

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

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GP CONNECT

MESSAGE FROM THE CEO

Learne Durrington



The Turnbull Government continues to significantly reframe the child immunisation debate. Last year's decision to link childcare and family tax benefits to immunisation made the Government's position abundantly clear: that this is not about a parent's right to decide in isolation – rather it's about keeping all Australian children safe, and this is a community responsibility.

Just days ago, the Prime Minister went a step further and detailed his plan to ban unvaccinated children from childcare centres and pre-schools across Australia. Mr Turnbull has written to all State and Territory leaders asking them to support a national policy and more consistent laws. The Prime Minister is confident that States and Territories will get on board with his Government's proposal.

Under the latest proposal, any child who is not vaccinated – except those with a medical exemption – would not be allowed to attend childcare or pre-school. The plan has bipartisan support. In a rarely seen endorsement of the PM's policy, the Opposition Leader has applauded Mr Turnbull for his strong stance against the anti-vaccination lobby.

The two aligned policies, referred to as 'no jab no pay' and 'no jab no play', have gained a groundswell of community support in a context where misinformation and disingenuous claims serve only to alarm parents by blatantly ignoring the science

of immunisation. Senator Pauline Hanson's damaging public commentary linking immunisation to autism and her criticism of the Government's policy have raised the ire of clinicians and much of the general public. Her comments have raised consternation from within and outside of the medical profession for their potential negative impact on the intentions of vulnerable parents to vaccinate their children.

In mid-January in WA, two babies and one child were exposed to the measles virus at Rockingham General Hospital's emergency department, when a child of a non-vaccinating family presented with measles. The potential for a subsequent outbreak was highlighted by WA Health and the State's peak doctors' groups.

The latest Child Health Poll finds that despite extensive medical research showing no causal link, one in ten Australian parents believe that vaccines can cause autism, and a further 30 percent are unsure. WA parents who are concerned about the safety of vaccines is 10 percent higher than the national figure. Other Poll findings are significant for general practice, including that many Australian parents are confused about whether to delay vaccines when a child has a minor illness with 47 percent incorrectly saying vaccination should be delayed in a well child on antibiotics, and 22 percent in a child who has had a local reaction to a previous vaccine, such as swelling or redness.

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MENTAL HEALTH

(continued from page 1)

The 31 Australian Primary Health Networks have been given the remit to support general practices in achieving childhood immunisation targets. WAPHA has developed a comprehensive primary care strategy which is closely aligned to WA Health's 2016-202 strategy. Our Primary Health Liaison Officers provide practical support and education to practice staff in effective immunisation practice. Working collaboratively with GPs and practice nurses, WAPHA intends to continue to improve the immunisation coverage rates within the PHN footprint.

The 2016 annualised Australian Child Immunisation data for all States and Territories and by PHN are detailed in this edition of GP Connect. The 2016 figures show that WA has the lowest child immunisation rates across all age groups. However, this doesn't reflect the dedicated work of many WA GPs to increase these rates. In his latest report, Improving Immunisation Rates of Children in WA, the State's Auditor General recognises that WA meets the national immunisation target of 90 percent for children aged 0-5 years and acknowledges the significant contribution of GPs to the State's overall immunisation coverage.

Working closely with general practice, WAPHA is committed to increasing the immunisation rate – particularly among hard to reach groups – and to improving the quality of immunisation services across WA. As immunisation advocates, GPs have the trust based relationships with their patients to address parental questions and concerns. They have the data and tools to identify children for whom the cycle of vaccination is incomplete and to implement an appropriate catch up schedule. This pivotal role of GPs in providing continuity of care is vital in our joint objective of continually improving WA's child immunisation rates.

Primary Mental Health Care update

In the last two issues of GP Connect we discussed changes to the Commonwealth Access to Allied Psychological Services program (ATAPS) and WAPHA-led commissioning of services to support GPs who provide integrated Mental Health/Alcohol and Other Drugs care.

Over the next several months WAPHA will be engaging with GPs to implement a new referral pathway for patients with mild to moderate, anxiety, depression and problematic substance use.

This single-entry point will enable patients in genuine financial difficulty to undergo an expert psychological assessment and have access to a range of services delivered by telephone, on line and/or face to face.

We have written to GPs who have referred patients to ATAPS and will follow up in person to discuss the most effective way to establish this service.

We have listened to the concerns and apprehensions expressed to us by GPs and are committed to working with you to create a comprehensive integrated stepped care framework providing better care for your patients.

Following analysis of areas of high unmet need for mental health services in WA and your feedback, WAPHA will commence commissioning services to support you in providing integrated mental health care within a stepped care framework.

In the first instance, services will include brief psychological interventions, care management for severe and complex patients, and additional place based services to support both.

Implementation of a more integrated system requires clinician input.

To achieve this, WAPHA is seeking expressions of interest from GPs to form a GP Mental Health Reference Group to provide advice and assistance on how to develop the service system that best supports your patients.

To express your interest in the GP Mental Health Reference Group please visit our website at www.wapha.org.au



COMPREHENSIVE PRIMARY CARE



Dr Vasantha Preetham, WA Primary Health Alliance Chair Dr Richard Choong, Dr George Crisp and Dr Amitha Preetham

WAPHA hosts GP event

WA Primary Health Alliance hosted a dinner event for GPs on Tuesday 21 March at Royal Perth Yacht Club.

The event was attended by 60 GPs and provided an update on the Health Care Home Stage 1 Implementation, details of WAPHA's Comprehensive Primary Care program and summarised the key findings of a recently commissioned GP Workforce report.

WAPHA will run similar events in the Mid-West and the South West regions in early May. To access the presentations and video of the event visit www.wapha.org.au

Comprehensive Primary Care update

WA Primary Health Alliance is currently launching the first stage of Comprehensive Primary Care, partnering with selected local general practices to implement the Patient Centred Medical Home principles within the West Australian context.

As part of Comprehensive Primary Care model, a dedicated team from WAPHA will work with and support the partnership practices.

There are currently 23 general practices who are Comprehensive Primary Care partnership practices.

Working with partnership practices, our Comprehensive Primary Care approach aims to build the capacity and capability of the practice team to enhance existing and/or implement new innovative models of care that are:

- patient centred;
- comprehensive;

- quality driven;
- co-ordinated; and
- accessible.

Comprehensive Primary Care also aims to prepare partnership practices for future stages of the Commonwealth's Health Care Home Stage 1 Implementation (<http://www.health.gov.au/internet/main/publishing.nsf/Content/health-care-homes>).

For more information contact Comprehensive Primary Care manager Sharon Viles via Sharon.viles@wapha.org.au



ABORIGINAL HEALTH

Rudloc Road Medical Centre puts spotlight on Aboriginal health

In an effort to help Close the Gap on Indigenous disadvantage in the community, Rudloc Road Medical Centre hosted an "Aboriginal Health Check Week" in March. The weeklong initiative coincided with the National Close the Gap Day on the 16 March 2017.

Committed to improving the health of their Aboriginal patients, the GPs and practice staff at Rudloc Road approached WA Primary Health Alliance (WAPHA) last year to discuss how we could support them to better engage with their Aboriginal community. In collaboration with WAPHA's Aboriginal Health Team, the week was organised to include opening and closing ceremonies, information sessions and health checks for Aboriginal patients.

WAPHA would like to acknowledge the teams from Moorditj Koort and Yarning It Up who participated in the Aboriginal Health Check Week.

Further information

If you are interested in coordinating a similar Aboriginal health focus week at any time, or would like more information on the above (eg. Chronic Disease Package), please contact WAPHA's Aboriginal health team at aboriginalhealth@wapha.org.au, or your local Primary Health Liaison. Further information on the Close the Gap Report can be found at <http://closingthegap.pmc.gov.au/sites/default/files/ctg-report-2017.pdf>



Rudloc Road Medical Centre staff with WA Primary Health Alliance staff at their Aboriginal Health Check Week event

Close the Gap Report

In February Prime Minister Malcolm Turnbull released the latest Close the Gap report.

Key health findings of the report included:

- COAG target of closing the gap in life expectancy between Aboriginal and non-Aboriginal Australians by 2031 is not on track.
- Aboriginal life expectancy figures (2013) show a gap of 10.6 years for males, and 9.5 years for females. Updated figures from most recent census not yet available.
- WA has the second-most largest mortality rate gap of 1,520/100,000 between 2011 – 2015; but the only significant decline in the gap over the long term (by 31 percent) since the 2006 baseline.
- Health of Aboriginal people slowly improving, particularly in chronic diseases.
- Chronic disease accounts for around 70 percent of Aboriginal deaths, and three quarters of the gap in mortality rates between Aboriginal and non-Aboriginal Australians.
- Medicare health assessments can be used to illustrate how the health system is improving care for Indigenous Australians.
- Measures (Chronic Disease Package) were introduced in 2009-2010. Between 2009-2016 Indigenous health assessment rates for 0-14 year-olds increased by 278 percent; 15-54 year-olds increased by 256 percent; 55 years+ increased by 196 percent. GP Management plans and team care arrangements roughly doubled, with these MBS items now claimed for Indigenous Australians at a higher rate than for non-Indigenous Australians.
- Commonwealth funded policies and programs such as the Medicare Benefits Schedule, the Pharmaceutical Benefits Scheme and Practice Incentives Programs play a significant role in the health system.

Recent achievements include: exceeding the 88 percent immunisation rate target set for Indigenous one-year-olds, as well as five-year-olds having the highest immunisation rates of any group nationally; The launch of a Cultural Respect Framework to give guidance to mainstream health system providers on providing culturally competent health service.



NDIS update

Disability and Sickness – Payments and Support

The HealthPathways team have recently updated the Disability and Sickness – Payments and Support pathway due to changes within the NDIS. The new information about the NDIS includes an extensive update about eligibility for both early intervention and general disability; more information about how GPs can help patients apply for the scheme; information about the state-wide roll-out following the agreement between State and Federal governments regarding the NDIS model; and more in-depth information about the scheme itself and patient services, plans and funding.

This information is now live and can be viewed on the HealthPathways live site <https://wa.healthpathways.org.au/index.htm?117469.htm>

Planned Learning and Need (PLAN) for CPD events

In the new triennium, RACGP will be increasing focus on reflective learning practises in continuing professional education. It is envisioned that the implementation of new regulations will encourage GP's to self-identify priority areas of general practice learning in accordance with their personal aspirations, the needs of their patients and the needs of their community.

These new regulations stipulate that all GP's are required to gain a minimum of 130 QI&CPD points. This must include a new mandatory online planning learning and need (PLAN) Quality Improvement Activity to promote reflective learning practice, one category 1 activity and one CPR course.

The PLAN activity will further assist GP's in structuring their educational journey over the new triennium and must be completed online through myRACGP web page <https://www.racgp.org.au/myracgp>

To find out more about the PLAN activity visit [https://www.racgp.org.au/education/qicpd-program/gps/planning-learning-and-need-\(plan\)/](https://www.racgp.org.au/education/qicpd-program/gps/planning-learning-and-need-(plan)/)

For the latest WAPHA CPD information please direct to the Project site <https://waproject.healthpathways.org.au/Events.aspx>

New live pathways

A number of localised pathways have gone live recently including a large number which are specific to Child and adolescent health:

Child Mental Health:

Generalised Anxiety Disorder in Children and Adolescents

Grief and Loss in Children and Adolescents

Conduct Disorder

Fetal Alcohol Spectrum Disorder (FASD)

Depression in Children and Adolescents

Obsessive Compulsive Disorder in Children and Adolescents

Bullying and Peer Conflict in Children
Attention Difficulties in Children

Child and Adolescent Mental Health Requests:

Child and Adolescent Mental Health Services

Child and Youth E-Therapy Services

Youth Mental Health Services

Child Development Assessment

Fetal Alcohol Spectrum Disorder Assessment

Palliative Care:

New Palliative Care Patient

Caring for a Dying Patient at Home

Palliative Care Equipment Loans and Purchase

Women's Health:

Unplanned Pregnancy Counselling

Respiratory:

Acute Asthma in Adults

Older Adults Health:

Medication Management and Polypharmacy in Older Persons

Lifestyle and Preventive Care:

Metabolic Syndrome

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@wapaha.org.au to request log-in details. For more information about HealthPathways visit the HealthPathways Project Management website at <http://waproject.healthpathways.org.au/>

PRIMARY CARE IN FOCUS

RACGP's Guidelines for Preventive Activities in General Practice (Red Book) Updated

The RACGP's Guidelines for Preventive Activities in General Practice (Red Book) has been updated and is now in its 9th edition. A focus on preventive activities, youth mental health, rural healthcare and ethics in general practice.

For more information, visit
<http://www.racgp.org.au/publications/goodpractice/20171-2/red-book/>

Medicare Billing Assurance Toolkit

GPs and general practices wanting to reduce the risks of incorrect MBS billing and increase the efficiency of their practice may be interested in the Medicare Billing Assurance Toolkit. The toolkit includes a range of checklists, templates and suggestions to make it easier for GPs and their practices to manage risks that inadvertently cause incorrect billing under Medicare. The toolkit has been developed by the Department of Health, which worked closely with peak health bodies, including the AMA, and health professionals to identify ways to support improved billing accuracy under Medicare. The different sections of the Toolkit provide the tools to implement a continuous improvement cycle for a practice's Medicare billing assurance approach.

To access the toolkit, visit
<http://www.health.gov.au/internet/main/publishing.nsf/Content/medicare-bill-assur-toolkit>

New Guidelines for Electronic Discharge Summaries

GPs may be encouraged by the prospect of improved discharge summaries with The Australian Commission for Safety and Quality in Health Care's release of new National guidelines for on-screen presentation of discharge summaries. The guidelines describe what information needs to be included in an electronic discharge summary so GPs can immediately see relevant information about the patient's medications, tests performed, and treatment while in hospital and recommendations for follow up care.

Developed through extensive research, consultation and iterative testing with more than 70 clinicians, the guidelines specify the sequence, layout and format of the core elements of hospital discharge summaries as displayed in clinical information systems. The guidelines provide recommendations to ensure that the necessary information about the patient's hospital encounter, and immediate next steps and follow-up, are provided in a clear and unambiguous manner. This helps GPs identify any risk areas, as well as the most important discussion topics for patient consultation.

For more information, visit
<https://www.safetyandquality.gov.au/publications/national-guidelines-for-on-screen-presentation-of-discharge-summaries/>

New Resources: Diabetes and Emotional Health

The National Diabetes Services Scheme (NDSS) in collaboration with the Australian Centre for Behavioural Research in Diabetes (ACBRD) has developed new Diabetes and Emotional Health resources for health professionals who work with adults with type 1 or type 2 diabetes.

For more information, visit
<http://www.phcris.org.au/news/newsfeed/2017/march/resources>

Influenza Vaccines Arriving April 2017

The Australian Government has secured a supply of new vaccines which protect against four strains of influenza virus for the 2017 season. The new vaccines will be made available free of charge from mid-April to at-risk groups through the National Immunisation Program (NIP) and will also be available on the private market. The 2017 quadrivalent influenza vaccines will cover two A strains of influenza (Michigan and Hong Kong) and two B strains of influenza (Brisbane and Phuket), as recommended by the World Health Organization.

For more information, visit
<http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2017-hunt020.htm>

WA GPs Embrace New Hepatitis C Treatments

Western Australian general practitioners are amongst the nation's most proactive when it comes to prescribing effective new treatments for people living with hepatitis C. A new report released by the Kirby Institute at UNSW this week, found that after the new treatments became available on the Pharmaceutical Benefits Scheme (PBS) last year, the proportion of prescriptions by GPs in WA increased from 4 percent in March to 23 per cent in September. This is higher than the national trend which showed an increase from 4 to 19 percent.

For more information, visit
<http://ww2.health.wa.gov.au/News/GPs-embrace-new-hepatitis-C-treatments>
<http://kirby.unsw.edu.au/news/latest-research-shows-australia-track-cure-hep-c>

Changes to Cervical Screening Program

Planned changes to the new national cervical cancer screening program have been delayed until December to allow more time for the creation of the National Cancer Screening Register. The changes which will see the screening age raised to 25, the replacement of Pap tests every two years with human papilloma virus (HPV) tests every five years, and the implementation of the national register.

The new program was originally set for implementation on 1 May 2017, however the Federal Government has made the decision to delay it until all necessary systems are fully in place and will create an interim Medicare item for liquid-based cytology test until December to avoid delays in patient results.

For more information, visit
<http://www.australiandoctor.com.au/news/latest-news/keep-doing-pap-tests-until-december-gps-told>

GPs Urged to Fill Gaps in School HPV Vax Program

Immunisation advocates are asking GPs to help fill gaps in the schools-based HPC vaccination program. The Immunisation Coalition Advocacy Group has reported that despite the success of the schools-based Gardasil program, nearly one-quarter of girls and one-third of boys are still not receiving the third dose.

For more information, visit
<http://www.australiandoctor.com.au/News/Latest-News/GPs-urged-to-help-fix-gaps-in-schools-based-HPV>

GPs Key to Improving Bowel Screening Uptake

New research indicates the general practice setting remains an important platform for increasing awareness about colorectal cancer and promoting the bowel cancer screening program.

For more information, visit <http://www.australiandoctor.com.au/news/latest-news/gps-key-to-improving-bowel-screening-uptake>

Auditor General's Report – Improving Immunisation Rates of Children in WA

The report makes a number of recommendations to assist Health in improving the immunisation rates of children in WA.

For more information, visit <https://audit.wa.gov.au/reports-and-publications/reports/improving-immunisation-rates-children-wa/>

WA Patients Have Lowest Bulk Billing Rates in Australia When Seeing Specialists

WA patients face the lowest bulk-billing rates of all States when they see medical specialists — and some of the highest out-of-pocket payments. Research published in the Medical Journal of Australia shows a big variation in gap payments according to where people live.

For more information, visit
https://www.mja.com.au/journal/2017/206/4/variation-outpatient-consultant-physician-fees-australia-specialty-and-state-and?utm_source=mja&utm_medium=web&utm_campaign=related_content

Supplement Self-prescribers Risk their Health

The Royal Australian College of General Practitioners (RACGP) is concerned about the large number of Australians risking their health by self-prescribing vitamins and supplements. RACGP President has warned over-the-counter products, such as vitamins and supplements, can have serious side effects, so a GP consultation is necessary before people commence taking them.

For more information, visit
<http://www.racgp.org.au/yourracgp/news/media-releases/supplement-self-prescribers-seriously-risking-health/>

Corporatisation of General Practice – Impact and Implications

Primary Health Care Research & Information Service (PHCRIS) Policy Issue Review, Corporatisation of General Practice – Impact and Implications has been released.

To view the report, visit <http://www.phcris.org.au/publications/policyreviews/issues/corporatisation.php>

COPD Runs in the Family

Researchers have found offspring of people with COPD were found to have a 57 percent higher risk of developing the illness and say it points to a potential strategy for screening and early intervention.

For more information, visit
<http://www.australiandoctor.com.au/news/latest-news/copd-runs-in-the-family>

<https://www.dovepress.com/ldquowhat-are-my-chances-of-developing-copd-if-one-of-my-parents-has-t-peer-reviewed-article-COPD>

Early Onset Periods Increase Future Gestational Diabetes Risk

Recent evidence has found a link between the early onset of periods and gestational diabetes. An increased risk of developing chronic conditions later in life, such as type 2 diabetes and breast cancer was also found.

For more information, visit
<http://www.medicalobserver.com.au/medical-news/diabetes/early-onset-periods-increase-future-gestational-diabetes-risk>



HOSPITAL LIAISON

Sir Charles Gairdner Hospital

When to refer a patient for iron infusion?

Whilst the majority of iron deficient patients can be treated with oral iron, some patients need intravenous iron replacement. The Haematology Department at SCGH will accept referrals for iron infusion when your patient's serum ferritin is <30mcg/L following at least six weeks of appropriate oral iron therapy (100-200mg elemental iron/ day) or if your patient is intolerant to oral iron replacement. A number of different iron tablets are available (Ferro-f-tab, Ferrogradumet, Ferrograd C, FGF, Fefol). Those reporting gastrointestinal upset with iron tablets may find switching to Ferrous liquid alleviates symptoms. Patients must reside in the North metro catchment area. Referrals should be made to Haematology via the Central Referral Service, and include the patient's blood count and recent iron studies.

In some settings, oral iron is relatively contra-indicated and intravenous iron is preferred; previous gastric bypass or laparoscopic banding surgery, treatment with non-steriodals, known gastritis.

The IV Lounge nurses in C block will contact your patient with an appointment time once their referral has been reviewed. Patients are advised not to fast, to drink plenty of fluids and to continue their normal medications, with the exception of iron tablets which can be stopped a week prior. There is a small cost to patients (~\$6.10- \$37.70) for pharmacy dispensing of the iron.

Causes of iron deficiency vary according to patient age and gender. These include dietary deficiency, gastrointestinal bleeding (bowel cancer, haemorrhoids), menorrhagia, Von-Willebrand disease and malabsorption (coeliac disease). Apart from treating iron deficiency it is important that you find out why your patient is iron deficient.

Investigation and management of neutropenia

Neutropenia is a neutrophil count less than $2.0 \times 10^9/L$. It can be mild ($1.0-2.0 \times 10^9/L$), moderate ($0.5-1.0$) or severe (less than 0.5). Patients with neutrophil counts of less than $0.5 \times 10^9/L$ may be at increased risk of mouth ulcers and bacterial infections. Overall most causes of neutropenia, in the absence of recurrent or protracted infection, and without anaemia or thrombocytopenia, are benign, especially if the neutropenia is above $1.0 \times 10^9/L$.

Mild persisting neutropenia without anaemia or thrombocytopenia is common and often idiopathic. Causes include certain racial groups (particularly African); viral infections (including HIV, hepatitis C, hepatitis B); connective tissue disorders (RA, SLE, vasculitis); and drug reactions (ACE inhibitors, NSAIDS, methotrexate, salfasalazine, antibiotics, anti-depressants, clozapine, ticlopidine). Haematological causes are rare: immune-mediated neutropenia, congenital neutropenia and cyclic neutropenia.

Primary haematological disorders such as hairy cell leukaemia, large granular lymphocytic leukaemia and myelodysplasia are much less common and usually accompanied by anaemia or thrombocytopenia.

We recommend assessing your patient for the above causes. If none is identified, monitor with repeat FBC in 8 - 12 weeks. If neutropenia progresses to $<1.0 \times 10^9/L$ or if your patient develops anaemia and/or thrombocytopenia and/or blood film abnormalities, then haematological assessment becomes appropriate.

David Oldham
Hospital Liaison GP SCGH
David.Oldham@health.wa.gov.au

Fiona Stanley and Fremantle Hospital

Geriatric Perioperative Service at Fremantle Hospital

This service has been operating for nearly two years in order to optimise the medical care of older patients before and after surgery.

This includes peri-operative assessment through to rehabilitation across a range of surgical specialties. Information for referrers and patients can be found on the Fremantle Hospital website (fhhs.health.wa.gov.au) in the Service Directory.

GPs are encouraged to refer any patients they feel would benefit from this service at the time of referral for elective surgical procedures or early in the surgical waiting period.

Patients may also be referred internally by the surgical or anaesthetic team when there are concerns about anaesthetic or surgical fitness with the aim of reducing risk and improving outcomes.

CLINICAL UPDATE

Paediatric services at Fiona Stanley Hospital

Consultant Paediatricians with a wide range of interests including developmental and adolescent medicine provide both outpatient and inpatient services. Urgent advice and early patient review in the emergency department or early access clinics can be sought directly from the on-call consultant (6152 7674) Monday to Friday 8am-4pm, Saturday and Sunday 9am-12pm.

The Paediatric Emergency Department (via a separate entrance and waiting room), provides a dedicated paediatric assessment area for the emergency management of children in the South Metropolitan area. It is providing care for more than 3 times the number previously seen at Fremantle Hospital.

Dr Monica Lacey

Hospital Liaison GP, FS & FHG

monica.lacey@health.wa.gov.au

Available: Monday and Thursday

Improving Access to Endoscopy Services – New Referral Templates

As outlined in the February edition, the Department of Health has implemented a number of changes to improve access to metropolitan public colonoscopy and gastroscopy services.

These changes included a new referral pathway via the Central Referral Service and a standardised referral form. This referral form is now available for the following practice management software applications:

- Best Practice
- Medical Director
- Medtech32
- Genie
- Practix

A ZedMed template is currently in development and will be available shortly. The referral templates can be accessed via the Central Referral Service website (http://ww2.health.wa.gov.au/Articles/N_R/Referral-form-templates). It will be mandatory for GPs to use one of the referral templates from 21 April 2017.

More information is available at: http://ww2.health.wa.gov.au/Articles/A_E/Colonoscopy-and-Gastroscopy-requests A WAPHA HealthPathway titled 'Endoscopy Requests' is also available at: <https://wa.healthpathways.org.au>

Enquiries about the project are welcome at EndoscopyProjectEnquiries@health.wa.gov.au

*Please note that Joondalup Health Campus does not currently accept public direct access endoscopy referrals

1800-call-a-doc telemedicine trial to continue

The 1800-call-a-doc telemedicine GP trial will continue beyond its original 31 March finish date, due to its popularity.

The WA Country Health Service (WACHS), the WA Department of Health and the WA Primary Health Alliance have been trialling the new after-hours general practitioner (GP) telemedicine service through ReadyCare, since April last year.

The 1800-call-a-doc services rural and remote communities in southern WA and will be extended until 30 June 2017.

The trial has enabled country residents and carers to contact GPs regarding non-serious acute medical problems in the after-hours period when their regular GP is not readily available.

The service's WACHS Clinical Lead Dr Andrew Jamieson said the service had proven particularly useful at peak holiday times and for communities which did not have regular access to GP services.

The service is available on 1800 225 523 or by visiting 1800calladoc.com.au/

It is available to all callers from the Midwest, Goldfields, Wheatbelt, Great Southern and South West regions.

All feedback regarding the ReadyCare service is appreciated, and will be included in the evaluation. Feedback or comments can be emailed to Dr Andrew Jamieson, Southern Inland Health Initiative Medical Lead on Andrew.Jamieson@health.wa.gov.au



Help make smoking history

Delivering bad news to a patient never gets easier and it's even harder when you know that the bad news could have been prevented. Despite years of successful quit smoking campaigns in Australia smoking continues to cause the greatest burden of disease nationally. The most recent data shows that tobacco smoking is not only killing over 1,600 West Australians in a year but it is also causing 52 hospitalisations each day.

GPs should never underestimate the role and influence they have to motivate a patient to quit smoking. Research shows that brief quit smoking advice from a GP can double a patient's chance of quitting. Likewise, evidence suggests that spending as little as two or three minutes talking to your patients about their smoking can lead to significantly improved cessation outcomes.

Cancer Council WA's Make Smoking History is urging GPs to routinely ask patients about their smoking, and offer advice and cessation treatment at every opportunity. Given that two thirds of smokers will die from their smoking if they don't quit, helping a patient break free from this deadly addiction could save their life.

Make Smoking History has developed a short video that features a personal message from Perth GP, Dr Howard Yip. The video includes some quick tips on how to talk to your patients about their smoking and the latest research on how brief intervention from a GP can save lives.

To watch the video and read more information visit makesmokinghistory.org.au/gps

See HealthPathways WA for a listing of smoking cessation programs: <https://wa.healthpathways.org.au/170778.htm>

WAPHA immunisation strategy update - childhood immunisation

Improving childhood immunisation rates is a PHN Headline National Performance Indicator. In the introduction to the WA Health Immunisation Strategy 2016-2020, the role of WAPHA is referenced:

The recent, relatively rapid transition from immunisation activities supported by GP Divisions, first to Medicare Locals, and now to the Primary Health Networks has added to the uncertainty about roles and responsibilities for improving immunisation services in WA. GPs provide the majority of vaccinations administered in WA, so robust collaboration with the

private primary healthcare sector is essential for improving and sustaining quality immunisation services. The new WA Primary Health Alliance, representing the Primary Health Networks in WA, intends to build a robust and responsive patient-centred primary healthcare system through innovative and meaningful partnerships at the local and state-wide level. Specifics on how immunisation initiatives undertaken by WA Primary Health Alliance will interface with those provided by Child and Adolescent Health Service (CAHS), WA Country Health Service (WACHS), and local Public/Population Health Units are currently being finalised.

ACIR date 2016 annualised report on childhood immunisation coverage

State	% Fully Immunised 12 to <15 Months	% Fully Immunised 24 to <27 Months	% Fully Immunised 60 to <63 Months
ACT	93.56	92.14	93.56
NSW	93.48	90.83	93.48
VIC	93.63	91.61	93.63
QLD	93.07	92.29	93.07
SA	93.11	91.75	93.11
WA	91.47	90.35	91.47
TAS	94.21	92.13	94.21
NT	92.18	89.42	92.18
AUS	93.41	91.36	93.19

PHN level childhood immunisation data as at 31 December 2016

PHN	% Fully Immunised 12 to <15 Months	% Fully Immunised 24 to <27 Months	% Fully Immunised 60 to <63 Months
Perth North	92.94	90.90	91.56
Perth South	93.00	89.76	90.96
Country WA	93.01	91.40	94.27

WAPHA immunisation strategy 2016-2017 objective 1:

- improve childhood immunisation coverage
- Work with practices to improve timeliness and accuracy of data being reported to ACIR.
- Improve general practice ability to access and use ACIR.
- Follow up with practices identified as having ongoing issues with overdue children.

- Work with all providers in areas of low uptake by Aboriginal children to improve timeliness.
- Promote the use of immunisation reminder systems in general practice.
- Work with the Communicable Disease Control Directorate Prevention and Control Program to develop and promote appropriate interventions to improve Aboriginal immunisation coverage.

A later start to the annual influenza immunisation program will give better protection during the peak of transmission in winter

More than 18,000 Australians are admitted to hospital with influenza each year, and up to 2500 die. Annual vaccination is the most important measure to prevent influenza and its complications.

Recent evidence suggests protection against influenza may start to decrease 3 to 4 months following vaccination. To give maximum protection during the peak of transmission in winter a later start to the program in May is being promoted. The exceptions are people travelling to the north of Australia where the influenza season tends to start earlier, those travelling overseas and pregnant women who would want the vaccine as soon as it is available.

This new advice coincides with confirmation that supplies of the Commonwealth-funded vaccine stock will not reach GPs until mid-April. Only quadrivalent influenza vaccines (QIV) are available in Australia in 2017, containing A (H1N1) A (H3N2) and 2 B strains. Those eligible for free vaccines include young children, people with chronic medical conditions, pregnant women, Aboriginal adults and people over the age of 65.

The WA Department of Health website has further information on the annual influenza immunisation program at http://www.health.wa.gov.au/Articles/F_I/Influenza-immunisation-program

Voluntary blood testing program for PFAS

A free blood test is available for Per- and Poly-fluoralkyl Substances (PFAS) for people who live or work, or who have worked, in the Williamtown, NSW and Oakey, Qld Investigation Areas and who have potentially been exposed to PFAS.

A number of fact sheets are available on the Australian Health Department website. Please encourage GPs within

your practice to become aware of this program. The PFAS webpage also contains useful information. For more information contact pfas@health.gov.au

PFAS laboratory request forms can be obtained by emailing: commercial. path@sonichealthcare.com or calling 02 9855 5437.

PIP eHealth Incentive reminder

The Government's extension to the Practice Incentives Program eHealth Incentive (ePIP) requirements expired on 31 January 2017. Those practices that are registered for ePIP now need to ensure they meet their Shared Health Summary (SHS) upload target to the My Health Record each quarter to be eligible for ePIP payments.

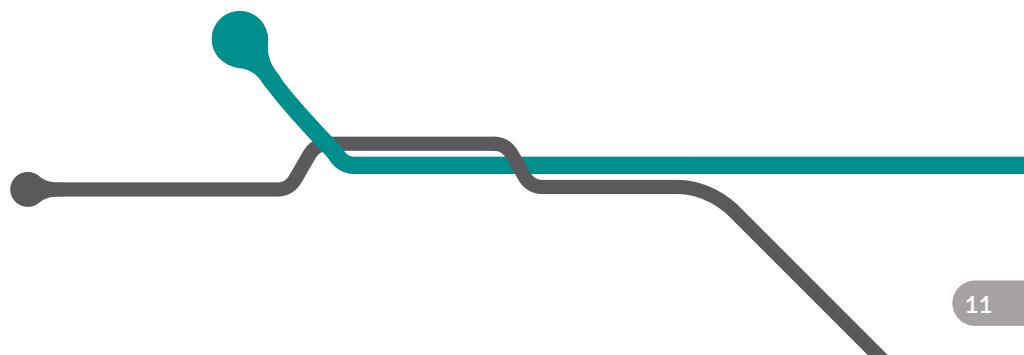
Practices receiving the incentive must have met their cumulative quota for SHS uploads of 0.5 per cent of their SWPE per quarter for the three quarters to 31 January 2017. Department of Human Services compliance activities will soon start for all incentive payments paid to practices that didn't meet their shared health summary targets for this period.

Practices who experienced issues outside their control which prevented them from meeting the requirements of the incentive may qualify for an exemption and should contact the Department of Human Services on 1800 222 032 or pip@humanservices.gov.au to discuss.

While the usability of the My Health Record has been plagued in the past with problems, the advocacy and participation of the AMA and other stakeholders has driven significant improvements. It is now much easier to access a My Health Record from within most practice's software, as well as create and upload a Shared Health Summary.

For most practices the process for Assisted Registration of patients is also much simpler. As long as the patient is known to the practice or has their driver's license with them, they can be easily registered for the My Health Record using the practice's existing clinical software. Patients do not have to be registered with MyGov to be registered this way for the My Health Record.

Visit the Australian Digital Health Agency website for online training and self-paced learning materials to help your practice meet its ePIP requirements.



My Health Record registrations continue to rise

As of February 2017, 552 or 83 percent of general practices were registered to use the My Health Record system and nearly all public hospitals across WA.

Several private hospitals including the Mount and Hollywood are also connected with major tertiary site Sir Charles Gairdner expected to come online mid-2017. A total of 87 public and private hospitals are registered with the system, however some may take some time to implement viewing and uploading of information into their clinical workflows.

Consumer registrations have also grown considerably over the past 12 months, increasing from 9 to 15 percent. This growth is primarily due to the hard work of general practice helping patients to register (39 percent), but is also the result of word of mouth, with nearly half of the registrations being made online (25 percent) or via Centrelink (21 percent).

The challenge now for WAPHA and the Australian Digital Health Agency is to convert those provider registrations into meaningful use of the system.

Of those 552 general practices that are registered to use My Health Record in WA, only 384 (71 percent) had uploaded at least one shared health summary to the system over the past 12 months.

Changes to the ePIP to include a minimum upload of shared health summaries each quarter did help tremendously to encourage practices to upload, with data from the Agency suggesting that many practices have far exceeded their required uploads.

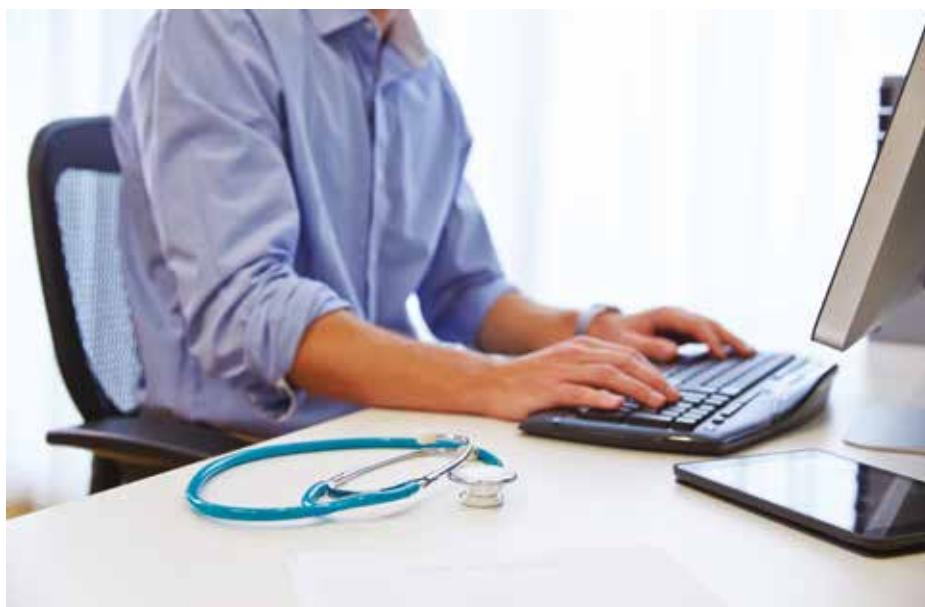
Unfortunately, the Agency has also advised that compliance for the ePIP has still been lower than expected. WAPHA has supported a small number

of practices apply for exemptions due to long standing technical issues, and continues to support and encourage general practice participation with the My Health Record system.

Uploading a shared health summary can take as little as one minute to complete and WAPHA encourages all GPs who are yet to participate to consider taking another look at My Health Record.

As the system grows, the benefits to patients and providers alike will become more evident, and more user feedback will help refine and build the system into a functional national library of clinical information for all Australians.

	No. GP Practices	Registered for MHR	Active in MHR
Perth North PHN	255	210	155
Perth South PHN	234	198	148
Country WA PHN	164	133	81



EDUCATION EVENTS

ASHM: Hepatitis B Prescriber Course

Saturday 13th May, 9am – 5pm,
location TBA

Full day Hepatitis B s100 Prescriber Course, with a focus towards medical practitioners with a high caseload of CALD and Aboriginal patients.

For further information: education@ashm.org.au



Australian Government

WAPHA disclaimer

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