

GP CONNECT

August 2018

Keeping GPs informed
in the changing primary
health landscape.

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

Homelessness Week 2018: 'There's always something you can do'

To mark Homelessness Week, held from August 6 – 12, WA Primary Health Alliance is encouraging GPs and their practice staff to recognise and be mindful of the barriers faced by homeless people accessing treatment and care.

A recent study of homelessness in Perth found that 72 per cent of homeless individuals identified as male, 27.7 per cent as female and 0.3 per cent as transgender². Most (52.1 per cent) were between the ages of 25 and 45 and 42 per cent identified as either Aboriginal and/or Torres Strait Islander².

Homelessness is defined as either primary or secondary³. Primary homelessness encompasses those living on the streets while secondary homelessness includes those who move frequently between various types of accommodation³.

It is well documented that people who are homeless have poorer health outcomes and often present with complex health issues.

Research conducted in Perth found that 47.2 per cent of people who are homeless experience trimorbid health issues (medical, substance use and mental health)².

Chronic diseases are often undiagnosed or poorly controlled, respiratory tract infections are common, and dental and oral health is often poor⁴.

Skin, foot and musculoskeletal disorders are common due to inadequate footwear, prolonged periods of standing or walking and repetitive minor trauma⁴.

The homeless are also more likely to have injuries resulting from assaults, falls and motor vehicle accidents⁴. Mental illness and substance abuse are more common amongst the homeless population⁴. Homeless patients often present with advanced disease due to delays in seeking medical care, poverty, non-compliance and cognitive impairment⁴.

Homelessness affected 10,000 people in Perth in 2011¹.

GPs or practice staff who require information or support in providing care for homeless people can visit HealthPathways WA which provides referral information on a number of physical and mental health conditions, dental services, homeless healthcare services and housing assistance for patients who are homeless or at risk of homelessness.

Clinical referral information can also be found in the Healthcare for Homeless People and Housing Assistance and Homelessness pathways.

Dr Irene Dolan and Dr Sue Jackson
GP Clinical Editors HealthPathways WA

Contact us

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6272 4900

www.wapha.org.au

 /waphaphns

 @wapha_phns

References

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MESSAGE FROM THE CEO

WA Primary Care Roundtable puts focus on health system integration

A few weeks ago, Health Minister Roger Cook actioned an election commitment with the first meeting of the WA Primary Health Roundtable.

The Roundtable was a key recommendation of the Reid Review and was considered to be an important opportunity to identify the primary care priorities in working towards sustainable health system integration.

The Roundtable brought together key stakeholders from health including primary and acute care, aged care, mental health, private hospitals and private health insurers. The conversations were robust and thoughtful and explored how the players in the system can work together, particularly on the integration between primary and hospital care.

In his opening remarks, Minister Cook acknowledged that each of the 12 Sustainable Health Review priorities identified in the Review's Interim Report involve primary care at their core. If you haven't already, I encourage you to consider the [Interim Report's recommendations](#) and the role of general practice in achieving them. The Minister acknowledged WA Primary Health Alliance's (WAPHA) role in working with the State government to improve coordination of services, and involving GPs in co-designing new models of care and approaches to joint planning, co-commissioning and pooled funding opportunities for Commonwealth and State.

There is increasing interest from both Commonwealth and State governments on health system integration. In particular, the role of primary care and the Primary Health Network's (PHNs) ability to broker

the necessary partnerships that will enable sustainable solutions to fragmentation and dysfunction. The Productivity Commission, Grattan Institute and the Australian Hospitals and Healthcare Association have each described the foundations of integration that include an enhanced role for PHNs in this space. With our current stability and bipartisan support, WA's PHNs have the particular advantage of being coordinated within the whole-of-state WAPHA model. The new Commonwealth/State Coordinated Care Bilateral Agreements provide further impetus for integration of primary health care, acute care, specialist and allied health services.

Professor Hal Swerissen from Grattan Institute was the keynote speaker at the Roundtable and highlighted the opportunities for WA to reduce demand on institutional and hospital services through investment in primary care. The architecture for this exists in the collective political will to create an overarching governance agreement at the primary and acute system manager level (WA Health and WAPHA) that provides for a reorientation of the health system towards care that is patient centred, outcomes focused and value based.

GPs represented at the Roundtable overwhelmingly spoke of the need to work together to improve the interface between hospital clinicians and GPs. Commonly asked was: How do we better organise transfer of care between hospitals and general practice? A large part of the solution is improving the understanding of

doctors in training and hospital based specialists about what GPs do, their skills and the importance of the ongoing relationship GPs have with their patients. It was agreed that understanding and trust is needed to recognise the conditions that can be well managed in general practice and what information exchange between clinicians will better support continuity of care for patients.

The Roundtable tackled some of the elephants in the room that impede us in supporting people as they navigate across the levels of our health system. These include our funding structures and federated system that encourage episodic care, creation of silos and professional demarcation. We need to start with the patient – begin planning integrated services and models of care based on an understanding of the needs of individuals and what their journey through the health system is going to look like.

WAPHA is committed to leading these conversations and engagement across the health system. We will use our expertise and influence to facilitate the governance arrangements, evidence based decision making, workforce reorientation and pooled funding models to enable the partnerships and innovation that will drive transformational change in health system integration across the State.

Learne Durrington
CEO WA Primary Health Alliance

IMMUNISATION & SCREENING UPDATE

Immunisation checks for school enrolment deadline



Parents of children starting school next year are being reminded to ensure their children are fully immunised.

Each child's Australian Immunisation Register history is provided at enrolment into public school, as well as most private schools. The 20 July enrolment deadline for kindergarten and pre-primary makes this the perfect time to check children's immunisation status.

The free childhood vaccines in the National Immunisation Program (NIP) currently protect children from infectious illnesses including measles, mumps, rubella, pertussis, diphtheria, tetanus, poliomyelitis, haemophilus influenzae type B disease, hepatitis B, rotavirus, varicella, meningococcal disease, influenza and pneumococcal disease.

Parents also need to be aware that family assistance payments will not be paid to families whose children are not immunised, on a recognised

vaccination catch-up schedule, or have a certified medical exemption.

HealthPathways WA have published several pathways to help healthcare providers ensure optimal outcomes for families, including:

- [Immunisation – Childhood](#)
- [Immunisation – Adolescent](#)
- [No Jab No Pay](#)

These pathways have been recently reviewed and updated by Dr Richa Tayal, with assistance from the Metropolitan Communicable Disease Directorate.

To access HealthPathways, please contact your WA Primary Health Alliance primary health liaison or email the HealthPathways team at healthpathways@wapha.org.au

Cancer screening update

Cancer Council WA in collaboration with WA Primary Health Alliance (WAPHA) has developed three Plan Do Study Act (PDSA) education activities on bowel, breast, and cervical cancer screening. The activities support GPs and general practices in improving participation in the three National Cancer Screening Programs by identifying and engaging with eligible patients in their practice, increasing awareness of the cancer screening programs and encouraging informed participation.

Follow the links below to download the activities. Each activity attracts 40 Category 1 RACGP QI&CPD and 30 ACRRM PDP points.

Bowel Cancer Screening PDSA

- <https://bit.ly/2zBYZju>

Breast Cancer Screening PDSA

- <https://bit.ly/2zz6vEW>

Cervical Screening PDSA

- <https://bit.ly/2utpGu5>

You may also like to view the updated HealthPathways [Cervical Screening](#) pathway.

HOSPITAL LIAISON



East Metropolitan Health Service

Pain, Perioperative and Referral Pressure Points GP educational update

The East Metropolitan Health Service, Royal Perth Bentley Group and Armadale Kalamunda Group, in partnership with the WA Primary Health Alliance, invites GPs to a *Pain, Perioperative and Referral Pressure Points GP Update* on Saturday, 8 September 2018 from 8.15am to 3.30pm. A 40 Cat 1 RACGP QI&CPD point application is underway.

The update will focus on conditions where we can work better to deliver optimal care and new pathways for referral, using case studies and practical sessions guided by topics GPs requested after the highly successful 2017 update.

Sessions include; *Taking the pain out of pain management* with pain specialist and neurologist presentations, *Working together to ensure our patients are fit for surgery* with anaesthetics and haematology speakers, as well as orthopaedics, urology and plastics workshops and a panel discussion on how we can work better together.

Registration essential on <https://emhsgp2018update.eventbrite.com.au>. Please email EMHSGPed@health.wa.gov.au for further information.

The following HealthPathways may be useful for GPs interested in this topic: [Low Back Pain](#), [Medications in Chronic Pain](#), and [Pain Management Requests](#).

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Royal Perth Hospital
jacquie.garton-smith@health.wa.gov.au
Available: Monday and Thursday

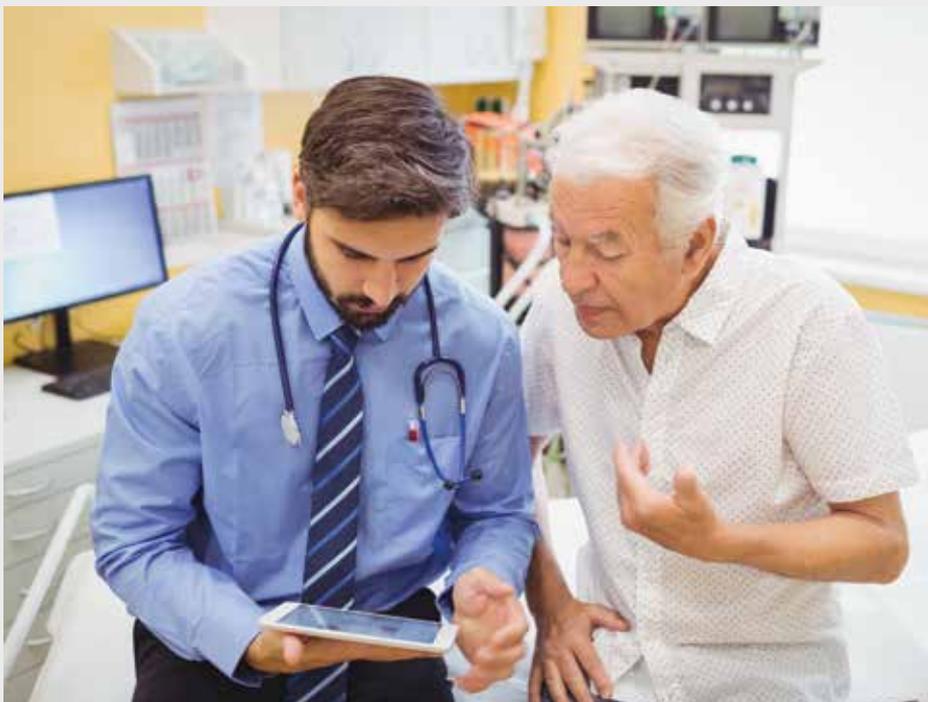
Royal Perth Hospital

Acute Medical Ambulatory Centre expands to more GPs

The Royal Perth Hospital (RPH) Acute Medical Ambulatory Centre (AMAC) has broadened its trial to accept referrals from more GPs. AMAC provides rapid access for acute medical consultations and a consultation telephone service, facilitating direct and timely access to acute medical specialists to plan investigations and treatment for patients who may otherwise have been referred to RPH Emergency Department.

Information was mailed to general practices in the Perth CBD and inner south region in June. For more information, or if you are a GP in the RPH catchment who would like to trial the service, please ask your practice manager to contact Ann Blunden, East Metropolitan Health Service ann.blunden@health.wa.gov.au

Dr Jacquie Garton-Smith
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Fiona Stanley and Fremantle Hospitals

Older Adult Mental Health at Fremantle Hospital

Fremantle Older Adult Mental Health Service (FOAMHS) is a specialty service for patients 65 and over with a major mental health diagnosis (with or without cognitive impairment) in the Fiona Stanley Hospital (FSH) and Fremantle Hospital (FH) area.

New pathways published

HealthPathways WA recently reached 413 pathways. The most recently published pathways are:

- [Bell's Palsy in Adults](#)
- [Headaches in Adults](#)
- [Influenza Infection and Control](#)
- [Alcohol and Drug Advice](#)
- [Medicines Information Advice](#)
- [Specialised Burns Management Requests](#)
- [Specialised Burns Advice](#)
- [Neurology Nursing Services](#)
- [First Seizures Clinics](#)
- [Movement Disorder Specialists](#)
- [MND Specialist Clinics](#)
- [Fatty Liver](#)
- [Parkinson's Specialist Assessment](#)
- [Non-Acute Geriatric Assessment \(seen within 30 days to 1 year\)](#)
- [Parkinson's](#)
- [Motor Neurone Disease](#)
- [Peripheral Neuropathy](#)
- [Multidisciplinary Allied Health Rehabilitation](#)
- [First Seizure in Adults](#)
- [Epilepsy in Adults](#)

To access HealthPathways please contact your WAPHA primary health liaison, or email the HealthPathways team at healthpathways@wapha.org.au

Aboriginal and Torres Strait Islander patients under 65 may be accepted on a case-by-case basis.

FOAMHS provides inpatient care on ward W4.3, mental health consultation within the hospital, outpatient and home visits, and a wide variety of popular group sessions. The multidisciplinary team includes mental health nurses, social workers, occupational therapists, clinical/neuro psychologists and a part-time psychiatrist, Dr Briony Hart, supported by her medical team.

The triage clinical nurse specialist can be contacted on 9431 3600 to discuss referrals.

Intensive case management is the preferred model, closely liaising with patients' GPs and through links with other services and residential care facilities. The services provided range from a one-off assessment and treatment recommendations through to long term psychotherapy.

An organic screen needs to be performed early to exclude such contributors as delirium, medication effects, infection, metabolic disturbances, nutritional or vitamin deficiencies and chronic cardiovascular, respiratory or neurological conditions. Referrers will be asked to provide details of these assessments in their referrals.

Emergency assessment is not provided by FOAMHS but is available through triage at Alma Street (9431 3555 8am-10pm) or via the FSH emergency department.

Dr Monica Lacey

Hospital Liaison GP, Fiona Stanley & Fremantle Hospital Group

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Available: Monday and Thursday



My Health Record: training and resources for GPs

The Australian Digital Health Agency (ADHA) has confirmed that about 85 per cent of private pathology reports, 75 to 80 per cent of dispensed medicines information and a significant volume of radiology reports will be uploaded to the My Health Record system, coinciding with the opt-out system being fully in place.

ADHA also confirms that sharing information between relevant members of a patient's care team could have immediate and significant benefits, including a reduction in duplicated diagnostic testing, which can be as high as 14 per cent, and a reduction in the number of adverse medication events that cause avoidable admission into hospital, which can be around two to three per cent.

Training via RACGP

ADHA and the Royal Australian College of General Practitioners (RACGP) are working hard to raise awareness and support for GPs and their patients. The RACGP is running several workshops for GPs and practice staff who can register via <https://www.racgp.org.au/education/courses/racgp-events/wa/?PN=2>

Workshop My Health Record in general practice hosted by RACGP

- Broome, Mangrove Hotel, Wednesday 29 August, 7 – 9pm
- Mandurah, Tuesday 11 September 2018, 7 – 9am, breakfast provided

Resources available via RACGP

All GP practices around the country have been provided with an information toolkit including consumer awareness materials. If you did not receive your pack, please contact the team at WAPHA via myhealthrecord@wapha.org.au The packs included instructions on how to reorder materials.

RACGP also has resources available for GPs such as:

- Agreement to access the My Health Record template for General Practice
- Practice incentive program E-health incentive fact sheet (ePIP)
- RACGP website contains resources specifically tailored to GPs: <https://www.racgp.org.au/digital-business-kit/national-ehealth-records-system>

Local assistance

WA Primary Health Alliance has been tasked by ADHA to deliver training for healthcare providers that will complement the aforementioned RACGP initiatives. Our team of trainers has already reached out to 100 per cent of general practices, and we are keen to hear from any practices who may still need our help.

Things to remember when talking to your patients about My Health Record

Now that opt-out is in full swing, be prepared to have conversations about setting up a record and uploading shared health summaries with your patients. Ensure your clinical software data is accurate, and that your patients understand what they will be able to see in their My Health Record.

Be aware your patient might have no pre-knowledge of My Health Record

Patients may have concerns about privacy. Only health professionals involved in their care have the right to access their information.

The following additional privacy and access controls are in the hands of the patient:

- A patient can control which healthcare provider can access their record by setting a "Record Access Code". They will have to provide the code at the time of their appointment.
 - A patient can lock certain documents in their My Health Record by protecting it with a "Limited Document Access Code" which means the provider can only see that document once the code has been provided by the patient.
- A patient can set up to six SMS notifications to notify them via their phone:
 1. When a healthcare organisation opens the My Health Record for the first time
 2. When a healthcare organisation opens the My Health Record in an emergency i.e. Break Glass
 3. When a new Shared Health Summary is uploaded
 4. When someone new is able to access My Health Record
 5. When an Advance Health Directive changes (added/removed/reinstated)
 6. When a Nominated Representative opens their My Health Record.

My Health Record: FAQs

Some helpful links for GPs

- Understand when you can view and upload information
<https://www.myhealthrecord.gov.au/for-healthcare-professionals/howtos/understand-when-you-can-view-and-upload-information>
- AMA Privacy and Health Record Resource Handbook – updated 2017
<https://ama.com.au/system/tdf/documents/AMA%20Privacy%20Handbook%20Update%20dated%2021%20July%202017.pdf?file=1&type=node&id=35337>
- My Health Record online training for healthcare providers
<https://www.digitalhealth.gov.au/using-the-my-health-record-system/digital-health-training-resources/my-health-record-online-training>

Frequently Asked Questions by GPs

The best way to clarify your obligations as a GP in relation to My Health Record is by attending a training session. A My Health Record trainer can provide an education session at your practice, at a time that suits you best. Please email myhealthrecord@wapha.org.au to arrange a time with one of our trainers or book a workshop via the RACGP.

Contact for more information

For more information on this project, please go to www.myhealthrecord.gov.au or contact our team at myhealthrecord@wapha.org.au

What changes will be made to the My Health Record legislation?

The government will change the My Health Record legislation to:

1. Require by law that a court order is required to access a person's My Health Record. In practice this was already the policy of the System Operator, and no record has ever been released in the past and no government agencies other than the System Operator have access to the system.
2. Permit the complete deletion of a person's My Health Record if they choose to cancel it. Under the current law, the System Operator cancels a record and archives the record for 30 years after the death of the record holder. Under this practice only the System Operator can access this archive and it is not visible to any healthcare providers or the individual.

Who can access a patient's My Health Record?

There are thousands of registered organisations who can access the My Health Record system. However, only healthcare provider organisations involved in a patient's care, who are registered with the My Health Record System Operator are allowed by law to access your My Health Record.

Can a patient withhold consent for loading particular documents?

An individual can request to not have information or clinical documents uploaded to their My Health Record with their treating healthcare provider. The organisation can advise the patient about the potential risks of excluding information from their My Health Record, however must comply with the patient's final decision and not upload if requested.

Can a patient delete documents from their record?

Patients can remove information from their My Health Record. The consumer can follow the steps as outlined on

the website www.myhealthrecord.gov.au/for-you-your-family/howtos/set-privacy-and-security-controls Once it is removed, it will not be visible to treating healthcare providers. If they change their mind, depending on the document type, the patient may be able to re-instate it later or request a new clinical document to be uploaded.

If a young person aged 15-17 has their own Medicare card separate from their parents, can their parent or guardian still see their medical information?

If this individual, age 15 years or over, has decided to stay on the family Medicare card after they applied for their separate Medicare card, then the parent or guardian can continue to see their information.

When a young person, aged 15 years or more, applies for their own Medicare card, they can choose to be removed from the family Medicare card which means no-one in their family can view their information.

<https://www.humanservices.gov.au/individuals/enablers/how-get-your-own-medicare-card-15-years-old/39461>

How do vision impaired patients opt-out?

A vision impaired or blind patient can opt out of My Health Record by calling the help line on 1800 723 471.

Can a patient cancel their record after the opt-out period ends?

They can cancel your My Health Record at any time, regardless of the opt out period. Please see the link below for more information on how to cancel a My Health Record.

www.myhealthrecord.gov.au/for-you-your-family/howtos/cancel-my-record

Frequently Asked Questions on the My Health Record website

The FAQ section on the My Health Record website is updated daily answering frequently asked questions from the public and healthcare providers. www.myhealthrecord.gov.au/for-you-your-family/howtos/frequently-asked-questions

New Aboriginal health services guide

The Department of Human Services has recently released a support tool for staff working in organisations that provide Medicare services to Aboriginal and Torres Strait Islander people (Aboriginal people).

[Your guide to Medicare for Indigenous health services](#) includes simplified advice about Medicare services and programs and details Aboriginal specific MBS items and initiatives, along with available health professional online services.

Identifying and using MBS items in the right way can help your Aboriginal and Torres Strait Islander patients access the most appropriate Medicare services, including preventive health checks and support for the management of chronic disease. This is especially important in making sure Aboriginal people receive the health services they need to achieve better long-term health outcomes.

To access the current version of the guide, visit <https://www.humanservices.gov.au/organisations/health-professionals/subjects/indigenous-health-education-health-professionals>

You can also find current information on the HealthPathways [Aboriginal Health Initiatives](#) pathway.

Free e-learning portal for melanoma diagnoses and treatments

Melanoma Institute Australia has launched a free e-learning portal to educate GPs and other healthcare professionals about the latest advances in melanoma diagnosis and treatment to ensure best practice and equity of care for melanoma patients.

The suite of [online education tools](#) is aimed at healthcare professionals who do not normally specialise in diagnosing and treating melanoma, including GPs, specialists and nurses. It provides accredited videos and comprehensive training modules, as well as other resources.

Initial training modules currently available include:

- Causes and Prevention of Melanoma
- Early Diagnosis and Early Surgical Management
- Achievements of Melanoma's Dream Team
- Drug Therapy for Melanoma
- Melanoma Prognosis and Staging

Access to the portal is at no cost and available at <https://melanomaeducation.org.au/>

Severe Asthma Toolkit

The Centre of Excellence in Severe Asthma has developed a new online education and training resource for GPs that aims to optimise care for people with severe asthma. It covers a range of topics, including diagnosis and assessment, management, medication, and co-morbidities.

The toolkit was developed by a team of multidisciplinary clinicians

and designed to target healthcare professionals in primary and specialist care, in both private and public clinic settings.

The Severe Asthma Toolkit is available at <https://www.severeasthma.org.au/wp-signup.php?new=toolkit.severeasthma.org.au>.

Information on asthma management can also be found on the HealthPathways WA Asthma Pathways. See: [Asthma in Adults](#) and [Asthma in Children](#).

AMA study exploring general practice in Australia by network analysis of big data

The Medical Journal of Australia has recently published findings of research conducted to investigate the organisation and characteristics of general practice in Australia through applying network methods to national Medicare claims data.

The 20-year study (1994-2014) looked at Medicare claims for GP consultations for around 1.7 million patients each year, and applied hierarchical block modelling to identify provider practice communities (PPCs).

In examining numbers and characteristics of PPCs, proportion of bulk-billed claims, continuity of care, patient loyalty, and patient sharing; the research concluded that Australian GP practice communities had generally increased in size, but continuity of care and patient loyalty have remained stable.

To read a copy of the article visit, <https://www.mja.com.au/journal/2018/209/2/overcoming-data-drought-exploring-general-practice-australia-network-analysis>

ABORIGINAL HEALTH

Infectious syphilis outbreak

An outbreak of infectious syphilis among Aboriginal and Torres Strait Islander people began in northern Queensland in 2011. Since then, associated outbreaks have been declared in the Northern Territory, parts of South Australia and the Kimberley region of Western Australia.

Additionally, there has recently been a number of confirmed cases among Aboriginal people in the Pilbara region. Syphilis has also been diagnosed among people who live outside of the declared outbreak areas but who have had a sexual contact with a confirmed outbreak case.

In Western Australia, 71 per cent of syphilis outbreak cases have been among Aboriginal people in the 15-29 year age group. To date, no cases

of congenital syphilis have been confirmed in Western Australia but there have been seven cases in the other affected jurisdictions, including three deaths in north Queensland.

Clinical guidelines for syphilis testing and management are available via the [Silver book Guidelines for managing sexually transmitted infections and blood-borne viruses](#), as well as on the WA HealthPathways [Syphilis](#) pathway. Additional information for the Goldfields, Kimberley, Midwest and Pilbara regions of WA is available through the [Endemic Regions STI/HIV Control Supplement](#).

The Aboriginal Health Council of Western Australia (AHCWA) is able to assist clinicians working with Aboriginal communities, in partnership

with local Aboriginal Community Controlled Health Organisations. AHCWA offers specialist workforce training and clinical support.

For more information contact AHCWA staff on (08) 9227 1631 or email:

- Jennifer Needham, Senior Sexual Health Officer: jennifer.needham@ahcwa.org
- Veronica Walshe, Specialist Clinical Trainer: veronica.walshe@ahcwa.org
- Marianne Wood, Public Health Medical Officer: marianne.wood@ahcwa.org

Resources for health promotion and professional development are also available through the [Young, Deadly and Syphilis Free](#) website.

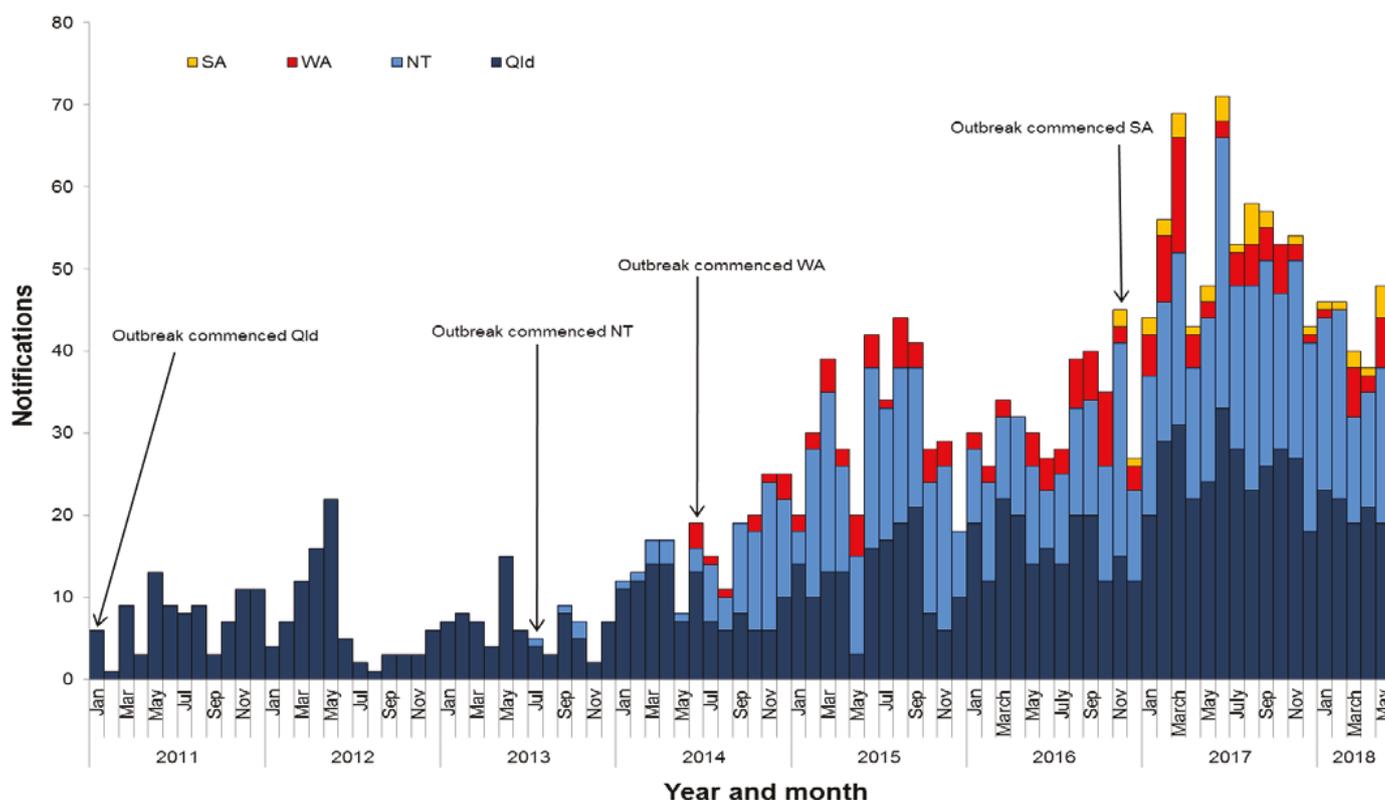


Figure 1: Infectious syphilis outbreak cases notified in Aboriginal and Torres Strait Islander people who, at the time of diagnosis, resided in affected regions of Queensland, the Northern Territory, Western Australia and South Australia from commencement of the outbreak in each jurisdiction to 31 May 2018.

Source: [Multijurisdictional Syphilis Outbreak Working Group](#)

Are you confident in providing end of life care for older Australians?

How do you know if your older patient is nearing death? How can you better manage their symptoms and help them die well?



End of Life Directions for Aged Care (ELDAC) is a free, government-funded resource designed to connect you with evidence-based tools and resources in palliative care and advance care planning.

The ELDAC primary care toolkit has been developed by the Australian Healthcare and Hospitals Association with palliative care experts to lead primary care practitioners and teams through the various steps involved in supporting advance care planning

with patients and families, including considerations for people of various religious and cultural backgrounds.

There are links to fact sheets, guides, discussion starters, patient resources, podcasts, and a suite of resources centred on providing palliative care, managing dying and bereavement.

[Find out more on the ELDAC website](#) or call the ELDAC helpline (1800 870 155) for more information.

caring@home – supporting carers to manage breakthrough symptoms safely

caring@home aims to improve the quality of palliative care service delivery across Australia by developing resources that support people to be cared for, and to die at home, if that is their choice.

caring@home is a national project, led by the Brisbane South Palliative Care Collaborative, and funded by the Australian Government. It is producing resources for community service providers, healthcare professionals and carers to support carers to help manage breakthrough symptoms safely using subcutaneous medicines.

The caring@home website – www.caringathomeproject.com.au – was launched in July 2018 to assist healthcare professionals caring for palliative care patients in the community.

The website provides a wealth of supporting information, clinical viewpoints by guest writers, journal articles and other project information. Education and training resources are in the final stages of development and will be available on the website from November 2018.

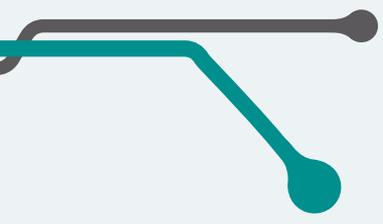
[Register](#) your interest in the project.

For more information:

T: 1300 600 007

E: caringathome@health.qld.gov.au

GPs interested in this topic may also wish to view the suite of [Palliative Care](#) pathways on the HealthPathways WA site.



New MBS rebate structure for non-vocationally recognised general practitioners from 1 July 2018

The Australian Government is introducing new Medicare Benefits Schedule (MBS) item fee arrangements for non-vocationally recognised general practitioners (non-VR GPs). The new arrangements will affect claims for services provided by these doctors from 1 July 2018.

The changes will ensure that MBS fees payable reflect recognised levels of expertise, reward and incentivise investment in postgraduate specialist qualifications, and encourage more doctors to work where they are needed most.

Non-VR GPs already participating on one of the Other Medical Practitioner (OMPs) Programs will be largely unaffected by the changes at this stage, due to grandfathering arrangements. The OMPs programs will, however, be closed to new entrants in late 2018.

There are no changes to the MBS fees payable to specialist GPs or to registrars training on the Australian General Practice Training Program, the Remote Vocational Training Scheme or the Australian College of Rural and Remote Medicine Independent Pathway.

Outline of the changes

The main changes to the new fee arrangements are:

- A new MBS item group (A7), which will sit alongside the existing A2 and A19 item groups.
- New rebate differentials of 80 per cent and 60 per cent tied to item access eligibility.

The application of these changes to individual doctors will depend on their practice location, based on the Modified Monash (MM) classification system.

Non-VR GPs practising in regional, rural and remote areas (MM2-7)

Non-VR GPs practising in locations with an MM2-7 classification will have access to all items in the new A7 item group, which are set at a standard 80 per cent of the equivalent GP item. (Note that some of these items, such as mental health, require the practitioner to have undertaken specific training).

Non-VR GPs practising in major cities (MM 1)

Non-VR GPs practising in locations with an MM1 classification will be restricted to the existing A2 items for standard GP services, and A19 items for attendances associated with Practice Incentive Payments. These A2 and A19 items will attract rebates at the current

60 per cent of the VR rate. For all other services, they will be able to access the relevant items in the new A7 item group with an 80 per cent rebate.

Non-VR GPs registered on OMPs programs (MM1-7)

Non-VR GPs who are currently registered on one of the Other Medical Practitioner programs (AHOMPs, MOMP, OMOMP, ROMP) will be able to continue to access the MBS items they are currently billing until 30 June 2023. In addition, for services that are not covered under the OMPs arrangements, these doctors will now be able to access the new non-VR items listed under A7.

Further information

- OMPs programs and grandfathering arrangements
www.health.gov.au/omps
- For more information on the new items, go to www.mbsonline.gov.au
- For any other questions, please contact the Department of Health at Access.Programs@health.gov.au



EDUCATION EVENTS

Management of patients with type 2 diabetes and cardiovascular disease

NPS MedicineWise is hosting a small group meeting activity to discuss the prevention of cardiovascular events in people with type 2 diabetes who have established cardiovascular disease.

Date: Wednesday, 5 September 2018

Time: 7am – 8.30am

Venue: WA Primary Health Alliance office, Level 2, 2-7 Tanunda Drive, Rivervale 6103

Cost: Free

Information and resources covered at part of this small group meeting:

- An independent roundup of the latest evidence and guideline updates.
- Discussion on the pharmacological options available for glucose management in an increasingly complex primary care environment.
- Data about how this high-risk patient group is being managed in primary care.
- Australian blood glucose treatment algorithm for type 2 diabetes and comparative drug table.

To register, contact Nicole Humphry with your details via Nicole.Humphry@wapha.org.au or (08) 6272 4921.

GPs interested in this topic may also wish to view the suite of [Type 2 Diabetes HealthPathways](#)

Advance Care Planning seminar

Australia's population is ageing and well-coordinated and appropriate healthcare is a priority. It's becoming increasingly important for the health care sector to better understand advance care planning, which supports person-centred care, aligned with an individual's values, goals and preferences.

Presented by Advance Care Planning Australia, WA Cancer and Palliative Care Network, and Cancer Council Western Australia, this Perth-based seminar will be run by recognised leaders in the field of advance care planning in Australia. The topics covered include advance care planning across sectors and legal considerations and implementation. The event is recommended for professionals leading and implementing advance care planning in health services, residential aged care and primary care.

Venue: Bendat Parent and Community Centre, 36 Dodd Street, Wembley WA 6014

Date: Tuesday, 21 August 2018

Time: 9am – 4.30pm. Registrations open at 8.30am.

Cost: \$150pp early bird special, \$195pp, general rate (inclusive of GST) after 20 July. Catering will be provided.

How to register

Register at Eventbrite: <https://acp-seminar-wa.eventbrite.com.au>

Registrations close Thursday, 16 August

Enquiries to Advance Care Planning Australia on (03) 9496 5660 or acpa@austin.org.au

GPs interested in this topic may also wish to view the [Advance Care Planning HealthPathway](#).

Armadale GP networking event

A networking opportunity for GP practices and local health services in the Armadale community. WA Primary Health Alliance and City of Armadale invite you to our next networking event to meet your local health services, including mental health and psychological services, Aboriginal health services, drug and alcohol services and many more.

Date: Tuesday, 28 August 2018

Time: 6pm – 7.30pm

Venue: Avocados Perth, 2 Mount Street, Kelmscott WA 6111

Cost: Free

Register:

To register, visit: <https://bit.ly/2LieMyl>

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