

GP CONNECT

Keeping GPs informed
in the changing primary
health landscape.

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MESSAGE FROM THE CEO

Learne Durrington



By the end of 2018 almost all Australians will have a My Health Record (MyHR) – unless they have chosen to opt out. WA Primary Health Alliance (WAPHA) has a key role in supporting general practice throughout the expansion period to maximise the benefits of more timely access to important health information by your patients and their treating healthcare providers.

The expansion program has the backing of the RACGP and the AMA by way of the compacts that secure their participation and support in the delivery of the program. This positive engagement has been vital to ensure that GPs are part of the ongoing development of MyHR.

WAPHA was pleased to host Dr Steve Hambleton's recent visit to WA to speak with GPs about the expansion program to discuss their concerns and to provide his insight as an early adopter of MyHR.

A former AMA President, Steve is Co-sponsor of the Digital Health Agency's Medicines Safety Program. He is also a practising GP treating mainly patients with chronic and complex conditions – many of whom have been in his care for a number of years. Steve is clear that despite these long-standing relationships, he can't be there for his patients every day and at every interaction they may have with the health system.

What GPs can do, and do better than anyone involved in a patient's care, is facilitate their patients' interactions with

the health system as a whole. It is for this reason that Steve is a passionate advocate for My Health Record. He cites multiple examples of MyHR informing the treatment plans of his patients or their care post discharge from hospital.

We have contemporary data showing the impact of medication errors on the lives of Australians. There are approximately 2,000,000 instances of medication misadventure annually in Australia. The cost to the health system is \$1.3 billion and leads to 230,000 hospital admissions, with an estimated 10,000 excess deaths. Findings reveal 17 per cent of pathology and radiology tests are duplicated and 20 per cent of medical errors are due to incomplete patient administration/admission.

By enabling providers to have rapid access to a patient's information, there is enormous potential for MyHR to greatly reduce the adverse health outcomes associated with these errors, omissions and duplications. WAPHA is committed to working closely with GPs and practice staff to realise the full extent of the benefits of MyHR by embedding it into clinical workflows across WA general practices. I sincerely hope that GPs across the State will champion this technology driven transformation of healthcare in Australia – with significantly improved patient care at its centre.

Learne Durrington
CEO, WA Primary Health Alliance



WAPHA
WA Primary Health Alliance

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RACGP AWARD NOMINATION

WA Primary Health Alliance (WAPHA) congratulates Dr David Oldham who is the WA finalist in the 2017 Royal Australian College of General Practitioners (RACGP) General Practitioner of the Year award.

Practicing at Bournemouth Medical Centre in Wembley Downs, Dr Oldham has been acknowledged for his role in promoting the health of doctors and medical education.

Dr Oldham joined the GP Training Program as an Intern in 1983.

From 1993 to 2001, Dr Oldham returned to the GP Training Program as a medical educator, where he initiated and ran a regular two-day self-care workshop for all GP Registrars which looked at physical, mental and financial health.

In 2005, Dr Oldham joined the Doctors Health Advisory Service of WA (DHASWA) as a volunteer, helping to answer their 24/7 advice line for doctors and medical students.

In November 2016, DHASWA received funding to expand the service and ran a successful Drs for Drs training workshop in May 2017.

Dr Oldham said his interest in GP health began as an intern and continued to develop when he witnessed the stress placed on junior doctors.

"I developed an interest in doctor's health as an intern, when one of the doctors in my year died of breast cancer and another attempted suicide," he said.



Dr David Oldham in his consulting room in Wembley Downs

"Most of the junior doctors were quite stressed. Hospitals can be a very demanding place to work in, but so can general practice. I personally got burnt out after my first two years of full time general practice."

Dr Oldham observed that the main challenges for GPs are unrealistic patient expectations, changes in technology, lack of funding, and non-GPs telling GPs what they should be doing.

Dr Oldham said he urged his colleagues to look after themselves and each other by taking notice of any warning signs of poor health.

"Every doctor should have a GP and have regular health checks," he said.

"I think some simple red flags GPs can look out for are weight gain or loss from one year to the next, tiredness or exhaustion, and feeling stressed or depressed."

The RACGP General Practitioner of the Year award will be announced at GP17, hosted in Sydney from 26 - 28 October.

Dr David Oldham is employed by WA Primary Health Alliance as Hospital Liaison GP at Sir Charles Gairdner Hospital.

RACGP General Practitioner of the Year finalists

Dr Walid Jammal, NSW

Dr Adam Coltzau, QLD

Dr Amanda Bethell, SA&NT

Dr Elizabeth Elliott, TAS

Dr Richard Milner, VIC

Dr David Oldham, WA



WAPHA Chair Dr Richard Choong, ADHA Chief Clinical Information Officer Dr Monica Trujillo, Royal Perth Hospital Liaison GP Dr Marianne Wood and Dr Steve Hambleton

My Health Record Roadshow Introduces Opt-Out

WA Primary Health Alliance (WAPHA) and the Australian Digital Health Agency (the Agency) co-hosted a series of events in August to begin preparing general practitioners for the expansion of My Health Record to opt-out in 2018.

The Roadshow started at Fiona Stanley Hospital with a breakfast forum for GPs and hospital staff on Wednesday 16 August. The group heard from the Agency representative's Dr Monica Trujillo and Dr Steve Hambleton, with Dr Hannah Seymour providing insight into the ICT challenges faced at Fiona Stanley.

A second forum was held on Thursday at Royal Perth Hospital, with Dr Marianne Wood providing context around patients being transferred between hospital and regional locations.

Both forums concluded with a Q&A panel, with questions ranging from consumer engagement, medico-legal concerns, security and privacy and integration with other national programs including NDIS and My Aged Care.

A webinar, hosted from RACGP WA headquarters, was also conducted for regional and remote attendees featuring Dr Hambleton and Dr Trujillo. The webinar was recorded and is available on the WAPHA website.

The breakfast forums were followed by two practice workshops for practice managers and practice nurses in Rockingham and Midland. Kathy Rainbird from the Agency and Emma Costello, Digital Health Project Officer from WAPHA, facilitated the highly interactive session that enabled attendees to have all their questions and concerns answered about how to use the system, clarifying the patient consent guidelines and demonstrating how to view and upload documents.

Two evening events with live demonstrations were also held,

one for GPs and one for pharmacists who received their first look at My Health Record.

WAPHA Chief Executive Officer Learne Durrington said more events will be planned over the coming months to support general practice and other healthcare providers in the lead up to the opt-out expansion going live in mid-2018.

"We are excited to be working in partnership with the Australian Digital Health Agency on the MyHR expansion program," Ms Durrington said.

"WAPHA's role will include a project to support provider readiness, communication and consumer engagement."

For more information about My Health Record email emma.costello@wapha.org.au

National Immunisation Program expansion measure – communications materials

The Department of Health has produced a range of communication materials to support awareness of the extension in eligibility of the National Immunisation Program (NIP). Announced recently, the Government now offers free catch-up immunisations to all 10-19-year-olds and refugees of all ages as part of a \$14.1 million announcement in the 2017-18 Budget. The communication materials have been developed in consultation with key immunisation stakeholders to encourage uptake of the new measures. They will also be available shortly on the Immunise Australia website and cover:

- *Vaccination Provider Factsheet – 10 to 19-year-olds*
- *Vaccination Provider Factsheet – Refugees and humanitarian entrants*
- *Consumer Poster – 10 to 19-year-olds*
- *Consumer Flyer – 10 to 19-year-olds*

The Department of Health plans to work with state and territory governments and other key stakeholders on a communication strategy to ensure that refugees and humanitarian entrants have the greatest chance of seeing the material.

GP role in eliminating Hepatitis C in Australia

A new report from the Kirby Institute claims Australia would become one of the first countries in the world to eliminate hepatitis C by 2026 thanks to the development of new highly curative treatments and the work of GPs in prescribing them.

With new direct-acting antiviral treatments available on the Pharmaceutical Benefits Scheme since March 2016, there has been a more than tenfold increase in the number of people treated for hepatitis C, from 3000 to over 38,000 between March 2016 and March 2017.

The new treatments can be prescribed by GPs, reducing the need for patients to see a specialist. GPs play a unique role in managing and treating hepatitis C as they are able to build trust and open communication to identify patients with hepatitis C. There has been an increase from 8 per cent to 31 per cent in the rate of GP prescribing from March to December 2016, and sustaining these figures could lead to the eradication of hepatitis C in Australia by 2026.

For more information, visit <https://kirby.unsw.edu.au/news/chronic-cured-could-australia-be-first-country-world-eliminate-hep-c>
<https://kirby.unsw.edu.au/report/monitoring-hepatitis-c-treatment-uptake-australia-issue-7-july-2017>

Labelling changes: information for health professionals

With the Therapeutic Goods of Australia (TGA) recently updating and aligning medicine ingredient names used in Australia to those used internationally, the TGA has developed a webpage for health professionals which contains useful information about reducing medication errors and communicating the changes to patients.

Doctors can find information on the changes, grouped into several categories:

- Active ingredient prominence
- Clearer medicine information
- Easier pharmacy dispensing
- Allergen information
- 4 year transition

Posters are also available for download detailing the update and improvements to medicine labels for both healthcare professionals and consumers. Most of the changes are relatively minor. For the more major changes, the old and new names will be labelled for a period to ease the transition.

For more information, visit www.tga.gov.au/labelling-changes-information-health-professionals



Dementia Clinical Practice Guidelines

The *Clinical Practice Guidelines and Principles of Care for People with Dementia* provide health professionals and care workers with evidence-based recommendations about the care of people living with dementia and those being investigated for the possibility of dementia.

The Guidelines were developed by the National Health and Medical Research Council's Cognitive Decline Partnership Centre.

A consumer companion guide has also been developed to complement the clinical guidelines to help inform consumers when being investigated or treated for dementia.

The guides are available to download from the University of Sydney website:

For health professionals: [Clinical Practice Guidelines and Principles of Care for People with Dementia](#)

For consumers: [Diagnosis, treatment and care for people with dementia: A consumer companion guide to the Clinical Practice Guidelines and Principles of Care for People with Dementia.](#)

Managing emergencies in general practice – resource

The RACGP has developed a comprehensive resource *Managing emergencies in general practice* to support general practices to manage emergency events and disasters throughout all stages from prevention, preparedness, response and recovery.

For more information, visit www.racgp.org.au/managingemergencies

Managing pandemic influenza in general practice – resource

Managing pandemic influenza in general practice: A guide for preparation, response and recovery forms part of the RACGP second edition of the Pandemic flu kit. This guide and supplementary resources have been developed by the RACGP under the guidance of the project's steering committee, the Pandemic Taskforce.

For more information, visit www.racgp.org.au/your-practice/guidelines/flukit/

RACGP applauds health ministers' common sense decision to end mandatory reporting of doctors

The Royal Australian College of Practitioners has expressed relief that Australia's health ministers have agreed to amend laws that discourage doctors from seeking the healthcare they need.

RACGP President Dr Bastian Seidel said the recent Council of Australian Governments' Health Council meeting saw health ministers agree – that while patient safety is also paramount – medical practitioners should be able to seek healthcare without fear of being reported.

“GPs are the main treating doctors of all medical practitioners – and are currently required to report practitioners who seek help with a health condition that might affect their work,” Dr Seidel said.



IMMUNISATION UPDATE

Pre-vaccination Checklist for the Administration of Zostavax Vaccine

Zostavax is a live attenuated vaccine for the prevention of herpes zoster and post herpetic neuralgia.

It is contraindicated for use in significantly immunocompromised people. In January 2017, there was a death in Australia due to Zostavax administration in an immunocompromised person.

In March 2017, the Department of Health agreed to develop a template which provides a checklist for immunisation providers to consider before vaccinating a patient with Zostavax (pre-vaccination checklist).

This pre-vaccination checklist has been purposely developed to fit into a single page and created for potential incorporation by GPs into their software to screen patients pre-Zostavax. The use of drop down boxes for yes/no answers, and auto populate for name, DOB, date of completion and provider details (in green) will make the process quicker to complete. Please note, an additional two pages have been included at the back of the checklist to help providers with their decision making.

The pre-vaccination checklist, was developed in consultation with members of the Therapeutic Goods Administration's Advisory Committee on Vaccines, members of the Australian Technical Advisory Group on Immunisation, and members of the GP Roundtable.

The Department of Health is seeking GP assistance to distribute and promote the use of this pre-vaccination checklist by all GPs prior to administering the live attenuated zoster vaccine (Zostavax) through the National Immunisation Program, or privately. Any advice, or support, you can provide to ensure this checklist is widely distributed and utilised by immunisation providers across Australia, would be greatly appreciated.

More information is available at the Department of Health website.

If you have any questions regarding the content, or use of this pre-vaccination checklist, contact Hope Peisley (Hope.Peisley@health.gov.au or 02 6289 7367).

Meningococcal ACWY Statewide Vaccination Program Update

Meningococcal comes on suddenly and progresses quickly. WA Health advise there has been a small increase recently in particularly dangerous meningococcal types. Adolescents aged 15-19 have high carry rates and can transmit the disease to those at risk of serious disease including children. Transmission can be from close contact with someone who may be carrying the bacteria without knowing it, for example living in same house, attending a party, visiting a nightclub and kissing. If caught early, antibiotics can help provide a full recovery.

WA Health advise the vaccination program provides vaccination to adolescents aged 15 to 19 years and will be delivered in three phases.

- Phase 1: Commences school term 2, 2017.

School vaccination in some secondary schools for year 10, 11 and 12 students and Aboriginal Medical Services (AMSs).

- Phase 2: Commences school term 3, 2017.

School vaccination across WA for year 10, 11 and 12 students.

Metropolitan on-campus university medical centre vaccination for adolescents aged 15 to 19 years.

- Phase 3: Commences school term 4, 2017.

General practitioner (GP) surgery vaccination (subject to vaccine availability) for:

- years 10, 11 and 12 students who missed their school vaccination in terms 2 or 3 and
- adolescents aged 15 to 19 years who missed their university vaccination in terms 2 or 3 or are not at school or university can get vaccinated at a GP surgery.

People aged 15-19 who are not at school can receive the immunisation from community immunisation providers. In 2018 and 2019 only students in year 10 will be eligible, regardless of age.

New Resources

For further provider information: http://ww2.health.wa.gov.au/Articles/J_M/Meningococcal-ACWY-Statewide-vaccination-program

For further patient information: http://healthywa.wa.gov.au/Articles/J_M/Meningococcal-vaccine

http://healthywa.wa.gov.au/Articles/J_M/Meningococcal-disease

ABORIGINAL HEALTH

The Australian Immunisation Handbook Updated

The Australian Immunisation Handbook 10th Edition has been updated and is now live.

It can be viewed at the following link <http://immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home>

Specific updates are listed within the online table of contents.

Dealing with requests for vaccination exemption

NCIRS Public Health Physician Dr Beard and University of Sydney Paediatrician and Associate Professor Dr Wood discuss true medical contraindications to vaccination, valid reasons to sign medical exemption forms and what constitutes adequate evidence of natural immunity in their article "To sign or not to sign? Dealing with requests for vaccination exemption."

See the link below for this useful resource for GPs to assist in conversations with patients around medical exemption forms and managing common vaccine concerns.

<http://medicinetoday.com.au/2017/april/regular-series/sign-or-not-sign-dealing-requests-vaccination-exemption>



Aboriginal Health Assessment MBS 71

The Aboriginal Health Assessment for Aboriginal and Torres Strait Islander People (MBS Item 715) is an age-specific (3 aged categories) early detection and prevention tool available to all patients.

Requirements of the health assessment include taking patient history, and requesting examinations and investigations as required.

GPs should also make recommendations for appropriate interventions including follow-up care that may be required over the next year, and provide a written report about the assessment and consequent recommendations to the patient.

If it is not possible to provide sufficient suitable advice and information at the time of the health assessment, then arrange a follow-up appointment and utilise linked additional MBS funded services:

- up to 5 allied health follow-up appointments (MBS81300 – 81360) via Medicare allied health referral form
- up to 10 practice nurse or Aboriginal health practitioner follow-ups are also available (MBS10987). These are untimed services that can be used to provide:
 - Examinations/interventions as indicated by the health check;
 - Education regarding medication compliance and associated monitoring;

- Checks on clinical progress and service access;
- Education, monitoring and counselling activities and lifestyle advice;
- Taking a medical history; and
- Prevention advice for chronic conditions, and associated follow up.

It is recommended that GPs recall the patient for an Aboriginal health check in 12 months. GPs may also consider utilising the health assessment to support children in place of the now invalid Healthy Kids Check MBS item.

Further information, including the appropriate Medicare allied health referral form, is available on the Aboriginal Health Initiative pathway https://wa.healthpathways.org.au/65938.htm?zoom_highlight=itc (**Username:** connected; **Password:** healthcare).

An additional best practice practical resource is the National guide to a preventative health assessment for Aboriginal and Torres Strait Islander people, which can be found at www.racgp.org.au/your-practice/guidelines/national-guide/

MENTAL HEALTH

Virtual mental health clinics – what are they and how do they work?

On 1 July, WA Primary Health Alliance (WAPHA) commissioned new services for GPs and their patients to assist in mental health treatment for vulnerable people within the community.

One of the new services available is the Practitioner Online Referral Treatment Service (PORTS), developed by Access Macquarie.

PORTS supports GPs and other health professionals to refer their patients to get expert assessment and treatment for symptoms of low mood, depression, stress, anxiety and substance use problems.

WAPHA asked Professor Nick Titov from Macquarie University to explain more about virtual mental health clinics.

What is a virtual mental health clinic?

Simply, these are mental health clinics that deliver services to patients without requiring face-to-face contact. They usually provide contact via telephone or video-conferencing technology, but integrated services also utilise online technology to deliver information and other communication options such as secure emails, instant messaging, and SMS messages. Although they utilise technology, at their heart, virtual mental health clinics (virtual clinics) aim to reduce barriers to care. For this reason,



Practitioner Online Referral Treatment Service Project Director Professor Nick Titov discusses virtual mental health clinics

some also offer low tech-low bandwidth solutions that provide contact via telephone, but post printed educational materials, to patients who don't have internet access.

Virtual clinics need to meet the same standards of governance, safety, clinical effectiveness and quality of care as traditional face-to-face services. In addition, these services need to meet strict Government standards for securing, using, and storing sensitive health information.

In Australia, as well as overseas, virtual clinics are relatively new phenomena. However, the number of such services is growing quickly, and Australia is amongst the world leaders in the delivery of safe and effective virtual mental health clinics.

What are the advantages of a virtual mental health clinic?

The primary advantage of virtual clinics is that they can reduce barriers associated with geography, distance, and even stigma. This is particularly important outside of

towns and metropolitan areas, where health consumers may rely on fly-in clinicians. However, it is increasingly recognised that virtual services are also convenient and attractive for people who may be unable to take time away to attend a clinic during business hours, or those who are comfortable or prefer talking on the telephone or using other technology.

What are the limitations of the virtual clinic?

The primary limitation is that the therapist is not in the same physical room as the patient. This may limit the ability to conduct detailed assessments. However, many virtual services use a combination of telephone discussions and tools such as online questionnaires to capture key information. As mentioned before, the absence of physical proximity from a mental health professional may be seen by some consumers as an advantage, particularly if the consumer is concerned about privacy and stigma.

What are existing examples of the virtual clinic concept in Australia?

The MindSpot Clinic is a national virtual mental health service that has operated since 2013. MindSpot is funded by the Australian Department of Health to provide free services to adults across Australia who are troubled by symptoms of anxiety and depression. MindSpot provides a range of services including education, screening assessments, referrals to other services, and therapist-guided virtual treatments. This service has published reports of outcomes, which provide important insights into the people who choose virtual clinics.

Of note, MindSpot users vary considerably in age (18-98 years), with 90 per cent self-referring to the services, and only 20 per cent reporting they are using any other mental health services. The mean K-10 score at assessment is 32, and consistent with this level of distress, 35 per cent report suicidal ideation. These results indicate MindSpot is reaching consumers with moderate-severe symptoms who are not generally accessing other services.

For patients who opt to receive treatment, MindSpot delivers psychological treatments which have been validated in controlled clinical trials at Macquarie University. During treatment, MindSpot patients complete symptom questionnaires on a weekly basis, which allows monitoring of progress, and early intervention if symptoms deteriorate. As noted in published reports of outcomes, the magnitude of clinical improvements following treatment at MindSpot are consistent with those observed by international benchmarks of face-to-face delivered psychological treatments. Moreover, 95 per cent of users report they would recommend the service to a friend, indicating the acceptability of this model of care.

How is technology being used internationally for the delivery of mental health care?

Virtual mental health services have been operating in the Netherlands since the late 1990s, and in Sweden, since 2007. Virtual clinics have been established in most European countries, and published reports indicate similar results as reported at MindSpot. Importantly, it should be noted that these services share in common use of registered mental health professionals as therapists, and high quality clinical supervision. In addition, these services utilise best practice methods for monitoring safety and managing risk.

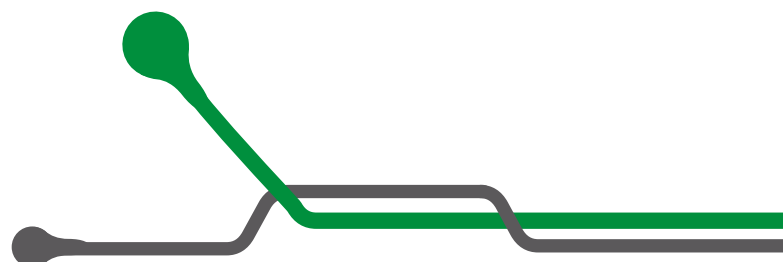
What is your message to GPs or health professionals who may not have referred patients to a virtual clinic before?

Virtual mental health services have considerable potential for improving access to evidence based mental health services. Notwithstanding their potential advantages, virtual clinics should not represent a replacement for face to face services. Some patients will require face to face support, and virtual services should provide referrals or support for patients who require that.

For more information about PORTS and to register to make referrals please go to www.PORTS.org.au or for more information about WAPHA commissioned MH services www.WAPHA.org.au

References

- Hadjistavropoulos HD, Nugent MN, Alberts NM, Staples LG, Dear BF, Titov N (2016). Transdiagnostic Internet-delivered cognitive behaviour therapy in Canada: An open trial comparing results of a specialized online clinic and nonspecialized community clinics. *Journal of Anxiety Disorders* 42, 19-29.
- Hedman E, Ljótsson B, Kaldö V, Hesser H, El Alaoui S, Kraepelien M, Andersson E, Rück C, Svanborg C, Andersson G, Lindfors N. Effectiveness of Internet-based cognitive behaviour therapy for depression in routine psychiatric care. *Journal of affective disorders*. 2014 Feb 28;155:49-58.
- Staples LG, Fogliati VJ, Dear BF, Niessen O, Titov N (2016). Internet-delivered treatment for older adults with anxiety and depression: implementation of the Wellbeing Plus Course in routine clinical care and comparison with research trial outcomes. *British Journal of Psychiatry Open* 2, 307- 313.
- Titov N, Dear BH, Staples LG, Bennett-Levy J, Klein B, Rapee RM, Andersson G, Purtell C, Bezuidenhout G, Niessen O (2016). The first 30 months of the MindSpot Clinic: Evaluation of a national e-mental health service against project objectives. *Australian and New Zealand Journal of Psychiatry*. DOI: 10.1177/0004867416671598.
- Titov N, Dear BF, Staples LG, Bennett-Levy J, Klein B, Rapee RM, Shann C, Richards D, Andersson G, Ritterband L, Purtell C, Bezuidenhout G, Johnston L, Niessen O (2015). MindSpot Clinic: An accessible, efficient, and effective online treatment service for anxiety and depression. *Psychiatric Services* 66, 1043-50.



Mental Health Week

Dr Sue Jackson, Lead Clinical Editor for HealthPathways WA discusses the mental health pathways now available for GPs in the lead up to mental health week:

HealthPathways WA are excited to announce the completion of our Mental Health pathways.

Mental Health pathways of particular interest include Anxiety in Adults, Depression in Adults, Mental Health in Children and Adolescents, Eating Disorders and the soon to be completed Drug and Alcohol pathways.

The Mental Health pathways were identified as high priority by GPs in our original needs assessment. This area continues to be a real need for GPs which has been demonstrated through the continued use of the request pathway for non-acute Mental Health. This pathway contains a list of specialist mental health services which includes the recently established PORTS and has been the most frequently visited request page for the past four months!

I am particularly pleased with the soon to be completed Borderline Personality Disorder pathway. BPD is a disorder that I have always found difficult to manage, therefore we have tried to provide GPs with additional support and a clearer understanding of this complicated condition.

There is a vast amount of change happening within the mental health sector, especially with the commissioning of new services. These services are aimed at tackling areas of particular need, specifically adults and young people experiencing mental health and drug and alcohol problems.

It has been an enormous task translating the assessment, management and referral of such significant health problems into simple and easy to follow pathways. We welcome and encourage all feedback both on what we have achieved and what we could improve on.

All completed Mental Health pathways can be accessed on the HealthPathways website <https://wa.healthpathways.org.au/15718.htm>

Login details:

Username: connected

Password: healthcare

BreastScreen WA reaches 2 million screens

Written by Dr Eric Khong, GP Liaison Officer, BreastScreen WA

Since 1989, BreastScreen WA has been providing free screening mammograms to well Western Australian women.

In August 2017, BreastScreen WA performed its 2 millionth screening mammogram. This milestone demonstrates the organisation's ongoing, significant commitment to the health of WA women.

Screening mammography is recommended for asymptomatic women over 40 years of age, with women aged 50-74 years specifically invited. Although the service has been around for over 25 years there are some important things for every GP to know:

1. The recommended screening age has been extended to 74 years.
2. Screening mammograms are only for women with no breast symptoms. If you are concerned about a new breast symptom, follow a diagnostic pathway instead.

Information regarding the Triple Test can be found on the Cancer Australia website <https://cancer.australia.gov.au/affected-cancer/cancer-types/breast-cancer/diagnosis/tests-breast-cancer/triple-test>

3. There is a screening clinic in partnership with the David Jones Perth city store, called the Rose Clinic.
4. To make it easier for working women to attend, opening hours have been extended at all clinics, including appointments on Saturday mornings.
5. Appointments can be made on the BreastScreen WA website www.breastscreen.health.wa.gov.au/Breast-screening/Making-an-appointment/Book-Online or at all clinics. Alternatively women can call 13 20 50.
6. BreastScreen WA may report that your patient has dense breasts and advise that she see her GP. To find out more about Breast Density for GPs visit the BSWA website www.breastscreen.health.wa.gov.au/~media/1EC849EF04664BAB8F1E20863F21555F.ashx.
7. BreastScreen WA's website has lots of useful information for GPs and clients www.breastscreen.health.wa.gov.au

WAPHA will be delivering BreastScreen WA resources to practices in the coming months and HealthPathways are scheduled to localise the Breast Screening pathways in 2018. For more information or enquiries on these pathways please contact healthpathways@wapha.org.au



Earbus Foundation audiologist Lara Shur testing a baby's hearing

Hearing Awareness Week

Paul Higginbotham, CEO, Earbus Foundation of WA

Last month's Hearing Awareness Week highlights the fragility and preciousness of hearing. For many, hearing deteriorates as we age, others are born with hearing loss they must live with and manage throughout life.

Australia's Aboriginal children face a different dilemma – they have the poorest ear health in the world, with prevalence 10 times that of non-Indigenous children. Ear disease often causes avoidable hearing loss in the vitally important early years when children acquire speech and language. Young children must hear well to develop spoken language, reading and literacy.

Aboriginal children experience on average 32 months of Otitis media between 0 and 5 years, compared to three months for non-Aboriginal children.

The 2010 Senate Inquiry "Hear Us" recognised otitis media induced hearing loss burdens children with poor educational outcomes,

disengagement from school and poor employment prospects.

Access Economics calculated 2008 costs of Otitis media to be \$1.5 billion a year. Adjusted for inflation it is now \$1.8 billion annually. WA's share (10 per cent of Australia's population) is \$180 million annually.

Earbus Foundation is a children's charity working to reduce the incidence and impact of chronic middle-ear disease in Aboriginal children across regional WA. Earbus Programs pay monthly visits to schools, daycares, kindergartens and communities with GP, nurse, audiologist and ENT specialists. In 2016 this work won Earbus Foundation Community Group of the

Year in WA's Regional Achievement & Community Awards.

Otitis media is a highly treatable condition. With effective intervention, children can avoid sustained hearing loss and have their opportunities to learn and succeed at school.

Learn more about the work of Earbus Foundation via www.earbus.org.au and on Facebook www.facebook.com/earbus-foundation-of-wa. Additionally, HealthPathways have recently published several ENT Pathways, including Acute Otitis Media <https://wa.healthpathways.org.au/17242.htm>.

Reference

Senate Inquiry of the 42nd Australian Parliament – "Hear Us: Inquiry into Hearing Health in Australia" 2010

HOSPITAL LIAISON

King Edward Memorial Hospital

GP Education Day coming up

King Edward Memorial Hospital will be running the full day O&G GP update on Saturday 21 October 2017.

The event has been approved for RACGP QI&CPD points: Category 1 (Women's health) and Category 2 and qualifies as a Certificate of Women's Health (CWH) workshop for DRANZCOG.

The event will include lectures in gynaecology and obstetrics plus GPs will have a choice of practical workshops to attend.

Lectures will include:

- urogynaecology
- pelvic pain
- menopause
- shared antenatal care
- medical complications in pregnancy
- infections/rashes/vaccines in pregnancy

Practical workshops will include:

- case discussions (obstetrics, gynaecology or perinatal mental health)
- mirena
- implanon.

For more information regarding the program, course fees and to obtain a registration form, contact Postgraduate Medical Education.

Phone: (08) 6458 1388

Email: kemh.postgrad@health.wa.gov.au

Dr Vicki Westoby

Hospital Liaison GP, King Edward
Memorial Hospital

victoria.westoby@health.wa.gov.au
or P: (08) 6458 1561

Fiona Stanley & Fremantle Hospital Group

General referrals update

GPs and other referrers are reminded that sending multiple copies of referrals to Central Referral Service (CRS) or to the hospitals creates extra clerical work. Referrals which are both faxed and posted need to be checked carefully to ensure they are definitely duplicate and that no extra information is contained in one or the other. The quality of faxed information is now sufficiently legible to be the sole communication method used for this purpose. The only referrals which should be sent directly to hospital for medical-led clinics are

- urgent referrals which must be first discussed and accepted by a consultant or senior registrar
- referrals for specialties such as obstetrics, mental health and aged care (as detailed on the hospital websites).

When contacting hospitals to discuss the admission of an out of area (e.g. holidaying) patient it is worth considering their usual postcode and closest hospital as this will facilitate discharge and any necessary outpatient follow-up.

Gastroenterology procedure referrals

Despite the completed rollout of the new endoscopy referral guidelines and mandatory forms, some referrals are still being sent directly to hospitals

(rather than to CRS) for non-urgent procedures and many referrers are not using the correct form. Until now, these have been forwarded to the CRS for further action. In the near future, these will be returned to the referrer. In both cases, significant delays are created. All referrers are reminded that referral criteria and downloadable forms are available through both the FSH and FH websites and HealthPathways. Please ensure that members of your practice staff are also aware of the changes in process.

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Available: Monday and Thursday

Royal Perth Hospital

GP input into alternative RPH acute medical pathways

Royal Perth Hospital and WAPHA recently partnered to hold a GP Focus Group with a group of local GPs to help co-design alternative pathways for patients with acute medical conditions needing specialist advice or review. RPH is planning to establish a rapid access non-admitted Acute Medical Ambulatory Centre. The GP input was extremely valuable with a number of important issues raised to work through. The model will be further developed with ongoing GP consultation, and piloted later in 2017. Further information will be made available when the Centre is open for GP referrals.

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Australian Government

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