



45 year old health check (MBS item 717)

Australian Better Health Initiative: A joint Australian, State and Territory government initiative

Questions and Answers

These questions and answers are to be read in conjunction with the explanatory notes for item 717 included in the November 2006 Medicare Benefits Schedule Book. A fact sheet and sample checklist are also available at: www.health.gov.au/epc

When will this item commence?

This health check (item 717) may be claimed for services provided on or after 1 November 2006.

Why is this item being introduced?

The 45 year old health check is part of the *Australian Better Health Initiative* (ABHI) announced by the Council of Australian Governments (COAG) in February 2006. The ABHI aims to enhance the capacity of the health system to promote good health and reduce the burden of chronic disease.

This item will support GPs to provide a health check to patients who are between 45 and 49 years of age and at risk of developing a chronic disease.

This is a time of life when individuals may begin to feel the impact of ageing and notice signs of the onset of chronic disease. A health check at this stage of life can assist patients to make the necessary lifestyle changes to prevent or delay the onset of chronic disease.

What is the Medicare rebate?

The Medicare rebate is \$100.00 (paid at 100% of the schedule fee).

Where the health check is bulk billed and the patient is a Commonwealth concession card holder, the GP is also entitled to claim a bulk billing incentive item. From 1 November 2006, these bulk billing incentive payments will be \$5.30 (item 10990) and \$8.00 (item 10991).

Which doctors can claim this item?

Item 717 can be claimed for a service by a medical practitioner, including a general practitioner but not including a specialist or consultant physician.

The item can be used by both vocationally recognised and non-VR GPs, in either accredited or non-accredited general practices.

The health check should generally be undertaken by the patient's "usual doctor", that is, the GP who has provide the majority of services to the patient in the past 12 months, or is likely to provide the majority of services in the following 12 months.

Which patients are eligible for this item?

The health check is available to people between 45 and 49 years of age (inclusive) who are at risk of developing a chronic disease.

The decision about whether an individual is at risk of developing a chronic disease rests with the clinical judgement of the GP, but a specific risk factor must be identified. Factors that the GP may consider include, but are not limited to:

- lifestyle risk factors, such as smoking, physical inactivity, poor nutrition or alcohol misuse;
- biomedical risk factors, such as high cholesterol, high blood pressure, impaired glucose metabolism or excess weight; and
- family history of a chronic disease.

The item does not apply to admitted patients of a hospital or day-hospital facility.

What is a chronic disease or condition for the purposes of this item?

For the purposes of this item, a chronic disease or condition is one that has been or is likely to be present for at least six months (or a terminal condition), including but not limited to asthma, cancer, cardiovascular illness, diabetes mellitus, mental health conditions, arthritis and musculoskeletal conditions. This is the same meaning used in the Chronic Disease Management items (721 to 731).

For patients with an existing chronic condition, the Chronic Disease Management items provide a suite of items for the management and review of chronic conditions. Where a patient has an existing chronic condition, it is up to the clinical judgement of the GP whether the patient should receive a health check under this item or be managed through other items and services.

When can this item be claimed for a patient with risk factors?

Where possible, practices are encouraged to identify whether a patient is at risk of developing a chronic disease through normal patient management and examination of patient records.

In circumstances where the GP is unsure whether the patient is at risk of developing a chronic disease, for example, because the patient is new to the practice, the GP may choose either to:

- determine whether the patient has a risk factor and, if so, undertake the health check in the same visit (billed under item 717); or
- determine whether the patient has a risk factor as part of a consultation (billed under the appropriate attendance item) and, if so, undertake the health check during a subsequent visit (billed under item 717).

If the patient does not have a specific risk factor, the appropriate attendance item should be billed. Item 717 should not be billed in these circumstances.

Can another attendance item be claimed in conjunction with item 717 for the same patient on the same day?

Item 717 cannot be claimed in conjunction with another GP attendance item on the same day, except where this is clinically required. In these exceptional cases, the claim for the attendance item should be annotated to indicate that the attendance was not related to the health check.

Are Aboriginal and Torres Strait Islander people eligible for this item?

Aboriginal and Torres Strait Islander people aged between 45-49 years are able to access a specific health check under the Aboriginal and Torres Strait Islander Adult Health Check (item 710). GPs are encouraged to use item 710 where appropriate. However, Aboriginal and Torres Strait Islander people may also receive a health check under item 717 if they meet the patient eligibility requirements.

Can item 717 be claimed more than once for a patient?

No. A Medicare rebate is payable for this item **once** for each eligible patient.

If a GP is unsure whether a patient has already received a health check under item 717, he/she may call Medicare Australia, with the patient present, on 132 011.

For example, if a patient aged 45 has already received a health check under item 717, this item cannot be used to provide another health check to that patient (even if the patient is still within the eligible age range of 45-49 years). In this case, normal attendance items under the MBS can be billed for any future preventive health consultations undertaken by the GP.

What activities must be undertaken in the health check?

The health check must include:

- **information collection**, including taking a patient history and undertaking relevant examinations and investigations as clinically required;
- making an overall **assessment** of the patient;
- **interventions** as indicated; and
- providing **advice and information to the patient**.

While these elements provide an overall framework for the health check, the item is not prescriptive about specific clinical activities that must be undertaken for each patient.

A sample checklist to assist GPs and health professionals in the practice in undertaking the health check is available at www.health.gov.au/epc

Information Collection

The health check must include taking a patient history (if one does not already exist) or updating an existing history.

Relevant examinations and investigations based on information from the patient's medical, social and family history must be undertaken (see the sample checklist).

Assessment of Patient

The health check must include an overall assessment of the patient's health, based on the patient history and the results of any examinations and investigations. This could also include an assessment of the patient's readiness to make lifestyle changes (see the SNAP Guide).

Interventions

Where appropriate, arrangements need to be put in place for referrals and follow-up of any problems identified.

Advice and information to the patient

The patient must be provided with advice and information as part of the health check. Where appropriate, this should include advice on strategies to achieve lifestyle and behaviour changes, utilising in particular, the Lifescrpts resources (see below).

A record of the health check must be kept on the patient's file.

Role of the GP

The GP is responsible for the overall health check provided to the patient. The GP is expected to take a primary role in the following activities:

- Reviewing and analysing the information collected.
- Undertaking and arranging investigations.
- Making an overall assessment of the patient.
- Making referrals and identifying appropriate follow-up.
- Providing advice to the patient.

Role of the practice nurse and other health professionals

Practice nurses, Aboriginal Health Workers and other health professionals may assist GPs in performing the health check, in accordance with accepted medical practice and under the supervision of the GP.

This may include activities associated with:

- Identifying eligible patients through examination of patient records and patient information systems used within the practice.
- Information collection (such as measuring height, weight, blood pressure and lifestyle risk factors).
- At the direction of the GP, providing patients with information about recommended interventions (such as information about community resources and support services in the local area, referral options, etc).

Is there a specific length of time for the health check?

No. This health check is not a time-based item.

Can this health check be completed in one consultation?

Yes, if all parts of the health check have been undertaken. If, however, test results have been ordered but are not yet available, the GP may choose to either complete the health check (and review the test results and discuss the assessment of the patient in a subsequent, separately billed consultation) or defer completion of the health check until the results are available.

In every case, it is important that all of the health needs identified in the health check are followed-up.

What guidelines and resources are available to GPs?

In considering and addressing risk factors, GPs are encouraged to utilise relevant guidelines and resources, such as:

- the RACGP publications:
 - “SNAP – a population health guide to behavioural risk factors in general practice”;
 - “Guidelines for Preventive Activities in General Practice” (the Red Book); and
 - “Putting Prevention into Practice” (the Green Book). This provides guidelines for the implementation of prevention in the general practice setting.
- the National Health and Medical Research Council’s publication “Overweight and Obesity in Adults: A Guide for General Practitioners”.
- the Department of Health and Ageing’s *Lifescrpts* guidelines and evidence cards, assessment tools and prescription pads.

Links to relevant websites are at the end of this document.

Information and resources under the Australian Better Health Initiative

As part of the *Australian Better Health Initiative*, additional information and resources will be developed to support GPs and other health professionals to encourage activities such as:

- coaching patients in behavioural change;
- patient self-management of chronic disease; and
- referral to services that assist people with risk factors wanting to make changes to their lifestyle.

These components of the *Australian Better Health Initiative* will be developed during 2007.

Can a GP provide preventive care under Medicare for a patient who is not eligible for a health check under item 717?

Yes. A GP can provide preventive care under Medicare even if the patient is not eligible for item 717 (eg because the patient is not within the eligible age range or because he/she has previously received a health check under this item). In these cases, GPs can use normal attendance items under the MBS to provide preventive care to their patients.

Some patients may also be eligible to receive a health check or a health assessment under another specific MBS item. For example:

- Older Australians (75 years and over) – item 700 or 702
- Aboriginal and Torres Strait Islander people
 - Children (birth to 14 years) – item 708
 - Adults (15 to 54 years) – item 710
 - Older people (55 years and over) – item 704 or 706
- Residents of aged care facilities (Comprehensive Medical Assessment) – item 712
- Refugees and other humanitarian entrants to Australia – item 714 or 716.

Details about these MBS items are included in the November 2006 Medicare Benefits Schedule Book.

Further information

For Medicare claiming and payment queries, call the Medicare Australia provider enquiry line on 132 150.

These questions and answers, a fact sheet and a sample checklist can be found at: www.health.gov.au/epc

Information about item 717 is also available in the 1 November 2006 edition of the Medicare Benefits Schedule Book, which is available at: www.health.gov.au/mbsonline

The RACGP preventive care publications are available on the College website at: www.racgp.org.au/redbook
www.racgp.org.au/guidelines/greenbook
www.racgp.org.au/guidelines/snap

The National Health and Medical Research Council (NHMRC) publication, 'Overweight and Obesity in Adults: A Guide for General Practitioners' is available at: www.health.gov.au/internet/wcms/publishing.nsf/Content/obesityguidelines-guidelines-gp_guide.htm

More information on the Lifescripts resources is at www.health.gov.au/lifescrpts or www.adgp.com.au/site/index.cfm?display=5267
To order a Lifescripts Resource Kit, contact your local Division of General Practice.