

A Guide to Better Primary Health Care of Patients with an Intellectual Disability

People with intellectual disability receive their primary health care through general practice. Most GPs have only a small number of patients with an intellectual disability in their practice and many have received little training in this area of medicine. Communication difficulties and related challenges in history taking can mean important health issues remain under-recognised which, in turn, leads to people living with un- or under- treated physical or mental illness.

A systematic approach assists us to better recognise and meet the needs of this population within our practice.

RACGP Resources

gplearning

The RACGP gplearning website has several learning modules on caring for patients with intellectual disability. These include:

- **Developing a practice-based approach for patients with intellectual disability**
- **Care plans and working with services for people with intellectual disability**

<http://gplearning.racgp.org.au/Course/Search?query=Disability>

RACGP Curriculum has a Curriculum Statement on Disability:

<http://curriculum.racgp.org.au/statements/disability/>

Primary care for your patients with Intellectual Disability consider:

- [Has this patient had an Annual Health Assessment for a patient with an ID in the past 12 months?](#)
- [Is a Home Domiciliary Medication Management Review \(DMMR\) warranted?](#)
- [Would this patient benefit from other Chronic Disease Management services or GP Mental Health Treatment Plan?](#)
- [Does this patient exhibit any behaviours of concern?](#)
- [What specialist support is there for GPs providing primary care to a patient with an intellectual disability?](#)

Has this patient had an Annual Health Assessment for a patient with an ID in the past 12 months?

All patients (of any age) with an intellectual disability (ID) are eligible for an annual [Health Assessment](#) (one per patient in any 12 month period). This is an evidence based service funded by the Medicare Benefits Schedule (MBS), which recognises the complexity of need, health disparities and unaddressed health issues experienced by this group of people. www.humanservices.gov.au/health-professionals/subjects/mbs-and-health-assessments#a7

The annual Health Assessment provides a longer consultation to enable the GP to identify and manage current health problems as well as to undertake disease prevention and health promotion interventions.

Patients (or those supporting them) might request a Health Assessment or they may be identified by the practice when they present in relation to another matter or through practice audit.

Note: Staff working in many disability support services are required to arrange an annual Health Assessment with the person's GP. Most are encourage to use the CHAP (Comprehensive Health Assessment Profile) to collect relevant information prior to the appointment. The CHAP is a health assessment tool which provides information about the patient's past history and guides the GP through the health assessment, highlighting commonly overlooked, difficult to manage or syndrome specific health conditions for patients with an intellectual disability. It is the GPs decision whether to use CHAP or not.

Completion of the annual Health Assessment usually includes management of active health needs, review of medications, detection of co-morbidity, identification of risk factors and preventive health measures. Findings usually prompt further investigation, referral and development of a GP Management Plan/Team Care Arrangements.

Check the requirements and fee for Health Assessments – Items 701, 703, 705 and 707 - through the current Medicare Benefits Schedule [here](#):

www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=A30&qt=noteID&criteria=Health%20Assessment%20Intellectual%20Disability

Is a Domiciliary Medication Management Review (DMMR) warranted?

HMR is valuable where there is polypharmacy, a complex medication regime, compliance concerns, drug interactions, swallowing difficulty, communication barriers, a requirement for drug level monitoring, etc. Many patients with an ID will be eligible for a HMR.

Item number 900

Check the fee through the current Medicare Benefits Schedule [here](#) at www.health.gov.au

Would this patient benefit from other chronic disease management services?

Consider completion of a GP Management Plan (GPMP), Team Care arrangements (TCA) or contribution to a Multidisciplinary Care Plan where the patient has a chronic disease and complex care needs.

Item 721 GPMP, Item 723 Team Care Arrangements

Contribution to or Review of Multidisciplinary Care Plan – item 729.

Review of GPMP Item OR Review of TCA – Item 732,

Check the fee through the current Medicare Benefits Schedule [here](#) at www.health.gov.au

Would this patient benefit from Mental Health Treatment Plan?

GP Mental Health Treatment Items - (Items 2700 to 2717)

Check the fee through the current Medicare Benefits Schedule [here](#) at www.health.gov.au

Does this patient exhibit any behaviours of concern?

It is not uncommon for a patient with an intellectual disability to present with concerning behaviours, usually described by their family or carers. These might include self-injurious behaviours, unexplained irritability or aggression, excessive or unusual vocalisations, etc., and may be a manifestation of an underlying medical condition or psychiatric disorder. Communication difficulties can make diagnosis difficult.

GPs should take a thorough history of the behaviour of concern (including triggers, exacerbating and relieving factors) as well as undertaking a detailed physical assessment of the patient.

Management should be based on the following considerations:

- Consider **SAFETY** Does the behaviour constitute a serious risk to your patient or to others?
- Consider **CARER** issues. Whose problem is it – your patient or the carer? Carer health? Care knowledge, training and experience?
- Is there an underlying **MEDICAL** diagnosis?
Consider pain: e.g. Gastro-oesophageal Reflux Disease(GORD), constipation, Urinary Tract Infection, musculoskeletal pain incl pathologic fracture, itch, nausea etc
- Is there a **PSYCHIATRIC** diagnosis?
Consider anxiety, depression, psychosis, etc
- Have **ENVIRONMENTAL**, changes in life circumstances or other triggers been identified and addressed? Consider home, work, recreation, other. Consider family, friends, staff.

- Have **SENSORY** issues been identified and addressed? Consider sensory loss (vision, hearing) and sensory sensitivity (noise, light, touch, taste, texture)
- Is **MEDICATION** required?
The use of medications primarily to manage difficult behaviours should only occur after the exclusion of underlying diagnoses and consideration of environmental and other triggers or in situations where the behaviour presents a significant danger to the person or others.
- Have you reviewed all medications, including those currently used to manage behaviour?
- Are there **NON-PHARMACOLOGIC** interventions that might be effective in place of or as well as medications?
- Would the client benefit from specialist **REVIEW**?

Note: Victorian Legislation defines **CHEMICAL RESTRAINT** as the use of a chemical substance (medication) to control or subdue a patient for the primary purpose of behavioural control. It does NOT include the use of a drug prescribed by a medical practitioner for the **treatment** of a **diagnosed** mental or physical illness.

The [Management Guidelines: Developmental Disability on eTG](#) provides GPs with further advice on the assessment and management of behaviours in the context of a patient with a developmental disability.

What specialist support is there for GPs managing patients with an ID?

Listed below are some referral options GPs may employ to seek assistance/support in managing this client group.

Centre for Developmental Disability Health Victoria (CDDHV)

CDDHV supports GPs through providing telephone advice as well as accepting referrals for assessment. CDDH clinical support services are designed to support the person's own healthcare team and do not include primary, ongoing or emergency care.

Phone: +61 3 9792 7888

Fax: +61 3 9792 7759

Email: cddh@monash.edu

[CDDHV website](#)

The CDDH has developed

Online learning – [Link](#)

[Assessment and management framework for GPs: Behavioural Presentations of People with Intellectual Disability presenting with Behaviours of Concern](#)

Mental Health Services

For clinical concerns re mental health or to seek advice on the appropriate use of psychotropic drugs GPs may consider referral to:

- Private Psychiatry,
- Area Mental Health Services or a
- Primary Mental Health team (PMHT).

Note: Expertise in the field of disability will vary.

The **Royal Australian and New Zealand College of Psychiatrists** provides a [Directory of Private Psychiatrists](http://www.ranzcp.org/Mental-health-advice/find-a-psychiatrist.aspx) that can be searched according to location and special interest in working with people with developmental disability such as intellectual disability and autism. www.ranzcp.org/Mental-health-advice/find-a-psychiatrist.aspx

Victorian Dual Disability Service (VDDS) can provide **phone advice** regarding patients with the dual disabilities of intellectual disability and mental ill health.

Phone advice is via +61 3 9288 2950; a response will be received within 24 hours. Direct GP referrals are not accepted.