Annual Comprehensive Health Assessment Implementation Evaluation Report
Health Indicators Report published in 2011. (2)

Key Findings:
- People with ID – poorer health and life expectancy
- Higher rates of health problems
- Higher use of health services

Public funded health care for people with ID

= $3,001 PA

General population

= $1,028 PA

Poor health outcomes linked to breakdowns in primary health supports through:

- Unrecognised or poorly-managed health conditions and diseases
- Inadequate or non-existent health screening
- Ineffective communication between the individual, their family/whanau, support workers and GPs. (3)

Comprehensive Health Assessment Programme

Designed to help minimise the barriers to healthcare by prompting health care and screening.

Developed at the University of Queensland by Associate Professor Nick Lennox

- First section = comprehensive health history completed and taken to the GP
- Second section = completed by GP - performs a health review
- CHAP prompts GP re commonly missed, poorly managed or syndrome-specific health conditions.
- On completion a health action plan is developed by GP the individual and their supports.

Implemented for residential services 1+ years.

Evaluation to establish if implementation aims were met -

- The efficacy and ease-of-use of the CHAP
- Improvements in health outcomes
- Impacts on health outcomes for ageing population
- The level of GP acceptance
- GP cost and increases
- Opportunities for Improving CHAP effectiveness
Method

- Interviewer - an experienced Service Coordinator with a health background
- Interviews included people and their main supports
- Interview tool - specifically designed for the purpose
- Interview time - up to 1.5 hours
Demographics

Age Range

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Number of People</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 - 20</td>
<td>20</td>
</tr>
<tr>
<td>21 - 30</td>
<td>50</td>
</tr>
<tr>
<td>31 - 40</td>
<td>80</td>
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<td>41 - 50</td>
<td>100</td>
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<tr>
<td>51 - 60</td>
<td>150</td>
</tr>
<tr>
<td>61 - 70</td>
<td>200</td>
</tr>
<tr>
<td>71 - 80</td>
<td>250</td>
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</tbody>
</table>

Age/Gender Mix

- Male: 70%
- Female: 30%
- Total: 40%

Ethnicity

- (NZ) European: 64%
- Asian: 12%
- PI: 16%
- Maori: 6%
- Other: 1%
- Total: 100%
## Supports Profile

Who is involved in completing the health history of the CHAP?

<table>
<thead>
<tr>
<th>Person &amp; Family</th>
<th>General Practitioner</th>
<th>Combination of Staff Supports</th>
<th>House Leader</th>
<th>Key Worker</th>
<th>Community Support Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>3%</td>
<td>1%</td>
<td>11%</td>
<td>29%</td>
<td>48%</td>
<td>8%</td>
</tr>
</tbody>
</table>
EVALUATION
OUTCOMES
Health Screens and Referrals

- Health Condition: 20%
- GP Health Screen: 15%
- Health Screen Referral: 20%
- Specialist Referral: 19%
Conclusion

Implementing an annual Comprehensive Health Assessment Programme has resulted in a 37 percent increase in health screenings and significant improvements in the identification of health conditions and specialist referrals.
OPPORTUNITIES
Health Outcomes

FIRST GP HEALTH SCREEN

- 80% Health Screen not completed
- 18% Refused/Not Answered
- 2% GP Health Screening

FIRST GP REFERRAL FOR HEALTH SCREEN

- 78% No Referrals Noted
- 20% Health Screen Referrals
- 2% Not Answered

(Lennox et al, 2007a, 2007b)
Health Outcomes – cont.

Primary Health Targets

- Heart & diabetes checks for 90% of enrolled population
- Cervical screening for 80% of enrolled population

Residential Population

- Heart & diabetes checks for 6% of population
- Cervical screening for 0% of population

Ageing Residential Population (40+)

- Dementia checks/referrals for one person
- Vision checks/referrals for three people
- Obesity checks/referrals for nil people
- Swallowing & choking checks/referrals for three people
Health Action Planning

Health Action Plan Completion (GP)
Inclusion in Action Planning (Person)

Bar chart:
- Yes: 100%
- No: 50%
- NA: 0%

Pie chart:
- Detailed & Relevant: 60%
- No Action Required: 27%
- No Plan/Unreadable: 10%
- Not Answered: 3%
CHAP Cost/Time Increases

% of Cost vs. Cost Bands

- Pre-CHAP Costs
- CHAP Costs

% of Time vs. Time Bands

- Pre-CHAP Time
- CHAP Time
Support Staff Feedback

- A general lack of knowledge about historical health information
- Both new and junior staff find the CHAP process challenging
- As there is a time lag between support staff leaving and their replacement starting
Opportunity 1

Working with Funders –

Annual health assessment costs should be met by those who receive the most financial benefit through improved health outcomes.
Opportunity 2

Clinical Nurse Specialist

- support people and their supports at annual health assessment
- reinforce the health screen prompts
- Reinforce relevant investigative referrals
- reinforce immunisations
- provide health assessment tool training and ongoing mentoring & coaching