

A.21.71 Health Assessments for Refugees and Other Humanitarian Entrants (Items 714 and 716)

The purpose of this health assessment is to introduce new refugees and other humanitarian entrants to the Australian primary health care system, as soon as possible after their arrival in Australia (within twelve months of arrival). Some new refugees and other humanitarian entrants may have little experience of western health care systems; some may not know what a General Practitioner is or does. Some may have complex and unusual conditions as a result of their area of origin or living conditions prior to arrival in Australia, where communicable diseases such as tuberculosis, hepatitis, parasitic infections and human immunodeficiency virus (HIV) and other sexually transmitted infections (STI) may be endemic. Many will have been exposed to war, famine, repression, torture and/or extreme poverty.

A.21.72 The aim of the assessment is to develop a detailed history and undertake a physical examination of the patient to identify immediate and long term health care needs and to initiate treatment. Patients can also be introduced to preventative health care in Australia, in particular immunisation, maternal and child health care and breast and cervical screening.

A.21.73 The health assessment complements other Medicare Benefits Schedule items for services that medical practitioners can provide, including normal consultations and enhanced primary care items for ongoing management of patients with chronic conditions.

A.21.74 A maximum of one Medicare rebate is payable for a health assessment per refugee or other humanitarian entrant.

A.21.75 For the purpose of this item, the health assessment applies to humanitarian entrants who are resident in Australia with access to Medicare services; this includes Refugees, Special Humanitarian Program and Protection Program entrants with the following visas:

- Offshore Refugee Category including:
 - 200 Refugee
 - 201 In Country Special Humanitarian
 - 203 Emergency rescue
 - 204 Women at Risk
- Offshore – Special Humanitarian Program
 - 202 Global Special Humanitarian
- Offshore – Temporary Humanitarian Visas (THV) including:
 - 447 Secondary Movement Offshore Entry Temporary
 - 451 Secondary Movement Relocation Temporary
 - 786 Temporary Humanitarian Concern
- Onshore Protection Program including:
 - 866 Permanent Protection Visa (PPV)
 - 785 Temporary Protection Visa (TPV)

A.21.76 Patients should be asked to provide proof of their visa status and date of arrival in Australia. Alternatively, medical practitioners may telephone Medicare Australia on 132 011, with the patient present, to check eligibility. A.21.77 This item does not apply to in-patients of a hospital or day hospital facility or care recipients in residential aged care facilities.

A.21.78 A health assessment means an assessment of a patient's health and physical, psychological and social function and whether preventative health care, education and other assistance should be offered to the patient, to improve that person's health and physical, psychological and social function.

A.21.79 The health assessment is a voluntary service; patients should be given an explanation of the health assessment process and its likely benefits before commencing the assessment. The patient's consent to a health assessment should be obtained as per normal practice for obtaining consent to medical services and noted on the patient record.

A.21.80 The medical practitioner and patient can use the services of a translator by accessing the Commonwealth Government's Translating and Interpreting Services (TIS) and the Doctors Priority Line. To be eligible for fee-free TIS and Doctors Priority Line, the medical practitioner must be in a private practice and provide a Medicare service to patients who do not speak English and are permanent residents.

A.21.81 Where the patient has a proposer the medical practitioner may find it useful to consider having them present for the health assessment or components of the health assessment (subject to the patient's agreement). The patient's proposer may be able to provide useful information on matters such as physical, psychological and social function.

A.21.82 When conducting a health assessment, where available, the medical practitioner should consider the results of any previous health checks that may have been undertaken as part of Australia's entry requirement.

A.21.83 The information collection component of the health assessment may be completed by a nurse or other qualified health professional where:

- (a) the patient's medical practitioner has initiated the collection of information by a third party, after the patient has agreed to the health assessment and has agreed to a third party collecting information for the assessment;
- (b) the patient is told whether or not information collected about them for the health assessment will be retained by the third party; and
- (c) the third party acts under the supervision of the medical practitioner.

The other components of the health assessment must include a personal attendance by the medical practitioner.

A.21.84 The medical practitioner should:

- (a) be satisfied that the person collecting information has the necessary skills, expertise, training and cultural awareness;
- (b) have established how the information is to be collected and recorded (including any forms used);
- (c) set or approve the quality assurance procedures for the information collection;
- (d) be consulted on any issues arising during the information collection; and
- (e) review and analyse the information collected to prepare the report of the health assessment and communicate to the patient their recommendations about matters covered by the health assessment.

A.21.85 The health assessment must include keeping a record of the health assessment, and offering the patient a written report about the health assessment.

A.21.86 Any follow up work following completion of the health assessment should be treated as a different service. Practitioners should not conduct a separate consultation in conjunction with a health assessment unless it is clinically indicated that a problem must be treated immediately.

A.21.87 Where a component of the health assessment is conducted in consulting rooms (item 714) and a component is conducted in the patient's home, including by a third party acting under the supervision of the practitioner, (item 716) the latter item should be claimed.

A.21.88 **Content of the Health Assessment**

The health assessment should be undertaken in a culturally sensitive manner that is appropriate to the needs of the patient and must include:

- (a) taking the patient's medical history;
- (b) physically examining the patient;
- (c) undertaking or arranging any required investigations;
- (d) assessing the patient using the information gained at (a) to (c); and
- (e) developing a management plan to address any issues and/or conditions and for the good health of the patient, including making/arranging any necessary interventions or referrals to allied health providers and specialists (noting that this may involve a cost to the patient).

The balance between the patient's health and physical, psychological and social function domains is a matter for professional judgement in relation to each patient, however, practitioners, where clinically appropriate, should consider the following:

A.21.89 **History**

- (a) Medical history: past/family history and perceived health status, medications, allergies, habits, chronic conditions.
- (b) Social/refugee history: country of origin, preferred language, secondary/host countries, refugee detention camps, trauma issues.
- (c) Immunisation history: for children consider full course and include on the Australian Child Immunisation Register; for teenagers consider measles, mumps and rubella vaccine, Hepatitis B, Meningococcal C; for adults consider serology and booster vaccines.
- (d) Nutritional Assessment: malnutrition, vitamin deficiency or anaemia.

- (e) Psychological history: depression, post traumatic stress disorder, grief, family separation, history of incarceration, torture, survivor guilt.

A.21.90 Examination

- (a) Physical: height, weight, body mass index, blood pressure, temperature, percentile chart for children.
- (b) Cardiac, respiratory and abdominal examination.
- (c) Dentition: caries, gum disease, decreased dentition.
- (d) Vision and hearing.
- (e) Other: scars or injuries.

A.21.91 Investigations as Required

Arrange or undertake investigations as clinically indicated, consider the need for the following tests, in particular:

- (a) Tests for iron deficiency, lipids, glucose, and hepatitis/rubella serology.
- (b) Urine: urinary tract infection, Chlamydia with pregnancy.
- (c) Others: faecal examination for parasites, serum vitamin D, HIV, chest x-ray and Mantoux skin test for tuberculosis.

Practitioners should ensure that the results of investigations undertaken for the health check are followed up, consistent with good clinical practice.

A.21.92 Assessment of Patient

The overall assessment of the patient should be based on the consideration of evidence from patient history, examination and results of any investigations. The list of diagnoses and/or problems from the health assessment should form the basis of any actions to be taken.

A.21.93 Management Plan

The management plan includes:

- (a) planned follow-up of issues and/or conditions found in history, examination and investigations, including initiating intervention activity to meet the identified needs of the patient;
- (b) initial recommendation of immunisation, diet, vitamins and medications;
- (c) consideration of referrals to allied health professionals, approved torture and trauma professionals and/or specialist clinics; and
- (d) consideration of contraception advice and review of pap smear/sexually transmitted disease screening.

A.21.94 Additional matters of particular relevance to refugees and other humanitarian entrants.

The health assessment will usually cover additional matters of particular relevance to humanitarian entrants. This may include dental treatment, allied health referrals, advice on breast feeding, diet and nutrition, injury prevention advice, parenting advice, safe sex advice, substance use (including tobacco) prevention and treatment, or other interventions as considered necessary.

A desktop guide - Caring for Refugee Patients in General Practice - is available on the RACGP website at www.racgp.org.au.