



ISSUE

22

SEPTEMBER  
2010



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CLOSING THE GAP  
tackling  
Indigenous  
chronic  
disease

**Did you know that over 5%  
of the North-West's population  
are Indigenous?**

### Practice and Patient Benefits

ABS data reveals that more than 5% of the population of Tasmania's North West identify as being of Aboriginal or Torres Strait Islander origin, over double the Australian wide average of 2.3% and substantially more than the Tasmanian average of 3.5%. This means that, especially in the case of the North West, both practices and Aboriginal patients stand to benefit significantly from the new Closing The Gap Initiatives. These initiatives are driven by the Indigenous Health PIP and PBS Co-payment Measures which are designed to increase practice profit, lower medication costs and provide the most appropriate care for Aboriginal patients. Identification of your Indigenous patients acts as a gateway to all of these advantages. For more information see page 12.

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# Practice Manager Network

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## PRACTICE MANAGER NETWORK MEETING

Eight Practice/Office Managers attended the Practice Manager Network meeting held on the 30th August. GPNW's Indigenous Health Program Officer Lee Seymour was introduced to the meeting; Lee provided attendees with an overview of Closing the Gap program and outlined how he will be working with regional practices. Lee's presentation has been added to the GPNW website, here is the direct link to the presentation.

<http://www.gpnw.com.au/AAWeb%20Pages/Programs/Close%20the%20Gap/CTGPracticePresentation.pdf> If you would like to contact Lee please email [lseymour@gpnw.com.au](mailto:lseymour@gpnw.com.au) or phone 6425 0800.

Gary Walker provided attendees with an online demonstration on KnowNow <http://www.knownow.com.au/> a practice intranet web based tool, Gary also provided attendees with information on an online patient appointment booking system. If you would like further information on either of these tools please contact Gary on email [gwalker@gpnw.com.au](mailto:gwalker@gpnw.com.au) or phone 6425 0800.

A number of other interesting topics were discussed including:

- Saving clinical photos in a patient's file
- How practices record doctor shoppers
- Disaster recovery plans
- Health assessments
- CPR training for GPs
- Education and training sessions

All Practice/Office Managers will receive a copy of the meeting minutes, if you have any questions please contact Gaye on email [gaitken@gpnw.com.au](mailto:gaitken@gpnw.com.au) or phone 6425 0800.

## POSSIBLE CHANGES TO THE GPNW CONSTITUTION

Later in the year there maybe changes to the GPNW constitution that will allow Practice Managers and health professionals in primary care who work in collaboration with general practice to become full members of GPNW. Potentially we could have a Practice Manager on the GPNW Board!

You will be notified if/when these changes occur.

## AAPM VIRTUAL eSEMINAR 3 - RISK MANAGEMENT

GPNW has registered for Seminar 3 which will be held on Thursday 21st October at GPNW, Ulverstone. Invitation flyers will be sent in the near future.

The eSeminar will be an update on medico-legal issues – relevant changes and your responsibilities as managers. The facilitator will be Marianna Kelly, Medico-legal Risk Advisor, Avant Mutual Group Limited.

Should you require further information please contact Gaye on email [gaitken@gpnw.com.au](mailto:gaitken@gpnw.com.au) or phone 6425 0800.

# New Doctor Program

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## RACGP FELLOWSHIP EXAM WRITTEN COMPONENT 2010.2

On the 21st August five regional IMGs sat for the written component of their RACGP Fellowship exam in Ulverstone; saving time and expense of travelling to Hobart or interstate to sit for the exam.

A huge thank you to Dr Themba Bulle for giving up his Saturday to act as GP Supervisor for the day.

Subject to RACGP National permission, GPNW will again be offering to host the 2011.1 and 2011.2 written component, so please remind any potential candidates to nominate Ulverstone as their site of preference when they register for the exam in the future. Candidates must nominate Ulverstone at the time of registration, to be eligible.

If you require further information please contact Gaye on email [gaitken@gpnw.com.au](mailto:gaitken@gpnw.com.au) or phone 6425 0800.

# Business Improvement Service

Judith Wyllie-Smith

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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 for implementation or improvement. Some of the assistance that has been provided to practices has been:

- Data cleansing; (including identifying patients with no DOB or postcode, identifying patients without a “correct” diagnosis, identifying patients who no longer attend the practice);
- Ensuring chronic disease databases are up to date & accurate;
- Assisting the practice to achieve/increase payments via the Practice Incentive Payment and developing a plan to ensure meeting the criteria is ongoing;
- Identifying the number of eligible patients able to receive an additional assessment under the Medicare system. A plan is then developed on how to achieve these claims on a weekly basis to increase overall practice profit;
- Increasing awareness and benefits of practice meetings;
- Ensuring staff have adequate position descriptions and participate in annual performance reviews;
- Providing resources and training.

If this service is something you and your practice would be interested in participating in or you would like more information please contact Judith Wyllie-Smith via email: [jwyllie-smith@gpnw.com.au](mailto:jwyllie-smith@gpnw.com.au)

# Medical Software

Rebekah Sheehen



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

# eHealth Updates

Gary Walker

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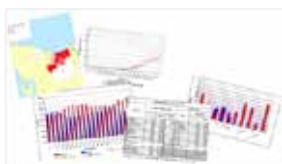
## INFORMATION MANAGEMENT TOOLS AND ASSISTANCE

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 Andrew Jordan at [ajordan@gpnw.com.au](mailto:ajordan@gpnw.com.au)

## TASMANIAN eHEALTH DIRECTORY EXPANSION

The Tasmanian eHealth Directory (TeHD) has now successfully been in operation for over 12 months. The TeHD is a secure, statewide web-based directory that replaced the old GPlinkED system and provides a listing of all GPs in Tasmania, where they work, and how they can most effectively be contacted. This information is provided electronically to the State Health Department for use in the distributions of clinical information to GPs.

The next stage of the project will expand the directory to include specialists, aged care facilities and allied health professionals, creating a single, central and authoritative source of health providers' contact details and enabling the secure communication of patient information across Tasmanian.

The TeHD public online service directory is available at the TAS eHealth website, [www.tasehealth.com.au](http://www.tasehealth.com.au).

## GET HEALTHY TASMANIA - THE NEWS SO FAR:

Data has been provided by DHHS on uptake since the Get Healthy Tasmania Service was launched on 1 July.

- As at 23 July the service had received 231 calls and 40 emails
- From these calls and emails, there were 117 Coaching requests
- Of these 117 requests, 62 required GP consent to proceed and 55 did not require GP consent
- Of the 62 people who required GP consent, 8 had so far received consent and 54 were awaiting consent
- **A total of 63 people enrolled in the health coaching service between 1 and 23 July**

This shows that over 50% of people who contact the service will require a medical clearance to register for coaching, which has also been the experience in NSW.

### Referral templates:

MD, Best Practice and MedTech templates are available at <http://www.gpnw.com.au/useful-links.html#Templates> and the Get Healthy website. Patients referred directly to the Service will not have to seek medical clearance.

**For more information on Get Healthy and links to health professional resources visit** [www.gethealthy.tas.gov.au](http://www.gethealthy.tas.gov.au)

## eHealth Updates Continued

### MEDICARE CERTIFICATE UPDATE

From June 5th, 2010, Medicare Australia has rolled out an automatic update and replacement of the Medicare Australia PKI encryption certificate. This will now be replaced with the new encryption certificate as shown below:



For Practices running PracSoft 3.11 and above, the new encryption certificate should be automatically delivered to your certificate PSI Store.

If you experience errors after 11th August 2010, you will need to upgrade to PS 3.11.2 or download the latest certificate manager from [Medicare website](#).

Alternatively you can download the utility manually via the link below on the HCN website. Select 'Subscriber Only' tab then click on 'PracSoft'. This download is identical to that available from the Medicare Australia website. [www.hcn.com.au/Support & Downloads/Downloads](http://www.hcn.com.au/Support%20&%20Downloads/Downloads)

HCN strongly recommends that you always update your Medicare Australia PKI certificate to the latest and current version to allow online claiming to continue uninterrupted.

### CLINICAL AUDIT TOOL

As many of you already know the Clinical Audit Tool (CAT) from PEN is a powerful tool. Below is an example of how the CAT can be used to identify existing and potential diabetes patients:

#### 1 March 2010: Diabetes Australia - Vic Prevention & Management Guide

The Diabetes Australia - Vic General Practice Program team, has recently completed a new resource called "Diabetes prevention and management in general practice: Using the Pen Computer Systems Clinical Audit Tool". This evidence-based resource will guide general practice through step by step instructions for using the CAT for effective prevention and management of diabetes. There are screen shots for easy comparison with practice software, activities to try out new skills. The resource can be downloaded in full (6.2 MB) <http://www.diabetesvic.org.au/LinkClick.aspx?fileticket=BzHMTucwJLk%3d&tabid=351>

or by sections on the DA-Vic website:

<http://www.diabetesvic.org.au/HealthProfessionals/GeneralPracticeProgram/ClinicalAuditTool/tabid/351/Default.aspx>

#### CAT Updates:

CAT updates are rolling out. Next time you use the pen tool you may notice that it will download its latest update.

The latest update for the pen tool is 2.9.3

CAT Release 2.9.3 - August 2010

#### This upgrade contains:

Best Practice Extractor - now requires the user to configure a password parameter in Best Practice and in the CAT Preferences - refer to the User Guide (Part 1) Configuration for instructions.

For more information download a copy of the Release Notes from:

<http://help.pencs.com.au/cat-release-notes.htm>.

Further information of interest is available in the North East Valley Division PenPals Newsletter #4 at:

<http://www.nevdgp.org.au/?content=13#PEN>.

## Steps to Residential Care using the Medicare Benefits Schedule

### Comprehensive Medical Assessment (CMA) for Permanent RACF Residents by GP

**701 (brief), 703 (standard), 705 (long), 707 (prolonged)**

- Undertake Comprehensive Medical Assessment (CMA) on admission for new residents or for existing permanent residents as required (provided resident has not already had a CMA at another facility within the previous 12 months).
- Item number determined by length of assessment and complexity of presentation.
- Frequency:** once per 12 months <sup>^</sup>

### Residential Medication Management Review GP/Pharmacist MBS Item 903

- GP initiates Residential Medication Management Review (RMMR) referral to the accredited pharmacist.
- Pharmacist undertakes review, provides a report to the GP, including recommendations. GP prepares a medication plan.
- An RMMR is available to existing residents of a RACF where it is required in the opinion of the resident's medical practitioner because of a significant change in the resident's medical condition or medication regimen.

### GP Contribution to a Multidisciplinary Care Plan prepared by another health/care provider for a RACF resident MBS Item 731

- GP contributes to eligible Multidisciplinary Care Plan.
- All residents of a RACF are eligible for care plan contribution due to the chronic and complex nature of the medical conditions that have contributed to their need for residential care.
- Where clinically indicated, may refer to Allied Health and/or Dental Care services following consultation with RACF and submission of Item 731 claim.
- Recommended frequency is once every six months; can be earlier if clinically required.

### Allied Health Services

**MBS Items 10950—10970**

- If the resident's GP has contributed to the Care Plan AND claimed Item 731, the resident may be eligible to access up to **five** allied health services, either as one type of service or a combination of services.
- GPs must refer to services recommended in the patient's care plan using the **Referral Form for Individual Allied Health Services under Medicare**.\*
- Allied health providers must comply with defined reporting procedures.
- These MBS Items are available in addition to allied health services funded under the Aged Care Access Initiative for low-care residents.
- Some allied health services for residents in high care places are already funded—check with the RACF for details.

### Dental Care Services

**MBS Items 85011—85777**

- These items cover a range of services, including dental assessments, preventative services, restorative services such as fillings, crowns, bridges and implants, extractions and other oral surgery (other than hospital services), orthodontic services and denture provided by dentists, dental specialists and dental prosthetics in their surgeries.
- Residents who have a Multidisciplinary Care Plan (Item 731) may access up to \$4,250 for dental care items over two consecutive years.
- GPs must use the **Referral Form for Dental Services**. #
- Dental practitioners must provide a copy or summary of the patient's treatment plan to the referring GP before commencement of the course of treatment.

### Case Conferencing GP organises and coordinates MBS Items 735, 739, 743 or participates in MBS Items 747,750,758

- A case conferencing team includes the resident's GP and at least two (2) other healthcare providers, each of whom provides a different kind of care or service for different aspects of care.
- Resident/family may be involved/present but are not counted as care providers.

### Further Information and Support

<sup>^</sup> **CMA's** [www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare\\_mbsitem\\_cma](http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare_mbsitem_cma)

\* **Allied Health Services:** [www.health.gov.au/internet/main/publishing.nsf/Content/health-medicare-health\\_pro-gp-pdf-ahs-ent.htm](http://www.health.gov.au/internet/main/publishing.nsf/Content/health-medicare-health_pro-gp-pdf-ahs-ent.htm)

# **Dental Items:** [www.health.gov.au/internet/main/publishing.nsf/Content/Dental+Care+Services](http://www.health.gov.au/internet/main/publishing.nsf/Content/Dental+Care+Services)

**Medical Care for Older Persons in Residential Aged Care Facilities 'Silver Book'** RACGP 4th ed. 2005 [www.racgp.org.au/silverbookonline](http://www.racgp.org.au/silverbookonline)

#### DISCLAIMER

The information included in this resource has been obtained from a variety of external sources and, while every effort has been made to ensure its accuracy, the General Practice Tasmania Network assumes no responsibility for its use.

The aim is to provide an introduction to the MBS Items, it should not be used instead of the Medicare Benefits schedule instead it should be read in conjunction with the Medicare Benefits Schedule, available online at <http://www.health.gov.au/internet/mbsonline/publishing.nsf/Content/Medicare-Benefits-Schedule-MBS-1>

Publication date August 2010

## Aged Care Continued

### ALLIED HEALTH SERVICES FOR OLDER PEOPLE IN TASMANIA

This new resource booklet describes the allied health services available for older people in the state, as well as raising awareness amongst GPs, aged care facility staff, residents and other allied health professionals.

This booklet is available in hard copy or in an electronic Format (PDF).

A quick reference guide to key MBS items for allied health services is available.



### GENERAL PRACTITIONER AGED CARE ACCESS INCENTIVE (GP ACAI) PAYMENTS UNDER THE PRACTICE INCENTIVES PROGRAM (PIP) TO INCREASE

#### From Medicare Australia

Practice Incentives Program General Practitioner Aged Care Access Incentive.

In the 2010-11 Budget, the Australian Government committed \$98.6 million over five years to improve access to primary health care services for older Australians. As part of this initiative, the General Practitioner Aged Care Access Incentive (GP ACAI) payments under the Practice Incentives Program (PIP) will increase.

**The GP ACAI aims to encourage GPs to provide increased and continuing services in Commonwealth-funded Residential Aged Care Facilities, and recognises some of the difficulties faced in providing care in these settings.**

From **1st July 2010** there are two new payment levels under the GP ACAI:

- the Tier one payment has been increased to \$1500 when the first qualifying service level (QSL 1) of 60 eligible Medicare Benefits Schedule (MBS) services is provided in Residential Aged Care Facilities in 2010-11
- the Tier two payment has been increased to \$3500 when the second qualifying service level (QSL 2) of 140 MBS services in Residential Aged Care Facilities is provided in 2010-11.

The maximum payment a GP can receive in the 2010-11 financial year is \$5000.

Eligible MBS services provided in Residential Aged Care Facilities from 1 July 2010, will count towards the QSLs for 2010-11. Medicare Australia will calculate payments at the new rate based on MBS claiming records from 1 July 2010 to 30 June 2011. Payments at the new incentive rates will be paid to eligible GPs from August 2010.

Only MBS services provided using a provider number linked to a PIP practice will be counted towards the QSLs for the GP ACAI.

From 1 May 2010, as part of streamlining the MBS, the Comprehensive Medical Assessment item (712) and the case conference items (734, 736, 738, 775, 778 and 779) have been replaced by new MBS items. The new items are not specific to residents of Residential Aged Care Facilities and will not count towards the QSLs for the GP ACAI.

GPs must use one of the following eligible MBS item numbers: 20, 35, 43, 51, 92, 93, 95, 96, 731, 903, 5010, 5028, 5049, 5067, 5260, 5263, 5265, or 5267 from Group A1, A2, A15, A17, A22 or A23.

For more information about the PIP call 1800 222 032 between 8.30 am and 5.00 pm ACST, Monday to Friday or email [pip@medicareaustralia.gov.au](mailto:pip@medicareaustralia.gov.au)

# Lifestyle Modification Program (LMPs)



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## ONLINE QUESTIONNAIRE HELPS CHECK RISK OF TYPE 2 DIABETES

“Urging Tasmanians to take a simple test to determine their risk of type 2 diabetes”

The AUSDRISK tool is a simple questionnaire available online or through General Practice North West - to identify if a person has the risk factors associated with developing type 2 diabetes.

This questionnaire is a simple first step for people to at least rule out their potential risk for type 2 diabetes or to start dealing with their potential risk if the results indicate otherwise.

“The AUSDRISK questionnaire will identify areas associated with age, diet and lifestyle that may increase a person’s risk of developing the disease.

Studies conducted by the Baker IDI Heart and Diabetes Institute have found that, for every known case of diabetes, there is one undiagnosed case and they estimate that every day, over 270 people develop diabetes in Australia.

People with diabetes have a higher risk of developing heart disease, stroke, high blood pressure, circulation problems, lower limb amputations, nerve damage and damage to the kidneys and eyes. “But for many Australians, the tell-tale signs are not obvious and often this disease goes undetected before it becomes too late,” said by Dr Judith Watson (GP Tas).

“This is one of the key benefits to taking this AUSDRISK test – it has the potential to prevent people from developing type 2 diabetes”.

<http://www.agpn.com.au/programs/prevention-of-type-2-diabetes-program/get-a-new-lease-on-life/type-2-diabetes-risk-assessment>

### THE AUSTRALIAN TYPE 2 DIABETES RISK ASSESSMENT TOOL (AUSDRISK)

**1. Your age group**

Under 35 years  0 points  
 35 – 44 years  2 points  
 45 – 54 years  4 points  
 55 – 64 years  6 points  
 65 years or over  8 points

**2. Your gender**

Female  0 points  
 Male  3 points

**3. Your ethnicity/country of birth:**

**3a. Are you of Aboriginal, Torres Strait Islander, Pacific Islander or Maori descent?**

No  0 points  
 Yes  2 points

**3b. Where were you born?**

Australia  0 points  
 Asia (including the Indian sub-continent), Middle East, North Africa, Southern Europe  2 points  
 Other  0 points

**4. Have either of your parents, or any of your brothers or sisters been diagnosed with diabetes (type 1 or type 2)?**

No  0 points  
 Yes  3 points

**5. Have you ever been found to have high blood glucose (sugar) (for example, in a health examination, during an illness, during pregnancy)?**

No  0 points  
 Yes  6 points

**6. Are you currently taking medication for high blood pressure?**

No  0 points  
 Yes  2 points

**7. Do you currently smoke cigarettes or any other tobacco products on a daily basis?**

No  0 points  
 Yes  2 points

**8. How often do you eat vegetables or fruit?**

Everyday  0 points  
 Not everyday  1 point

**9. On average, would you say you do at least 2.5 hours of physical activity per week (for example, 30 minutes a day on 5 or more days a week)?**

Yes  0 points  
 No  2 points

**10. Your waist measurement taken below the ribs (usually at the level of the navel, and while standing)**

Waist measurements (cm)

For those of Asian or Aboriginal or Torres Strait Islander descent:

<b>Men</b>	<b>Women</b>	
Less than 90 cm	Less than 80 cm	<input type="checkbox"/> 0 points
90 – 100 cm	80 – 90 cm	<input type="checkbox"/> 4 points
More than 100 cm	More than 90 cm	<input type="checkbox"/> 7 points

For all others:

<b>Men</b>	<b>Women</b>	
Less than 102 cm	Less than 88 cm	<input type="checkbox"/> 0 points
102 – 110 cm	88 – 100 cm	<input type="checkbox"/> 4 points
More than 110 cm	More than 100 cm	<input type="checkbox"/> 7 points

Add up your points

**Your risk of developing type 2 diabetes within 5 years\***

**5 or less: Low risk**  
 Approximately one person in every 100 will develop type 2 diabetes.

**6 - 11: Intermediate risk**  
 For scores of 6-8, approximately one person in every 50 will develop diabetes. For scores of 9-11, approximately one person in every 30 will develop diabetes.

**12 or more: High risk**  
 For scores of 12-15, approximately one person in every 14 will develop diabetes. For scores of 16-19, approximately one person in every 7 will develop diabetes. For scores of 20 and above, approximately one person in every 3 will develop diabetes.

\* The overall score may overestimate the risk of diabetes in those aged less than 25 years.

**If you scored 6-11 points in the AUSDRISK you may be at increased risk of type 2 diabetes.**

Discuss your score and your individual risk with your doctor. Improving your lifestyle may help reduce your risk of developing type 2 diabetes.

If you scored 12 points or more in the AUSDRISK you may have undiagnosed type 2 diabetes or be at high risk of developing the disease.

See your doctor about having a fasting blood glucose test. Act now to prevent type 2 diabetes.

[www.newleaseoflife.com.au](http://www.newleaseoflife.com.au)

# Immunisation Program

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## CONGRATULATIONS

GPNW would like to thank and congratulate all 21 Practices that are registered for GPII. For the first time GPNW have all practices above the 90% immunisation rate. This was achieved after the May 2010 recalculation in August. Even though we have reached this outstanding achievement, practices need to remember to report to ACIR accurately and regularly. GPNW currently sit 12th out of 113 divisions nationwide with a rate of 91.9%. The report also shows that there is still room for improvement with 12 - < 18 mth and 48 - <84 mths age groups. Please continue the great work you have all been doing.

## TRAINING AND EDUCATION OPPORTUNITIES

General Online courses are available for immunisation. These courses, while not for certification as independent immunisers, can be used as professional development and are always of benefit especially to new staff.

**Course 1:** The education will be available until the end of the RACGP Triennium in 2010. To access visit; [www.thinkgp.com.au](http://www.thinkgp.com.au) and look for the childhood or adult Immunisation heading for individual modules.

**Course 2:** Online immunisation activities for Australian practice nurses are open to all practice nurses and health professionals free of charge.

You can register for free access to the course on the APNA website [www.apna.asn.au](http://www.apna.asn.au) and click on the online learning.

# Medicare

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## FORUM – SPRING EDITION

Keep up to date by reading the latest Medicare Forum. The Spring edition is now available, providing readers with current news on the following topics:

### Can I help you? With Dr Joanne Benson

Dr Benson shares her experiences with you on determining when to develop a GPMP and TCA. Two case studies are used; the first case where an allied health referral was appropriate and the second where it was not.

### HPOS Update

The benefits, New Services and Upcoming Services.

### PIP Updates

- Revised PIP Teaching Incentives Available
- PIP Aged Care Access Initiative – improving access to general practice and primary health care
- Rural Health Workforce Strategy Initiatives

### Helping you to 'get it right'

- New DVA Cards Issued - The Department of Veterans' Affairs (DVA) has issued new DVA cards. All DVA repatriation health care cards - gold, white and orange - will be supplied in a new format. Everyone with DVA entitlements should receive their card by September 2010.
- Changes for DVA mental health professionals
- Changes to Centrelink Carer Payment (child) and Carer Allowance (child)
- The CAPS has replaced the CAAS
- Disability Support Pension

### Medicare Australia's National Compliance Program

### National Compliance Program 2009-10 Achievements

### Audit Updates

### Good Record Keeping

To register for Forum online, go to [Register for Forum online](#)



# Nursing in General Practice Program (NiGPP)

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## MELBOURNE PRACTICE NURSE CLINICAL EDUCATION (PNCE) CONFERENCE

13th & 14th November, 2010 - Melbourne Convention & Exhibition Centre

The Melbourne PNCE, now in its fifth year, is run in association with the APNA and alongside the Melbourne GPCE. The conference program covers a wide range of both clinical and professional topics, allowing practice nurses to create a program which specifically meets their practice needs. The event also provides practice nurses with a forum in which they can network and discuss key issues affecting their profession with other practice nurses.

Run in conjunction with the General Practitioner Conference & Exhibition, the Melbourne PNCE, is unique allowing the differing members of the primary care team, including GPs, practice managers and practice nurses, to come together and move towards a more integrated approach to patient care and practice management.

## 2010 CONFERENCE REGISTRATION WILL BE AVAILABLE SHORTLY

Click here below download the 2010 Melbourne PNCE conference brochure.

<http://www.pnce.com.au/images/2010/pnce-melbourne-2010-brochure.pdf>

## NURSING & ALLIED HEALTH SCHOLARSHIP & SUPPORT SCHEME (NAHSSS) UPDATE

The Royal College of Nursing Australia (RCNA) has been appointed as administrator of nursing scholarships under the Dept of Health and Ageing NAHSSS program. Previously the Australian Practice Nurse Association (APNA) administered the Continuing Professional Development (CPD) category for Practice Nurses. Under the new arrangements, the nursing element of the scheme is administered in 4 streams, Undergraduate, Postgraduate, Clinical Placements and CPD. CPD for Practice nurses will fall under the CPD NAHSSS stream.

The scheme will invest more than \$100 million over four years to support undergraduate and postgraduate study, clinical placements and continuing professional development activities for nursing and allied health students and professionals.

The scholarships worth up to a total of \$1,500 per applicant for a one-year study period are intended to assist nurses in meeting the cost of their continuing professional development. This can include short courses, workshops and conferences.

Further information about the NAHSSS can be found at:

[www.health.gov.au/internet/main/publishing.nsf/Content/work-pr-nahsss](http://www.health.gov.au/internet/main/publishing.nsf/Content/work-pr-nahsss)

<http://www.rcna.org.au/scholarships/nahssscpd>

## APNA NATIONAL CONFERENCE 2011

Put the date in your diary NOW!

After the outstanding success of its first two conferences (The Right Stuff and Golden Opportunities), APNA will be holding a third, inspiring conference in 2011. The conference, 'Roadmap for the Future - great expectations' will feature renowned keynote speakers, interactive Masterclasses, extensive opportunities to network with practice nurses from around Australia, and much more. All topics and sessions have been designed to meet the needs of nurses working in general practice and primary health care. Learn and network over 2 1/2 exciting days.

When: Thursday 7th - Saturday 9th April 2011

Where: Hilton Hotel Sydney, 488 George Street, Sydney

More program information can be obtained from the conference website. Registration will be open soon - keep your eyes on the APNA e-News and website. For further information about the conference, please email [events@apna.asn.au](mailto:events@apna.asn.au)

# Nursing in General Practice Program Continued

## STRENGTHENING MULTIDISCIPLINARY HEALTH CARE THROUGH INNOVATIVE EDUCATION

ClinED brings an innovative array of online education activities to medical and allied health professionals. Satisfy your inquisitiveness and fulfill your continuing professional development goals with education from a range of health disciplines on ClinED.

ClinED activities are convenient, intellectually and visually engaging, and enjoyable. They are formally accredited with professional bodies (whenever appropriate), cost effective, evidence based, and peer reviewed.

Explore the health professionals' sections in the menu, link below and be inspired to expand your knowledge and skills. The benefits will be invaluable.

Click here <http://www.clined.com.au/activities/practice-nurses?page=1>

## ATTENTION ALL PRACTICE NURSES!

Practice nurses' roles and responsibilities in the care of well and sick children.

A national study is being conducted to identify practice nurses' changing role, specifically in the area of child health and wellbeing.

Outcomes from the study will identify the:

- 1) extent of practice nurses' involvement in this area
- 2) potential professional development opportunities to meet specific needs and interests, and
- 3) ways to overcome barriers to professional development

Dr. Anne Walsh, (Queensland University of Technology), and Associate Professor, Margaret Barnes, (University of the Sunshine Coast), are conducting the study funded by the Queensland Nurses Council. Ethical approval has been granted from the QUT HREC.

All nurses employed in Australian general practice settings are invited to participate by going to <https://survey.qut.edu.au/survey/169404/1913/> or emailing Anne at [am.walsh@qut.edu.au](mailto:am.walsh@qut.edu.au).

## APNA CPD PORTAL

The APNA CPD Portal (available soon) will allow APNA members to securely record, store and retrieve their Continuing Professional Development through a simple and accessible web portal.

It is designed to enable registered nurses to meet the CPD requirements under National Registration commencing July 1 2010.

The APNA CPD Portal will assist you to meet the National Registration CPD requirements through:

Allowing nurses to record their CPD activities;

- Viewing or printing your CPD record to demonstrate evidence of completion of a minimum of 20 hours of CPD per year;
- Develop and record learning plans based on identified learning needs, including adding learning goals; and
- Reflect on the value of the learning activities or the effect that participation will have on your practice.

APNA members will be able to see their accumulated CPD points whenever they are logged into the website, as well as update or view their CPD at any time please contact [education@apna.asn.au](mailto:education@apna.asn.au).

# Closing the Gap

Lee Seymour



lseymour@gpnw.com.au

## INDIGENOUS IDENTIFICATION – PRACTICE AND PATIENT BENEFITS

Research undertaken at GPNW has revealed that over 5% of the population of North-Western Tasmania identify as being of Aboriginal or Torres Strait Islander descent. This is substantially higher than the Tasmanian average of 3.5%, and over double the Australian average of 2.3%, meaning that a substantial amount of patients (and practices) can benefit from the new Closing The Gap (CTG) initiatives. The gateway to these benefits is through identifying your Indigenous patients and asking them “are you of Aboriginal or Torres Strait Islander origin?” This is the nationally recognized phrase for asking the question and can be used for all patients, whether they are new or visit your practice on a regular basis.

Registering for the Indigenous PIP:

- Identify the Indigenous patient
- Ask them to sign the relevant consent and registration forms (GPNW website)
- Conduct an Aboriginal Health Check (Item 715, \$196.65 benefit which is worth much more than even a level D consultation, and can be undertaken by practice nurse or GP)
- The above makes the patient eligible for 10 follow up services by a practice nurse or health worker (Item 10987, 22.70) and 5 allied health services visits (Item 81300-81360, \$50.05)
- Construct a GP management plan (optional) which then qualifies the patient for more services, more items that can be claimed and Tier level incentives that can be received
- Prescribe relevant scripts annotated with CTG (optional) which allows the patient to receive discounted or free medication from their pharmacist

The patient must be 15 years or older, identify as being of ATSI origin and must have or be at risk of having a chronic disease. The Practice must be accredited and PIP registered. One GP and one other staff member must undergo cultural awareness training.

### Cultural Awareness Training

Cultural awareness training is a requirement of signing on to the Indigenous Health PIP. One GP and one other staff member must undergo training within the first 12 months of signing on to the PIP. There are a number of options available.

RACGP are developing online modules that can be completed at practice staff’s leisure. Whilst these modules are not yet released, it is expected in the next couple of months. Alternatively and/or additionally GPNW can organise cultural education through local Aboriginal organisations which provides a more local view of Indigenous affairs and culture within Tasmania and the North West region.

GPNW’s “Closing The Gap – Improving Indigenous Access to Mainstream Primary Care” web page complete with information and resources is now up and running. This page can be accessed through [www.gpnw.com.au](http://www.gpnw.com.au). The page includes information, forms and other resources that can be used when participating in the Indigenous Health PIP.

Please contact Lee Seymour [lseymour@gpnw.com.au](mailto:lseymour@gpnw.com.au) for more information.

## ABOUT NPS POINTS, INCENTIVES AND QPI

All NPS educational and quality improvement activities qualify for continuing professional development (CPD) or qualify as an activity for the Quality Prescribing Initiative (QPI) of the Practice Incentives Program (PIP) (for general practices only). For more information about the points and incentives associated with some of our activities, select the relevant activity:

- [Clinical audits for GPs](#)
- [Pharmacy practice reviews](#)
- [Case studies](#)
- [NPS Facilitator visits](#)
- [Small group discussions.](#)

## QUALITY PRESCRIBING INITIATIVE (QPI) OF THE PRACTICE INCENTIVES PROGRAM (PIP)

Some of the NPS educational and quality improvement activities are eligible for inclusion in the Quality Prescribing Initiative (QPI) that is part of the Practice Incentives Program (PIP) for general practices.

**PIP** is an Australian government program which aims to recognise and reward general practices that provide comprehensive, quality care. The PIP incentive payments relate to activities completed by the practice that contribute to quality care, including better prescribing. Payments are dependent on general practice size, according to number of patients seen, rather than consultations performed. To participate, practices must register with Medicare Australia.

The **QPI** is one of the incentive programs of the PIP and aims to help practices keep up to date with [Quality Use of Medicines](#) (QUM) information. The QPI provides financial rewards to general practices for GP participation in a range of voluntary educational activities recognised or provided by NPS. Each activity is undertaken by individual GPs but payments are made based on practices meeting a minimum participation level in QPI activities.

NPS activities eligible for inclusion in the QPI are:

- [Practice visits by an NPS Facilitator](#) (Contact Rebekah at GPNW to discuss these)
- [Clinical audits](#)
- [Case studies](#)
- [Small group discussions](#)

NPS are not the sole provider of activities eligible for inclusion in the QPI. However, they approve all activities from other providers.

View a list of **recognised QPI activities**.

- [Recognised QPI activities for 2010-11](#)

For more information or to register your practice in PIP:

- download our [free brochure](#) about PIP and QPI
- download our [free QPI planner](#) that helps your practice plan the number of QPI activities needed for the QPI year
- visit the [Medicare Australia website](#) or
- call the PIP Enquiry Line on **1800 222 032** (free call).

# GPNW Upcoming Events

[contact@gpnw.com.au](mailto:contact@gpnw.com.au)

## PRACTICE NURSE NETWORKING MEETING

[Click Here for Flyer](#)

**When:** Tuesday 7th September  
**Venue:** GPNW - 11 Alexandra Rd, Ulverstone  
**Time:** 5.30pm - 8.00pm

For further information please contact Bronwyn McLaren 6425 0800 or email [bmclaren@gpnw.com.au](mailto:bmclaren@gpnw.com.au)

## TRIAGE TRAINING

For Administration/Reception Staff ([Click Here for Flyer](#))

**When:** Tuesday 21st Sept (Devonport) and Tuesday 28th Sept (Burnie) (Tentative date)  
**Venue:** Burnie and Devonport (TBC)  
**Time:** 6.30pm - 8.30pm

For further information please contact Bronwyn McLaren, Gaye Aitken or Rebekah Sheehen on 6425 0800 or email [bmclaren@gpnw.com.au](mailto:bmclaren@gpnw.com.au), [gaitken@gpnw.com.au](mailto:gaitken@gpnw.com.au) or [rsheehen@gpnw.com.au](mailto:rsheehen@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](mailto:bmclaren@gpnw.com.au)

## NORTH WEST AREA HEALTH SERVICES EDUCATION SESSION FOR GPs

**Topic:** Recent Advances with Hips, Knees & Shoulders Includes discussion on the North West Orthopaedic Service's new Early Intervention Scheme (EIS)  
**Speakers:** Mr Scott Fletcher - Director of Surgery  
Mr Russell Furzer - Director of Orthopaedics  
**When:** Tuesday 28th September, 2010  
**Venue:** NWAHS Meeting Room - Ulverstone, Cradle Coast Health Centre, 11 Alexandra Road  
**Time:** 6.30pm - 9.00pm  
**Contact:** Sharee Taylor on 6425 0800 or [staylor@gpnw.com.au](mailto:staylor@gpnw.com.au)  
**RSVP:** Wednesday 23rd September  
(Video-link available to Rosebery/Queenstown/Smithton/King Island)

# Upcoming Events

contact@gpnw.com.au

## COMPLIANCE IN MODERN CONTRACEPTION

 Schering-Plough Pty Ltd

**When:** Wednesday 22nd September 2010  
**Venue:** Wild Café and Restaurant, 87 Main road, Penguin, Tasmania 7316  
**Time:** 6.45pm - 9.30pm  
**Speaker:** Dr Kim Dobromilsky (Obstetrics and Gynaecology North West Regional Hospital Burnie)  
**RSVP:** Thursday 16th of September 2010, Contact Dorina Danci on 0439 901 482

## DO SOMETHING DIFFERENT FOR A CHANGE!

Short courses in Expedition Medicine

Learn how to respond to medical problems in a wilderness setting and develop skills to keep you functioning in extreme environments. Challenge yourself with realistic scenarios involving search and rescue and extrication. QA&CPD and PDP points and procedural training grant approved. These unique 8 day courses are only available in Tasmania.

**Next Course:** 20 – 27 November 2010

**Location:** Freycinet

**Theme:** Mountain medicine

Ph 03 62781551 or [www.gpnt.com.au](http://www.gpnt.com.au) Stretch yourself and have fun.

## COMMUNITY INFORMATION SESSIONS

### HEALTH DAY FOR SENIORS

Arthritis Tasmania- ways to live well with arthritis; Osteoporosis Tasmania- bone health; Glaucoma Australia Detection of glaucoma; and Geoff Squibb- eye health and vision

**Location:** Room 1, Devonport Community Health Centre

**Address:** 23 Steele St, Devonport

**Date:** 4th October 2010

**Time:** 12.15pm- 2:45pm

**Cost:** Gold coin donation



### LIVING WELL WITH ARTHRITIS... A SENIOR'S WEEK EVENT

What is arthritis? and Management strategies.

**Location:** Meeting room at Burnie Community Health Centre

**Address:** Jones St, Burnie

**Date:** 7th October 2010

**Time:** 1:30pm- 3:30pm

**Cost:** Gold coin donation

### BONE DENSITY TESTING – WEST COAST

**Location:** Zeehan Neighbourhood Centre, 8 Agnes St, Rosebery

**Date:** Wednesday 8th October 2010

**Time:** Appointments from 11:00am - 3.30pm

**Cost:** \$16.50 (inc GST)

**Bookings:** Phone Melissa at Zeehan Neighbourhood Centre on 6471 6108

# Other Information

[contact@gpnw.com.au](mailto:contact@gpnw.com.au)

## CHANGES TO NEWBORN SCREENING IN TASMANIA

As of October 1st 2010, newborn screening for all babies born in Tasmania will be provided through SA Pathology, and NOT the Victorian Clinical Genetics Service (VCGS).

If you/your practice is involved in taking heelpricks from neonates, including if you arrange recollection in the case of poor quality or failed primary screens, and if you have a stock of VCGS newborn screening cards, please contact SA Pathology ASAP to request replacement NBS cards, and make a note to discard any VCGS cards you may have on 30th September.

The contact details for SA Pathology are:

SA Neonatal Screening Laboratory

SA Pathology

Women's and Children's Hospital, Adelaide

Ph: 08 8161 7396

Fax: 08 8161 7100

Email: [CYWHSNeonatalLaboratory@health.sa.gov.au](mailto:CYWHSNeonatalLaboratory@health.sa.gov.au)

## NEW CLINICAL AND HEALTH PSYCHOLOGIST

Heather Bridgman, Clinical and Health Psychologist has recently started full time with the Diabetes Service at Devonport Community Health Centre and the NW Regional Hospital. Heather is available to see children, adolescents and adults with Type 1 and complex Type 2 diabetes presentations.

Heather has a Doctorate in Clinical and Health Psychology from the University of Newcastle and in her previous role she worked for GP Access (formerly the Hunter Urban Division of General Practice) providing psychological services under BOMH, Medicare and in Aged Care. Heather is looking forward to creating links and supporting General Practitioners and Diabetes Nurse Educators in the psychological care and management of their complex diabetes patients.

[Click here for the Referral Process](#)

[Click here for the Referral Template](#)

## ORAL HEALTH SERVICES (OHS)

OHS have improved access to dental services for people with chronic conditions on their waiting lists; as there has been some confusion with their clients in the North-west and North of the State with clients feeling they are getting 'the run-around'.

OHS would like to advise the following:

1. Our client receives OHS letter advising that they may be eligible for dental care under the Medicare Chronic Disease Dental Scheme (letter details that not all are eligible for GPMP, TCA and CDSS and OHS recognise that this is not always a simple process).
2. Client goes to GP to discuss options.
3. The GP completes the Referral on the Medicare website to a participating private dentist (for those with GPMP etc).
4. The client will need to access their dental care through the private sector not through the public sector.

[Click Here](#) for a list of dentists in each region who have said they participate in the Chronic Disease Dental Scheme.

[Click Here](#) for the letter sent by OHS to clients on their waiting lists explaining the CDDS, eligibility and encouraging them to talk to their GP about referral and care plans.

## Other Information Continued

### ALCOHOL AND DRUG SERVICES (ADS)

Alcohol and Drug Services have updated their Referral, [click here to view](#).

### DEMENTIA BEHAVIOUR MANAGEMENT ADVISORY SERVICE (DBMAS)

DBMAS Referral Form has been modified and simplified for your and our convenience, could you please use this form for all future DBMAS Client Referrals and discard any previous DBMAS referral forms.

[Click here for the new referral](#)



### HEALTH ASSESSMENTS

Care Assess is a private organisation conducting Health Assessments on behalf of GP's statewide with the aim to improve all aspects of healthcare for the over 75's.

Benefits to GP's are:

- Assessments organised by Care Assess and reports returned directly to the surgery.
- Our highly professional nurses can be the 'eyes and ears' of the GP within the patient's home and in the Aged Care Facility.
- Referrals identified as part of the assessment and activated for example :
  - OT assessment
  - Tas Fire Service
  - Veterans Home Care
  - HACC Home Care and gardening
  - Home Independence Program
- No "on-costs" for GP's. Our charge is 50% of Medicare costs.

If you would like more information regarding Annual Health Assessments and the benefits to GP's please contact Judy Jago, Program Coordinator on (03) 6244 7700 or click on the link [www.careassess.com.au](http://www.careassess.com.au)

### ORGAN AND TISSUE DONATION

Research reports show that the Australian general public "...would turn to either their doctor or a hospital when looking for information on organ and tissue donation....

Similarly, waiting rooms of hospitals or doctor's surgeries were also seen as places

where information could be found out about organ donation..." Possession of a greater understanding of organ donation both conceptually and practically would facilitate the GP and practice staff having an influence in the process by encouraging patients to discuss their wishes and decide on end-of-life care. In particular, GPs need to be aware of some of the concerns that may affect public thinking and the decisions made by patients. It is important that GPs are confident and competent in being able to discuss these issues in the consulting room as and when they arise.

In Australia family members can – and sometimes do – override the wishes of the possible donor by refusing permission for removal of organs. The GP could encourage people to think seriously about organ donation. This would help family members faced with difficult decisions to be better prepared. It may also help young people to discuss their own wishes with their families and to be quite clear about what these wishes are.

Families are more likely to consent to donation when they know their loved one's donation wishes. By encouraging discussion about organ and tissue donation, it is likely that the donation rate will increase and people's donation wishes will be upheld.

Further information regarding organ donation is available from DonateLife Tasmania by phoning 6270 2209 or by visiting [www.donatelife.gov.au](http://www.donatelife.gov.au)



## Other Information Continued



### **PREGNANCY, BIRTH AND BABY HELPLINE**

#### **Who is the helpline for?**

The Pregnancy, Birth & Baby Helpline aims to support Australian women, their partners and families from the point of conception through to a child's first birthday. While women of all ages are expected to be the primary users of the service, the helpline is also a valuable resource for men, parents and siblings who need information, help or advice on how to support their loved ones.

#### **What services will the helpline provide?**

The helpline assists women, their partners and families with a very broad range of issues relating to pregnancy, birth and the first 12 months of life.

Callers can access information and support on:

- Conception and pregnancy - including how women can care for themselves and their baby during pregnancy and what kinds of services they may need or benefit from
- Pregnancy options – including available supports for young women or sole parents raising a baby and non-directive counseling on pregnancy options
- Birth options – including midwifery and birth place options
- Breastfeeding – including breastfeeding tips and ways to solve common problems
- Ante and postnatal anxiety – including how to deal with stress and fears linked to pregnancy or new life as a parent
- Grief due to the loss of a baby – during pregnancy, birth or within the first 12 months of a baby's life
- Early childhood development – including sleeping and feeding patterns and healthy neonatal development
- Postbirth parental health – including how to look after yourself after giving birth

The helpline gives women, their partners and families somewhere to turn for immediate, reliable information and non-directive, non-judgmental counseling on the full spectrum of pregnancy and perinatal issues.

#### **How can people access the helpline?**

The freecall service is available 24 hours a day, seven days a week by calling 1800 882 436. Women and families can also access up to date information and resources online by visiting [www.healthdirect.org.au/pbb](http://www.healthdirect.org.au/pbb).

Callers from across Australia can access the helpline, including those in regional and rural Australia.

Callers from culturally and linguistically diverse groups and people with disability can access the helpline through the Translating and Interpreting Service and the National Relay Service. These services ensure that all women, their partners and families can access the helpline when they need it.

Pregnancy, Birth and Baby Helpline has specialist customer service representatives who are trained to provide women, their partners and families with high-quality information, and to redirect them to other services if appropriate.

### **Pregnancy, Birth and Baby Helpline 1800 882 436**

#### **Disclaimer:**

General Practice North West makes this material available on the understanding that users exercise their own skill and care with respect to its use. Before relying on the material in any important matter users should carefully evaluate the accuracy completeness and relevance of the information for their purposes and should obtain appropriate professional advice relevant to their particular circumstances. The material may include views or recommendations of third parties which do not necessarily reflect the views of General Practice North West or indicate its commitment to a particular course of action.

## GENERAL PRACTICE NORTH WEST

*gazette*



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