Implementing the 45-49 Yr Old Health Check (MBS Item 717) in rural general practice.

The New England Division of General Practice (NEDGP) is located in the northern tablelands of NSW and includes the towns of Inverell, Tingha, Bundarra, Ashford, Emmaville, Glen Innes, Tenterfield, Guyra, Uralla and Armidale. The population within the Division boundaries is approximately 68,500, with 63 General Practitioners in the area.

Background
The 45-49 Yr Old Health Check (MBS Item 717) was introduced in 2006 but uptake across the Division was extremely low. The introduction of Item 717 is based on the unproven assumption that an MBS Item can be used as a mechanism for improving the health of an aging community. This assumption is made despite the fact that "conventional medicine" accounts for “only 10% of improvements in the health of a population."  

Findings
NEDGP Item 717 claims increased six fold in 2008 (Figure 1). Granting Practice Managers and Practice Nurses autonomy over the implementation process allowed specific, local knowledge of a rural setting to produce effective local solutions.

Aim
To increase the number of 45-49 Yr Old Health Checks provided to at risk patients by general practitioners (GP). To investigate the effectiveness of this national performance indicator for Divisions of General Practice.

Implementation
Investigation provided little evidence of research to support the validity of brief interventions such as Item 717. Scepticism of the benefit of a ‘one off’ intervention, lack of time and referral opportunities in rural areas and the general consensus that Lifescrpts resources are ‘cumbersome’ have contributed to the low uptake of the 45-49 Yr Old Health Check across the New England region. The methodology developed by NEDGP to explore this issue included:
- Recruiting 3 general practices to participate in the project
- Indentifying the barriers in the uptake of Item 717
- Targeting practice staff, rather than GPs, to bring about change to increase the numbers of Item 717 claimed
- Supporting general practice to develop unique processes for the implementation of the 45-49 Yr Health Check

Conclusions & Discussion
We have demonstrated that it is possible to increase the uptake of Item 717 in a rural setting. This occurred despite the heavy work load of rural GPs. Implementation of other health interventions (with the potential for improving the health of local communities) may be based on the Item 717 initiative. Crucial issues remain:
- Sourcing information on newly identified health conditions & additional risks
- Resources available in rural Australia to support lifestyle behavioural changes
- Long term effectiveness of other intervention strategies (eg Lifestyle Modification Programs).

Rigorous research and funding is required to provide evidence that general practice based interventions are effective in eliciting behaviour change and that MBS Item numbers can be used as a mechanism for improving the overall health of a community.

Interventions included:
- Posters developed
- Practice meetings and visits
- Patient questionnaires
- Templates
- Financial models