

GP CONNECT

Keeping GPs informed
in the changing primary
health landscape.

INSIDE:

- Mental Health
- Primary Care in Focus
- Aboriginal Health
- Hospital Liaison
- HealthPathways WA
- Comprehensive Primary Care
- Clinical Update
- Digital Health
- Education Events

If you wish to receive this newsletter electronically, please 'subscribe' by signing up via our website at www.wapha.org.au

MESSAGE FROM THE CEO

Learne Durrington



In the context of persistent cycles of primary health care reform, Australian general practice has been well served by the resilience of GPs – individually and collectively. Recognising this, WAPHA is working intensively with a group of metropolitan and country practices to harness GP insight to develop primary health care responses that are conceived in, and informed by, general practice.

WAPHA is establishing a central role in the new paradigm of Australian primary health care policy. We are tasked with building capacity and capability within general practice to support the Commonwealth led reforms that are intended to drive sustainable general practice into the future. These reforms are already well in train, as is evidenced by the Health Care Homes implementation, the PIP redesign process, the State/ Commonwealth coordinated care agreements and the MBS Review. Their impact on general practice will be significant and complex. WAPHA's role is to enable general practice to respond to primary care policy by way of practice and business model adaptation.

Motivated by an intent to prepare general practice for the latest round of primary care policy reforms, a number of practices across metropolitan and country WA have partnered with WAPHA in our Comprehensive Primary Care (CPC) program. These partnership practices will be instrumental in readying WA general practice for the

Patient Centred Medical Home model of care that will emerge from the first stage of the Health Care Home implementation. Intensive support and services will be provided to our partnership practices – intended to achieve the Quadruple Aim of healthcare (improved patient experience of care, improved health outcomes, sustainable cost and improved provider satisfaction).

Complementing the developmental work taking place in our partnership practices is WAPHA's general practice support service that is available to all practices across metropolitan and country WA. GPs have told us what they most need and value in a practice support model and we are committed to providing tailored support that is responsive to what matters most to you and your practice staff. Ongoing refinement of WAPHA's practice support will be informed by the resources and services that are successfully cultivated within the CPC partnership practices.

If CPC is to enable the achievement of optimal outcomes for patients, GPs and practice staff, the development



Contact us

gpconnect@wapha.org.au

6272 4900

www.wapha.org.au

 /waphaphns

 @wapha_phns

(continued on page 2)

MENTAL HEALTH

(continued from page 1)

of Communities of Practice is a fundamental element. Respected educational theorist and practitioner, Etienne Wenger, is credited with coining the term 'community of practice' which he defines as, 'groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise by interacting on an ongoing basis'. This concept has been successfully adopted internationally and is thought to have particular relevance to primary care in Australia where practitioners with a shared agenda may be best placed to effectively respond to change and drive innovation in general practice. This philosophy will guide the work of our CPC Communities of Practice – groups of CPC GPs working collaboratively across a geographical area.

When we asked GPs to inform the foundations of CPC, two assertions were echoed by participants in the early consultation forums. The first was that we not impose a model on general practice – and we won't. The second was that no model can be a one size fits all for general practice – and CPC isn't. We will honour these commitments to GPs and prioritise ongoing discussion, modelling and testing of CPC within general practice. The Communities of Practice will be critical to the success of WAPHA's co-design and collective impact approach across WA general practice. Learnings will be shared, success will be leveraged and collectivism and co-design will be valued.

For more information about CPC and WAPHA's Communities of Practice, contact Sharon Viles, WAPHA's CPC Manager: Sharon.viles@wapha.org.au

Learne Durrington
CEO, WA Primary Health Alliance



Introducing Integrated Primary Mental Health Care

WA's approach to primary mental health treatment is about to undergo a fundamental change, designed to reshape the way mild to moderate mental illness is addressed in our State.

Known as Integrated Primary Mental Health Care, the changes will begin as of July 1, and represent a significant shift in referral options for mild to moderate mental illness. They form part of the Federal Government's response to the 2014 National Mental Health Commission review of mental health programs and services and are designed to improve options for early intervention and treatment.

What is happening?

As of 1 July 2017, WAPHA is introducing a stepped care model to deliver Integrated Primary Mental Health Care services across the State. This new model is designed to ensure vulnerable people can easily access mental health support at the right level and at the right time, wherever they are in WA.

There are some key changes to referral pathways, so GPs can connect their patients with a better, more targeted mental health program for mild to moderate mental ill health.

What are the key changes?

Integrated Primary Mental Health Care recognises the importance of early, targeted intervention for people with mild to moderate mental illness, and the need to match people with treatment options appropriate to their needs.

There are two key elements of the new approach:

1. A single point of contact has been established for GPs and other regional and rural practitioners seeking primary mental health support for patients, known as the Mental Health Portal.
2. A stepped care model has been used for mental health treatment offering better, more targeted mental health support services. Stepped care refers to a system of treatment in which there is a range of staged treatment options available. People are matched with the right treatment for their level of need.

Importantly, the changes reconnect GPs with the treatment of their patients, by keeping them informed through regular, structured reports about the person's progress.

The Mental Health Portal and new treatment services replace some existing programs, including Access to Allied Psychological Services (ATAPS) and Mental Health Services in Rural and Remote Areas (MHSRRA). Funding in WA for both these programs ceases as of 30 June 2017.

The funding from these legacy programs has been reallocated to Primary Health Networks, who are responsible for commissioning services that will deliver more integrated and accessible mental health services to more people.

How will the new system work?

Whereas previous programs required GPs to contact service providers directly to refer a patient, the new Mental Health Portal will act as the single point of contact coordinating access to a range of services designed to meet the mental health care needs of the most vulnerable in our community.

WA GPs will be able to refer Health Care Card holders and other disadvantaged people with mental illness within the community to the Mental Health Portal rather than calling several providers to find appropriate care.

Once an eligible person has been referred to the Mental Health Portal, a qualified mental health professional will conduct a comprehensive assessment, informed by the GP's referral.

The person will then be connected to a structured psychological therapeutic service appropriate to their needs. Under the stepped care model, services can be delivered in different ways, allowing greater flexibility and equity of access.

What treatment options are available?

The range of treatments will grow over time but will start with an in-depth psychological assessment designed to match the person to the most appropriate level of treatment.

In Country WA, services available from July 1 will include brief therapy by phone or in person, online options, group support and connection to community services. For people with severe mental illness and complex social issues, there will also be an option for care management on a needs basis.

In the Perth Metro region, initial services will include need-based access to face-to-face therapy sessions designed to reflect the level of intensive psychological treatments previously offered by ATAPS providers.

WAPHA will progressively roll out additional services in the city, GP by GP. These will include online therapy, supported by phone sessions, for people with mild to moderate mental illness, enabling GPs to offer effective low-level interventions to patients earlier.

The form of support will be aligned to the patient's needs, so someone unable to access online therapy will be offered alternatives, which can include face-to-face or group support.

Depending on their needs, people can also be connected to local community support services who can reinforce their care, reconnecting and engaging people as required.

What will this mean for patients?

Reviews of the extent of mental illness in Australia have found that by far, most people present with mild to moderate mental health needs, such as depression, anxiety or problematic substance abuse.

For these patients, the stepped care model is designed to provide easier, earlier access to evidence-based, targeted support at the right level to offer optimal support.

For people with episodic or chronic mental illness, the Mental Health Portal will be able to assess their needs, provide treatment options and facilitate access to other services.

What this will mean for patients?

WAPHA is developing care management services for people with severe and complex mental illness whose needs are predominately being managed in primary care. Care management will support GPs to get their patients the right mental health care at the right time and connect them with the appropriate place based services for their long-term management and recovery.

Where can you find out more?

The introduction of Integrated Primary Mental Health Care represents a significant change in WA's approach to mental health treatment in order to address the needs of the 20 per cent of Australians who experience mental ill health.

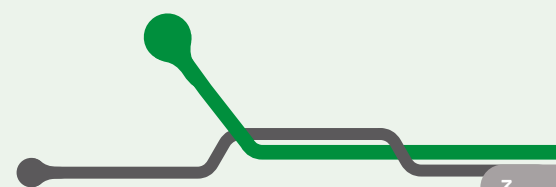
GPs can find more information about the changes and referral pathways at WAPHA.org.au/mentalhealthportal, where you can also register for a more detailed briefing.

GPs will also be sent details of the Mental Health Portal and referral pathways relevant to their area, with a contact number to discuss patients they believe will be suitable.

How you can participate?

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. Remuneration will be in line with our Paid Participation Policy.

If you are interested in becoming involved, please visit our website at www.wapha.org.au to register your interest.



PRIMARY CARE IN FOCUS

Free After Hours GP Service to Continue in Country WA

Due to its popularity, the free telephone and video after-hours GP service, 1800-call-a-doc, will continue beyond its original 31 March finish date. It is available to all people in the Midwest, Goldfields, Wheatbelt, Great Southern and South West.

For more information, visit <http://healthywa.wa.gov.au/News/Free-after-hours-GP-service-to-continue-in-country-WA>

Medicare Compliance Debts

The responsibility and management of Medicare Compliance debts moved from the Department of Human Services (DHS) to the Department of Health (DoH) on 1 October 2016. As part of the transition, the DoH has written to those debtors still making payments to the DHS and provided a new invoice and a statement showing payments received.

For more information, visit <https://ama.com.au/gp-network-news/information-gps-medicare-compliance-debts>

Flu Vaccine Safe in Pregnancy

Australian research shows Influenza vaccination in pregnancy is not associated with preterm birth or low infant birth weight. The reassuring finding comes as a European study shows there's also no increased risk to the foetus from taking neuraminidase inhibitors such as oseltamivir (Tamiflu) during pregnancy.

For more information, visit <http://www.medicalobserver.com.au/medical-news/obstetrics-gynaecology/flu-vaccine-safe-in-pregnancy>

New Osteoporosis Guidelines Aim to Improve Australia's Bone Health

The Royal Australian College of General Practitioners (RACGP) is confident new osteoporosis guidelines released will help General Practitioners (GP) improve the bone health of Australian patients. The guidelines provide GPs with timely and much needed expert guidance to better detect, diagnose and manage patients with osteoporosis. They will take away the ambiguity that has previously been associated with osteoporosis management.

For more information, visit <http://www.racgp.org.au/yourracgp/news/media-releases/new-osteoporosis-guidelines-to-help-improve-australia%E2%80%99s-bone-health/>

AMA Code of Ethics Updated

The AMA has released its new Code of Ethics, which was comprehensively reviewed in 2016. For the first time, it addresses:

- Close personal relationships;
- Patients with impaired or limited decision-making capacity;
- Patients' family members, carers and significant others including support persons;
- Working with colleagues including bullying and harassment;
- Working with other health professionals;
- Supervising/mentoring; and
- Health standards, quality and safety

For more information, visit <https://ama.com.au/position-statement/code-ethics-2004-editorially-revised-2006-revised-2016>

These Two Cancer Drugs Will Soon be PBS-Listed

Health Minister Greg Hunt has announced that two more cancer drugs will become available on the PBS from 1st April.

- Brentuximab vedotin (Adcetris) – An antibody-drug conjugate for patients with relapsed or refractory Hodgkins Lymphoma.
- Vismodegib (Erivedge) – For metastatic or locally advanced basal cell carcinoma.

For more information, visit <http://www.medicalobserver.com.au/medical-news/oncology/these-two-cancer-drugs-will-soon-be-pbs-listed>

Zostervax Vaccine: Safety Advisory

General Practitioners are advised that the Therapeutic Goods Administration (TGA) has issued a safety advisory that Zostervax should not be used in people who are immunocompromised following the recent death of a person for whom the vaccine was contraindicated.

For more information, visit <https://ama.com.au/gp-network-news/zostervax-vaccine-safety-advisory>

Opt-out System Agreed for My Health Record

Australian health ministers have officially agreed to a national opt-out model under which every patient will have a MyHealth Record created for them by default.

For more information, visit <http://www.australiandoctor.com.au/News/Latest-News/Opt-out-system-agreed-for-My-Health-Record>

More Backing for Maternal Pertussis Vaccination

A recent US study has found babies whose mothers are vaccinated against pertussis in pregnancy are protected against whooping cough throughout their first year of life. Researchers have shown that newborn babies obtain 91% protection from maternal pertussis vaccination in the two months prior to receiving their first dose of vaccine.

For more information, visit <http://www.australiandoctor.com.au/news/latest-news/more-backing-for-maternal-pertussis-vaccination>

Exciting New Research Could Lead the Way to a Breakthrough in Treating Diabetes-related Kidney Disease

Metabolic memory, a phenomenon where episodes of hyperglycaemia continue to increase a person's risk of diabetes-related complications long after blood glucose levels have returned to target range, is at the centre of a new study at Monash University.

For more information, visit <https://www.diabetesaustralia.com.au/news/15385?type=articles>

Transport assistance for Aboriginal patients

Transport may be a problem in rural areas due to geographical distance, but can also be a problem in metro areas where vulnerable and disadvantaged patients may not have access to a vehicle, or where a patient's health condition may make it difficult to access public transport.

A lack of suitable and reliable transportation can have significant impact on a GPs ability to support a patient due to missed appointments, delayed care and missed or delayed medication use.

Patients with reduced access to health care due to lack of transport may experience poorer management of chronic conditions, poorer health outcomes, and increased rates of preventable hospitalisations.

There are a number of transport options available to support Aboriginal patients – who are more likely to experience higher rates of disadvantage and chronic illness – to access health care services.

(For all HealthPathways links provided: Username, Connected; Password, Healthcare)

NAIDOC Week, 2nd – 9th July

If you are interested in coordinating an Aboriginal health focus week at any time, such as during NAIDOC Week, please contact WAPHAS Aboriginal health team at aboriginalhealth@wapha.org.au, or speak to your local Primary Health Liaison.

The Integrated Team Care Program

A state-wide program providing care coordination, including assistance with transport, to Aboriginal patients with a chronic condition. Funds are also available to support patients with specialist, allied health, and medical equipment needs according to a patient's GP Management Plan. Further information on the program can be found on HealthPathways: wa.healthpathways.org.au/65938.htm

Travel Assistance pathway

See wa.healthpathways.org.au/116090.htm for information on the following:

- Patient Assisted Travel Scheme (PATS) – for country patients, including those from country locations requiring access to health services.
- Country Health Connect – for Aboriginal patients accessing metro health services through PATS
- Volunteer hospital transport
- Department of Veteran's Affairs (DVA) Repatriation Transport Scheme – for veterans with Gold or White cards
- Taxi Users' Subsidy Scheme (TUSS) – for patients with a disability

Also providing transport in the Perth Metro area are:

- People Who Care – for elderly or disabled Aboriginal people (east, north and south west metro regions), <http://peoplewhocare.org.au/services/transport/>
- Home and Community Care (HACC) – elderly and disabled patients, and carers of these patients – <https://wa.healthpathways.org.au/52382.htm>



Princess Margaret Hospital

Referrals for Outpatient Appointments

To ensure your referrals are processed in a timely manner please send all referrals to the Central Referral Service (CRS).

Please use the Paediatric referral form as required by CRS and send directly to CRS.

Clinical guidelines e.g. HealthPathways can help determine what clinical information and investigations may be useful for the triage team at the hospital. There are many paediatric pathways available and soon there will be ENT (including Paediatric). Supplying relevant information and test results will help establish the urgency category for the appointment.

It is very important for GP's to advise the parents that there is often a long wait for outpatient appointments and that an appointment is only sent to them about 3-4 weeks prior to the appointment date. Many parents are ringing PMH to find out when the appointment will be and this information is not available and this causes some frustration. Also, it is important for the GP to stress that there is a wait to see the specialist and in the surgical areas there is another wait to be placed on a wait list for the surgery if it is considered necessary. It is also preferable if the GP does not tell the parents that the surgery will be done as sometimes the specialist does not agree and the parents are left unhappy.

There are varying wait times for speciality appointments. There is a long wait for ENT appointments and

sometimes children are referred for audiograms, for which there is also a long wait. The Lions Hearing Service have several centres with Paediatric Audiologists and they will reduce the \$100 fee if the parents are on a health care card (about half the fee). Other private services may also offer such reductions.

Have you considered discussing with the parents other referral options such as referral to a Private Paediatric Specialist for the initial consultation? There are several paediatric surgeons (including ENT and Urological) who have lists at public hospitals and so the parents may have a small gap to pay for the consult but can have the surgery for no cost. There are some Paediatric Orthopaedic Surgeons at Hollywood Medical Centre willing to see children for an opinion on orthopaedic problems and bulk bill the consult. Consulting the Medical and Surgical Specialist Referral Directory (Western Australia) book can help identify the Paediatricians and Paediatric Surgeons who work in private and also have public hospital appointments.

All referral options, including specialists directory, are also available on the HealthPathways website.

Kind Edward Memorial Hospital

Discharge Summaries from KEMH – Implementation of NaCS

Notification and Clinical Summaries (NaCS) was introduced to ward 6 (Gynaecology) at King Edward Memorial Hospital in November 2015 and the Mother Baby Unit commenced using NaCS in 2016. As part of a state-wide initiative and to ensure that KEMH continues to meet hospital accreditation requirements under the Australian Commission on Safety and Quality in Health Care (ACSQHC), NaCS was

implemented throughout KEMH on 13 February 2017.

Patients who will not receive a NaCS discharge letter:

- Postnatal patients*
- Midwife-led discharges
- Privately admitted patients*
- Short stay or day procedure patients

*Implementation of NaCS for postnatal and private patients will occur at a later stage.

What do GPs think about NaCS?

A survey regarding GP satisfaction with NaCS was undertaken at KEMH from 1/8/16-3/10/16 and findings were compared to the GP Satisfaction Survey undertaken by the Hospital Liaison GP Group in 2011. The 2016 survey results indicate that the timeliness and content of NaCS discharge letters are superior to the previous discharge letters and the majority of GPs are happy with NaCS.

Key findings from the survey:

- 350 surveys were distributed with a response rate of 19%. i.e. 65 responses.
- 70% of GPs reported that NaCS was an improvement compared to the previous discharge summary.
- Timeliness of electronic/faxed summaries and mailed summaries were rated Good-Excellent by 66% and 43% respectively in 2016, compared to 34% for mailed summaries in 2011.
- Content of discharge summaries was rated Good-Excellent by 77%, compared to 45% in 2011.
- Communication regarding discharge medication rated very highly with 85% reporting this as Good-Excellent in 2016, compared to 47% in 2011.
- GPs were also highly satisfied regarding communication about adverse reactions or complications with an 86% Good-Excellent rating in 2016, compared to 43% in 2011.
- Information regarding follow-up was rated Good-Excellent by 76%, compared to 36% in 2011.

For information about NaCS, contact Dr Natalia Magana, Medical Administration Senior Registrar
E: Natalia.magana@health.wa.gov.au
or P: (08) 6458 1166

Dr Vicki Westoby
Hospital Liaison GP, King Edward Memorial Hospital
victoria.westoby@health.wa.gov.au
(08) 6458 1561

Sir Charles Gairdner Hospital

Discharge Summaries

Between Monday 29 May and Friday 16 June, SCGH will be transitioning to the new NACS Discharge Summary system. GPs will notice a change in formatting of summaries. The NACS system is being implemented state wide and has already been introduced at Royal Perth Hospital and Fiona Stanley Hospital. A major advantage is that NACS summaries can be uploaded to My Health Record.

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

Fiona Stanley & Fremantle Hospital Group

GPs invited to test a new pain management tool

Professor Eric Visser (Churack Chair of Chronic Pain Education and Research at Notre Dame University) and his team at have developed the painchecker application to assist in the management of patients with chronic pain. GPs are being offered the opportunity to use this application for 12 months free of charge and will be asked to complete a short survey after 60 days. To enrol in the trial email admin@paincheckersystems.com.au

In the final version patient information will be de-identified and held in a secure cloud-based location.

During the trial, GPs can ensure privacy by using patient initials and date of birth (or other identifiers). This information is not stored, but a summary of the patient's recommended management will be sent to the GP's nominated email address. The intention is to expand the application to cover a wide range of pain conditions and to integrate the tool into GP on-line systems.

Dr Monica Lacey
Hospital Liaison GP, FS & FHG
monica.lacey@health.wa.gov.au
Available: Monday and Thursday

Royal Perth Hospital

GP referrals invited into VikCoVac diabetes study:

Patients with Diabetes Mellitus are at risk of Cardiovascular disease. CT coronary calcium scoring is a good tool for risk stratification, though the rate of change of coronary calcium score over time is better. 18F Sodium fluoride PET scans detect active microcalcification, which may correspond to rate of growth of coronary calcification.

The Cardiology team at Royal Perth Hospital aim to reduce the vascular calcification activity as measured on 18F Sodium Fluoride PET using 0.5mg colchicine OD and 10mg Vitamin K in a 2x2 factorial, double blinded, randomised controlled trial. Participants receive a cost free coronary calcium score prior to enrolment and the trial duration is 3 months.

If one of your patients may be suitable, please contact the trial coordinator on Jamie.Bellinge@health.wa.gov.au or 9224 3181. Information and flyers for patients are available on www.rph.wa.gov.au/About-us/News/VikCoVac-Study.

Dr Jacquie Garton-Smith
Hospital Liaison GP, Royal Perth Hospital
Jacquie.Garton-Smith@health.wa.gov.au
Available: Monday and Thursday

East Metropolitan Health service

Referrals to private specialists with public procedural lists

Interested in referring to Visiting Medical Practitioners (VMPs) with procedural lists at Bentley or Armadale Hospitals so your patients can be treated closer to home and possibly have a shorter wait for their appointment and procedure?

To make referring easier for GPs, a list of VMPs is now available on the Bentley and Armadale hospital websites in the GP section under the For Health Professionals tab.

Specialities include: Ear, Nose & Throat; General Surgery; Obstetrics & Gynaecology; Paediatric Surgery; Plastic Surgery and Urology in addition to Ophthalmology at Bentley Hospital and Orthopaedics and Vascular Surgery at Armadale Hospital.

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 copayment details.

Dr Jacquie Garton-Smith
Hospital Liaison GP, Royal Perth Hospital
Jacquie.Garton-Smith@health.wa.gov.au

Available: Monday and Thursday

Dr Stuart Burton
Director of General Practice, Armadale Health Service
stuart.burton@health.wa.gov.au
Available: Thursday

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

New live pathways – We have now reached 279 localised live pathways!

Acute Otitis Media

Several localised pathways have gone live recently including a substantial number specific to ENT. One pathway which may be of interest to clinicians is Acute Otitis Media.

Most children will, by the time they reach school age, have had at least one episode of Acute Otitis Media (AOM). While the vast majority of cases of AOM will resolve spontaneously, there are high-risk population groups who are vulnerable to recurrent and persistent otitis media. Aboriginal and Torres Strait Islander children, in remote areas of Australia, have one of the highest prevalence of chronic suppurative otitis media (CSOM) in the world. The long-term effects of conductive hearing loss on language, literacy, cognitive and social development in children with chronic ear disease should not be underestimated.

Recognising this and some of the challenges faced by clinicians and primary health workers, including long wait times for referral into tertiary hospitals, HealthPathways

have localised several ENT pathways to support GPs and other primary health workers in the assessment, management and referral of patients with ear disease. Additionally, information pertaining to high-risk population groups can be easily identified by the following symbols

A working group, comprised of local clinicians such as GPs, specialists, audiologists, speech and language therapists and aboriginal health workers was established to ensure that the content of the Acute Otitis Media pathway is evidence based and locally relevant to WA.

The AOM pathway includes guidance on when to arrange audiometry, the assessment of results and management of patients with hearing loss. Local services are listed under 'requests', making it easier for GPs and primary care workers to refer

patients appropriately. Information on paediatric audiology referrals is listed within the pathway, with contact details and links to referral forms.

In addition to clinical information on assessment and management, practical advice on ear cleaning techniques and proper use of topical ear drops are outlined. Printable patient information sheets and other educational resources are also provided for patients.

Further references and clinical resources are available within the pathway as well as links to relevant GP education courses.

The working group who had input into the development of the Otitis Media Pathways was compiled of the following clinicians and health professionals:

- Dr Linda Kohler, HealthPathways Clinical Editor
- Dr Hayley Herbert, ENT Consultant, PMH
- Dr Jennifer Ha, ENT Surgeon, St John of God Murdoch
- Professor Harvey Coates, Paediatric ENT Services
- Deborah Gayton, Service Development and Contract Manager Ear, Eye and Oral Health Project, WACHS
- Annoushka Amor, Audiologist, Western Hearing
- Lorraine Tau, Clinical Trainer Ear Health, AHCWA
- Dr Andrew Jamieson, Clinical Lead, WACHS

ENT/otolaryngology, Head and Neck

- Acute Otitis Media
- Otitis Media with Effusion (Glue Ear) in Children
- Ear Wax
- Otitis Externa
- Ear Microsuction
- Acute Paediatric ENT Assessment (seen within 7 days)

COMPREHENSIVE PRIMARY CARE

- ENT Advice
- Non-acute ENT Assessment (seen within 30 days to 1 year)
- Acute ENT Assessment (seen within 7 days)
- Otitis Media with Effusion (OME) in Adults
- Ear (Foreign Body)
- Non-acute Paediatric ENT Assessment (Seen within 30 days to 1 year)
- Paediatric Audiology
- Paediatric Speech Pathology Assessment
- Paediatric Occupational Therapy Assessment

Termination of Pregnancy

HealthPathways now have the Termination of Pregnancy pathways live. These cover a wide range of services including counselling, medical TOP and most importantly for country areas telehealth services.

For more information or login details email: healthpathways@wapha.org.au

The following pathways have been published:

- Medical Termination of Pregnancy (MTOP)
- Termination of Pregnancy Follow-up
- Termination of Pregnancy (TOP) Clinics
- Acute Gynaecology Assessment (seen within 7 days)
- Unplanned Pregnancy Counselling

Next Steps for Comprehensive Primary Care Partnership Practices

WA Primary Health Alliance's Comprehensive Primary Care (CPC) model is gaining momentum with 30 practices now signed as CPC Partnership Practices across the Perth South and Country WA PHNs.

CPC Partnership Practices are currently working through completing the Patient Centred Medical Home – Assessment (PCMH-A) tool. Developed by the MacColl Centre for Health Care Innovation, this internationally recognised self-assessment tool is being used by the CPC Partnership Practices to determine their current level of 'patient centred medical home' readiness.

The PCMH-A tool assesses the following key aspects of patient-centred care:

- Engaged leadership
- Quality improvement(QI) strategy
- Patient registration
- Continuous and team-based healing relationships
- Organised, evidence-based care
- Patient-centred interactions
- Enhanced access
- Care coordination

The results of the PCMH-A self-assessment help the practice to identify opportunities for improvement for the practice on their CPC journey.

To address these opportunities, GPs and their practice team select from a tailored 'CPC menu' of support, resources, development and training

initiatives, that are based on Bodenheimer's '10 building blocks of high performing care'.

Utilising the results of the self-assessment tool, practices will work closely with their dedicated PHN team to develop and implement a Partnership Plan that articulates the identified CPC planned activities, timeframes and outcome measures.

CPC Partnership Practices have ongoing access to structured support and guidance from their PHN team, as they progress through the CPC journey.

Interested in Comprehensive Primary Care and how it may be able to support your practice?

Contact Sharon Viles, our CPC Manager, Sharon.viles@wapha.org.au

CPC Partnership Practice Breakdown

Perth South PHN – 19 General Practices

Country WA PHN– 11 General Practices

CLINICAL UPDATE

GPs play an important role

The Immunisation Coalition is urging GPs to play an active role to help bring down flu rates across the country to protect Australians and those most at risk. Paul Van Buynder, Chairman of the Immunisation Coalition invited GPs to play an active role in advocating for the flu shot 'Only 36% of people 18-64 years old with underlying medical conditions get the annual flu shot to protect themselves from serious and potentially life threatening complications from influenza'.

The influenza vaccine for 2017 is now available for GPs. For more information on the vaccine see the HealthPathways website - wa.healthpathways.org.au/52701.htm

In 2016, 90,861 Australians suffered from laboratory confirmed influenza, with many more cases going undiagnosed. These figures only represent the tip of the iceberg but throughout 2016:

- 10% of influenza patients who had to go to hospital were admitted directly into the ICU
- 74% of hospitalised sufferers belonged to the group most at risk of complications from influenza
- It is estimated that approximately 2.3 million Australians aged 35-64 have underlying medical conditions that put them at high risk of severe complications from influenza.

Free influenza vaccine is available under the National Immunisation Program (NIP) for people in the following risk groups:

- Older Australians (65+)
- Indigenous Australians (6months to <5 years and 15+)
- Pregnant women
- People aged 6months + with medical conditions that can lead to complications from influenza
 - Severe Asthma
 - Lung or Heart disease
 - Chronic neurological disease
 - Renal and metabolic disease
 - Impaired immunity

The 2017 Influenza Guide for GPs can be downloaded here: <http://www.immunisationcoalition.org.au/resources/influenza>

The Guide for Healthcare Providers on Influenza and Pregnancy can be downloaded here: www.immunisationcoalition.org.au/resources/influenza-pregnancy/

Immunisation information is also available on the HealthPathways website at wa.healthpathways.org.au/52700.htm

Changes to the Australian Immunisation Register (AIR)

The immunisation payment statement is changing.

If you're a vaccination provider, from April you'll notice some changes to the AIR immunisation payment statements.

Your immunisation payment statements will include a letter and payment summary.

Details about immunisation encounters submitted will no longer be included in the statement.

You can view this information in the new immunisation notifications reconciliation report through the new Payment Statements menu on the AIR site.

You will also have the option of opting out of receiving future hardcopy immunisation payment statements.

In addition, you can also access your immunisation financial statements through the AIR site.

The renewed National Cervical Screening Program

The renewal to the National Cervical Screening Program will now be implemented 1 December 2017.

All women aged between 18-69 years should continue to have Pap smears every 2 years as per the current National Cervical Screening Program.

What now?

Keep up to date with the changes and the transitioning advice.

Advise your patients of the upcoming changes however they must continue to screen as per the current guidelines in the interim.

Useful resources are available via: <http://cancerscreening.gov.au/internet/screening/publishing.nsf/Content/cervical-screening-1>

http://wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Screening

Webinars:

Rural Health West scheduled for 30 March 2017 at 1pm

<http://www.ruralhealthwest.com.au/general-practice/practice-and-business-support/webinars-and-education>

Cancer Council WA

<https://www.cancerwa.asn.au/articles/calendar-health-professional-training-seminars-and-womens-health-regional-webinar-series-the-renewed/>

PERTH CHILDREN'S HOSPITAL



PCH construction update

The State Government has granted Practical Completion (PC) of Perth Children's Hospital (PCH). Granting PC means that the building has now come under the control of the Department of Health, allowing us unconstrained access to the facility for operational commissioning.

All remnant contractual and building issues – including any defects – will be managed by the Department of Treasury. This includes the issue of elevated levels of lead in the water. Before any staff, families or patients drink the water at PCH we will ensure that the Chief Health Officer (CHO) is satisfied that the water is safe for everyone to drink.

There will be also be thorough risk assessment based on important consultation with the executive and senior clinicians at PMH regarding patient safety, before recommending potential staged opening dates to Government.

The PC milestone is a positive step forward that allows us unfettered access for commissioning activities and moves us closer to our goal of opening a safe hospital for our patients and staff.

We will keep all patients, families and stakeholders informed as we progress towards opening.

More information

You can read more in the Media Statement from the Minister for Health and the Treasurer entitled 'State Government takes control of Perth Children's Hospital', by visiting www.mediastatements.wa.gov.au

You can also email us at perthchildrenshospital.enquiries@health.wa.gov.au or subscribe to

our community e-newsletter for regular updates as we progress towards opening. To sign up, visit the 'Contact us' page at www.perthchildrenshospitalproject.health.wa.gov.au

Recreation and play – Fun on Four

We are very happy to announce that we will partner with Perth Children's Hospital Foundation to provide a centre of play and recreation for patients, siblings and their families at the hospital.

The indoor and outdoor play area, known as Fun on Four, will replace the much loved Princess Margaret Hospital (PMH) Megazone to provide a range of age-appropriate activity spaces that will be run by Perth Children's Hospital Foundation.

Some of the new features include: beanbag cinema, art and craft area, Radio Lollipop studio, book bunker, Starlight Children's Foundation room, sensory room and other areas that will give patients and siblings a little break while in hospital.

Fun on Four is located on Level Four of PCH and the facilities will be available to all families, parents and carers when the hospital opens.

Your questions answered...

Will PMH telephone numbers be redirected to PCH?

PMH telephone numbers will be redirected to PCH, once the PMH telephone system is turned off and switchboard operators relocate to the QEIIIMC (after the last patient has been moved).

If a call is made to the old PMH main hospital switchboard number after we have moved:

- the caller will hear a recorded message which states that PMH has closed and the new PCH switchboard main hospital number will be recited, and then;
- the call will be automatically forwarded to the PCH switchboard.

Calls made to the top 5-10 high risk critical PMH extensions (e.g. Paediatric Drug Information Service) will be automatically forwarded to their new PCH extension number, with a recorded message reciting the new PCH telephone number for that department/service.

If a call is made to any other PMH telephone extension, the call will not be redirected to a PCH number. Instead, the caller will:

- hear a recorded message that PMH has closed, and
- be asked to hang up and call the new PCH switchboard number.

My Health Record Clarifications

There have been some recent queries raised about various aspects of the My Health Record system by general practice, and by the media. Our Digital Health Project Officer Emma Costello has compiled the following in collaboration with the Australian Digital Health Agency to help set the record straight on some of these issues.

Who can access a patient's My Health Record?

Any registered healthcare provider within Australia, is eligible to access a patient's My Health Record, however

the organisation (ie the practice) must register to interact with the system to do so, via the Australian Digital Health Agency. In theory, an organisation can therefore also have their access revoked should it be necessary.

For individuals at a practice, the My Health Record system entrusts a participating organisation (practice) to grant access to 'authorised users' in much the same way that access to the practice's clinical information is managed now. An authorised user must be an employee who has a legitimate need to access the My Health Record system as part of their

role in healthcare delivery, but this need can change from practice to practice making it difficult to provide a specific example.

It should also be noted that the relevant legislation covering the system, the My Health Records Act 2012, specifically states that collection and use of the information in a patient's record is 'for the purpose of providing healthcare to the registered healthcare recipient' (My Health Records Act 2012, Division 2 Subdivision A 61.1(a)). Access and use of information beyond this scope may therefore be subject legal action within the scope of the law.

EDUCATION EVENTS

Hepatitis C in Drug and Alcohol Settings Education Program

This course is designed to strengthen the capacity of clinical staff who are eligible to prescribe working in drug and alcohol settings, or working with people who inject drugs, to effectively test for, treat and manage hepatitis C. This highly interactive course is available for GPs and other clinicians able to prescribe. The online learning and face-face workshop will give you the skills to confidently prescribe the new DAAs.

Date: 24 June 2017

Venue: Assured Ascot Quays Apartment Hotel, 150 Great Eastern Hwy, Ascot WA 6104

Register/website: www.ashm.org.au/Courses/Pages/EVT-01763-BVWU.aspx

For further details contact:
Sally Cruse, 02 8204 0729,
sally.cruse@ashm.org.au

CPD Points: 40 Category 1 CPD points

RACGP Learning Outcomes:

- Describe the risk factors for HCV infection enabling effective practice screening processes and recall systems
- Demonstrate competence interpreting clinical and other relevant information to provide effective care of people living with HCV infection
- Demonstrate competence in liver disease assessment
- Demonstrate understanding of DAA therapy for the treatment of HCV and competence in selecting and prescribing appropriate therapy
- Monitor patients on treatment and post-treatment appropriately

2017 O&G GP Update

General Practitioners are invited to the following event as part of King Edward Memorial Hospital's ongoing commitment to support General Practitioners in providing antenatal care as well as assessment and management of women with gynaecological problems.

Date: 27 May 2017

Time: Register from 8.00 am, Education program 8.30am – 5.00 pm.

Venue: Agnes Walsh Lounge, KEMH, 374 Bagot Rd, Subiaco

Enquiries: Phone 08 6458 1388 or kemh.postgrad@health.wa.gov.au

Full day attendance qualifies as a Certificate of Women's Health (CHW) workshop for the DRANZCOG.

For more information and to download a registration form visit: www.wapha.org.au/events/



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.