



ISSUE

24

NOVEMBER
2010



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MEMBERSHIP CHANGES FOR GPNW

A landmark change to membership was achieved at a Special General Meeting held on 13th October. Proposed changes to the Constitution were passed unanimously.

In addition to GPs and GP Registrars, GPNW Membership is now also open to:

- **Nationally registered primary health care professionals** who work in close clinical association with a General Practice in the Region;
- **Practice Managers** of any General Practice in the Region; and
- **Students studying full time for any nationally registered primary health care profession** who reside in the Region.

To join GPNW and become a member, simply complete the Membership Application located on our website at www.gpnw.com.au, and send to Karen Kelly kkelly@gpnw.com.au.

To check if you are already a member, go to www.gpnw.com.au/membership.html and follow the links.

DON'T FORGET THE GPNW AGM IS THIS WEEK

The GPNW Annual General Meeting will be held on Wednesday, 24th November 2010, in the Board Room at the Ulverstone GPNW Office (First Floor, 11 Alexandra Road, Ulverstone).

The Meeting starts 7.00pm sharp, with Light Refreshments served from 6.30pm.

Non-members are welcome to attend as observers.

If you wish to attend RSVP by COB Tuesday, 23rd November 2010

Free-fax: 1800 671 359 or
Phone: 6425 0800
Email: kkelly@gpnw.com.au

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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. 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 who can 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.

The services are provided from a number of program areas within GPNW including e-health, practice support, nursing in general practice & immunisation.

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.

GPNW Updates

contact@gpnw.com.au



FAREWELL BRONTE BEAUMONT

Bronte has worked with GPNW for 2½ years, firstly in administration/reception and more recently as a program support officer.

Bronte’s many skills include the design and production of the newsletters, flyers, brochures and many other GPNW publications that you all would have come across at some stage.

Her work ethic and broad skills will be missed at the organisation.

Good luck Bronte in new ventures and business opportunities on the NW Coast.

SUPPORTING MOVEMBER

Three of our GPNW staff are officially supporting the growing club of modern gentlemen who believe in the virtues of fine moustachery, immaculate grooming and growing a moustache for movember.

If you would like to make an online donation to the GP Tasmania team you can go to http://au.movember.com/donate/your-details/team_id/89226/



NEW REFERRAL TEMPLATES TO GPNW DIABETES & MENTAL HEALTH CLINICAL SERVICES

Please update your clinical software now

Templates are available for Medical Director, Best Practice & MedTech32, located on GPNW website www.gpnw.com.au

For further assistance please contact GPNW on 6425 0800

NEW - DIETETIC SERVICE FOR THE NORTH WEST

GPNW along with Diabetes Tasmania, are pleased to announce that in 2011 a Registered Practicing Dietitian will commence clinics for individual consultations within the North West region. These clinics will commence at the end of January 2011.

The Dietitian will be available three days per month across the region, and will provide nutrition advice and support for patients who have one or more of the below conditions, listed in the referral criteria;

Referral criteria will be:

- Assessed as high risk of Diabetes
- Prediabetes
- Type 2 Diabetes
- Type 1 Diabetes
- Stage 2 & 3 Renal Disease
- PCOS (Polycystic Ovarian Syndrome)
- Other chronic conditions commonly associated with Diabetes – overweight, obesity, cardiovascular disease and coeliac disease.

Referral:

Referral will include a Chronic Disease Management Plan (CDMP), as well as a GPNW Dietitian Referral form. (This referral form will be available shortly). GPNW will receive referrals for this service via fax or referral net.

GPNW CLINICAL SERVICE WAITING TIME

4 - 6 weeks depending on location

eHealth Updates

Gary Walker/Andrew Jordan

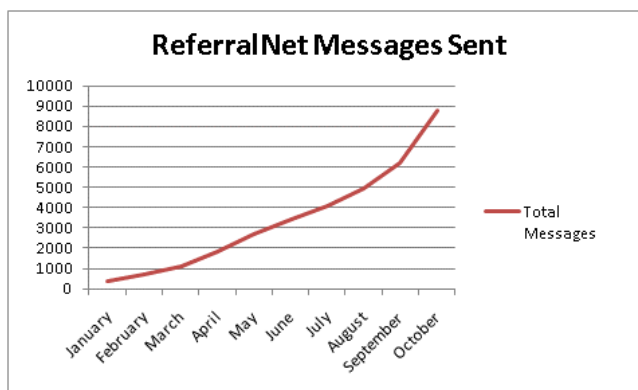
gwalker@gpnw.com.au/ajordan@gpnw.com.au

REFERRALNET/TAS EHEALTH MESSAGING UPDATE



ReferralNet message volumes in the past 3 months have increased by over 4 times, from around 800 messages per month to over 2500!! North West message volumes account for almost 1000 of these messages, with some practices receiving over 100 messages. If you would like to know how many ReferralNet messages your practice has received, please contact Gary and he will provide you with the numbers.

Delays with Medicare issuing PKI certificates have prevented the installation of any new specialists and allied health during October (some allied health providers have been waiting over 2 months), but there are over 50 specialists in the state already using ReferralNet. For a full list of specialists, allied health professionals and GPs go



to the Tas eHealth website - http://www.tasehealth.com.au/page/Resources/News/Whos_Connected/

ReferralNet is installed at around 90% of practices in the North West, and over 350 GPs state-wide can now receive ReferralNet messages. Since January, almost 9000 messages have been sent through ReferralNet, which means 9000 letters did not need to be scanned and attached to a patient record by practice administration staff!

Some specialists are now asking that GPs send their referral letters via ReferralNet. If you need help or a refresher, or if you are not currently set up to send ReferralNet letters, please contact Gary at GPNW on 6425 0800 or email gwalker@gpnw.com.au.

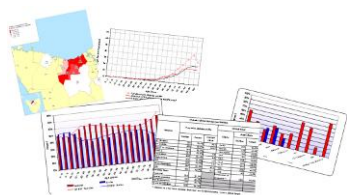
INFORMATION MANAGEMENT TOOLS AND ASSISTANCE

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 or Andrew Jordan at ajordan@gpnw.com.au.

eHealth Updates cont....

PEN CLINICAL AUDIT TOOL

PEN's Clinical Audit Tool has just released a new update v2-10

Best Practice Software - Full CAT compatibility Billing

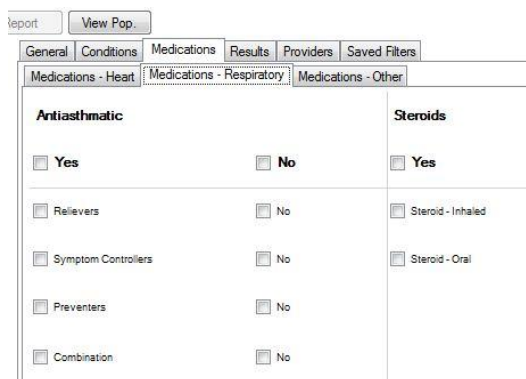
Beginning with CAT v2-10, and continuing with future releases of CAT, Best Practice Software users will receive full CAT compatibility at the time of release.

This will also include the extraction of billing data for Best Practice users who also run Best Practice Management.

Also new in this update is the Asthma Medication Groups, which have been added to include:

Relievers
Symptom Controllers
Preventers

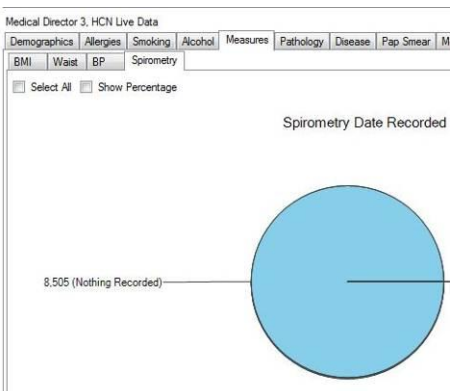
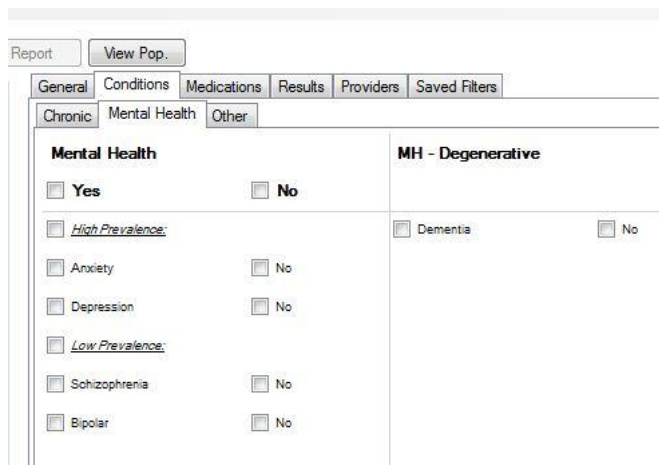
Combination
Oral Steroids
New Filters



Medications Respiratory - Respiratory medications have been moved to their own 'sub-tab' and new Asthma medications have been added

Medications - Mental Health - Mental Health medications that have been provided in the medications graph and MH Summary Report Card have been added to the Medications filter under the "Medications - Other" sub-tab.

Conditions - Mental Health - Mental Health conditions that have been provided in the MH Summary Report Card have been added to the Conditions filter under a new 'Mental Health' sub tab. The MH conditions are grouped into high prevalence, low prevalence, degenerative and developmental in line with the report.



New Graphs

Spirometry - A spirometry graph has been added under the 'Measures' tab. This will provide additional information for COPD patients as highlighted in the APCC Report (COPD-009).

For further information contact GPNW e-health@gpnw.com.au or phone the e-health team on 64250800.

eHealth Updates cont...

DISASTER RECOVERY - WHY WE NEED TO WORRY – GPNW EXPERIENCE

As an IT professional I am always telling people about the importance of disaster recovery. Like most people I never thought it would happen. But three weeks into my new job at GPNW disaster did strike.

On the Tuesday of my third week I came to work as normal. I was early and reception was just starting up, the first hint of trouble was the computers wouldn't log on, and the phones weren't working, ok, so I went to check the server room.

My first thought as I walked in was, why is it so quiet? And then why is the carpet wet? I then saw what made my blood run cold, a silent server rack containing thousands of dollars worth of equipment with rain water still dripping off everything.

Over night with the severe storms, water had flooded in from the manhole cover in the ceiling, dumping water down onto the servers, phone system and other sensitive IT equipment.

Above the manhole was an access hatch to the roof of the building. This had not been latched properly by a workman a couple of weeks before, not a problem; until the strong storm winds blew the hatch open so that the rain could come in straight down into the server room.

We were fortunate that the power tripped out before more serious damage could be done.

However we were still in a pretty serious situation, we couldn't turn anything on because all the equipment was full of water and we had to asses. As a business we were dead in the water, we couldn't do anything. We couldn't communicate except by mobile phone. Without computers running there were no files to work on, no appointments to see and no way to record any information.

Our IT providers were able to save most of the equipment but not everything. Time was now the critical thing, we lost a day and a half of work before the network could function and that was a high cost in terms of lost work hours.

So what could we have done to prevent this from happening? The short answer is nothing. There was no way to anticipate that the set of circumstances that led to that particular event. Firstly we were not even aware that there was a hatch to the roof or that it needed latching and what were the odds that the wind could blow it open and dump that much water? and in a new building less than six months old.

The lesson here, expect the unexpected.

What can we do to stop it happening again? Not much apart from making sure that anybody using that roof hatch closes it properly when ever they go onto the roof.

We now have a visitor contractor sign in log.

Other than that it can't be guaranteed that there won't be an event that could shut us down again. For instance it can't be guaranteed that a car accident won't take out the power pole that feeds the building, or a weather event won't disrupt power for a day or two.

In the age of climate change there are no guarantees that storm or flood won't cause disruption to our power supplies or worse cause damage to premises. Insurance will cover the physical damage but not the lost time. There are other threats to a practice that include fire and theft or sabotage.

What do you do if someone steals your server or the building burns down?

Do you have a backup of your data off site? While that protects the data, it does not cover the loss of premises or equipment.

How do you set up a temporary practice somewhere else within a day or so?

These are all questions that can be addressed by a disaster recovery plan.

So what can we do? The best thing to do is have a disaster recovery plan in place that fits the needs of your practice and can be implemented immediately so that you can keep working until the computers are back online or the building repaired.

It is tempting to think that will never happen to us or what are the chances. Well I used to think not much, not any more.

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

What is the Quality Prescribing Initiative (QPI)?

- The QPI is one of the incentive programs of the PIP and aims to assist practices keep up to date with information on QUM.
- The QPI provides financial rewards to practices for GP participation in a range of voluntary educational activities recognised or provided by the NPS.
- Each activity is undertaken by individual GPs but payments are made based on practices meeting a minimum participation level in QPI activities.

What are the QPI activity requirements?

- On average, a practice is required to complete at least three activities per FTE GP in the QPI calculation period 1 May–30 April. One of every three activities completed must be a clinical audit coordinated or recognised by NPS.
- Individual GPs within the practice may undertake more or less activities, as long as the **practice** completes the total number of activities required.
- GPs are required to provide their name, contact details, provider and prescriber numbers on all activity forms. This information is kept confidential by the NPS.
- Practices receive PIP Payment Statements quarterly from Medicare Australia, which provide an estimate of the number of activities that will be required. In the November statement, the confirmed number of activities is shown.
- **A practice can establish their activity requirements by contacting Medicare Australia on 1800 222 032.**

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.

Go to the NPS website www.nps.org.au for information on:

- NPS publications
- upcoming QPI activities and events
- Frequently Asked Questions about the QPI and the PIP.

To discuss upcoming programs or to arrange a practice visit by GPNW NPS Facilitator, Dr Alison Tasker, please contact Rebekah at GPNW on 6425 0800 or email rsheahen@gpnw.com.au

Medical Software

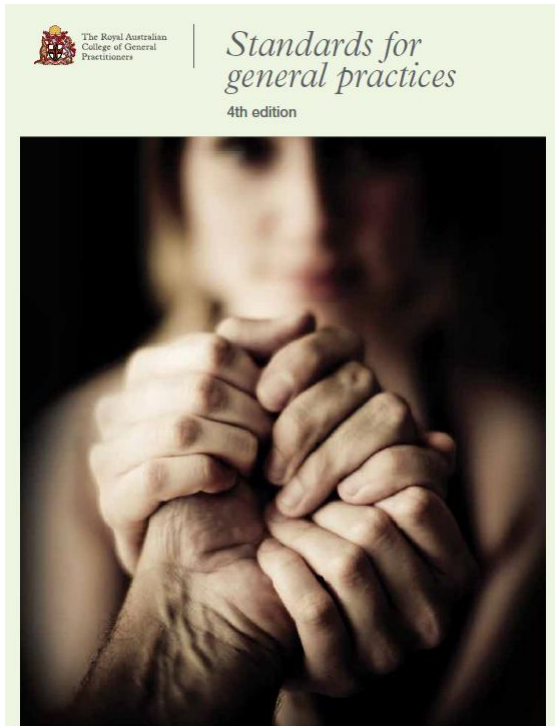


Rebekah Sheahen

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.

RACGP STANDARDS FOR GENERAL PRACTICE 4TH EDITION



Transition to 4th edition Standards

The RACGP *Standards for general practices* (4th edition) were officially launched at GP10 – the RACGP annual conference - in October 2010.

For practices wishing to become accredited against the RACGP *Standards*, there will be a period of grace in the changeover from the 3rd to the 4th edition. This transition period will allow general practices to become familiar with the 4th edition *Standards*, update practice systems and purchase new equipment as required. It will also provide time for accreditation agencies to update their evaluation systems and train surveyors in the new requirements of the 4th edition *Standards*.

Later in 2010, the RACGP will release a new *Patient feedback guide: Learning from our patients*. This guide will be an essential resource for meeting new 4th edition indicators on patient feedback.

Practices due for accreditation in the first half of 2011, can choose to be assessed against either the 3rd edition or the 4th edition of the RACGP *Standards for general*

practices. It is anticipated that in the second half of 2011, practices will need to be assessed against the 4th edition *Standards*. The RACGP and accreditation agencies will advise practices of the exact changeover date in due course.

When will the 4th edition RACGP Standards be available?

A free downloadable PDF version of the [RACGP Standards for general practices \(4th edition\)](#) is now available.

A free web version with interactive links will be available mid November 2010

Hard copies will be available mid December 2010 at a cost of \$45 for members and \$60 for non-members. [Pre-order a hard copy of the RACGP Standards for general practices \(4th edition\)](#)

What's different about the 4th edition Standards?

A [summary of the key changes](#) between the 3rd and 4th editions of the RACGP *Standards for general practices* is available.

Information sessions for general practices and surveyors

The RACGP will be offering free webinars twice weekly in November 2010 to provide information about new features of the 4th edition *Standards*. Click on the following link to [See the schedule of sessions](#).

The RACGP Standards for General Practice 4th Edition can also be accessed via the GPNW website <http://www.gpnw.com.au/practice-manager.html#resources>

RACGP cont....

GPNW TO HOST RACGP FELLOWSHIP EXAM 2011.1 - WRITTEN COMPONENT

GPNW are equipped to be a supervised assessment centre for the RACGP Exam 2011.1 Written Component.

Location: General Practice North West, Level 1, 11 Alexandra Road, Ulverstone.

Date: Saturday 5th March 2011

Please note: being accepted as a supervised assessment centre is subject to RACGP National approval.

GPs must nominate Ulverstone during the registration process; otherwise they will have to travel to Hobart or interstate.

The names of the GP supervisors are listed below, one will supervise the morning session, and the other GP will do the afternoon session.

Dr Bekithemba Bulle
North West Medical Centre
Suite 1, 21 Brickport Road
Burnie
(03) 6432 1799

Dr Satish Kumar
Ulverstone Medical Services
39 Victoria Street
Ulverstone
(03) 6425 2900

If candidates have any questions regarding their exam they must contact the relevant body i.e. RACGP or GPTT; however if they have a query regarding the information contained in this article please contact Gaye Aitken gaitken@gpnw.com.au or phone 6425 0800.

Can you please pass this information onto any other GP or GP Registrar you know who maybe sitting the exam as well.

Immunisation Program

Bronwyn McLaren

bmclaren@gpnw.com.au

CHAIN OF PROTECTION - IMMUNISATION WEBSITE

The internet is becoming more important every day in many spheres of our lives.

Immunisation websites such as <http://www.chainofprotection.org> provide the latest interactive social media information on immunisation in Australia.

The website can be used by both health professionals and the general public to assist with gathering factual information about immunisation.

Information on the website is divided into three headings;

Learn

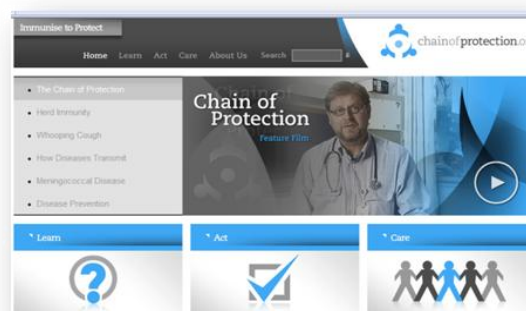
- Learn about immunisation and why it is important
 - ✓ Fact sheets
 - ✓ Useful links
 - ✓ Vaccination information

Act

- What should everyone do?
- What is the immunisation register?
- What is on the immunisation schedule?

Care

- Care for those around. Tell them about immunisation and ask them to care for their friends and families by learning or acting on vaccination



Immunisation Program cont....

PANVAX® PROGRAMME COMPLETION – 16 DECEMBER 2010



Tasmania

The Panvax® Programme will end on 16 December, 2010. No further stock of Panvax® H1N1 will be available to order after the 3 December 2010.

Adult Panvax® Expiry

The Panvax® stock that you currently have in your vaccine refrigerators will probably have an expiry date of 31 October 2010. This vaccine should be disposed of and reported to CDPU, in the usual manner, at that time.

Adult Immunisation

The Department of Health and Human Services has placed a further order for Panvax® with an expiry date of mid-December and you can continue to vaccinate people who have not, as yet, been immunised against the H1N1 09 virus.

Junior Panvax® Expiry

Stocks of Panvax Junior® should have already been removed from your vaccine fridge as the expiry date has been reduced due to a decline in potency of the vaccine. If you still have any Junior Panvax® in stock, please dispose of this vaccine and report to CDPU in the usual manner. There will be no more supplies of Junior Panvax®.

Junior Immunisation (<10 years of age)

You can continue to vaccinate all children (6 months to less than 10 years of age) by giving 2 doses of Panvax®, from the multi dose vial, at least twenty eight days apart.

- Children aged 6 months to 35 months: 2 x 0.25 ml per dose
- Children aged 3 - < 10 years: 2 x 0.5ml per dose

Important (Junior Immunisation): As the vaccine has an Expiry Date of 16/12/2010 – children who are receiving Panvax® vaccine for the first time must be given the first dose on or before 18/11/2010 and second dose must be given on or before 16/12/2010.

Seasonal Flu vaccine

The age appropriate dose of either Vaxigrip® or Inluvac® seasonal influenza vaccines can also be used in children 6 months of age to less than 5 years.

Any seasonal influenza vaccine can be given to children aged between 5 and 10 years of age.

Prior to vaccination with seasonal influenza vaccine, please discuss with the parent the benefits of influenza vaccine, and the risk of febrile convulsion in children under five years of age.

Nursing in General Practice Program (NiGP)

Bronwyn McLaren

bmclaren@gpnw.com.au

APNA BEST PRACTICE NURSE AWARDS 2010

The Australian Practice Nurses Association is proud to announce that nominations for the 2010 APNA Best Practice Nurse Awards ARE NOW OPEN!

In 2010 five awards are on offer, with prizes of \$5,000 for each winner to use in enhancing their continuing professional development.

Click here for further information:

<http://www.apna.asn.au/scripts/cgiip.exe/WService=APNA/ccms.r?PagelD=11149>

APNA MEMBERSHIP

Offer Ends 30 November

Click here for

http://www.apna.asn.au/lib/pdf/Membership/Promotions/USB_Promotional_flyer.pdf

ATTENTION GPs & PRACTICE NURSES

ACTIVE LEARNING MODULE NOW AVAILABLE!

PREVENTION OF TYPE 2 DIABETES: IDENTIFICATION AND MANAGEMENT OF HIGH RISK PATIENTS

The program is a six hour Active Learning Module (ALM) which has been developed by AGPN for the Prevention of Type 2 Diabetes program and is now available as an on-line course. Participants are guided through an interactive learning environment that features video, audio and variety of interactive components and activities. Participants can log on/off at any time and their position will be saved, allowing them to put their new skills into practice between sessions. The ALM is divided into 3 modules:

Module 1

- Importance of diabetes prevention
- Prevalence and the epidemiology of type 2 diabetes
- Lifestyle risk factors including the role of nutrition and physical activity
- Evidence base for prevention

Module 2

- Practice systems for patient identification
- AUSDRISK screening tool
- Medicare items and eligibility for lifestyle modification programs
- Relevant policy and funding for program
- Lifestyle Modification Programs. What they are and what they involve
- Overcoming challenges with reluctant patients
- Treatment planning during support and implementation of the program
- Overcoming barriers to practice implementation

Module 3

- Motivational interviewing to engage patients to attend a lifestyle modification program
- Ongoing monitoring and follow up required by the GP during and following referral

Participants are required to complete six hours education in total or alternatively complete one module at a time, approximately two hours each.

The package can be accessed via: <http://t2dm.agpntraining.com>

This ALM is approved for category 1 and category 2 RACGP points as well as ACRRM. Nurses will also be able to claim points.

For more information and an online clinical education guide please contact Sharee Taylor.

Close the Gap

Lee Seymour

lseymour@gpnw.com.au

CTG "CLOSING THE GAP" CO-PAYMENT MEASURES IN MEDICAL DIRECTOR 3

The PBS "Closing the Gap" co-payment measure has been developed to provide assistance to eligible Aboriginal and Torres Strait Islander patients to improve access to PBS medicines through co-payment relief. Practices wanting to participate in the PBS co-payment measure must register by completing the PIP Indigenous Health Incentive form on our website.

Medical Director 3.11.7 update was released in late September 2010. It is either delivered to your desktop via HCN Automatic Update or can be downloaded from [www.hcn.com.au/Support & Downloads/Downloads](http://www.hcn.com.au/Support%20&%20Downloads/Downloads)

To set up the CTG Copayment Measure inside Medical Director:

The screenshot shows the 'Options' dialog box with the 'Practice' tab selected. Under the 'Government programs' section, the checkbox 'Participates in the CTG PBS Co-Payment measure' is checked. A red arrow points to this checkbox.

1. Indicate whether your practice participates in the program via Tools > Options > Practice tab by ticking the box *Participation in the CTG Co-Payment measure*.

2. Indicate whether a patient is eligible for the CTG assistance from within the patient's record via Patient > Details by ticking box *Registered for CTG Copayment relief* (ATSI status must be recorded as either *Aboriginal*, or *Aboriginal and TSI*, or *Torres Strait Islander*)

The screenshot shows the 'Patient details' dialog box. Under the 'ATSI' section, the checkbox 'Registered for CTG Co-Payment relief' is checked. A red arrow points to this checkbox.

Dr. A. Practitioner
13 Best St.,
Pill Land. 5000
2173711 Phone: 02 9908 4888
4133 40027 1/5

3. Once the script is printed the CTG number will be generated to the right of the patient's name and address on the script.

Mr David Anderson
61 Wallace St,
Melbourne. 3000
30/09/2010
X

CTG02M

Script No.: 039255770489
VENTOLIN CFC-FREE INHALER
100mcg/dose
2 puffs b.d.
Qty. 2*200 dose 5 repeats.
1 item.

For more information call Alex Dolezal, IM/IT Project Officer, Central Sydney GP Network on 02 9799 0933

THE PBS CTG CO-PAYMENT SCHEME – POTENTIAL FOR PATIENT SAVINGS



Practices who sign on to the PIP Indigenous Health Incentive can prescribe scripts for Aboriginal patients that offer large savings on the price of medication. Under the scheme a doctor can prescribe medication for any Aboriginal patient who has or is at risk of a chronic disease, which then can be dispensed at any pharmacy in the region. A patient who is currently paying the full rate for medication will receive it at a concession rate, and those that are currently paying the concession rate will receive the medication at no cost, bar any small brand name fees. Generic brand medications therefore will be completely free of cost to any Indigenous patient under the scheme.

Patient Demand for the CTG Co-Payment

As more Aboriginal organisations, their clients and other Aboriginal persons become aware of this scheme; patient demand for these services will continue to increase. Indeed many practices in the region have been asked about this service, and many pharmacists are now starting to see these scripts in their pharmacies. Aboriginal patients where they are able will travel for these scripts, so making this service available for your local Aboriginal patients is crucial. The North West contains the highest Aboriginal population in the state, making it a key area where patients can considerably benefit from these savings. You may find that many of your patients have not actively identified as Aboriginal as they have seen no need to. These new potential savings make identifying your Aboriginal patients important, as they stand to benefit considerably.

Pharmacies and the CTG Co-Payment

GPNW has recently contracted a local pharmacist to work with pharmacies around education of pharmacy staff concerning the CTG Co-Payment scripts. **Please advise Lee Seymour at GPNW if any CTG scripts you are prescribing are being rejected by pharmacies, as we may be able to assist in rectifying these issues.**

CLOSE THE GAP (CTG) PBS CO-PAYMENT MEASURE

This measure has been designed to assist eligible Aboriginal Australian patients by making PBS medications more accessible via a co-payment relief system and will commence on 1 July 2010.

How do I register?

Practices are required to fill in the 'PIP Indigenous Health Incentive' form which can be downloaded from the Medicare Australia website www.medicare.com.au.

Patient Registration

Aboriginal patients who attend a registered practice with chronic disease or risk factors can have their practitioner complete the 'Patient Consent and Registration' forms. The patient is required to tick a box on this form indicating that they understand and consent to participate in the CTG PBS co-payment measure. www.medicare.com.au to download this form from the Medicare Australia website. These templates will be made available in Best Practice in the near future.

Patient Eligibility

To make a patient eligible for the CTG PBS copayment measure in Best

Practice tick the 'Registered for CTG PBS co-payment relief' checkbox in that patient's demographic details. This tick box will be available in Best Practice version 1.7.1.516 and above.

More Information

For more information please contact Lee Seymour on 64250800 or

lseymour@gpnw.com.au

Upcoming Events & Other Information

contact@gpnw.com.au

WILL YOU RECOGNIZE YOUR HEART ATTACK?

Please join us to hear more about The Heart Foundations Warning Signs Social Marketing Campaign To be launched in February 2011

When: Monday 29th November 2011
Time: 2.00pm, Refreshments will be served
Venue: The Conference Room, North West Regional Hospital
RSVP: Monday 22 November 2010
Contact: Priya on 6220 2213 or email Priya.Dubey@heartfoundation.org.au



AUSTRALIAN COLLABORATION

FETAL ALCOHOL SYNDROME DISORDERS:

DEVELOPMENT OF A SCREENING AND DIAGNOSTIC INSTRUMENT FOR AUSTRALIA (FASD PROJECT)

Details on the project can be found at www.ichr.uwa.edu.au/fasdproject

If you would like further information on the *FASD Project* please contact the FASD Project Manager, Ms Heather Jones via phone 08 9489 7724 or email hjones@ichr.uwa.edu.au

GENETICS SERVICES IN THE NORTH WEST

The Tasmanian Clinical Genetics Service operates Genetics Clinics at the North West Regional Hospital – Burnie campus.

The Genetics Clinic provides diagnosis, medical management advice, counselling and support for individuals and families with a wide range of genetic conditions including:

- Babies with birth defects
- Undiagnosed intellectual disability
- Chromosome disorders
- Familial neurological and muscle disorders
- Skeletal and connective tissue disorders
- Metabolic disorders
- Familial Cancer syndromes (eg breast/ovarian cancer, bowel cancer)

Pregnancy related services include:

- Counselling and carrier testing to clarify risk of genetic conditions
- Prenatal diagnosis for various genetic conditions
- Counselling regarding genetic issues of infertility and in-vitro fertilization
- Counselling regarding screening tests before or during pregnancy
- Diagnosis and counselling when a birth defect is detected during pregnancy

Referrals to the TCGS should be addressed to Dr David Amor, and forwarded directly to the Tasmanian Clinical Genetics Service, C/o Royal Hobart Hospital, GPO Box 1061, Hobart 7001, or faxed to 6222 7961. Please do not fax or send referrals directly to specialist clinics at the North West Regional Hospital.

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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