



GP CONNECT

December 2018

Keeping GPs informed
in the changing primary
health landscape.

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Reducing alcohol-related harm

GPs see people of all ages everyday and among them are people who are drinking at levels which put them, their families, their unborn children and other members of the community at risk of harm.

Alcohol consumption increases the risk of cancer, heart disease, stroke, liver disease, mental illness and injury. One in four people over the age of 18 drink at levels which put themselves at risk of alcohol-related harm in their lifetimes.

Alcohol often contributes to harm experienced by communities as a result of accidents and violence, as well as relationship and workplace issues. Since there is no safe level of alcohol in pregnancy, prevention of alcohol use in women who might become pregnant is an important strategy to reduce harm to the unborn child.

GPs have a key role to play in reducing alcohol-related harm because of their contact with patients, often at times when people might be more receptive to health messages. For instance, the following circumstances provide the opportunity to link the impact of alcohol on the disease or condition:

- When blood pressure is high or where there is heart disease (reducing alcohol consumption can visibly demonstrate the positive impact on lowering blood pressure);
- When there is concern about the risk of cancer (e.g. there is a clear relationship between breast cancer and alcohol, and when patients are interested in other ways of reducing risk, information about this link can be important);

- When providing healthcare for women who may be considering pregnancy at some time in the future (discussion about cessation of alcohol, as well as other lifestyle changes which will be needed in the future); or
- When there is a concern about alcohol consumption from the patient or a family member.

An [Alcohol Intervention](#) pathway is available on HealthPathways which has readily accessible information to help assess and manage the situation, including links to resources for referral.

When raising the issue of alcohol, here are some ways to discuss the topic:

- Ask about alcohol as part of general health, e.g. "Do you feel well, do you sleep well, do you eat well, do you smoke, how much alcohol do you drink?";
- When problematic alcohol consumption is identified, ask "How do you feel about your alcohol use?"; and
- Ask for permission prior to giving information, "Is it okay if we talk about the effect of alcohol on ...?"

Professor Moira Sim

Executive Dean, School of Medical and Health Sciences at Edith Cowan University, General Practitioner and Specialist Addiction Medicine Physician

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MESSAGE FROM THE CEO

As we wrap up another busy year and turn our focus to the long-awaited summer holidays, we also take the opportunity to reflect on progress towards our goals of improving access to primary care and system integration.

As one of our key stakeholder groups, we are delighted that general practitioners have been so involved with many of our initiatives. We cannot achieve our goals without your input and you have provided it in spades this year.

Equally, WA Primary Health Alliance (WAPHA) has continued to advocate for primary care and to create the vehicle for your voice to be heard and inform significant health system reforms. This year, this has included the Sustainable Health Review, the Outpatient Reform Program, whose online GP survey is currently underway, and Urgent Care Clinics planned to be rolled out in 2019.

Currently, WAPHA engages with all general practices state-wide in some form. A snapshot of our activity over a recent month included:

- 324 face to face practice visits by our primary health liaison team;
- 2,352 email, website and phone contacts through Practice Assist, a joint venture with Rural Health West; and
- 1,172 views of our GP Connect and Practice Connect newsletters.

A record 345 practices have agreed to securely share their data with us. Of those, 73 per cent are actively extracting data for us to cleanse which allows them to better understand the health needs of their patients, improve patient care by implementing patient recall and reminders, and identify at risk patients for more targeted intervention and screening.

Our education events were attended by 804 GPs, including 70 practice principals, and 335 GPs are actively engaging with HealthPathways WA, our clinical decision-making support service. We are highly optimistic this will translate into an improved patient journey and outcomes.

It would be remiss of me not to mention the My Health Record expansion program which has been much talked about among health professionals and consumers alike, as well as the media.

WA Primary Health Alliance has continued to advocate for primary care and to create the vehicle for your voice to be heard and inform significant health system reforms.

Our My Health record trainers have achieved all their targets, engaging with 100 per cent of general practices and pharmacies to offer education and training to enable them to be ready for the end of opt-out which is now 31 January 2019.

Amidst the debate around security and privacy which has led to a strengthening of the system, it's important not to lose sight of My Health Record's potential as the foundation of a truly connected national digital health system.

This will create the conditions for more timely and improved communication between GPs, hospital doctors and staff, and other health professionals. It will also lead to better treatment decisions and health outcomes for consumers, and greatly reduce unnecessary expenditure that can be re-directed to useful treatment.

Thank you for your continued support and on behalf of everyone at WAPHA, I wish you a safe, relaxing and enjoyable festive break.



Leanne Durrington
CEO WA Primary Health Alliance



Changes to diagnostic services for sleep disorders

From 1 November 2018, MBS items for sleep studies are changing to ensure patients with proven sleep disorders are better identified and more appropriately managed. These changes are relevant for GPs, consultant respiratory physicians, sleep medicine physicians and sleep technicians.

GPs who want to directly refer patients for a diagnostic home or laboratory-based sleep study to confirm a diagnosis of sleep apnoea will now need to determine a patient's eligibility by using approved assessment tools and meeting the criteria below.

Either one of:

- STOP-BANG score ≥ 4
- OSA-50 score ≥ 5
- Berlin Questionnaire – high risk

Plus:

- Epworth Sleepiness Scale score ≥ 8

GPs can continue to refer eligible patients with suspected sleep disorders to qualified adult sleep medicine practitioners and consultant respiratory physicians for further investigation.

For more information, contact the Department of Human Services on 132 150 or visit:

<http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-SleepDisorders>

For more information on sleep conditions see the [Obstructive Sleep Apnoea](#) and [Sleep Assessment](#) HealthPathways.

New AIHW report released on opioid harms in Australia

This new report is the first to provide a comprehensive, national snapshot of opioid use and harm in Australia, contributing to our understanding of the scale of this global issue.

The report, *Opioid harm in Australia and comparisons between Australia and Canada* was produced in collaboration with the [Canadian Institute for Health Information](#).

The report focuses on current national data relating to Australia, while drawing comparisons to Canadian results in light of increasing opioid harm in much of the developed world.

To view or download a copy of the report, visit: <https://www.aihw.gov.au/reports/illicit-use-of-drugs/opioid-harm-in-australia/contents/table-of-contents>

Transition of HPV vaccination records to the AIR

As of 1 November 2018, the previous HPV vaccination register will no longer accept HPV vaccination records. Immunisation providers should report all HPV vaccinations on the AIR.

Nearly all HPV immunisations administered in WA and recorded on the previous HPV vaccination register have been electronically transferred to the AIR, with just a few remaining that are being manually added by AIR staff.

Information for consumers, parents and health providers can be found through the following link: www.hpvregister.org.au/about/air-faq

Childhood immunisations and family assistance payments

To meet immunisation requirements and be eligible for their full rate of Family Tax Benefit (FTB) Part A, children need to be either immunised in accordance with the National Immunisation Program early childhood vaccination schedule, on an approved catch-up schedule or have an approved exemption. Please note: immunisation against HPV is not required to receive the FTB Part A. More information including patient resources are available via the [No Jab No Pay](#) HealthPathways page. The current WA immunisation schedule, including recent changes to the NIP, is available via the [Childhood Immunisation](#) page.

HOSPITAL LIAISON



Fiona Stanley and Fremantle Hospitals

The Spinal Outreach Service

The Spinal Outreach Service operating out of the State Rehabilitation Service at Fiona Stanley Hospital provides support to people living with spinal cord injury in Western Australia. Specialist knowledge, advice, education and early intervention can be accessed via telehealth or telephone by patients, their families, carers, employers and local community service providers. The team consists of a team leader, occupational therapy, physiotherapy, social work and nursing.

The service has two phases:

1. The Community Rehabilitation Programme (CRP): supports people being discharged from hospital following spinal cord injury, working with Rehabilitation in the Home (RITH) and other services to assist in the transition to the community.

2. A consultation and advisory service for those already living in the community, supporting the person to maintain functional independence and self-management. The service can be accessed at any time.

Examples of assistance the Spinal Outreach Service can provide include advice on prevention and early management of pressure injuries, problem solving bladder and bowel issues, advice on accessing and using equipment, NDIS advice specific to spinal cord injury related disability and supporting the patient to maintain function.

Referrals may be made via phone Monday to Friday via (08) 6152 1153 between 8am and 4.30pm, fax (08) 6152 4861 or email:

FSH.SRSSpinalOutreachService@health.wa.gov.au

Urology services in the south metropolitan area

Fremantle Hospital now offers an expanded urology service including low to medium complexity surgical, endo-urological and diagnostic procedures. More complex cancer surgery and robotic surgery will be concentrated at Fiona Stanley Hospital and Rockingham General Hospital will continue to offer outpatient clinics, low complexity surgery and diagnostic procedures.

Dr Monica Lacey

Hospital Liaison GP, Fiona Stanley & Fremantle Hospital Group

monica.lacey@health.wa.gov.au

Available: Monday and Thursday

Sir Charles Gairdner Hospital

What do you think about the quality of our discharge summaries?

Sir Charles Gairdner Hospital (SCGH) is working to improve its discharge summaries. SCGH would like to know what GPs think about the quality and timeliness of current summaries. This will help the hospital to plan how they can be improved. Please take a couple of minutes to complete this very brief, confidential survey by following the link below.

<https://www.surveymonkey.com/r/SCGHdischarge>

Dr Lucy Gilkes

Hospital Liaison GP,
Sir Charles Gairdner Hospital

lucy.gilkes@health.wa.gov.au

Royal Perth Hospital

GP notification of category 2 and 3 elective waitlist bookings

Notification letters of placement on the Royal Perth Hospital (RPH) elective waitlist will be mailed to GPs for patients booked for category 2 and 3 elective surgery.

The value of using time spent waiting for elective surgery to optimise patients' fitness for surgery is now recognised, significantly reducing surgical and anaesthetic risk, reducing last-minute theatre cancellations and post-operative complication rates. This can commence even when GPs refer for possible surgery.

GPs who attended the 2018 East Metropolitan Health Service GP update requested notice when their patient was added to the waitlist and prompts for what to consider. These include:

- Smoking cessation
- Weight loss and exercise programs
- BP control
- HbA1c optimisation
- Iron deficiency anaemia
- Investigation of unexplained ongoing chest pain or shortness of breath

Patients will now also complete a health assessment form at their surgical appointment so that RPH can use this information for early optimisation.

If your patient has been booked for elective surgery at RPH and you become aware of new information which may impact on fitness for anaesthesia or surgery, please email RPHSV4ScreeningNurse@health.wa.gov.au or phone 0404 894289 or fax 9224 3092.

If you have any feedback about the GP waitlist notification letters, please email Helen.Daly@health.wa.gov.au



ABORIGINAL HEALTH

Bentley Hospital

Bentley gastrointestinal endoscopy update

Gastrointestinal endoscopy at Bentley Health Service will be required to meet the ambulatory surgery initiative criteria:

- Under 75 years
- Under 120kg
- Medicare eligible
- Suitable for day procedure
- Free of significant co-morbidities (not on insulin or warfarin)
- Consent to having their procedure under Ambulatory Surgery Initiative (ASI) criteria

No out of pocket expenses will be incurred by the patient.

Please refer patients for gastrointestinal endoscopy via the Central Referral Service (CRS) using the "Request for Direct Access Gastrointestinal Endoscopy referral form template" available on the CRS website (https://ww2.health.wa.gov.au/Articles/A_E/Colonoscopy-and-Gastroscopy-requests). This can also be accessed via the [Endoscopy Request](#) pathway.

Referrals not meeting ASI criteria will be redirected to the appropriate public hospital based on catchment area and service capability.

Gastroenterology visiting medical professionals will only be able to refer patients to the Bentley Hospital endoscopy lists after consultation in their private rooms if they meet ASI criteria, so please consider this when referring for an opinion.

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



RACGP Five steps guide towards excellent Aboriginal and Torres Strait Islander healthcare

Five steps towards excellent Aboriginal and Torres Strait Islander healthcare is a suite of resources that provide a clear and concise summary of the programs and funding options available to support care for Aboriginal and Torres Strait Islander patients.

RACGP Aboriginal and Torres Strait Islander Health developed these resources to provide GPs and practice teams with practical advice on working towards the delivery of excellent Aboriginal and Torres Strait Islander healthcare.

Three resources are now available for download:

- Five steps guide – This includes information to support GPs and practice teams to access programs and available funding options. This resource includes links and references to supporting documents and government information (download by visiting <https://bit.ly/2Pxknav>)

- Five steps visual poster – A condensed version of the five steps that can be displayed as a poster in your practice (download by visiting <https://bit.ly/2qNYPHL>)
- Five steps summary sheet – A quick reference guide to relevant MBS item numbers and other policy and programs available to practices (download by visiting <https://bit.ly/2TiQ3yo>)

The resources are also available on the Practice Assist website, in the *Clinical Resources* section of *The Tool Kit*, which you can access by visiting <https://bit.ly/2Q3ql2c>

My Health Record update

Australian Parliament passes legislation to strengthen My Health Record privacy

On 26 November 2018, the Australian Parliament passed the My Health Records Amendment (Strengthening Privacy) Bill 2018.

The measures allow Australians to opt in or opt out of having a My Health Record at any time during their life. Records will be created for every Australian who wants one after 31 January 2019. After this date, a person can delete their record permanently at any time.

These changes are in response to the Australian community's calls for even stronger privacy and security protections for people using My Health Record. Details of the changes are available [here](#).

To ensure members are up-to-date with recent changes to My Health Record legislation, the RACGP is running a 'My Health Record in general practice' update webinar, supplementing previous workshops and webinars. GPs and practice staff are invited to join host Dr Nathan Pinski for this important update. For details refer to the [RACGP website](#).

Opt-out period extended to 31 January 2019

The My Health Record opt-out period has been extended until 31 January 2019. The help line and opt-out portal on the My Health Record website can be used to opt-out. The Australian Digital Health Agency has implemented a call back function on the help line.

GP and practice toolkits

To support the extension of the opt-out period, new My Health Record toolkits will be provided to all general practices by the Australian Digital Health Agency from mid-December. These will include tear-off brochures, posters and stickers, all with the new opt-out date.

Contact information

For more information, please visit www.myhealthrecord.gov.au, contact your primary health liaison or the My Health Record team at WA Primary Health Alliance via myhealthrecord@wapha.org.au

The most recently published pathways are on HealthPathways include:

- [Hereditary Haemochromatosis](#)
- [Breast Imaging – Diagnostic](#)
- [Cervical Shock](#)
- [Cellulitis in Adults](#)
- [Non-acute Infectious Diseases Assessment \(seen within 30 days to 1 year\)](#)
- [Anaemia in Adults](#)
- [Bacterial Vaginosis](#)
- [Donovanosis](#)
- [Genital Herpes](#)
- [Mycoplasma Genitalium](#)
- [Candidiasis](#)
- [Trichomoniasis](#)
- [Ehlers-Danlos Syndromes](#)
- [Hearing Device Subsidies](#)
- [Hearing Loss in Adults](#)
- [Tinnitus](#)
- [Adult Occupational Therapy Assessment](#)
- [Adult Speech Pathology Assessment](#)
- [Bisphosphonates and Dental Care](#)
- [Geriatric Advice](#)
- [Acute Dental Pain](#)
- [Acute Geriatric Assessment \(seen within 7 days\)](#)

To access HealthPathways please contact your WAPHA Primary Health Liaison or email the HealthPathways team at healthpathways@wapha.org.au



Have your say on outpatient reform

WA Primary Health Alliance (WAPHA) regularly hears that GPs have concerns about the State's outpatient system, including CRS, and that they can see significant opportunities for improvement.

WAPHA has been invited by WA Health to facilitate engagement with GPs in respect to the Outpatient Reform Program and in the first phase, has secured an opportunity for GPs to input into the review of the CRS. In turn, WA Health has committed to reflect your input into its review process.

We expect the review will lead to better integration of care, facilitate more appropriate access to specialist services, improve information flow and deliver a better overall experience for your patients.

Your input into this consultation process is therefore critical.

WAPHA encourages all GPs to complete the survey that is available online until 23 December 2018. The survey is available via the following link:

<https://consultation.health.wa.gov.au/clinical-support-and-innovation/74cd02ad/>

If you need more information on the program or the GP survey, please contact WA Health via email: Doh.OutpatientReformProgram@health.wa.gov.au or Caitlin Hynes on 9222 6854.

NPS MedicineWise education – Virtual Visiting service

NPS offer a suite of free online resources as well as health professional education delivered direct to GPs through Virtual Visits.

Virtual Visit is an accredited, interactive discussion of a therapeutic topic, delivered by videoconference. Doctors can nominate their preferred time and preferred videoconferencing technology e.g. Skype, Scopia, FaceTime.

About the virtual visiting service:

- A one-to-one Virtual Visit takes 30 minutes and can be scheduled at a mutually convenient time – be that before, during or after work hours.
- Therapeutic topics are accredited (typically 2 Category 2 RACGP points or 1 core point with ACRRM).
- All sessions are free.

The current therapeutic topic is low back pain.

GPs and practice managers who would like to book an NPS Virtual Visit can book through the NPS MedicineWise website (www.nps.org.au) or contact Nicole Humphry at WAPHA on (08) 6272 4921 or email Nicole.Humphry@wapha.org.au

GPs may also find the [Low Back Pain in Adults](#) pathway useful.

Spirometry survey

The WA Health Respiratory Health Network is seeking to understand spirometry use in primary care in Western Australia and training models that would be of interest to primary care clinicians. GPs, GP registrars, nurse practitioners and practice nurses are invited to participate in a [brief survey](#) which is available until 15 January 2019.

National Allergy Strategy food allergy prevention project

Nip allergies in the Bub website, developed by the National Allergy Strategy, aims to help prevent food allergy. The website has been developed to provide practical food allergy prevention information for consumers. This includes eczema videos and infographics, food and recipe ideas and frequently asked questions about introducing the common food allergens and optimising eczema management. The website also contains a section specifically for health professionals including free online training.

Visit the Nip allergies in the Bub website for further information: www.preventallergies.org.au

GPs may also find the [Eczema in Children](#) and [Food Allergy \(Non-anaphylaxis\)](#) HealthPathways useful.

EDUCATION EVENTS

New obstetrics model of care at Rockingham General Hospital

In February 2019, the obstetrics model of care at Rockingham General Hospital will change.

Local GP obstetricians, GPs and EMs are invited to an information session about the changes and what they mean for you and your patients.

There will be a presentation followed by an opportunity to ask the obstetrics medical and midwifery staff questions about the new model of care. All attendees will be given take-home information about the model and referral process.

Choose one session to attend from the list below – all sessions will include the same information.

Dates: Thursday 13 December 2018
Wednesday 23 January 2019

Time: 6.15pm for a 6.30pm start.
The session will be approximately one hour, including question time.

Where: Medical Education Centre (O Block), Rockingham General Hospital, Elanora Drive, Cooloongup

Registration:

Email your preferred date to Kerri Martyn at kerri-anne.martyn@health.wa.gov.au

Please RSVP by 4pm one week prior to the selected date.

The team at
WA Primary Health
Alliance wishes
you a wonderful
festive season and
a happy new year.



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