715 Live Stream Presentation - 5th August 2020

Audience Questions Answered from Dr Joel Wenitong, Trumaine Rankmore (AHP) and the Aboriginal Health Access Team from the HNECCPHN

Is there a standard template which we can use for different age groups?
Yes, please see the link to the new RACGP/NACCHO templates that have 5 new age groups https://www.racgp.org.au/the-racgp/faculties/atsi/cultural-safety/resources/2019-mbs-item-715-health-check-templates .

Can you give us a rough idea about time allocation for GPS and nurses?
A 715 Health Assessment should take at least 40mins. It is up to the practice how they distribute the time for each clinician.

Can you do a health assessment on a patient you have not seen before?
'A health assessment should generally be undertaken by the patient's 'usual doctor'. For the purpose of the health assessment, "usual doctor" means the general practitioner, or a general practitioner working in the medical practice, which has provided the majority of primary health care to the patient over the previous twelve months and/or will be providing the majority of care to the patient over the next twelve months'.

Will this recording be on PHN website afterwards for further review ?
Please see this link to watch the recording of the 715 presentation
https://www.youtube.com/watch?v=81hNqKVCw74

What risk assessment tools due you use and at what age would you use them?
MMSE for over 55 population, AUSDRisk assessment 15yrs+ but will do earlier if any concerns, Geriatric depression scale generally 55+, K10 when appropriate, CVD risk assessment. (Trumaine Rankmore AHP)

Do you recommend sharing final outcome with the patient?
Yes it is extremely important that you share this information with the patient so they are able to manage their health and address any recommendations made by clinician during the health assessment. The presenters also addressed this question in the presentation which you can view on this link https://www.youtube.com/watch?v=81hNqKVCw74

Can TCA for allied health be provided for a client after ATSI health assessment?
A TCA is linked to a GPMP, you should have enough info from 715 to do the GPMP and TCA

How do you access those templates when using best practice? BP
Download from RACGP just do a search on 715 templates and you will need to get 'IT' to upload into your software

What 715 templates had been used before, this is falsely representing AMS's?
Generally the software you use have some sort of template there, others upload the DOH paper templates and utilise them. There is also the RACGP/NACCHO templates that have been released.

Is IPN providing BP machines? Isn't this relevant to those patients on a GP Chronic Disease Management Plan?
I cant answer for all IPN practices, we do have a limited supply that we would hand out on a loan basis, you can always talk with your supplier and see if they can give you some that you may be able to gift patients (just like the BGL machines) (Trumaine - AHP)

How would you ask about family history in a culturally safe way?
This question was answered in the live stream you can view it via this link:
https://www.youtube.com/watch?v=81hNqKVCw74

One of the requirements from Medicare is to document if any referrals or interventions are needed. What would classify as an intervention?
This question was answered in the presentation you can view it via this link
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Would you attempt to conduct a MMSE and Clock interpretation task (or similar cognitive function assessments) on all those >50 years?
Yes this is to get a base line for the older mob, the earlier we can detect any reduction the sooner we can get things in place to help. (Trumaine - AHP)

If the practice is not accredited yet ,can they register patients for CTG?
Practices must be accredited, or registered for accreditation, to participate in the Practice Incentives Program (PIP). To register patients for CTG the general practice have to be participating in the PIP IHI. See link: https://www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/practice-incentives-program/who-can-get-it/practice-accreditation

Any insight into how to actually encourage people to attend the health check? We call, send letters, SMS etc to offer them the 715 but have a very low response?
This question was answered in the presentation you can view it via this link
https://www.youtube.com/watch?v=81hNqKVCw74

What are the most important changes we can make to our practices to encourage people to engage and return for follow-up?
Some of the key points to this are : Respect - this starts from the reception being front of house right through to the nurses and Dr's. Treat them the same as you would your own family members. Invest time into getting to know them(we talked about rapport in this presentation for a reason) they will feel more safer / at ease to show up and return, if this means to run a little behind so be it, it will be made up at a later time. Educate the patients when your in the consult(explain and make sure they understand talk in plain English) e.g. hypertension say blood pressure - atm your blood pressure is to high this can cause x,y,z I'm am going to give you this medication/tablets to help lower your blood pressure so your risk of this will reduce/go down (explain the importance)

If someone already has a regular GP, they will have all their history and will be the ones doing followup. Frustrating when you cant claim cos it has been done.
Unfortunately this can occur and can be very frustrating. Patient attends another clinic for an acute problem in and out in less than 10 mins and that GP/Practice claims 715, this shouldn't happen. If you are not the regular practice don't claim a 715, just claim your consult. It isn't fair on the patient, nor the regular practice. This is not closing the gap it is widening it. GP's, Nurses and health care workers are in the primary health care sector to help patients and to provide quality of life to those patients. You can

only control what happens in your own practice with your Aboriginal and Torres Strait Islander patients. 715 health assessments shouldn't be treated as a financial gain for the practice, this is a preventative health tool and as such needs the time and follow up it deserves so the patient can receive quality health care

Is it a must to register with CTG, to get the CTG facility in the medication?
CTG and PIP/IHI are incorporated in the same form. There are 2 parts to the CTG and PIP/IHI forms. Part 1 is the PBS co-payment measure for the medications. This is signed once for the lifetime of the patient at your practice. Therefore the patient will have to sign a new form at every new practice they attend as its linked to your software not the patient, this will self populate on that practices scripts

What can you suggest to get patients to their appointment? We have a lot of non attenders for ATSI health checks?
Some of the key points to this are : Respect - this starts from the reception being front of house right through to the nurses and Dr's. Treat them the same as you would your own family members. Invest time into getting to know them(we talked about rapport in this presentation for a reason) they will feel more safer / at ease to show up and return, if this means to run a little behind so be it, it will be made up at a later time. Educate the patients when your in the consult(explain and make sure they understand talk in plain English) e.g. hypertension say blood pressure - atm your blood pressure is to high this can cause x,y,z I'm am going to give you this medication/tablets to help lower your blood pressure so your risk of this will reduce/go down (explain the importance) - Trumaine -AHP

Is it ok to call it an "ATSI" check or is it more cultural appropriate to use the proper words "Aboriginal" or "Aboriginal Torres Strait Islander"?
Using the proper words is best practice, however we often refer to ourselves as Koori, Murri etc which are the language groups in Aboriginal communities. Dr Joel

Can you please explain the concept of 'shame' and how that might impact a health assessment?
This question was answered in the presentation you can view it via this link
https://www.youtube.com/watch?v=81hNqKVCw74

This is great. Can you explain why there is so much focus on being culturally safe if really it's about being up front, respectful, no jargon. Thanks
Cultural Safety is about creating an environment where an Aboriginal or Torres Strait Islander person is not only treated well and in a culturally respectful manner, but they are also empowered to actively participate in their care, believing they are valued, understood and taken seriously. It is about shared respect, shared meaning, shared knowledge and experience of learning, living and working together. Cultural safety is an ongoing learning journey: An ongoing and response learning framework that includes the need to unlearn unconscious bias and racism and relearn Aboriginal cultural values - Contact The Aboriginal Health Access Team from the PHN for further support on this topic if required on 1300 859 028

We are IPN in FNQ, we find opportunistic works well, we have chronic disease nurse respected by community who does check and GP's are flexible with appts
Yaama IPN FNQ, honestly I believe that the opportunistic health checks work the best and if your practice can support and has the ability to facilitate this you will find that you will have such a better outcome. Also it is important that you obviously have a nurse that is respected and puts in the time with the community. Everyone can gain from this and it is important for all clinicians to practice this. (Trumaine - AHP)

I'm still confused about the CTG forms, patients are asked to re-sign the form annually. Is that to keep their CTG PBS status, or is that just to keep the PIP?
CTG and PIP/IHI are incorporated in the same form. There are 2 parts to the CTG and PIP/IHI forms. Part 1 is the PBS co-payment measure for the medications. This is signed once for the lifetime of the patient at your practice. Therefore the patient will have to sign a new form at every new practice they attend as its linked to your software not the patient, this will self populate on that practices scripts. Part 2 is the practice incentive payment from Medicare. The following criteria applies,1) identifies as Aboriginal and/or Torres Strait Islander, 2) 15 years or older, 3) Has a chronic condition, and 4) is the usual/regular practice of the patient. hope that clears this up (Trumaine - AHP)

What are some of the main reasons you would do an EPC referral to an AHP?
This question was answered in the presentation you can view it via this link
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Is there a reason for asking aboriginal people about Trichiasis (ingrown eyelashes) as it's listed in the template on BPAC???
Trachoma , in more rural remote communities, can cause blindness and totally preventable, Dr Joel

Do you do a K10 with everyone above the age of 15? Or do you only do it if they bring up mood concerns?
Should definitely do as a screening test , there is a K5 as well that is shorter, but sometimes you wont know until you ask the questions, there is good evidence based on some studies in remote north QLD communities in identifying at risk young Mob, Dr Joel

Is there any value in doing a 715 assessment in a baby/toddler?
This question was answered in the presentation you can view it via this link
https://www.youtube.com/watch?v=81hNqKVCw74

Any suggestions on how to source funding for IHW in private practice?
Aboriginal and Torres Strait Islander Health Practitioners (ATSIHP) can claim the EPC referrals ($54.60) for the referrals made to them. Look into your ATSI base and 715 MBS revenue and also the ability to utilise and access the 10987's ($24.40) 10x per calendar year you could generate to self fund this position, once the ATSIHP gets known in your practice and by the community your 715's will increase and you will generate more to fund an ATSIHP. If you are getting funding for Nurses/ chronic disease management nurse you can consider using this funding to put on an ATSIHP with this as ATSIHP can also do Care plans. (Trumaine - AHP)

Would organizing a day of mammograms (using the bus) at a location the mob are comfortable encourage the women to have a mammogram?
I have found that we have better success when Aboriginal and Torres Strait Islander people are comfortable, hence the reason AMS get Specialists to come to them. I could see this being a bonus if it could go somewhere more comfortable for the patients. Group screenings are known to make patients feel more comfortable and feel less daunting for them - Trumaine - AHP

What examinations would you suggest a practice nurse would do if any?
This question was answered in the presentation you can view it via this link
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Do the patient need to come back for bloods again another day?
From experience it is important to get the bloods done ASAP. Sometimes if the patient walks out the door they may not do this, I have walked many "non compliant patients" into pathology after their 715 or even opportunistically to get their bloods taken, this does come with gaining trust first though (Trumaine - AHP)

Do you need a special referral form for the 5 x allied health visits from HA? or are you relating to the care plan (GPMP/TCA) referrals?
There is a different form for the 715 Allied health visits they are very similar, you can follow the link to view the form:
https://www1.health.gov.au/internet/main/publishing.nsf/Content/61D28A6649DBD87FCA257BF0001F954E/$File/Indigenous%20follow%20up%20referral%20form.pdf

When doing follow ups do you try to encourage self empowerment by having clients book their own appointments or would you take control in this situation?
This question was answered in the presentation you can view it via this link
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Can you explain the difference between an aboriginal health worker and an aboriginal health practitioner please?
This question was answered in the presentation you can view it via this link
https://www.youtube.com/watch?v=81hNqKVCw74

Where can we get the additional referral forms from?
https://www1.health.gov.au/internet/main/publishing.nsf/Content/61D28A6649DBD87FCA257BF0001F954E/$File/Indigenous%20follow%20up%20referral%20form.pdf

Does HealthWise actually exist in providing ITC?
"Yes see links:
https://healthwisenenw.com.au/services/aboriginal-health/
https://hne.communityhealthpathways.org/65938.htm"

What is the purpose of the checklist?
To provide easy reference to the routine care of Aboriginal patients during COVID

Would Aboriginal women be more likely to get a mammogram done if the Breast Screen bus was to go to an area they were more comfortable with?
I have found that we have better success when Aboriginal and Torres Strait Islander people are comfortable, hence the reason AMS get Specialists to come to them. I could see this being a bonus if it could go somewhere more comfortable for the patients. Group screenings are known to make patients feel more comfortable and feel less daunting for them (Trumaine - AHP)

Is it a requirement to be Aboriginal to do either course?
Yes, it was set up so that Aboriginal and Torres Strait Islander people had access to up skilling without having to move from home /community to study as there are blocks of course work that needs to be completed

Do you have to be ATSI to become a Health Practitioner?
As above