THE FUNCTIONAL HEALTH ASSESSMENT TOOL (TFHAT) & THE INTERFACE BETWEEN PEOPLE WITH AN INTELLECTUAL DISABILITY & GENERAL PRACTITIONERS

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Thesis Overview

This research set out to study the extent to which The Functional Health Assessment Tool (TFHAT, Trip, 2005) contributed to the interface between people with an intellectual disability & their GP when supported by direct-care staff

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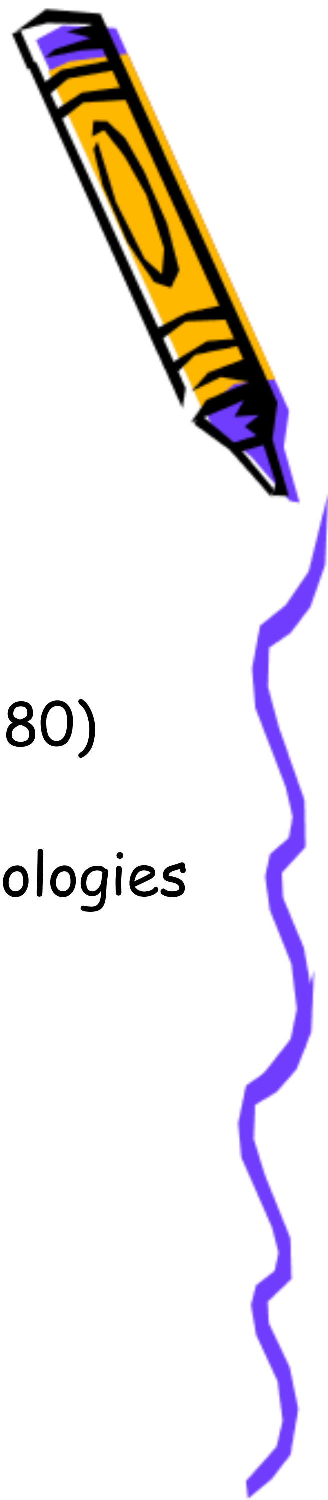

Changing Models of Deinstitutionalisation

- Prisons of Protection (Willer, Goldberg, & Intagliata, 1980)
- Deinstitutionalisation challenged governing medical pathologies of sickness & incapacity (Fergusson, 2004)
- Therapeutically preferable to reside in the community (Mitchell, 1864)

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Health Needs of People with Intellectual Disability

- Higher level of ill health than the general population (Knibbe & Van Hoeve, 2005)
- Social disadvantage impacts on physical/mental health (Emerson, 2006)
- Lack of co-ordinated approach in PHC contributes to poor outcomes (Kerr, 2004)
- A lack of awareness of health conditions more common in this population (Sowney & Barr, 2004)
- Staff training is insufficient (van Scronjenstein Lantman-de Valk, 2005)
- Health needs may be masked or exacerbated by presenting behaviour (Davis & Mohr, 2004; Lennox & Eastgate, 2004)

New Zealand Perspective

- The Primary Health Care Strategy (MoH, 2001)
- The New Zealand Disability Strategy (MoH, 2001)
- To Have An Ordinary Life – Kia Whai Oranga Noa (MoH, 2003)

~ Is intellectual disability a forgotten specialty ~

(Clark, 2006)

Methodology : Phase 1

1. Non-probability purposive sampling (Polit & Beck, 2004) was used to approach 15 direct-line managers of residential providers for people with intellectual disability in the Canterbury region of New Zealand

1. A Pre-Implementation Questionnaire was completed by direct-care staff and the GP of a person with intellectual disability with whom they work & were going to complete The Functional Health Assessment Tool with (TFHAT, Trip, 2005)

Methodology : Phase 2

1. An education session was held for the responding group of direct-care staff regarding the implementation of TFHAT

2. Direct-care staff then completed TFHAT with client & forwarded a copy to the GP

3. Incidental GP appointment was anticipated. Follow up with the respective direct-line managers established the likelihood of this occurring prior to Phase 3

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Methodology : Phase 3

1. Post-Implementation Questionnaire was distributed for the direct-care staff & GPs who were part of Phase 1

2. Semi-structured interviews were to be conducted with people who have an intellectual disability & who were part of TFHAT Implementation (Phase 2)

Results Phase 1

Pre-Implementation Questionnaire

RESPONDENTS	STAFF	GPS	TOTAL
Sent	15	11	26
Returned	12	5	17
Response Rate	80%	45.5%	65.4%

Phase 1: Pre-Implementation Questionnaire Short Answer Section

- Support required to access GP
- Difficulties experienced by people with intellectual disability in having their health needs met by GP
- Involvement of the individual during GP appointment
- Factors which could improve the interface between people with intellectual disability & their GP
- Information available to GP regarding functional & cognitive abilities of individual
- Training on the health needs of people with intellectual disability

Pre-Implementation Questionnaire: Likert Scale Responses

- Difficult to have health needs met : GP 80% Staff 58.3%
- Some conditions more prevalent : GP 100% Staff 50%
- Able to express health concerns : GP 0% Staff 25%
- Difficult recognise health changes : GP 60% Staff 50%
- Staff have good knowledge of ind. : GP 60% Staff 83%
- Overview of function would assist : GP 80% Staff 100%
- Health record to improve interface : GP 80% Staff 100%
- There is sufficient time for appt. : GP 40% Staff 25%
- Behav. impacts on health support : GP 80% Staff 58.3%
- GP is skilled to meet health needs : GP 40% Staff 33.3%
- Staff facilitate communication : GP 100% Staff 91.7%
- GP consults directly with PWID : GP 20% Staff 8.3%
- Have sufficient education/training : GP 20% Staff 50%
- Need for more education/training : GP 60% Staff 75%

Results Phase 3
Post-Implementation Questionnaire

RESPONDENTS	STAFF	GPs	TOTAL
Sent	12	8	20
Returned	6	1	7
Response Rate	50%	12.5%	35%

Post-Implementation Questionnaire
Client Demographics with whom TFHAT was Completed

Male (2) NZ Maori (1)

Female (4) NZ European (5)

20-30 yrs (2) 31-40yrs (2)

41-50yrs (1) 51-60yrs (1)

Mild ID (2) Autism (1) MH (1)

Mod ID (4) Cerebral Palsy (1)

Contact Frequency with GP Monthly (1) 3Monthly (3)

6 Monthly (1) Annually (1)

Post-Implementation Questionnaire: Short Answer Section

- Health information identified through implementing TFHAT
- Advantages of implementing TFHAT
- Disadvantages of implementing TFHAT
- Usefulness to the interface between people with ID & GPs
- Recommendations for using TFHAT in the future
- Education/training requirements to improve health outcomes for people with an intellectual disability

The People Themselves
~ Sam, Jo & Leslie ~

- Only Sam had choice to decide when to see GP
- GP speaks to Sam & Leslie directly, but not always to Jo who would like this to happen more often
- Staff talk with Sam & Leslie about appointment - Not so for Jo
- Sometimes the GP listens to Jo who reported not having the opportunity to ask questions

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The People Themselves ~ Sam, Jo & Leslie ~

- Leslie & Jo reported that they often felt hurried
- Jo usually shares the appointment with flatmates
- Staff noted that Jo's GP could be more thorough
- Sam & Leslie thought the information that staff wrote in TFHAT was useful as did their GP
- Sam identified a goal of trying to "get a little more independent"

Summary

Utility of TFHAT (Trip, 2005):

- Future health screening measures can be put in place

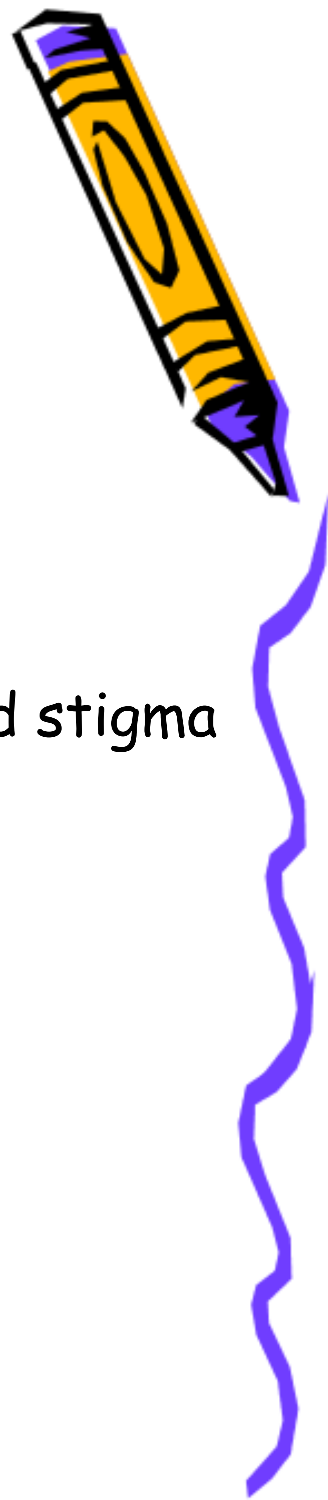
- Historical, social, family medical & health history is of value

- Knowing how a person usually presents & functions would assist in recognising changing health needs in people with ID

- Up to date health records would improve the health interface between people with intellectual disability & GPs

Limitations

- Recruitment method
- Role of research participants
- Complexity of the research process
- Narrow the scope of the research aim/angle
- Application for other cultural/social settings
- Clients transferring between GPs during the research
- Timeframe required for collation of TFHAT



Discussion

- Normalisation:

- Barriers identified do not exemplify social norms
- Roles captured in this research are suggestive of continued stigma for this population

- Social Role Valorisation:

- Client : Spectator / Recipient
- Staff : Taxi Driver / Interpreter / Facilitator
- GPs : Revered / "The Qualified One" / Powerful

The Social Model of Disability

- Union of the Physically Impaired Against Segregation (1976) Fundamental Principles of Disability distinguished between physical disability (impairment) and disability as a socially constructed phenomenon (Richardson, 2001)

- Seeks to identify, adjust / remove barriers which prevent or limit health care access for people with intellectual disability (Mansell & Northway, 2003)

Recommendations

- Implement the principles identified in To Have an Ordinary Life – Kia Whai Oranga Noa (National Advisory Committee on health & Disability, 2003)

- Target health education for health professionals including medical, allied & disability service providers.

- Liaison is required between PHC & intellectual disability service providers. The same standards of service provision should be envisioned for those residing in the wider community independently or with family/whanau/caregivers

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Recommendations cntd.

- Arranging appointments
- Inclusion of the individual in decisions pertaining to their own healthcare to the extent possible
- Subsidy for longer (individual) appointments and/or for annual comprehensive health review to enable comparisons against baseline documentation

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Thank You & Go Well

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