Priority 2 – Improve early identification and ongoing management of cardiovascular risk factors

- Heart disease is the single biggest killer of Aboriginal and Torres Strait Islander peoples, who continue to die from this disease at greater rates and much younger ages than non-Indigenous Australians.
- The Heart Foundation aims to reduce the life expectancy gap by improving heart health of Aboriginal and Torres Strait Islander peoples.

What is the challenge?

Health assessments are intended to increase preventative health opportunities, by detecting heart disease risk factors and better managing existing heart disease. Early detection and management of the risk factors for heart disease (smoking, physical inactivity, raised cholesterol and high blood pressure) have the potential to reduce the incidence of the disease and to lessen its severity. The Health Assessment for Aboriginal and Torres Strait Islander People Medicare Benefit Scheme (MBS) item 715 (the Adult Health Assessment) is designed to encourage the early detection and intervention for common and treatable conditions that cause considerable morbidity and early mortality. It is specifically intended to provide Aboriginal and Torres Strait Islander peoples with a culturally sensitive health assessment service.

The Practice Incentive Program (PIP) and Indigenous Health Incentive (IHI) aim to support general practices and Aboriginal Health Services to provide better healthcare for Aboriginal and Torres Strait Islander patients, including care and service coordination to assist with the management of chronic disease. PIP is a part of a blended payment approach for general practice. Payments made through the program are in addition to other income earned by general practitioners (GPs) and the practice, such as patient payments and Medicare rebates. The PIP program is a Department of Health initiative and is a key part of the National Partnership Agreement on Closing the Gap: Tackling Indigenous Chronic Disease.

The 2012–13 National Aboriginal and Torres Strait Islander Health Measures Survey (NATSIHMS) revealed high levels of undetected risk factors among Aboriginal and Torres Strait Islander peoples. One in five survey participants had high blood pressure and one in four had abnormal or high total cholesterol levels and were nearly twice as likely to have a high amount of triglycerides in their blood. It is a concern that the majority of survey participants were either unaware they had these health issues or did not consider them to be a long-term or current problem. In addition to these medical conditions, high risk behaviours such as tobacco exposure, physical inactivity and unhealthy diets remained prevalent among Aboriginal and Torres Strait Islander peoples. These survey findings demonstrate the need to increase screening for cardiovascular risk to ensure this risk is effectively managed.
Key facts

- Despite the health benefit offered by the Adult Health Assessment, nearly 80% of Aboriginal and Torres Strait Islander peoples did not have an assessment in 2013–14.\(^3\)
- In 2012–13, 20% of Aboriginal and Torres Strait Islander peoples had high blood pressure and most (79%) did not know that they had the condition.\(^4\)
- In 2011–12, over 63,000 adult health assessment items were claimed, but fewer than 21,000 follow-up services with allied health practitioners and Aboriginal and Torres Strait Islander Health Workers were claimed.\(^5\)

What needs to happen?

Support, grow and increase the capability and capacity of primary care, including Aboriginal Health Services, to strongly promote and provide MBS items for health assessments and the ongoing management of identified cardiovascular risk factors.

It is essential to ensure financial incentives are appropriately structured to encourage and empower Aboriginal Health Services to heavily promote MBS 715 Adult Health Assessments and active management of identified risk factors in their respected communities using appropriate local campaigns and strategies. Strategies to assist Aboriginal Health Services to provide these services to their clients should include improving Aboriginal Health Workers’ eligibility to claim payments for carrying out the allied health service (MBS item 81300, after completing MBS 715), gaining provider numbers and eligibility to claim.

It is essential that general practices and Primary Health Networks (PHNs) undergo cultural awareness training and put measures into place to achieve cultural competence in their practices.

Implement a national education program to encourage primary care providers to participate in the PIP-IHI and provide MBS items for health assessments and the ongoing management of identified cardiovascular risk factors.

To be eligible to participate in the PIP, a general practice must be accredited, or registered for accreditation, against the Royal Australia College of General Practitioners (RACGP) Standards for general practices. Practices must achieve full accreditation within 12 months of joining the PIP and maintain full accreditation thereafter. General practices and Aboriginal Health Services must be registered for the PIP to access the IHI.

To improve early identification and ongoing management of cardiovascular risk factors, it is essential to implement a national education program to encourage primary care providers to participate in the PIP and to register patients for the IHI. The program should encourage primary care providers to provide specific MBS items for health checks, GP Management Plans (GPMPs), Team Care Arrangements (TCAs) and Closing the Gap prescriptions to Aboriginal and Torres Strait Islander patients. The program should develop and implement resources, pathways of care and strategies to make it easier for practices to provide the relevant MBS service items.
What will this achieve?

- Increase in the proportion of Aboriginal and Torres Strait Islander peoples aged 25 years and over who receive an Adult Health Assessment (MBS item 715) each year.6
- Increase in proportion of Aboriginal and Torres Strait Islander peoples 35 years and over without known cardiac disease who receive an Absolute Cardiovascular Risk Assessment using the validated assessment tool within any two-year period.
- Increase in the proportion of Aboriginal and Torres Strait Islander peoples aged 18 years with risk factors for heart disease with evidence of health professional follow-up within any two-year period.6
- Increase in the proportion of primary care providers registered for PIP and the proportion of patients accessing the IHI.
- Increase in the provision of early interventions addressing unhealthy lifestyle behaviours.

References


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The National Heart Foundation of Australia would like to acknowledge the traditional owners of the land and pay respects to elders past and present. Aboriginal and Torres Strait Islander peoples should be aware that the following information may contain images or names of deceased people and may cause distress to certain viewers.

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