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Bendigo CHS Men's Health Clinic

Improving access to primary care

This article forms part of our 'Access' series for 2012, profiling organisations that provide primary healthcare to groups who are disadvantaged or have difficulty accessing mainstream services. The aim of this series is to describe the area of need, the innovative strategies that have been developed by specific organisations to address this need, and make recommendations to help GPs improve access to disadvantaged populations in their own community.

Men have higher age standardised death rates than women from causes including cardiovascular disease, cancer and injury. Improving men's access to primary care through engagement is vital to achieving gender equity in health outcomes. This article describes the Men's Health Model of Practice at Bendigo Community Health Services in Victoria, which was developed to address the acute and preventive healthcare and health promotion needs of men in the Bendigo region, and reflects on strategies general practitioners can use to improve access to primary care for Australian men. It is important to seek opportunities to engage men in preventive healthcare when they present to general practice for an acute problem. In a busy general practice setting, a practice nurse or nurse practitioner can play a role in completing a comprehensive assessment of men's preventive health needs.

Keywords

men's health; preventive health services

Men have higher age standardised death rates than women from causes including cardiovascular disease, cancer and injury.¹ Men living in rural environments in particular, are known to have poorer health status than women.² Significant causes of morbidity in this patient group include prostatic hypertrophy, erectile dysfunction, androgen deficiency and depression.³ While many men's health problems are preventable and related to factors such as lifestyle, health risk behaviour and poor healthcare service utilisation, men have demonstrated a lack of knowledge and awareness of symptoms, and a reluctance to present for preventive health checks.⁴ Also, men typically present late for diagnosis and management of acute problems.⁵

Achieving gender equity in health outcomes requires acknowledgement of the importance of men engaging with health professionals.⁴ Men need to be supported to participate in positive health practices and to effectively access health services that operate in a male friendly manner.³

Men's Health Model of Practice

Bendigo Community Health Services (BCHS) in Victoria developed a Men's Health Model of Practice that has the potential to enable rural men to obtain and sustain a higher standard of health. The model has been developed over 8 years and has been informed by ongoing process and impact evaluation (*Table 1*), community consultation and consideration of other men's health models of practice. Objectives of the Men's Health Model of Practice are outlined in *Table 2*.

The Men's Health Model of Practice at BCHS focuses on preventive health and utilises a health promotion approach combined with clinical services. The model connects community health promotion and workplace men's health initiatives with a dedicated men's health clinic. This broad approach takes account of engagement strategies sensitive to men's need for timely access to healthcare or on site at the men's health clinic. Community and workplace screening and education sessions are also used to engage men in settings where men congregate; these can facilitate initial contact.

At BCHS, a men's health nurse practitioner (MHNP) is employed to coordinate the health promotion activities and clinical services of the Men's Health Model of Practice. The MHNP role focuses on providing male friendly healthcare involving preventive practice and supportive nursing care, providing a therapeutic environment that facilitates trust, acceptance and informed decision making. In some cases, this involves providing services to workplaces and remote regions and offering after hours consultation for

Table 1. Men's Health Model of Practice process and impact evaluation

A telephone survey was used to evaluate behaviour change and outcomes occurring as a result of clinic consultation. Men's health clinic client histories and consultations (n=70) conducted over 1 year (2009) were evaluated. Outcomes following a comprehensive men's health assessment and appropriate investigation and management included:

- blood pressure reduced to normal limits
- improved lung function
- reduced cholesterol levels
- specialist referral following positive faecal occult blood testing (FOBT) or high prostate specific antigen (PSA) levels
- increased exercise to 30 minutes x 5 days
- weight reduction >2 kg
- fasting blood sugar levels reduced into the normal range
- immunisation
- reduced alcohol use
- detection of sexually transmissible infections
- normalisation of erectile function following advice and medication
- reduced depression and other mental health issues following counselling by nurse practitioner, referral and medication
- smoking cessation
- referral for sleep apnoea assessment and fitting of continuous positive airway pressure device

Table 2. Objectives of the Men's Health Model of Practice

- Development of strategies to improve the engagement of rural men in positive health promoting behaviour
- Provision of services that are timely, responsive and easily accessible to men in rural communities
- Identification of opportunities for positive health outcomes for men in rural communities
- Encouragement for men to be proactive regarding their health seeking behaviour

working men. For men who don't have a regular general practitioner, the MHNP assists with identifying GPs who are accepting new clients.

Men's health assessment

Initial clinic appointments are 45 minutes and involve the MHNP performing a comprehensive men's health assessment. This includes a full medical and family history; investigation of cardiovascular risk factors (weight, exercise,

diet, cholesterol, diabetes, smoking and blood pressure); alcohol and drug assessment; immunisation status; investigation of prostate, bowel and testicular cancers; a mental health assessment; and a sexual health assessment. Health assessments are targeted to the age of the man: a man in his 30s or 40s will require a different assessment from a man in his 60s or 70s.⁵ At the initial consultation, the MHNP is also able to assess health education requirements and opportunities for action; provide advice about how to negotiate the health system; and clarify terms, concepts and health consequences. Importantly, the longer consultation allows time to identify and discuss personal issues such as mental and sexual health.

Each client receives a folder containing a copy of the initial assessment, results of investigations ordered by the MHNP, health information brochures and an agreed action plan with a review date. The folder can be presented to a GP or specialist and represents an accurate record of preliminary assessment and investigations performed by the MHNP.

Nurse practitioner and GP partnership

The establishment of the Men's Health Model of Practice at BCHS was made possible through a strong partnership between the MHNP and a local GP. The GP was a member of the initial advisory group that helped to establish the model of practice for the men's health clinic and continues to offer support and clinical advice to maintain and develop aspects associated with the clinic. The GP consults at the same location and time (evening roster) to link in with the men's health clinic and is available to provide support to the MHNP where required. Outreach clinics that engage men in other settings such as farming communities and workplaces operate within agreed guidelines and clinical advice is readily available through telephone contact and electronic media with the designated GP. This partnership between the MHNP and the GP has the potential to enable improved health outcomes for men and a reduction in the burden of chronic illness in the community.

Improving access

Improving men's access to primary care through engagement is vital to achieving gender equity in health outcomes.⁴ The Men's Health Model of Practice at BCHS demonstrates some of the ways in which this may be achieved. Importantly, extended consultation time is often needed for a comprehensive assessment of the patient's preventive health needs. As this time may be difficult to find for busy GPs, a practice nurse or nurse practitioner can play a role in taking a full history of preventive health and commencing some investigations within set guidelines of practice. It is important to use any opportunity to engage men: for example, when men attend for an acute medical reason, encouraging them to participate in preventive healthcare and making a follow up appointment to initiate this. In addition, it may be necessary to initiate a conversation relating to delicate topics such as sexual health and mental health as men may not volunteer problems in these areas. In our experience, discussing results in detail with men and giving them a copy of results

has the potential to improve engagement in healthcare. Other ways to create a male friendly environment in the clinic include displaying posters that welcome men to the practice, providing male clients with a specific men's health folder to file results and educational material and sending men a personal annual reminder for their men's health check-up.

At the men's health clinic, we have found that men are interested in their health and will engage in positive health practices if they are encouraged to do so and are in a supportive male friendly environment.

Resources

- Andrology Australia: www.andrologyaustralia.org
- Cancer Council Australia: www.cancer.org.au
- Diabetes Australia: www.diabetesaustralia.com.au
- Foundation 49: www.49.com.au
- HealthInsite: www.healthinsite.gov.au
- Heart Foundation: www.heartfoundation.org.au
- The M5 Project: www.m5project.com.au

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Conflict of interest: none declared.

References

1. Australian Institute of Health and Welfare. Australia's health 2008. Cat. no. AUS 99. Canberra: AIHW, 2008.
2. Australian Government Department of Health and Ageing. National Male Health Policy supporting document: Access to health services. Canberra: AGDHA, 2010.
3. Harris M, McKenzie S. Men's health: what's a GP to do? *Med J Aust* 2006;185:440–4.
4. Australian Government Department of Health and Ageing National Male Health Policy supporting document: Healthy routines. Canberra: AGDHA, 2010.
5. Cabrini Health: Men's Health Tool Kit. Available at: www.49.com.au [Accessed 20 August 2012].