

MBS item for over 45 health checks

Policy endorsed by the RACGP President, 26 June 2006

Prepared by the RACGP National Standing Committee – Quality Care

The Royal Australian College
of General Practitioners'
recommendations on health
checks for people aged over 45



THE ROYAL AUSTRALIAN
COLLEGE OF
GENERAL PRACTITIONERS

Aim

This paper outlines the Royal Australian College of General Practitioners' (RACGP) recommendations on health checks for people aged over 45. It sets out, based on the evidence, what should be included in these checks and how often they should be provided. It also suggests some decision support tools to assist general practitioners (GPs) in providing health checks, and strategies to engage consumers.

Background

Australian Better Health Initiative

The Council of Australian Governments (COAG) announced on 10 February 2006 a five year, \$500 million national package called the Australian Better Health Initiative to reduce the impacts of chronic disease.¹

One of the five priority areas of the program is supporting the early detection of risk factors and chronic disease. In its 2006–2007 Budget Statements, the Department of Health and Ageing announced:

'As a component of the COAG Health Services package, the Department will implement a new MBS item to support GPs to provide a focused health check of those patients aged around 45 years of age at risk of developing or exacerbating chronic conditions such as type 2 diabetes or heart disease.

'Eligibility for the new health check item would depend on the presence of significant and readily identifiable risk factors, for example: overweight, obesity, smoking or family history. Practice nurses could assist in identifying eligible patients and providing advice on preventive measures. This new item will also assist GPs and their staff in the early detection of chronic disease so that the required treatment can be commenced and the risk of disease progression reduced.'²

The RACGP welcomes this initiative, including its other aspects such as promoting healthy lifestyles and supporting lifestyle and risk modification. However, the RACGP does not believe an MBS item alone will be sufficient to improve health care for the Australian population. Other support strategies for GPs will need to be implemented, along with engagement of consumers, to support preventive health care. It is essential that health checks are offered at regular intervals to help maintain and improve the health of all Australians.

Preventive care

Prevention in general practice incorporates the maintenance of good health; prevention and early detection of illness, injury and disease; and the minimisation of disease progress when it occurs in order to reduce the burden of illness in the community.³

The RACGP has long advocated evidence based preventive health care, and produces the internationally respected *Guidelines for preventive activities in general practice* (the 'red book'). The sixth edition of the 'red book' is based on current evidence and provides the basis for the recommendations in this paper, along with the RACGP *Smoking, nutrition, alcohol and physical activity (SNAP): a population health guide to behavioural risk factors in general practice* (the 'SNAP guide') and the *National guide to a preventive health assessment in Aboriginal and Torres Strait Islander peoples*.

Issues

Eligibility and frequency of health checks

While the RACGP advocates preventive care throughout the lifecycle, the risk of a number of diseases such as cardiovascular disease, colorectal cancer, and breast cancer increases in the 45–50 age range, and the commencement of regular screening for these and other conditions is recommended.⁴

The RACGP recommends that health checks for all Australians commence at 45 years of age, and are repeated every two years thereafter. The majority of screening recommended in the 'red book' for people 45 years and older is repeated at two to five year intervals. It is important to encourage people to begin regular health checks at this age. People in higher risk groups for certain conditions may require more frequent screening for particular conditions, and these would be identified and advised on.

The RACGP recommends that all Australians aged over 45 have access to these health checks, not just those who can be identified as being at risk of developing a chronic disease. The Australian Institute of Health and Welfare estimates that 94 percent of males and 89 percent of females in the 45–54 age range have at least

one risk factor for cardiovascular disease.⁵ Almost one in four Australians aged 25 years and over has either diabetes or impaired glucose metabolism, which increases the risk of heart disease and diabetes later in life.⁶ There would be few people over 45 who are not at risk of developing a chronic disease. Some people will not be aware that they have risk factors, and need to review their lifestyle and health in order to identify risks. In the 2004–2005 National Health Survey, only half of the adult males who considered themselves to be of acceptable weight were in the normal BMI range.⁷ Practices may not be able to identify many eligible patients; for example, practices may not have up to date information on patients who infrequently visit a GP, such as men⁸.

This item should allow GPs to consolidate or review care in order to confirm that all required services, tests, and referrals have been undertaken in the requisite timeframe. When these have not been undertaken, the item would be used to coordinate and plan care, order tests and provide advice on lifestyle and other relevant factors influencing the risk of chronic disease.

Assisting GPs

Current workforce shortages are projected to continue,⁹ and GPs are under considerable time pressure. The development of evidence based resources for use in undertaking health checks would assist GPs in the effective utilisation of the process. These would not be prescriptive, complex, or labour intensive, but would be structured advice to assist GPs, possibly in the form of case scenarios. Where appropriate, GPs could also delegate some of the screening to practice nurses.

The item will allow coordination of screening that can be effectively undertaken in stages, as illustrated in *Table 1*, which provides a summary of the preventive care requirements for different age groups, divided into the measurements that need to be taken, the tests that need to be ordered, the risk factors that need to be assessed, and the immunisations that are required. This process will often fit within the natural workflow of a consultation and also suggests where a practice nurse may be able to assist.

Incentives should be provided to practices to encourage people to present for health checks, including those who may be at high risk but are less likely to seek out care. This would include those who are less likely to go to the doctor for other reasons, such as men,⁸ or those who are less likely to receive preventive care, such as people from socioeconomically disadvantaged communities, and Aboriginal and Torres Strait Islander people.⁴

Engaging consumers

The provision of health checks for people aged 45 and over is a valuable opportunity for preventive care. It will be especially beneficial if it engages those who most need preventive care services but are less likely to access them.

There would be value in engaging consumers in a public education/awareness program to educate them on the availability of the health checks, the reasons why they are important, and the types of things that will be assessed. Informing consumers of the evidence will allow them to make an informed choice about participating. As many preventive activities require a change in health related behaviour, it is useful for consumers to be actively included in their health care,⁴ a process which is an essential component of self management strategies^{10,11} and has the potential to increase the patient's responsibility for their own health. It can also enhance the quality of communication^{12,13} and the doctor-patient consultation,¹⁴ reduce the cost of aspects of care through better informed patients,¹⁵ increase the demand and use of appropriate referral to other health professionals and agencies¹⁶ and increase adherence to recommended prevention activities and therapeutic regimens.^{13,16}

The RACGP notes that one of the priority areas for the Australian Better Health Initiative is encouraging patient self management of chronic conditions, and improved consumer understanding of the health check process and evidence base would support self management initiatives.

Many companies already provide corporate health checks to their employees, and industry might be interested in joining in a promotion to encourage their employees to make use of preventive health checks.

Referrals

It is anticipated that preventive screening will generate an increased number of referrals and will significantly affect the demand for other services, both public and private. For example, it has been estimated that at least 76 514 (see *Appendix 1*) people with previously undetected impaired glucose tolerance (IGT) will be

identified and this in turn will generate referrals to physical activity programs, and for advice on healthy diet, weight loss etc. Divisions of general practice may need to facilitate referral networks at the local level. The inclusion of supporting lifestyle and risk modification as a priority area in the Australian Better Health Initiative should assist with meeting the demand for services.

Recommendations

The RACGP recommends:

- That the RACGP *Guidelines for preventive activities in general practice, the Smoking, nutrition, alcohol and physical activity (SNAP) guide* and the *National guide to a preventive health assessment in Aboriginal and Torres Strait Islander peoples* are used as the basis of any health check item developed by the Australian Government
- That the health check item is offered once every two years to all Australians aged 45 years and older.
- That the health check be used as an opportunity to assess individuals' absolute risk of a cardiovascular (CVD) event in the next 5 years.

Health checks

Based on current evidence, the RACGP recommends the following health checks for all Australians aged 45 years and over.

The following should be measured:

- **Weight** BMI (Body Mass Index) and waist circumference every two years
- GPs can offer general education on nutrition and physical activity at the same time
- **Blood pressure** Measure every two years
- **The following tests should be ordered:**
 - **Blood lipids** Fasting total cholesterol, LDL cholesterol, HDL cholesterol and triglycerides should be tested every five years
 - **Pap test** All women who have ever had sex and still have an intact uterus should be tested every two years
 - **Fasting blood sugar** (to diagnose type 2 diabetes) For those in a high-risk category.
- The following questions should also be asked:
 - Do you smoke? Do you need assistance to quit?
 - Do you drink alcohol? Do you need assistance to cut back or stop?
 - What is your diet? Do you need advice on healthy eating?
 - Do you undertake regular physical activity? What advice do you need to encourage you to do more?
 - Do you have symptoms of depression?
 - Do you protect yourself against skin cancer?
 - Is your diphtheria and tetanus immunisation up to date?

All Australians from the age of 50 years also need:

- **Faecal occult blood testing to help exclude bowel cancer** Should be tested every two years.

Women aged 50 and above also need:

- **Mammography** Every two years along with education on breast awareness.

All Australians from the age of 55 years also need:

- **Fasting blood sugar** (to diagnose type 2 diabetes) Should be tested every three years
- Assess and review the patient's vision and hearing every five years.

The above recommendations are for asymptomatic people. There are additional risk factors which need to be checked for specific groups of Australians including Aboriginal and Torres Strait Islander peoples and people with a family history of certain diseases.*

*Refer to the RACGP 'red book' and *National guide to a preventive health assessment in Aboriginal and Torres Strait Islander peoples*.

Support mechanisms

In order for health checks for people over the age of 45 to be effective in improving the health of Australians, the RACGP recommends in addition to the MBS item:

- development of evidence based resources and training where required for use by practices and divisions of general practice to support GPs and practice nurses in providing health checks
- programs to educate and engage consumers in the health check process, to encourage uptake and improve self management
- strategies to manage the additional referrals that will be generated by the health check process, to ensure that those who need further assistance are able to access it and thus supporting the success of the program.

Resources

The RACGP preventive care publications are available on the college website:

- Red book (www.racgp.org.au/redbook)
- SNAP guide (www.racgp.org.au/guidelines/snap)
- *National guide to a preventive health assessment in Aboriginal and Torres Strait Islander peoples* (www.racgp.org.au/folder.asp?id=1259)

Appendix 1. Estimated number of cases of IGT identified at 45+ health check			
	Males	Females	Total
Prevalence of IGT in 45–54 age group ¹⁷	8.4%	11.2%	
Population 45–49 years ¹⁸	456 618	461 259	
Estimated number with IGT	38 356	51 661	90 017
Identified in general practice (85%)			76 515

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Table 1. Workflow diagram showing preventive care requirements in different age groups

Type of preventive action	Who	<24 years	25–44 years	45–49 years	50–54 years	55–64 years	65–74 years	75+ years
Measure	GP/Nurse	Wt/WC/BMI Blood pressure	Wt/WC/BMI Blood pressure	Wt/WC/BMI Blood pressure	Wt/WC/BMI Blood pressure	Wt/WC/BMI Blood pressure	Wt/WC/BMI Blood pressure	Wt/WC/BMI Blood pressure
Order (test)	GP	Chlamydia# Pap smear#	Pap smear#	Lipids Pap smear#	Lipids Pap smear# Mammogram# FOBT	FOBT Pap smear# Mammogram# FOBT Blood sugar	Lipids Pap smear# Mammogram# FOBT Blood sugar	Lipids FOBT Blood sugar
Assess	GP/Nurse	SNAP	SNAP	SNAP	SNAP	SNAP Vision/hearing	SNAP Vision/hearing	SNAP Falls Polypharmacy Carer health
	GP	Depression Skin cancer	Depression Skin cancer	Depression Skin cancer	Depression Skin cancer	Depression Skin cancer	Depression Skin cancer Stroke risk Glaucoma	Depression Skin cancer Stroke risk Glaucoma Dementia
	GP		Cardiovascular risk	Cardiovascular risk	Cardiovascular risk	Cardiovascular risk	Cardiovascular risk	Cardiovascular risk
Immunise	GP/Nurse			ADT			Influenza Pneumococcal	Influenza Pneumococcal
Wt/WC/BMI = weight, waist circumference, body mass index SNAP = smoking, nutrition, alcohol, physical activity FOBT = faecal occult blood test ADT = adult diphtheria and tetanus # for female patients only								