

Using the free Comprehensive Health Assessment Program (CHAP)

Thursday, 6th July 2023

12:30 – 2:00pm AEST

Acknowledgement of Country

We acknowledge the Traditional Custodians of the lands whose ancestral lands we are meeting upon today.

In doing so, we acknowledge that Aboriginal and Torres Strait Islander people have a deep cultural, spiritual and historical connection to Country.



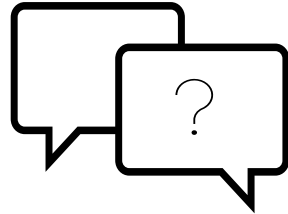
Agenda

Agenda Item	Time
Acknowledgment of Country and Welcome Deniz Akin, Senior Policy and Project Officer – National Disability Services [VIC]	12:30pm – 12:35pm
Setting the scene – Introduction to the 2023 Adult CHAP Prof Nick Lennox, Senior Medical Advisor – Department of Health and Aged Care (Primary Care Division)	12:35pm – 1:00pm
Reflections from a disability perspective Tamsin Gallie, Practice Advisor Scope (Aust) [VIC] Jayne Lehmann, Director, EdHealth Australia [SA]	1:00pm – 1:20pm
Questions Facilitated by NDS team – from the Q & A	1:20pm – 1:50pm
Resources	1:50pm – 1:55pm
Next steps and meeting closure Heather McMinn, Disability Sector Consultant – National Disability Services [VIC]	1:55pm – 2:00pm

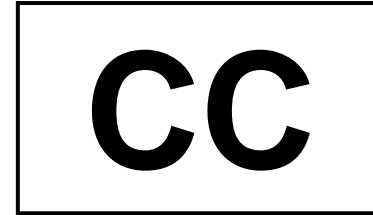
Housekeeping



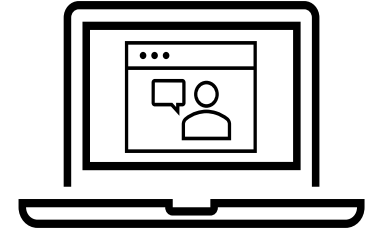
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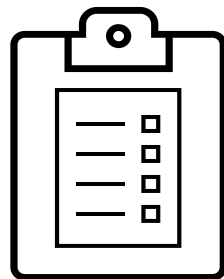
Use Zoom Q&A to ask your questions and vote.



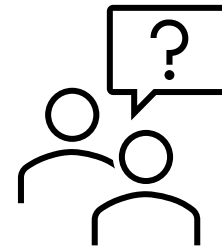
Click the “Live Transcript” icon button to enable closed captioning.



Webinar recording and slides will be shared with attendees.



Poll will be shown at the beginning of the webinar.



All questions will be answered either in session or as follow-up.

Introduction to CHAP 2023

Professor Nick Lennox,
MBBS, BMedSc, DipObst, PhD, FRACGP, FASID, FIASSID.

**Senior Medical Advisor – Health and Disability
Interface Section**

Allied Health and Integration Branch

Primary Care Division

Australian Government, Department of Health and
Aged Care

Professor (Hon) at the University of Queensland (UQ)

Formerly Director of the Queensland Centre for
Intellectual and Developmental Disability (QCIDD),

Mater Hospitals,

MRI/UQ

The University of Queensland (UQ)

The CHAP
Why, What, When and How?

Context is all



Acknowledgements

- People with intellectual disability, their families and supporters
- QCIDD, MRI/UQ, NH&MRC, Endeavour Foundation
- Colleagues & my family
- Dept of Health & Aged Care
 - Health & Disability Interface section
 - Division of Primary Healthcare



Learning objectives

For Participants to

1. Understand why a CHAP can improve healthcare – Clue minimises barriers
2. Understand the process of "doing a CHAP"
3. Express your reservations about using the CHAP & have them addressed
4. Learn some tips for improving healthcare to people with intellectual disability



WHY



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Unmet health needs

- **Physical Pain**
- **Mental disorders**
- **Psychological**

Unmet health needs

➤ Medications

↪ major tranquillisers

↪ anti-convulsants for Epilepsy

➤ Epilepsy

↪ under & over diagnosis

↪ inadequate review & side effects

➤ Infections

Unmet health needs

- **Health promotion/prevention**

 - ↳ immunisation, Blood Pressure, breast, skin, cervical screen

- **Lifestyle & nutritional problems**

 - ↳ Obesity/Exercise/Diet

- **Osteoporosis & vitamin D**

- **Sensory impairment**

Unmet health needs

➤ Gut problems

↳ constipation

↳ H. Pylori

↳ gastro-oesophageal reflux
disease

➤ Urogenital

➤ Undescended testis

➤ Hypogonadism

Unmet health needs

- Cause of intellectual developmental disability



Elements the CHAP addresses

1. Access
2. Communication – generally & health history
3. Knowledge / Educate - Support
4. Enhances advocacy
5. Follow up & continuity
6. Valuing & inclusion



What we did



Research program

- Survey of GPs & Psychiatrists
- RCTs
 - 1999/2003 - CHAP health check - adults
 - 2000/2005 - A&H - Ask diary & CHAP - adults
 - 2003/2004 - Risperidone trial - adults
 - 2006/2010 - Ask diary & CHAP - adolescents
 - 2007/2012 - Passport to health – ex-prisoners
 - 2023/2028 - Practice Nurse/Specialist Nurse





Annual Health Assessment for People with Intellectual Disability

ADULT

Name of Person (with intellectual disability)

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This document is reviewed annually and updated as appropriate to be consistent with current relevant evidence and national and international guidelines. Check the Department of Health and Aged Care's website for the latest version of this document.

For more information on how the Australian Government is improving annual health assessments for people with intellectual disability visit <https://www.health.gov.au/our-work/improving-annualhealth-assessments-for-people-with-intellectual-disability>.

Name of

Proble

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CHAP-Ad

Actions

completed & date



Key Results CHAP



Methodology

Recruitment



Baseline data



Cluster Randomisation

CHAP

Usual Care

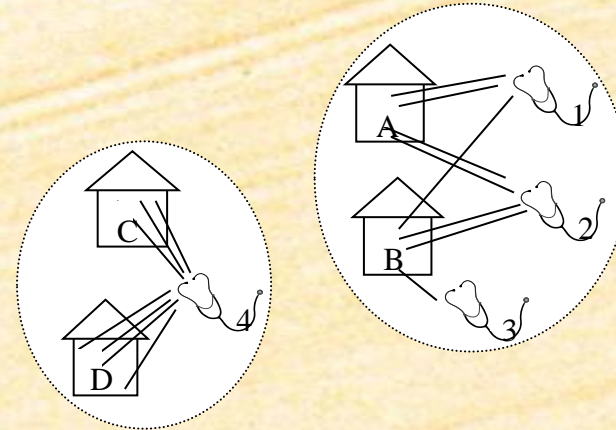


Follow for one year

505 (71%) adults with ID
118 (98%) residential staff
119 (91%) GPs

Baseline characteristics comparable

430 Adults with ID (95% of those recruited)



Key Findings

- **Up to 30 times increase in health actions**
 - Hearing /vision testing 30x, Women's health screening, weight, Tetanus/diphtheria 9x, Hep. B given 2.4x, Breast examination 1.9x
 - 24 new diagnosis (c.f. 4 in control) RR 1.6x (0.9 to 2.8) – **GORD, Diabetes M, Epilepsy**
- **Even more so as GP records underestimate**
 - the real level of CHAP - driven actions by 1.2-7.9 times more



Acceptability

- High recruitment & retention
 - Recruitment 71% people with ID & 91% their GPs

“[I] was missing things ... [that I am] now looking at more closely, more particularly”

“[the CHAP provides] reassurance that I’m doing the right things and [am] on track with the care of my patients; [it ensures I am] taking a more positive approach to picking up [or] recognising medical problems.

Lennox, N. G., et al. General practitioners' views on perceived and actual gains, benefits, and barriers associated with the implementation of an Australian health assessment for people with intellectual disability. JIDR (doi: 10.1111/j.1365-2788.2012.01586.x.)



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Weaknesses

- No evidence of long term effect
- No evidence it decreases mortality
- Cost – current literature cost neutral
- Presenter conflict of interest

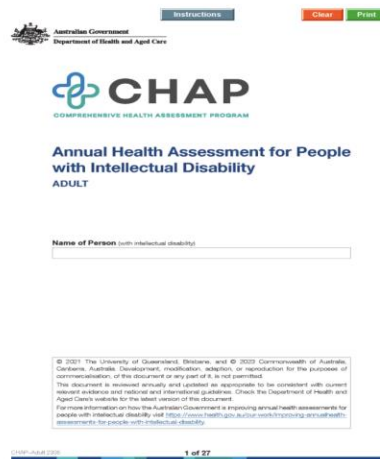


What to do & How



Adult Comprehensive Health Assessment Program (CHAP) – Annual Health Assessment for People with Intellectual Disability

The Comprehensive Health Assessment Program (CHAP) is an evidence-based tool for conducting annual health assessments for people with intellectual disability in Australia



Downloads

Adult Comprehensive Health Assessment Program (CHAP) – Annual Health Assessment for People with Intellectual Disability

[Download PDF](#) - 766.96 KB - 27 pages

We aim to provide documents in an accessible format. If you're having problems using a document with your accessibility tools, [please contact us for help](#).

Publication date:

24 May 2023

Publication type:

Form

Audience:

General public

<https://www.health.gov.au/resources/publications/adult-comprehensive-health-assessment-program-chap-annual-health-assessment-for-people-with-intellectual-disability?language=en>

People with intellectual disability, families & supporters

- Negotiate with practice nurse & / or practice manager
- Prepare for consultation including your questions
- Be prepared to go back
- Asks what's next & why?



Disability services

- <https://www.youtube.com/watch?v=Hwpa45fh0q0>



GPs & Practices

- Plan
 - Involve nurse practitioners or practice nurse & practice managers
 - Consider chronic disease management plans & scheduled follow-up
 - Hold disability providers to account



What are the barriers & solutions you see?

In the chat



Future

- Fillable pdf hard copy for first part
- Digitalisation of GP part of CHAP
- Communication strategy
- “Product” improvement
- Plain language / Easy English
- Supportive resources
- Adolescent / Young Person CHAP



Future

- Engagement with general practice
- Account for the lived experience of everyone
 - general practice is under considerable pressure & is a business
 - Government has invested in improving primary healthcare
e.g. Voluntary patient registration



Facilitators and barriers using CHAP

Tamsin Gallie – Practice Advisor Scope (Aust) [VIC]

Introduction to Matthew

- Matthew was a 66yr old male
- **Disability and Health conditions:** Intellectual Disability (ID), Epilepsy, Pica, Non-specified psychosis and suspected Bi-polar, Reflux , Chronic anaemia
- **Mobility and transfers:** Previously mobile before transition to wheelchair and hoist transfers in 2014,
- **Oral Intake:** Severe dysphagia with high risk of aspiration. Modified food and fluids: IDDSI level 4 pureed food and IDDSI level 3 moderately thickened fluids
- **Communication:** Non-verbal. Communicated with vocalizations, and facial gestures
- **Contenance** - Contenance aids 24/7 nil toileting
- **Positive Behaviour Support:** Had a PBS plan due to self harm when distressed
- **Accommodation:** Supported Independent Living with other men of similar age and supports
- **SMTDM:** Brother BL
- **Annual Health Review:** Matthew was supported by staff to attend his GP annually for CHAP, most recently on February 2nd 2023

CHAP - What went well/ facilitators



Part A

- Accurate account of Matthews needs provided by staff member
- Identified how Matthew communicates Pain
- Identified dual diagnosis and specialist support for non-specified psychosis and suspected Bi-polar and self-harming
- Abnormal eating behaviour and diet concerns were identified – Pica and severe dysphagia
- Summary of Health Concerns identified outstanding tests and overdue primary health screens.

Part B

- Appears a good physical assessment of Matthew
- Medication review was completed.
- Epilepsy reviewed and new Epilepsy Management Plan endorsed

CHAP –What could be improved/ barriers



- Part A completed by SIL staff however no evidence of consultation with Matthew or his brother
- Medical / Professional Screening and follow up for identified risk areas incomplete, examples:
 - Action plan blank and not signed at the end of the plan
 - No blood test to check status of chronic anaemia
 - “Does the person have a co-morbid psychiatric disorder” response left blank although has psychiatrist support for diagnosed conditions
 - Influenza and pneumococcus vaccinations were indicated with nothing in plan to administer
- The GP is key medical professional for coordinating Matthew's health needs, with support from SIL staff, however there was no screening and onward referrals recorded on the Action Plan.
- GP stated he would be surprised if he died in the next 12 months - sadly Matthew died 3 months later in May 2023 in hospital from “fluid on the lungs” and a significant cardiac arrest.

Some Discussion Points

- Why is it crucial for the Participant and / or their SMTDM involved in preparing the CHAP?
- What are the risks if staff or GP don't complete the form accurately?
- What are the barriers for GP completing the form?
- Why is it important to complete the Action Plan?
- How do staff and GP work together with Participant or SMTDM to complete Action Items?

- Any other issues for discussion

Navigating GP relationships and good practice to diabetes management

Jayne Lehmann – Director, EdHealth Australia [SA]

Does the disability sector have a responsibility to set clients for good health?



This practice alert was prepared by the Australian Commission on Safety and Quality in Health Care, as a joint publication with the NDIS Commission.
July 2021

Key points

- People with disability are at high risk of poor health, chronic disease and premature death from potentially preventable causes.
- The completion of a regular comprehensive health assessment for people with disability improves detection of health needs, enables active management of those needs, and significantly reduces health risks and poor health outcomes.
- Participants have a right to maintain optimal physical, oral and mental health.
- Providers are required to monitor participant health, safety and wellbeing, support participants to maintain their health and to access appropriate health services.



NDIS Practice Alert:

[practice-alert-comprehensive-health-assessment.pdf](#)

CHAP sets people for health success ...

1. Disability organisation:

Board – governance and building capacity
responsibility related to health, safety and
wellbeing + access to appropriate health
services

Managers – create the systems, policies and
procedures to put into action

Team Leaders – implement at the grass roots by
putting the system into action



How to set the CHAP for success ...

Support Workers

Preparation:

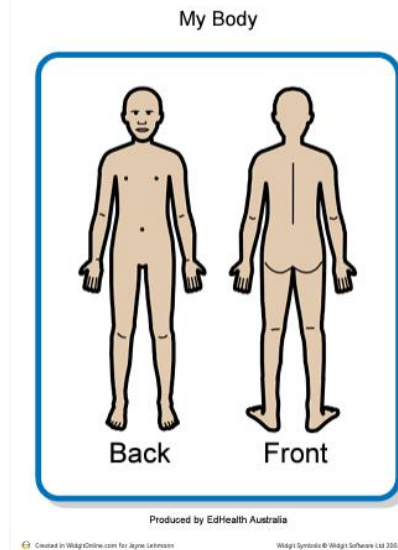
- **Client** – Explain; Plan; Gather information; build confidence; plan for success.
- **Doctor** – Book; Explain CHAP; Confirm involvement; give tool; Check if extra client info needed; Plan; Book CHAP appointment.
- **Circle of Support** – Complete
- **Client** – Prepare
- **Doctor/Nurse?** - Complete
- **Team Leader** – Update; Discuss; Plan; Evaluate.



Set for Health Success ... Client

SW explains the process and prepares Henry for the visit:

- Basic explanation of a health check-up and why it's good for Henry.
- His opportunities to be involved – resources?
- Strategies to manage the longer appointment.



Henry is talking to Issy, his support worker, about his health, to contribute have his CHAP completed by his doctor.

Diabetes and the CHAP

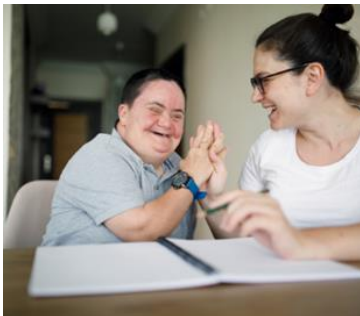


edhealth
Jayne Lehmann

The CHAP and Health Action Plan will establish what good health looks like for each client.

Henry also has type 2 diabetes ...

- It's all in the preparation!
- 3 day profile
- Take to appointment.



PATIENT NAME	INSULIN NAME	DOSE (UNITS)	SHOTS/DAY	ORAL DIABETES MEDICATIONS	DOSE	TIMES/DAY	PHYSICIAN PHONE
PATIENT PHONE							

Accu-Chek 360° View 3-day Profiling Tool

	Day 1							Day 2							Day 3						
	Date							Date							Date						
Time	Before breakfast	2 hours after breakfast	Before lunch	2 hours after lunch	Before dinner	2 hours after dinner	Before bed	Before breakfast	2 hours after breakfast	Before lunch	2 hours after lunch	Before dinner	2 hours after dinner	Before bed	Before breakfast	2 hours after breakfast	Before lunch	2 hours after lunch	Before dinner	2 hours after dinner	Before bed
Insulin Units																					
Meal Size	S	M	L	S	M	L	S	S	M	L	S	M	L	S	S	M	L	S	M	L	S
Activity Level*	1	2	3	4	5	1	2	1	2	3	4	5	1	2	1	2	3	4	5	1	2
Blood Glucose																					

BLOOD GLUCOSE RANGE

>167	mmol/L
14.5-16.7	mmol/L
12.3-14.4	mmol/L
10.1-12.2	mmol/L
7.8-10.0	mmol/L
6.2-7.7	mmol/L*
4.5-6.1	mmol/L*
2.8-4.4	mmol/L
<2.8	mmol/L

***ACTIVITY LEVEL**

What is your activity level?	1	2	3	4	5
	Very Low	Somewhat Low	Moderate	Somewhat High	Very High

WARNING: Do not adjust your prescribed oral medication or insulin therapy without first consulting your physician.

Instructions to patient:
Complete this form over 3 consecutive days.

Step 1: Fill in the dates for the days on which you will track your blood glucose results.

Step 2: Test your blood glucose using your ACCU-CHEK blood glucose monitoring system at the times indicated to the left.

Step 3: Enter the time of the test in the first row of the chart.

Step 4: If you take insulin, enter your insulin dose (units).

Step 5: Based on your normal eating habits, describe the meal size by circling Small, Medium or Large in the second row.

Step 6: Rate your activity level on a scale of 1 (very low) to 5 (very high) and circle that score.

Step 7: Enter your blood glucose value in the fifth row for that day.

Step 8: Graph your blood glucose level from Step 7 by placing an X in the corresponding row of the chart. Then connect the Xs. See other side for example.

FOOD DIARY
Use this space to fill in what you eat and drink over 3 days.

	Day 1	Day 2	Day 3
Breakfast			
Snack			
Lunch			
Snack			
Dinner			
Drinks (soft drinks, hot/cold beverages, alcohol, etc.)			

Accu-Chek 360° View 3-day Profiling Tool

Data can show you:

- Trends in blood glucose levels
- The relationship between blood glucose values and
 - Time of day
 - Meal size
 - Activity level
 - Diabetes medication (if prescribed)

By drawing a line through the recorded results, you can easily identify trends in blood glucose.

Out-of-range blood glucose values can indicate a need for better blood glucose control, and might suggest the need to adjust and/or change therapy.

www.accu-chek.com.au
Roche Diabetes Australia Pty Ltd
12 Victoria Avenue, Camberley NSW 2161
1800 20 20 200
Accu-Chek Energy Line: 1800 251 816

[accu-chek_360_view_tool_0.pdf](#)

Questions

Resources

- **Adult Comprehensive Health Assessment Program (CHAP) – Annual Health Assessment for People with Intellectual Disability**
- **SPIDAH Project | Western Victoria Primary Health Network (westvicphn.com.au)**
- **Intellectual Disability - Practice Connect**
- **Project ECHO - Intellectual Disability Information and Education Series | Western Victoria Primary Health Network (westvicphn.com.au)**
- **Department of Developmental Disability Neuropsychiatry (3DN) – University of New South Wales**
- **Centre for Development Disability Health, Monash Health**

Thank you