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45-TO-49 YEAR OLD CHRONIC DISEASE PREVENTION HEALTH CHECKS IN GENERAL PRACTICE: UTILISATION, ACCEPTABILITY & EFFECTIVENESS

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POLICY CONTEXT

In 2006, the Council of Australian Governments in its Plan for Better Health for All Australians identified the importance of promoting healthy lifestyles in order to prevent the onset of chronic disease, which has been recognised for increasing the burden on the health of Australians. It proposed to achieve this through supporting the early detection of lifestyle risks and chronic disease through a health check in general practice for people aged 45-to-49. The utilisation, acceptability, and effectiveness of this type of health check in Australian general practice has not previously been examined.

The 45-to-49 year old health check was launched in Australian general practice in November 2006. This research project examined the implementation of behavioural risk factor assessment and management in the health check. The study evaluated the impact on patient self-reported lifestyle behaviour, comparing the change in lifestyle behaviour of general practice patients aged 45-to-49 at risk of chronic disease before, and three months after, being recalled for a health check. The study also explored support required by general practice and other services to provide lifestyle intervention for patients, and the utilisation and acceptability of the item.

The purpose of this study is to inform implementation of Council of Australian Governments policy on a preventive health check in general practice for people aged 45-to-49 years. The findings have the potential to make an important contribution to the development of the 45-to-49 year old health check, and the capacity required to implement lifestyle modification.

KEY FINDINGS

Acceptability and uptake

- The health check item was found overall to be acceptable to GPs with regard to fitting into practice and useful in providing them with an opportunity to deliver preventive care for this age group
- Nearly all patients who participated found attending the health check with their general practitioner was appropriate and would recommend that others attend

- Some GPs felt the item provided structure to existing preventive care, while for others it provided an incentive to deliver preventive activities which would otherwise not have been undertaken

Conducting the health checks

- Health checks often took more than one visit to complete. However, in lower socioeconomic areas where GPs deemed patients less likely to return, and there were greater numbers of patients for each GP, GPs tried to complete the check in one visit
- Division support and training assisted GPs to identify patients' readiness to change risky behaviour
- Despite the training, GPs did not feel confident or effective in addressing lifestyle behavioural change interventions with unmotivated patients, and there was a tendency to focus on physiological risk factors in contrast to behavioural risk factors
- Lifescripts training was positively received and the resources were frequently applied in the health check
- GPs increased the amount of preventive care that they delivered, particularly with regard to providing advice. However, GPs did not regularly refer patients to other services

Impact and outcomes

- The health check resulted in 44% of patients making a lifestyle change. Positive changes for specific behaviours reported by patients were most notably for physical activity.
- Patients indicated a greater readiness to increase physical activity and fruit and vegetable intake after the health check. However, these changes were not large enough to move people from being at risk to not at risk

Future use and development of the health check

- While there was some indication that GPs and practices will continue to use health checks, patients will be identified opportunistically for health checks, rather than by systematic recall
- Recommendations for improving the health check item include:
 - Extending the age group to include patients in their 50s
 - Allowing the health check to be repeated at specified intervals
 - Improving arrangements for contacting Medicare

POLICY OPTIONS

- Age group: The age range could be extended to allow health checks to older age groups, which could improve its effectiveness for screening for cancer and diabetes
- Contact with Medicare: Streamlined arrangements for GPs to confirm if a patient has had the item previously may improve GP uptake of the item
- Requirement for having a risk factor: Given the high rates of risk factors in people aged 45-to-49, this requirement may do little to exclude those who might benefit less from the health check, while preventing GPs from conducting recalls
- Impact of copayments: These may discourage the use of health checks (including health check visits, or lead-in or follow-up appointments) as well as reducing access to the item, completion rates and the equity of the program
- Integration with other programs: The health check item is more likely to be used if it is well integrated with other prevention and chronic disease management initiatives

- Support for GPs: GP training and support could enhance their effectiveness in changing patient behaviour
- Practice nurses: There is scope for further developing and supporting the role of the practice nurse in preventive care
- Use of allied health and other referral services: The use of these services to support risk factor management is relatively unfamiliar. Issues which merit attention include cost, access, and GP awareness of their potential role
- Practice capacity: Many practices still need support to set up effective systems to support preventive care, including referral and patient recall mechanisms, as well as strengthening the role of practice nurses for these systems
- Use of Lifescrits: There is scope for continued promotion of the use of Lifescrits, particularly in conjunction with health checks
- Role of Divisions: There is a key role for Divisions to support referral, recall, training in motivational interviewing, record keeping and capacity building within practices
- Promoting the item to the community: Direct social marketing of the item to raise awareness of the health check, particularly in culturally and linguistically diverse, and low socioeconomic groups, may increase uptake and improve equity

METHOD

This project was a before and after intervention study in two urban New South Wales Divisions of General Practice, with eight general practices and 118 patients. The intervention was implemented by a Division staff member (trained in the intervention) and included training and resource material support for practitioners to provide preventive assessment and intervention for patients receiving the health check. Evaluation data was collected independently by the research coordinator, who also assisting practices in identifying and recalling patients to invite into the study. Data collection instruments used included patient and clinician surveys, as well as interviews with clinicians and the Division project officer.

For more details, please go to the [full report](#)

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