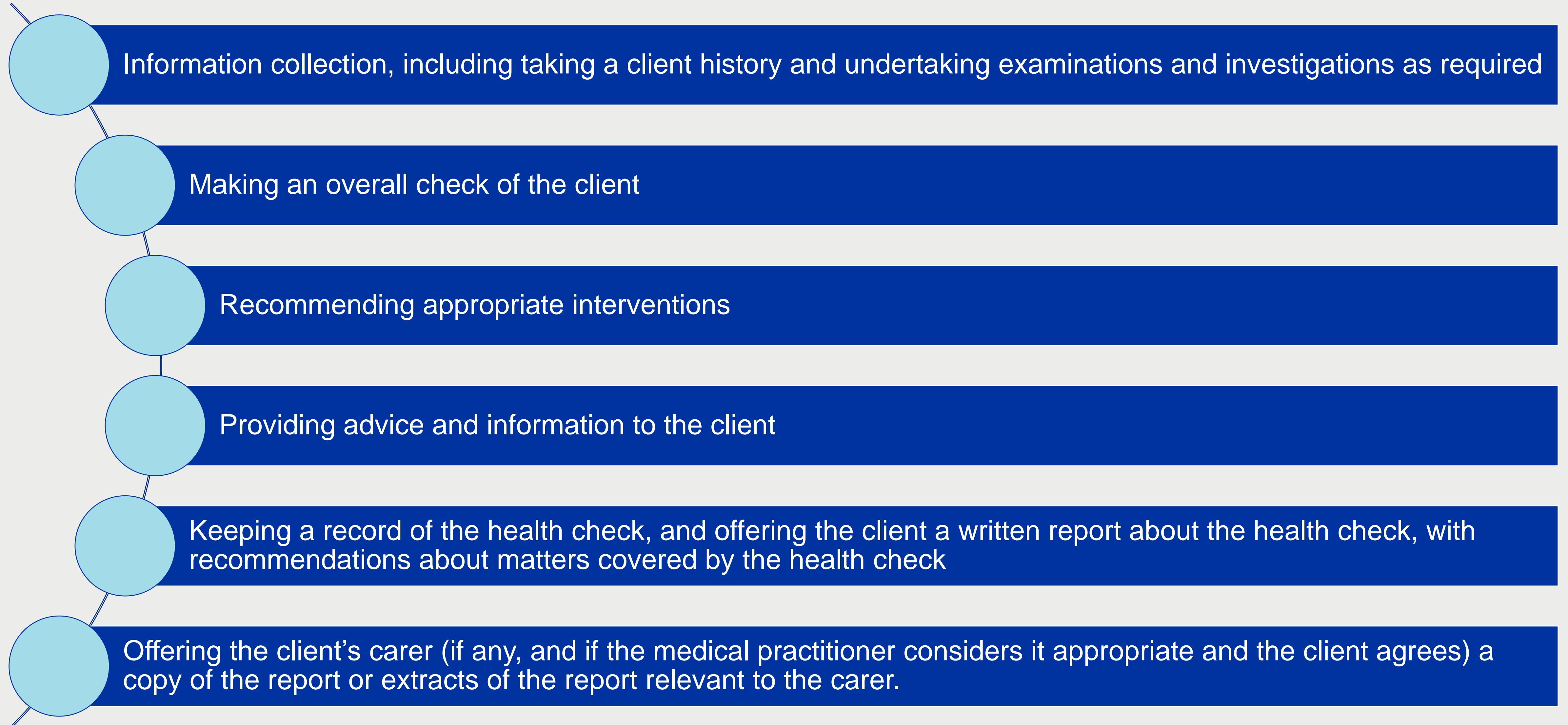
Supports clients to take charge of their health and wellbeing

Provides a framework for primary and secondary disease prevention through healthcare advice, risk check and other measures

Is provided by the regular healthcare provider

Includes a plan for follow-up of identified health needs, priorities and goals.

The health check must include ...



RACGP/NAACHO 715 Health Check Templates

Here are the five new templates that have been updated to better reflect age-appropriate health needs that span the life course:

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)

These templates are not intended to promote a tick box approach to healthcare, but rather to prompt clinicians to consider client priorities, opportunities for preventive healthcare and common health needs.



Components of a 715 Health Check - RACGP/NAACHO Templates

- Current health/client priorities
- Medical history - current problems
- Regular medications
- Allergies/adverse reactions
- Relevant family history
- Learning and work/development
- Healthy eating
- Physical activity, exercise and screen time
- Social and Emotional wellbeing /social history
- Cognitive memory/thinking (age appropriate)
- Eye health
- Ear health and hearing
- Oral and dental health
- Skin
- Immunisations
- Substance use, including tobacco
- Gambling
- Genitourinary and sexual health
- Home and family
- Mood
- Examinations
- Cancer Screening programs
- Cardiovascular calculation
- Investigations: full blood count, HBA1C, serum lipids, kidney function eGFR, liver function tests, ACR.



Follow-ups

Upon completion of a health check, if your client is assessed by you as needing follow-up health services, you can refer the client for up to....

5 Allied health services per calendar year

+

10 Nurse follow up visits per calendar year

Where you, the practice nurse or First Nations health practitioner are at the same location, you aren't required to be present for the health check follow-up. It's up to you to decide whether you need to see the client.



Nurse Follow-ups

The following provides some ideas of activities and discussions that might be carried out during a nurse follow up consultation. These may be planned visits or when the clients are in the clinic for a GP appointment.

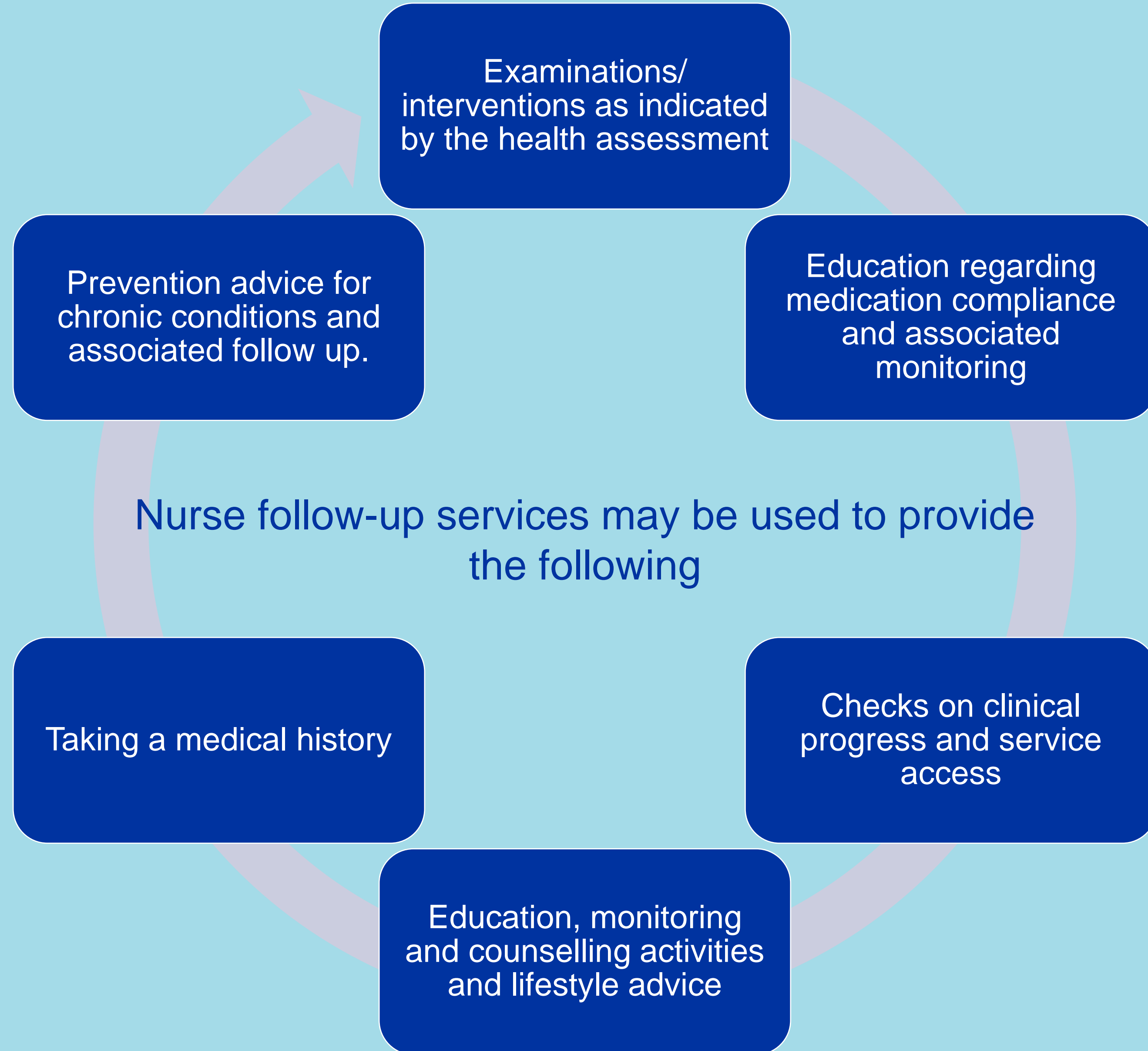
MBS item 10987 is a Nurse follow-up appointment provided by a Practice Nurse or First Nations Health Practitioner after a 715 health check has been completed.

Nurse follow up visits are your opportunity to connect with clients throughout the year between 715 health checks.

Actions should be related to issues identified in the original 715 and familiarising yourself with the clients 715 health check before follow up appointments, will assist in providing relevant and individualised care.

First Nations People with a 715 health check can have 10 Nurse follow up visits annually.





Allied Health Follow-ups

Upon completion of a health check, if your client is assessed by you as needing follow-up allied health services, you can refer the client for up to 5 allied health services per calendar year, by an eligible allied health professional.

Allied Health Follow-ups

MBS Allied health items 81300 to 81360 are available to people of First Nations People, on referral from their GP following a health assessment.

Components of follow-up items

A maximum of five (5) allied health services are available per client each calendar year. This is in addition to allied health services available to eligible clients with chronic disease under MBS items 10950-10970.

The five services can be provided by one eligible allied health professional (e.g. five physiotherapy services) or a combination of allied health professionals (e.g. one dietetic, two podiatry and two physiotherapy services). Services must be of at least 20 minutes duration and must be provided individually to the client, in person, by the eligible health professional. A written report must be provided to the referring GP after the first and last service, or more often if required.

Referral arrangements

To access follow-up allied health services, clients must be referred by their GP to the relevant eligible allied health professional(s) using a Referral form for follow-up allied health services under Medicare for people of First Nations People descent. The GP is responsible for identifying which allied health services are appropriate for the client.

Eligible allied health professionals

Allied Health Area Item Allied Health Area
Item Aboriginal Health Worker 81300

Physiotherapist 81335

Diabetes Educator 81305

Podiatrist 81340

Audiologist 81310

Chiropractor 81345

Exercise Physiologist 81315

Osteopath 81350

Dietitian 81320

Psychologist 81355

Mental Health Worker 81325

Speech Pathologist 81360

Occupational Therapist 81330

Including mental health nurses and some
social workers

- Home
- COVID-19
- About HealthPathways
- Aboriginal and Torres Strait Islander Health
- Principles for Care Provision for Aboriginal and Torres Strait Islander Peoples
- Principles for Telehealth Consultations with Aboriginal and Torres Strait Islander Peoples
- Aboriginal and Torres Strait Islander Health Assessment (MBS Item 715)
- Aboriginal and Torres Strait Islander Health Assessment for Patients Aged 0 to 14 Years
- Aboriginal and Torres Strait Islander Health Assessment for Patients Aged 15 to 54 Years
- Claiming MBS Items for Aboriginal and Torres Strait Islander Health Care
- Closing the Gap Program
- Cultural Competencies
- Pharmaceutical Benefits Scheme (PBS) Co-payment Measure (CTG Scripts)
- Practice Incentives Program – Indigenous Health Incentive (PIP-IHI)



Aboriginal and Torres Strait Islander Health Assessment (MBS Item 715)

See also:

- Aboriginal and Torres Strait Islander Health Assessment for Patients Aged 0 to 14 Years
- Aboriginal and Torres Strait Islander Health Assessment for Patients Aged 15 to 54 Years
- Older Person's Health Assessment

COVID-19 note

Use a culturally safe and well-resourced strategy to mitigate the risk of COVID-19, and improve outcomes for Aboriginal and Torres Strait Islander patients who have been identified as high risk.

For a wellness checklist that focuses on managing chronic conditions during the COVID-19 pandemic, see AHMRC – COVID-19 GP Checklist: Aboriginal and Torres Strait Islander People.

Last reviewed: 24 January 2023

Background

About the Aboriginal and Torres Strait Islander Health Assessment (MBS Item 715)

Undertaking the assessment

The Aboriginal and Torres Strait Islander Health Assessment is to be undertaken by the patient's usual general practitioner or primary health care service.

- The assessment is available once every 9 months to patients who identify as being Aboriginal and/or Torres Strait Islander as

Username:
hnehealth
Password:
p1thw1ys

SEND FEEDBACK



After today's session using the information from the attendance sheet, you will receive an email to complete a survey.

If you could please take the time to answer a few questions, so we can improve the way we deliver and provide training sessions to General Practice.



After - Health Check (MBS 715)

Post Education Evaluation

Hi, Kristy. When you submit this form, the owner will see your name and email address.

* Required

1. Post the education session Rate your knowledge in.. *

	Very High	High	Moderate	Low
Your understanding of the 715 Health Check	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your understanding who is eligible for the health check	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your understanding of cultural diversity when performing a 715 health assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your understanding of Allied health follow-up services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your understanding of Nurse follow-up services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Did the education session meet your expectations? *

Yes - exceeded expectations

Yes - met expectations

EXAMPLE ONLY

HNECCPHN Aboriginal Health Access Team

How can we support your practice:

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- Asking the Question
- PIP IHI (Practice Incentives Payment-Indigenous Health Incentive)
- CTG PBS Co-Payment
- ITC (Integrated Team Care)
- Health Check
- Cultural Safety

[National guide to a preventive health check for First Nations People. Third edition](#)

Please contact RACGP if you would like a paper copy of the National Guide

[1800 4RACGP | 1800 472 247](tel:18004RACGP)

racgp@racgp.org.au



National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people

Third edition



A HEALTH GUIDE FOR ABORIGINAL AND TORRES STRAIT ISLANDER PATIENTS

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Ask the Question. Do you identify as Aboriginal and/or Torres Strait Islander Origin?
To check your 'usual' practice patient eligibility for 715 & CTG PPH4 Registration use HPDS or call 1800 222 032
If eligible annotate patients' PBS prescriptions with CTG
If eligible complete/offer patient a 715 Health Check

Usual Practice Patients
This is the practice that has provided most of the care to the patient for the previous 12 months and/or will be providing most of the care over the next 12 months

715 Health Check done every 9-12 Months

- 5 x Allied Health Visits** \$1300 - \$1950 per calendar year (Aboriginal and Torres Strait Islander specific, claimable by Allied Health Provider and/or registered Aboriginal Health Practitioner)
- Relationship Building Data Collection** Physical, Social, Emotional Referrals Clinical & Community pathways Investigations Pathology, Tests, Screening
- 10 x Follow up Nurse Visits** 10987 per calendar year (Aboriginal and Torres Strait Islander specific codes)

Chronic Health Disease Identified? Patient is any age: YES
Prepare a GPHM 721 and/or TCA 723 (renewed every 12 months)

- 5 x Allied Health Visits EPC** \$1950 - \$2970 per calendar year
- 5 x Follow up Nurse Visits** 10997 per calendar year
- Review GPHM, TCA** 752 Rev 3 monthly (max 4 per calendar year)
- Refer to the Integrated Team Care Program** for Complete Chronic Health Management (CCHM)

Practice Incentive Payments for patients 15yrs + with a Chronic Disease (PIP IH)

- Register your practice for the PIP at - \$1000 (once lifetime per practice)
- Set reminder to re-register patients each year (\$370 PIP payment) - one practice/per patient/per calendar year
- Tier 1 - (\$300 PIP payment) - Prepare GPHM and/or TCA + 2 reviews
- Tier 2 - (\$150 PIP payment) - Provide a minimum of any 5 PBS services in a calendar year

Refer to the PIP IH Guidelines for more information <https://www.serviceaustralia.gov.au/organisations/health-professionals/services/medicare/practice-incentives-program/what-are-individual-incentives/indigenous-health-incentive>

Check List Before patient leaves

- Give a copy of 715 Health Check to patient
- Give a copy of GPHM/TCA to patient (if applicable)
 - Book Patient for Appointment
 - Book Patients Allied Health Referrals
 - Ask patient if ok for transport (if needed)
 - Clarify contact details
- Don't forget to annotate patients' PBS scripts with CTG

This resource is only a guide. Please refer to the Medical Benefits Schedule at <http://www.mbsonline.gov.au>

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TELEHEALTH GUIDE

Aboriginal & Torres Strait Islander Health Assessment (MBS 715)

This Telehealth Guide to Aboriginal & Torres Strait Islander Health Assessment (715) is for:

- Provide clinicians with steps to consider before, during and after a telehealth 715 Health Assessments
- Increase confidence and reduce any hesitations or uncertainty by clinicians around 715 Health Assessments via telehealth
- Maintain workflow for clinicians and facilitate a smooth transition between face to face consultations and telehealth appointments for patients
- Assist in implementing cultural safety considerations for telehealth consultations e.g. Dr Kelvin Kong video link

BEFORE 715 TELEHEALTH CONSULT

- Please view Dr Kelvin Kongs video on conducting telehealth consults with Aboriginal patients
- Are you the patients usual doctor? If so, check 715 eligibility and **Close the Gap registration**
- Book in appointment, check contact details, and follow your reminder process eg text reminder
- Provide patient with information on telehealth video/phone consultation process & protocol
- Prepare and ensure access to documents required for consult. Eg: template, previous health check and medications
- Ensure equipment is in place and tested
- Set up a plan B for technology malfunction
- Provide patient with a reminder phone call/SMS (utilise private messaging platform) 10mins prior to appointment time

DURING 715 TELEHEALTH CONSULT

- Confirm identification and check connectivity with patient & advise of Plan B
- Introduction of all attendees on the call and confirm confidentiality protocol (consider creation of shortcut in clinical software system)
- Outline the roles of each attendee on the call Eg: health care worker/patient
- If the patient has not already had "physical examination taken in a previous appointment arrange a time for a face to face visit for this to take place.
- Utilise HealthPathways for clear guidance on assessing and managing your patient
- Collect all relevant information from the patient using 715 templates.
- Advise patients in the Hunter New England region that local up to date patient information and advice is available at www.patientinfo.org.au and for patients on the Central Coast the address is www.ccpatientinfo.org.au
- Summarise follow-up: pathology, diagnostic imaging, specialist referrals, clinic appointments, Allied Health Referrals
- Ensure the patient and carers are clear on the next steps and answer any questions (eg: e-prescribing process)

AFTER 715 TELEHEALTH CONSULT

- Complete telehealth consultation notes
- See patient in clinic and complete "physical examination if not already completed in a previous appointment.
- GP to review all components of the health check with the patient
- Implement and monitor agreed follow up actions eg: printing original scripts, pathology, referrals and follow up appointment (10987).
- Provide patient with a copy of assessment (post/pickup)
- 715 item can only be billed when all components of the service are completed and GP has signed off

Please refer to the COVID-19 Telehealth MBS Items - complete list for further information

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What I need to know about a 715 Health Check

- The nurse will take your blood pressure, height and weight and you may have more tests done
- The nurse or doctor will ask you questions about your health, family and relationships
- A 715 Health Check may take up to an hour and you'll spend time with your Doctor and Nurse
- If you have a chronic health disease you can get an extra 5 visits to an Allied Health service
- The health check needs to be explained and understood by you
- The doctor may guide you to a specialist if you need it
- You can get 10 follow up visits with a nurse for free after your 715-health check
- You can get 5 Allied Health visits after your 715 Health Check
- You can have a 715 Health Check every 9 or 12 months
- Your doctor may connect you with other services if you need

www.hnecphn.com.au | healthy people. healthy communities.

RACGP Royal Australian College of General Practitioners

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

National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people

Third edition

racgp.org.au | naccho.org.au



WHAT OTHER HELP CAN I GET FOR MY CHRONIC CONDITION?

Integrated Team Care (ITC) is a program for Aboriginal and Torres Strait Islander people of any age with one or more of these chronic conditions:

- Diabetes
- Chronic respiratory condition (lungs)
- Cardiovascular condition (heart)
- Cancer
- Chronic renal condition (kidneys)
- Mental health conditions

HOW CAN ITC HELP ME?

Through the ITC program you will get help with:

- Transport to medical appointments
- Assistance with the costs to visit a specialist in a private practice
- Medical aids

You will also have a Care Coordinator who will work with you to coordinate your appointments and help you to meet your health goals.

Aboriginal Outreach Workers will help you get to your appointments, help you understand what the doctor or health worker is saying and put you in touch with culturally appropriate health and community services.

For more information about ITC, talk with your GP or one of the organisations listed on the back of this brochure.

This brochure has been published through funding provided by the Australian Government under the FIRM program.

FIRST NATIONS HEALTH
HUNTER NEW ENGLAND & CENTRAL COAST
PRIMARY HEALTH NETWORK

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An Australian Government Initiative

PRIMARY HEALTH NETWORK

First Nations Health Team in your area
Ph: 1300 859 532

ITC - INTEGRATED TEAM CARE PROGRAM

Hunter Primary Care - NEWCASTLE
Ph: 02 49 25 2259

Yarin AMS - WYONG
Ph: 02 43 51 1040

BirpiAMS - TAREE
Ph: 02 65 51 7444

Healthwise - TAMWORTH
Ph: 02 67 66 1394

Tobwabba - FORSTER
Ph: 65 55 6271

Ungooroo - SINGLETON
Ph: 65 71 5111

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FIRST NATIONS HEALTH

First Nations Health & Wellness Check

WHY WOULD I WANT ONE?

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References

The below references will be emailed to the practice and attendees who have listed their email addresses on the attendance form.

https://www1.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare_ATSI_mbsha_resource_kit

[NACCHO-RACGP-resource-high-quality-715-health-check.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare_ATSI_mbsha_resource_kit/NACCHO-RACGP-resource-high-quality-715-health-check.pdf)

<https://www.servicesaustralia.gov.au/organisations/health-professionals/topics/education-guide-aboriginal-and-torres-strait-islander-health-checks-and-follow-services/31806#a1>

[Health-check-Adults.pdf.aspx \(racgp.org.au\)](https://www.racgp.org.au/health-check-adults.pdf.aspx)

[National guide to a preventive health check for First Nations People. Third edition](#)

[Follow-up Health Services Provided by a Practice Nurse or First Nations People health practitioner – MBS item 10987](#)

[81300-81360 Follow-up Allied Hlth Servs Aboriginal Torres Strait Islander Descent - Fact Sheet](#)

[Follow-up Allied Health Services for People of First Nations People Descent – MBS items 81300-81360](#)

[715 Health Check Templates](#)

 Thankyou for your time today.

Yuwei: Not a goodbye, but a 'until we meet again'



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