

2021 NACCHO-RACGP Partnership Project

Executive Summary

Aboriginal and Torres Strait Islander health checks: results from testing in health services and general practices

Background

NACCHO and RACGP established a working group in 2019 to review and update Aboriginal and Torres Strait Islander annual health check templates. A key recommendation was to update elements to better reflect age-appropriate health needs across the life course.

Key changes to the previous templates include:

- consistent age-appropriate evidence-based elements
- inclusion of and increased emphasis on patient priorities and goals
- greater inclusion of determinants of health
- prompts to support follow-up of identified health needs

Testing the new health checks

The Department of Health provided support for the NACCHO-RACGP Partnership Project to gather information about enablers and barriers to implementation of new recommendations for Aboriginal and Torres Strait Islander annual health checks, presented as [templates in five age bands](#) and available on the [NACCHO-RACGP Resource Hub](#).

Feedback has been collected through three key activities:

1. Feedback received via the contact address on the NACCHO-RACGP Resource Hub website (July 2020 – March 2021)
2. An online survey (March-April 2021)
3. Detailed testing in a sample of Aboriginal Community Controlled Health Services and general practices (April – July 2021)

The way health check recommendations are available is key to their use in practice. This includes content, how well integrated they are into clinical software, how the health check interacts with other parts of the health record (interoperability) and other functionality. These clinical software issues are key implementation issues for survey respondents and template testing sites.

Notably, most survey respondents *not* using the new templates were using the templates currently provided in clinical software, none of which have yet been updated to reflect the new recommendations. This strongly supports the need for interim solutions that make the new recommendations available in clinical software promptly, as well as longer term solutions such as development, testing and implementation of SMART form health checks.

The learnings from this testing will continue to inform improvements in clinical software through conversations with individual software vendors in the short term and, most importantly for the longer term, through the SMART health check collaboration that is being supported by the Department of Health and led by the CSIRO.

Summary of results

- consistently **positive feedback on content** from staff and clients (NB the feedback from clients was to staff providing the health check, not directly to us)
- feedback on **the need for rich text format (RTF) versions of the templates**
- consistent feedback about the **limitations in software** especially lack of interoperability (interaction with other parts of the health record):
 - very limited pre-population of fields
 - time-consuming to set pre-populating fields and not all sites had someone who knew how to do it
 - no back writing (i.e. health check information/data being available in other parts of the health record)
 - lots of jumping in and out of the health check with cutting-and-pasting to review and/or update other parts of the health record
 - recalls & reminders having to be entered manually
- mixed feedback about the **time needed to complete** a health check
- **importance of data for reporting** (nKPIs and PIP QIs) so the need to be able to extract these fields
- need for **recommended embedded links** to work e.g. Australian Immunisation Register (AIR),, CVD risk calculator
- **requests for other embedded links** e.g. to assessment tools, patient information & other resources, referral networks, clinical guidelines

Recommendations

1. That all software vendors provide new health check recommendations in their clinical software.
 - i. Interim solution
 - For software vendors currently providing health checks as RTFs, to refine and **upload new RTFs as supplied forms**
 - For software vendors with integrated dynamic (smart functionality) health checks, **to modify existing health check templates to reflect new recommendations**
 - ii. Longer term solution, all clinical software systems to include highly integrated health checks with smart form functionality.
2. That all clinical software vendors have the opportunity to contribute to the CSIRO-led SMART health check project.
3. That the NACCHO-RACGP Partnership continue to work with health services and practices to describe elements and factors that support high quality, culturally safe, effective health checks including:
 - workflow of a health check
 - the software user interface requirements for a health check for clinicians (such as GPs, Aboriginal health workers/health practitioners, nurses) and clients
 - design of the completed health check report for clients and for practice teams
4. That the NACCHO-RACGP Partnership continue to work with the CSIRO collaboration to inform the development and piloting of SMART health checks.

The NACCHO-RACGP project team have now completed testing of the health checks templates. The findings strongly support the need for software vendors to improve the implementation of the new health checks. Based on the template testing results the team are liaising with Best Practice, Medical Director, MMEX and Communicare to discuss solutions to support quality health checks.

The NACCHO-RACGP project team is also working with CSIRO on a [Smart Form Health Check Project](#) which commenced in June 2021. Major primary health software vendors are also engaged in this CSIRO-led collaboration.

For further information please contact the project team at aboriginalhealth@racgp.org.au.

