



CASE STUDY 10:

HealthPathways and Aboriginal and Torres Strait Islander health

Roberta (she/her) is a 68-year-old Yorta Yorta/Gunditjamarra retired council worker, who presents to her local clinic for the first time. She moved to Melbourne/Naarm recently with her daughter and granddaughter, who has won a scholarship to a local secondary school.

The patient is requesting prescriptions for her regular medications, but also thinks she may be due for a blood test. She says she usually gets these done regularly but has been so busy with the move that she let it slip. She is in a hurry today as her daughter, who drove Roberta to her appointment, needs to go to work shortly afterwards.

Medical history

- Rheumatoid arthritis
- Hypertension.

Medications

- Ramipril 5mg
- Methotrexate 20mg weekly, taken on Wednesdays
- Folic acid 10mg weekly, taken on Mondays
- Paracetamol 1g qid prn.

The GP checks HealthPathways Melbourne and finds the [Closing the Gap \(CTG\) Pharmaceutical Benefits Scheme \(PBS\) co-payment program pathway](#) under [Improving Health Outcomes for Aboriginal and Torres Strait Islander People - Initiatives and Incentives](#).

CASE STUDY 10:

The GP asks the patient if she is registered for CTG scripts. She replies that she believes she was registered at her previous clinic, which the GP confirms on PRODA. The GP then writes the scripts the patient requires and includes Paracetamol as a streamlined authority prescription, so that the cost will be subsidised.

The GP asks the patient if she had a [Health Assessment for Aboriginal and Torres Strait Islander People \(Medicare item number 715\)](#) completed. She thinks she completed one over a year ago at her previous clinic but agreed to return to do another one. The GP books an appointment for her to return for a health assessment.

During the health assessment, the GP and nurse discover that she:

- is experiencing increasing difficulty with mobility and ADLs due to her rheumatoid arthritis and she is becoming more reliant on her daughter and granddaughter for assistance.
- has recently given evidence in the Yoorook Justice Commission about her recent experiences of being removed from her family as a child. She has found the support of her family and community to be a source of strength and healing during this time.

Considering the outcomes of the health assessment, the GP takes these actions:

- As per the statewide referral criteria for [non-acute rheumatology referrals](#), the GP orders recommended blood tests and sends a non-urgent referral to the local rheumatology outpatient clinic for review of the patient's rheumatoid arthritis management.
- Orders routine screening suggested in the health assessment template.
- Orders the patient a GPMP/TCA and CDM referral to the [Integrated Team Care Program](#), for assistance with transport to her appointments and other supports.
- Offers referrals to occupational therapy, physiotherapy and exercise physiology, meaning the patient is able to access

5 subsidised sessions from her health assessment, and an additional 5 sessions from her GPMP/TCA.

- Discusses services available to Stolen Generations that you locate in the [Aboriginal and Torres Strait Islander Services Directory](#).
- Find out more about Stolen Generations in [Principles of Care Provision for Aboriginal and Torres Strait Islander Peoples](#).
- Reflects on how the practice could be more inclusive and welcoming to Aboriginal and Torres Strait Islander people in the community, and discusses this in practice meetings.
- Undertakes regular training conducted by an organisation listed under [Cultural Competency and Cultural Sensitivity Training](#) and encourages other staff in the practice to do the same.

Do you have a case study?

If you would like to be involved, submit a case study, or for more information email info@healthpathwaysmelbourne.org.au