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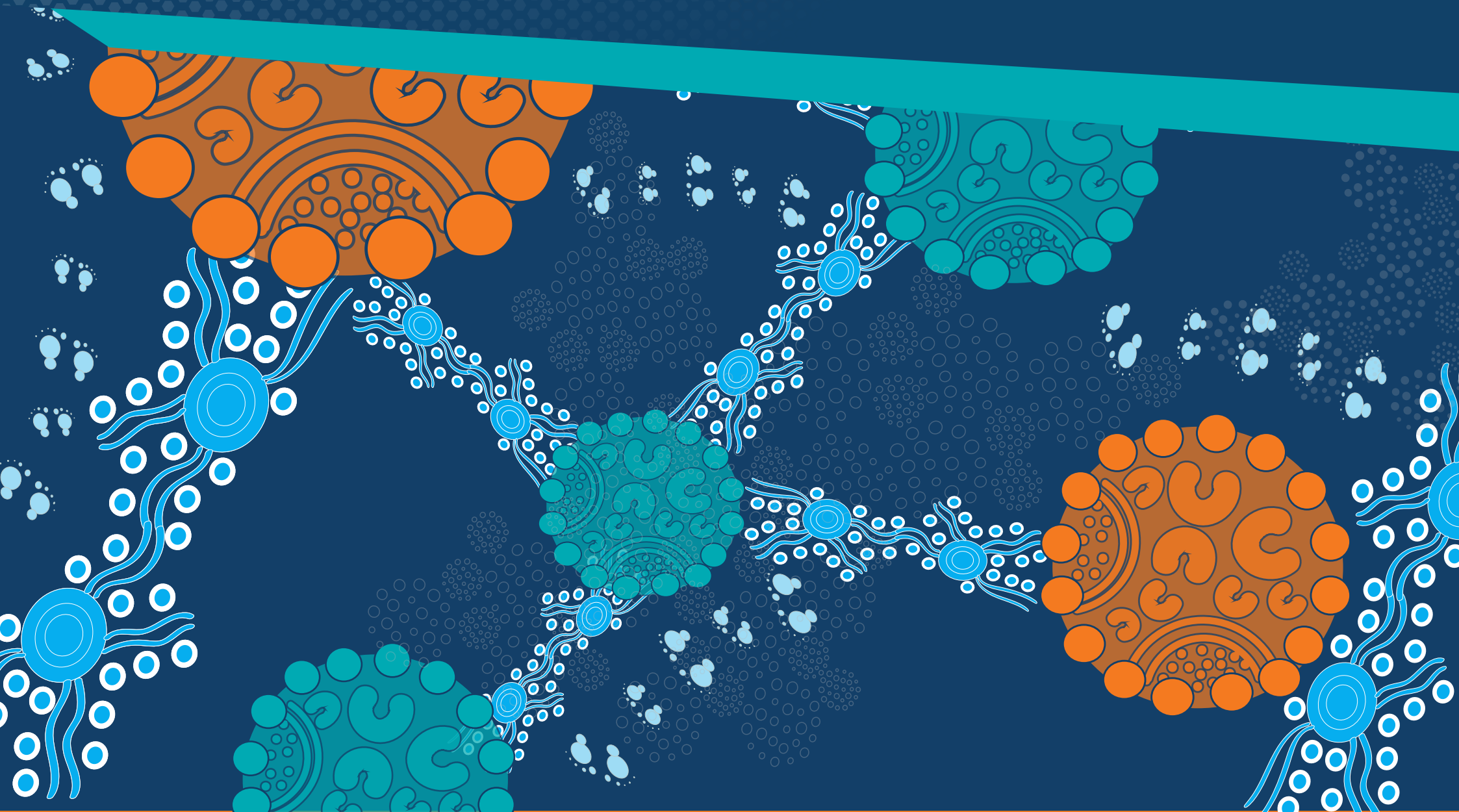
# Intellectual Disability Annual Health Assessment Checklist



# ANNUAL HEALTH ASSESSMENT CHECKLIST

**This checklist is designed to assist service providers plan an Annual Health Assessment**

## What is an Annual Health Assessment and why is it important?

People with intellectual disability can receive a yearly health assessment supported by Medicare, known as an Annual Health Assessment (AHA).

AHAs lead to a greater understanding of an individual's health. It helps identify and treat health issues, ensuring access to necessary medication, preventative health screening, treatment, and care.

AHAs establish a health baseline, track risk factors and identify unmet health needs.

## The Comprehensive Health Assessment Program (CHAP)

The Comprehensive Health Assessment Program (CHAP) is endorsed by the Australian Government for the Annual Health Assessment of people with intellectual disability.

The CHAP provides valuable insights into an individual's current health. It consists of two sections:

**Part 1** is completed by the individual and those who know them best.

**Part 2** is filled out during an appointment with their regular GP, often with the assistance of a Practice Nurse.

## How to use the checklist

The checklist outlines the Annual Health Assessment process over four weeks, and the steps involved in using the CHAP.

Additional tips and information to support the process are on the back of each week's checklist.

Resources to support the AHA process are linked throughout the document for easy online access. All referenced resources, services, and tools can also be found on the CESPHN website.

**All referenced resources, service and tools in this checklist can be found on the CESPHN website:**
**www.cesphn.org.au/general-practice/help-my-patients-with/intellectual-disability/tools**

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# WEEK 1: PLAN AND BOOK

**NAME:** _____

**NOMINATED SUPPORT PERSON:** _____

## INFORM

### CHECKLIST

- [ ] Inform the individual it is time for their Annual Health Assessment (AHA).
- [ ] Discuss the significance of AHA and the process with the individual.
- [ ] Ensure familiarity with AHAs and the CHAP.

### EXTRA INFORMATION

Resources:

- Big Health Check helps explain the AHA to the individual.
- Roles and responsibilities (found on the back of week 2).
- Comprehensive Health Assessment Program (CHAP).

The CHAP is in two parts:

- Part 1: Completed with support from close contacts of the individual.
- Part 2: Completed by the individual's regular GP and Practice Nurse.

## CHECK

### CHECKLIST

- [ ] Ask the individual to nominate a support person/s for the AHA process.
- [ ] Ensure the nominated person knows the individual well enough to advocate for their medical and communication needs.

### EXTRA INFORMATION

It's crucial that the nominated person can:

- Facilitate communication between the individual and their GP.
- Update the GP on current health issues.
- Note any changes since the last health review.

## BOOK

### CHECKLIST

- [ ] Confirm the availability of the nominated support person.
- [ ] Choose days/times that suit the individual.
- [ ] Book an Intellectual Disability Annual Health Assessment appointment:
  - with the individual's regular GP.
  - with 2-4 weeks' lead in time.
  - that is 45 minutes to a 1-hour in length.
- [ ] Notify all relevant parties of the AHA process and appointment date.

### EXTRA INFORMATION

- Understand the appointment lengths available for AHA appointments. Consider communication needs and health complexity. Refer to back of Week 3 for more details.
- Use the One Page Profile when booking the appointment to discuss the individual's support and communication needs. Discuss accommodations that will help the practice and the individual at the appointment.

# TOP 5 TIPS FOR ANNUAL HEALTH ASSESSMENTS

## 1 BE PREPARED

Use this checklist and start the assessment process at least four weeks prior to the appointment.

## 2 KNOW THE INDIVIDUAL

The nominated person will be able to support the individual to communicate, relay current health issues, and note any important changes.

## 3 UNDERSTAND ROLES & RESPONSIBILITIES

Knowing who is responsible for what can help the process run smoothly and increase the overall efficacy of the AHA.

## 4 GATHER INFORMATION

Gathering all relevant information is vital to a thorough AHA. This includes paperwork and anecdotal evidence from relevant people.

## 5 WORK TOGETHER

Work with the general practice to ensure a smooth and effective assessment.

# WEEK 2: COMPLETE CHAP AND ONE PAGE PROFILE

| | CHECKLIST | EXTRA INFORMATION |
|---|---|---|
| INFORM | Discuss the appointment details with the individual.<br>☐ Inform them of the date and time.<br>☐ Include their nominated support person in the conversation. | Use these resources to support individuals prepare for the GP visit:<br>• The **One Page Profile**: identifies their communication, health needs and goals to the GP.<br>• **Big Health Check**: explains why AHAs are important and what to expect during the appointment.<br>• **Social Stories**: help familiarise the individual with the appointment process. |
| REVIEW & GATHER | ☐ Collect all healthcare documents including care plans, medical summaries, medication charts, support plans, and previous AHA forms with action plans.<br>☐ Review and organise these documents in preparation for the AHA appointment.<br>☐ Include NDIS plan details such as goals, and NDIS funded health care support and reports. | • Collect information from relevant people regarding the individual's medical conditions, current health issues, and any newly identified concerns.<br>• Summarise notes and observations from handovers, especially noting changes in health or behaviour.<br>• Take the opportunity to explain the AHA and CHAP process to staff who may not be familiar with it. |
| CHAP | ☐ Fill out Part 1 of CHAP with the individual and relevant parties.<br>☐ Record the latest medication review date and medication list on page 4, section 8 of CHAP. | CHAP:<br>• When completing Part 1 involve relevant parties while respecting the individual's privacy.<br>• Ensure sensitive questions are asked in a confidential, safe setting by someone the individual trusts.<br>• Know the date of the last medication review, especially if the individual takes over 5 medications or PRN medication. A Domiciliary medication review can be conducted by a pharmacist at the request of a GP. |

# ROLES AND RESPONSIBILITIES

## Disability Support Team

Only send individuals to appointments with a support person who knows them well, including their specific health, support, and communication needs.

Update an individual's health plan with new goals and actions after each GP appointment and communicate these updates to all relevant parties.

Follow through on referrals and medical advice in a timely manner.

Monitor an individual's health and record and report any changes to the team, family/guardian, and GP.

Inform the GP practice about an individual's support and adjustment needs prior to all appointments.

Prepare an individual for appointments by helping them understand why they are going and identify the supports needed throughout the process.

Know how to support an individual in a medical emergency.

## Role of GP and Practice

Understand an individual, their disability, specific health conditions related to their disability, and healthcare needs.

Understand the high-risk health factors for people living with intellectual disability and take necessary action to prevent these issues from occurring.

Put in the effort to understand and implement specific support needs to improve medical appointments, correspondence, and communication.

Understand the support team's role in healthcare planning for the individual.

Refer to specialists as needed. Clearly assign responsibility for following up on post-appointment actions.

Conduct Annual Health Assessments, diagnose, prescribe, and coordinate treatment for health issues, and provide guidance on medical conditions and preventative health interventions.

## GP and Disability Support Team

Respect each other's knowledge and skills and acknowledge the shared responsibility for optimising an individual's health and well-being.

Develop communication channels that support information sharing.

Work together to provide the support/ adjustments for an individual to attend and participate during their appointments.

Facilitate access to quality health care for individuals with intellectual disability.

# WEEK 3: ANNUAL HEALTH ASSESSMENT

## PREPARE

### CHECKLIST

- [ ] One Page Profile with health goals.
- [ ] Medication Chart or Webster-pak®.
- [ ] Specialist and allied health reports.
- [ ] Current action and support plans.
- [ ] Notes on health or behaviour changes.
- [ ] CHAP document.
- [ ] Medicare card and payment method.
- [ ] Notepad for taking notes.
- [ ] Send the individual's One Page Profile to the GP practice.
- [ ] Call to confirm receipt and discuss any necessary adjustments.

### EXTRA INFORMATION

- Being prepared ensures all health concerns are addressed and the CHAP action plan includes all current concerns and goals.
- Take all information and documentation to the appointment.
- Some practices may be unfamiliar with the term "reasonable adjustments"; work with them to support the needs of the individual.
- If the nominated support person can't attend and there's no suitable backup familiar with the individual, reschedule the appointment.

## AT THE APPOINTMENT

- [ ] GP must obtain consent from the individual for the nominated support person to attend appointment.
- [ ] Support the individual to communicate and participate.
- [ ] Provide all reports to GP/nurse.
- [ ] Refer to the One Page Profile for additional health goals.
- [ ] Ensure GP completes CHAP action plan.
- [ ] Confirm who is responsible for following up on specialist referrals.
- [ ] Check eligibility for a team care or management plan.
- [ ] Schedule follow-up appointment for action plan review.

- Consent needs to be gained for a support person to participate in each appointment.
- A practice nurse can complete Part 2 of the CHAP with the individual before seeing the GP to develop the health action plan.
- Be prepared that some GPs will not have completed a CHAP before and may require further information.
- Identify and discuss additional health goals noted within the One Page Profile.
- Further information on team care and management plans can be found on the back of this page.

# APPOINTMENT TYPES

## ANNUAL HEALTH ASSESSMENT

| APPOINTMENT TYPE | LENGTH OF TIME | DETAILS |
|---|---|---|
| Annual Health Assessment | • Brief 30 mins<br>• Standard 45mins<br>• Long 45-60mins<br>• Prolonged >60mins | • Should be done with the patient's regular GP.<br>• Must be a face-to-face appointment.<br>• Can be split over multiple appointments, if necessary, at the GP's discretion, based on the individual's capacity and complexity of health issues. The GP can bill for the total time spent across appointments during the final consultation. |

## MANAGEMENT PLANS

| APPOINTMENT TYPE | LENGTH OF TIME | DETAILS |
|---|---|---|
| GP Management Plan | Generally, >20mins | • At the GP's discretion whether appropriate for the patient<br>• The GP will review the patient's health needs and goals for the year and develop a plan with the patient to achieve these goals.<br>• Aligns with a Health Action Plan commonly used by Disability Providers.<br>• Plan is done annually by the patient's regular GP.<br>• Can be face-to-face or by video. |
| Team Care Arrangement | | • At the GP's discretion whether appropriate for the patient and usually done in conjunction with the GP Management plan.<br>• The document will summarise the GP Management plan and serve as a referral to relevant allied health professionals. |
| GP Management Plan & Team Care Arrangement Review | Generally, >20mins | Every 3-6 months (depending on complexity)<br>• Review patient's goals to assess progress and address any issues.<br>• Recommend booking regularly and in advance to ensure health promotion and prevention are not missed.<br>• Appointments can be face-to-face or by video. |
| Practice Nurse Appointment | | • Can be offered once a patient has a GP Management Plan/Team Care Arrangement.<br>• Allows for up to 5 visits with the practice nurse per year.<br>• Visits could include blood pressure/weight checks, health education, etc. |

# WEEK 4: AFTER THE ANNUAL HEALTH ASSESSMENT

## REPORT & DISCUSS

### CHECKLIST

- [ ] Inform relevant people of AHA outcome and CHAP health goals.
- [ ] Discuss individual's goals and health plan at team meetings.
- [ ] Plan and schedule upcoming appointments with input from the individual and relevant parties.

### EXTRA INFORMATION

- Ensure ongoing support is provided to follow up on health goals.
- For individuals on GP or Chronic Disease Management plans, the GP is responsible for developing and reviewing health goals regularly.
- Ask the GP for a copy of all health plans and actions to keep with the individual's record at home. This will assist with coordinating health priorities and appointments.

## WATCH & ACT

### CHECKLIST

- [ ] Monitor and note changes with new medication, reporting side effects to the GP.
- [ ] If eligible, schedule an appointment to develop a GP or Chronic Disease Management Plan and subsequent reviews.

### EXTRA INFORMATION

- All support team members are responsible for monitoring the individual's daily health needs, following up on appointments, and ensuring their health goals are met.
- Support providers and an individual's guardian are responsible for following through on medical advice and instructions from the individual's healthcare providers.

# ALL CESPHN CREATED RESOURCES CAN BE FOUND HERE:

## Links to all resources

**ONE PAGE PROFILE**

**APPOINTMENT TYPES**

**BIG HEALTH CHECK**

All referenced resources, service and tools in this checklist can be found on the CESPHN website:
www.cesphn.org.au/general-practice/help-my-patients-with-intellectual-disability/tools

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This resource was produced in 2024, by CESPHNs GROW team as part of the **Department of Health's Primary Care Enhancement Program (PCEP)**. PCEP is a component of the **National Roadmap for Improving the Health of People with Intellectual Disability**.

For more information on this and GROWs other resources, visit the the **intellectual disability page on the CESPHN website**.

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