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Comprehensive health assessments for adults with intellectual disability living in the community

Weighing up the costs and benefits

Background

Health assessments have beneficial effects on health outcomes for people with intellectual disability living in the community. However, the effect on medical costs is unknown.

Methods

We utilised Medicare Australia data on consultations, procedures and prescription drugs (including vaccinations) from all participants in a randomised control trial during 2002–03 that examined the effectiveness of a health assessment. Government health costs for adults with intellectual disability who did or did not receive an assessment were compared. Bootstrapping statistics (95% confidence interval) were employed to handle the right-skewed cost data.

Results

Over 12 months, patients receiving health assessments incurred total costs of \$4523 (95% CI: \$3521 to \$5525) similar to those in usual care \$4466 (95% CI: \$3283 to \$5649). Costs were not significantly higher compared with the 12 month pre-intervention period.

Discussion

Health assessments for adults with intellectual disability living in the community are encouraged as they produce enhanced patient care but do not increase overall consultation or medication costs.

Keywords

intellectual disability; costs and cost analysis; health expenditures; primary health care; mass screening; health status

People with intellectual disability comprise 2–3% of the Australian population.¹ They are more likely to experience poorer overall health status and a shorter lifespan than the general population.^{2–5} There is consistent evidence that general practitioner-delivered health assessments lead to improved health outcomes for people with intellectual disability living in the community.^{6–8} Health assessments lead to increased case finding^{7–11} and detection of life-threatening conditions,^{7,8} mental health issues^{7–9,11} and sensory problems.^{7–9,11} Health assessments have subsequently led to increased clinical activity,^{7–12} improved self-care management education,^{9,10} increased health risk identification^{7–9, 11} and disease prevention activity.^{7,8,10,11}

In 2007, the Commonwealth Government included health assessments for people with intellectual disability as a Medicare Benefits Schedule (MBS) item number. However, despite this, the uptake of health assessments has been low, with less than 1% of Australians with intellectual disability receiving a health assessment in the 2 years between July 2007 and August 2009.¹³ To date, only one study has explored the financial implications of health assessments in this population.¹⁴ A study conducted in the United Kingdom concluded the mean costs of healthcare for those receiving assessments were not greater than for those who did not receive a health assessment.¹⁴

In this study, we assessed the Australian Medicare costs over 12 months for adults with intellectual disability participating in a

health assessment intervention compared with usual care. As the patient benefits of health assessments have been demonstrated, we focus on the resource implications and associated costs. Our objective was to determine if medical care costs differ according to whether or not an individual received a health assessment.

Methods

Data was derived from a randomised controlled trial undertaken among adults with intellectual disability living in the community in the Greater Brisbane area from August 2002 to August 2003. The trial was designed to examine the utility of two health promotion tools, a one-off health assessment and a health diary designed for ongoing use. Individuals were eligible for inclusion if they had an intellectual disability, were aged 18 years or over and lived in private residences either with family, alone, or with other individuals in a shared arrangement, but did not have 24 hour support. The units of randomisation were clusters of participants who shared a GP clinic.

The health assessment tested was the Comprehensive Health Assessment Programme (CHAP), a one-off health screening tool. Participants had not received a formal health assessment previously. The CHAP is a booklet in which the carer provides a detailed medical history, the GP then reviews the history, performs the health assessment and develops an action plan in consultation with the patient and carer. A detailed description of the CHAP is available elsewhere.¹⁴ There was no strong evidence of interaction between the CHAP and the health diary. Consequently, comparisons are between individuals who were randomised to receive or not receive the CHAP, regardless of whether they also received the diary.