



WAPHA
WA Primary Health Alliance

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An Australian Government Initiative

GP CONNECT

September 2018

Keeping GPs informed
in the changing primary
health landscape.

INSIDE:

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R U OK? Day: Suicide Prevention and Mental Health Resources

Ahead of R U OK? Day, WA Primary Health Alliance is encouraging GPs to recognise people at risk of suicide and to refer them to the right care at the right time.

This year Thursday 13 September is the annual national day of action run by suicide prevention charity R U OK? Suicide is a significant problem which not only affects those who take their own life but also the people around them, including the wider community. Family and friends often experience intense grief and feelings of confusion, guilt or relief that the person is no longer suffering¹. These emotions can also affect the wellbeing of the treating doctor².

In 2016, over 2800 people died by suicide in Australia, ranking it as the fifteenth leading cause of death³. The median age at death for the period reported on was 43.3 years³. Three quarters of people who die by suicide are men⁴ and it is estimated that for every person that takes their own life, 20 more attempt suicide⁵.

The Interpersonal Theory of Suicide, outlined in Joiner's work in 2005, outlines three core facets present when suicidality occurs⁶. These facets are a sense of thwarted belongingness, perceived burdensomeness and the capability for suicide⁶. R U OK? Day aims to inspire people to ask their family, friends and colleagues the question, R U OK? Their vision is to inspire and

empower everyone to meaningfully connect with people around them and support anyone struggling with life.

To assist with the assessment and management of mental health disorders, HealthPathways WA has localised clinical and request pathways on this topic. The [Suicide Risk](#) pathway assists GPs with assessing and managing suicide risk and links to several clinical resources and patient information sites. Depending on level of risk, referral pathways are detailed in the [Acute Mental Health Assessment](#), [Acute Child Mental Health Assessment](#) and [Suicide Prevention Services](#) pathways.

Mental Health Act forms are accessible on the [Mental Health Act](#) pathway. The [Suicide Support Services](#) pathway details services that provide support to patients affected by suicide. It is important that GPs affected by patients who take their own life access appropriate support. Some of these services are outlined in the [General Practitioners' Health](#) pathway.

Dr Irene Dolan,
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¹ "Is someone close to you bereaved by suicide?," [Online]. Available: <https://www.sane.org/mental-health-and-illness/facts-and-guides/is-someone-close-to-you-bereaved-by-suicide>. [Accessed 16 August 2018].

² P. Hayes, "Suicide in general practice," *Good Practice*, no. 8, pp. 20-22, 2015.

³ "Causes of Death, Australia 2016, Catalogue No. 3033.0," Australian Bureau of Statistics, Belconnen, ACT, 2017.

⁴ "Suicidal behaviour," SANE Australia, [Online]. Available: <https://www.sane.org/mental-health-and-illness/facts-and-guides/suicidal-behaviour>. [Accessed 16 August 2018].

⁵ "Lessons for life: The experiences of people who attempt suicide: A qualitative research report," SANE Australia; University of New England, 2015.

⁶ T. Joiner, *Why people die by suicide*, Harvard University Press.

MESSAGE FROM THE CEO



WA Primary Health Alliance (WAPHA) recently sponsored the RACGP WA Fellowship Awards Ceremony. I want to congratulate each one of WA's new Fellows and acknowledge their commitment and dedication in achieving entry to the speciality of general practice.

This formal acknowledgement of the knowledge, skill, professionalism and compassion of the new WA Fellows reminds us all of the unique and invaluable role of general practice in caring for people across their life journey. No other medical speciality is so firmly positioned at the heart of an integrated health and social care system. Also, no other medical professional provides the holistic and personalised care that GPs provide every week to more than 2 million Australians.

WAPHA recognises the centrality of general practice in delivering person centred care. This is why we place GPs and their practice teams as the foundation of our commissioned services and models of care.

Our Comprehensive Primary Care (CPC) initiative is co-designed by GPs and is predicated on a Patient Centred Medical Home (PCMH) model that has been contextualised for WA. WAPHA recognised early in our evolution that GPs needed to inform the ongoing development of a WA PCMH model. We took the bold step of partnering with WAGPET and the RACGP to place practising GPs in diverse practices across the State to explore how current general practice is working towards better management of patients with chronic and complex conditions – the challenges, barriers and enablers. What we found was that general practice is striving to respond to the needs of an ageing and more complex cohort of patients within a system that often impedes the best practice care GPs can ably deliver.

WAPHA is looking very closely at the patient, provider and system outcomes of the Federal Government's Health Care Homes trial and the alternative RACGP trials currently underway. Elements that include patient enrolment, bundled payments, extension of the general practice team, extended consultation times and incentives for reducing prescribing and diagnostic testing tied to patient outcomes will be carefully evaluated and assessed by the Commonwealth to inform the future of general practice. WAPHA is committed to interpreting these developments, translating them to our GP community and advocating on your behalf to inform the ensuing policy development.

We know that general practice is exposed to challenges on many fronts. That's why our role in supporting GPs is one that we invest considerable resources into.

We know that general practice is exposed to challenges on many fronts. That's why our role in supporting GPs is one that we invest considerable resources into. WAPHA's Practice Assist collaboration with Rural Health West, our HealthPathways clinical decision support tools and our focus

on supporting practices with data driven quality improvement are all aligned to the future Commonwealth Government directions for general practice. WAPHA is monitoring developments of the Commonwealth's Quality Practice Incentive Payment initiative, the Workforce Incentive Payments and the Rural Health Strategy to ensure you and your practice teams are well appraised of the future landscape within which you will be practising.

At the State level, WAPHA has a central role in ensuring that primary care is a focus of the state government's Sustainable Health Review (SHR). Key recommendations regarding the GP/hospital interface, GP education and training and joint planning and commissioning between primary care and hospital services are being developed with WAPHA's input. This means that the voice of general practice is being heard by the SHR panel and will be a part of the final SHR report recommendations.

In the face of flux and challenge for general practice, I commend the commitment of GPs across WA for delivering the very best possible outcomes for your patients. Our community is all the better for the contribution of your profession at times of most need – at the beginning and end of our lives and the times in between when we are sick, struggling or in need of the care and compassion that only a GP can provide.

Learne Durrington
CEO WA Primary Health Alliance

ABORIGINAL HEALTH

WA Primary Health Alliance (WAPHA) has commissioned a short-term project with HOPE Community Services to investigate and identify barriers that may impede remote regional community members accessing home dialysis on Country.

The project is called 'Wilja Dialysis ITC Project 2018' – Wilja means home in Wangkatja language.

The project is focused on Aboriginal clients in remote communities who need to start dialysis treatment.

The aim is to keep people in their home community while accessing treatment for renal failure. It is acknowledged that the influence of elders within a remote community has a stabilising effect on that community.

Departure from Country and family networks has a stronger impact on the wellbeing of the client than the dialysis treatment itself.

The project hopes to identify preventative solutions including education and training opportunities, support for those who may not yet need dialysis but have clinical indications which may lead to a diagnosis of renal failure.

Outcomes from the project will include identifying what community supports are required and, in the process, identifying ways to break down the fear of dialysis for the client and carers.

Another potential outcome could be positioning community champions in the region to provide support, awareness and respite to patients and their carers. HOPE Community Services will be working closely with clinical specialists from WA Country Health Service, Fresenius and Amana Living who are critical to successful service provision of in home dialysis in Western Australia.



HOPE Community Services Project Officer
Yvonne Brownley

IMMUNISATION & SCREENING UPDATE

Two recent meningococcal W cases

WA Health provided the following update on the 21 August 2018. There have been two recent cases of meningococcal W infection in children aged under 5 years who had not received their free paediatric meningococcal ACWY vaccination.

The WA paediatric meningococcal ACWY vaccine catch-up program is finishing at the end of 2018.

- Remember to catch-up all children aged from 1 to 4 years who have not yet received their MenACWY vaccination.
- Only 47 per cent of children in this age group have received a meningococcal ACWY vaccine so far, meaning over 73,000 children in the community remain unprotected.
- As an additional measure, WA Health will be sending out reminders to all parents of Western Australian children aged between 1 to 4 years who have not yet received a free catch-up vaccine, to ensure their children are protected.
- The reminders will consist of an email, followed by an SMS text message one month later, and finally a letter to the home address after a further month. The reminders will be sent only to those without a dose of MenACWY vaccine recorded on the Australian Immunisation Register.

Information about the MenACWY vaccination for children and adolescents can also be found on the [Immunisation – Childhood](#) and [Immunisation – Adolescent HealthPathways](#).

Practice Assist survey

Practice Assist is a joint initiative of Rural Health West and the WA Primary Health Alliance to provide a seamless, integrated general practice support service to all general practices across Western Australia.

After nearly 12 months of operating the service, we are seeking feedback so we can improve the services and support we provide to general practice staff.

General practice staff are asked to complete a short survey so we can identify any gaps or areas for improvement. Complete the survey here <https://bit.ly/2P0lkDE>



HOSPITAL LIAISON



Sir Charles Gairdner Hospital

Goals of Patient Care

Sir Charles Gairdner Hospital (SCGH) has joined many other hospitals in WA in the rollout of the Goals of Patient Care initiative.

What is Goals of Patient Care?

Goals of Patient Care is an initiative stemming from the WA Cancer and Palliative Care Network Palliative Care Program's End of Life Framework. It establishes through collaboration the most medically appropriate, realistic and agreed goals for the care of the patient which apply in the event of clinical deterioration. It supports the engagement of health professionals in honest conversations with patients and families about their current health and their likely future health and care requirements, including the possibility that patients may not benefit from certain treatments, or may decline treatment due to their personal preferences.

The Goals of Patient Care form is a state-wide integrated clinical document, intended to support improved clinical care planning for patients during admission and to replace the Not for Cardiopulmonary Resuscitation (CPR) form that is currently in use.

How will this affect GPs and patients in the community?

This initiative has been planned to be implemented in stages. Ultimately it is intended to be transferable across health settings, thus improving the interface between the hospital setting and primary, community and residential care. As this project evolves

it will involve further consultation with GPs and other community health providers.

For now, GPs may notice that the Goals of Patient Care conversations may be recorded in the discharge summaries.

The four main categories of conversations which may be documented in the discharge summary are:

1. All life sustaining treatment.
2. Life extending intensive treatment with treatment ceiling.
3. Active ward based treatment with symptom and comfort care (but not for CPR or ICU).
4. Optimal comfort treatment including care of the dying person.

GPs may also hear about this from their patients or their families. It is hoped that these important conversations which are started in hospital can be continued in the community. These conversations may include decisions about writing an Advance Health Directive or appointing someone to have enduring power of guardianship or even whether the patient would prefer some community-based care such as Silver Chain Hospice should their health deteriorate.

If GPs have any concerns or questions about this initiative they are welcome to contact the project lead Dr Anil Tandon (Palliative Care Physician) on Anil.tandon@health.wa.gov.au or the SCGH Hospital Liaison GP Dr Lucy Gilkes on lucy.gilkes@health.wa.gov.au.

GPs may also find the [Palliative Care](#) and [Advance Care Planning](#) HealthPathways useful.

Dr Lucy Gilkes, Hospital Liaison GP
Sir Charles Gairdner Hospital
lucy.gilkes@health.wa.gov.au

Perth Children's Hospital

Stan Perron Immunisation Centre opens

A new immunisation centre at Perth Children's Hospital (PCH) means all children and their families can more readily access important childhood vaccinations onsite to help combat serious disease.

The Stan Perron Immunisation Centre is located on Level 1 of the hospital. The service is free and no appointments or referrals are necessary.

The service is available to all children and families attending the hospital – as inpatients, outpatients, in the emergency department or as visitors. Vaccinations on the Western Australian immunisation schedule can be obtained, and advice on current immunisation recommendations is also provided, if requested.

Health Minister Roger Cook opened the centre in August, which was made possible by a \$2.7 million investment by the Stan Perron Charitable Foundation over the next five years.

The service will work with hospital clinics and services to help ensure that all children who come to PCH have easy access to scheduled immunisations, helping to reduce the gap in WA's current childhood immunisation coverage.

In WA, 92.5 per cent of children under the age of five are fully vaccinated. Many children attending the hospital are overdue for routine vaccinations, including many with chronic medical conditions. The centre aims to ensure that these children are able to access vaccines before leaving the hospital.



The centre is now fully operational and is staffed by an immunisation clinical nurse consultant, a clinical nurse, specialist paediatricians, and administrative support, providing a comprehensive immunisation service, including family education and research.

For more information regarding the centre, visit <http://www.pch.health.wa.gov.au>. For general information on childhood immunisation in WA, including the updated immunisation schedule for use from 1 August 2018, see the [Immunisation – Childhood HealthPathway](#).

Perth Children's Hospital Refugee Health Service

Children and adolescents account for approximately half of the humanitarian refugees currently resettled in Australia¹, as well as those seeking asylum. Most refugee children are subjected to trauma (vicarious and/or inflicted), family separation and interrupted education as well as other adverse childhood experiences. These may compound physical, educational, developmental or psychosocial concerns commonly described in refugee cohorts.

The multidisciplinary Perth Children's Hospital (PCH) Refugee Health Service (RHS) provides resettlement screening², management and advocacy for refugee and asylum-seeker children (with a history of detention). Medical, nursing, dental, allied health (social work, dietitian and clinical psychologist), School of Special Educational Needs staff and clinical researchers work together with interpreters and volunteers to provide holistic healthcare to newly arrived refugee families. Outpatient and inpatient care is provided through

PCH, and Telehealth consultation can be arranged for regional families. Children are seen together as family groups with referrals for all siblings/family members less than 16 years encouraged.

All referrals can be sent to pch.refugeehealth@health.wa.gov.au and should include:

- Reason(s) for referral
- Contact details (index, siblings and parent/guardian)
- Languages spoken and if an interpreter is needed
- Case worker details
- Medicare status, visa subclass and asylum seeker status (where relevant)
- Any previous screening investigations and results (blood tests, radiology)
- Catch up vaccinations administered

References

1. Australian Government Department of Home Affairs. Permanent additions to Australia's resident population 2016-17 [internet]. Dec 2017 [cited 28 June 2018]. Available from: <https://www.data.gov.au/dataset/permanent-additions-to-australia-s-resident-population>
2. Australian Society for Infectious Diseases. Recommendations for Comprehensive Post-Arrival Health Assessment for people from Refugee-like backgrounds (2016 edition) [internet]. [cited 30 June 2018]. Available from: <https://www.asid.net.au/resources/clinical-guidelines>

Refugee Health Community of Practice

Providing healthcare to people from refugee backgrounds can be challenging for busy GPs, practice nurses and allied health staff. Refugees can have a range of conditions which are unfamiliar to Australian healthcare providers. Primary care health providers may feel overwhelmed or even suffer vicarious trauma after seeing people from refugee backgrounds. WAPHA has recently supported the creation of a Refugee Health Community of Practice to support clinicians who treat refugees.

Communities of practice are groups of people who share a concern or a passion for something they do, and learn how to do it better as they interact regularly.

The term "community of practice" is relatively new, even though the concept is well established. If you would like to learn more or be involved in the Refugee Health Community of Practice visit <https://phexchange.wapha.org.au/communities-of-practice-hub>

GPs interested in this topic may find the [Migrants and Refugees](#) suite of HealthPathways valuable, including the [Refugee Health Assessment](#) pathway.

Royal Perth Bentley Group

RPH video call patient consultations bring care closer to home

Royal Perth Hospital (RPH) is using video call technology for patients eligible for treatment at RPH who have suitable medical conditions. Video consultations are more convenient for those who have a long way to travel or have restricted mobility, and have become increasingly popular with metropolitan patients to reduce time travelling and spent in waiting rooms.

In 2017/2018, 289 video call appointments were conducted, including 125 patients in correctional facilities seen by the Liver Service.

The service continues to grow with 15 specialties involved and more planned. These include the Liver Service, Gastroenterology, Diabetes and Endocrinology, Breast Service, Infectious Diseases, Immunology, Plastic Surgery, Sexual Health, Cardiology, Psychology and Neurology.

Video consultations can be conducted via computer, tablet or smartphone (with an internet connection, camera and microphone) within their homes, residential facility, GP practice or Aboriginal Medical Service. For further information about video call, including a printable patient brochure, please refer to <http://www.rph.wa.gov.au/For-patients-and-visitors/Outpatients/Video-Call>.

If you have a patient who may be suitable, please mention this on your referral or encourage your patient to talk to their treating clinician at RPH.

Hospital Liaison (continued page 6)

Royal Perth Hospital GP Notify further problems

GP notification delivery was interrupted by a further issue largely affecting fax notifications during July and August and became operational again on 21 August 2018. Only notifications triggered in the week prior to the restart could be faxed. Delayed notifications display the date of the admission, discharge or death in the first paragraph. Older notifications were not able to be resent.

Secure electronic transmission of discharge summaries has continued as usual. Faxing has continued, although some discharge summaries were delayed due to a critical issue in the fax-server that sends the discharge and emergency summaries for WA public hospitals. Transmission of discharge summaries by secure electronic messaging is preferred to fax. If you would like to change to secure messaging for inpatient discharge summaries, please refer to discharge summaries on <http://www.rph.wa.gov.au/For-health-professionals/GPs/Communication>. (Secure messaging is not available for GP Notify).

Many thanks to those GPs and practices who have responded to the request to re-register for GP Notify. RPH has received a huge response and these are being processed as quickly as possible. Notifications will not start until the registration is processed. If you are yet to respond, please ensure that you include all relevant details as we have had a number of incomplete responses.

Royal Perth Hospital apologises for any inconvenience.

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

DIGITAL HEALTH



My Health Record: how to protect your practice and meet policy obligations?

Are you clear on your obligations as a general practice when it comes to privacy and security when connected to the My Health Record system?

All healthcare providers in Australia have professional and legal obligations to protect their patients' health information. Establishing and maintaining information security practices for patients' My Health Record is an essential professional and legal requirement when using digital health systems in the delivery of healthcare services.

Security practices and policies checklist

Your organisation must document and implement internal practices and procedures that it uses to protect personal information when using digital health systems to deliver healthcare. In addition, healthcare organisations that access digital health records need to meet the requirements under the *My Health Records Rule 2016*.

Developing a My Health Record policy and appropriate procedures is the first step. The checklist below is a guide only and should be individualised to meet the needs of your organisation.

Sample policy for general practice

You can download the My Health Record policy template here

https://www.myhealthrecord.gov.au/sites/g/files/net5181/f/template_policy_-_my_health_record_system_security_and_access_policy_20160928_0.docx

Healthcare Identifier and My Health Record system security obligations

Use of Healthcare Identifiers (HI), and access to the My Health Record system, are governed by the *Healthcare Identifiers Act 2010* (HI Act), the *My Health Records Act 2012*, the *My Health Records Rule 2016*, and the *My Health Records Regulation 2012*.

The HI Act requires that an organisation take reasonable steps to protect healthcare identifiers from misuse and loss, and unauthorised access, modification or disclosure.

The *My Health Records Rule* sets out the security requirements that participating organisations must comply with to be eligible to be registered and to remain registered under the My Health Record system. Non-compliance with the *My Health Records Rule* can result in cancellation of participation and other penalties.

Find out more

You can find many useful links specific to general practice on the my Health Record website <https://www.myhealthrecord.gov.au/for-healthcare-professionals/my-health-record-in-general-practice>, on the My Health Record HealthPathway, or by contacting myhealthrecord@wapha.org.au.

POLICY UPDATE

New diabetes and hepatitis C medications listed on the PBS

Patients can now access more affordable medications for treating hepatitis C. Additions to the PBS as of 1 August 2018 can be found [here](#), and include new hepatitis C antivirals and combination insulin preparations.

Information about treating Hepatitis C and the use of DAA's can be found on the [Chronic Hepatitis C HealthPathway](#).

National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018

Formal guidelines outlining the current registration requirements for providers under the NDIS have now been released. They also cover the new NDIS Practice Standards and the Quality Indicators that must be met to provide services.

The NDIS Practice Standards aim to prevent abuse and conflict of interest as well as ensure quality outcomes for people with disability. The [quality indicators](#) are the way in which providers will be measured against these Standards.

For more information or to view a copy of the standards, visit <https://www.ndiscommission.gov.au/about/legislation-rules-policies>

More general NDIS information for WA can be found on the [Disability and Sickness - Payments and Support HealthPathway](#).

Australia's Mental Health and Physical Health Tracker

A new publication from the Australian Health Policy Collaboration outlines the issues of higher risk factors for, and incidence of, preventable chronic diseases for Australians with mental health conditions.

Australia's Mental and Physical Health Tracker is the first Australian study to quantify the risks of physical health conditions contributing to a wide range of mental health conditions including anxiety and depression. Released last month by Professor Allan Fels AO, the latest national report card reveals the strong links between chronic physical ill health and mental ill health.

The national report card should be read in conjunction with the background paper and can be accessed via the links below:

<https://www.vu.edu.au/sites/default/files/australias-mental-and-physical-health-tracker-report-card.pdf>

<https://www.vu.edu.au/sites/default/files/australias-mental-and-physical-health-tracker-background-paper.pdf>



Aged Care Assessment updates

My Aged Care is now the central portal for all referrals for aged care assessment, including Aged Care Assessment Team (ACAT) referrals, and the Commonwealth Home Support Programme (CHSP) which has replaced Home and Community Care (HACC) services for older patients in WA.

My Aged Care will accept referrals by phone, fax or using the online form. The online form is recommended for faster and more efficient outcomes for non-urgent patients.

GPs can also phone My Aged Care to follow up on referrals, or to check if their patient is already receiving aged care services. Patients and carers can also phone direct.

HealthPathways has comprehensive information about aged care referrals, including priority list times, on the new [Aged Care Assessment](#) pathway. This pathway also contains details for each of the local ACAT teams.

Note that HACC services for younger people (aged < 65 years or < 50 years for Aboriginal patients) continue to be funded and managed by WA Health if the patient cannot access the National Disability Insurance Scheme (NDIS). More information on HACC and NDIS in WA can be found on the relevant Pathways: [HACC](#) and [Disability and Sickness – Payments and Support](#)

To view the updated ACAT pathway visit <https://wa.healthpathways.org.au/55768.htm>

HealthPathways WA Neurology Stream: Headaches in Adults pathway

Headache is a common GP presentation, accounting for over 1 per cent of consultations as the primary reason for encounter (RFE)ⁱ. It is by far the most common neurological problem seen in general practice and can also be one of the most vexing presentations for GPs. Diagnosis relies heavily on history-taking, and although the vast majority of headaches are benignⁱⁱ, the broad differential does include both very rare and potentially serious pathologies.

For this reason, the HealthPathways WA team has published the [Headaches in Adults](#) pathway. This is a very important pathway in the neurology stream, one that was identified in our consultation process by both GPs and neurologists as challenging in both diagnosis and management.

The process of localising the [Headaches in Adults](#) pathway involved extensive consultation with WA neurologists. This resulted in a concise pathway that covers the different presentations, their diagnosis, and the most up to date treatment options. The pathway also summarises which headaches constitute a medical emergency, and which patients should be referred for neurologist assessment.

By accessing the [Non-Acute Neurology Assessment \(seen within 30 days to 1 year\)](#) pathway, GPs can also see the new clinical criteria being applied by the CRS for all non-acute outpatient neurology referrals. The new criteria states that referrals for chronic headache will be returned unless standard treatments have already been tried in general practice. Therefore, it is important to include these details and the patient's response to treatment in any referral made.

As with all our pathways, we welcome continuous feedback on both the content and the layout of this pathway. This can be done by pressing the feedback button on the upper right-hand side of each page. Providing feedback helps us to improve our pathways and ensure they are useful for primary care clinicians.

If you are not already using HealthPathways and wish to access it, please contact your WAPHA Primary Health Liaison, or email the HealthPathways team at healthpathways@wapha.org.au.

Dr Sue Jackson,
GP Clinical Editor,
HealthPathways WA

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