



Australian Government

Department of Health

Medicare Benefits Schedule (MBS)

Health assessment for people with an intellectual disability

Questions and Answers

What is the purpose of the health assessment for people with an intellectual disability?

The purpose of the health assessment is to support general practitioners (GPs) to identify and address the specific clinical needs of patients who have an intellectual disability, and to identify any medical intervention and preventive health care required.

Any of the time based MBS health assessment items (**701, 703, 705 and 707**) can be used. However, a long or prolonged consultation may be required due to an intellectual disability impeding a person's capacity to recognise and report symptoms, provide a history, and seek and act on medical advice.

A longer assessment may also be needed to establish whether or not a person has previously undiagnosed health issues.

How often can a health assessment for a person with an intellectual disability be undertaken?

A health assessment may be claimed once every twelve months by an eligible patient.

How do you determine whether a person has an intellectual disability?

For the health assessment a person will be deemed to have an intellectual disability if they have significantly sub-average general intellectual functioning (two standard deviations below the average intelligence quotient (IQ)) and would benefit from assistance with daily living activities. Where GPs wish to confirm intellectual disability and a patient's need for assistance with activities of daily living, they may seek verification from a paediatrician registered to practice in Australia or from a government-provided or funded disability service that has assessed the patient's intellectual function.

Is it necessary to gain a patient's consent prior to undertaking a health assessment?

Yes. The patient or their representative must be given an explanation of the health assessment process and its likely benefits, and must be asked by the medical practitioner whether they consent to the health assessment being performed. Consent must be noted on the patient record.

Who can undertake a health assessment for people with an intellectual disability?

The health assessment should generally be undertaken by the patient's 'usual doctor', that is, the GP (or a GP in the same practice) who has provided the majority of services to the patient in the past 12 months, and/or is likely to provide the majority of services in the following 12 months.

In circumstances where the patient's usual medical practitioner or practice does not undertake the health assessment, a copy of the health assessment report should be forwarded to that medical practitioner or practice (subject to the agreement of the patient or their representative).

The medical practitioner is expected to take a primary role in the following activities when providing a health assessment:

- reviewing and analysing the information collected;
- making an overall assessment of the patient;
- undertaking and arranging investigations;
- making referrals and identifying appropriate follow-up; and
- providing advice to the patient.

Can a practice nurse assist with the health assessment?

Yes. A practice nurse may assist medical practitioners in performing a health assessment, in accordance with accepted medical practice and under the supervision of the medical practitioner. This may include activities associated with:

- collecting information; and
- providing patients with information about recommended interventions at the direction of the medical practitioner.

Is a proforma available for the health assessment for people with an intellectual disability?

Yes. A proforma is available to assist medical practitioners to complete a health assessment. This can be found on the Department of Health's website at the Medicare and Primary Care Items Resource Kit page.

What should practitioners consider in addition to the clinical matters listed in the MBS?

Physical function

Activities of daily living

Assess the health impact of the patient's general skill levels (including independent living skills) and, if required, arrange a referral for a formal review of the interaction between the patient, their impairment (if any) and their environment.

Psychological function

Cognition

Investigate medical and psychiatric causes where problems with cognition and skill decline are clinically suspected.

Note that people with intellectual disability can develop dementia. Dementia is particularly common in people with Down Syndrome.

Mood

Consider depression where there is a history of weight change, changes in sleep habit and escalation of behavioural problems.

Behaviour

Monitor the patient's behavioural status and ensure that there are systems in place to provide an objective measure of that status.

If relevant, consult with disability support services and psychologists who have responsibility for developing strategies to address challenging behaviour.

Psychiatric symptoms

Consider psychiatric disorders where there are changes in behaviour.

Be aware that psychiatric disorders occur more commonly in people with intellectual disability and are often difficult to diagnose and distinguish from a reaction to the person's physical and interpersonal environment.

Social function

Accommodation

Assess the suitability of the patient's accommodation setting to provide the best physical and psychological health outcomes. This should include compatibility with other residents, the capacity of carers to support the patient's health and social needs, and identification of any health and safety issues for that patient.

If relevant, consult with disability professionals such as case managers who have responsibility for assessing and facilitating appropriate accommodation.

Consultation with the patient's carer and disability professionals

So far as possible, the practitioner should communicate directly with the patient and take the extra time needed to do this. However, the patient may have difficulty giving a history, explaining symptoms and following the diagnosis and treatment recommendations.

Where the patient has a carer, consider having them present for the assessment or components of the assessment (subject to the patient's agreement), and discuss with them matters such as medication usage and compliance, continence and physical, psychological and social function. Also, consider whether the carer is able to meet the health-related needs of the patient.

Where the provision of an assessment service involves consultation with a patient it should be read as including consultation with the patient's carer where this is appropriate.

It may also be important to consult with disability professionals, such as case managers who have responsibility for assessing and facilitating appropriate accommodation and disability support services and psychologists who have responsibility for developing strategies to address challenging behaviour. If the patient needs, but does not have such professionals, then the practitioner should make appropriate referrals.

A copy of the health assessment report (or relevant extracts) should be offered to the carer and relevant disability professionals with the agreement of the patient or his/her representative.

Medical

Health problem/s identified

Arrange follow up consultations to determine further management when an assessment identifies issues requiring medical treatment such as high blood pressure, or clinical examination reveals likelihood of other potential health problem(s).

Chronic medical condition

Involve other health professionals in the patient's care using the Chronic Disease Management (CDM) item for GP Management Plans (MBS item 721) and Team Care Arrangements (MBS item 723) if an assessment identifies that a patient has a chronic medical condition and complex care needs, and the patient meets all of the eligibility criteria.

Patient register

Establish a register of patients seeking annual health assessments and remind registered patients when their next health assessment is due.