

POLICY BRIEF: EVIDENCE ON HOW ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH ASSESSMENTS COULD BE ENHANCED TO SUPPORT BEST PRACTICE CARDIOVASCULAR DISEASE RISK ASSESSMENT AND MANAGEMENT

KEY POINTS

- Aboriginal and Torres Strait Islander Australians experience very high rates of premature cardiovascular disease (CVD).
- Heart attacks and strokes are highly preventable with timely screening and optimal care.
- The Aboriginal and Torres Strait Islander Health assessments (Medicare Benefits Schedule (MBS) item 715) provides an opportunity to promote an absolute risk approach to CVD assessment and management. This approach entails the quantitative consideration of a range of CVD risk factors and is recommended nationally and internationally as a life- and cost-saving intervention.
- There are a number of barriers to using the existing MBS item 715 to promote best practice CVD assessment and management.
 - Coverage of MBS 715 remains <30% nationally and <10% in many metropolitan regions
 - Coverage is low among infrequent users of primary health care and those with higher self-rated health
 - The item descriptor and Department of Health templates implicitly promote a single risk factor approach to CVD prevention
 - There is poor follow-up of many problems identified in a health assessment.
- Improvements are required to support increased uptake of MBS 715, improve the quality of CVD risk assessment and improve follow-up management and treatment.
 - Improvements to identification of Indigenous status in primary health care
 - Improvements in primary care systems to support increased population coverage of health assessments through appropriate call and recall
 - Changes to the MBS item descriptor to include absolute CVD risk assessments
 - Simplifying the MBS item descriptor consistent with other MBS health assessments
 - Enhancing health assessment templates to:
 - Integrate absolute CVD risk assessment
 - Support processes that improve patient engagement
 - Enable data extraction to support health service delivery
 - Training to support use of health assessments and an absolute CVD risk approach

POLICY CONTEXT

Aboriginal and Torres Strait Islander health assessments have become integrated into the Australian primary health care system and annual claims have more than tripled in the past six financial years. In 2016/17 there were 217,678 claims, covering 28.9% of the population and the Australian government has set a target to more than double this coverage by 2023.

In partnership with the patient, the health assessment could provide an opportunity to promote best practice screening and management of CVD; the leading cause of premature mortality in the Aboriginal and Torres Strait Islander population. Integrating an absolute risk approach to CVD risk assessment and management within health assessments will support better targeted treatment, save costs and has the potential to save thousands of lives.

METHODS

We used mixed methods research that included analysis of publicly available Medicare data, epidemiological analysis of data from the 45 and Up Study, a systematic review of the impact of structured health assessments on Aboriginal and Torres Strait Islander chronic disease care and an audit of electronic health records, clinical software and absolute CVD risk calculators.

KEY FINDINGS

There were a number of strengths identified within health assessments to build upon and improve CVD risk assessment and management. MBS item 715 is more likely to be delivered to those at higher risk of CVD. We also found in a small number of studies that health assessments were associated with increased uptake of absolute CVD risk assessment, improvements in prescribing and improvements to CVD risk factors such as blood pressure.

Uptake of health assessments has remained low among a number of populations. Fewer than 10% of eligible Aboriginal and Torres Strait Islander people in many metropolitan regions in southern Australia received a health assessment and claims were low among individuals with high self-rated health or who accessed primary health care services infrequently. We consider these groups an important target for future CVD risk screening.

Calculators to support absolute CVD risk assessment had been integrated within the most widely used electronic health records clinical software but require further enhancements. Previous studies have shown CVD risk calculators integrated into electronic health records were associated with increased uptake of absolute CVD risk assessment. However, most calculators integrated into electronic health record software do not support clinicians to identify high CVD risk due to diabetes and renal disease; the main reasons for high risk among Aboriginal and Torres Strait Islander people.

The Medicare item and associated templates implicitly promote a single risk factor approach to CVD prevention. The mandatory components of MBS item 715 do not require that CVD risk factors be considered together to arrive at an absolute CVD risk assessment. While absolute CVD risk calculators have been integrated into electronic health record software, none of the MBS item 715 templates had an embedded absolute CVD risk calculator.

There has been poor follow-up of health problems identified from the health assessment. We found that there has been a low uptake of follow-up MBS items for allied health practitioners, practice nurses, Aboriginal Health Workers and Aboriginal and Torres Strait Islander Health Practitioners with many of the clinical problems identified within health assessments inadequately followed-up.

IMPLICATIONS

The Aboriginal and Torres Strait Islander Health assessment could provide an opportunity to improve best practice CVD assessment and management. A number of improvements are required to increase the uptake of health assessments, improve the quality of CVD risk assessment during a health assessment and improve follow-up with patients. Central to any improvements are engaging Aboriginal and Torres Strait Islander people to invite them to have a health check, to recognise the importance of having a health assessment and in making changes to improve their risk of CVD. For improvements in processes of care to results in improved health outcomes, Aboriginal and Torres Strait Islander people need to be engaged and provided with the support to make change.

RECOMMENDED AREAS FOR CHANGE

These topics will be expanded upon in a subsequent report on implementing changes to MBS item 715 to support improved uptake of absolute CVD risk assessment and management

- Increase public awareness of heart checks and Aboriginal and Torres Strait Islander health assessments
- Improvements in identification of Indigenous status in primary health care
- Improvements in primary care systems to support increased population coverage by health assessments through appropriate call and recall
- Changes to the MBS item descriptor
 - Inclusion of absolute CVD risk assessment
 - Simplifying the Associated Notes
- Improvements to absolute CVD risk calculators to include identification of Aboriginal and Torres Strait Islander people and to support identification of clinically determined high risk due to diabetes and renal disease
- Enhance health assessment templates to:
 - Integrate absolute CVD risk assessment calculators
 - Support processes that improve patient engagement e.g. care facilitation/coordination
 - Enable data extraction to aid service delivery
- Training to support use of health assessments and an absolute CVD risk approach

LIMITATIONS

We have a limited understanding of the use and impact of health assessments performed in settings outside Aboriginal and Torres Strait Islander specific services and in metropolitan regions. Most research has been based in Aboriginal and Torres Strait Islander specific service in rural and remote communities. In these settings, health assessments were supported by recall systems, training on best practice guidelines and treatment protocols. Best practice CVD assessment and management is likely to be supported by enhancements in MBS item 715 in concert with contextual improvements in primary care systems.

CONTACTS

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