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ISSUE

12

OCTOBER
2009



come along and enjoy the fun

ALL PRACTICE STAFF CHRISTMAS EVENT

It is that time again for the General Practice North West annual "All Practice Staff Christmas Function". This year we are holding a "Movie Night"

The evening will kick off with drinks and nibbles prior to the movie, have prizes through out the night. Popcorn and soft drink or popcorn and choc top will be also provided.

Movie: The Invention of Lying

*In a world where everyone can only tell the truth...this guy can lie.
Romantic comedy featuring Jennifer Garner and Ricky Gervais*

When: Thursday 26th November 2009

Where: Metro Cinemas, Burnie

Time: 6.30pm - 7.30pm Drinks and Nibbles
7.30 pm - Movie Starts

**Those attending the movie night are asked to
bring along a \$5 Secret Santa gift.**

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eHealth Updates

Gary Walker

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TAS eHEALTH MESSAGING UPDATE

Medical Director integration is now complete – this means you can send a secure message directly from Letter Writer!

Installation of ReferralNet for GPs and Specialists in September has continued statewide, there are now 169 GPs, 33 Specialists and 29 Anaesthetists installed across the state, plus a large number of practices on the waiting list to be installed. For a list of who's currently connected go to

<http://www.tasehealth.com.au/index.php/initiatives/tas-ehealth-messaging/whos-connected.html>

If your practice would like to be part of the TAS eHealth Messaging Initiative, please contact Gary at GPNW.

MESSAGE AND WIN



For the next **six months**, every active ReferralNet user in Tasmania will go into the draw to win an

Apple iPod Nano.

One user will be selected at random each month for the next six months.

INFORMATION MANAGEMENT TOOLS AND ASSISTANCE

General Practice North West provide a number of tools and training to assist practices with data cleansing, patient analysis, practice benchmarking and proactive patient management. The tools and training are provided for free by GPNW.



CAT scrutinises a practice's patient information and presents it in a refreshing graphical format that is easy to understand. It can be used to assist with accreditation, or be used to produce a list of patients who fall into selected population 'target groups', making population health and quality care initiatives simple to act upon and measure, and allow a practice to identify business opportunities.

Practice Health Atlas

Aims to inspire **general practice teams** to reflect on their clinical activities and to develop innovative business models for more effective health care services/outcomes.

Broken into three main areas:

demographics | chronic disease | item number utilisation

If you want to know more about the Information Management tools available for your practice, contact Gary Walker.

Home Medicines Review (HMR)

Rebekah Sheehen

rsheehen@gpnw.com.au

HOW TO GENERATE HMR REFERRAL LETTERS IN MEDICAL DIRECTOR 3

To generate a Home Medicines Review Referral Letter from Medical Director

1 Open Medical Director - Letter Writer

2 From Letter Writer open the New Letter Templates



3 Choose from the Supplied Templates Tab the DMMR-Referral (Home Medicines Review) letter template.



4 Select the Pharmacy who will be organising the HMR from your address book



5 Select the patients current Medications.



6 Select any relevant Progress Notes



7 Select reasons for referral for HMR and Press OK.



8 Review letter and add any necessary free text. Print, sign, and send letter or give to patient to take to pharmacy.

For further information on HMR please contact Vince McAllister on 6425 1051

peterthompsons.pharmacy@nunet.com.au

or

Rebekah Sheehen on 6432 1440

rsheehen@gpnw.com.au

Allow 2 weeks to receive HMR report from Accredited Pharmacist.

A template for the preparation of a medication management plan is also contained in Medical Director's supplied templates: "DMMR Plan (Home Medicine Review)"

HMR cont'd

THANKS TO ALL WHO ARE COMPLETING HMR'S THERE HAS BEEN A 50% INCREASE IN THE NUMBER IN THE LAST 12 MONTHS. WELL DONE!!

MORE SUCCESS FOR HMRS

A new study has provided further evidence to confirm the value of collaborative Medication Reviews.

The results of a randomized controlled trial held in South Australia have been published in August 2009.

The trial retrospectively analysed data collected on the health outcomes of a large sample of Veterans' Affairs patients who had previously been diagnosed with heart failure.

The rates of rehospitalisation for the heart failure patients were analysed and results were compared between those who had received collaborative Medication Reviews and those who had not.

Impressively, adjusted results suggested a 45% reduction in rehospitalisation in the group that had received Medication Reviews.

The trial was a large scale study with over 5,000 participants and the results were unequivocal.

These types of tangible interventions are readily achievable through the HMR process. Further information on the study is available at <http://circheartfailure.ahajournals.org/cgi/content/abstract/CIRCHEARTFAILURE.109.861013v1>

Medicare

Rebekah Sheehen

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Quick reference guide

Practice nurse items—basic principles for claiming under Medicare

Key points for MBS items 10993, 10996 and 10997[†]

| Item | Key points |
|--|--|
| Immunisation—10993 | <ul style="list-style-type: none">• Must be a vaccine included on the Australian Register of Therapeutic Goods which includes all vaccines listed in the current edition of the Australian Immunisation Handbook.• You cannot claim for injections such as vitamin B12 or depot antipsychotic medicine.• You cannot claim if administered under a Commonwealth or state funded immunisation service. |
| Wound management—10996 | <ul style="list-style-type: none">• You can claim for treatment of a patient's wound (other than normal aftercare).• You do not need to be present during the treatment of the wound. However, you must conduct an initial assessment of the patient in order to give the practice nurse instructions in relation to the treatment of the wound. |
| Monitoring and support for a person with chronic disease—10997 | <ul style="list-style-type: none">• Can claim up to five (5) services per patient per calendar year.• Must only be accessed for a patient with a GP Management Plan, Team Care Arrangements or Multidisciplinary Care Plan (items 721, 723, 725, 727, 729, 731).• The service must be consistent with the scope of the GP Management Plan, Team Care Arrangements, or Multidisciplinary Care Plan. |

To view the complete Quick reference guide, or to see others go to

<http://www.medicareaustralia.gov.au/provider/business/education/quick-reference-guides.jsp>

QUICK FACTS ON STROKE

- Stroke is the second leading cause of death in Australia.
- 70% of strokes are first time events.
- 1 in 5 people having a first-ever stroke die within a month.
- 1 in 3 people having a first-ever stroke die within a year.
- Strokes in patients with atrial fibrillation are generally more severe than other stroke types
- 50% of patients who have a stroke related to atrial fibrillation die within the first 12 months.
- Modifiable risks: Smoking, Hyperglycaemia, hypertension, dyslipidaemia, obesity (waist circumference >102cm for men, >88cm for women)
- Non-modifiable risks: Age, gender, ethnicity, family history of premature cardiovascular disease (<55 years for men, <65 years for women)
- Aspirin is the antithrombotic of choice in primary stroke prevention when cardiovascular risk is high, however in atrial fibrillation most patients require warfarin.

ANTIPLATELET & ANTICOAGULANT THERAPY IN STROKE PREVENTION

Over the next couple of months GPNW will be delivering the second educational topic for 2009, "Antiplatelet & Anticoagulant Therapy in Stroke Prevention."

The topic will cover

- Choice of therapy for primary stroke prevention,
- Therapeutic options for secondary stroke prevention,
- Assessment of warfarin and antiplatelet agents,
- Strategies to ensure INR is maintained in the therapeutic range.

Practices have already received invitations to participate in educational visiting on this topic. This educational activity is recognised by the RACGP and ACRRM and attracts QA&CPD points, as well as counting towards QPI-PIP activities. Should you wish to receive further information or book a session with our NPS facilitator, Dr Alison Tasker, please contact Rebekah at GPNW on 6432 1440 or email rsheahan@gpnw.com.au, or if you wish to speak to Alison phone 0418 594 738.

LATEST CLINICAL e-AUDIT TO SUPPORT APPROPRIATE PRESCRIBING OF PPIs

In line with the latest NPS therapeutic program, health professionals are advised to step-down proton pump inhibitor (PPI) therapy and cease when appropriate

Many patients using proton pump inhibitors (PPIs) may not need to continue therapy in the long-term. To help GPs systematically review their management of patients using PPIs, the National Prescribing Service (NPS) has developed a desktop Clinical e-Audit

The Clinical e-Audit, *Review of proton pump inhibitor (PPI) prescribing*, provides a structured approach for GPs to review their management of individual patients using a PPI against best practice guidelines.

"By selecting a group of patients who have recently presented for review or requested a repeat prescription for a PPI, GPs can use this Clinical e-Audit to assess medicine management and referral for investigations against best practice guidelines, consider a step-down strategy and review the concurrent use of drugs that may induce or exacerbate dyspepsia/ulceration," NPS senior clinical adviser, Judith Mackson said.

While PPIs are widely regarded as safe medicines, evidence suggests they can cause serious adverse effects. For example, acute interstitial nephritis, a rare hypersensitivity reaction, has been reported following the use of all PPIs. Recent studies have also indicated that PPI use may increase the risk of *Clostridium difficile* infection and community-acquired pneumonia.

The NPS Clinical e-Audit features fast, intuitive functionality, and provides instantaneous feedback and individualised management plans based on clinical data entered. It is independent of prescribing software and data is securely submitted online.

Participation in the Clinical e-Audit will assist GPs to:

- identify patients using PPI therapy with inadequate control of dyspeptic symptoms
- become familiar with indications for 'test and treat' for *H. pylori* infection, and review whether this has been undertaken in patients where appropriate
- determine appropriate duration of PPI use for a range of clinical conditions and identify patients suitable for step-down of therapy
- reflect on education provided to patients to address potential rare but important adverse effects associated with PPI therapy
- compare their practice to current guidelines and their peers, using the immediate feedback provided.

This Clinical e-Audit activity has been approved by the RACGP QA&CPD Program, total points: 40 (Category 1) and by the ACRRM PD Program for 30 points (extended skills) in the 2008–2010 triennium. Points are awarded only to participants who complete the review phase.

The Clinical e-Audit is also recognised for the Quality Prescribing Initiative of the Practice Incentives Program.

To enrol or to view a virtual tour of the Clinical e-Audit, visit www.nps.org.au/clinical_audits.

Lifestyle Modification Program

Sharee Taylor



staylor@gpnw.com.au

TYPE 2 DIABETES PREVENTION PROGRAM - GENERAL PRACTICE NORTH WEST

Accredited Lifestyle Modification Program Name: **Reset your life**

Attn: GPs & Practice Nurses

Do you have 40-49 yr old patients who are at high risk of developing type 2 diabetes??

GPNW currently require a few more referrals to get a group session started.

The Program consists of:

- ✓ 7 sessions (run over six months)
- ✓ Group motivational & educational sessions supporting lifestyle changes & adoption of healthy lifestyle choices
- ✓ Detailed Participants Manual
- ✓ Aust Government subsidised, patient pays \$50 for the complete program. (No cost for concession/pension card holders). Private health fund - may be eligible for rebates.

GPNW currently have two accredited facilitators ready to start group sessions. These sessions are held over a 6-8 month period with an intensive phase of 4 months.

For more information on the program criteria please refer to our website: <http://www.gpnw.com.au/cdm.html> or contact Sharee Taylor



Facilitator: Elisa Williams
(Clinical Nurse Consultant &
Credentialed Diabetes Educator)



Facilitator: Dr Michelle Towle
(Healthy Lifestyles Consultant)

GPNW Updates

contact@gpnw.com.au

GPNW CLINICAL SERVICES - WAITING TIMES

GPNW Clinical Services Mental Health waiting times are 2-4 weeks (depending on the venue) and the Diabetes Service waiting times are 2-8 weeks (depending on the venue)

Medical Software

Rebekah Sheehen



rsheehen@gpnw.com.au

If you are interested in receiving in-house training, resource creation, or templates for your medical software, please contact Rebekah on 6432 1440.

Mental Health Program

Sharee Taylor

staylor@gpnw.com.au

VETERANS AND VETERANS FAMILIES COUNSELLING SERVICE - VVCS

What is VVCS (formerly Vietnam Veterans):

A specialised, free and confidential Australia-wide counselling and support service for Australian veterans, peacekeepers, their families and eligible Australian Defence Services (ADF) personnel. VVCS provide an integrated suite of services to help with a range of mental health conditions and other lifestyle issues that may be a result of the veteran's service. VVCS staff are professionally qualified psychologists or social workers with experience in working with veterans, peacekeepers and their families.



What can VVCS provide?

- Individual, couple and family counselling,
- Crisis counselling and after-hours telephone crisis counselling – Veterans Line,
- Case management for complex presentations,
- Group programs including lifestyle management programs,
- Outreach program providing access to contract counsellors and other health services for veterans and their families living in rural, remote and some outer metropolitan areas,
- Referral to other specialist services and treatment programs,
- Information and education.

How to refer to VVCS?

- GP's can refer by phone, written referral or recommend patient self referral.
- Fax or phone to nearest VVCS centre located in Launceston: Ph: (03) 6331 7500, Fax: (03) 6331 1923, or Ph: 1800 011 046 (connection to Launceston centre during business hours and Veterans Line during after-hours).

For further information please go to

http://www.dva.gov.au/health_and_wellbeing/health_programs/vvcs/services/Pages/group.aspx

UPDATE ON MENTAL HEALTH TRAINING - (MBS – BETTER ACCESS INITIATIVE – CHANGES)

Changes this year include a new name for the GP Mental Health Care Plan. From **1 July 2009**, the plan will be known as a 'GP Mental Health Treatment Plan' and GPs must include a diagnosis.

From **1 January 2010**, GPs who have completed mental health skills training will be able to continue to use the existing item 2710. However, GPs who have not completed mental health skills training will use a new item number with a lower rebate.

Please contact GPMHSC to confirm GP status or check on course attendance:

Phone: Stacey (03) 8699 0554 or email gpmhsc@racgp.org.au.

GPNW & GPN will be running a MHST course: "**Primary Mental Health Care: Assessment, Planning & Treatment Strategies for GPs**" on Friday 4th December at Elizabeth Town. This is accredited with GPMHSC and will allow GPs to claim the full fee for Mental Health Treatment Plans from Jan' 2010. A flyer will be sent out soon.

Immunisation Program

Bronwyn McLaren

bmclaren@gpnw.com.au

USING CAT TO IDENTIFY PRIORITY GROUPS FOR THE H1N1 VACCINE

The pandemic (H1N1) 2009 vaccination program commenced on 30 September 2009. The aim of the program is to provide free vaccine against pandemic (H1N1) 2009 influenza for all members of the community who wish to be vaccinated. The initial rollout of the vaccine will focus on priority groups identified as being at higher risk of complications from pandemic influenza. Practices that have the Clinical Audit Tool (CAT) can identify a good proportion of vulnerable priority groups using the suggested searches below.

Some priority groups will need to be identified using other means, i.e. practice/clinician knowledge or using clinical software, for example, health care and community care workers.

Please note: Clinical judgement should be exercised to ensure appropriate targeting. CAT searches are dependent on the accuracy of patient records and coding as with any search function or data extraction tool. Alternative searches may achieve the same or similar results.

For the step by step guide on how to use CAT to Identify Priority Groups for the H1N1 Vaccine go to:

www.gpnw.com.au/immunisation.html#resources

(CAT information sheet: Identification of priority groups for the H1N1 vaccine)

H1N1 WEBSITE FOR HEALTH PROFESSIONALS

The Commonwealth has a website with up to date information for health professionals at

<http://www.healthemergency.gov.au/internet/healthemergency/publishing.nsf/Content/healthprof>

Three issues that have raised concern for general practice are consent, indemnity and Medicare Australia claiming.

These three issues have been resolved in the following ways:

1. Consent for this vaccine is the same as for other parts of the immunisation program and must be informed consent and noted in the medical software. Information from the Commonwealth on this can be found on page 6 of the information for Health Professionals – 18 September 2009 on the website above.
2. All the medical indemnity insurer organisations (MDA National, Medical Indemnity Protection Society, Avant, Invivo and MIGA) have confirmed that they will insure members involved in the H1N1 vaccination program.
3. Medicare Australia has been made aware by the Department of Health and Ageing that there will be a higher than usual number of claims made by General Practitioners (GPs) and nurse immunisers over the next few months. They have also reiterated that mass flu clinics are acceptable as long as there is no payment from another source.

Item numbers to claim from Medicare are (See the Medicare statement for Pandemic Vaccination Services at the bottom of the Guidance and information for Health Professionals page on the website

<http://www.healthemergency.gov.au/internet/healthemergency/publishing.nsf/Content/healthprof>

Practice Manager Network

Gaye Aitken

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PRACTICE AND OFFICE MANAGER'S NETWORKING DAY

The recent networking day held in the Boardroom at Cradle Coast Health in Ulverstone was well attended with Eleven Practice and Office Managers, Ms Joanna Rosewell - RACGP (Tas Faculty) QA&CPD Program Coordinator, Kathy Smith - Business Development Officer Medicare Australia, and three GPNW Program Staff

To start the day Gary Walker provided interested practices with a ReferralNet demonstration.

This was followed by a TYRO (an integrated claiming system) demonstration and information session facilitated by Kathy Smith. At the completion of the session Kathy made herself available to answer questions on TYRO as well as any other Medicare queries. Somerset Medical Centre have recently installed TYRO into their practice; Practice Manager Sandra McLennan would be pleased to provide other practices with feedback and welcomes other Managers to contact her on 6435 1421 or email smclennan@somersetmedical.com.au to organise a visit to view the system operation.

One question raised was the issue surrounding the legal requirements for practice staff with regard to providing patients with a signed copy of their benefits assignment form. We are waiting for further details from Medicare on the current legislative requirement under the Health Insurance Act 1973 Section 20B. We will keep you posted with this.

The final AAPM Virtual E-Seminar for the year walked us through the steps to create a Business Continuity Plan for the practice. The seminar outlined business continuity and disaster recovery as important elements to general management. Business Continuity Management processes abridged from Standards Australia are:

1. Commencement
2. Risk analysis
3. Impact analysis
4. Response strategies
5. Documentation
6. Testing and training

The facilitator for the E-Seminar, Anne Davis has generously granted GPNW permission to upload her Powerpoint presentation onto our website, please click on the following link to view this presentation.

<http://www.gpnw.com.au/AAWeb%20Pages/Events/Business%20Continuity%20Plan%20AAPM.pdf> Anne is happy to hear from anyone with questions; her email address is on the first slide of the presentation.

The managers welcomed the opportunity to meet with the new QA&CPD Program Coordinator at RACGP Tas Faculty, Joanna Rosewell. Joanna explained the QA&CPD program and the requirements for GPs during the 2008-10 triennium; as well as the necessary processes for GPs to follow if they want to apply for QA&CPD points for organised practice and clinical meetings. Joanna explained the various types of Category one activities, and the differences between Category one and two activities. Joanna outlined the range of resources, templates and forms available including;

GP Learning website <http://www.racgp.org.au/membership/gplearning/> and the

MyPracticeTeam website. <http://www.mygeneralpractice.org.au/>

We do not have permission to upload the presentation onto the GPNW website; however if you would like an electronic copy please contact Gaye gaitken@gpnw.com.au or phone 6432 1440.

Practice Manager Network cont'd

NEW MODERN AWARDS – TCCI INFORMATION SESSION

On Wednesday 18th November GPNW has organised an information session with Cymone De Schipper from TCCI Devonport on the New Modern Award. The session will cover the following changes to the Industrial Relations Legislation:

1. National Employment Standards
2. Modern Awards
3. Agreements
4. Bargaining
5. Industrial Action
6. Right of Entry
7. Unfair Dismissal
8. Transfer of Business

We shall allow sufficient time for Cymone to answer all your questions.

If we receive enough interest from practices, the TCCI are willing to provide a Membership Officer at the event to answer queries you may have regarding TCCI membership and the benefits of being a member.

Upcoming Events

contact@gpnw.com.au

BEHAVIOURS, HEALTH & MEMORY FORUM

Presented by:

Prof Andrew Robinson - Professor of Aged Care Nursing
"Residential Aged Care Issues in providing quality care into the future"

Dr Jane Tolman - Director of Rehabilitation & Aged Care Services - RHH

"Emergency Management of patients diagnosed with dementia from Aged Care to Acute Aged Care Facilities"

Date: Tuesday 10th November 2009

Venue: High Tide Restaurant

Time: 6.30pm - 9.00pm

RSVP: Friday 30th October 2009 to;

Sharee Taylor (GPNW) on 6432 1440 or staylor@gpnw.com.au or

Raelene Smith (Mersey Community Hosp.) at raelene.smith@dhhs.tas.gov.au



Other Information

contact@gpnw.com.au



PUT ADA ON YOUR RADAR!

beyondblue Anxiety and Depression Awareness (ADA) Month during October provides an opportunity for people to raise awareness of anxiety and depression and to help reduce the associated stigma.

Depression is common and can affect anyone at any time for many different reasons.

More than one million people in Australia experience depression - however, with the right treatment most recover.

Organisations can raise awareness about depression and reduce the associated stigma so that people seek help early. To find out more about ADA or how your organisation can get involved go to:

www.beyondblue.org.au/adamonth

Order a FREE ADA Month Kit at
www.beyondblue.org.au/adamonth or call 1800 226 718

TRAINING GRANTS FOR RURAL AND REMOTE PROCEDURAL AND EMERGENCY MEDICINE GENERAL PRACTITIONERS



Through its Strengthening Medicare initiatives, the Commonwealth Government is offering rural and remote procedural and emergency medicine general practitioners financial assistance to access skills maintenance and upskilling activities in their respective disciplines. GPs providing services in rural and remote areas but residing primarily in urban areas (eg locums, RFDS doctors) may be eligible for the Program.

Grants are being offered to general practitioners and locums who practice obstetrics, anaesthetics, surgery and/or emergency medicine in rural and remote locations.

The financial support is offered as a grant of \$2000 per day for up to 10 days a year for procedural GPs in RRMA 3-7 and for up to 3 days a year for emergency medicine GPs in RRMA 3-7.

To access this program

General practitioners need to complete a Medicare Australia "Application to Register" form and provide documentation indicating they have Visiting Medical Officer (VMO) credentialing with a hospital or other appropriately equipped facility. Credentialing must be in one of the following areas: obstetrics, anaesthesia, surgery or emergency medicine.

For more information contact

Pauline Curtis

Tel: FREECALL 1800 636 764; (08) 8267 8351

Fax: (08) 8267 8359

Email: pauline.curtis@rascgp.org.au

or go to: <http://www.racgp.org.au/rural/traininggrants/info>

The RACGP is not responsible for and does not necessarily endorse content on external sites.

SCHOLARSHIPS FOR CANCER PROFESSIONAL NOVEMBER 2009



Cancer Council Tasmania offers scholarships and small grants to help health professionals attend conferences or meetings associated with cancer control or to undertake further education or research in a cancer-related field.

For more information and application forms

Call Cancer Council Helpline on 13 11 20

Go to www.cancertas.org.au and click on research/grants/scholarships

LAUNCH OF MUSCULOSKELETAL GUIDELINES FOR GPs IN AUSTRALIA

A lack of evidence-based clinical musculoskeletal guidelines has prompted the Royal Australian College of General Practitioners (RACGP) to develop guidelines for GPs and other primary health care professionals covering musculoskeletal prevention and early treatment.

The first three of four guidelines cover osteoarthritis, rheumatoid arthritis and juvenile idiopathic arthritis and was launched on Friday, 11th September 2009.

The guidelines are available for free download from the RACGP website at www.racgp.org.au/guidelines

GP MENTORS NEEDED



Can you mentor a John Flynn student for 2 weeks per year over 4 years?

(Timing of placement by mutual agreement)

The John Flynn Placement Program (JFPP) - managed by the Australian College of Rural and Remote Medicine (ACRRM) - is an Australian Government funded initiative to attract more doctors to rural and remote Australian communities. Students who develop bonds and friendships within a community are more likely to return to that or to a similar community as future qualified medical practitioners.

To find out more

Email ACRRM jfpp@acrrm.org.au with "JFPP Interest [state] GP September 2009" in the subject line.

Please include the following information in your message:

- medical practitioner name
- practice (or other primary health care medical facility) name
- practice manager name
- practice or key contact phone number
- practice or medical facility address

Or call us on Freephone: 1800 231 231

BE PART OF TRAINING THE NEXT GENERATION OF RURAL DOCTORS

Disclaimer:

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