



Enhancing preventive healthcare through service provider education

November 2023

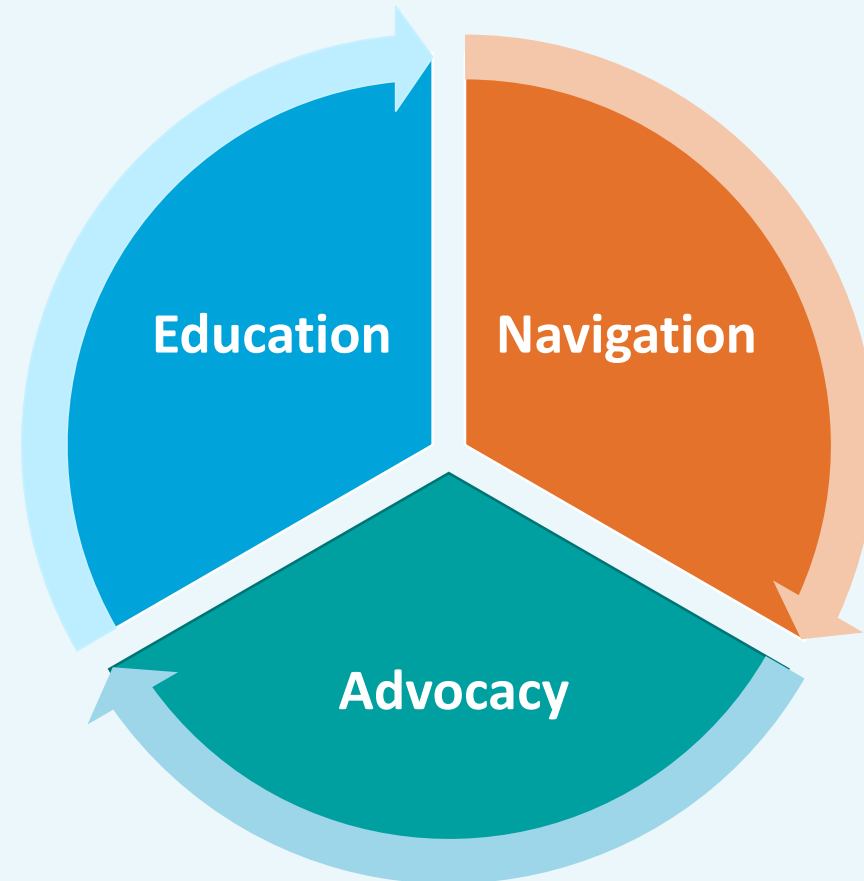
We acknowledge the Aboriginal and Torres Strait Islander peoples of this nation.



We acknowledge the Traditional Custodians and Sovereign People of the land across which we work.

We recognise their continuing connection to land, water and community and pay respect to Elders past and present.

PCEP: Project GROW



Access to general practice for people with intellectual disability in Australia

Supply-side factors:

- Poor GP knowledge and confidence
- Diagnostic overshadowing
- Negative attitudes by clinicians
- Limited support for reasonable adjustments
- Inadequate remuneration of GPs
- Siloed approach to service provision

Demand-side factors:

- General low-health literacy
- Communication challenges
- Reliance on family members or carers
- Fear and anxiety around attending health care services
- Challenges accessing appointments
- General lower socio-economic status



So, who's responsible?

Community Engagement Strategy

- **Disability Service Provider Workshops:** Supporting the Annual Health Assessment Process for clients in supported independent living
 - Increase understanding of primary care, how to work collaboratively with GPs
 - Translating health assessments into health care action plans
- Intellectual Disability: **Community Health Literacy Grants Project**
 - Funding provided to CASS Care, a multicultural organisation, to deliver health literacy workshops and distribute resources.

We're Better together : Intellectual Disability Healthcare workshop training

SIL provider workshop contained the following learning objectives:

- Preventative health for people with intellectual disability and roles and responsibilities of the support team
- The Annual Health Assessment process and the Health Profile containing reasonable adjustments.
- Working collaboratively with GP's and GP practices and understanding GP appointment types

All the sessions allowed for interactive activity and discussions with a GP advisor and a Disability Training consultant.

Role of Disability Support Team

- Understand the importance of knowing the person and their specific support needs.
- Prepare the person for their Annual Health Assessment by supporting them to understand what the assessment is for and discussing what supports they may need throughout the process.
- Inform the GP practice about the person's support needs and if reasonable adjustments are necessary for appointments.
- Update the patient's health plan following the Annual Health Assessment and ensure the disability support team understands the goals and actions agreed on by the GP and the person.
- Monitor the person's health, record, and report any changes to the team, the person's family/guardian and to their GP.
- Know what to do in a medical emergency and seek medical help without delay.

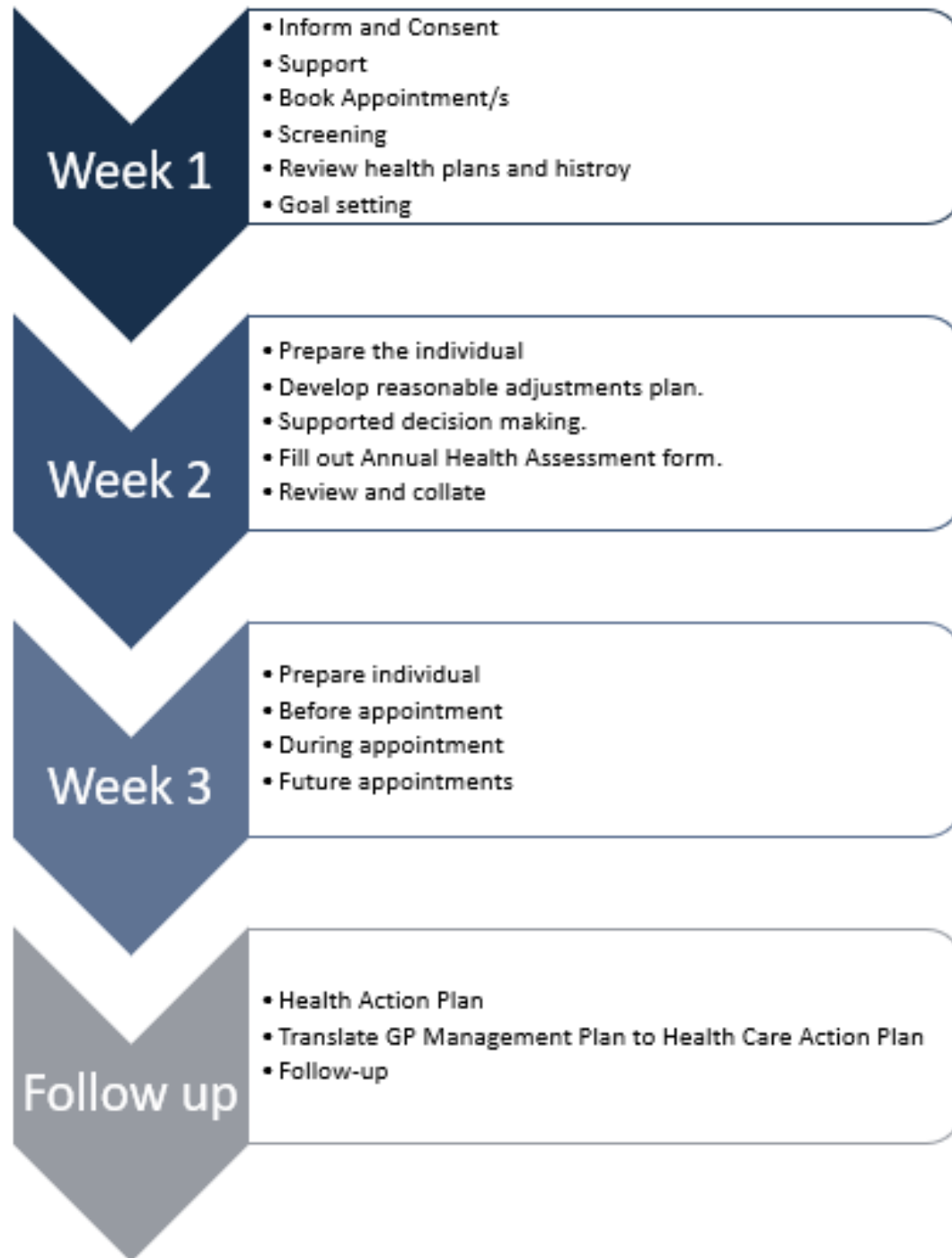
Role of GP and GP Practice

- Understand the preventable causes of death of people living in care and take necessary action to prevent these issues.
- Know the person, understand their disability and the specific health conditions related to that disability, their healthcare needs, and specific supports needs.
- Make any reasonable adjustments necessary to facilitate medical appointments and interventions.
- Conduct Annual Health Assessments - diagnose, prescribe, and coordinate treatment for health issues, provide guidance about medical conditions and preventative health interventions.
- Refer to specialists as needed and ensure clarity around who is responsible for making appointments and following-up actions.
- Understand the role of the person's support team in healthcare planning.

How GP and support team work together

- Develop a shared understanding of the person's health and support needs.
- Appreciate each other's knowledge and skills, and the shared responsibility for optimising the person's health and well-being.
- Support the person to participate as fully as possible during their appointment.
- Seek to understand the challenges people with disability experience in the health system and work together to improve health outcomes.
- Developing good relationships with all those concerned with the persons health.

Annual Health Assessment Process



General Appointments		
Appointment type	Length of time	Rationale
Standard Consultation	up to 20 mins	<ul style="list-style-type: none"> For one health concern only e.g., sore throat/UTI/prescription/results. Not recommended for patients with complex communication needs or complex medical problems.
Long Consultation	20 - 40 mins	<ul style="list-style-type: none"> To discuss more than one health concern. Best option for patients who have communication issues or complex medical problems.
Prolonged Consultation	>40 mins	<ul style="list-style-type: none"> For very complex issues or very complex communication needs – recommend discussing with GP if this is needed before booking.
Telehealth phone-call	up to 20 mins only	<p>Up to GPs discretion, for issues such as:</p> <ul style="list-style-type: none"> Paperwork e.g., signing of care plans/assessments – support worker can speak to the GP to explain what needs reviewing signing & can fax/email the forms to the GP to sign & they can fax/email back once signed. Repeat prescriptions - GP can assess via phone if ongoing need/appropriate to prescribe. E-script can be sent to the patient or faxed to chemist. Communicate results of investigations Prior to annual health assessment or GP management plan review appointments - check whether GP requires anything to be actioned prior to the appointment.

These consultations can also be done over video call – the same length of time applies as above.

The patient **MUST** be in the room when the telehealth or video call is performed & they need to give their consent for the call to take place and for the support worker to speak to the GP on their behalf (if they are unable to).

Annual Health Assessment		
Appointment type	Length of time	Rationale
Annual Health Assessment	Brief 30 mins Standard 45mins Long 45-60mins Prolonged >60mins	<ul style="list-style-type: none"> Annual appointment where all the health issues are reviewed, and a plan for the year is developed. Recommend splitting into multiple appointments as needed (according to the complexity of health issues and need for communication/reasonable adjustments). GP can bill on the final consult for the total time spent over multiple appointments. Should be done with the patient's usual GP. Face to face only

It would be best to discuss beforehand how the GP would like you to book this in. Some GP practices may use their practice nurse to do some of the assessment.

Health Management Plans		
Appointment type	Length of time	Rationale
GP Management Plan	Generally, >20mins	<ul style="list-style-type: none"> <u>At the GP's discretion whether appropriate for the patient</u> The GP will review the patient's health needs and goals for the year and develops a plan with the patient to achieve these goals. This aligns with a Health Action Plan often used by Disability Providers. Annual appointment and should be conducted by the patient's usual GP. Can be face to face or video.
Team Care Arrangement		<ul style="list-style-type: none"> <u>At the GP's discretion where appropriate for the patient</u> and usually in conjunction with the GP Management plan. Document will summarise the GP Management plan and is used as a referral to relevant allied health professionals.
GP Management Plan & Team Care Arrangement Review	Generally, >20mins	<ul style="list-style-type: none"> Every 3-6 months (depending on complexity) Review whether patient's goals are met or in progress and address any issues. Recommend booking regularly and in advance to ensure health promotion & prevention is not missed. Can be Face to Face or by video.
Practice Nurse Appointment		<ul style="list-style-type: none"> Can be offered once a patient has a GP Management Plan/Team Care Arrangement. <u>Discuss with GP if appropriate.</u> Allows up to 5 visits with the practice nurse per year. Could be used for blood pressure/weight checks, health education etc.

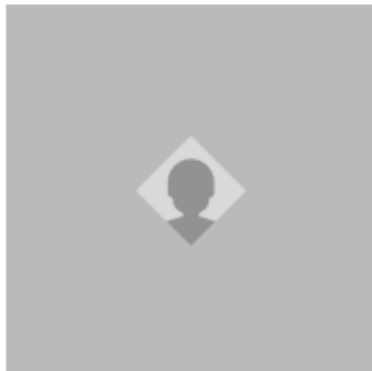
Other Appointment Types

Appointment type	Length of time	Rationale
Mental Health Care Plan	>20 mins	<ul style="list-style-type: none"> Plan initiated by the GP for a patient to access 10 psychology sessions with a Medicare rebate. Initial plan gives 6 sessions. A review is then done to access the next 4 sessions. Can be face to face or by video.
Mental Health Care Plan Review	>20 mins	<ul style="list-style-type: none"> As above, this review is to see how the patient's mental health is going and to provide a referral for further psychology sessions. Cannot be done until 3 months after the last plan/review. Can be face to face, video, or telephone call.
Case discussion – Case Conference		<ul style="list-style-type: none"> For patients with complex health needs, allows the GP to discuss care with other health professionals. 3 health professionals need to be involved (can include SIL provider) – further information about multidisciplinary team members. Requires patient consent & should be done by the patient's usual GP. GP can organise this or it can be organised another health professional with the GP participating.

My name is _____

I like to be called _____

My date of birth is _____



My Health Summary



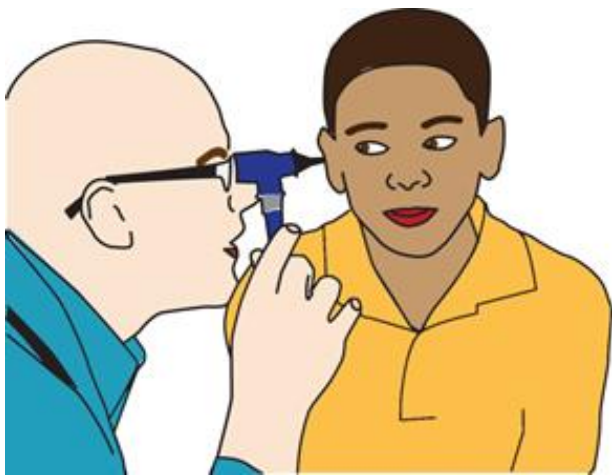
My Health Goals for this year



**How to support me
during my appointments**
(reasonable adjustments)

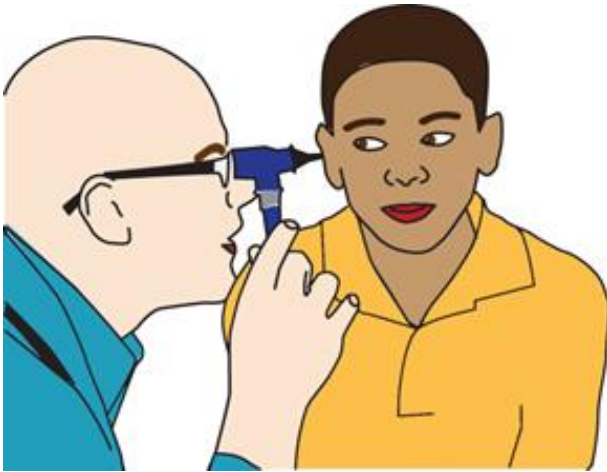


**How I communicate when
I am sick, in pain, unwell,
or feel down...**



Intellectual Disability Health Literacy Program

Today we will talk about



- **Preventative** health.
- Support Team
- Big Health Checks
- Reasonable adjustments
- Tips to remember

Big Health Check



Let us go through the process together.

매년 의사의 검진을 받으세요.

자세한 건강 검진 받기.



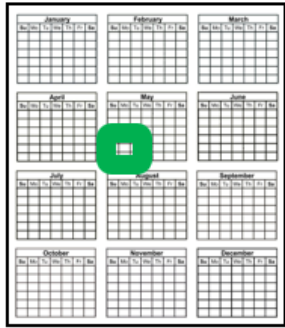
You can have a big health check.

It is for people with an intellectual disability.



여러분은 자세한 건강 검진을 받을 수 있습니다.

이는 지적 장애인을 위한 검진입니다.



It is 1 time each year. The doctor calls this your annual health assessment.



매년 1 회 실시됩니다. 의사는 이를 연례 건강 평가라고 합니다.



You see your doctor. A nurse may help too.



여러분은 의사를 보게 됩니다. 간호사도 도움을 줄 수 있습니다.



You tell your doctor about your health.

You have time to talk about every thing.

Your doctor checks **all** of your health.



여러분은 의사에게 여러분의 건강에 대해 이야기합니다.

여러분은 모든 것에 대해 이야기할 시간을 가집니다.

의사가 모든 건강 상태를 확인합니다.



How's it been received?

We're Better Together:

SIL Training Evaluation Feedback

- 100% of attendees said they would recommend the training to a colleague

How attendees would implement the education received from the sessions

- Booking appropriate GP appointments, regular appointments to ensure continuity etc.
- Replace organisation's healthcare form with GP Management Plan for relevant clients.
- Understand client's reasonable adjustments and utilise 1-page Health Profile.
- **Develop collaborative relationships with persons GP**

Intellectual Disability Primary Care Inclusion Program

Training and Quality Improvement activities.

Thank you.