ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH CLINIC – MACKAY FAMILY MEDICAL PRACTICE

OVERVIEW

Mackay Family Medical Practice is based in Queensland. The practice had a large proportion of Indigenous patients registered, but only 30% of them attended a regular health check. This population experience high levels of chronic disease and a lower life expectancy than other demographics. In response to this, the practice established a clinic offering free health checks for the local Indigenous community.

The goal was to create a family friendly one-stop-shop health check to improve overall health outcomes with a focus on early detection and management of Chronic Disease. As well as screening for health issues, health education was provided, so patients were better able to manage their own health, leading to long-term health benefits.

FUNDING

Mackay is a mixed billing practice which bulk bills patients with a Medicare card. The clinic was funded using the Medicare item number 715 and chronic disease management item numbers 721, 723 and 732, 10987.

> "Well, for our patients it's been wonderful. Even if they just come and get their health check... Because it's comprehensive... we look at everything; immunisation, smoking, alcohol, ECG, urine test, blood tests, all of that."
>
> **Christine Brown, Registered Nurse**

apna
Supporting nurses in primary health care

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH CLINIC – MACKAY FAMILY MEDICAL PRACTICE

MODEL

Cultural training was delivered to nurses, so they were able to provide a culturally sensitive service. A search within the practice database (PENCAT) was then undertaken to identify Indigenous patients to invite to attend the clinic. Using protected time, nurses wrote a letter to this group of patients offering them a free health check appointment with a nurse. To advertise the clinic, an external promotional company was approached who supplied T-Shirts for patients as an incentive to attend.

The clinic offered a 45 minute appointment and focused on known issues such as nutrition, smoking and alcohol, non-attendance at school, parenting assistance, vaccination levels, dental deficiencies, living conditions, and increased screening for any conditions that were needed. The lead nurse partnered with other service providers within the area such as dentists and counsellors. She also managed to arrange free transportation with her local council to encourage patients to attend.

OUTCOME

Six months into the program, the clinic had seen over 400 patients, and an additional 200 Indigenous patients registered at the practice. Through the clinic, nurses were able to pick up on issues such as dental and mental health issues. Patients' experience with a nurse was found to be less formal than with a doctor, and as such, were more likely to disclose the things impacting their health. This model also enabled a more personal, tailored approach to care, which supported patients to be more honest and open.

Christine commented, "Well, for our patients it's been wonderful. Even if they just come and get their health check... Because it's comprehensive... we look at everything; immunisation, smoking, alcohol, ECG, urine test, blood tests, all of that."

400

Number of patients the clinic had seen in the first six months

1,721

Total number of Indigenous patients registered with Mackay as of July 2020

468

Indigenous Health Checks carried out Jan – July 2020

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH CLINIC – MACKAY FAMILY MEDICAL PRACTICE

PATIENT FLOW CHART

Patient eligibility

- The clinic was run exclusively for indigenous patients to provide a free Health Check
- Existing Indigenous patients of Mackay were invited to attend through a letter from a nurse
- GP were able to make referrals from internal and external practices
- Referrals from local health organisations including local Outreach Worker, Indigenous Rural Health Worker, Hospital Liaison Officer from Mackay Base Officer, Mackay Primary Health Network, Clinical Manager of NAPHL in Townsville

Initial Visit

- Screening for indicators of chronic disease
- Discuss management of any indications of chronic disease
- Improve cultural understanding of doctors and nurses
- Provide referrals for any compounding health issues such as dental or mental health issues
- Provide education and engagement into self-led health management

Follow up visits

- Follow up on any referrals
- Discuss care plan management and outcomes
- Continue education and engagement into self-led health management

MBS Items

MBS item #	Description
715	Health Assessment for Aboriginal and Torres Strait Islander People
721	Preparation of a GP Management Plan (GPMP)
723	Coordination of Team Care Arrangements (TCAs)
732	Review of a GP Management Plan or Coordination of a Review of Team Care Arrangements
10987	Follow up service provided by a practice nurse or Aboriginal and Torres Strait Islander health practitioner, on behalf of a Medical Practitioner, for an Indigenous person who has received a health assessment