

RACGP submission

Review of Medicare
Benefits Schedule
(MBS) Health
Assessment items

September 2024



RACGP

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1. About the RACGP

The Royal Australian College of General Practitioners (RACGP) is the voice of general practitioners (GPs) representing more than 50,000 members in our growing cities and throughout rural and remote Australia. For more than 60 years, we have supported the backbone of Australia's health system by setting the standards for education and practice and advocating for better health and wellbeing for all Australians.

Our core commitment is to support GPs from across the entirety of general practice to address the primary healthcare needs of the Australian population. With the return of college-led training in 2023, the RACGP now trains more than 90% of Australia's GPs including those in rural and remote areas.

We cultivate a stronger profession by helping the GPs of today and tomorrow continue their professional development throughout their careers, from medical students and GPs in training to experienced GPs. We develop resources and guidelines to support GPs in providing their patients with world-class healthcare and help with the unique issues that affect their practices. We are a point of connection for GPs serving communities in every corner of the country.

Patient-centred care is at the heart of every Australian general practice, and at the heart of everything we do.

2. Introduction

The RACGP welcomes the opportunity to provide a submission to the Department of Health and Aged Care's (DoHAC) review of Medicare Benefits Schedule (MBS) health assessment items.

The RACGP strongly supports health assessments that are evidence-based and recommends the expansion of patient cohorts eligible for these services. Our submission includes a series of recommendations to improve the current health assessment item numbers.

Health assessments have been shown to improve health equity. As stated in the discussion paper, uptake of time-tiered health assessments is greatest amongst those most disadvantaged (over 10%), steadily declining to over 6% in more advantaged socioeconomic areas.

Expanding the patient cohorts eligible for health assessments should be deemed an investment in more affordable and accessible preventive care for patients. Health assessments informed by patient priorities and goals can be used to fund proactive, planned, regular, team-based, comprehensive evidence-based needs assessments in general practice.

Regular evidence-based health assessments should be available to patients of all ages, with recommended intervals varying depending on healthcare need (just as one example, older people would receive an assessment more frequently than young adults). This is preferable to singling out specific conditions upon which to base eligibility, which creates a hierarchy of diseases and is open to debate.

Further, health assessments support the employment of practice nurses and the sustainable creation of multidisciplinary care teams (a recommendation of the Strengthening Medicare Taskforce), allowing patients to receive wraparound care from a range of healthcare professionals.

From an implementation perspective, any changes to health assessments need to be considered alongside any changes to MBS chronic disease management (CDM) services from 1 July 2025. Any changes to MBS health assessments that result in reduced patient rebates would further damage the general practice sector, reducing patient access to care and would not be supported by the RACGP.

The RACGP is committed to working with the DoHAC to inform the next steps of this review to ensure sound amendments and coordination of services across all MBS items relevant to primary healthcare. We look forward to contributing to further discussions around MBS health assessments. Please contact Samantha Smorgon, National

Manager – Funding and Health System Reform, on (03) 8699 0566 or via samantha.smorgon@racgp.org.au if you have any questions or comments regarding this submission.

3. Recommendation summary

The Review of MBS Health Assessment Items Discussion Paper canvasses three options for change being:

- Minimum approach – updating clinical services to remove/update references to requirements that no longer align with clinical practice
- Moderate approach – updating patient cohorts and frequency of assessment
- Restructuring approach – moving away from the current model of health assessments and introducing a new item structure

The RACGP recommends a **moderate approach** to reframing MBS health assessment items – updating patient cohorts and frequency of assessment. This should involve:

- expanding access to health assessment to all age groups with recommended intervals varying depending on healthcare need. If this is not possible, expanding access to the 75+ health assessment to patients aged 65–74 should be prioritised
- expanding target groups for time-based health assessments to include women, children in out-of-home care and people leaving prison
- ensuring health assessments are aligned with the RACGP's [Guidelines for preventive activities in general practice](#) (Red Book), to be performed when clinically indicated (usually every couple of years, although this may vary)
- requiring patients enrolled in MyMedicare to access health assessment items through the practice where they are registered. However, health assessments must also remain available to patients who do not wish to register with MyMedicare
- ensuring GPs remain central to the delivery of health assessments and coordination of follow-up services, with support from multidisciplinary teams in general practice
- ensuring Aboriginal and Torres Strait Islander health assessments (MBS item 715) align with the National Aboriginal Community Controlled Health Organisation (NACCHO)-RACGP [National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people](#) (National Guide), which is considered the key evidence base for health checks for Aboriginal and Torres Strait Islander people
- updating the item descriptor and associated explanatory note for MBS item 715 (see **Appendix A**)
- engaging with practice software providers to simplify record keeping and documentation processes
- investing in active promotion of MBS health assessment items and more education for providers to support compliant billing, such as webinars and eLearning modules
- working with practice software providers to standardise forms or templates relating to MBS health assessments and ensuring these integrate with GP clinical information systems so they can be kept up to date.

Finally, the RACGP does not support any changes to health assessments that would reduce funding for these services or expand the scope of practice of other healthcare providers that sit outside of a multidisciplinary care team that includes a GP, and who are not trained to independently conduct assessments.

These recommendations and other issues are covered in more detail below.

4. Disclaimer

As the vast majority of our members are vocationally registered (VR) GPs, this submission refers solely to VR MBS item numbers. We note there are corresponding item numbers used by non-VR GPs (prescribed medical practitioners) which have lower patient rebates.

5. The value of MBS health assessments

Health assessments are designed to comprehensively identify biopsychosocial health needs and are separate from the management of chronic disease. They help to identify patients at risk of common conditions such as cardiovascular disease and chronic obstructive pulmonary disease (COPD). Evidence shows that 'at risk' health behaviours are often identified through universal screening^{1,2}, health assessments help to prompt important health discussions^{2,3,4,5}, and these services are associated with lower mortality risk in older Australians.⁶

Allowing time for a specific assessment of activities of daily living (ADLs) and whole-body systems is useful for assessing needs and providing preventive and proactive management, rather than waiting for health problems to become established and instigating assessment and treatment afterwards.

Health assessments are a mechanism for supporting strong relationships between patients and their primary care team. Health assessments enable GPs to ask patients about factors and determinants of health such as their risk of falls, sexual health, smoking and diet. Proactive rather than reactive care is what GPs do best and results in the greatest efficiency in the health system. Health assessments can also be a mechanism for responding to priority health concerns – for example, embedding syphilis testing into health assessments for Aboriginal and Torres Strait Islander people as an important component of the response to the syphilis epidemic.⁷

While the Bond University review commissioned by DoHAC found little evidence of overall mortality benefits from health assessments, they are complex interventions and a key component of preventive care. Prevention, by its nature, is difficult to quantify but is accepted as an effective early intervention for reducing complications and potentially preventable hospitalisations.⁸ The evidence base for individual items of prevention is thoroughly reviewed as part of the RACGP [Red Book](#) and the NACCHO-RACGP [National Guide](#).⁹

Systematic reviews of published evidence for comprehensive health assessments, and linked evidence of individual components of health assessments, omit several components of real-life experience in an Australian setting. An update of available evidence is needed to identify evidence of follow-up time-tiered appointments, referrals, investigations and medication adjustments, which would suggest increased proactive attention to healthcare needs triggered by the health assessment. The discussion paper only outlines uptake of GP Management Plans (GMPs) and Mental Health Treatment Plans (MHTPs) post-health assessment but neglects other important follow-up services. For example, referral to exercise physiologists, dieticians or Aboriginal and Torres Strait Islander Health Practitioners and Workers for patient education and advice are important to support patients at risk of obesity following an Aboriginal and Torres Strait Islander health assessment.

REFORM RECOMMENDATIONS

6. Time-based health assessments (items 701, 703, 705, 707)

Longer health assessments allow sufficient time to address the issues that are otherwise lost in a shorter consultation. For example, the over-75s health assessment enables GPs to check medications, guardianship, advanced care directives and fitness to drive.

Health assessments can also help to boost cancer screening rates (eg patient aged 45–49 who receives a health assessment may opt in to bowel cancer screening as the eligible starting age [has been lowered](#)).

Health assessments do incentivise the provision of preventive care compared to routine time-based MBS item numbers, where matters beyond a patient's current presentation/agenda are unlikely to be discussed. The higher rebates provided for health assessments could also mean patients face lower out-of-pocket costs compared to standard items, as GPs may be more inclined to bulk bill or charge lower fees.

6.1. Challenges

Issue	Details
Low uptake	<p>Complex and arbitrary eligibility limitations on existing health assessment item numbers for patients will have impacted their uptake. In other cases, a lack of awareness and promotion is contributing to low usage of item numbers. Research has found that barriers to health screening include lack of knowledge or understanding from patients, various fears (eg fear of diagnosis/results), low-risk perception and fatalism.¹⁰ Entering into long-term care has also been shown to affect the uptake of available MBS services in a timely manner.¹¹</p> <p><i>Example: Intellectual disability</i></p> <p>The RACGP supports the recommendation from the National Roadmap for Improving the Health of People with Intellectual Disability that MBS health assessment items be better promoted to encourage greater uptake. People with intellectual disability are one of the target groups eligible for an annual health assessment, however only a very small percentage of this cohort receive these assessments. This may be due to a lack of awareness among GPs that they can claim these item numbers.</p>
Administrative burden	<p>GPs face logistical challenges when providing health assessments and billing the relevant items. It can be difficult to organise assessments (much like case conference item numbers), reflecting the need for well-developed administrative processes.</p> <p>As the administrative burden associated with health assessments increases, this becomes a barrier to their uptake. As such, they can offer little incentive to provide a structured approach to early detection and prevention of chronic disease. This is occurring in the context of an MBS system that already favours acute care.</p> <p>There is also some confusion around record keeping and documentation requirements for health assessment items. For instance, is documentation in the patient's clinical notes sufficient, or is there a template GPs should use to document the service and next steps for the patient's care?</p>
Lack of education	<p>There is limited information about the items on government websites and no active promotion, education or explanation by DoHAC. Concerns have also been raised about advice given by AskMBS and the Medicare provider hotline regarding patient eligibility for health assessments, and only recently have GPs been able to use the Provider Digital Health (PRODA) system to check eligibility. Anecdotal feedback suggests GPs are concerned about performing too many health assessments and being picked up as a billing outlier. Investing in more education to support correct billing of the items would be beneficial.</p>

RECOMMENDATIONS

- Invest in active promotion of MBS health assessment items and more education for providers to support compliant billing, such as webinars and eLearning modules.
- Work with practice software providers to standardise forms or templates relating to MBS health assessments and ensure these integrate with GP clinical information systems so they can be kept up to date.

6.2. Opportunities

6.2.1. Sustained funding for health assessments

MBS health assessment items were intended as a way of funding high-quality preventive healthcare rather than short fee-for-service consultations. For many practices, health assessments would be financially unviable if the MBS items

were not available. Additionally, the impact would be most felt in lower socioeconomic areas and by priority populations that experience greater burden of disease.

6.2.2. Reducing fragmentation of care

Linking health assessments to MyMedicare enrolment could help to enhance continuity of care with a patient's regular GP/practice and prevent fragmentation. The RACGP would support similar arrangements regarding MyMedicare linkage to those [being introduced](#) for MBS CDM items from 1 July 2025. We note some concerns have been raised about MyMedicare linkage in the context of Aboriginal and Torres Strait Islander health, and any adverse impacts on these patients must be carefully considered (see section 8.2 below).

RECOMMENDATIONS

- Patients enrolled in MyMedicare should be required to access health assessment items through the practice where they are registered to support continuity of care.
- It is essential that health assessments also remain available to patients who do not wish to register with MyMedicare.

6.2.3. Amending existing target groups

Existing target group	Recommended changes
75+ health assessment	Existing health assessment items for people 75 years and older should be expanded to include patients 65–74 years and 50–74 for Aboriginal and Torres Strait Islander Australians.

RECOMMENDATIONS

- Expand access to health assessments to all age groups with recommended intervals varying depending on healthcare need. If this is not possible, expanding access to the 75+ health assessment to patients aged 65–74 should be prioritised.
- Ensure health assessments are aligned with the RACGP's [Red Book](#), to be performed when clinically indicated (usually every couple of years, although this may vary).

6.2.4. Expanding eligible target groups

As part of the MBS Review, the General Practice and Primary Care Clinical Committee recommended that the descriptors and explanatory notes for items 701, 703, 705, 707 and 715 be amended to expand eligibility to new at-risk populations and modify existing populations to better align with clinical and service needs. This recommendation was [endorsed](#) by the MBS Review Taskforce, however any changes are yet to occur.

The RACGP supports the recommendation to expand health assessment items to new target groups in principle. As noted in our [position statement](#) on disease-specific MBS items, the RACGP is willing to explore opportunities to leverage existing items such as time-based health assessments as an alternative to creating new MBS items. This includes expanding the list of patient cohorts eligible for time-based health assessments to include groups such as children in out-of-home care and people released from prison.

These groups are not exhaustive, and patients who fall outside of them can also benefit from preventive health checks. For instance, data shows that men on average die younger than women and are less likely to visit a health professional.¹² There is an opportunity for health assessments to be used to encourage men to prioritise their health and avoid delaying accessing healthcare.

The RACGP has specifically recommended that women be added as a target group for health assessments as they experience higher rates of chronic disease¹², and females are among the highest users of GP services.¹³

The RACGP would support health assessments being expanded to the following target groups:

Potential target group	Rationale
Women	<p>Longer consultations provide an opportunity to address specific women's health conditions by allowing more time for early intervention for chronic conditions, such as endometriosis.¹⁴ This will also reduce presentations to hospital emergency departments through the provision of high-quality continuous care.¹⁵</p> <p>We recommend updating the criteria of GP health assessment items to include the women's health issues outlined below and deliver essential health assessments based on best practice:</p> <ul style="list-style-type: none"> • Menorrhagia • Pelvic pain • Endometriosis • Polycystic ovary syndrome • Perimenopause or menopause • Incontinence. <p>Please refer to the RACGP's Mid-Year Economic and Fiscal Outlook 2024-25 submission for more information about the benefits of expanding health assessments to women.</p>
Children in out-of-home care	<p>Children in out-of-home care require extra support due to their unique and often unmet health and developmental needs. Enabling access to an annual health assessment for this cohort will ensure there is a clear pathway for GPs to perform these vital assessments and be remunerated for their work.</p> <p>This is particularly important for Aboriginal and Torres Strait Islander children in out-of-home care. As one example in Victoria, the Balit Murrup: Aboriginal social emotional wellbeing framework 2017–2027 provides examples of supports needed for children experiencing social and emotional wellbeing issues (eg healing, trauma-informed and culturally safe counselling and wraparound services). Ensuring these children have access to necessary supports is a matter of ethics and integral to public health.</p>
People leaving prison	<p>The RACGP supports expanding eligibility for health assessments to all people discharged from prison, rather than restricting access to those with a longer sentence (eg six months or more).</p> <p>People who have been incarcerated have high health and social support needs related to the social determinants of health. As noted above regarding children in out-of-home care, it is an ethical and public health priority that these patients receive the medical attention they need both in prison and on leaving prison. Furthermore, many of these health problems contribute to re-incarceration which creates a substantial cost burden.</p> <p>Transition/release from prison is a particularly vulnerable period, when prisoners can experience a decline in their health and are at greater risk of hospitalisation and recidivism.¹⁶ Isolated initiatives will not adequately support their transition, with additional need for mental health, alcohol and drug, and disability services.</p> <p>Support services are often under-resourced, fragmented and do not meet the particular needs of Aboriginal prisoners.¹⁷ The Council of Australian Governments' (COAG) <i>Prison to work</i> report found that greater coordination and information sharing is required at the prison-community interface.¹⁸ Programs that are flexible, accessible to those on short sentences, and take a holistic and long-term view of health and wellbeing are best placed to help address the overrepresentation of Aboriginal and Torres Strait Islander people in prison.¹⁹</p>

	<p>Expanding health assessment eligibility to discharged prisoners will allow GPs to provide holistic healthcare to this high-needs population at a crucial healthcare transition point. GPs can support patients leaving prison by:</p> <ul style="list-style-type: none"> • working with the patient to maintain the health gains achieved in prison, such as ensuring psychiatric medications are continued and patients are linked to community healthcare and support networks • ensuring treatments commenced in prison are completed, such as Hepatitis C treatments • following up with healthcare management plans commenced in prison. This is particularly valuable for those who were in prison for relatively short sentences, where screening and investigations may have commenced but substantial follow up is required. <p>The RACGP's <i>Standards for health services in Australian prisons (2nd edition)</i> recommend that release planning be undertaken for those leaving prison, and health assessments could help to bridge this gap.²⁰</p> <p>This also has the potential to enhance care for Aboriginal and Torres Strait Islander people who are disproportionately represented in prison populations. However, there needs to be consideration of the rebate amount in comparison to item 715 and whether both items can be claimed within a given timeframe.</p> <p>Entry into custodial settings</p> <p>There is also a need for access to health checks on entry to custodial settings. For Aboriginal and Torres Strait Islander people, guidance from NACCHO on models of care and funding needs that could support health checks in the context of comprehensive healthcare for Aboriginal and Torres Strait Islander people in custodial settings is paramount, including being supported by the local Aboriginal Community Controlled Health Organisation (ACCHO) where possible.</p>
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RECOMMENDATIONS

- Create new target groups for time-based MBS health assessments including women, children in out-of-home care and people leaving prison.
- Consult with key stakeholders on the appropriate frequency of time-based health assessments for new target groups.

7. Multidisciplinary care

Health assessments provide one of the main avenues for multidisciplinary team-based care in general practice, whereby GPs work alongside nurses and allied health professionals. For example, funding for item 715 supports the employment of allied health professionals within Aboriginal medical services. Any changes to who can carry out a health assessment must retain GPs at the centre of care coordination.

7.1. Scope of practice

The RACGP encourages government to proceed with caution if and when considering expanding MBS health assessments to other providers, who may not be properly equipped or trained to deliver this service. Aspects of health assessments that are particularly aligned with general practice include interpretation of family history, medications, immunisation queries and many other features. The key principle of the health assessment is that it must connect patients to appropriate treatment and follow-up services.

While it may be reasonable for other healthcare providers to assist with health assessments, these must involve the GP. Support from other providers can potentially free up GP time in busy practices, however the RACGP is keen to avoid any unintended consequences from allowing other providers to work independently rather than as part of multidisciplinary teams that include a GP. We therefore do not support the introduction of any new MBS health assessment item numbers for other healthcare professionals.

8. Aboriginal and Torres Strait Islander peoples' health assessment (item 715)

The RACGP recognises the importance of the Aboriginal and Torres Strait Islander peoples' health assessment (MBS item 715).

8.1. Overview

Aboriginal and Torres Strait Islander health assessments (health checks) remain a key Australian Government policy strategy to support preventive healthcare for Aboriginal and Torres Strait Islander people. The [National Aboriginal and Torres Strait Islander Health Plan 2021–2031](#) has targets for health checks in all age groups. The health plan also outlines the need for high-quality health checks that, among other things, reflect age-appropriate health needs and are culturally and clinically safe.

Aboriginal and Torres Strait Islander health checks provide a framework in primary healthcare for health promotion and primary and secondary disease prevention through screening and health needs assessment.

The RACGP is involved in a partnership project with NACCHO which includes updating recommended activities in health checks and resources to support high-quality health checks that are valued by Aboriginal and Torres Strait Islander people. Health check recommendations are being updated through a highly collaborative co-design methodology with strong Aboriginal and Torres Strait Islander leadership and cultural governance of the process. The RACGP recommends liaising with the NACCHO-RACGP Partnership Project team as an authoritative voice for what supports quality and uptake of health checks. The Australian National University are leading a realist review protocol to understand the implementation of health checks in the prevention and early detection of chronic disease.²¹

8.2. Comments on key considerations for Aboriginal and Torres Strait Islander health checks under a moderate approach to reviewing health assessment items

Key consideration	Comments
Consideration of mechanisms to reduce the risk of clinical requirements of health assessment items becoming out of date	<ul style="list-style-type: none"> Modify MBS item descriptor and associated notes. See Appendix A for recommended descriptor and associated notes. These were submitted to the MBS Review Taskforce in 2019 and accepted in principle. Maintain NACCHO-RACGP model of review. Fund NACCHO and RACGP to update health check templates alongside National Guide review. Ongoing support for implementation of health check templates, the National Guide and other complementary resources to support high-quality, culturally safe primary healthcare that is valued by Aboriginal and Torres Strait Islander patients, wherever they seek care.
Link to MyMedicare	<p>Feedback from NACCHO-RACGP Partnership Project stakeholders identified a risk of linking health assessments to MyMedicare.</p> <p>Health checks can be described as a 'welcome mat' to preventive healthcare and can be an important opportunity for healthcare teams to understand patient priorities and goals. Linkage to MyMedicare would potentially restrict choice and opportunity for patients.</p> <p>It is recommended that health checks are provided by the usual general practice or Aboriginal Health Service whenever possible. For the purpose of the health assessment, 'usual general practice or Aboriginal Health Service' means those who</p>

	<p>have provided the majority of primary healthcare to the patient over the previous 12 months and/or will be providing the majority of care to the patient over the next 12 months.</p>
<p>Consider whether all health assessments remain relevant</p>	<p>Aboriginal and Torres Strait Islander health assessments remain a key Australian Government policy strategy to support preventive healthcare for Aboriginal and Torres Strait Islander people. The National Aboriginal and Torres Strait Islander Health Plan 2021–2031 has targets for health checks in all age groups.</p>
<p>Consider expanding to other health practitioners</p>	<p>The RACGP recommends that the Aboriginal and Torres Strait Islander health check remain as part of a team-based service with GPs and multiple contributors (eg Aboriginal and Torres Strait Islander Health Practitioners/Workers, practice nurses, nurse practitioners) in different episodes of care over time. This supports health professionals to work to their full scope of practice.</p>
<p>Consider addition of new clinical requirements for specific health assessments in line with current clinical evidence and guidelines</p>	<p>Health check activities should be guided by current Australian preventive health guidelines that are culturally and clinically suitable to Aboriginal and Torres Strait Islander needs, are evidence-based and are generally accepted in primary care practice. The NACCHO-RACGP Partnership Project develops the National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people (fourth edition due for publication in November 2024 and to be renamed <i>National guide to preventive healthcare for Aboriginal and Torres Strait Islander people</i>). This forms the primary evidence base for recommended activities in health checks, and templates to support high-quality health checks are developed by the partnership.</p> <p>The health check age groups should be aligned with the five age banded templates to support quality health checks across the life course:</p> <ol style="list-style-type: none"> 1. Infants and preschool 0–5 years 2. Primary school age 5–12 years 3. Adolescents and young people 12–24 years 4. Adults 25–49 years 5. Older people 50+ years <p>Continue to ensure that health check recommendations are updated alongside National Guide updates.</p>
<p>Consider whether service frequency could be stratified according to the patient’s level of risk</p>	<p>Aboriginal and Torres Strait Islander health checks are available to a patient every nine months where needed.</p>
<p>New health assessments for patients with unique healthcare needs (eg people on release from prison and children in out-of-home care)</p>	<p>People in custody and children in out-of-home care have unique healthcare needs which require consistency and continuity of care to address. The RACGP would welcome the opportunity to contribute to the development of health assessments for these patients. With regard to Aboriginal and Torres Strait Islander people who are overrepresented in these cohorts, the RACGP recommends consultation with the NACCHO-RACGP Partnership Project who have knowledge on principles for local adaptation and would be able to advise on key considerations for these new health checks and intersection with existing Aboriginal and Torres Strait Islander health checks.</p> <p>Please refer to section 6.2.4 of this submission for more information/recommendations on potential new target groups for time-based health assessments.</p>

RECOMMENDATIONS

- To ensure clinical requirements of health checks do not become out of date, ensure they align with NACCHO-RACGP [health check templates](#) and recognise the NACCHO-RACGP [National Guide](#) as the key evidence base for health checks. Supporting patient priorities and goals are paramount.
- Update the item descriptor and associated explanatory note for MBS item 715 as developed by the NACCHO-RACGP Partnership Project team. See **Appendix A** for recommended item descriptor and explanatory note.
- Update age bands for health assessments to align with evidence-based health check templates.
- Maintain GP-led health checks, as part of a team-based service with multiple contributors.
- Consider increased patient rebates for health checks that involve team members with increased skills in Aboriginal and Torres Strait Islander health (i.e. GPs with extra training, Aboriginal and Torres Strait Islander clinician involvement).
- Review the recommendations for health checks provided by the MBS Review's Aboriginal and Torres Strait Islander Health Reference Group.

9. Other issues

9.1. Alternative health assessment models

The Department of Veterans' Affairs (DVA) Coordinated Veterans' Care (CVC) Program provides a good model on which to base MBS health assessments. The CVC Program involves an annual face-to-face assessment performed by a GP, with follow-up checks by nursing staff. It is well remunerated, easy to schedule and has high rates of follow-through. It is an example of what happens when there is a motivated population, adequate funding and a compelling value proposition for service providers.

9.2. Practice software

Clinical software needs to allow for cumulative collection of preventive items in Systemized Nomenclature of Medicine (SNOMED) codes. This is currently possible using the Communicare electronic health record – for example, this tool collects previously recorded data from Best Practice and inserts it into the template for the Aboriginal and Torres Strait Islander peoples' health assessment.

10. Conclusion

The RACGP looks forward to contributing to further discussions around MBS health assessments. Please contact Samantha Smorgon, National Manager – Funding and Health System Reform, on (03) 8699 0566 or via samantha.smorgon@racgp.org.au if you have any questions or comments regarding this submission.

Appendix A: Recommended descriptor and explanatory note for MBS item 715

Background

The descriptor and explanatory note below were submitted to the MBS Review Taskforce and DoHAC in 2019 and accepted in principle. These were developed through a highly collaborative co-design methodology with strong Aboriginal and Torres Strait Islander leadership and cultural governance of the process. It was agreed that a descriptor and explanatory note should support the health check being culturally affirming, patient-centred and evidence-based as per current primary care guidelines. Sufficient time should be taken for a comprehensive, quality health check that supports good follow-up and ongoing engagement.

The content below was informed by:

- NACCHO-RACGP roundtable discussions and out-of-session working group meetings
- the recommendations from the MBS Review Aboriginal and Torres Strait Islander Health Advisory Group and General Practice and Primary Care Clinical Committee
- the current descriptors for MBS item 715 and general health assessments
- liaison with DoHAC and the Chair of the MBS Review Taskforce, Professor David Robinson.

Item descriptor

Professional attendance by a general practitioner at consulting rooms or in another place other than a hospital, to perform a health assessment for an Aboriginal and/or Torres Strait Islander patient, not more than once in a 9-month period. The health assessment must include:

- a) recognition of patient health priorities; and
- b) collection of relevant information, including a comprehensive patient history; and
- c) relevant physical examination; and
- d) initiating interventions, investigations and referrals; and
- e) providing comprehensive preventive healthcare advice and other measures informed by overall assessment and patient priorities; and
- f) developing a plan for follow-up as based on overall assessment and patient priorities

as per current Australian preventive health guidelines, that are culturally and clinically suitable to Aboriginal and Torres Strait Islander needs, are evidence-based and are generally accepted in primary care practice; such as the NACCHO-RACGP [National guide to preventive healthcare for Aboriginal and Torres Strait Islander people](#) and the Central Australian Rural Practitioner's Association (CARPA) [Standard Treatment Manual](#).

Explanatory note

This MBS 715 health assessment is available to all Aboriginal and Torres Strait Islander people and should be used for health assessments in the following age categories:

- infants and young children
- primary school age
- adolescents and young adults
- adults
- older people

A health assessment means the assessment of physical, psychological, social, emotional and cultural factors and consideration of what preventive healthcare and other measures will support the patient's health and wellbeing.

The intention of the health assessment is to:

- support initial and ongoing engagement in comprehensive primary healthcare in a culturally safe way
- provide evidence-based age-appropriate health information and services to support health and wellbeing for primary and secondary disease prevention
- identify and support management of health and health-related needs
- support established population health programs (eg immunisation, cancer screening) and other high-quality primary healthcare (eg oral health and dental care).

The elements of the health assessment should include age-appropriate:

- patient priorities
- developmental, biomedical and chronic disease risk/healthy lifestyle factors
- assessment of social and emotional wellbeing (SEWB)

as per current Australian preventive health guidelines, that are culturally and clinically suitable to Aboriginal and Torres Strait Islander needs, are evidence-based and are generally accepted in primary care practice.

A high-quality MBS 715 health assessment is:

- a positive experience for the patient, whereby patient priorities and experience in the consultation have primacy
- culturally affirming and has cultural elements including Aboriginal/Torres Strait Islander people involved in provision of care whenever possible
- provided *with* a patient, not *to* a patient
- provided by the usual general practice or Aboriginal Health Service whenever possible. For the purpose of the health assessment, 'usual general practice or Aboriginal Health Service' means those who have provided the majority of primary healthcare to the patient over the previous 12 months and/or will be providing the majority of care to the patient over the next 12 months
- general practitioner-led, often as a team-based service with multiple contributors (eg Aboriginal and Torres Strait Islander Health Practitioners/Workers, nurses) in different episodes of care over time
- relationship-strengthening and supports patient agency
- evidence-based as per current Australian preventive health guidelines that are culturally and clinically suitable to Aboriginal and Torres Strait Islander needs generally accepted in primary care practice.

A clear plan of action should be developed with the patient to support patient goals and follow-up of identified health needs. This should be documented in the patient record, available to the patient and a copy shared as appropriate and with patient agreement.

Health assessments for children should be completed with input from adults who have responsibility for their care (parent, family member, carer) to:

- provide consent for the health assessment;
- share the child's relevant health history and living circumstances; and
- share knowledge and responsibility for health needs identified and planned follow-up.

Completion of the MBS 715 health assessment is expected to take 30–60 minutes with a minimum of 15 minutes provided by a general practitioner. Suitably qualified health professionals, such as nurses, Aboriginal Health Workers or Aboriginal and Torres Strait Islander Health Practitioners, may complete parts of the health assessment that are within their professional scope of practice. Final responsibility for a health assessment that meets the requirements for MBS reimbursement remains with the general practitioner.

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