

# GP CONNECT

Welcome to the  
July 2016 edition  
of GP Connect

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**WAPHA**  
WA Primary Health Alliance

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## Keeping GPs informed in the changing primary health landscape

In the lead up to the Federal election, there have been significant announcements made by the major parties in the primary health care space.

Clearly, the issue of the Federal Government's extended freeze on Medicare rebates has been top-of-mind within general practice, as is primary healthcare research and GP training.

WAPHA and the WA Primary Health Networks (PHNs) view general practice as the foundation of Australia's healthcare system and we are committed to continuing our ongoing consultation and engagement with the RACGP, WAGPET and individual GPs.

The three major political parties have each made significant announcements in areas that impact on primary health care including health system reform, funding, medical research, primary prevention, mental health, Aboriginal health and chronic disease.

It is clear that the important role of Australia's GPs has been considered in health policy development within all major parties. We now await the election outcome and the subsequent policy announcements that will further develop the role of the PHNs and our ongoing interaction with GPs.

WAPHA and the WA PHNs are currently in the process of commencing communication with GPs around the value that PHNs can add to general practice. At this stage of our evolution, it is critical that we seek your views on the most valuable types of GP practice support services that can be provided by WAPHA and the PHNs. I hope that GPs across the State engage with us in this process to ensure that WAPHA and the PHNs provide the most effective and useful set of GP support services.

In this sixth edition of GP Connect, we continue to provide important public hospital clinical updates that are of direct concern to general practice – and to your patients.

The work of the PHNs' Hospital Liaison GPs is valuable in connecting what is happening in our major hospitals to general practice and the care of your patients.

The WA PHNs have a key role in supporting general practice during the complex transition phase of the My Health Record (MyHR).

MyHR is rapidly becoming firmly established within the Australian health system, and it is important that GPs, your practice staff and patients are enabled to achieve optimal value from a shared patient health record.

The WA PHNs have employed a Digital Health Team, who will facilitate the support general practices will need to navigate MyHR, e-health practice incentives, data management and the changes we will see in relation to technology requirements associated with the Health Care Home and management of patients with complex and chronic disease within general practice.

I hope you enjoy reading the current edition of GP Connect, and we welcome your comments and suggestions to assist us in developing content for future editions.

**Learne Durrington,**  
CEO WA Primary Health Alliance

# PERTH CHILDRENS HOSPITAL



Perth Children's Hospital (PCH) will replace Princess Margaret Hospital as the specialist paediatric hospital at the end of this year.

Located adjacent to Sir Charles Gairdner Hospital on the QEII Medical Centre grounds, the hospital is a modern facility that uses the best design features to provide a light bright and positive healing environment for young WA patients.

## Opening schedule

The building is now reaching completion and on the 8 June the Premier of WA, Colin Barnett announced that PCH will commence taking its first outpatients on 24 October 2016.

This opening schedule has been designed to ensure that patient safety is prioritised, and that the highest standards of clinical care continue to be delivered during the transition period and beyond.

To stay up to date as we progress towards opening you can sign up to the newsletter via [eepurl.com/b5uNdX](http://eepurl.com/b5uNdX) or visit [newchildrenshospitalproject.health.wa.gov.au](http://newchildrenshospitalproject.health.wa.gov.au)



PCH will open over the following three stages:

Stage	Activity	Date
Stage 1	Some outpatient clinics commence	24 October
Stage 2	Same day surgery commences	7 November
Stage 3	Final Move Day: <ul style="list-style-type: none"><li>• All inpatients moved</li><li>• PCH ED opens</li><li>• PMH closes</li></ul>	20 November

# HOSPITAL LIAISON

## King Edward Memorial Hospital

### Cervical length and the role of the GP

Research now suggests that many cases of preterm birth may be preventable and GPs play an important role in prevention of preterm birth.

The WA Preterm Birth Prevention Initiative recommends that ultrasound measurement of the length of the cervix is routinely performed at 18-20 weeks during the anatomy scan which is ordered by the GP prior to the hospital booking visit.

The presence of a shortened cervix between 10-20mm at 16-24 weeks gestation is a risk factor for preterm birth.

- If the cervix is 35mm or more on transabdominal scan, no further assessment is required.
- If the cervix is less than 35mm, a transvaginal scan is recommended. The transvaginal scan may need to be performed at a follow-up appointment and usually the cost of the second ultrasound will be bulk-billed.

If a woman is found to have a shortened cervix measuring between 10-20mm in mid-pregnancy, it is recommended that she uses natural vaginal progesterone 200mg daily until 36 weeks as this will halve the risk of early preterm birth.

- GPs will need to write a private prescription for progesterone pessaries as they are not currently covered by the PBS for this indication. The script will need to be taken to a compounding pharmacy. Cost is approximately \$65-\$75 for one box of 15 pessaries (\$140/month)
- Vaginal progesterone is generally free of side effects.

If the cervical length is less than 10mm, cervical cerclage is usually recommended.

The KEMH Preterm Birth Prevention Clinic welcomes GP referrals that meet the following criteria:

1. Previous preterm birth at 24 to 34 weeks' gestation
2. Two or more previous preterm births between 24 and 36+6 weeks' gestation
3. A pregnancy loss between 16+0 and 23+6 weeks' gestation
4. Significant uterine anomaly
5. History of cone biopsy of the cervix or more than one LLETZ procedure
6. Cervical length less than 10mm
7. Specific concern of referring clinician

Fax number for referrals:

- 9340 1031 (Outpatient clinic)
- 9340 1060 (Maternal Fetal Medicine)

GPs who require further information or advice should contact the Preterm Birth Prevention Clinic Midwives by phone 0466 329 638 (Mon-Fri 8am-4pm) or fax 08 9340 2469.

For further information about prevention of preterm birth including patient handouts on vaginal progesterone and cervical cerclage visit [thewholeninemonths.com.au](http://thewholeninemonths.com.au)

**Dr Vicki Westoby**  
Hospital Liaison GP, KEMH  
[victoria.westoby@health.wa.gov.au](mailto:victoria.westoby@health.wa.gov.au)  
Available: Monday and Tuesday  
(08) 9340 1561





## Fiona Stanley/ Fremantle Hospital update

### Gastro procedures

As many referrers have discovered, there is a mandated dedicated referral form for open access gastro procedures (gastroscopy and/or colonoscopy).

This form allows accurate and timely triaging of patients and safer procedures.

There is a single process of referral as detailed on both [fsh.health.wa.gov.au](http://fsh.health.wa.gov.au) and [fhhs.health.wa.gov.au](http://fhhs.health.wa.gov.au) websites where a link to the form is also available (under the health professionals tab).

This form includes information about relevant past history and current symptoms/indications, weight and BMI, medications (especially anticoagulation/antiplatelet agents), allergies and co-morbidities.

This information is required by the hospital at the time of referral.

Patients are contacted to confirm any changes to management and current health status close to the time of the procedure.

Procedure specific information forms are provided to patients by the hospital with their bookings.

When discussing referral with your patients, you might be interested to know that there are useful health information fact sheets available on the GESA website ([gesa.org.au](http://gesa.org.au)), including gastroscopy, colonoscopy and bowel preparation information.

### Including radiology results in referrals

Referrals for patients who have had radiology procedures in the community (e.g. orthopaedic or respiratory) are expedited by the inclusion of reports detailing the name of the radiology service and date of procedure.

This allows the images to be imported into the hospital imaging system for clinician access during triage and clinic visits.

Most private radiology services are set up to allow image sharing.

Should these be unavailable, there may be the need to repeat imaging with possible increased radiation exposure, patient inconvenience and waste of resources through duplication.

**Dr Monica Lacey**  
Hospital Liaison GP, FS/FHG  
[monica.lacey@health.wa.gov.au](mailto:monica.lacey@health.wa.gov.au)

## Central Referral Service

### Inpatient Discharge Summary GP Delivery Methods – metro and country

Many General Practices have requested that hospitals no longer mail inpatient discharge summaries if sent by secure electronic messaging or faxed.

Princess Margaret Hospital and Great Southern are now only mailing discharge summaries where delivery has not been requested by secure electronic messaging or fax, and other sites may follow suit.

The recipient practice's preferred delivery method now displays along with other details at the end of inpatient discharge summaries from Fiona Stanley Hospital, King Edward Memorial Hospital, Princess Margaret Hospital, Royal Perth Hospital, the Great Southern and the South-West (currently being rolled out).

To change your practice's preference or update any other details in the GP database used by many sites, please email [NaCS.RPH@health.wa.gov.au](mailto:NaCS.RPH@health.wa.gov.au) or phone 9224 7066 with:



- Your practice's preferred method of discharge summary delivery
- Your practice name, address, phone, fax and for secure electronic transmission, your practice's EDI code (obtained from your secure messaging provider)
- A list of all current GPs at your practice including their provider numbers

A hard copy will generally also be provided to the patient when completed by discharge.

Summaries from the hospitals above will be uploaded into the patient's My Health Record where they have one (unless requested otherwise).

Some sites will continue to routinely mail hard copies to GPs due to different discharge summary systems and/or site-based executive decisions.

For problems receiving discharge summaries electronically, please contact your secure messaging provider's help desk in the first instance.

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Hospital Liaison GP, RPH  
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Available: Monday and Thursday  
(08) 9224 2281

# Joondalup Health Campus

## Discharge summaries

Electronic Discharge Summary System is now in full action via Healthlink. Please update your details in case of any change. Please direct all requests and enquiries about discharge summaries to the GP Information officer on 08 9400 9381.

## 2016 Education program

A full day Orthopaedic ALM workshop was conducted on the 7 May 2016 at the clinical school of the Joondalup Health Campus (JHC).

The interactive workshop was received well by the 41 participating GPs. Feedback was overwhelmingly positive. Apologies to the GPs missing out due to the limitations of capacity. We have approached the Orthopaedic team for the possibility of a repeat next year.

Our next ALM in Obstetrics and Gynaecology is planned for October 2016. To ensure interactivity of the hands-on sessions, the numbers will be strictly limited. The content of the sessions will be determined by the participants' queries and suggestions prior to the ALM. Please send me an email or call me if you are interested.

We are currently compiling our priority list for educational events for the 2017-2019 triennium. Please send me your request for inclusion to the nominated email or contact Dr Farid Taba.

## JHC Specialist Directory

The electronic copy will be available soon. Please email if you would like an electronic copy. Please nominate your medical software system in the request.

Some useful numbers:

- GP Priority line: 9400 9775
- ED consultant direct roving phone 9400 9066

## Websites

For more information about Joondalup Private Hospital visit [joondalupprivate.com.au](http://joondalupprivate.com.au) and for information about Joondalup Health Campus visit [joondaluphealthcampus.com.au](http://joondaluphealthcampus.com.au)

**Dr Farid Taba, GP Liaison, JHC**  
[tabafarid@ramsayhealth.com.au](mailto:tabafarid@ramsayhealth.com.au)  
(08) 9400 9775 (GP priority line)



## Make your patient data work for you

The information you enter into a patient's file can do much more than act as a record.

Good quality data can be used to save you time, provide personalised care for your patients or even make you more money.

Your practice can easily identify patients who are eligible for additional Medicare services, or require specialised care, and maximise your business potential by using data analysis tools.

Users of PenCAT and Topbar\* can follow a number of easy to use guides, called 'recipes', available for free from the PenCS website [help.pencs.com.au](http://help.pencs.com.au).

Some of the available recipes include "Identifying patients eligible for a Bone Mineral Density test", "Identifying patients eligible for a Mental Health Treatment Plan" and "Patients with respiratory conditions and no smoking status recording".

WAPHA is also hosting a webinar on 14th July from 07:00 – 08:00 about how you can use the PenCS tools to assist patients with chronic diseases and specific conditions.

Head to our events page at [www.wapha.org.au](http://www.wapha.org.au) to register or view recordings from previous webinars. Similar webinars will also be scheduled later in the year and details will be published in future editions of GP Connect.

\*Licenses for PenCAT and Topbar are available from WAPHA free of charge for practices willing to provide de-identified data to WAPHA for health planning purposes.

## My Health Record – Webinars

A number of webinar recordings regarding My Health Record are now available online at the WAPHA website [www.wapha.org.au](http://www.wapha.org.au).

The webinars were conducted by NEHTA and focused on subject areas of key concern to GPs including privacy, consent, provider and legal obligations and getting ePIP ready.

The webinars have been extremely well attended in WA with hundreds of participants taking part in each session. Additional webinars are likely to be planned later in the year, watch this space for details, keep an eye on the website or speak to your WAPHA Network Support Officer.

## My Health Record – Opt In Trial

WAPHA has been selected by the Commonwealth Department of Health to lead an innovative opt-in trial for the My Health Record system designed to drive further clinical engagement and patient registration.

The trial involves providing patients with assisted registration and the modification of the clinical coordination tool cdmNet to enable a patient's care team to access their My Health Record.

**Further details regarding the trial will be available in coming weeks.**

## New Diabetes Coaching Program

My Diabetes Coach is a world-first program which makes it easier for people with type 2 diabetes to monitor and manage their condition while receiving regular advice, education and coaching. The smart

phone application will provide support and feedback on blood glucose monitoring, healthy eating, foot-care and medications via a virtual coach name Laura.

The program was created by The University of Melbourne with the support of Diabetes Australia, Diabetes WA, Diabetes Victoria and Diabetes Queensland. The University of Melbourne are now looking for people to be part of the first research trial of the My Diabetes Coach program in Australia.

If you have patients that are 18 years or older, have type 2 diabetes and have recently registered with the NDSS, then they are eligible to apply.

**For more information or to register interest call 1300 170 569, email [mydiabteescoach@unimelb.edu.au](mailto:mydiabteescoach@unimelb.edu.au) or visit the My Diabetes Coach website [mydiabetescoach.mspgh.unimelb.edu.au/](http://mydiabetescoach.mspgh.unimelb.edu.au/)**

## Update on national registers

### National cancer screening register

Telstra Health has been selected by the Commonwealth Department of Health to deliver and operate the Australian National Cancer Screening Register which will replace the current state-based registers for cervical cancer screening programs and the national bowel cancer screening register from May 2017.

People will be able to access their records online and, with patient consent, general practitioners and medical specialists will have access to patient data and records from any state or territory from their clinical desktops.

The program will be overseen by health professionals and will be led within Telstra Health by Professor Ruth Salom,



# ABORIGINAL HEALTH

a pathologist and health executive who was the inaugural Executive Director of the State Pathology Service in South Australia from 2008 to 2012.

## Australian immunisation register

From September 2016 the Australian Childhood Immunisation Register (ACIR) will become the Australian Immunisation Register (AIR).

The ACIR previously recorded vaccination for children up to 20 years of age and the AIR will have the capacity to capture the vaccination records of Australians of any age.

The Prevention and Control Program (WA Health) has developed a guide to assist general practice and other immunisation service providers in using the ACIR.

The 'Guide to ACIR' includes information on:

- registering an individual with ACIR
- checking an individual's history status on ACIR
- recording immunisation encounters on ACIR
- registering and receiving automated ACIR overdue reports
- checking whether immunisation encounters forwarded to ACIR have been recorded by ACIR
- utilising the secure email on the ACIR site

The guide is located on the Department of Health's corporate website [ww2.health.wa.gov.au/Articles/F\\_I/Guide-to-Australian-Childhood-Immunisation-Register-ACIR](http://ww2.health.wa.gov.au/Articles/F_I/Guide-to-Australian-Childhood-Immunisation-Register-ACIR)

**If you have any queries relating to the guide, please contact the Prevention and Control team on (08) 9388 4863.**



## Otitis Media in Aboriginal children – specific guidelines

Otitis media (OM) continues to be a major health problem for Aboriginal children with significant long-term consequences with respect to language acquisition and educational outcomes.

Otitis Media in Aboriginal children typically starts earlier (often weeks after birth) with episodes occurring more frequently and lasting much longer. Episodes may be 'silent' until the tympanic membrane ruptures and chronic suppurative otitis media occurs<sup>1</sup>.

Due to the high prevalence and severity of OM in Aboriginal children, together with its differing nature and progression, specific national guidelines have been developed for diagnosis, treatment and follow-up. These are available on-line or in hard copy<sup>2</sup>. For children with chronic ear disease, careplans supported by active recalls for follow-up are now recommended.

Ciprofloxacin ear-drops are available for Aboriginal children with chronic suppurative otitis media (CSOM) on the Indigenous PBS authority list (under the brand cioxin) together with the CTG co-payment measure.

To improve the prevention and early detection of OM it is recommended that an age-specific ear health history and examination be conducted at all routine child health checks (starting with the Aboriginal Child Health Check MBS 715 at 6 weeks of age) and opportunistically wherever possible. Tympanometry is included in the Enhanced Aboriginal Child Health Schedule (EACHS)<sup>3</sup> from 12 months but can be done earlier. Additional measures include vaccination according to the Aboriginal childhood vaccination schedule<sup>4</sup> and counselling for mothers who smoke.

**Recommendations for Clinical Care Guidelines on The Management of Otitis Media in Aboriginal and Torres Strait Islander Populations can be found by visiting [healthinonet.ecu.edu.au](http://healthinonet.ecu.edu.au)**

### References

- 1 [http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Our\\_publications/2014/ctgc-rs35.pdf](http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Our_publications/2014/ctgc-rs35.pdf)
- 2 [http://www.health.gov.au/internet/main/publishing.nsf/Content/B8A6602C7714B46FCA257EC300837185/\\$File/Recommendation-for-clinical-guidelines-Otitis-Media.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/B8A6602C7714B46FCA257EC300837185/$File/Recommendation-for-clinical-guidelines-Otitis-Media.pdf)
- 3 [http://www.pmh.health.wa.gov.au/general/CACH/docs/manual/3%20Birth%20to%20School%20Entry/3.2/3.2.4\\_Enhanced\\_Aboriginal\\_Child\\_Health\\_Schedule\\_Rationale.pdf](http://www.pmh.health.wa.gov.au/general/CACH/docs/manual/3%20Birth%20to%20School%20Entry/3.2/3.2.4_Enhanced_Aboriginal_Child_Health_Schedule_Rationale.pdf)
- 4 <http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home~handbook10part3~handbook10-3-1>

# CLINICAL UPDATE

## Important changes to the National Diabetes Services Scheme

From July 1, 2016 National Diabetes Services Scheme (NDSS) products will no longer be distributed through Diabetes Australia and state diabetes organisations.

- Education and support services will continue to be delivered by Diabetes Australia and state organisations
- Products, such as needles, syringes, blood glucose test strips, urine test strips will continue to be available from NDSS Access Points, mostly community pharmacies.
- Insulin pump consumables will now be available from Access Points. There will be a two-month transition period. If ordered through Diabetes Australia/state organisation during this time the cost of postage for delivery will need to be paid by the pump user.
- People with type 2 diabetes who do not use insulin, can access subsidised test strips for an initial six months' supply, equivalent to 900 strips. Further access can be obtained if the doctor or an authorised health professional considers it clinically necessary and there is no limit on the number of extensions that may be obtained.
- Changes to test strip access will not affect people with diabetes using insulin, or people with gestational or other diabetes.

Please contact the NDSS Infoline on 1300 136 588 if you have any questions or concerns.

## Influenza Vaccine Safety in children < 5 years old

In Australia, children <5 years of age are more likely than adults over 75 years of age to be hospitalised with influenza.

Due to this increased risk, the Australian Technical Advisory Group Immunisations (ATAGI) strongly recommends seasonal influenza vaccination for all children aged  $\geq 6$  months to <5 years. In WA influenza vaccine is free for children aged 6 months to 5 years. (Fluvax brand is not licensed for children under 10).

New data released by the National Centre for Immunisation Research and Surveillance shows that fewer than 10 per cent of 1200 children < 5 years of age immunised with quadrivalent influenza vaccine in 2016 reported any reaction, and most reactions were minor and self-limited.

No vaccine-attributable serious adverse events were identified in this surveillance program. To view the report go to [ncirs.edu.au/surveillance/ausvaxsafety/](http://ncirs.edu.au/surveillance/ausvaxsafety/). These results reinforce that influenza vaccine is safe for young children.

## BreastScreen WA

BreastScreen WA provides free screening mammograms to asymptomatic women over 40 years of age, with women aged 50-74 years specifically invited. Although the service has been around for over 25 years there are some important things for every GP to know:

1. The recommended screening age has been extended to 74 years.
2. Screening mammograms are only for women with no breast symptoms. If you are concerned about a new breast symptom, follow a diagnostic pathway instead. A useful guide for GPs regarding the Triple Test can be found at [canceraustralia.gov.au](http://canceraustralia.gov.au/Publications&Resources) Publications & Resources and "search for new breast symptoms". Choose Investigation of a new breast symptom a guide for general practitioners.
3. There is a screening clinic in partnership with the David Jones Perth city store, called the Rose Clinic.
4. To make it easier for working women to attend, opening hours have been extended at all clinics to early, late and Saturday times.
5. Appointments can be made online for metropolitan clinics. Alternatively women can call 13 20 50.
6. BreastScreen WA's website has lots of useful information [www.breastscreen.health.wa.gov.au](http://www.breastscreen.health.wa.gov.au)

Dr Eric Khong, GP Liaison Officer, BreastScreen WA  
[eric.khong@health.wa.gov.au](mailto:eric.khong@health.wa.gov.au)



# Termination of Pregnancy (ToP) information for GPs

It is estimated that almost half of all pregnancies in Australia are unplanned. While not every unplanned pregnancy is unwanted, many women will be faced with a decision about the best option for them and their family in this situation.

In Western Australia, two different doctors must be involved in a patient requesting a termination of pregnancy (ToP): the referring doctor and the performing doctor.

Legally there are three areas to be discussed prior to referring a woman for a ToP:

1. The woman should be counselled about the risk of pregnancy.
2. The woman should be counselled about the risks of a termination.
3. The woman should be offered counselling. SHQ offers a free, non-directive counselling service for women experiencing an unplanned pregnancy. This counselling can be arranged face to face or over the phone.

If the patient is a dependent minor, or if the pregnancy is over 20 weeks, there are additional requirements.

A consultation for a woman requesting a consultation might include:

- Assessment of the certainty of her decision
- Whether she has support or is being pressured by others (are there mental health or domestic violence issues?)
- Assessing contraindications or medical risks
- A gestation estimate
- An STI risk assessment
- Past and future contraception.

Medical abortion can be offered up to 9 weeks gestation. Surgical abortion can be offered up to 19+6 weeks in Western Australia.

Medical abortion involves the oral ingestion of mifepristone and misoprostol. Women are given analgesia and access to a 24-hour phone number if there are any concerns. Women are followed up at 2 weeks to ensure the abortion is complete.

Surgical abortion is usually performed via suction curettage under sedation as a day procedure.

Both methods become more risky as gestation increases.

Abortion services in Perth vary in cost and location and information about them can be found on the Sexual Health Quarters (SHQ)\* website [shq.org.au](http://shq.org.au). Some GPs are now offering medical abortion and training information can be accessed at [MS2step.com.au](http://MS2step.com.au)

Regardless of the religious or political views of an individual doctor on abortion, a woman has a right to expect empathy, compassion and assistance to ensure her reproductive rights are preserved. For those doctors who will not provide referral for termination, the doctor and practice have an ethical responsibility to the patient to ensure that she is seen by another doctor who will facilitate her request. At SHQ we can provide urgent appointments for women experiencing an unplanned pregnancy. Please contact 9227 6177 if you have any queries/concerns.

For further information regarding ToP please visit [wapha.org.au/resources](http://wapha.org.au/resources)

## Cardiac malformations associated with paroxetine use during the first trimester of pregnancy

Depressive and anxiety disorders are common in the perinatal period, with at least one in ten pregnant women in Australia suffering from depression and/or anxiety. There are well established impacts of perinatal anxiety and depression on not only the woman and her family's well-being, but also on the emotional and cognitive development of the child, as well as an increased risk of pregnancy and birth complications. Given parental preferences and potential concern about health impacts on fetal and infant health outcomes, non-pharmacological treatment options, particularly social and psychological interventions, are particularly important in the perinatal period. Nevertheless, for some women with perinatal mental health difficulties treatment with medication will be an important therapeutic option.

In 2005, on the basis of early results of two studies which suggested an increased risk of cardiac malformations associated with in utero exposure to paroxetine, the FDA changed its classification of paroxetine from pregnancy category C to D4. Subsequently a number of studies employing various research methods (with various associated methodological shortcomings) have looked at the relationship between in-utero paroxetine exposure and cardiac malformations, with sometimes conflicting results.

In January 2016 an article '*The risk of major cardiac malformations associated with paroxetine use during the first trimester of pregnancy: a systematic review and meta-analysis*' was published in the British Journal of Clinical Pharmacology.

Dr Nathan Gibson, Chief Psychiatrist Western Australia, invited local experts Dr Felice Watt and Dr Colin Singham from KEMH to write a response to the article.

To read the full article and the response visit [wapha.org.au/resources](http://wapha.org.au/resources)

\*Sexual Health Quarters was formerly Sexual and Reproductive Health WA and previously Family Planning WA.

# Medicare Benefits Cheques Stopping from 1 July 2016

From 1 July 2016, Medicare benefit cheques are stopping.

This means your patients will need to register their bank account details with the Department of Human Services (the department) so their benefit can be paid directly into their bank account, usually the next working day. The change excludes Pay Doctor via Claimant (PDVC) cheques, which will continue to be issued.

This change, as announced in the 2015-16 Federal Budget will ensure people have access to their Medicare payments faster, usually without even having to visit a Service Centre.

## What you need to do

Advise your patients that from 1 July 2016, Medicare benefit cheques are stopping and that they will need to register their bank account details with the department in order to receive their Medicare payments. Patients can register their bank account details:

- Online—by using their Medicare online account via myGov, or the Express plus Medicare mobile App
- In person—by lodging a completed bank details form at a service centres either in person, or using the drop box located in the service centre
- Over the phone—by calling 132 011

# St John Ambulance shares treatment records with GP's

St John Ambulance in Western Australia has recently implemented a system that gives our patients the option to have a secure link to their St John Patient Care Record automatically emailed to their usual GP at the completion of any emergency and/or non-emergency patient transport.

The Patient Care Record outlines the patient's presenting problem, treatment provided and observations taken while in the care of the paramedics, and the name of the receiving hospital.

This system will ensure that, when consent is given by the patient, the patients' doctor will be notified in near to real time when the patient is transported by St John. This will

in turn give the doctor access to the Patient Care Record kept by St John for inclusion in the patient's file.

To join this initiative to improve the consensual sharing of patient information, please send your practice email address and contact details to [practice@stjohnambulance.com.au](mailto:practice@stjohnambulance.com.au), or visit the GP portal to sign up directly at [gportal.stjohnambulance.com.au](http://gportal.stjohnambulance.com.au)

# Announcing a revised version of the Personal Health Record (the purple book)

The parent held Personal Health Record (PHR) *My purple book – All about me* is a universal repository that enables maternity hospital staff, community health nurses, general practitioners and other health professionals to work in partnership with parents, with the aim of documenting a child's health and development.

In 2014 a comprehensive review of the PHR was undertaken, resulting in the development of the revised 2016 *My purple book – All about me*.

Key changes that impact general practitioners include:

- Removal of the recording of some sensitive information and changing the language to be more parent friendly, and

- Placement of the health assessment sections, used predominately by professionals, at the back of the PHR.
- Regarding the heading of 'For my doctor to use at my 6-8 week check.' Medical professionals are requested to complete the page called '6-8 week doctor check' (previously known as *Medical check by your GP and/or Paediatrician at 6-8 weeks*).

The 2016 version of the *My purple book – All about me* will be handed out to new parents from 1 July 2016

To view a sample copy of the PHR, visit [wapha.org.au/resources](http://wapha.org.au/resources)

## Clinical Stream Working Groups

The Chest Pain working group was held with the Cardiology Network at the Department of Health on the evening of the 26th of May.

Issues with referrals to hospitals was discussed as well as the development of the chest pain pathway, which had some great discussions and feedback from this.

HealthPathways are recruiting for GPs to participate in the following working groups:

- Genetics
- Aged Care

Working Group participants will discuss current issues specific to the Clinical Stream and potential solutions.

They will also assist GP Clinical Editors in pathway development.

In addition, any general concerns that GPs currently have such as long waiting times, issues regarding referral forms, etc. that may be of relevance to these Working Groups can be submitted to WAPHA to assist Working Group facilitation.

Please email [healthpathways@wapha.org.au](mailto:healthpathways@wapha.org.au) if you wish to participate in the above Working Groups or to contribute to the Working Group discussion.

## CPD Events

HealthPathways first CPD event was held on Wednesday 25 May at Princess Margaret Hospital, entitled 'Wonky Legs and Eating Disorders'. Dr Nic Frost and Dr Ryan Lisle from PMH presented on Paediatric Orthopaedics and Dr Anthea Fursland and Dr Veronika Kretzer presented on Eating Disorders.

We had 28 people attend the event and received some great feedback in regards to HealthPathways and the presentations.

## Country Connect

The HealthPathways team is working closely with WACHS and WAPHA's Regional Coordination Managers to collect referral information for all regional health services.

To date, referral information for Diabetes, Cardiology and Respiratory services in country WA has been collected and is in the process of being added to HealthPathways.

If you have any country WA service information that may be relevant to HealthPathways, please email [healthpathways@wapha.org.au](mailto:healthpathways@wapha.org.au).

## New pathways

The HealthPathways team have recently published the Diabetes Education pathway – this very thorough pathway provides GPs with information about localised services offered by Diabetes WA and other community providers that offer Diabetes Education support (e.g. Credentialed Diabetes Educators, DESMOND and the Healthy Lifestyle program). Information on regional and telehealth services are also included.

Two other service pathways have also been published recently to assist GPs in their day-to-day practice; one pathway detailing how to add HealthPathways to Medical Director and a My Health Record pathway.

## Regional focus: Pilbara

HealthPathways Clinical Leads Georgia Bolden and Dr Sue Jackson visited the Pilbara in November 2015.

A busy two days were spent engaging with doctors, Aboriginal Medical Service staff, WA Country Health Service and mental healthcare providers.

The team heard that patients presenting with chronic pain, Foetal Alcohol Spectrum Disorder (FASD) and Ear, Nose and Throat (ENT) conditions were commonly an issue to manage and coordinate. These pathways have been prioritised.

In response, the HealthPathways team has prioritised development of these clinical streams.

ENT (including Otitis Media), FASD and Chronic Pain pathways are currently being finalised by the Clinical Editing team, following the FASD and Chronic Pain working groups that were held in May.

ENT, Chronic Pain and FASD pathways will be open for consultation soon. If you wish to partake in the online consultation, please email [pathways@health.wa.gov.au](mailto:pathways@health.wa.gov.au).

Service information regarding Patient Assisted Travel Scheme (PATS) and visiting specialists, were other top priorities for Pilbara primary care providers – these pathways have since been completed and are live on HealthPathways.

HealthPathways Coordinator Timothy Glover is working closely with Regional Coordinator Manager, Pilbara Winny Henry to collect all Pilbara service information.

If you have any information about Pilbara services that would be useful to primary care practitioners in the region, please email [timothy.glover@wapha.org.au](mailto:timothy.glover@wapha.org.au) to submit information to HealthPathways.



# RURAL ROUND-UP

## Rural Immunisation in Focus

Immunisation in rural WA has been a focus for the Country WA PHN Network Support Officers (NSOs). Wheatbelt and Midwest regions were involved in Regional Immunisation Forums for immunisation providers in their regions. Over 90 practice nurses and child health nurses attended the Wheatbelt update in Northam and 71 attended the update in Geraldton. Country WA PHN NSOs are working in collaboration with the WA Country Health Service Regional Immunisation Coordinators to provide ACIR support to practices in their region.

Congratulations to Anne Foyer from the Wheatbelt PHU for being awarded the PHAA Immunisation Achievement Award at the recent PHAA National Immunisation Conference. Anne and her team have been strong advocates for health service

## Black Dog Institute – Health Professional Training

Black Dog Institute will be offering the following multidisciplinary education in the rural areas.

Date	Course	Accreditation	Location
Saturday 16 July	Dealing with Depression in Rural Australia	Cat1 ALM – 40 QI&CPD points, Mental Health Skills Training	Port Hedland
Saturday 23 July	Dealing with Depression in Rural Australia	Cat1 ALM – 40 QI&CPD points, Mental Health Skills Training	Karratha
Saturday 17 September	Advanced Training in Suicide Prevention	Cat 1 ALM – 40 QI&CPD points, Mental Health CPD	Northam
Saturday 22 October	Advanced Training in Suicide Prevention	Cat 1 ALM – 40 QI&CPD points, Mental Health CPD	Albany
Saturday 19 November	Depression Dilemmas	Cat1 ALM – 40 QI&CPD points, Mental Health Skills Training	Perth

For further details and to register online visit [blackdoginstitute.org.au/healthprofessionals/gps/coursedatesregistration.cfm](https://blackdoginstitute.org.au/healthprofessionals/gps/coursedatesregistration.cfm)



Australian Government

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