

# GP CONNECT

**Keeping GPs informed  
in the changing primary  
health landscape.**

## INSIDE:

- Hospital Liaison
- Perth Children's Hospital
- Clinical Update
- Country Roundup
- Aboriginal Health
- Digital Health
- HealthPathways WA

If you wish to receive this newsletter electronically, please 'subscribe' by signing up via our website at [www.wapha.org.au](http://www.wapha.org.au)

As the Primary Health Networks roll out the Comprehensive Primary Care initiative within general practices across the State, WA Primary Health Alliance's Executive team has been meeting one-on-one with GPs looking to transition their practices to a Patient Centred Medical Home model of care. Comprehensive Primary Care provides General Practices with a 'menu' of support services and programs that develop leadership, strategic planning, enhanced use of data to inform quality and opportunities for extension of team-based primary, social and specialist care taking a whole-of-practice focus.

We have found each of these GP meetings to be a tremendous opportunity to hear first-hand of the challenges currently faced by general practices. The GPs we meet with canvass a range of issues from the collection, analysis and application of data to the effects of the Federal Government's primary health care reform on grass roots primary care. Our visits to general practices have provided WAPHA with an opportunity to listen to, support and advise GPs during a period of great change, challenge and opportunity for innovation.

I recently had the opportunity to hear the response of over 70 WA GPs to the proposed redesign of the Practice Incentive Payments (PIP) program. WAPHA, in collaboration with the WA Faculty of the Royal Australian College of General Practitioners and Western Australian General Practice Education and Training, hosted a breakfast forum for GPs to discuss and debate the potential impact of the PIP redesign. Further information of the forum is available on page 2.

WAPHA has reported the key themes of the Forum discussion back to the PHN and Primary Health Care branches of the Department of Health and will keep a close watch on the outcomes of

the consultation process. It is our intent with this, and other Commonwealth primary health care policy change, to inform and support WA GPs in a transparent and collaborative manner.

Similarly, the Health Care Home Stage 1 Implementation has incited considerable interest and trepidation from health care providers at both the State and National levels. WAPHA recognises this and considers that we have an important role in communicating the progress of the Federal Government's keynote health policy to stakeholders across WA. General practice is the key player in the Health Care Home and it is essential that WAPHA and the WA PHNs provide ongoing communication and support to GPs and their practice staff – not only those wanting to become Health Care Home sites, but also to those monitoring the progress of the Stage 1 implementation. It is clear that this initial phase of the policy will inform the future roll-out and shape of Health Care Homes Stage 2 that will have a much broader impact on General Practice.

I have enjoyed seeing the role of WAPHA and the three WA PHNs develop since our commencement in July 2015. It has been a great privilege to work with the many GPs who are members of the WAPHA Board, the PHN Councils and Clinical Committees, our Innovation Hubs and reference groups and those who are assisted through our practice support program. I look forward to continuing these relationships in 2017 and to enhancing and extending the support services provided to GPs and their staff across WA. I wish you all the very best for the festive season and for a fulfilling and prosperous 2017.

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



**WAPHA**  
WA Primary Health Alliance

## Contact us

[gpconnect@wapha.org.au](mailto:gpconnect@wapha.org.au)

6272 4900

[www.wapha.org.au](http://www.wapha.org.au)

 /waphaphns

 @wapha\_phns

# GP ENGAGEMENT



RACGP WA Chair Dr Tim Koh, WAPHA Chairman DR Richard Choong, WAGPET CEO Dr Janice Bell

## PIP Redesign Forum

WAPHA hosted a breakfast forum for WA General Practitioners on Thursday 24 November 2016 to discuss the proposed redesign of the Practice Incentive Payments.

The previous WA consultations, hosted by the Commonwealth Department of Health, had not been convened at a time conducive to ensuring appropriate GP representation and it is important that input from GPs is included the consultation process.

WAPHA's PIP Redesign Forum was attended by 75 WA GPs (mainly from the metropolitan area) and included representation from the RACGP WA Faculty, the AMA (WA) Council of General Practice and WAGPET. The Forum provided a useful opportunity for the concerns of WA GPs to be brought to the attention of the relevant Commonwealth DoH Branches. The PIP redesign is clearly an area of health policy that has generated much discussion and debate within General Practice and the WAPHA Forum consolidated much of the current perspective.

The intent of the Forum was to enable WAPHA to provide GP input to the Commonwealth Department of Health in respect to the design of the new Quality Improvement

Incentive that purports to maximise the use of General Practice data and increase the focus on quality health outcomes. The discussion at the Forum was robust, at times heated, and ultimately immensely valuable in including a WA GP voice in the PIP redesign consultation.

The discussion at the WAPHA Forum can be categorised into the following key themes:

- Increasing red tape;
- Privacy & security;
- Value of the data;
- Remuneration for providing data;
- Patient consent requirements;
- Timing of payments;
- Is this a true consultation or will the redesign be imposed on General Practice;
- Ability to opt-out;
- Unintended consequences / perverse incentives;
- Role of data custodians / data governance;
- What is quality and who determines.



## King Edward Memorial Hospital

### New Pregnancy Vitamin D guidelines

In July 2016 King Edward Memorial Hospital released new guidelines regarding the treatment of pregnant women with vitamin D deficiency.

- Screen all women at risk of Vitamin D deficiency early in the pregnancy
- Risk factors: Women with a limited exposure to sunlight, dark skin, BMI > 40

A recent Cochrane review found vitamin D supplementation can reduce the risk of pre-eclampsia, low birth weight and preterm birth.

### New treatment guidelines

Vitamin D level < 50nmol/l = deficiency

1. Mild deficiency. Levels 30-49 nmol/L: Treatment- Vitamin D 1000IU (25 µg) / day plus calcium (1000mg RDI). ie 1 tablet of Ostelin/ OsteVit-D, OsteVit-D liquid oral drop(1000iu/ 0.2mL) 0.2ml
2. Severe Deficiency. Levels <30 nmol/L: Treatment – Vitamin D 2000IU (50 µg) / day plus calcium (1000mg RDI) orally (i.e. 2 tablets of Ostelin/ OsteVit or OsteVit-D liquid oral drops (1000iu/ 0.2mL) 0.4ml)
3. All vit D deficient mothers to have calcium 1000mg per day
4. After 6 weeks of treatment, a maintenance dose of 1000 IU (ie 1 tablet Ostelin/ OsteVit-D) is recommended until the end of lactation, the vitamin D level is not required to be rechecked.

### Infant treatment

If the mother is identified as being severely deficient (vit D level < 30nmol/l) the infant will require supplementation with Bio-Logical Vitamin D3 Solution (1000IU/0.2ml) dose 0.2ml orally daily for 3 months. Biochemical testing prior to commencement is not necessary, but infant levels may need to be monitored at 3 months by the GP

**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

### Vitamin D treatment table

	Vit D level	Vit D treatment	+ Calcium/day
Mild deficiency	30-49nmol/l	1000IU (25 µg) /day 1tab Ostelin/OsteVit-D Or 0.2ml OsteVit-D drops (1000iu/0.2ml) Rx until end lactation	1000mg (caltrate 600mg + dairy intake)
Severe deficiency	<30nmol/L	2000IU (50 µg) / day 2 tabs Ostelin/OsteVit or 0.4ml OsteVit-D liquid oral drops (1000iu/ 0.2mL) After 6 weeks reduce dose to 1000IU (ie 1 tab Ostelin/ OsteVit-D) Rx until end of lactation No repeat blood test needed INFANT: Bio-Logical Vitamin D3 Solution (1000IU/0.2ml) dose 0.2ml orally daily for 3 months. Blood test may be needed.	1000mg Caltrate 600mg + dairy intake)





## Fiona Stanley, Fremantle and Rockingham General Hospitals Update

### Youth Community Assessment and Treatment Team at FSH

Youth Community Assessment and Treatment Team (YCATT) provides community based care for young adults aged 16-24 years who are at higher risk of developing or are experiencing mental health issues such as emerging psychosis, depression, anxiety, enduring distress or behavioural issues. Co-morbid physical conditions and drug or alcohol use are not barriers to the service.

YCATT provides a service to young adults in the south metropolitan area but those living in other areas may be seen on a case by case basis. Self-referral by phone is possible or referrals are accepted from GPs, emergency department staff and community support services. GPs are encouraged to use the referral form available on the FSH website [fsh.health.wa.gov.au](http://fsh.health.wa.gov.au) (under For health professional > GPs > Referrals). More detailed information about YCATT is available on the FSH website under Our services > Service directory > mental health.

**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

## Princess Margaret Hospital

*Bell's Palsy in Children: A multi-centre, double-blind, randomised, placebo-controlled trial to determine whether prednisolone improves recovery at one month.*

GPs within the Perth metropolitan area referring children with new onset Bell's Palsy, to refer them to Princess Margaret Hospital emergency department for management. Please do not prescribe them Prednisolone as they will be reviewed and randomised at PMH by our study team and will be followed up over a 12-month period to assess their length of recovery, in addition to secondary outcomes such as quality of life and pain scores. Further information can be obtained from PMH emergency department

PMH is one of 10 hospitals involved in the trial.

Bell's palsy, is characterized by sudden onset paralysis or weakness of the muscles to one side of the face controlled by the facial nerve.

The anti-inflammatory effect of steroids is assumed to minimise facial nerve swelling, compression and damage, therefore reducing the length of time to, and increasing the likelihood of recovery.

This study aims to answer the following question: In children, aged between 6 months and up to 16 years, presenting to EDs with recent onset (within 72 hours) of Bell's Palsy, does treatment with prednisolone result in a higher proportion of children with recovery at one month compared with placebo?

**Dr Maree Creighton**  
Hospital Liaison GP, PMH  
[maree.creighton@health.wa.gov.au](mailto:maree.creighton@health.wa.gov.au)  
Available: Tuesday 9am-12pm and  
Wednesday 12pm-5pm  
(08) 9340 7994

## Osborne Park Hospital

### Osborne Park Hospital wins national award

Osborne Park Hospital has been announced the winner in the Healthcare Management Category of the 19th Annual Australian Council on Healthcare Standards (ACHS) Quality Improvement Awards 2016, held in Brisbane on 26 October.

Entitled, 'Sustaining Improvement in the Management of the Endoscopy Waitlist,' the submission was deemed excellent by the ACHS.

The multidisciplinary Project has been able to reduce the open access endoscopy wait list at OPH from 3000 down to <500.

This dramatic reduction was achieved over the period of a year by a multi-faceted project involving: audit of the wait list, development of referral guidelines and a specific electronic referral form for GPs, improved clerical handling of referrals, and development of an improved triage system.

Similar solutions are being rolled out across the state in early 2017, under the WA Adult Gastrointestinal Endoscopy Services (WAGES) project being coordinated by WA Health, in collaboration with stakeholders from hospitals and primary care.

Dr Clare Matthews  
Hospital Liaison GP, Osborne Park  
Hospital  
[Clare.matthews@health.wa.gov.au](mailto:Clare.matthews@health.wa.gov.au)  
Available: Mon and Wednesday  
afternoons  
(08) 9346 001

## Sir Charles Gairdner Hospital

### Important contact information

All phone and fax numbers at SCGH using the number prefixes of (08) 9346 \*\*\*\* or (08) 9287 6\*\*\* have changed to (08) 6457 \*\*\*\*.

SCGH Switchboard: 6457 3333

Pathwest (test results – all hours):  
137 284 (13 PATH)

### Emergency Department

Patient referrals:

- For most patients a letter accompanying the patient is sufficient (include current medication list and copies of relevant investigations).
- For very complex patients, or country patients, you can ring 6457 7255 to discuss prior to transfer. A duty consultant is available 8am to midnight, and a registrar outside these hours.

Patient queries:

- For queries regarding your management of a patient, or help with interpreting tests such as an ECG, ring 6457 7255.
- If you have query regarding the management of a patient in ED then ring 6457 7255

Toxicology queries:

- For queries regarding toxicology/poisoning call The Poisons Centre on 131 126

### Request for patient information

The GP desk is staffed 24/7.

Requests for information from medical records should be faxed to 6457 3523 on practice letterhead. Indicate how urgent the information is required. Routine requests are usually processed within one day. Urgent requests can be processed within an hour or two. Requests can include discharge summaries, pathology or radiology results, or copies of outpatient letters (or handwritten Drs notes if no letter has been dictated).

Please note over 80% of patients have a discharge summary sent to their GP within two days of discharge. If you have not received a discharge summary within two weeks of discharge then contact the GP desk as above.

### Change in GP details

SCGH maintains a comprehensive database of referring GP details. Please advise SCGH Systems Support office if correspondence is sent to the wrong address or your practice details change by Tel: 6457 3331 or 6457 2315, Fax: 6457 3067, or E-mail (preferred): [scghsystemssupport@health.wa.gov.au](mailto:scghsystemssupport@health.wa.gov.au). This database is used by all metropolitan public hospitals.

### WA Adult Epilepsy Service commences service at SCGH

The WA Adult Epilepsy Service (WAAES) commenced its inpatient service at Sir Charles Gairdner Hospital (SCGH), in November. The outpatient component of the service commenced in August.

The service has transferred from Royal Perth Hospital to Sir Charles Gairdner Hospital, to centralise clinical expertise and resources, as part of the State Centre for Neurosciences based at the Queen Elizabeth II Medical Centre. The service:

- Provides care to adults aged 16 years and older with complex and refractory epilepsy (including telehealth).
- Assesses patient suitability for epilepsy surgery.
- Provides diagnostic and pre-surgical long term EEG monitoring.
- Provides specialist outpatient clinics including telehealth for patients with drug resistant epilepsy.
- Provides links to neurosurgery, neuroimaging and transition services from paediatric to adult epilepsy centres.

Non-complex epilepsy will still be seen by hospital neurology clinics. If you think your patient needs to be seen by WAAES then please indicate the reasons why on your referral to the Central Referral Service.

The WAAES can be contacted on 08 6457 3276.

# PERTH CHILDREN'S HOSPITAL

## Building update

Ongoing uncertainty about when the building will be completed, Perth Children's Hospital can still not confirm the exact dates of its opening schedule.

These dates remain contingent on us obtaining full access and control of the entire building so that we can complete the final stage of our clinical commissioning program.

We can confirm that PCH's Managing Contractor (John Holland) has advised that all affected ceiling panels have now had asbestos material removed.

We will continue to do as much as possible to progress our commissioning program while the building is being completed. This includes deploying computers and technology, cleaning the building to the clinical standard, training more than 1800 staff in the building, applying for and getting necessary licences and qualifications, shelving and stocking.

## PCH helipad testing

Last month, the Emergency Rescue Helicopter Service conducted the first of a number of test landings on the PCH rooftop helipad to ensure that it is safe and ready to receive patients when PCH opens.

More test flights will be carried out in the coming weeks at varying times of the day including at night to test the helipad in low light.

When PCH opens, the rooftop helipad will service both PCH and Sir Charles Gairdner Hospital, replacing the current temporary helipad at the northwest corner of the QEII Medical Centre site.



## PCH features – Today Tonight

Recently, Channel 7's Today Tonight team visited PCH to follow a group of staff as they completed their training in the new building. Go to the 'News' section under the 'Information' tab on our website at [www.newchildrenshospitalproject.health.wa.gov.au](http://www.newchildrenshospitalproject.health.wa.gov.au) to watch our staff as they familiarise themselves with the new building, learn how to use new equipment and prepare for any emergency.

## External signage installation continues

The installation of external signage continues. As you drive by, you will see new PCH signage at both the corner of Winthrop Avenue and Monash Avenue and the corner of Monash Ave and Hospital Avenue.

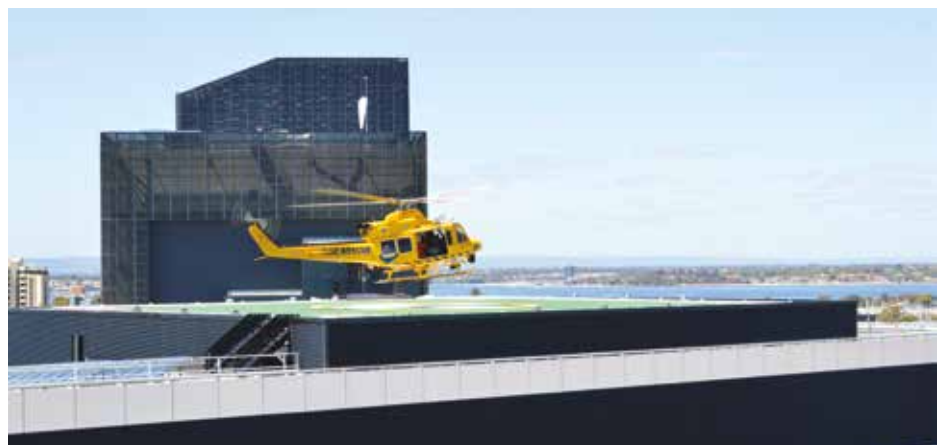


When all of the signage is installed it will exist in five locations around the site, and be illuminated at night.

## Building a community

These updates are a valuable space to share important PCH move information with you, our stakeholders. Sharing information is the best way we can prepare for change and we welcome your feedback.

For more information or content suggestions, please email: [perthchildrenshospital.enquiries@health.wa.gov.au](mailto:perthchildrenshospital.enquiries@health.wa.gov.au)





## ADS launches type 2 diabetes treatment website

The Australian Diabetes Society (ADS) has launched a new interactive website aimed at improving the lives of people living with type 2 diabetes.

ADS president, Professor Sophia Zoungas said the T2D treatment website is the first of its kind in Australia to offer health-care clinicians a user-friendly, interactive tool to assist them in determining the best treatment option for their patients.

"Achieving optimal control of blood glucose levels in people with type 2 diabetes has benefits for preventing microvascular complications and reducing macrovascular complications and death," she said.

"The website features evidence-based information, easy to understand treatment pathways and case studies.

"Finding the right treatment early on is essential for ensuring quality of care and the best possible health outcomes for patients," she said.

The launch of the website follows the release of a revised position statement by the ADS entitled, '*A new blood glucose management algorithm for type 2 diabetes*'.

This initiative involved the support of groups including the National Association of Diabetes Centres (NADC), Diabetes Australia (DA), the National Prescribing Service (NPS) and the Royal Australian College of General Practitioners (RACGP).

Please visit <http://t2d.diabetessociety.com.au> to access the T2D treatment website.

To access a copy of the ADS position statement, '*A new blood glucose management algorithm for type 2 diabetes*', please visit the ADS website at <https://diabetessociety.com.au/latest-news-and-updates.asp> or the T2D treatment website via the above link.

## PBS provides approval to improve access to hepatitis C treatment through general practice

The recently published Schedule of Pharmaceutical Benefits (effective 1 October 2016) states that chronic hepatitis C infection can be treated by an experienced medical practitioner, or, in consultation with a gastroenterologist, hepatologist or infectious disease physician experienced in the treatment of hepatitis C infection.

Western Australia has lagged behind other jurisdictions in the uptake of the new direct acting agents (DAAs) for chronic hepatitis C infection. Only an estimated 7% of eligible individuals in WA have initiated the curative DAA treatments.

For information about hepatitis C investigation, diagnosis, treatment and management visit the WA Department of Health 'Silverbook' at <http://ww2.health.wa.gov.au/Silver-book/Notifiable-infections/Hepatitis-C>. The website includes a remote consultation form, under the 'Treatment' heading, that can be used through the WA Health Central Referral Service.

There are several online training resources in the new hepatitis C treatments available to general practitioners and these can be accessed at the following websites:

<https://lms.ashm.org.au/> or <http://www.ashm.org.au/HCV/training>

<http://www.nps.org.au/health-professionals/cpd/activities/online-courses/managing-hepatitis-c-in-primary-care>

<http://hepatitis.ecu.edu.au/>

In addition to the online training, the Australasian Society of HIV, Hepatitis and Sexual Health Medicine (ASHM) are providing face-to-face training and webinar opportunities in WA in 2017. For more information email [education@ashm.org.au](mailto:education@ashm.org.au) or telephone (02) 8204 0796 to enrol or other enquiries.

There have been some reported difficulties of patients finding a community pharmacy to supply the hepatitis C treatments. Please advise your patients to talk to their pharmacist about a guaranteed supply of treatment for repeat prescriptions.

The HealthPathways WA website has up to date information on the hepatitis C pathway – see <https://wa.healthpathways.org.au/28219.htm> (username: connected password: healthcare)

## South Metropolitan Communicable Disease Control team are relocating

The South Metropolitan Communicable Disease Control team are relocating on the 21 November to join the North Metropolitan Health Services, Public Health and Ambulatory Care Division.

The North and South Communicable Disease Control teams will amalgamate and become the Metropolitan Communicable Disease Control (MCDC).

MCDC will provide a Perth metropolitan wide service covering the geographical areas of North Metropolitan, East Metropolitan and South Metropolitan Health Services. MCDC will continue to provide all disease control services including advice and support on notifiable infectious disease and immunisation to general practice to ensure appropriate public health management of notifiable diseases and other communicable diseases of public health significance.

MCDC will be a part of the North Metropolitan Public Health Unit. Other services within the unit are the WA Tuberculosis Control Program, North Metropolitan Health Promotion and the Humanitarian Entrant Health Service.

Contact details for MCDC are:

Metropolitan Communicable Disease Control (MCDC) Anita Clayton Centre, Suite 3/311 Wellington Street, Perth 6000

Phone: 9222 8588 or 1300 MDCWA (1300 62 32 92)

Fax (confidential): 9222 8599

Email: [contactMCDC@health.wa.gov.au](mailto:contactMCDC@health.wa.gov.au)

## ASHM Position Statement: Hepatitis C Prescribing

Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) believes that all clinicians with the skills and experience to manage hepatitis C should be able to initiate treatment. A SHM knows that clinicians gain skills and experience from a number of sources and as such recognises a number of paths for the demonstration of such skill and/or experience. These include:

- Training provided, on-line or face to face by ASHM or another reputable clinical education provider, or
- Training obtained on-the-job in a clinical setting where hepatitis is managed.

ASHM further recognises that hepatitis C is a condition affecting a whole person and as such ASHM values holistic care of the patient in general practice, or other primary care settings, including Aboriginal Medical Services, Drug and Alcohol Services, Sexual Health Services, youth, migrant, women's or men's health services, mental health services or corrections/juvenile justice services which may have a functional and ongoing relationship with a patient living with hepatitis C.

All clinicians treating hepatitis C should have access to testing, assessment and treatment information, and services for patients to assist them in their decision making about treatment and post treatment decisions. Where possible and desirable from the perspective of the patient, patients should have access to, be referred to, or provided with information about peer services.

Clinicians are able to distinguish patients with advanced or complicated disease who may need specialist referral or follow-up. Patients without these needs should be able to be managed in the primary care setting.

Patients with comorbidities may likewise need ongoing referral and management and this will also be a factor for patients managed in tertiary settings who will need ongoing general practice care and possibly other non-hepatitis related specialist care.

ASHM provides training and ongoing continuing medical education, professional development and quality improvement programs to assist clinicians to maintain their currency in hepatitis C management. ASHM training is accredited by relevant colleges and as such contributes to clinicians' maintenance of clinical and professional standards.

ASHM lists on its website clinicians who have this training and experience. Clinicians can apply to ASHM to have their details listed on this web based list service.

Date adopted: October 2016

The HealthPathways WA website has up to date information on the **hepatitis C** pathway – see <https://wa.healthpathways.org.au/28219.htm> (username: connected password: healthcare)

## Let us know your thoughts on antibiotic use

GPs are invited to complete an online survey about antibiotic use and antibiotic resistance in Australia. The survey explores attitudes towards antibiotic use and resistance, and investigates education and resource needs. The survey takes about 15-20 minutes to complete and responses remain anonymous and confidential. Take part for a chance to win an iPad.

The findings from this study will assist national policy-makers to enhance national policy and education interventions about antibiotic use and antibiotic resistance in Australia.



Your views are important.  
To participate or for more information,  
please click here: <https://www.surveymonkey.com/r/researchabq>

The study is being run by the University of Sydney. For more information, please contact Dale Dominey-Howes via [dale.dominey-howes@sydney.edu.au](mailto:dale.dominey-howes@sydney.edu.au) or phone (02) 9351 6641.

## Opportunistic STI screening – key role of GPs

Over the past six years, notified cases of gonorrhoea in metropolitan Perth have more than doubled. In the first half of 2016, there were over 600 gonorrhoea notifications among heterosexual women and men in metropolitan Perth – double that in the MSM community. The vast majority of cases have been in adults aged 20-39 years. Given that gonorrhoea is asymptomatic in 80% of women, and the vast majority of men who present with throat and rectal infections, it is important to be pro-active and provide opportunistic STI testing to sexually active women and men who may be at risk. This should include screening for syphilis and BBVs where chronic carriage without symptoms over a prolonged period can be an important feature promoting ongoing spread.

- For advice on STI testing, treatment or contact tracing, phone 9222 8588 or 1300 MCDWA (1300 62 32 92)
- Link to the Silver Book STI guidelines: <http://ww2.health.wa.gov.au/Silver-book>

See the HealthPathways WA website for STI pathways including gonorrhoea, chlamydia and syphilis <https://wa.healthpathways.org.au/15529.htm> (username: connected password: healthcare)

## New Clinical Practice Guidelines for the Diagnosis and Management of Melanoma

The guidelines cover recognition of melanomas, biopsy of suspicious lesions, when to perform sentinel node biopsy (SNB) and margins for radical excision of primary melanomas.

The biggest change is new evidence backing the use of SNB to accurately stage melanoma.

### Highlights:

- Careful history taking is critical and any lesion that continues to grow or change in size, shape, colour or elevation over a period of more than one month should be biopsied and assessed histologically or referred for expert opinion.
- There is no need to monitor raised lesions.
- The best biopsy approach for a suspicious pigmented lesion is complete excision with a 2mm clinical margin and upper subcutis.
- Punch biopsy should not be used for the routine diagnosis of suspected melanoma because of high rates of histopathological incorrect false negatives.
- Where a punch biopsy has been done for suspected BCC or SCC and the diagnosis has been found to be melanocytic, then excision of the entire lesion should be considered.
- Deep shave excision should be limited to in situ or superficially invasive melanomas to preserve prognostic features and optimize accurate planning of therapy.
- Partial biopsies may not be fully representative of the lesion and should be interpreted with caution to minimise incorrect false negative diagnoses and under-staging.

- In carefully selected clinical circumstances (such as large in situ lesions, large facial or acral lesions or where the suspicion of melanoma is low), and in the hands of experienced clinicians, punch or shave biopsies may be appropriate.
- Consider sentinel node biopsy for melanoma greater than 1mm in thickness and melanoma greater than 0.75mm with high risk pathological features. SNB should be performed in a centre with expertise in the procedure, including nuclear medicine, surgery and pathology.

## BreastScreen WA is going paperless

BreastScreen WA is changing the way they communicate with GPs. By the end of 2016 the majority of correspondence GPs receive from BreastScreen WA will be by electronic secure messaging.

BreastScreen WA's GP Liaison Dr Eric Khong explained further, "GPs and their patients will benefit by receiving their patients' Normal Result and Screening Reminder letters via electronic secure messaging. GPs will receive the information faster, and it will be easier to incorporate this in to patients' electronic medical records."

If GPs do not wish to receive their patient's screening mammogram results and reminders electronically, please email [breastscreenwa@health.wa.gov.au](mailto:breastscreenwa@health.wa.gov.au)

# COUNTRY ROUNDUP

## Kimberley networking session for general practice

In November Country WA PHN hosted staff from Kununurra Medical, Kimberley Medical Group and Boab Health Services to meet and network with colleagues in general practice, allied health, palliative care and the acute hospital sector in Broome.

Kununurra Medical is a multi-disciplinary and accredited private medical practice that serves the East Kimberley region of the Kimberley.

The practice is located in the centre of Kununurra in a purpose-built facility adjacent to Kununurra District Hospital. Proudly owned by Wunan, an Aboriginal development organisation, Kununurra Medical is the only not-for-profit mainstream medical practice in the East Kimberley.

Kununurra Medical practice manager Suzette Chemello and practice nurse Lorraine Morris said it was a wonderful opportunity to meet other health professionals, including Broome Medical Clinic director/practice manager Laureen Thorpe.

Broome Medical Clinic is fully AGPAL accredited and has served the local Broome Community since 1980.

The clinic's long-term goal is to provide comprehensive, patient focused care for their patients.

Attendees at the networking sessions also met with multi-disciplinary staff from Broome Boab Health Services, which has two hubs, based in Broome and Kununurra.

Kununurra Medical and Boab Health have already established strong working partnerships with a focus on comprehensive primary care that is holistic, sustainable, patient centred and delivers the right care at the right time and in the right place.

Boab Health chief executive officer Margie Ware said the organisation worked with other health providers to deliver quality services that are equitable and culturally appropriate.

"Overall I believe Boab is well positioned to work with general practices in the Kimberley to support patients with multiple complex and chronic conditions and support patients and families to better manage and organise their health care needs," Ms Ware said.

Ms Morris echoed the comments about integrating health services in the region.

"The integration of services can be of great benefit to our patients in preventing unnecessary hospitalisations and improve patient's experience of care," Ms Morris said.

"Our recent collaboration with Boab staff in organising and delivering a Multidisciplinary Diabetes Clinic was very successful.

"The aim of the program is to provide coordinated care for patients with diabetes and diabetic related complications.

"If we identify problems early and intervene we can educate patients and prevent exacerbation of chronic conditions and the problems associated with diabetes for example limb amputations."

Kununurra Medical also work in partnership with Dr Jo Baker and Elli Lazarov Practice Manager of Kimberley Medical Group, a newly established general practice in Broome.

## Education Events

### Update in Hepatitis B: For GPs and primary care practitioners

Treatment for hepatitis B can reduce a patient's risk of liver cancer by 50% in a few years. Identifying and monitoring people with chronic hepatitis B infection allows for timely identification of cancer and liver disease, or even prevention, through the institution of effective treatment. Vaccination and treatment for hepatitis B is available and effective.

**Date:** Tuesday, 13 December 2016

**Venue:** Oaks Broome, 99 Robinson Street, Broome WA 6725

**Time:** 6:30pm – 9:30pm (Please arrive at 6:15pm for registration)

**Register at:** <http://www.ashm.org.au/Courses/Pages/EVT-01587-486P.aspx>

**Registrations Close Wednesday, 7 December 2016**

For further details contact May Wang on (02) 8204 0723 or [May.Wang@ashm.org.au](mailto:May.Wang@ashm.org.au)

**CPD Points:** This activity has been approved by the RACGP for 4 Category 2 QI&CPD points.

Certificates will be provided for nursing points.

This course has been funded by the Australian Department of Health and is a free course for GPs, nurses and allied health workers.

See also the Hepatitis B pathway on the HealthPathways WA website <https://wa.healthpathways.org.au/28204.htm> (username: connected, password: healthcare)

# ABORIGINAL HEALTH

## New MBS items for retinal screening in general practice

Two new screening items for patients with diabetes were introduced on 1 November.

These items allow a GP to use a non-mydratic photograph to assess for the presence of *previously undetected* diabetic retinopathy.

The items cover Indigenous (12325) and non-Indigenous patients (12326). Indigenous patients are eligible for this assessment every 12 months and non-Indigenous are eligible every two years.

The procedure must include a visual acuity test and patients with visual acuity less than 6/12 in either eye are excluded.

Training courses for assessing diabetic retinopathy are available through the University of Melbourne's Indigenous Eye Health Unit.

## Practice Incentive Payment – Indigenous Health Incentive (PIP IHI)

Aboriginal patients with a chronic condition within general practice benefit from being registered for the PIP IHI and Close the Gap (CTG) PBS CoPayment. A PIP IHI registered Practice will receive payments based on registration of an Aboriginal patient for PIP IHI, and the chronic disease management and total patient care provided in a calendar year.

'The patient registration payment is paid once per patient, per calendar year for patients registered between 1 January and 31 October. If a patient is registered for the first time in November or December of a year, they'll be registered from 1 January to 31 December of that year, as well as for the following year. Practices will receive one patient registration

payment of \$250 in the February payment quarter of the following year.' (*PIP IHI Guidelines, Feb 2014*).

As the end of the calendar year approaches GPs might consider recalling currently registered PIP IHI registered patients for renewal of the registration; and running a report on practice software on Aboriginal patients with a chronic disease who are eligible for the additional support provided via PIP IHI.

For further information please see the PIP IHI and CTG Script Annotation article within GP Connect, which includes a summary of the tiered payments, and comparison of PIP IHI and CTG Script Annotation components. <http://www.wapha.org.au/gp-information/>

For further information on registering for PIP IHI visit the HealthPathways WA website: <https://wa.healthpathways.org.au/42554.htm> (username: connected password: healthcare)

# DIGITAL HEALTH

## Video Call set to improve patient access to clinicians

Patients attending selected outpatient clinics at Royal Perth Hospital and Princess Margaret Hospital may be given the opportunity to attend their appointments via a video consultation. This will allow patients to attend appointments via video link from a remote location such as their home or GP practice.

Developed by Healthdirect Australia, the Video Call management platform enables hospital staff to manage multiple consultations and facilitates team-based care. It is envisioned that the system will also allow for the provision of a more integrated care model by facilitating greater involvement by the GP in the patient's hospital care.

This could be achieved either with the patient and GP together at the practice attending the consultation via video or by video linking the GP into the appointment. The Video Call system also allows participants to share their screen to show documents and images such as test results or x-rays.

Specialists have identified a number of areas where the inclusion of GPs in the outpatient consultation could benefit the patient and their treatment, these include: at the initial screening appointment to provide a comprehensive patient background; increasing inclusion of the GP in developing a treatment plan; and as a handover activity at the completion of hospital treatment. Assistance from general practice with

enabling these integrated appointments for your patients is appreciated.

Requirements to use the system are; a computer, laptop, tablet or smartphone with internet access, the Google Chrome web browser and a web-cam and speakers.

Usual MBS billing of the consultation is possible if the patient care provided is in accordance with a professional service, 'patient end' Video-Consultation MBS items are not applicable for Video Call. There may be situations where a case conference reimbursement is applicable according to MBS item rules.

For more information and any queries, email [videocall@health.wa.gov.au](mailto:videocall@health.wa.gov.au) or call 9222 2028.



## What is HealthPathways?

HealthPathways WA is a web-based portal with information on referral and management pathways helping clinicians to navigate patients through the complex primary, community and acute health care system in Western Australia.

HealthPathways WA is designed to be used at the point of care by general practitioners and is a free resource for all users. WAPHA and WA Department of Health work in partnership to ensure that information on HealthPathways is up-to-date, specific and localised to the unique WA health landscape.

To access HealthPathways, contact your PHN Network Support Officer or email [healthpathways@wapha.org.au](mailto:healthpathways@wapha.org.au) to request log-in details. For more information about HealthPathways visit the HealthPathways Project Management website at [waproject.healthpathways.org.au/](http://waproject.healthpathways.org.au/)



## New pathways

HealthPathways WA now has 197 live pathways, including a number of request pages that detail referral pathways for Eating Disorders, Suicide Support Services and Acute Care in the Community.

## Hepatitis C

The recent changes to Hepatitis C medication prescribing have been published on [HealthPathways](http://HealthPathways). Experienced GPs can now prescribe medication to patients directly, removing the need for patients with Hepatitis C to visit a specialist. GPs can also prescribe via remote consultation with a hospital-based specialist; information on this is available on [HealthPathways](http://HealthPathways). Currently Fiona Stanley and Royal Perth hospitals offer a remote consultation service.

A HealthPathways CPD event was held on Wednesday 9 November in partnership with Fiona Stanley Hospital to advise GPs of the changes. Presentations were given by specialists in the field from Fiona Stanley Hospital. 33 GPs and nurses attended the event and great feedback was received. One of the GPs who attended said, 'Thank you for a wonderful event, it was so useful and I will be regularly checking HealthPathways for upcoming events'.

Any further changes to Hepatitis C prescribing laws will be detailed on the HealthPathways WA website – see <https://wa.healthpathways.org.au/28219.htm> (username: connected password: healthcare).



**Australian Government**

### WAPHA disclaimer

While the Australian Government Department of Health has contributed to the funding of this newsletter, the information contained in it does not necessarily reflect the views of the Australian Government and is not advice that is provided, or information that is endorsed, by the Australian Government. The Australian Government is not responsible in negligence or otherwise for any injury, loss or damage however arising from the use or reliance on the information provided herein.