

Useful high-quality MBS item 715 health checks for Aboriginal and Torres Strait Islander people

Understand the purpose of the health check is to:

- support initial and ongoing engagement in comprehensive primary healthcare in a culturally safe way
- provide evidence-based health information, risk assessment and other services for primary and secondary disease prevention
- identify health needs, including patient health goals and priorities
- support participation in population health programs (eg immunisation, cancer screening), chronic disease management and other primary care services (eg oral health).

Know that a high-quality health check is:

- a positive experience for the patient that is respectful and culturally safe
- provided *with* a patient, not *to* a patient
- useful to the patient and includes patient priorities and goals in health assessment and planning
- supports patient agency
- provided by the usual healthcare provider in the context of established relationship and trust
- provided by a multidisciplinary team that includes Aboriginal and/or Torres Strait Islander clinicians
- evidence-based as per current Australian preventive health guidelines that are generally accepted in primary care practice (eg National Aboriginal Community Controlled Health Organisation [NACCHO]–Royal Australian College of General Practitioners [RACGP] *National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people*, Central Australian Rural Practitioner’s Association [CARPA] *Standard Treatment Manual*, etc)
- provided with enough time (usually 30–60 minutes, with a minimum of 15 minutes with the GP) and often completed over several consultations
- followed up with care of identified health needs (ie continuity of care).

Make sure your practice is providing health checks that are acceptable and valuable to patients by:

- identifying Aboriginal and Torres Strait Islander patients in a welcoming, hospitable manner
- explaining the purpose and process of the health check and obtaining consent
- enquiring about patient priorities and goals
- adapting the health check content to what is relevant and appropriate to the patient
- asking questions in ways that acknowledge strengths, that are sensitive to individual circumstances and that avoid cultural stereotyping
- completing the health check and identifying health needs
- making a plan for follow-up of identified health needs in partnership with the patient
- making follow-up appointments at the time of the health check, where possible
- considering checking in with the patient about their experience of the health check, in order to support patient engagement and quality improvement.

Potential pitfalls of health checks:

- A poor health check can lead to non- or dis-engagement in healthcare and has the potential to do harm – **establish engagement and trust**
- Health checks can have highly variable content and quality – **use endorsed high-quality templates**
- Increasing the number of health checks without a focus on quality may undermine benefit for patients – **avoid quantity over quality**
- Health checks are not proxy for all preventive healthcare – **they are one activity in the range of health promotion and disease-prevention activities in primary care**
- No follow-up will have no or minimal impact on improving health outcomes – **follow up identified health needs**
- Cultural stereotyping – **acknowledge the health impacts of racism and build a culturally safe practice**

