GPSA
GENERAL PRACTICE SUPERVISION AUSTRALIA

FAQ
FREQUENTLY ASKED QUESTIONS

PODCAST WEBINAR

Teaching your Registrar about Chronic Disease Management: How to Complete a Time-Based Health Assessment

What are the different types of Health Assessments?

1. Time-based Assessments
2. Aboriginal & Torres Strait Islander Peoples Health Assessments
3. Heart Health Assessments

What does the registrar need to know about Time-Based Health Assessments?

1. So-named because of the amount of time spent by the Nurse/AHW and GP to complete this form of health assessment
2. GP consultation follows initial appointment with Nurse/AHW
3. GPs can use these MBS Item Numbers:
   - 701 – Health Assessment (Brief)
     - Simple health assessment
     - 30 minutes at most to complete
   - 703 – Health Assessment (Standard)
     - Straightforward assessments where patient not presenting with complex health issues but may require more attention than a brief assessment allows
     - Between 30 minutes and 45 minutes to complete
   - 705 – Health Assessment (Long)
     - Extensive assessments where patient presenting with a range of health issues that require more strategies for managing patient's health
     - Between 45 minutes and 60 minutes to complete
   - 707 – Health Assessment (Prolonged)
     - Complex assessments where patient presenting with significant, long-term health needs requiring management through a comprehensive ealth care plan
     - 60 minutes or more to complete

What are the different requirements of Time-Based Health Assessments?

There are **7 different types** of Time-Based Health Assessments.

These are categorised as follows:

1. People aged 40 to 49 years (inclusive) with a high risk of developing type 2 diabetes as determined by the Australian Type 2 Diabetes Risk Assessment Tool
   - You need to complete the Australian Type 2 Diabetes Risk Assessment Tool (this is usually within your clinical software - the link goes to the Department of Health website where you can access the PDFs and online versions, but if it is in your clinical software it should be completed there)
   - The patient needs to be "**High Risk**" which means the total score needs to be 12 or higher
   - It can only be claimed **ONCE EVERY 3 YEARS**, so you will need to check the patient's billing or eligibility before completing
2. People between the age of 45 and 49 (inclusive) who are at risk of developing a chronic disease
   - Aims to prevent and detect chronic disease
   - This Health Assessment may only be claimed **ONCE**
   - Patient considered to be at risk of developing a chronic disease if, in the clinical judgement of the attending GP, a specific risk factor for chronic disease is identified. These risk factors include (but are not limited to):
     - **lifestyle risk factors:** smoking, physical inactivity, poor nutrition or alcohol use
     - **biomedical risk factors:** high cholesterol, high blood pressure, impaired glucose metabolism or excess eight
     - **family history** of a chronic disease

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3. **People aged 75 years and older**
   - One of the most popular Health Assessments
   - Can be completed **EVERY 12 MONTHS**
   - Must include:
     A. Blood pressure
     B. Pulse Rate and rhythm
     C. Assessment of the patient's:
        a. Medication
        b. Continence
        c. Immunisation status for
           – Influenza
           – Tetanus
           – pneumococcus
        d. Physical function, including
           – Activities of daily living
           – Whether there have been any falls in last 3 months
        e. Psychological function, including
           – Cognition
           – Mood
        f. Social function, including
           – Availability and adequacy of paid and unpaid help
           – Whether responsible for caring for another person

4. **Permanent residents of a Residential Aged Care Facility (RACF)**
   - Comprehensive health assessment
   - May be claimed on admission to RACF, **provided that a comprehensive medical assessment has not already been provided in another RACF within previous 12 month period**
   - This Health Assessment may only be claimed **AT 12-MONTHLY INTERVALS**

5. **People who have an intellectual disability**
   - Patient considered to have an intellectual disability if they have significantly sub-average general intellectual functioning (two standard deviations below the average intelligence quotient [IQ]) and would benefit from assistance with daily living activities. Where GPs wish to confirm intellectual disability and a patient's need for assistance with activities of daily living, they may seek verification from a Paediatrician registered to practice in Australia or from a government-provided or funded disability service that has assessed the patient's intellectual function.
   - The health assessment provides a structured clinical framework for GPs to comprehensively assess the physical, psychological and social function of patients with an intellectual disability and to identify any medical intervention and preventive health care required.

6. **Humanitarian entrants who are resident in Australia with access to Medicare services, including Refugees and Special Humanitarian Program and Protection Program entrants**
   - Designed to introduce new refugees and other humanitarian entrants to the Australian primary health care system, as soon as possible after their arrival in Australia (**within twelve months of arrival**)
   - This Health Assessment may only be claimed **ONCE**
   - Applies to humanitarian entrants who are resident in Australia with access to Medicare services, including Refugees, Special Humanitarian Program and Protection Program entrants with the following visas:
     – Offshore Refugee Category (200, 201, 203, 204)
     – Offshore - Special Humanitarian Program (202)
     – Offshore - Temporary Humanitarian Visas (THV) (695, 070)
     – Onshore Protection Program (866, 785)

7. **Former serving members of the Australian Defence Force including former members of permanent and reserve forces**
   - This is an assessment of a patient's physical and psychological health and social function
   - This assessment is designed to determine whether health care, education and other assistance should be offered to the patient to improve their physical, psychological health or social function
   - The GP can access the 'ADF Post-discharge GP Health Assessment Tool' as a screening tool for the health assessment Department of Veterans' Affairs' website (**NB** Other assessment tools mentioned in the Department of Veteran's Affairs Mental Health Advice Book.

ALWAYS CHECK ELIGIBILITY IN PRODA IF YOUR PATIENT MEETS THE CRITERIA FOR A HEALTH ASSESSMENT

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Documenting Health Assessments

TEMPLATES

The type of template you use will usually depend on the clinical software:

- Best Practice (System Template and Word Processor)
- Medical Director (Health Assessment Wizard or Word Processor)

You can create a simple Word Template that can bring across your customised Health Assessment Progress Note.

PROGRESS NOTES

Your Progress Notes need to reflect specific requirements for the different Medicare Health Assessment

Create a Progress Note Autofill for each of the 7 different Time Based Health Assessments using the Medicare Descriptions

NURSE PROGRESS NOTES

- Type of Health Assessment
- Date of Last Health Assessment
- Health Assessment process explained to the patient and/or carer - patient eligible and consents to same
- Patient details and smoking/alcohol updated
- Family, medical and social history updated
- Observations recorded
- Medication
- Bloods
- Specialist
- Allied Health/Other
- Prevention and Early Detection
- Patient Needs & Goals
- Patient Actions
- Recommendations
- Next Appointments
- SB Dr

GP PROGRESS NOTES

- Type of Health Assessment
- Health Assessment process explained to the patient and/or carer, patient eligible and consents to same
- Treatments & Services
- Patient Needs & Goals
- Patient Actions
- Next Appointments - GPMP Review in 3 months
- Patient offered copy of the Health Assessment

Care Plan	Health Assessment
Check patient eligibility (721/723)	Check patient eligibility (701/703/705/707)
Progress note shortcuts	Progress note shortcuts
Before you see the patient	Before you see the patient
Patient Details	Patient Details
Observations	Observations
Medications	Medications
Bloods	Bloods
Specialist, Allied Health and Other	Specialist, Allied Health and Other
Prevention & Early Intervention	Prevention & Early Intervention
Patient needs & goals	Patient needs & goals
Recommendations	Recommendations
Recalls	Recalls
MBS Billing	MBS Billing
Next Appointment	Next Appointment

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OTHER THINGS TO INCLUDE: OBSERVATIONS

- Height/Weight/BMI/Waist
- Blood Pressure and Heart Rate
- Blood Glucose Level
- Visual Acuity
- ECG (Annual Chronic Disease)
- Peak Flow (Respiratory Disease)
- Spirometry (Annual patients >8yrs old with Respiratory Disease)
- Oxygen Saturation (Respiratory Disease)
- Respiratory Rate (Respiratory Disease)
- Urinalysis (Chronic Disease)

OTHER THINGS TO INCLUDE: PREVENTION AND EARLY DETECTION ACTIVITIES

- Observations (Peak flow, BGL, Urinalysis)
- Immunisations
- Health Assessments
- Cancers
- AUSDRISK tool
- Cardiovascular Risk
- K10
- COPD Screening/Spirometry
- CKD Screening tool
- Cognitive Screening
- Sexual Health

How to explain Health Assessments as a step-by-step process: Nurse/AHW & GP

1. Identify eligible patient (Type of Health Assessment, PRODA)
2. Patient books for a Health Assessment appointment (Nurse and then GP)
3. Nurse Appointment (Prepares draft Health Assessment using Progress Note Autofill for the specific Type of Health Assessment)
4. GP Appointment (Review Draft Health Assessment and Recommendations)
5. Discuss Health Assessment with Patient and add any other information if required to the Care Plan
6. Finalise Medicare Billing (Nurse/AHW and GP time. Consider complexity level of Health Assessment)
7. Reception will finalise billing and book Next Appointment (Next Health Assessment and any other appointments noted)

How to explain Health Assessments as a step-by-step process: GP only

1. Identify eligible patient (Type of Health Assessment, PRODA)
2. Patient books for a Health Assessment appointment (GP Only)
3. Use Progress Note Autofill for the specific Type of Health Assessment to prepare a draft Health Assessment
4. Explain Health Assessment process and obtain patient consent
5. Update Patient details (Allergies, Smoking, Alcohol, Family and Social History)
6. Update Past History
7. Review treatments and services (Allied Health and Specialists)
8. Record Observations
9. Discuss Patient Needs, Goals and Actions
10. Generate Health Assessment documentation and offer Patient a copy
11. Finalise Medicare Billing (Consider complexity level of Health Assessment)
12. Reception will finalise billing and book Next Appointment (Next Health Assessment and any other appointments noted).

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More information

- MBS Online - http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&qt=NoteID&q=AN.0.47
- Department of Health - https://www1.health.gov.au/internet/main/publishing.nsf/Content/mha_resource_kit
- Services Australia Education Guide - https://www.servicesaustralia.gov.au/organisations/health-professionals/topics/education-guide-health-assessments-and-your-record-keeping-responsibilities/32851
- CDM Plus Online Modules - https://onlinemodules.cdmplus.com.au/
- CDM Plus Resources - https://cdmplus.com.au/resources/
- AUSDRISK Diabetes Tool - https://www.health.gov.au/resources/apps-and-tools/the-australian-type-2-diabetes-risk-assessment-tool-ausdrisk

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