

The RHD Endgame Strategy: Evidence Brief #8

Embedding active case finding for skin sores into routine clinical service

Aboriginal and Torres Strait Islander children in remote communities generally have regular contact with their primary health provider. These clinical encounters – particularly the annual Aboriginal and Torres Strait Islander Peoples Health Assessment (MBS Item Number 715) – may offer opportunities for active identification of skin sores.

A number of guidelines on health checks recommend a skin health check. For example, the NACCHO/Royal Australian College of General Practitioner (RACGP) '*National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people*' recommends opportunistic screening for skin sores and as part of the annual health assessment for children living in areas with high rates of infectious skin disease (scabies and impetigo).¹ Similar recommendations for skin examination appear in the Northern Territory Skin Health Guidelines.² However, detailed guidance around the elements and process of a skin check is lacking in these guidelines.

There are a number of benefits of embedding more deliberative skin checks into routine health checks. These include leveraging existing campaigns to increase health checks for Aboriginal and Torres Strait Islander people, such as the Deadly Choice shirt incentive and the 'The Didja Know?' campaign in the Northern Territory,³ and strengthening delivery of integrated, comprehensive primary healthcare.⁴

The concept of a comprehensive health check is already familiar to Aboriginal and Torres Strait Islander peoples and providers, with funding in place through an appropriate MBS item number. Aboriginal and Torres Strait Islander Peoples Health Assessment have had increasing rates of uptake in recent years. The marginal cost of adding a more structured healthy skin check to existing routine care is likely to be low, and consultation and development of tools and training materials to help embed healthy skin checks into routine clinical encounters could be achieved within a short timeframe.

Increasing Aboriginal and Torres Strait Islander health checks may improve a range of health outcomes for a number of different conditions.⁴ However, the addition of elements to health checks increases time and complexity to complete them. This may be a disincentive for health staff if requirements are considered too onerous and may discourage patient attendance if the review is time consuming.

Recommendations

- A working definition of a 'healthy skin check' should be developed nationally to provide guidance on the setting (privacy and environment) and components (skin areas to be examined or self-reported).
- The specifications of healthy skin checks in the NACCHO/RACGP national guide should be reviewed and incorporated in a preventative health assessment for Aboriginal and Torres Strait Islander people.
- Clinical software templates for Aboriginal and Torres Strait Islander Peoples Health Assessment should be updated with more detailed specifications about a healthy skin check.

About the END RHD CRE

In 2014, The End Rheumatic Heart Disease Centre of Research Excellence (END RHD CRE) was established to address the urgent need for a comprehensive, evidence-based plan to eliminate rheumatic heart disease across Australia.

Bringing together leading experts from 16 institutions across Australia and backed by a grant from the National Health and Medical Research Council (NHMRC), the CRE has synthesised the collective experience of communities, clinicians, Aboriginal Community Controlled Health Organisations, and government and non-government organisations – as well as more than 25 years of research – to tackle this need head on.

The result is *The RHD Endgame Strategy: The blueprint to eliminate rheumatic heart disease in Australia by 2031*. Outlining the best existing evidence-based strategies to prevent new cases of RHD in Australia and improve the lives of those already living with the disease, The RHD Endgame Strategy was launched in October 2020 and can be viewed at telethonkids.org.au/rhd-endgame.

Acknowledgements

The RHD Endgame Strategy is a product of collaboration between researchers, Aboriginal and Torres Strait Islander leaders, communities and people with lived experience.

Telethon Kids Institute acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of the land and waters of Australia, and the lands on which this report was produced. We also acknowledge the Nyoongar Wadjuk, Yawuru, Kariyarra and Kurna Elders, their peoples and their land upon which the Institute is located, and seek their wisdom in our work to improve the health and development of all children.

References

1. National Aboriginal Community Controlled Health Organisation, The Royal Australian College of General Practitioners. National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people. 3rd edn. East Melbourne: RACGP, 2018.
2. Meumann E, Currie B, Slavin N, Fitzsimmons D, Scott L, Krause V. Healthy Skin Program. Guidelines for community control of scabies, skin sores, tinea and crusted scabies in the Northern Territory. 3rd edn. Casuarina: Northern Territory Department of Health, 2015.
3. Deadly Choices. To encourage mob to get a Health Check, IUIH and licensees provide clients with a free Deadly Choices shirt. 2018. <https://deadlychoices.com.au/health-checks/incentives/> (accessed 4 July 2019).
4. Bailie J, Laycock A, Matthews V, Peiris D, Bailie R. Emerging evidence of the value of health assessments for Aboriginal and Torres Strait Islander people in the primary healthcare setting. *Aust J Prim Health* 2019; **25**(1): 1-5.