

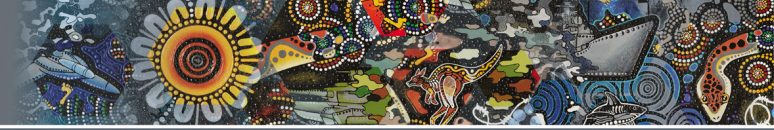


Australian Government  
Defence

# Individual Health Assessment

**AMMA 15 Oct 2023**  
CAPT Mark Page DDHP





# Background

- Periodic Health Examinations were paused during the COVID pandemic in order to free up Garrison resources and avoid unnecessary health interactions
- This gave an opportunity to re-evaluate the intent of the PHE in providing ‘medical assurance’
  - Less than 1% of PHEs resulted in a material MEC change
  - The process was used to ‘confirm wellness’ while having significant time and IR implications
- A process was designed in late 2022.
  - UAT was conducted, however the original concept was found to have significant barriers to implementation, including IT compatibility, resources, and time



## Objectives

Improve patient-centred care

Improve preventive health service delivery

Improve the efficiency and effectiveness of preventive health screening activities

Improve Defence Health System assurance of Force Readiness

Improve baseline data for predictive analysis



# Solution Design

- Completion of an **Individual Health Questionnaire (IHQ)**
- Review of IHQ and medical record by RN/Medic
- Each patient receives an **Individual Health Plan (IHP)**
  - details specific health advice, routine and preventive screening requirements
- MEC re-validated for up to five years
- Requirement for IHA not initially linked to Medical IR



# Solution Design

- Initial
  - DeHS compatible
  - Resource aware
  - Need to provide some form of screening in the absence of a PHE
- Mature state
  - Takes advantage of HKM technology
  - More individualised approach
  - Full realisation of IHP



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Individual Health Assessment

AF212
Introduced xx Aug 23

Privacy statement

Instructions

Fields marked with \* are mandatory, and must be completed before signing or submission.

Member details \*

Family name, Given name(s), Employee ID, Date of birth, Age, Ethnicity, JHC region, JHU health centre

Questions

Please read each question and select a suitable option. Depending on your answers you may be required to give further detail in subsequent questions.

Q1 What are your top three health concerns?

Text input area for top three health concerns

Q2 Have you experienced any of the below since your last visit to a health professional?

- Chest pain, Shortness of breath, Dizziness, Palpitations, Loss of consciousness, Severe headaches, Loss of vision, Fainting, Unintended weight loss, Night sweats, Pain restricting daily function

Q3 Are you currently taking any prescription, non-prescription medications and/or alternative/herbal medicines...

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Q4 Do you have any current physical injuries?
Q5 Have you received any treatment outside of a Garrison Health Centre...
Q6 Has anyone in your immediate family been diagnosed with any of the following:
Q7 Are you having any difficulty with your hearing or with ringing in your ears?
Q8 Are you experiencing any problems with your eyes or vision?
Q9 It is recommended that individuals engage in physical activity every week...
Q10 Do you currently smoke or use any other tobacco products...
Q11 How often do you have a drink containing alcohol?
Q12 It is recommended that all sexually active people under 30 years of age...
Q13 Are you thinking of becoming pregnant?

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Q14 Below is a list of problems that people sometimes have in response to a very stressful experience...
Q15 Are you concerned about your sleeping patterns...
Q16 In the past 4 weeks, about how often did you feel:
Q17 Are there times when you have thoughts about suicide?
Q18 Are there times when you have thoughts about self-harm?
Q19 Has your current workplace referred you to commence or continue a formal health-monitoring program...
Q20 Would you like to discuss any of your answers or other issues with a health professional?
Member's signature
Signature \*
Forward to health centre



Irritable or aggressive behaviour

Q15 Are you concerned about your sleeping patterns, including issues such as difficulty falling asleep, difficulty staying asleep, or feeling unrefreshed when you wake in the morning?  Yes  No

How likely are you to doze off or fall asleep in the following situations?

	No chance	Slight chance	Moderate chance	High chance
Sitting and reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting inactive in a public place (eg in a theatre, or a meeting)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a passenger in a car for an hour without a break?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lying down to rest in the afternoon when circumstances permit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting and talking to someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting quietly after lunch without alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a car while stopped for a few minutes in traffic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Total: 0				

Q16 In the past 4 weeks, about how often did you feel:

- Q11 How often do you have a drink containing alcohol?  
 Never  Monthly (or less)  2-4 times a month  2-3 times a week  4+ times a week
- How many standard drinks containing alcohol do you have on a typical day?  
 1-2  3-4  5-6  7-9  10 or more
- How often do you have six or more standard drinks on a single occasion?  
 Never  Less than monthly  Monthly  Weekly  Daily or almost daily
- How often during the last year have you found you were unable to stop drinking once you had started?  
 Never  Less than monthly  Monthly  Weekly  Daily or almost daily
- How often during the last year have you failed to do what was normally expected of you because of your drinking?  
 Never  Less than monthly  Monthly  Weekly  Daily or almost daily

**Personal Privacy // Health information**  
**OFFICIAL: Sensitive (After first entry)**

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**Personal Privacy // Health information**

- How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?  
 Never  Less than monthly  Monthly  Weekly  Daily or almost daily
- How often during the last year have you had a feeling of guilt or remorse after drinking?  
 Never  Less than monthly  Monthly  Weekly  Daily or almost daily
- How often during the last year have you been unable to remember what happened the night before because of your drinking?  
 Never  Less than monthly  Monthly  Weekly  Daily or almost daily
- Have you or someone else been injured because of your drinking?  
 No  Yes, but not in the last year  Yes, during the last year
- Has a relative, friend, doctor or other health care worker been concerned about your drinking or suggested you cut down?  
 No  Yes, but not in the last year  Yes, during the last year

FOR USE ONLY



### Individual Health Assessment-1.

**Ethnicity (Select one only)**

Aboriginal and Torres Strait Islander     South Asian     Maori     Other :

European     East Asian     Pacific Islander

1. Top three health concerns :

**2. Conditions experienced since last visit to health professional**

Chest pain :     Loss of consciousness :     Unintended weight loss :   
Shortness of breath :     Severe headaches :     Night sweats :   
Dizziness :     Loss of vision :     Pain that restricts daily function :   
Palpitations :     Fainting :

**3a. Current prescription/non-prescription medications :**  **Details (Name, dose, why)**

Supplements or alternative therapies :

**3b. Any side effects or concerns about medications :**  **Details**

4. Current physical injuries :   
DVA claim submitted :   
Sentinel report submitted :

**5. Treatment (no referral) not at Garrison Health Centre since last IHA :**  **Details (When, who, where, for what)**

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### Individual Health Assessment-2.

**6. Family history of illness**

**Specify**

**Blood disorder :**  Mother  Father  Sister  Brother

**Cancer :**  Mother  Father  Sister  Brother

**Heart disease :**  Mother  Father  Sister  Brother

**High blood pressure :**  Mother  Father  Sister  Brother

**Diabetes :**  Mother  Father  Sister  Brother

**Mental Health conditions :**  Mother  Father  Sister  Brother

**Glaucoma :**  Mother  Father  Sister  Brother

**Symptoms**

7. Difficulty with hearing/Tinnitus :

8. Problems with eyes or vision :

**9. Physical Activity**

Eats vegetables or fruit every day :     Concerned about weight :     At least 2.5 hours of physical activity per week :   
Request appointment to discuss general health :

10. Smoking (Including cigarettes, cigars, vapes) :  **Smoking Status**

11. Alcohol consumption :  **Alcohol AUDIT**

12. Arrange a sexual health check :

13. Considering pregnancy (females only) :     Participate in pre-conception discussion :

14. Stress :  **Detail**

**15. Concern about sleeping patterns**

Difficulty falling/staying asleep, feeling unrested :  **Detail**

16. Depression :  **K10**

17. Thoughts about suicide :

18. Thoughts about self-harm :

**19. Health monitoring program because of hazardous workplace exposure**

Referred to commence/continue health monitoring program :

**If 'Yes' :**    Noise :     Isocyanates :     Lead :

Other hazardous exposure monitoring :  **(Note if no longer required)**

Health monitoring up to date : yes  no

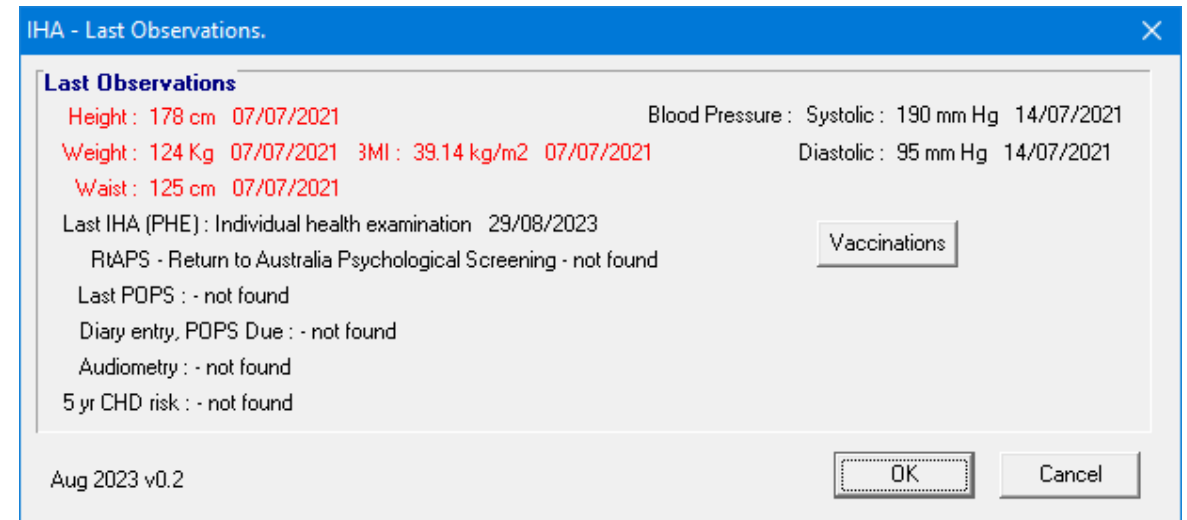
20. Discuss answers or other issues with a health practitioner :

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# Record Review

- Outstanding Diary Entries/Recalls/Follow-ups
- Date of last: CST, Mammogram, FOBT
- Vaccinations (routine)
- Date of last height/weight/waist circumference
- AusCVDRisk
- AUSDRISK



IHA - Last Observations.

**Last Observations**

Height: 178 cm 07/07/2021	Blood Pressure: Systolic: 190 mm Hg 14/07/2021
Weight: 124 Kg 07/07/2021 BMI: 39.14 kg/m2 07/07/2021	Diastolic: 95 mm Hg 14/07/2021
Waist: 125 cm 07/07/2021	

Last IHA (PHE): Individual health examination 29/08/2023

RTAPS - Return to Australia Psychological Screening - not found

Last POPS: - not found

Diary entry, POPS Due: - not found

Audiometry: - not found

5 yr CHD risk: - not found

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Vaccinations

OK Cancel



# Outcomes

- Depending on assessment:
  - Immediate recall (IR not updated)
  - Appointments booked for follow up
  - Referrals / test requests raised
  - Alerts / diary entries raised
- Outcomes documented and provided to members

OFFICIAL

Dear CPL Doe,

Thank you for completing your Individual Health Assessment (IHA).

This email is to confirm that your MEC is J11/J12 and has been validated for 5 years.

Your next IHA questionnaire will be due on 09 October 2025.

Your Individual Readiness (IR) status will be updated to reflect this on PMKeyS as soon as possible. You also require further appointments as mentioned below.

After an assessment of your medical history and the new information you have provided in your IHA the following was determined.

1. You identified your concerns in the IHA form as headaches, and knee pain. If you would like to come in and discuss these concerns, we are here to support you. Please book in at your local health centre at your earliest convenience.
2. You mentioned that you have a physical injury. We noticed you have not yet had it assessed by a Defence health professional. We recommend that you make an appointment with a physio/MO. We noticed you have not yet put through paperwork associated with making a DVA claim for your injury. It is important to begin this process early, and you do not have to wait until you have decided to transition. Please follow the below link. It has information that will help you make a DVA claim for a service-related condition.

[Making a claim for a service-related condition | Department of Veterans' Affairs \(dva.gov.au\)](#)

We noted that you have not reported this workplace injury in Sentinel. Sentinel is the appropriate reporting mechanism and may be used to help your future DVA claims. It is recommended that you report it as soon as possible.

3. You have identified that you would like an appointment with a health professional to discuss weight, your concerns and/or gain advice on improving your general health. We tried to call you to book in an appointment, but were unable to reach you. We have booked you in for the next available appointment. You should receive a text message with an appointment. Please call and change the appointment if the time and date does not suit you.

Additionally, please find some information at this link, which might be of interest to you [Eat For Health](#).

4. You have scored high on some of the preventive mental health screening questions. We would like you to come in to discuss the results. We tried to call you to book in an appointment, but were unable to reach you. We have booked you in with a mental health professional for a brief review. You should receive a text message with an appointment. Please call and change the appointment if the time and date does not suit you.

Specific details about your healthcare are in the table below. For non-mandatory requirements, we have not booked appointments in for you. Please book these in at your local health centre when it is convenient for you.

Check	NO / YES	Previous Date	Details
Outstanding Tests	NO	N/A	
Outstanding Referrals	NO	N/A	
Outstanding Alerts	NO	N/A	
Outstanding Appointments	NO	N/A	
Preventive Screening	Overdue?	Previous Date	Details
Cervical Screen	YES	09/01/2014	Overdue for review
Out of date - Routine Vaccinations	NO/ YES/Overdue	Date due (overdue)	Due next 12 months
Influenza	NO		06/03/2024
Check	Overdue? NO / YES	Previous Date	Details
Audiogram	YES	04/05/2011	Overdue
Screening calculations	Previous Score	Current Score	Details
AusCVDRisk (Cardiovascular) Score	N/A	2%	Within normal limits
AUSDRISK (Diabetes) Score	N/A	Low	

You can find further information about the Cardiovascular Disease risk or diabetes risk at the following link:



# Periodicity & MEC

- De-linking preventive screening requirements from IR
- IHA due:
  - 3 yearly <45
  - 2 yearly 45+
- IR validation for 5 years
  - Avoids IR expiring due to ‘preventive’ screening requirements
- J3,J4,J5: IR remains valid as per MO recommendation
- J2: 2-yearly UMECR requirement under review



# Planned Project Timeline

- **Phase 0**
  - One-week pilot (Kuttabul Health Centre) *04 – 08 Sep*
  - Re-evaluation and design confirmation *08 Sep – 22 Oct*
- **Phase 1 (Nov 23-Mar 24)**
  - Introduction of IHA in one JHU
  - National rollout will be dependent on further analysis
- **Phase 2 (Mar 24- Aug 24)**
  - Transition to HKM
- **Phase 3 (Sep 24- Mar 25)**
  - Implementation of HKM patient portal



# Maturation

- Every patient will have an *Individual Health Plan*
  - Email is only a first-generation solution
  - HKM will enable automated production
  - IHP should be a ‘living’ document
  - Maturation of the IHP component will likely occur separate to IHQ roll out
- Decision support algorithms (low complexity)
  - Automated generation of recommendations
- Patient portal
  - Direct entry into DeHS



# Questions