GPNW *Gazette*

PRACTICE SUPPORT MONTHLY

GENERAL PRACTICE
north west

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Devonport GP SuperClinic Opening

The opening for the Devonport GP Superclinic was held on Thursday 22nd of July. The Minister for Rural and Regional Health, Warren Snowden, and Braddon MHR, Sid Sidebottom, helped unveil the clinic.

Mr Snowdon said the clinic, which with 20,000 patient files provides 400 services a day, will take significant pressure off the Mersey Community Hospital's emergency department.

The clinic will be open from 8.30am until 6.30pm, Monday to Thursday, and 8.30am unitl 6pm on Fridays. The clinic's Williams Street premises will open on Saturday from 9.00am until 11.30am and closed on Sundays.

Membership - Become a 2010 - 11 Member

Membership to GPNW is available to all GPs practicing in the North West region of Tasmania and Associate Membership available to Practice Managers and Practice Staff.

Membership is $55.00 per annum ($50.00 + GST) and Associate Membership is $44.00 ($40.00 + GST), which as a subscription to a professional organisation is fully tax-deductible.

As a GP Member of GPNW you are entitled to:

- Have input into GPNW activity and priorities through Member Surveys
- Priority to attend CDP events, where numbers may be limited
- Attend and vote at the Annual General Meeting
- Nominate as a Board Member, or nominate other GP members to the Board
- Division e-Newsletter (keeping you up-to-date with local information)
- Board Communiqué (keeping you up to date with Board issues)

Associate Membership

The role of practice staff has long been recognised by GPNW and indeed more than 60% of current programs involve practice staff in one way or another.

Without the support of practice staff, the work of GPNW would not progress and we rely on your continuing input and support for many of our programs and activities.

To become a member go to http://www.gpnw.com.au/membership.html and complete the the registration forms.

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GPNW Updates

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Welcome

GPNW would like to welcome Lee Seymour, "Closing the Gap" Indigenous Health Program Officer to our team.

Lee grew up on the Northern Beaches of Sydney.

Lee attended Macquarie University in Sydney and whilst he initially studied Environmental Management he quite quickly found that his interests surrounded issues of a more human nature, particularly the impact of large projects on local populations. Such issues included the relocation of local populations for the huge Three Gorges Dam project in China, and the impact of large mining projects on Australia's Indigenous communities. Lee has worked in a number of roles within Indigenous affairs and lived in Darwin for two years regularly visiting and working in remote Aboriginal Communities.

Lee now calls Devonport his home, is already enjoying working at GPNW, and is looking forward to addressing the unique challenges specific to Indigenous affairs and health in Tasmania.

NEW Templates Available on GPNW Website

New WorkCover Tasmania Templates

General Practice South and WorkCover Tasmania have collaborated on some new Workers Compensation Medical Certificates. These are now available as electronic templates on our web site at http://www.gpnw.com.au/useful-links.html#templates.

Please feel free to download the templates for your system as well as the explanatory notes. If you are a Medical Director or Best Practice user, remember to adjust the margins when you import the templates, (10mm left and right, 6mm top and bottom works well). These templates have been designed to optimise ease of input. If you have any queries, please call Rebekah at General Practice North West.

Thank you to Ian McKnight at General Practice South for the creation of these templates.

GPNW Clinical Services

Mental Health

The Mental Health team is again fully staffed with two Psychologists and three Mental Health Nurses, and additional clinicians will be added as finances permit. Your patients can access the service through regular clinics at Burnie, Ulverstone and Devonport, as well as Smithton, Queenstown, Rosebery and Strahan.

There is no cost to patients for the service.

Referrals will be accepted for:

- Depression and/or Anxiety
- Bipolar Disorder
- Schizophrenia

The referral process and template remain the same (template available on www.gpnw.com.au) however it is now a requirement that a Mental Health Treatment Plan (required by funding body and in line with MBS Item Number 2710 claim) is provided along with the referral form.

Referrals can be sent electronically via ReferralNet (if you are not connected, contact GPNW for assistance) or faxed to GPNW Clinical Service on: (03) 6425 0888.

Modifications to the template are underway so that the referral and the mental health plan are merged into one document. The new template will also include two mental health assessment tools (the K10 and the Edinburgh Depression Scale for Perinatal Depression) to assist you with your diagnosis and to shorten the paperwork required. This will be completed shortly and will be sent to you as soon as possible.

GPNW Clinical Services Contiuned

Successful Diabetes Week 12 -16 July 2010

GPNW held a "Diabetes Expo "at the Ulverstone Civic Centre. This was our first venture into Health Promotion of this kind. Diabetes Tasmania were invited to do a presentation about Healthy Eating, Wendy Chatwin, RN, spoke about Sleep Apnoea management. Health Dynamics were there with CPAP machines and masks for people to look at and ask questions about. Fitness leaders, Dave and Elle Beard answered questions about exercise and provided information about the diabetes exercise programme that they run. Royal Guide Dogs - Low vision clinic, attended with many useful resources and Podiatry Plus attended providing information and deomonstrating examples of shoes recommended for people with diabetes. Approximately 80 people attended the day.

A number of attendees received some great prizes, thanks to generous donations from: Kent Wyllie from KAW Training; Gareth Jubb, Personal Trainer; Sports Power; Ulverstone, and Peter Thompson's Pharmacy, Ulverstone. This year the GPNW Diabetes Service chose to highlight the importance of identifying Obstructive Sleep Apnoea (OSA)and its relationship to people with Type 2 Diabetes. Research shows that up to 50% of people may have OSA if they have Type 2 diabetes but also having OSA is related to developing diabetes. Dr Sean Tolhurst (a Consultant Respiratory & Sleep Physician from Queensland) was a guest speaker at an evening presentation at Casablanca Restaurant, Penguin. The evening was well attended by GP's, Practice Nurses, Pharmacists and other Allied Health Workers. The feedback was excellent. Many attendees were very surprised at the information and how important to people's health and well being it is to identify and manage these conditions. Dr Tolhursts' presentation is available on GPNW 's website http://www.gpnw.com.au/AAWeb%20Pages/Events/2010-11/OSAandDMfinalPPTDrSTolhurst.pdf

Business Improvement Service

Judith Wyllie-Smith jwyllie-smith@gpnw.com.au

Do you ever aim to introduce a new service for your patients or review current processes to ensure maximum efficiency but never find the time? If yes, you may be interested in participating in the Business Improvement Service offered by GPNW.

This service assists you & your practice identify areas that you would like to introduce or improve. GPNW then provides support with the implementation process.

If you are interested in participating in this service or you would like more information please contact Judith Wyllie-Smith via email: jwyllie-smith@gpnw.com.au

eHealth Updates

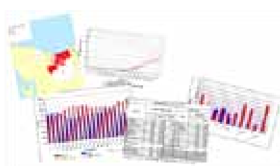
Gary Walker gwalker@gpnw.com.au

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 at gwalker@gpnw.com.au.

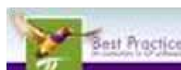
Pen Clinical Audit Tool and Best Practice

If you have updated Best Practice to the latest version of Best Practice (1.7.1.516 released in July) you will find that the Pen Clinical Audit Tool (CAT) will no longer collect a snapshot.

To fix this, you will need to download the updated Pen Extractor from the Best Practice website from http://www.bpsoftware.com.au/support.php then run the file and follow the prompts.

If you have any trouble running this update, you can contact the Pen support desk (1800 762 993) who will take you through the update process.

Medical Software



Rebekah Sheahen rsheahen@gpnw.com.au

If you are interested in receiving in-house training, resource creation, or templates for your medical software, please contact Rebekah on 6425 0800.

Practice Manager Network

Gaye Aitken gaitken@gpnw.com.au

Study Pays Off for Three North West Coast

I am sure everyone will join with the GPNW Board Members and Staff in congratulating Dr Eugene Edillo (Valley Road Medical Centre), Dr Rowan McSwan (Patrick Street Clinic) and Dr Noxolo Vabaza (City Medical Practice) on successfully passing their RACGP Fellowship Exam 2010.1. A great deal of hard work by the candidates together with personal and family sacrifices has been rewarded.

Numerous hours of study along with many hours spent at workshops, almost always conducted during the evening or weekends are all part of the preparation that doctors must commit to in order to succeed at passing the exam. The combination of juggling a full time job, family commitments and study obligations can be quite onerous for most of the doctors.

Drs Edillo, McSwan and Vabaza are now eligible for their Fellowship with the Royal Australian College of General Practitioners.

We at GPNW wish all the Doctors currently studying for the RACGP Fellowship Exam on the 21st August and 24th October all the very best for the remainder of their study and for all components of their exam.

What is a Medicare Audit

Medicare are pleased to announce the release of a fact sheet that provides helpful information to health professionals on:

- what a Medicare Australia audit is
- why they were selected and how they will be notified
- how they can respond
- that they are not required to notify their patients
- what occurs at the conclusion of the audit and what happens to the documents and information they have provided to Medicare Australia
- what course of action they can take if they are unsatisfied at the end of the audit and
- who to contact, and where they can find further information.

To view the fact sheet click on the following link http://www.medicareaustralia.gov.au/provider/files/what-is-an-audit-factsheet.pdf

Further information regarding the types of documents a health professional can provide will be included in a suite of detailed documents known as the Audit Guidelines, which are due to be released in early July by Medicare Australia. http://www.medicareaustralia.gov.au/provider/business/audits/audit-guidelines.jsp

Once the guidelines have been released they will be available on the Medicare Australia website.

Presentations Now Available

The presentations from the GPNW Weekend Education Event held at the Tamar Valley Resort on 26th and 27th June 10 on Pain Management are now available on the GPNW Website: http://www.gpnw.com.au/events_resources.html#WEE

Immunisation Program

Bronwyn McLaren bmclaren@gpnw.com.au

Electronic Reporting of Immunsation to ACIR

Many practices have now signed up to Medicare Australia's Online claiming system for billing.

In addition to Online claiming many practices are now able to report immunisations to Australian Childhood Immunisation Register (ACIR) via the internet.

A. The main benefits of reporting to ACIR electronically are;
   - Less paperwork
   - Timely reporting – processing ACIR "purple forms" can be cumbersome and may end up hanging around the practice for a while before being posted and there may also be a delay in data entry once they are received by ACIR
   - Quicker access to immunisation incentive payments for GPs and parents – delays in reporting ultimately mean that a childs immunisation record may be falsely out-of-date. Until the data has been updated parents and GPs will be unable to claim immunisation incentive payments to which they are entitled
   - Reduced data entry error – ACIR purple forms need to be entered manually. Despite the best efforts of ACIR staff, sometimes data entry errors occur. Reporting online reduces the number of people involved in processing a report, thereby decreasing the likelihood that a data entry error will occur.

B. At present there are two ways of making electronic reports to ACIR. The table below summarises the main points to consider about each of these options:

Method of Online Reporting	Things to Consider
Using your practice management software to batch and transmit ACIR reports via Medicare Online	• This option is only available to practices that are using Medicare Online claiming • Not all practice management packages allow ACIR reporting To begin Medicare online claiming or transmitting ACIR data via Medicare online - contact General Practice North West or Medicare electronic claiming for further information. www.medicareaustralia.gov.au then go to For health professionals – Medicare – Claiming choices, or phone 1800 700 199.
Medicare Australia secure internet site	• This option is available to any practice that has access to a broadband internet connection • Accessing the ACIR secure site allows you to login directly to the ACIR database. In addition to reporting immunisation, this means that you can also check and update a childs immunisation history online, including recording immunisations that were given by another provider The gain access to the Medicare Australia secure internet site contact General Practice North West or www.medicareaustralia.gov.au then go to For health professionals – Other programs – Australian Childhood Immunisation Register, email acir@medicareaustralia.gov.au or phone 1800 653 809.

C. Online reporting will not, on its own, improve your practices immunisation coverage rates. Rates above 90% can still be attained by reporting manually, however online reporting will free up practice staff time to enable follow up of children who are due/overdue. In addition to establishing a good system for reporting immunisations to ACIR, to really improve your immunisation coverage rate above 90% your practice will also need to:
   - Request a copy of the quarterly due/overdue report from ACIR and recall for immunisation all children identified as overdue
   - Report all immunisations given even if by another GP or immunisation provider

D. General Practice North West recommends your practice consider reporting immunisations to ACIR electronically through either Medicare Online or via the Medicare Australia secure internet site.

For more information on Medicare Online, including how to access and use the Medicare Australia Secure Site contact Bronwyn Mclaren at General Practice North West on 64250800 or bmclaren@gpnw.com.au.

Nursing in General Practice Program (NiGPP)

Bronwyn McLaren bmclaren@gpnw.com.au

Practice Nurse Network Meetings - Expression of Interest Request

General Practice North West (GPNW) are inviting Practice Nurses to participate in monthly regular Practice Nurse Network Meeting?

The aim of the meetings would be to:

- Network with other practice nurses in the region
- Allow Nurses to set the agenda for discussion
- For the meetings to have occasional and optional education component

To enable discussion about practice based and professional issues

GPNW will endeavour to have the sessions in a central location (GPNW Ulverstone Building) and at a time to suit the majority of Practice Nurses.

If you would like further information please contact NiGP Program Officer, Bronwyn McLaren at bmclaren@gpnw.com.au or Phone 6425 0800

Practice Nurse Emergency Response Training 19th June 2010

(Article written by Robyn Rookes Practice Nurse King Island General Practice)

The "Emergency Response Training" workshop for Practice Nurses was held at Launceston UTAS campus on 19th June. The course content was put together by Nigel Chong and Angela McKay from UTAS School of Nursing and Midwifery and endorsed by the RCNA. The morning program covered the theory component and the afternoon was spent in the high fidelity simulation environment.

Nigel has a background working as a paramedic and was able to give participants a valuable insight into ambulance triage and response. This knowledge was invaluable when we had to do scenario work in the simulator and call for an ambulance. We then had the opportunity to use the language and processes taught in the morning session.

The participants were divided into 3 groups for scenario work. Scenarios included cardiac arrest, allergic reaction and a patient who experienced a deteriorating condition resulting in respiratory failure and ventricular fibrillation. The simulator at the University is set up similar to an emergency room with a monitor, defibrillator and emergency drugs and equipment. The scene was completed with a talking dummy (aka Nigel). Sometime the dummy was a bloke and other times a classy dame. Nigel is able to manipulate the scenario to mimic a deteriorating situation complete with changing ECG traces, fluctuating blood pressures and pulse points, gasps, groans and dialogue. Angela played the part of the GP who the group could phone for assistance. Sometimes the GP was not available to attend which added pressure to the group to problem solve and manage the situation.

The style of learning is exciting and challenging and we soon learnt that nothing could be assumed as Nigel and Angela worked to keep us slightly outside our comfort zones and challenged us to work as a team. This demonstrated to us to use the skills of each individual and then mesh as a co-ordinated team. The groups not doing the scenario were able to observe from the control room.

The workshop gave participants the chance to network with peers. This is invaluable especially to those of us working as sole practitioners in a busy GP Practice or living and working in remote locations. Friendships were formed and ongoing collegiate support offered. It is wonderful to feel so valued and appreciated for the important work we all do.

All the participants were enthusiastic about attending the extension of this workshop "Introduction to Paediatric Resuscitation".

Lifestyle Modification Program (LMPs)

Sharee Taylor staylor@gpnw.com.au

Lifestyle Modification Program

For Patients Aged 40-49 Years at Risk of Developing Type 2 Diabetes

Why is diabetes prevention important for this patient group?

- Diabetes is one of the largest contributors to the disease burden in Australia and type 2 diabetes accounts for 92 per cent of diabetes cases in Australia.
- Diabetes is associated with a number of complications; including an increased risk of developing cardiovascular, eye and kidney disease. The incidence of type 2 diabetes has more than doubled in the last 15 years.
- The onset of type 2 diabetes is largely associated with lifestyle risk factors, particularly overweight and obesity, physical inactivity and poor diet.
- Type 2 diabetes can be prevented through lifestyle modification. International evidence has shown that intensive lifestyle interventions in high risk patients can reduce the incidence of type 2 diabetes by up to 58%.

Who is eligible for referral to an LMP?

- Patients aged 40 to 49 years of age, or Aboriginal people aged 15 to 54 years of age, who are at high risk of type 2 diabetes, calculated using the AUSDRISK tool. (Patients with newly diagnosed or existing diabetes are not eligible for an LMP).

The Program consists of:

- ✓ 7 sessions (run over six months)
  The schedule:
  - Introduction and what is pre-diabetes?
  - Physical activity and healthy weight
  - Introduction to healthy eating/carbohydrates & fibre
  - Preventing cardiovascular disease
  - Staying motivated and positive thinking
  - Stress Management
- ✓ Group motivational & educational sessions supporting lifestyle changes & adoption of healthy lifestyle choices
- ✓ Detailed Participants Manual
- ✓ Australian Government subsidised, patient pays $50 for the complete program. (No cost for concession card holders/pension). Private health fund - may be eligible for rebates

For more information on the program please contact Sharee Taylor or the Diabetes Educators on 64250800.

General Practice North West have 3 accredited facilitators:

Elisa Williams
Diabetes Clinical
Nurse Consultant

Kim Dalla
Diabetes Clinical
Nurse Specialist

Linda Turner
Diabetes Nurse
Educator

Close the Gap

Lee Seymour lseymour@gpnw.com.au

Consider Registering Your Practice for the New PIP Indigenous Health Incentives (PIP IHI)

The new PIP Indigenous Health Incentive (PIP IHI) is designed to support General Practice and Aboriginal and Torres Strait Island Health Services to provide better health care for Australians of Aboriginal and Torres Strait Island descent. The PIP includes undertaking health assessments and follow up care specifically designed to meet the needs of those Indigenous patients who are suffering, or are at risk of suffering, a chronic disease. The PIP allows the GP to prescribe medications for patients subsidised by the PBS co-payment scheme, substantially reducing the cost and increasing the availability of important medications. These measures are part of the broader Closing the Gap initiative which aims to close the gap in life expectancy between Indigenous and non-Indigenous Australians within a generation.

ABS 2006 data indicated that over 16,000 people have identified as of Aboriginal or of Torres Strait Island decent within Tasmania, which is 3.4% of the Tasmanian population and substantially higher than the national average. Whilst many use existing services provided through the Aboriginal community in their region, a large number of patients choose to access general practice for some or all of their health care needs.

To take part in this incentive the practice will need to be participating in the PIP – or eligible to join the PIP – and must meet the specific sign-on requirements of the PIP IHI. These requirements involve:

- Seeking consent to register practice patients of Aboriginal and Torres Strait Island descent;
- Establishing a mechanism, such as a recall and reminder system, that ensures the health of Aboriginal and Torres Strait Island patients is proactively followed-up;
- Staff undertaking Cultural Awareness training within 12 months of joining the incentive; and
- Understanding and annotating PBS scripts for eligible patients to be able to receive the PBS Copayment measure.

Whilst recording of indigenous status has been part of accreditation standards since the 3rd edition standards, and would be inclusive in demographic patient data, the data is not always collected. This is reflected in general practice statistics with data showing only 0.9% of encounters the patient identified as an Aboriginal person or Torres Strait Islander in 2007-2008, well below the national 2.5% of the Australian population. Similarly regional data shows a very low level of patient identification with the vast majority of active patients having no identification status noted.

If patients of Aboriginal and Torres Strait Island descent are correctly identified, health care providers will be able to offer specifically designed services as they are developed, including the new PBS copayment initiative.

Practices receive a PIP IHI sign-on payment and patient registration payments for any patient who registers per calendar year. Additional Tier one payments require, at minimum, the development and review of a GPMP or TCA, with Tier two payments requiring a minimum of 5 eligible MBS Items claimed.

For more information visit the Medicare website – PIP incentives:

http://www.medicareaustralia.gov.au/provider/incentives/pip/index.jsp

Forms for practices to register for the incentive and to enroll patients in the program are also available on the Medicare website:

http://www.medicareaustralia.gov.au/provider/incentives/pip/forms-guides.jsp

Please contact the Closing the Gap Program Officer; Lee Seymour on 6425 0800 or email lseymour@gpnw.com.au for more information.

Close the Gap Continued

PBS Co-Payment Measure

The PBS Co-payment Measure has been established to reduce the cost of PBS medicines for eligible Aboriginal and Torres Strait Islander people living with, or at risk of, chronic disease. The assistance – from 1 July 2010 – will be in the form of lower or nil patient co-payments for PBS medicines.

Patients can register to take part in the measure at rural and urban Indigenous Health Services (IHS), and at general practices that participate in the Indigenous Health Incentive (IHI) under the Practice Incentives Program (PIP).

The cost of medicines is a significant barrier to improving access to medicines for Aboriginal and Torres Strait Islander people. Despite two to three times higher levels of illness, PBS expenditure for Aboriginal and Torres Strait Islander people is about half that of the non-Indigenous average. This measure is one of the 14 elements of the Indigenous Chronic Disease Package. Patients may inquire directly to practices if they will be offering or supporting them to access this measure as they become aware of it.

The measure is intended to benefit Aboriginal and Torres Strait Islander people of any age who present with an existing chronic disease or are at risk of chronic disease. GPs have an important role in assessing a patient's eligibility for financial assistance under the measure. In deciding whether your Aboriginal and Torres Strait Islander patient is eligible for assistance from this program, GPs need to assess whether the patient:

- would experience setbacks in the prevention or ongoing management of chronic disease if the person did not take the prescribed medicine; and
- is unlikely to adhere to their medicines regimen without assistance through the measure.

This assessment only needs to be undertaken by the prescriber once and as soon as the patient has been registered for the program, the patient can have access to the benefits of the measure until they make a decision to withdraw from the program.

Prescriptions for all of an eligible patient's PBS medicines are covered under the measure whether or not the medicines are being used to treat chronic or acute medical conditions.

Remember patients can be eligible for the PBS copayment measure at any age whilst the PIP Health Incentive applies to patients over 15 years. Patients over 15 years may be eligible for both measures. Patients who access more than one practice for care can be eligible for the PBS copayment measure, even if they are not registered for the Health Incentive through that practice, this may be especially relevant to practices providing emergency or after hours care.

A process exists for ascertaining if patients have already registered for the PBS copayment measure.

If you cannot easily ascertain whether or not the patient has previously been registered for the PBS Co-payment measure, there is nothing preventing you from seeking consent and completing a registration form for that patient for the PBS Co-payment measure, providing the patient meets the eligibility criteria. (Please note if the patient has already registered elsewhere for the PIP-IHI they can be re-registered however the second practice will not receive a registration payment, but may receive the outcome payments if the target levels of care are reached).

Registration forms are available from Medicare: http://www.medicareaustralia.gov.au/provider/incentives/pip/forms-guides.jsp

Once your patient is registered for the PBS copayment measure and you wish to confer the benefits of the measure to them, you will need to annotate their prescription to indicate that it is to be dispensed with co-payment relief. This may need to be done manually by writing CTG and initially the prescription until clinical software updates are in place. All normal PBS requirements and restrictions such as authority requirements remain in place.

Upon presenting a correctly annotated prescription to a pharmacy for dispensing, your patient will be supplied with the medicine at the reduced rate. The reduce rate becomes the concession rate for general patients and the Safety-net rate (nil) for concession patients, brand or therapeutic premiums still apply.

Please contact the Closing the Gap Program Officer Lee Seymour on 6425 0800 or email lseymour@gpnw.com.au for more information.

Medicare

Rebekah Sheahen rsheahen@gpnw.com.au

New Item Numbers and How to Prevent Rejections

GPs will still be required to identify the type of Health Assessment being provided to the patient, (for example:

Healthy Kids Check; 45 to 49 year old Health Assessment; Type 2 Diabetes Risk Evaluation; 75 year old and over Health Assessment etc.) by endorsing their account/receipt or Bulk Bill assignment of benefit voucher including the item number applicable of which there are four time based item numbers, as listed below:

701	Brief	< 30 mins	703	Standard	30 - 45 mins
705	Long	45 - 60 mins	707	Prolonged	> 60 mins

This means that each time a GP submits a claim they have to annotate their claim form/ benefit voucher by identifying which type of patient group (prior item number) it applies to as there are frequency of service regulations for each of these groups.

More information about MBS item descriptors and explanatory notes are available at www.health.gov.au/mbsonline.

NPS

Rebekah Sheahen rsheahen@gpnw.com.au

Book Your Visit Now.....

New Clinical Program Addresses Sleep Problems and Therapy Options

The latest NPS education program 'Management options to maximise sleep' encourages prescribers to recommend non-drug therapies as first-line treatment for insomnia and to discuss the importance of good sleep practices and the potential harms of hypnotic medicines with the patient before prescribing hypnotics.

The program encourages health professionals to:

- Explore patient concerns with sleep difficulties – identify and address causes
- Offer behavioural and cognitive therapies for insomnia
- Discuss and specify the duration of hypnotic medicines use
- Trial discontinuing hypnotic medicines in patients who have been using them for long periods
- Engage patient/carers in managing sleep difficulties

For patients who have been taking hypnotics for a prolonged time, prescribers are encouraged to develop a withdrawal plan to decrease their dose and review progress through the GP clinical audit tool provided by NPS.

The NPS has developed the following resources and activities about managing insomnia for health professionals:

- NPS News (67): Addressing hypnotic medicines use in primary care
- Prescribing Practice Review (49): Management options for improving sleep
- GP and GP Registrar Clinical Audit - Use of benzodiazepines, zolpidem and zopiclone in insomnia
- Case study (62): Maximising sleep and minimising potential harms
- Drug Use Evaluation (DUE) tool: Benzodiazepine and non-benzodiazepine hypnotic medicines for insomnia in aged care facilities
- One-on-one educational visiting by NPS facilitators
- Small group discussions led by NPS facilitators
- A sleep diary which can be given to your patient's to assist in the assessment of their sleep problems

Visit www.nps.org.au/health_professionals to access insomnia resources and activities. For more information contact NPS on (02) 8217 8700 or email info@nps.org.au. For details on the program contact Rebekah at GPNW on 6425 0800 or email rsheahen@gpnw.com.au, or to speak directly to Dr Alison Tasker, NPS Facilitator, phone 0418 594 738.

GPNW Upcoming Events

contact@gpnw.com.au

Education Session - Updates on Infertility, Regional Obstetric Services & eHealth

For General Practitioners

Burnie

When: Wednesday 4th August

Venue: North West Regional Hospital Library Tuitorial Room
Brickport Road , Burnie

Time: 6.30pm - 9.00pm

RSVP: 30th July

Video link up available for Rosebery/Queenstown/Smithton/King Island

Latrobe

When: Thursday 5th August

Venue: Mersey Community Hospital - Latrobe
2D Classroom

Time: 6.30pm - 9.00pm

RSVP: 30th July

For more information please contact Sharee Taylor, GPNW on 6425 0800 or email staylor@gpnw.com.au

Dementia Assessment Education Session

For Practice Nurses, Registered Nurses and Health Professionals

When: Tuesday 24th August

Venue: Rural Clinical School
Multi Room A
Brickport Road , Burnie

Time: 10.00am - 3.00pm (Lunch not included)

RSVP: 13th August to Sharee Taylor, GPNW on 6425 0800 or email staylor@gpnw.com.au

For more information please contact Sharlene Meldrum, NWAHS on 6430 6538 or email Sharlene.Meldrum@dhhs.tas.gov.au

Annual Nurse Immunisation Day

For Practice Nurses

Topics: Vaccine Preventable Disease – General Overview
Pre Vaccination Screening
Vaccination Technique – Points to remember
Cold Chain
Consent
Documentation
Anaphylaxis

When: Saturday 28th August

Venue: Deloraine Rotary Pavillion

Time: 9.00am - 4.30pm

For further information please contact Bronwyn McLaren on 6425 0809 or email bmclaren@gpnw.com.au

GPNW Upcoming Events Continued

Practice Manager Network Meeting

When: Monday 30th August

Venue: GPNW, 11 Alexandra Rd Ulverstone

Time: 4.30pm - 6.30pm

This meeting will be followed by dinner and a Cold Chain presentation by Shelly Howe for Practice Managers and Practice Administration Staff.

GPNW's recently appointed Indigenous Health Program Officer, Lee Seymour will be attending the network meeting to provide Managers with an overview of his role at GPNW.

To ensure GPNW is meeting the needs of practices, managers will be asked to provide agenda items for the meeting.

For further information please contact Bronwyn McLaren, Gaye Aitken or Rebekah Sheahen on 6425 0800 or email bmclaren@gpnw.com.au, gaitken@gpnw.com.au or rsheahen@gpnw.com.au.

Cold Chain Management

For Administration/Reception Staff

When: Monday 30th August (TBC)

Venue: Ulverstone (TBC)

Time: 6.30pm - 9.00pm

For further information please contact Bronwyn McLaren, Gaye Aitken or Rebekah Sheahen on 6425 0800 or email bmclaren@gpnw.com.au, gaitken@gpnw.com.au or rsheahen@gpnw.com.au.

Triage Training

For Administration/Reception Staff (Flyer available soon)

When: Tuesday 21st Sept (Devonport) and Tuesday 28th Sept (Burnie) (Tentative date)

Venue: Burnie and Devonport (TBC)

Time: 6.30pm - 9.00pm

For further information please contact Bronwyn McLaren, Gaye Aitken or Rebekah Sheahen on 6425 0800 or email bmclaren@gpnw.com.au, gaitken@gpnw.com.au or rsheahen@gpnw.com.au.

Asthma Management and Spirometry

For Practice Nurses

When: Saturday 20th November (Tentative date)

Venue: Deloraine Rotary Pavillion

For further information please contact Bronwyn McLaren on 6425 0809 or email bmclaren@gpnw.com.au

Upcoming Events

contact@gpnw.com.au

Osteoporosis Update with Professor Graeme Jones

When: Tuesday 3rd August

Venue: Rosny Library Meeting Room
Bligh Street, Rosny

Time: 10.30am - 12.30pm

Hear from Professor Jones about the latest advances in the management of osteoporosis. There will be information on the latest medications, management options and research.

Fee: $5.00 non members & $2 members

Free Grant Writing Workshops for Community Groups and Organisations

The two-hour workshops will focus on grant writing in general and cover the key aspects of successful applications and project planning including:

- demonstrating the need and support for your project
- project planning
- budgets
- partnerships
- good grant writing tips to give you the best chance of success.

Burnie

When: Wednesday 11th August

Venue: Burnie Portside Online Building (Room 10)
2 Spring St, Burnie

Time: 10.00am

Latrobe

When: Wednesday 11th August

Venue: Latrobe Council Chambers
170 Gilbert St, Latrobe

Time: 2.00pm

Zeehan

When: Tuesday 17th August

Venue: Zeehan Town Hall
2a Wilson St, Zeehan

Time: 9.030am

If you would like to attend one of these workshops, please RSVP by email to cdgrants@dpac.tas.gov.au or phone 1800 204 224

Opiate Substitution Treatment - A Brief Overview for Clinicians

There are two medications used in Australia for opiate substitution treatment (OST, also called maintenance therapy or simply pharmacotherapy) – methadone and buprenorphine. The purpose of treatment is to replace use of the problem drug (such as heroin, morphine or other opiate medication) with a long acting drug within the boundaries of a comprehensive treatment strategy. Methadone and buprenorphine have been chosen as the OST medications because of their long duration of action, which allows for once daily dosing. Both medications have been extensively researched and found to be effective in the management of opiate dependence.

Pharmacotherapy medications are administered under supervision from a pharmacist on a daily basis at a dose sufficient to prevent opiate withdrawal, prevent opiate craving and decrease illicit opiate use. Individuals are then freed from the time consuming and costly burden of procuring illicit opiates. They may then function in a more 'normal' manner, thus having improved capacity for employment, study, repairing relationships, addressing legal matters, finding suitable accommodation and addressing medical and mental health issues. During maintenance treatment the individual may address the underlying issues which resulted in substance dependence in the first place. Both methadone and buprenorphine maintenance therapies have been demonstrated to reduce crime, transmission of blood borne viruses, intravenous drug use and violent behaviour.

Treatment of opiate dependence takes time – and an initial duration might be approximately 12 months. However, it is the underlying social, psychological, and health issues that need to be addressed before methadone or buprenorphine cessation may be considered. Many OST patients find addressing such issues extremely difficult and may be reluctant to engage in appropriate treatments. For this reason, many patients remain on maintenance pharmacotherapy for many years. Conversely, a number of patients do not remain in maintenance therapy. Reasons for this may include difficulty responding to the boundary-setting nature of OST, general chaos in their lifestyle, and difficult moving on from the sociocultural milieu in which they have existed for many years.

Substance dependence is a long term, relapsing condition and realistic expectations must be maintained in order to avoid disillusionment in the recovery process. Ongoing substance use whilst engaged in OST is common. Patients frequently smoke cannabis. Intravenous substance use (illicit opiates, amphetamine or of takeaway medication) maintains the risk of overdose and virus transmission. Alcohol and benzodiazepine use increase the risk of overdose death. Hence, frequent review and good supervision is necessary to detect and hopefully address unsafe behaviours.

One of the reasons OST works is due to the utilisation of boundaries. Treatment is confined to a single practitioner with medication available through a single nominated pharmacy. Firm boundaries are incorporated into the program which serve to enhance safety for both the prescriber and patient. For example, medication is taken under direct supervision on a daily basis. Given that the very nature of opiate dependence is a loss of control over intake of opiates, it is necessary to restrict patient access in this way. However, unsupervised medication (referred to as takeaways) may be available if assessment suggests the provision of takeaways will be safe for the individual and the community. Boundaries are in place to guide the practitioner in this assessment. Likewise, boundaries are in place which govern behaviours that would preclude an individual from receiving takeaways, such as ongoing harmful substance use. Once a patient has been in treatment for over 3 months and has demonstrated a level of stability in their life style and behaviours, takeaway medication may be offered.

Opiate Substitution Treatment Continued

Methadone

This synthetic opiate is a mu receptor agonist, has been used in OST since the late 1960s, and remains the most commonly used medication in Australia for opiate dependence. It is administered in liquid form and effective methadone doses may range form 40mg to 120mg daily, with average doses around 60mg to 80mg daily. Studies have demonstrated higher doses are more effective in reducing illicit opiate use, retaining patients in treatment, and reducing criminal activity.

Buprenorphine

This synthetic partial opiate agonist has been available for OST in Australia since 2001. Two forms are available for OST under the brand names Subutex and Suboxone. The former consists of buprenorphine only. The latter consists of buprenorphine together with the opiate receptor antagonist naloxone. Both preparations are taken sublingually. As is the case with methadone, buprenorphine may be misused through IV use. To reduce this potential naloxone has been added. When taken sublingually, the naloxone is inactive. When injected, the naloxone is effective and may produce opiate withdrawal symptoms. Hence, Suboxone is the preferred over Subutex for use in OST. As with methadone maintenance, Suboxone is administered under supervision and will reduce opiate craving, withdrawal and illicit opiate use. It differs from methadone in that it is a partial agonist which confers several advantages in OST. Firstly, Suboxone produces less respiratory depression than full agonist opiates such as methadone, making Suboxone less likely to result in overdose death. Secondly, it binds to mu receptors with higher affinity but with less activity than full opiate agonists, and dissociates slowly. High affinity is useful because if other opiates are injected there will be no euphoric effect (and hence no behavioural reinforcement) as all the mu receptors will be blocked. Slow dissociation from receptor sites is useful as it prolongs the duration of activity. Buprenorphine has been demonstrated to be effective for periods of up to 48 and even 72 hours. Hence, the dosing interval may be extended from daily to as much as 3rd daily, which frees patients from daily pharmacy attendance. In addition, long duration of effect is associated with less severe withdrawal effects. Some studies have suggested withdrawal from buprenorphine to be less severe than for methadone.

Maintenance therapy is an effective treatment for opiate dependence and may be readily provided in the General Practice setting. The boundary setting skills necessary to provide such treatment translate well to other problems such as benzodiazepine and alcohol dependence. In addition, familiarity with maintenance therapies is useful in the challenging field of chronic pain where the boundary between chronic pain and dependency is often blurred.

In the North, North West and East of Tasmania there is currently a need for more GP pharmacotherapy prescribers. If you have considered becoming a prescriber, or if you wish to discuss the matter further, please call me at Alcohol and Drug Services on 6336 5577.

Dr Richard O'Regan, Alcohol and Drug Services, July 2010

Diabetes Tasmania Has An Accredited Practising Dietitian.

Do you have a client with a chronic health condition who may benefit from some expert advice and support?

Diabetes Tasmania also a range of other services for people with diabetes:

- Healthy Shopping Tours (free)
- Group Education Sessions (free)
- The COACH Program (free)

For more information phone: 1300 136 588 or visit the office at 64 Cameron Street, Launceston 7250.

Other Information Continued

Searching for an Accredited Lymphoedema Practitioner in Australia?

Check out the new website www.nlpr.asn.au

The Australasian Lymphology Association (ALA) is delighted to notify medical practitioners of the launch of their National Lymphoedema Practitioners Register (NLPR).

Lymphoedema is a swelling caused by a compromised lymphatic system. Lymphoedema may be inherited (primary) or caused by injury to the lymphatic vessels (secondary). Lymphoedema management has a holistic multidisciplinary approach and is administered by specially trained practitioners (physiotherapists, occupational therapists, registered nurses and massage therapists).

The NLPR is a public register of lymphoedema practitioners in Australia and New Zealand. The ALA has developed this register to facilitate easy confident referral for health professionals and lymphoedema consumers. These lymphoedema practitioners fulfil the accreditation and registration requirements of the ALA. The ALA is the peak professional organisation promoting best practice in lymphoedema management, research and education in Australia.

The NLPR has been developed to enable both consumers and health practitioners to:

- Quickly and easily locate practitioners in their area
- Have confidence that the practitioners listed have undertaken appropriate post graduate training in lymphoedema management
- Have confidence that the practitioner has undertaken recent up to date professional development to ensure they deliver best current practice
- Choose a practitioner that offers the services they require
- Locate public and private services available in their area

If you would like copies of the NLPR brochure email info@nlpr.asn.au

The ALA invites you to visit the register at www.nlpr.asn.au

Dr Helen Mackie, Medical Advisor to the ALA

Disclaimer:
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GENERAL PRACTICE NORTH WEST

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