Patient views of over 75 years health assessments in general practice

AUTHORS

Margaret Spillman
B.Sc. (Hons) Geography
Research worker, School of Medicine & Dentistry, James Cook University, Rural Health Research Unit, School of Medicine & Dentistry, James Cook University, Townsville, Queensland, Australia.
margaret.spillman@jcu.edu.au

Tracy Cheffins
MBBS MPH FRACGP FAFPHM
Senior Lecturer, School of Medicine & Dentistry, James Cook University, Rural Health Research Unit, School of Medicine & Dentistry, James Cook University, Townsville, Queensland, Australia.
tracy.cheffins@jcu.edu.au

Debbie Kimber
RN, BN, Grad Cert Practice Nursing
Practice Nurse, Paul Hopkins Medical Clinic, 29 Brisbane St, Mackay, Queensland, Australia.
dki57011@bigpond.net.au

KEY WORDS

Health assessment, general practice, prevention, patient survey

ABSTRACT

Objective
To gain an understanding of the value and timeframe of health assessments (HA) from the perspective of the patient.

Design
A self-completed questionnaire for patients who had undergone an over 75 years HA in a 12 month period excluding patients in residential or hospital care.

Setting
General practice patient group in a regional Queensland town.

Subjects
65 general practice patients with a response rate of 45.1% (65/144). The respondents were 67.7% (44/65) female and 30.8% (20/65) male with one gender (1.5%) not recorded.

Main outcome measure
Whether patients found the over 75 HAs beneficial, and whether they considered the annual timeframe for HAs appropriate.

Results
The majority of respondents 77% (47/61) indicated that their most recent HA was beneficial even though few respondents had a new health concern identified at this HA. A majority (82.5%, 52/63) also supported the current time frame of annual HAs, although 12.7% (8/63) thought once every 2 years was acceptable.

Conclusion
The findings confirm the benefits of health assessments in providing timely treatment for new health concerns and allaying anxiety in the elderly patients of this practice.

INTRODUCTION

Health assessments (HAs) for over 75 year olds were introduced by the Australian Government Department of Health and Ageing in 1999 to support general practitioners (GPs) in the provision of coordinated primary health care. All people aged 75 years and over, or 55 years for Aboriginal and Torres Strait Islander people, who are living in the community or in hostel level aged care accommodation are eligible for a HA. The assessment is undertaken by the GP or a combination of the GP and practice nurse, and attracts a Medicare benefit.

The content of the HA is based on the RACGP Guidelines for preventive activities in General Practice (Royal Australian College of General Practitioners 2009). Previous evaluations have shown varying uptake and impacts from these assessments, depending on the outcomes studied (Chan, Amoroso, and Harris 2008; O'Halloran et al 2006; Williams et al 2007). A randomised controlled trial of health assessments in the elderly, conducted elsewhere in Australia, showed no reduction in mortality, but some improvements in self rated health (Newbury, Marley, and Beilby 2001)

A review of elderly HAs in primary care recommended using practice nurses to support the process (Gray and Newbury 2004). Practice nurses (PNs) have been shown to possess the organisational and clinical skills required to undertake an assessment such as the over 75 HA (Walker 2006).

This study was undertaken within one general practice's patient group to allow the practice to gain an understanding of the value of HAs from the perspective of the patient. It aimed to show whether the patients found the HAs beneficial, and whether they considered the annual timeframe for HAs appropriate. In this study practice nurses and GPs jointly undertake HAs either in the practice or the patient's home, or sometimes both.

The study followed on from research undertaken within several general practices in north Queensland, using clinical audits and GP surveys. The previous study showed that patients completing over 75 years HAs had more recorded preventive interventions than those receiving usual care. HAs were considered by participating GPs to be useful in finding unrecognised clinical and social problems (Cheffins et al 2010).

METHOD

A questionnaire was developed to obtain patients' opinions on the over 75 HA. In this questionnaire the term "health check" was used as this is more familiar to patients than "health assessment".

A pilot survey of five patients was undertaken initially to refine the questionnaire and gain a preliminary indication of patients' interest in the research. The pilot group all considered the HA beneficial, and agreed that they would have another HA when invited by the practice.

For the main study, patients who had undergone an over 75 years HA in the period from August 2009 to July 2010 were identified from the practice's billing software. Patients were sent a structured questionnaire in the post to their listed home address. The questionnaire comprised 15 questions with set response options and 5 of these included open questions for individual comments. An explanatory letter signed by the practice nurse and GP inviting patients to participate, information sheet and reply paid envelope were enclosed.

The total number of patients originally identified was 165. The five patients who had participated in the pilot study were excluded. Four patients were known to be deceased and three were excluded as they had moved into residential care.

For time and feasibility reasons, it was decided to limit the number surveyed to 150, by including patients who had the most recent HAs. However, by the time the mail-out was arranged another three patients had moved into residential care, one was deceased and two were in hospital. The final number of questionnaires

sent out was 144. They were all posted at the same time, with a requested return date three weeks later. No reminders were issued.

Frequency analyses of responses were undertaken using Statistical Package for the Social Sciences (SPSS). Replies to open questions were thematically grouped by the practice research nurse and research worker and collated to provide ranking of similar responses.

Ethical approval for the study was granted by the James Cook University Human Research Ethics Committee (approval number H3649).

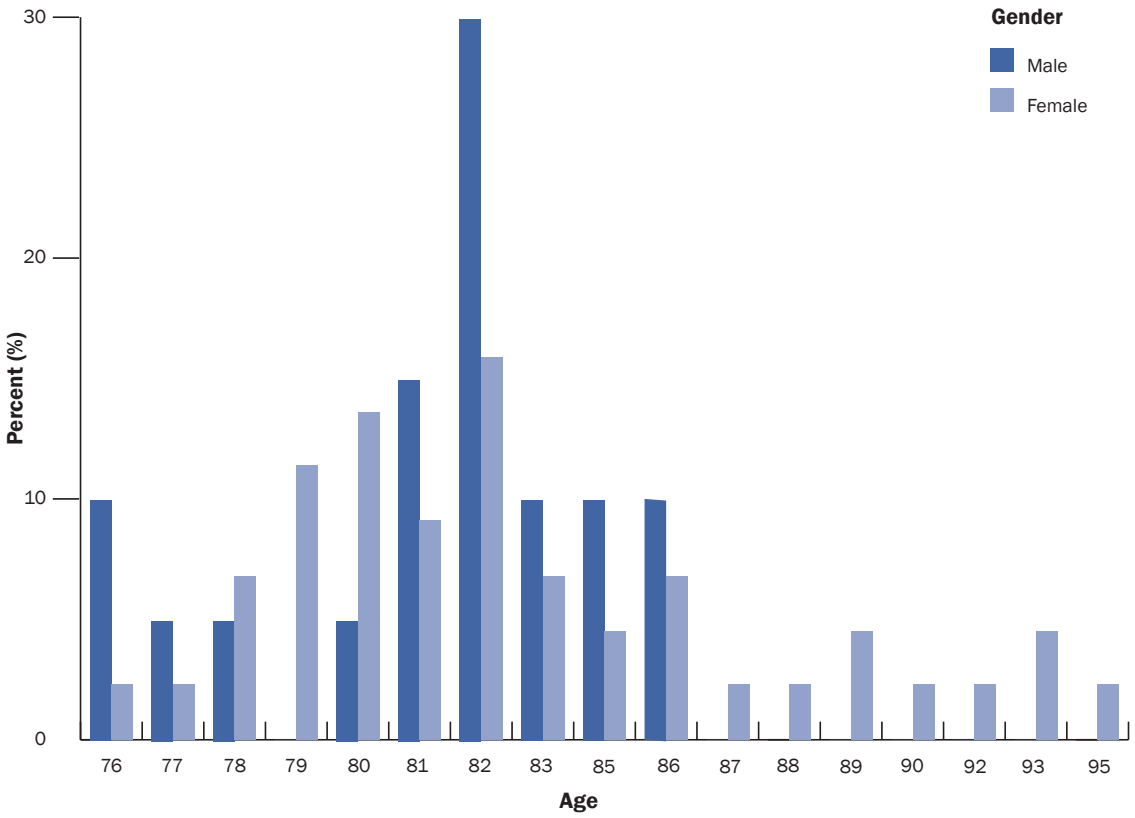
FINDINGS

A total of 66 responses were received along with two marked "return to sender". One respondent stated they had not had an over 75 HA and were excluded from the analysis giving a response rate of 45.1% (65/144).

The gender distribution of the mail out was 71.5% (103/144) female and 28.5% (41/144) male. 67.7% (44/65) of the respondents were female and 30.8% (20/65) male with one gender (1.5%) not recorded. A higher proportion of males (48.8%, 20/41) than females (42.7%, 44/103) replied to the survey.

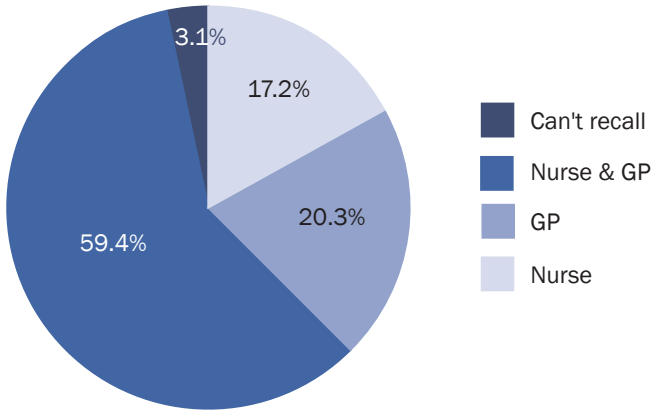
There were a similar number or respondents living alone (44.3%, 27/61) as living with a partner (47.5%, 29/61). The median age was 82 years although there were no male respondents over 86 years (see Figure 1). Two thirds of respondents (66.2%, 43/65) had undergone two or more HAs.

Figure 1: Respondents' age by gender (%)



The majority of HAs were performed jointly by a nurse and GP (59.4%, 38/64) (see Figure 2) and most were done at the practice (87.3%, 55/63). This was the preferred location for HAs (85.7%, 54/63). The minority who had their HA done at home (7.9%, 5/63) or a combination of home/surgery (6.3%, 4/63) indicated that they would prefer this for future HAs.

Figure 2: Practice staff that completed respondents most recent over 75 HA (%)



Interestingly 77% (47/61) of respondents indicated that their most recent HA was beneficial even though few respondents had a new health concern identified at this HA. Those respondents who stated a new health concern was identified (13.8%, 8/58), and a few who were "unsure" (6.9%, 4/58), said a new health concern was usually identified by the GP (50.0%, 6/12).

The most commonly reported benefits of HAs were reassurance and allaying anxiety (see Table 1). Identifying new health problems and information about available services were also seen as benefits. Only 6.6% (4/61) replied that the most recent health check was not beneficial and of these only one gave a reason for their answer as follows:

"Under constant supervision by Dr"

Respondent # 60

Table 1: Respondent reasons for their answer to the question "Did you find your most recent health check beneficial for you?"

Themes of answers for benefit of HA	Responses
Peace of mind/ know how you are/helpful	15
Find out what help available	4
Identify new problems	4
Able to maintain health	3
Information useful for other doctors	3
Health check done at home (unable to drive)	2
Overcomes confusion about treatment	2
Other	2

There were a variety of new health problems identified by the most recent HA as shown in Box 1.

Box 1: New problems identified during the health assessment

Didn't realise suffering from anxiety/depression
Cholesterol was up
Not active enough as regards exercise
Heart failure
Both hands operated for carpal tunnel
Warts on back, later removed
Some stairs have no railing
Incontinent, weight loss, heart problems

Initiation of home care services and home modifications, medication review, counselling, and referral to allied health professionals were some of the 10 new services recommended during the health assessment.

A high majority of respondents (93.7%, 59/63) thought that HAs should be offered to everyone over 75 years for reasons given in Table 2 and two of these commented they should be offered to all over 70 years.

Table 2: Respondent reasons for their answer to the question "Do you think health checks should be offered to everyone over 75 years?"

Themes of answers for acceptability of HA	Responses
Could be an unknown problem that needs attention	13
Keeps you informed and confident about your health	9
New problems occur as growing older	5
Extra checks on older patients are good	4
In case need more help at home	4
Check of new and existing problems, overall check-up	3
Chance to talk about problems and ask for help	2
Reminds carers to check their own health	2
Should offer to all aged 70 years and over	2
Carry information with me, useful for other Doctors	2
Other	9

A majority (82.5%, 52/63) supported the current time frame of annual HAs, although 12.7% (8/63) thought once every 2 years was acceptable. Nearly all respondents (96.8%, 61/63) indicated they would have another HA when invited.

General comments provided at the end of the questionnaire reflect the overall view that health checks are reassuring for older people.

"People over 75 can lose their confidence; they can be frightened of falling. They can talk to the nurses about this and other things that worry them"

Respondent # 59

"I think if everybody over 75 had these health checks there might not be so many elderly people with complaints that could have been dealt with earlier"

Respondent # 48

"Having the health check makes me feel safer as I have the information with me so can give the other doctors the information immediately"

Respondent # 23

"Such checks are beneficial to all the elderly. I wonder why they could not be commenced at the age of 70 years"

Respondent # 53

DISCUSSION

The major limitations of the study are its confinement to one practice in a regional centre, the response rate of 45.1%, and the gender bias towards women (67.7%). However, there was an even spread between those living alone and those living with a partner, and the majority of respondents had more than one health assessment on which to base their opinions.

The findings support previous research conducted in north Queensland that found GPs thought the over 75 years HA was beneficial in identifying unrecognised clinical and social issues (Cheffins et al 2010). In this study most patients also believe over 75 HAs are beneficial and should continue to be offered. They are strongly inclined to have further HAs when invited. These findings provide important positive feedback to practice nurses who invest considerable clinical skills and time to the HA process.

Reassurance is an important outcome for patients, despite a relatively modest detection rate of new health problems. The comments made about the reason to have a HA include references to finding unknown problems and feeling more confident about one's health.

The problems that respondents reported being identified at their HA are varied (Box 1) and the GP survey in the previous study (Cheffins et al 2010) reported some similar issues (incontinence, unsafe housing). The previous study also referred to a range of medical issues such as immunisation, drug interactions and dementia. It is possible that patients in this study may not have recalled the more clinical aspects of their HA, particularly those who were unsure if a new health concern had been identified.

CONCLUSIONS

The findings of this study confirm the benefits of HAs in providing timely treatment for new health concerns and allaying anxiety in the elderly. HAs done in collaboration between the GP and practice nurse can maintain patients' optimum level of health, provide preventive care, and assist them to live as safely and independently as possible. We recommend that HAs continue to be offered annually to all those aged 75 years and older as both GPs and patients find them to be of benefit. HAs are an appropriate use of practice nurse time in addressing the health care needs of an ageing population.

REFERENCES

Chan, A., C. Amoroso, and M. Harris. 2008. New 45-49 year health checks: GP uptake of MBS item 717. *Australian Family Physician,* 37(9):765-768.

Cheffins, T., M. Spillman, C. Heal, D. Kimber, M. Brittain, and M. Lees. 2010. Evaluating the use of Enhanced Primary Care Health Assessments by general practices in north Queensland. *Australian Journal of Primary Health, 16(3):221-223.*

Gray, L. C., and J. W. Newbury. 2004. Health assessment of elderly patients. Australian Family Physician, 33(10):757-777.

Newbury, J.W., J.E. Marley, and J.J. Beilby. 2001. A randomised controlled trial of the outcome of health assessment of people aged 75 years and over. *Medical Journal of Australia,* 175(2):104-107.

O'Halloran, J., A. Ng, H. Britt, and J. Charles. 2006. EPC encounters in Australian general practice. *Australian Family Physician*, 35(1/2):8-10.

Royal Australian College of General Practitioners. 2009. *Guidelines for preventive activities in general practice.* Melbourne: RACGP.

Walker, Lynne. 2006. Practice nurses - Working smarter in general practices. *Australian Family Physician,* 35(1/2):20-22.

Williams, I., L. O'Doherty, G. Mitchell, and K. Williams. 2007. Identifying unmet needs in older patients: Nurse-GP collaboration in general practice. *Australian Family Physician*, 36(9):772-776.