

# GP CONNECT

Keeping GPs informed  
in the changing primary  
health landscape.

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## MESSAGE FROM THE CEO

Learne Durrington



The 2017-18 Federal Budget contained a range of health measures that will have significant impact on primary care, and specifically on general practice. On the back of the pre-budget "Compacts" negotiated between the AMA and the RACGP, there appears to be agreement between these GP representative groups and the Minister for Health on elements of Commonwealth led primary care reform. Both organisations consider that the Compacts provide a starting point for future discussion and negotiation with the Commonwealth around future reform.

Recognising the importance to General Practice of the much-publicised gradual thawing of elements of the Medicare Rebate Freeze, legislative changes for Pathology Approved Collection Centres and the continued commitment to the MBS Review, there are additional Budget measures that will require a strong and enduring relationship between GPs and Primary Health Networks. These measures demonstrate a clear commitment by the Federal Government to the PHNs in enabling the associated change in their regions.

WAPHA recognises that the latest round of Budget measures requires us to have close engagement with GPs and your clinical and non-clinical practice staff. The underpinning primary care reform presents great challenge for general practice and WAPHA is committed to working with WA GPs to help you to better understand and navigate this space as it continues to develop and roll-out.

Of particular note, and explored in more detail in this issue of GP Connect, is the announcement that the Health Care Home implementation will have a deferred and phased start with 20 Health Care Homes to be ready to start delivering services commencing on 1 October 2017, and the remainder commencing on 1 December 2017. Other measures that will impact general practice relate to improved coordination and integration of end-of-life care across primary, secondary, tertiary and community health services and continued Commonwealth investment in after-hours primary health care services.

The My Health Record - Continuation and Expansion Budget measure funds the implementation of national opt-out arrangements that will result in a My Health Record being created for every Australian by December 2018, unless they choose not to have one. This measure will also support the continued and improved operation of the My Health Record system.



## Contact us

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(continued from page 1)

The Quality Improvement General Practice PIP defers commencement by 12 months until 1 May 2018 and revises the scope. The measure combines five incentives into the QI incentive instead of the previously agreed seven incentives. The Federal Government has confirmed that the Indigenous Health Incentive and the Procedural General Practitioner Incentive will stay in their current form and will no longer be consolidated into the QIPIP.

Immunisation was a focus of the Budget's health measures and included the provision of ongoing catch-up vaccines for all Australian children aged 10 to 19 years of age, and newly arrived refugees and other humanitarian entrants, through the National Immunisation Program. Further, \$5.5 million has been allocated for a three-year public awareness campaign to encourage parents and carers to have children under five years of age vaccinated. The aim of this campaign is to ensure all Australian children are fully vaccinated before starting school.

I encourage you to remain connected with WAPHA through your dedicated Primary Health Liaison, the WAPHA website, GP Connect and the information sessions and forums for GPs and Practice Managers we will host throughout the year. Through these mechanisms we will endeavour to keep you up-to-date and able to respond effectively to the relevant components of Commonwealth primary care policy.

**Learne Durrington**  
CEO, Primary Health Alliance

## 2017-18 Budget Measures – How will General Practitioners be Affected?

### 1. Medicare Freeze

The Government has committed to a phased re-introduction of indexation, the full benefits will not be realised until 1 July 2019.

- Bulk-billing incentives for General Practitioners will be indexed from 1 July 2017
- Standard consultations by General Practitioners and specialist attendances will be indexed from 1 July 2018
- Specialist procedures and allied health services will be indexed from 1 July 2019

### 2. Health Care Homes

The trial of the Federal Government's Health Care Home initiative has been delayed from the initial 1 July 2017 commencement date, to allow practice involved sufficient time to prepare for the trial.

- 20 Health Care Homes practices to be ready to start delivering services commencing on 1 October 2017, and the remaining 180 practices commencing on 1 December 2017.
- The 200 preferred applicants that will operate as Health Care Homes have been announced. Formal offers will be made to these organisations.
- A decision has been made to exclude MBS Item 715 (Indigenous Health Assessment from the bundled payment. This will enable Health Care Homes to continue to claim MBS Item 715 in addition to receiving the Health Care Home bundles payment.
- Practices not involved in the trial phase are encouraged to monitor the progress of the trial to learn how to prepare themselves for the expected national roll out of the Health Care Homes model.

### 3. Pathology Approved Collection Centres

The Federal Government has stated it will provide \$18 million over four years to strengthen compliance activities for pathology approved collection centres. The compliance activities will include enhanced data analytics and targeted auditing within the existing provisions under the Health Insurance Act 1973.

### 4. My Health Record

The Government will spend \$374.2 million over two years from 2017-18 to continue the My Health Record system and expand use through implementation of opt-out arrangements that will result in a My Health Record being created for every Australian by December 2018, unless they choose not to have one.

### 5. Quality Improvements in General Practice

The Government has given its commitment to the redesign of the Practice Incentive Program that will see several incentives combined into a Quality Improvement Incentive.

- Commencing 1 May 2018.
- The Indigenous Health and Procedural General Practitioner Incentive will stay in their current form will no longer be consolidated into the QIPIP.
- The Quality Improvement Incentive will initially focus on reporting of quality data. Many practices will need to improve the quality of their data management through correct coding of diagnoses and ensuring the data is recorded in the correct fields.

# MENTAL HEALTH & AOD

## Funding Boost for Integrated Mental Health and Drug & Alcohol Treatment Services

WA Primary Health Alliance (WAPHA) has invested in 15 new services across the metropolitan area to help people struggling with addiction to alcohol, ice and other drugs and associated mental health issues.

WAPHA, in response to the recommendations of the Federal Government's National Ice Taskforce, has commissioned new, evidence based services that are tailored to meet people's individual needs at different stages of their treatment journey.

WAPHA General Manager, Bernadette Kenny, said investment in the new services will make a real difference on the ground to people trying to regain control of their lives.

"These new services will support some of our most vulnerable community members to access programs & treatment that will enable their recovery," Ms Kenny said.

"We will work with GPs and the wider health and social sectors to improve access to much needed services that respond to a person's changing needs."

Services will be integrated with primary healthcare services already being derived across metropolitan WA, with an emphasis on improving care co-ordination at the local level.

"We recognise that no one provider holds all the answers. We want to build on the strengths of existing organisations and implement more effective ways of working together across traditional boundaries," Ms Kenny said.

"We are excited to be working in genuine partnership with a range of capable organisations ready to drive the development of solutions to achieve better health and better care in our region."

The new services will focus on early intervention and will include culturally appropriate, indigenous specific services.

WAPHA's commissioning activities are continuing with more services to be announced soon.

Organisation/s	Initiative
1. Richmond Wellbeing and Relationships Australia	Integrated System of Care to support Aboriginal people with problematic alcohol and drug use and mental illness.
2. NEAMI Ltd and Richmond Wellbeing	Integrated System of Care to address problematic alcohol and drug use and mental illness.
3. South Metro Area Health Service (Fiona Stanley Hospital) and National Drug Research Institute	Alcohol Screening and Brief Intervention. In partnership with South Metro Community Alcohol and Drug Service (Palmerston Association).
4. Health Consumers Council	Enhancing engagement of alcohol and drug service consumers.
5. Swan City Youth Service and Aboriginal Alcohol and Drug Service	Development of a youth collaborative care model in partnership with Mission Australia.
6. Edith Cowan University	Primary Mental Health Care - Better together: Supporting perinatal and infant mental health services
7. Edith Cowan University	Alcohol and other drug workforce capacity building for primary care practitioners
8. MercyCare	Aboriginal Mental Health and Alcohol and other Drug Capacity Building Trial
9. WA Network of Alcohol and Drug Agencies and WA Association of Mental Health	Alcohol, Drug and Mental Health Workforce Capacity Building and Engagement.
10. Consulting Services	Primary care business model to increase and enhance mental health, alcohol and other drug service delivery in general practice.
11. Relationships Australia	National Empowerment Project - Aboriginal Social and Emotional Wellbeing
12. Shire of Murray and Shire of Waroona	Youth South - Waroona Murray Engaging with Aboriginal young people in the Shire of Murray and the Shire of Waroona to enhance social and emotional well-being to address mental health issues.
13. Richmond Wellbeing	In conjunction with Muggin Aboriginal Corp. the project is to build and expand on the Mooditj Kaart Program utilising the Aboriginal Mental Health First Aid course as a tool to engage with the Aboriginal community in Armadale area.
14. Pheonix Advocacy and Support Service	The Pheonix Trauma Transformation Trial - The Trial is a 12-month program trial that includes a range of therapeutic strategies that are evidence-based and embedded in trauma-informed practice
15. Koondoola Integrated Services Centre at Warwick Child & Adolescent Mental Health Service	Resettlement Health Passport

# IMMUNISATION UPDATE

## Guide to Using AIR

The 2017 Guide to using the Australian Immunisation Register (AIR) has now been released and can be accessed via the Department of Health website:

[http://ww2.health.wa.gov.au/Articles/F\\_I/Guide-to-Australian-Immunisation-Register](http://ww2.health.wa.gov.au/Articles/F_I/Guide-to-Australian-Immunisation-Register)

WAPHA and MCDC collaborated in April to deliver 9 Immunisation education sessions in April with 245 attendees. The sessions were very well received and focused on catch up schedules and AIR training. We look forward to working with MCDC again later this year to deliver some more sessions.

## Influenza 2017

The 2017 Influenza Vaccination Health Pathway is now live! (<https://wa.healthpathways.org.au/52701.htm>)

Checkout the clinical resources tab for the CDCD Letter to Immunisation Service Providers on the 2017 WA Influenza Immunisation Program.

To access Health Pathways:

**URL:** <https://wa.healthpathways.org.au/>

**Username:** connected

**Password:** healthcare

All children aged **six months to less than 5 years** are eligible to receive State-funded influenza vaccine. The Australian Technical Advisory Group on Immunisation strongly recommends influenza vaccination for children aged from 6 months to less than 5 years.

The 2017 Influenza information session was hosted by the Communicable Disease Control Directorate on 5 April, 2017.

The videos for the session are now available for viewing at the link below. To access the videos, click on the 'Influenza Information session' accordion. [http://ww2.health.wa.gov.au/Articles/F\\_I/Influenza-immunisation-program](http://ww2.health.wa.gov.au/Articles/F_I/Influenza-immunisation-program)

## Winter Strategy

The localised WA Influenza Infection and Control pathway is currently undergoing expert review and will be published soon. In the meantime, we are happy to provide a preview snapshot about General Practice preparedness for the upcoming influenza season:

1. Recall appropriate patients for vaccination.
2. Encourage vaccination in aged care residential facilities  
Vaccination at aged care residential facilities
  - Influenza at aged care residential facilities and hospitals can spread very rapidly and involve staff, relatives, and residents with high morbidity and mortality, as well as a huge problem looking after everybody.
  - Staff can become overwhelmed.
  - While respecting a person's right to decline Influenza vaccination as part of their Advance Care Planning is important, a high rate of immunisation is helpful.
3. Post signs at entrances and in strategic places (e.g., waiting room, consultation room), with instructions to patients and others with symptoms of a respiratory infection to:
  - cover their mouths or noses when coughing or sneezing.
  - use and dispose of tissues.
  - perform hand hygiene after hands have been in contact with respiratory secretions.
4. Ask all patients to use an alcohol-based hand rub when they enter the surgery, for their own protection as much as for the protection of general practice staff.
5. Provide disposable masks for patients with respiratory illnesses, and have tissues and no-touch (e.g., foot pedal) rubbish bins in the waiting room.
6. Consider "streaming" patients who present with flu-like symptoms to the practice. These plans will need to be adapted for each practice to suit needs, depending on site of practice, nature of the building, the population of the practice, and staff preferences. Suggestions include:
  - identifying separate waiting areas
  - different clinic times for flu or non-flu patients
7. Consider procedures for regular and appropriate cleaning of the practice, as influenza virus can remain on hard surfaces for 48 hours.

Other pathways important for the winter season have already been localised, including: COPD, Asthma, Community Acquired Pneumonia, and Bronchiectasis. They can be found here: <https://wa.healthpathways.org.au/11932.htm>

Now is also a good time to remind your patients of your out of hours care arrangements. If required, a list of available after hours services is available on HealthPathways: <https://wa.healthpathways.org.au/39244.htm>

WAPHA have also updated the National Health Services Directory (NHSD) with current surgery opening hours: <http://www.nhsd.com.au>



# VALE JANE BUTCHER

## Meningococcal ACWY State-wide Vaccination Program

Western Australia will offer meningococcal ACWY vaccine to adolescents aged 15-19 years in 2017, and to incoming year 10 students in 2018 and 2019.

- Vaccines will be administered in schools to students in years 10, 11, 12 by community health nurses.
- School vaccination will be primarily in Term 3, but in some schools in Term 2.
- From Term 3, some university health centres will offer the vaccine.
- From term 4, depending on vaccine availability, general practitioners (GPs) will be able to order the vaccine to immunise eligible individuals.
- CDCD will advise you when vaccine is available to order for your program.

Note to providers involved in the current Meningococcal ACWY vaccination program:

When entering a Meningococcal ACWY vaccine encounter into the Australian Immunisation Register (AIR), it is to be recorded as dose 2. This program is directed to 15-19 year olds, throughout Western Australia.

The localised WA Health Pathway on Adolescent Immunisation, which has been updated to include information about the new program, can be viewed here: <https://wa.healthpathways.org.au/41755.htm>

It is with a heavy heart we acknowledge the passing of our friend and colleague Jane Butcher. Jane, who passed away on Monday 29 May, was a valued member of the WA Primary Health Alliance team and helped shape the clinical direction of our organisation. She was a trusted adviser and mentor to many of us and her passion for developing the role of primary care nurses will be a lasting legacy. In early May, Jane was acknowledged for her substantial long-term achievement and contribution to primary health care nursing, receiving the Rosemary Bryant Award.

Part of the 2017 Australian Primary Health Care Nurses Association (APNA) Nurse Awards, the Rosemary Bryant Award was established in acknowledgment of the significant and long-term contribution the first Commonwealth Chief Nurse and Midwifery Officer and APNA Patron Dr Bryant has made to the nursing profession, and her dedication and advocacy of nurses working in primary health care.

In a ceremony held during APNA's National Conference State of the Art, Jane was presented her award by the Minister for Indigenous Affairs and Minister for Aged Care, Mr Ken Wyatt MP AO, Dr Rosemary Bryant AO, and APNA President Karen Booth.

From a young age, Jane aspired to be a nurse and completed her training in

Western Australia and became involved and committed to nursing and primary health care when she and her GP husband, Michael, set up a solo GP practice in Kalbarri.

As well as working in general practice, Jane became interested and active in supporting general practice nurses generally – including improving pay rates, CPD and recognition of the role.

Jane moved on to roles within the Divisions of General Practice/Medicare Locals and eventually became the State Program Manager for the Nursing in General Practice Program, funded by the Commonwealth Government.

Most recently, Jane was Nurse Liaison Officer with WA Primary Health Alliance (WAPHA).

WAPHA chief executive officer Learne Durrington said Jane's contribution to primary health care made her a deserving recipient of the Rosemary Bryant Award.

"Jane is known and respected in primary health care at all levels – from grassroots nurses on the ground in primary health care services, to high level Department of Health and other advisory committees," Ms Durrington said.

"She was passionate about improving primary health care nursing and working towards better health care for the community, locally and nationally."



(L-R) Samantha Moses, Minister for Aged Care and Aboriginal Health Ken Wyatt, Jane Butcher

# PRIMARY CARE IN FOCUS

## Practice Nurse Incentive Program

The Practice Nurse Incentive Program (PNIP) provides incentive payments to practices to support an enhanced role for nurses working in general practice. From 1 May 2017, the updated PNIP Guidelines took effect.

For more information, visit <https://www.humanservices.gov.au/health-professionals/services/medicare/practice-nurse-incentive-programme>

## Codeine-containing Medicines: Harms and Changes to Patient Access

From 1 February 2018, medicines that contain low-dose codeine will no longer be available without prescription in pharmacies.

For more information, visit <https://www.tga.gov.au/community-qa/codeine-containing-medicines-harms-and-changes-patient-access>

## Bone Health

Newly updated guidelines offer GPs the most up-to-date information and recommendations for patients who present with osteoporosis.

<http://www.racgp.org.au/publications/goodpractice/201705/bone-health/>

## GPs Welcome \$54m Rural Training Announcement

The Federal Government has allocated \$54 million over four years to set up 26 regional training hubs to be run by 14 universities. The hubs will work with local health services to enable doctors to remain rural through undergraduate and postgraduate

training. Western Australia will get three hubs.

For more information, visit <https://www.australiandoctor.com.au/news/latest-news/hubs-will-boost-regional-health-training>

## Keeping your COPD Patients Well this Winter: Veterans' Mates

The Department of Veteran's Affairs has developed the Veterans' Medicines Advice and Therapeutics Education Services (Veterans' MATES) project with the aim of improving the use of medicines and related health services in the veteran community. The latest topic to be released, Keeping your COPD Patients well this winter, highlights interventions that can help prevent exacerbations and improve the physical and mental wellbeing of patients with Chronic Obstructive Pulmonary Disease.

To find out more, visit <https://www.veteransmates.net.au/>

You can also view the localised WA Health Pathways COPD pages here: <https://wa.healthpathways.org.au/16602.htm>

## Government Launches Childhood Vaccination Awareness Campaign – The Science of Immunisation

The Federal Government has embarked on a new \$5.5 million immunisation awareness campaign to encourage Australian parents and carers to get their children vaccinated. The publication aims to address

confusion created by contradictory information in the public domain and is a useful resource for GP discussions with parents of young patients.

To view the booklet, visit <https://www.science.org.au/files/userfiles/learning/documents/immunisation/immunisation-2016-high-res.pdf>

## Increase in Fees for Playing Music in Practices

The Phonographic Performance Company of Australia has advised that there will be a CPI-based increase of around 1.5 per cent to tariff rates that will apply from 1 July 2017 to all new licences and/or renewals. This will impact practices that play licenced music in their waiting rooms or during telephone calls.

To find out more, visit <http://www.pcca.com.au/music-users-/tariffs-incoming/>

## ATAGI Advice on Rotarix® to replace RotaTeq®

Following a recent Commonwealth Government tendering process, the Rotarix® vaccine will replace the RotaTeq® vaccine from 1 July 2017. After 1 July, Rotarix will be the only rotavirus vaccine used under the National Immunisation Program in Australia for children commencing their childhood schedule. Both products have equivalent vaccine effectiveness and have led to a marked reduction in severe gastroenteritis cases in all Australian jurisdictions.

To find out more, visit <http://immunise.health.gov.au/internet/immunise/publishing.nsf/Content/news-20171905>

# COMPREHENSIVE PRIMARY CARE

## Two Changes to ESC Heart Failure Guidelines

Interventional cardiologist and heart failure specialist reports two new heart failure treatments improve systems, decrease hospitalisations and reduce mortality.

To watch the interview, visit <http://www.medicalobserver.com.au/professional-news/two-changes-to-esc-heart-failure-guidelines-you-need-to-know>

You can view the localised WA Health Pathways Heart Failure pages here: <https://wa.healthpathways.org.au/27478.htm>

## Interim Cervical Screening MBS Rebates and Other Arrangements

Doctors are being urged to encourage women to continue with their scheduled cervical cancer screening under the current National Cervical Screening Program regardless of the delay of the new program. There are also important interim arrangements in place from 1 May to 30 November to ensure MBS items for cervical screening continue until the new program begins on 1 December 2017.

For more information, visit <https://ama.com.au/gp-network-news/interim-cervical-screening-mbs-rebates-and-other-arrangements>

<https://www.ranzcog.edu.au/news/Interim-arrangements-for-the-National-Cervical-Scr>

## Geraldton CPC Events

WA Primary Health Alliance Midwest have hosted two recent GP focussed events on Comprehensive Primary Care (CPC) and Health Care Home dinner update on 10 May followed by the Integrated Primary Mental Health Care overview on 18 May, both held at the Geraldton Multipurpose Centre.

The CPC event was well attended with 17 GPs and four practice managers receiving updates on the Commonwealth government's stage 1 implementation of the Health Care Home, details of WAPHA's Comprehensive Primary Care program, the latest Midwest specific HealthPathways updates and an overview of the recent budget announcements and what it might mean for GPs going forward. The relaxed atmosphere on the night allowed for some insightful and casual conversations about current topics affecting GPs.

The launch of the new Integrated Primary Mental Health Care (IPMHC) overview received significant interest with over 40 people in attendance on the night. With the Commonwealth government having announced

the cessation of Access to Allied Psychological Services (ATPAS) and Mental Health in a Rural and Remote Area (MHSRRA) programs nationally, this event provided attendees with the opportunity to hear about the new IPMHC model of care and current transition arrangements from ATPAS/MHSRRA to IMPMHC. Dr Steven Cohen, general practitioner of Duchess Medical Practice in Bunbury, provided insight into being involved in the trial of the IPMHC roll out, including the benefits of a mental health care manager and patient outcomes being achieved.

Following the announcement of the successful respondent to the EOI for the Midwest Integrated Primary Mental Health Care service as being 360 Health + Community provided the timely opportunity for the GPs to hear firsthand from the new service provider and to gain a better understanding of referral pathways and the different levels of service available under the new program.

If you would like to hear more about Integrated Primary Mental Health Care visit <http://www.wapha.org.au/primary-health-networks/mental-health/>



(L-R) WAPHA Regional Manager Jodie Green, Panaceum Group CEO Richard Sykes, WAPHA Board Chairman Dr Richard Choong, WAPHA Primary Health Liaison Kathleen Slotmans



# HOSPITAL LIAISON

## Princess Margaret Hospital

Our Clinical Staff at PMH have recently collaborated with the HealthPathways team to start localising the child health pathways. The following PMH clinicians have been involved in the pathways development so far: Dr Anne Halbert, Dr Frank Willis, Dr Hayley Herbert, Dr Mark Everard, Ingrid Roche, Dr Katherine Stannage, Kerry Murphy, Kirsten Rosato, Dr Richard Loh and Val Noble.

Several of the localised child health pathways have been completed, and I have already found some to be immensely useful. I would urge all GPs to view these pathways and take advantage of the patient handouts included for family members e.g. 'Caring for your child's eczema' and 'Kids health info encopresis training diary'.

For convenience, the HealthPathways link [wa.healthpathways.org.au](http://wa.healthpathways.org.au) can be placed on your desktop, with the user name and password saved for all future access.

**Username:** connected

**Password:** healthcare

Two pathways that I have used so far are **Eczema in Children** and **Constipation in Children**. Both pathways contain

helpful links to patient education and management guidelines and are simple to access within the search toolbar.

Additional Child Health Pathways which have been already localised to WA include:

- Fetal Alcohol Spectrum Disorder (FASD)
- Bone and Joint Infections in Children
- Child or Young Person Sexual Abuse
- Childhood Obesity
- Constipation in Children
- Croup
- Eczema in Children
- Enuresis in Children
- Food Allergy (Non-anaphylaxis)
- Gastroenteritis in Children
- Headaches in Children
- Paediatric Hand, Foot and Mouth Disease
- Urinary Tract Infection (UTI) in Children

The HealthPathways team have identified Child Health as an important sector of primary care and continue to work hard on these pathways. There are several more pathways in development which will be published soon, including:

- Anaemia in Children
- Asthma in Children
- Cough in Children
- Medical Assessment of Children and Young People In Care

HealthPathways welcome feedback on Child Health or any other published pathway (feedback can easily be given via the feedback button on the site) and encourage GPs and specialists to continue watching as new pathways regularly go live. A list of all the WA localised pathways is maintained here: <https://wa.healthpathways.org.au/33590.htm>

Dr Maree Creighton

Hospital Liaison GP, PMH

[maree.creighton@health.wa.gov.au](mailto:maree.creighton@health.wa.gov.au)

## Osborne Park Hospital OPH Visiting Medical Practitioners (VMPs)

OPH is fortunate to have private specialists with regular public procedural lists at the Hospital. GPs can refer directly to these specialists.

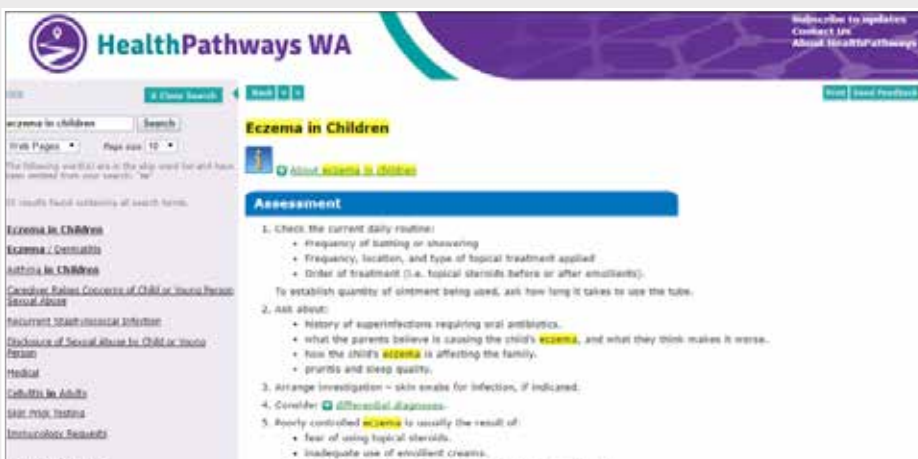
GPs can refer patients directly to the specialist's rooms for the initial consultation prior to surgery. In some cases this can result in care closer to home with a shorter wait time for their initial appointment and procedure.

To make referring easier for GPs, a list of current VMPs is now available on the Osborne Park Hospital website in the under the Health Professionals tab. <http://www.oph.health.wa.gov.au/Clinicians/VMP.html>

Specialities include: General Surgery; Gastroenterology; Gynaecology; Orthopaedic surgery and Urology.

Specialists listed conduct the initial consultation in their private rooms and hence require a named referral sent directly to the Specialist.

The initial consultation may result in a cost to the patient, but surgery required can be undertaken in a non-tertiary public hospital (where clinically appropriate) at no cost to the patient. The relevant specialist's rooms can be contacted to provide gap payment details for the initial consultation.





## Did you know that Osborne Park Hospital Physiotherapy department will accept referrals directly from GPs?

GPs in the Osborne Park Hospital catchment area are able to refer adult patients in need of musculoskeletal physiotherapy directly to the physio outpatient department, without the need to go through a medical or surgical department.

Those not eligible are patients involved with Workers compensation claims, Motor vehicle claims and Veterans affairs patients.

Patients will usually be seen in the OPH Physiotherapy Outpatient department within 2-3 weeks of referral.

Please fax your referral to  
**OPH Physiotherapy 9346 8466**

To check catchment area details please see the OPH website under Health professionals clinical services directory <http://www.oph.health.wa.gov.au/>

**Dr Clare Matthews**  
Hospital Liaison GP,  
Osborne Park Hospital  
[clare.matthews@health.wa.gov.au](mailto:clare.matthews@health.wa.gov.au)

## Kind Edward Memorial Hospital

### Antenatal Shared Care Guidelines for GPs – new edition out now

The KEMH Antenatal Shared Care Guidelines for GPs were developed in response to GP requests for formal easy-to-follow guidelines to assist them in managing women during their pregnancies. The guidelines have been updated and the new 7th edition is now available on the KEMH Health Professionals page:

<http://www.kemh.health.wa.gov.au/development/manuals/guidelines/2577.pdf>

The Antenatal Shared Care Guidelines for GPs were initially published as a hard copy booklet in 2003 (1st edition) and have been available

exclusively in electronic format on the KEMH website since June 2015 (6th edition). A GP survey was undertaken between August-November 2016 to assess whether GPs found the guidelines useful.

Survey results:

- 90 GPs completed the survey
- 98% were aware of the Antenatal Shared Care Guidelines for GPs
- 100% of GPs found the guidelines helpful when looking after antenatal patients (83% reported that the guidelines were very helpful and 17% reported that the guidelines were somewhat helpful)
- 62% of GPs reported that they found the hard copy format useful.

Department of Health favours using electronic format and web-based guidelines. However, GPs who prefer using the guidelines in hard copy are most welcome to print their own copy of these guidelines from the KEMH website.

KEMH also has a 1-page Antenatal Shared Care Summary which can also be accessed and downloaded from the KEMH website.

[http://www.kemh.health.wa.gov.au/development/manuals/guidelines/A4\\_antenatal\\_shared\\_care.pdf](http://www.kemh.health.wa.gov.au/development/manuals/guidelines/A4_antenatal_shared_care.pdf)

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## Sir Charles Gairdner Hospital

### Discharge Summaries

SCGH will be phasing in the NaCS Discharge Summary from 29 May to 16 June. If GPs would like to receive these summaries electronically (via your practice software) then please contact SCGH Systems Support by Tel: 9346 3331, Fax: 9346 3067, E-mail: [scghsystemssupport@health.wa.gov.au](mailto:scghsystemssupport@health.wa.gov.au)

## An Approach to Easy Bruising (by SCGH Haematology Department)

The work up of easy bruising can be challenging given the difficulty of distinguishing how much trauma (or lack of trauma) can lead to bruising. To define easy bruising the International Society of Thrombosis and Haemostasis defines it as 5 or more bruises greater than 1cm. But even then, this definition is limited to the cutaneous manifestations of bruising and doesn't account for epistaxis or menorrhagia. Use the history & examination to determine the likelihood of a patient having a bleeding disorder and perform laboratory testing from there. Prior to laboratory evaluation, key aspects on history that need to be established are

- History of trauma prior to bruising and the degree of trauma
- The site of bruising – (i.e. mucosal sites indicate platelet abnormalities)
- Bleeding history following surgical procedures, dental work and in females child birth & menstruation
- Medication history (i.e. is the easy bruising associated with the use of aspirin, NSAIDs, antiplatelet agents or anticoagulants)
- Family history

On examination particular findings to document are the presence or absence of petechiae indicating thrombocytopenia; purpura indicating thrombocytopenia or coagulation cascade abnormalities; haemarthroses suggesting coagulation cascade abnormalities; telangiectasiae; skin laxity possibly indicating collagen disorders; lymphadenopathy or hepatosplenomegaly indicating a possible marrow disorder.

Once one feels that a patient could have a disorder of haemostasis, laboratory studies can be separated according to primary haemostatic function (platelets) and secondary haemostatic function (clotting factors). As a minimum, I perform a full blood count, coagulation profile and von Willebrand studies to investigate easy bruising.

- Platelet studies
  - Full Blood Count examining for thrombocytopenia, anaemia and/ or neutropenia
  - Von Willebrand studies examining for von Willebrand disease
  - If these are normal consider Platelet Aggregation Studies examining for platelet function defects (it is important to be off aspirin/NSAIDs/antiplatelet agents for 2 weeks prior and if patients require these agents then this test isn't appropriate)
- Clotting factor studies
  - Coagulation profile
    - > Are the INR or aPTT prolonged? If so, do they correct with 50:50 mixing?
      - Prolonged INR correcting with 50:50 mixing suggest vitamin K deficiency, liver disease or factor VII deficiency
      - Prolonged aPTT correcting with 50:50 mixing suggest factor VIII, IX, XI, XI deficiency or von Willebrand disease
      - If they don't correct this indicates a factor inhibitor or lupus anticoagulant
    - > Low fibrinogen demonstrates possible disseminated intravascular coagulation or dysfibrinogenaemia.

When to refer:

- Abnormal test results suggesting a bleeding disorder
- Patients with severe bleeding history requiring intervention (surgery, hospitalization or transfusion)
- Continued easy bruising in the absence of medications or history of trauma

**David Oldham**  
Hospital Liaison GP SCGH  
[David.Oldham@health.wa.gov.au](mailto:David.Oldham@health.wa.gov.au)

## Fiona Stanley & Fremantle Hospital Group

### The Mother-Baby unit at FSH

This 8 bed unit provides care for mothers in late pregnancy and with their babies to 12 months of age. Together with the unit at KEMH, care is provided for women presenting with a range of mental health concerns such as depression, anxiety, schizophrenia, OCD and bipolar disorders. Support for partners, families and carers form part of the holistic and multidisciplinary approach to inpatient treatment.

Generally women in the South Metropolitan health service area are seen at FSH and country (WACHS) patients are shared between the two units. Referrals/ admission enquiries can be made by ringing 6152 7866 and further information is available on the FSH website.

FSH, in collaboration with KEMH, is hosting a Perinatal Mental Health Symposium on the 6th October 2017. The unit is engaged in a range of current research studies and teaching with medical, nursing, OT, social work students and psychiatric trainees all undertaking placements in the unit. It is also associated with the Foundation Chair in Perinatal Psychiatry – a joint position across FSH, University of Notre Dame and Murdoch University.

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

## Royal Perth Hospital

### RPH Respiratory Medicine

Respiratory Medicine at RPH provides adult inpatient and outpatient consultative and diagnostic services, including:

- Consultative advice and management for all respiratory conditions\*

- A full spectrum of lung function tests – GPs can refer patients for lung function tests without consultation if that is appropriate.
- Diagnostic tests such as bronchoscopy and pleural procedures

Our Physicians' special interests include

- respiratory infectious diseases,
- bronchiectasis,
- tuberculosis and non-tuberculous mycobacterial infections (including MAC),
- lung cancer,
- pleural diseases,
- research on aerosols,
- interventional bronchoscopy.

RPH has a regular multi-disciplinary team meeting for **interstitial lung diseases**.

Although RPH does not have a thoracic surgery service or medical or radiation oncology, we do provide a **rapid access outpatient clinic service for suspected lung cancer** and a multi-disciplinary team thoracic-oncology meeting with well-established links to treating surgeons and physician in other institutions.

For **urgent outpatient appointment referrals or advice** regarding patients in the RPH catchment, please telephone 9224 2244 and ask to page the on-call Respiratory Registrar. GPs are also welcome to telephone 9224 2244 and request to be put through to the on-call Respiratory Consultant to discuss cases. **Routine referrals** to the Respiratory Clinic are made via the [Central Referral Service](#).

\* RPH does not have an outpatient sleep service or sleep study laboratory. Services for public patients with sleep-disordered breathing are available at Fiona Stanley Hospital, SJOG Midland, Sir Charles Gardner Hospital or Joondalup Health Campus.

**Dr Jacque Garton-Smith**  
Hospital Liaison GP, Royal Perth Hospital  
[Jacque.Garton-Smith@health.wa.gov.au](mailto:Jacque.Garton-Smith@health.wa.gov.au)  
Available: Monday and Thursday

Many of the Adult Respiratory Health Pathways have been localised for WA and can be found here: <https://wa.healthpathways.org.au/11932.htm>

# ABORIGINAL HEALTH

## Armadale Health service

### Antenatal referrals to Armadale Health Service

To ensure antenatal referrals to the Armadale Health Service are processed in a timely manner, please note the following steps:

- Check your patient resides in the hospital's postcode catchment areas ([available on the hospital's website](#))
- Refer women directly to the hospital instead of the Central Referral Service
- Use the correct Antenatal referral form (AKMR8.1) available on the [hospital's website](#) as a PDF or in a RTF format which can be incorporated as a template in your practice software.

To avoid delays in booking women into their antenatal appointments, it is very important to provide all details requested in the referral form including relevant blood and imaging results and physiological measures.

Please send the completed form together with all test and imaging results to the hospital's Antenatal Clinic preferably before 14 weeks gestation via one of the following methods:

- Email [ArmadaleANC@health.wa.gov.au](mailto:ArmadaleANC@health.wa.gov.au)
- Fax (08) 9391 2293
- Post to Antenatal Clinic, Armadale Health Service, PO Box 460, Armadale, WA, 6992.

Your support and cooperation will ensure your patients will benefit from timely access to antenatal care.

**Dr Stuart Burton**  
Director of General Practice,  
Armadale Health Service  
[stuart.burton@health.wa.gov.au](mailto:stuart.burton@health.wa.gov.au)  
Available: Thursday

### Iron tablets and chloramphenicol eyedrops back on the PBS Aboriginal and Torres Strait Islander Listing

On January 1st 2016 a number of low cost medications were removed from the PBS and made OTC (over the counter) only. Among those removed were iron tablets and chloramphenicol eyedrops.

Thanks to lobbying by AHCWA (Aboriginal Health Council WA) and others, these medications have now been relisted on the PBS for Aboriginal

and Torres Strait Islander patients. The listings are brand specific.

Chlorsig eyedrops: <https://www.pbs.gov.au/medicine/item/11112W>

Ferro-tabs: <https://www.pbs.gov.au/medicine/item/10594N-8985X>

Ferro-f-tabs: <http://www.pbs.gov.au/medicine/item/10579T-9011G>

### Influenza vaccine now available in WA for all Aboriginal people (over 6 months of age)

The National Immunisation Program Schedule includes influenza vaccine for all Aboriginal and Torres Strait Islander people aged 6 months and above, except for the 5-14 year age group. WA Health has addressed this gap and the **2017 Influenza vaccination is now available free to all Western Australian Aboriginal people over 6 months of age regardless of identified co-morbidities.**

Allergic reactions to the flu vaccine are rare, however people with a history of Guillain-Barre syndrome (GBS) should discuss getting the vaccination with their doctor as there is an increased risk of developing GBS again.

The 2016 influenza notification rates below are a stark reminder of the need to increase influenza vaccination rates for Aboriginal people.

See the Health Pathways updated 2017 Influenza Immunisation page for more information including indications and contraindications: <https://wa.healthpathways.org.au/52701.htm>



### Round 1, 2018 Remote Vocational Training Scheme Applications Open

First round applications for 2018 RVTS training for Remote and Aboriginal Medical Service streams open from 5 – 30 June. For remote stream applicants, new MMM 4+ location eligibility criteria now applies, creating increased opportunities for regional and rural GPs and their communities to benefit from the program.

#### Why train with RVTS?

- Stay in your community for the duration of your training
- A great combination of remote and face to face training and supervision
- Personalised supervision and comprehensive support

- High fellowship achievement rate (94%) for FRACGP or FACRRM or both!
- RVTS registrars eligible for the A1 Medicare schedule
- RVTS is fully funded by the Australian Government

Check your eligibility and apply at [www.rvts.org.au](http://www.rvts.org.au) before June 30, 2017



# PERTH CHILDREN'S HOSPITAL

## Scenario tests begin at PCH

In May, a number of clinical scenario tests were carried out across PCH to assess end-to-end integration of roles, systems, processes and policies in a real time environment.

The scenarios involved staff from PMH, the PCH Project, North Metropolitan Health Service (NMHS) and colleagues from WA Police, Department of Fire and Emergency Services, St John Ambulance and CHC Helicopters.



### PCH power test

The entire site was disconnected from the QEII Central Energy Plant for just under two hours to simulate a power failure at PCH.

Clinical scenario testing will continue at PCH with up to ten planned before opening the hospital to ensure the building, systems and processes are trialled and ready.

### The first helicopter paediatric patient transfer land and unload

Right: Helicopter landing on the PCH helipad.

Below: St John Ambulance and Emergency Department (ED) staff with a 'patient' in ED.



### Code Red/Orange fire evacuation test

A smoke machine propelled large amounts of smoke into the family lounge area to simulate a fire on Ward 2B. Patients were first evacuated on to Ward 2A, before Department of Fire and Emergency Services (DFES) staff directed the evacuation of the entire floor to an external muster point.

Top: Staff evacuate patients as part of the scenario test.

Above: Wardens brief DFES firefighters of the situation.







### Code Black-Alpha or neonatal/infant/child abduction

Top: WA Police liaise with QEII security and PCH nursing staff. Above: The test was a team effort with ward staff, security and observers from the Operational Readiness team.

## Call out to former PMH staff to join the Alumni

As we prepare to move to PCH it is important to remember PMH. Last month a public meeting was held in the Macdonald Lecture Theatre at PMH to establish the Children's Hospital Alumni Association of Western Australia (CHAAWA).

The Alumni will serve to honour members of staff and volunteers who have contributed to the 108 year legacy of caring for the sick and injured children and families of Western Australia.

Executive members include Anne Bourke – President, Dr Jackie Scurlock – Vice President, Ms Lorraine Shepherd – Secretary and Mr Brian Austin as Treasurer.

All past and present staff and volunteers who have worked for PMH for longer than one year, are invited to join the alumni. For more information about CHAAWA or to register your interest in becoming a member, please email [pmhnc@health.wa.gov.au](mailto:pmhnc@health.wa.gov.au)

## Theatres come to life

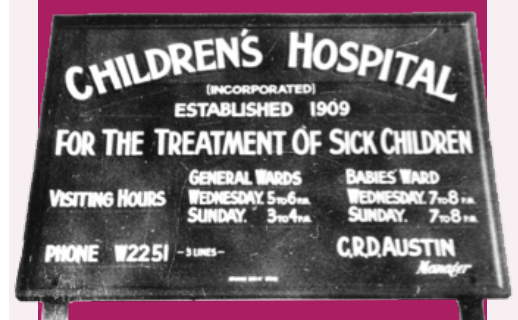
The theatre complex has come to life with the installation of colourful watercolour murals in patient facing areas.

The images adorn the corridors, columns and areas along the patient journey into theatres and end in the anaesthetic induction room where they are displayed on both the ceiling panels and walls.

Wallpaper was used to maintain the sterile environment in these areas and the images will be a welcome distraction to patients as they prepare to undergo surgery.



Anaesthetic induction rooms include colourful murals on both the walls and ceiling and colourful corridors will distract children on their journey to theatre.



# CLINICAL UPDATE

## Free Interpreting Service for medical practitioners

General Practitioners and [approved Medical Specialists](#) can access the [Free Interpreting Service](#) through [TIS National](#), when delivering Medicare rebateable services in private practice to [anyone with a Medicare card](#). Interpreters in [over 160 languages](#) and dialects are available 24 hours a day, every day of the year. Once registered for the Free Interpreting Service medical practitioners get access to the Doctors Priority Line, which gives priority access to interpreters over other callers.

Working with professional interpreters is essential to ensuring medical practitioners are able to communicate effectively with their patients and are protected from professional risk. This is particularly important when seeking consent, in crisis situations, dealing with complex issues and assessing patient competence.

[Research by the Australian National University Medical School](#) provides examples of significant physical and psychological harm resulting from not using a professional interpreter. There is also significant professional risk for practitioners not able to communicate effectively with their patient, particularly in regards to; understanding symptoms, prescribing medication or treatment and/or obtaining informed consent.

To access this free service complete the [client registration form](#). For more information contact TIS National Language Policy Liaison team on [tis.lpl@border.gov.au](mailto:tis.lpl@border.gov.au) or by calling 1300 575 847.

Up to date interpreter service details, including those of the National Auslan Interpreter Services (NABS) and the Kimberley Interpreter Service (for Aboriginal languages) are available via Health Pathways: <https://wa.healthpathways.org.au/29346.htm>

## Flu Immunisation 2017 – Timing is Everything

WA Health recommends that GPs delay offering patients the flu vaccine until late autumn this year, following recent evidence that vaccine protection may wane after 3-4 months.

In Perth, flu season typically peaks in August. While the influenza virus remains in circulation it is never too late to immunise.

**Don't forget children – AusVaxSafety is a national program to monitor the type and rate of reactions to each year's new influenza vaccine in young children. In the 2016 flu season there were no vaccine-attributable serious adverse events recorded for the patients in this program. Importantly, the safety**

**demonstrated in children provides assurance that the vaccine is safe amongst all age groups. Research has shown that children are three times more likely to receive the influenza vaccine if recommended by their health care provider. There has been declining uptake of the vaccination since adverse events in 2010 and there are still many misguided beliefs about the safety of influenza vaccination in children.**

The flu vaccine is available for order, and WA Health will send GPs campaign materials in mid-April, to help promote the vaccine to groups at higher risk of serious complications following flu infection. Instructions will be included on how to order more resources from the [WA Health Online Publication Ordering System](#). However, if you need to order hard copies for your own office please also order these online.

View the updated WA Health Pathways 2017 Influenza Immunisation page here: <https://wa.healthpathways.org.au/52701.htm>

## RSV Immunisation in Pregnancy Study

RSV (Respiratory Syncytial Virus) is a respiratory virus that affects most children under 2 globally. It can cause upper respiratory tract infections (URTI), bronchiolitis and pneumonia, which can lead to hospitalisation and requirement of intensive care.

Recruitment for a Phase 3 clinical research trial testing an investigational RSV vaccine is currently underway through Telethon Kids Institute. This trial aims to test the safety and efficacy of an investigational RSV vaccine given to women during their third trimester of pregnancy, to potentially protect their babies from RSV infections during their first winter. This vaccine enables a woman's immune system to develop antibodies against RSV which are transferred through the

placenta to her unborn baby – this is similar to how tetanus, influenza and pertussis vaccines work when given in pregnancy.

Eligible women will be able to take part in this vaccine trial if they have an expected date of delivery to 11 July 2017.

For more information on the trial please contact the research nurses at the Vaccine Trials Group by calling 0439 783 610 or emailing [maternalrsv@telethonkids.org.au](mailto:maternalrsv@telethonkids.org.au)



# DIGITAL HEALTH

## New Rural Health West map a pathway to better health

With a few clicks of the mouse, you can now find out when Rural Health West funded visiting medical specialists and allied health professionals will be in your community. The new interactive Outreach Health Services Map shows the date, time and location of outreach visits, along with who to contact to refer patients into the service. Dates shown reflect services scheduled for the remainder of a financial year, with new dates and information updated every 24 hours. To start using the map and to view instructions go to [www.ruralhealthwest.com.au/outreachmap](http://www.ruralhealthwest.com.au/outreachmap)

Health Pathways also maintains a list of regional visiting specialists here: <https://wa.healthpathways.org.au/255879.htm>

## Room for Improvement with ePIP

The Department of Health recently distributed letters to practices who did not meet their upload targets for the Digital Health Practice Incentive Payment scheme, commonly known as the ePIP. Requirements for the scheme changed in May 2016 and required practices to upload a very small percentage of shared health summaries to the My Health Record system to qualify for the payment.

The recent letters relate to the combined three quarters from May 2016 ending on 31st January 2017. Practices were given this extended, cumulative period to fix any remaining technical issues and meet their total upload requirement for the three quarters.

Despite much consternation regarding the requirement, the Department of Health report that 'most' practices achieved their upload target, and feedback to WAPHA to date suggests that only a small number of practices in WA received the letters.

WAPHA's Primary Health Liaisons and Digital Health Project Officer have

been working with these practices to determine if any discrepancies or errors have occurred, and some lingering technical errors have appeared to play a part in some practices missing the mark.

From January onwards however, (including the recently closed April quarter) each quarter will be assessed individually and there will be no carry over or accumulation of uploads over quarters. That means that each practice will need to meet their upload target by the end of each of quarter to qualify. A handy table of these dates are as below.

### ePIP Deadlines

Qtr 1 Closes	30th April 2017
Qtr 2 Closes	31st July 2017
Qtr 3 Closes	30th October 2017
Qtr 4 Closes	31st January 2018

For further information and support for My Health Record or the ePIP please contact your Primary Health Liaison or email [digitalhealth@wapha.org.au](mailto:digitalhealth@wapha.org.au).

## Student Nurse Placements in General Practice

Murdoch University Nursing is committed to providing quality clinical experiences for undergraduate nursing students and the provision of work ready graduates. Consolidation of theory to practice and experiential learning opportunities in the workplace are features of the course in developing highly competent and sought after graduates. As such, we are excited to collaborate with the broader GP network to develop clinical placement opportunities for Murdoch nursing students.

Students complete a total of 800 clinical placement hours across the 3 year Bachelor of Nursing degree to achieve registration with the Nurses and Midwives Board. Clinical placements are 120 hours in duration with students completing placements in

a variety of settings including primary and community care. All students are supported in clinical placement by a Clinical Nurse Facilitator employed by Murdoch University. Students are prepared for clinical placement through simulation in our state of the art Clinical Simulation Suites. These provide students with realistic learning experiences to prepare them for the real world.

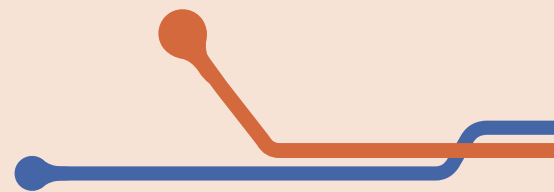
Murdoch understands and highly values our industry partners who play a vital role in this process and we feel that this opportunity allows students to consolidate a range of clinical and non-clinical skills dependent on the stage of their education. Feedback from industry partners has highlighted the many benefits of having Murdoch nursing students on clinical placement.

These have included making a significant contribution to a team in busy clinical areas by being actively engaged in learning opportunities and having a 'can-do' attitude. The professionalism and support afforded the students through Clinical Nurse Facilitators has also been noted by industry as being, present and proactive in creating opportunities and assisting with learning and performance of students.

Please contact Helen Dugmore, Clinical and Community Practice Lead by email [h.dugmore@murdoch.edu.au](mailto:h.dugmore@murdoch.edu.au) to further discuss the possibility of developing clinical placements for nursing students at your site or if you would like to arrange a tour of our simulation suites at either the Perth or Mandurah campuses.



# EDUCATION EVENTS



## Less Common Cancers Series: Upper GI Cancers

**Date:** Thursday, 22 June 2017

**Time:** 7:00pm – 9:00pm

**Registrations & refreshments:**  
6:30pm

**Where:** The Bendat Parent & Community Centre – 36 Dodd Street, Wembley

**Presenters:**

- Mr Krishna Epari Upper GI and Hepato-Pancreato-Biliary Surgeon
- Dr Yvonne Zissiadis Radiation Oncologist
- Dr David Ransom Medical Oncologist
- Bryce McCarthy Upper GI Cancer Nurse Specialist

Upper gastrointestinal (GI) cancers (cancer of the oesophagus, stomach, liver, pancreas, gallbladder and small

intestine) are relatively uncommon individually; and when grouped together they accounted for a total of 900 new cases diagnosed in Western Australia in 2014. Patients do, however, commonly present to GPs with symptoms that are characteristic of such cancers (for example, abdominal pain or bloating, nausea, indigestion and loss of appetite). As GP involvement in cancer care increases, it is important that GPs remain up-to-date on the management of all forms of cancer, including those that occur less frequently. As a GP, reducing time to diagnosis is crucial to improve the outcomes for these cancers.

**This free workshop will provide an update for GPs on upper GI cancers, and address issues surrounding the treatment and care of patients.**

*This education forms an Accredited Activity under the RACGP QI&CPD Program.*

If you are unable to view the 'Register now' button, visit <https://gp-upper-gi.eventbrite.com.au>.

Email: [GP@cancerwa.asn.au](mailto:GP@cancerwa.asn.au)

Phone: (08) 9388 4379



## HealthPathways CPD Event – Management Updates for COPD

**WAPHA, Fiona Stanley Hospital & NPS Medicine Wise invite you to attend the HealthPathways CPD event**

**Presented by:** Dr Li Ping Chung & Saloni Shah

This activity has 4 Category 2 QI&CPD points & 2 PDP points attached

Learning outcomes:

1. Develop skills to enable appropriate assessment and care of patients with COPD to reduce the risk of adverse outcome
2. Discuss referral pathways for patients with COPD
3. Use the Stepwise Management of Stable COPD chart to implement a systematic approach to achieve symptom control in patients

4. Choose inhaled medicines to treat COPD based on potential benefits, safety profile and patient preference
5. Discuss the benefit of HealthPathways for yourself and your patients

**When:** Wednesday 21 June 2017

**Time:** 6.00pm to 6.30pm – food and registration (light meal will be provided), 6.30pm to 8.30pm – presentations

**Where:** Fiona Stanley Hospital G2 Lecture Theatre, Education Building 11 Robin Warren Dr, Murdoch 6150 for metro GPs. VC available for country GPs.

**RSVP:** Tuesday 13 June 2017

Register online at <http://waproject.healthpathways.org.au/Events.aspx> for metro GPs. Country GPs please contact your local WAPHA team to register for VC.

For more information, contact the HealthPathways WA Team at [healthpathways@wapha.org.au](mailto:healthpathways@wapha.org.au) or 0439 283 894



**Australian Government**

**WAPHA disclaimer**

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