

## **Older Age Health Assessments: Dousta Galla Community Health Service**

Doutta Galla Community Health Service (DGCHS) has increased its focus on improving management systems and on enhancing the roles of nurses and administrative staff within its medical clinic. Over the last eighteen months this has led to a marked increase in the number of annual health assessments delivered to clients aged 75 years and over (MBS Item #700).

### **Importance of administrative staff role**

The clinic has moved from an ad hoc to a systematic approach to client identification and client information management, with administrative staff taking a lead role. Eligible clients are identified by administrative staff either through a data extraction, or opportunistically as clients present for appointments.

A register of all clients aged over 75 years is extracted from the clinic's client billing and management software (PracSoft). This register records client name, date of previous annual health assessment (if any), and consent previously provided for health assessment services (if any). Clients that are due for a health assessment that have not previously refused to consent for a service are printed onto a new list which is handed to the clinic practice nurse for follow up. Clients that have already received an assessment are placed on a separate "recall list" and are flagged to be offered their next annual assessment when due.

"Nobody had explained to the administrative staff member how crucial their role was ... they are now managing all our significant recalls and they have access to Medical Director to monitor the provision of services to clients. There is greater job satisfaction in the team - they know they can talk to the nurses, talk to the doctors, and we are not missing any clients" says practice manager Janina De Silva.

### **Teamwork approach by clinical staff**

It is the role of the practice nurse to contact clients and seek their consent for DGCHS to proceed with a health assessment. For consenting clients much of the information collection component can be performed by the nurse and in many cases this is done in the client's own home. This workload is sometimes shared with community health nurses as appropriate. The type of client helps determine this – for example if the client is a refugee, it is the refugee health nurse who collects client information, if the person is living in public housing high rise it may be another community health nurse who collects client information. The relevant nurse has access to client records and can check what information has been collected previously, and make a note of information needing to be updated or confirmed. Once this part has been completed, the client will then be booked in to see the GP on-site at DGCHS. Following this, the MBS item is claimed.

On average, an assessment usually takes around 45 minutes of the nurses' time in the client's home (plus travel time), followed by 15 minutes with the GP. Dousta Galla receives \$171.15 for each assessment. The practice manager believes the service is "absolutely" financially viable and it helps to fund the practice nurse position.

The health assessments have created opportunities for the GPs and the nurse to refer clients to other community health services such as those provided by Dousta Galla's mental health nurse (see Dousta Galla mental health case study below), other allied health workers and intake workers. If a chronic disease is identified, there are also opportunities to offer the client an Enhanced Primary Care (EPC) care plan remunerated through the MBS – GP Management Plan and Team Care Arrangements items (#721 and #723).

### **Data cleansing and analysis**

DGCHS' systematic approach to client management led to the discovery that much of their client data was inaccurate, or contained "inactive" clients ie: clients that had not been to DGCHS for many years or who had deceased. This made managing recall and reminder lists difficult, so DGCHS invested administrative staff time in cleansing client data systems. DGCHS used an electronic data extraction tool offered free of charge by a division of general practice called "Penn Clinical Audit" to identify inaccurate data and inactive clients. This tool can also

be used to identify clients that require follow up – such as those needing immunisation, and those with diabetes whose glycosylated haemoglobin levels are above the desired range.

### **Enablers**

- A strategic and systematic approach to offering health assessment services to eligible clients has been important for DGCHS.
- Developing clear and accountable roles and responsibilities for nurses and administration staff and embedding these in position descriptions has been crucial. Each member of the team has responsibility to ensure that clients are offered the services they need, and to ensure that DGCHS is billing services appropriately.
- Phone calls are used to offer clients an annual health assessment or to remind them of their appointment. DGCHS have found that clients will not respond to posted letters.
- Clients are “flagged” as eligible for particular MBS services in the billing/client management software. Clients who do not attend or clients that are sometimes difficult to work with are also “flagged” so that staff are prepared in advance
- Administrative staff are trained to look at a client’s record as the client comes into DGCHS so that services can be offered, or reminders given, during each interaction. This is part of an ongoing drive to improve communication. The medical practice is now looking at using SMS reminders for appointments.
- The nurses have been given the ability to book their own appointments with clients through the electronic appointments system – this has empowered the nurses to be more proactive in delivering services whilst freeing up some administrative staff time.
- Outreach workers have been educated about MBS health assessments approach and now often bring clients into the service for a health assessment.
- The practice manager has regular team meetings with staff to monitor and discuss progress against pre-specified targets.

### **Challenges**

- If a client has an existing relationship with an external GP, it is not appropriate under the MBS rules to offer a health assessment to be claimed by a DGCHS GP. This is a barrier towards the systematic provision of health assessments to all clients.
- Language barriers exist but are overcome by the use of interpreters
- Clients not showing up for scheduled appointments can be challenging. Administrative staff now print monthly reports showing which clients have not attended, and frequent non-attendees are flagged for special reminders. Signs have been erected to remind clients of the importance of attending appointments or at least ringing ahead to cancel. A list of regular clients who are able to attend the clinic at short notice (for example, for repeat prescriptions) is kept and appointments for these clients are sometimes brought forward as a replacement for a “no show”.

### **Next Steps**

The delivery of health assessments as an outreach service is a service that DGCHS would like to pursue – this would enable the claiming of #702: \$242.05, for an older age health assessment delivered off site.

**With thanks to Janina De Silva.**