

QUARTERLY NEWSLETTER FOR PRACTICE STAFF | AUGUST 2011 ISSUE 12

## Winner of the Illawarra & South Coast Business Award in the category Outstanding Pharmacy/Medical Practice

At a presentation evening on Wednesday 20th July 2011 Shellharbour Medical Centre was announced winner of the Illawarra & South Coast Business Awards in the category of Outstanding Pharmacy/Medical Practice.

"The entire staff is extremely proud to be recipients of this award and wish to acknowledge and thank all support staff, who assist the team".

Shellharbour Medical Centre



## Kathy's Korner

Recording the allergy status of all your patients in the correct data field of your clinical software is extremely important.

This can prevent a patient being prescribed a medication that they are allergic to by alerting the doctor when generating a prescription.

RACGP Accreditation Standards require practices to have 90% of their patients allergy status recorded.

How does your practice compare to this?

## Welcome

As we slowly begin our ascent into the warmer months, it still remains critical that all general practices maintain their vigilance in regards to their infection control principles, as influenza levels across the Illawarra area are above usual for this time of year. Practices should be well prepared with infection control procedures in place such as triage, distancing, availability of masks, tissues and hand cleaning facilities for patients and staff and additional cleaning implemented to prevent contact transfer of viruses. If you would like the Practice Support Team to run an infection control workshop at your practice, contact the Division.

As you may have noticed, the Practice Support Team released our first edition of 'baby PS', also known as PS Weekly. This weekly update replaces the communication sent to practices almost on a daily basis, instead putting it all into one weekly update for GPs and practice staff to read. It provides practices with up to date information relevant to general practice, local programs and upcoming educational workshops. So watch out for this coming through your inbox.

We are off and running again for the IDGP 2011 Family Doctor Awards. The awards, a long-standing initiative of the Community Consultative Committee, aim to recognise the outstanding service that local GPs and practices give to our community. Nomination forms are available from the IDGP website. Entries close on 30th September 2011 and the winner will be announced at the AGM on 3rd November.

We have a jam-packed edition of PS for you this month, providing an overview of the services and programs offered by the Division and other community service providers. These include Indigenous health, mental health, LMP, OTIis, dementia, antenatal shared care and the Illawarra Family Referral Service. We also have an immunisation update, containing important information about Prevenar, as well as a large article and insert on health assessments.

Inside we also have details of two new Government initiatives that commenced on July 1, 2011. These initiatives include the 'Healthy Start for School' initiative and the 'Better Start for Children with Disability' initiative. Please have a read of these two articles and see if and how you can utilise them in your practice.

Please look out for the following inserts in this issue:

- >> Locum Expressions of Interest form
- >> MBS items summary table

### Your Practice Support Team

**Linda, Kathy, Katherine, Kristie-Lee, Beth, Melanie, Vanessa, Pam, Estela and Pippy.**

## In this Issue



- Page 2  
Shell Cove Family Health  
Indigenous Health
- Page 3  
Indigenous Health cont.
- Page 4  
Indigenous Health cont.
- Page 5  
Immunisation
- Page 6  
Mental Health
- Page 7  
Cervical Screening  
Antenatal Shared Care Update  
Better Start for Children with Disability
- Page 8  
LMP - Reset Your Life  
OTIis Update
- Page 9  
Healthy Heart, Healthy Mind Campaign  
Team Building Activity
- Page 10  
Healthy Start for School Initiative  
Practice Nurse Incentive Program  
2011-12 Infrastructure Grant - Second  
Round Update
- Page 11  
Health Assessments  
Illawarra Family Referral Service
- Page 12  
IDGP Education  
External Education  
Surveys

### Practice Vacancies on the IDGP Website

Is your practice looking to employ the services of a GP, PN or administration staff, or expand your current practice workforce?? If so, contact the Practice Support Team. The Practice Support Team is able to place an advertisement on the IDGP website, FREE of charge, with all the details of what your practice is looking for. We will then direct any enquiries we receive about available positions to our recruitment page on the website. The recruitment page on the website can be found at <http://www.idgp.org.au/services/practice-vacancies.html>.

Please contact the Practice Support Team of you would like to place an ad on the website or discuss this further. Phone 4220 7600 or email us at [practicesupport@idgp.org.au](mailto:practicesupport@idgp.org.au).

## Shell Cove Family Health

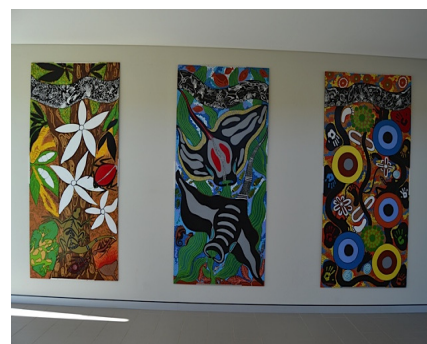
Shell Cove Family Health, IDGP's GP Superclinic, has hit the ground running. Day 1 (Wednesday 6th August) saw 160 people register with the practice. Three weeks later we have almost a thousand, most of whom come from Shell Cove itself. Our first patient even brought his camera for a photograph to record the event as Patient Number 1.

As one GP commented, many of the patients have not seen a doctor for years. Accordingly, patient histories have often been complex and therefore lengthy but also clinically interesting for nurses Julie Hines and Suzanne Rudland. Life has been made complex not only by empty medical histories but also by the Pertussis epidemic that has affected many local school children.

Week 3 brought with it 3 of our medical students, Craig, Bishoy and Priscilla as well as the GP Registrar, Mitra Mirkazemi. Quite a challenge for the two GP Educators, Jenny Asquith and Helen Rienits. One of the smaller challenges of introducing GPs to a new model of care has been to get them used to not having to write referrals to the dietitian (Anita Needham), psychologist (Alex Hains) and exercise physiologist (Lauren Hickson and Christine Norrie) who all share the one electronic health record. Lauren and Christine not only share the medical record but also responsibility for the gym and its panoramic views over the hinterland to the ocean. Team Leader, Dr Jon Hoar, is introducing a strategy to identify and manage smokers early in the

development of chronic disease while the medical students design research strategies around asthma.

SCFH's theme, Belonging, is typified by the three large murals which are affixed to the lobby wall. The murals, crafted by Coomaditchie artists, Lorraine Brown and Narelle Thomas, depict the land of Shell Cove, the seas around Shell Cove and the coming together of different racial groups at Shell Cove.



August will bring with it its own unique challenges. That's when we start Case Conferencing using web based software produced in association with the RACGP and the University of Melbourne. This means that patients will be able to access their care plans on line to see when their next appointments are, to review their goals or to check what they have to do to better manage their health problems.

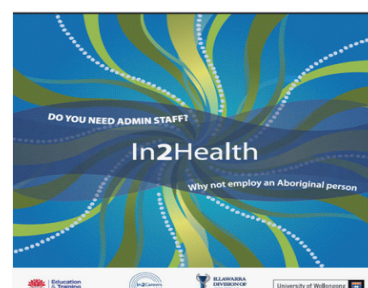
We are aiming to commence clinics in September but, for now, we are just finding our feet after three weeks of moving builders out and moving patients in.

## INDIGENOUS HEALTH

**In2Health – 2nd Round!**  
Need front desk reception staff or Aboriginal Health Workers? Why not employ an Aboriginal trainee?

Aboriginal trainees will undergo a training program in August to prepare for work in medical and allied health services. Opportunities exist for applicants to start their Cert II in Business Administration (Medical Reception) or Cert II or III in Aboriginal Health Work.

If you are interested in providing a short work experience placement OR/ a 12month traineeship please contact Estela Gimenez – Indigenous health Project Officer Ph: **4220 7600**.



# INDIGENOUS HEALTH

## Outreach Worker

My name is Pam Toomey, I am employed as Aboriginal Outreach Worker with the Illawarra Division of General Practice as part of the Closing the Gap Program. The aim of my position is to improve access to culturally appropriate primary care services and mainstream services for local Aboriginal people.

My role focuses on providing practical assistance to general practices and their patients to facilitate attendance at appointments and follow-up care.

### What can an outreach service provide:

- Encouragement to your patients to self-identify as being Indigenous.
- Practical help to your patients to assist them to attend appointments at your practice. This can include, if required, linking them with community transport services

## Recording Patient Eligibility For The PBS Co-Payment And IHI PIP – Indigenous

It is a requirement of the IHI PIP that general practitioners record patient eligibility for the PBS Co-payment Measure and IHI PIP in patient records. The following is required in patient records:

- **Offer OR/ Completion of a Healthcheck MBS 715**
- **Eligibility criteria such as:**
  - o listing the patient's chronic condition/s and/or
  - o listing key health risk factors such as overweight or obesity, high blood pressure or cholesterol
  - o Social issues that are likely to impact on a patient's ability to take their medications as prescribed such as overcrowding, loss of employment, or family crisis
- **Consent provided by the patient for PBS Co-payment and IHI PIP.**

Use shortcuts to create eligibility comments in your practice software!! For more information about how to create these Medical Director comment shortcuts, visit the IDGP website at <http://www.idgp.org.au/services/closing-the-gap-2.html>

and meeting them at your practice to help ensure instructions by reception staff are understood.

- Assistance to your patients to access other health services such as follow-up care, diagnostic and specialist services

### How to make a referral:

- My service has a simple referral process. Referrals can be made by phone, email or fax by a GP, practice manager or practice nurse. Patients can self-refer or may be referred by a family member or carer/s.

### For More information:

- I can provide you with information on the Closing the Gap PIP incentive, Aboriginal Health Assessment items and the PBS co-payment initiative as well as suggestions and resources to help your practice provide a culturally welcoming environment. I would welcome the opportunity to visit you to provide further details.

## Your Feedback – Training Needs For Aboriginal Health

In May 65% of IHI (Indigenous Health Incentive) PIP practices replied to an annual fax back training survey.

The most popular area for practice support was 'patient management' such as understanding:

- MBS item numbers for health assessments and disease management
- Indigenous Health Assessment templates
- PBS Co-payment
- indigenous PIP incentive payments
- allied health referrals
- nurse protocols for health checks, team care plans and reviews

These topics will be used to develop brief training modules and fact sheets for practice education and academic detailing.

The second most popular area was 'clinical management':

- child health and otitis media
- dermatology
- renal disease
- men's health and men's business
- culturally appropriate lifestyle management
- relevant community services

I have worked in Aboriginal health for the past 17 years in rural NSW. My aim is to provide support to positively impact on the health of the Indigenous people in the Illawarra community and I look forward to getting to know you.

To contact me please phone IDGP on **4220 7600** or **0401 162 078** or email me at [ptoomey@idgp.org.au](mailto:ptoomey@idgp.org.au).

Information on Closing The Gap is available on the IDGP website <http://www.idgp.org.au/services/closing-the-gap.html>

## Aboriginal artwork for your waiting room?

### Does your waiting room need cultural appeal?

Aboriginal artworks are available for purchase for your practice. For an artist near you contact Estela Gimenez – Indigenous Health Project Officer Ph: **4220 7600**.

These clinical management areas will be covered in a future Aboriginal Health CPD session.

Practices who reported needing help with patient reminders will be contacted by Pam Toomey - Aboriginal Outreach Worker. Thank you for your suggestions!

## Indigenous Health Incentive – Changes To The Registration Process

From 1 July 2011, practices must submit a PIP Indigenous Health Incentive patient consent form when registering a patient.

Previously, practices were only required to send the patient registration form. However, as of 1 July, the registration form AND the patient consent form must be submitted.

This is a requirement for all practices, regardless of how they currently submit forms. Patient consent forms signed before 1 July 2011 do not need to be submitted to Medicare Australia for registration, but will need to be kept on file at the practice for auditing purposes. IHI Patient Registrations submitted without an IHI patient consent form will not be processed and returned to the practice.

# INDIGENOUS HEALTH



## IDGP Closing the Gap Staff at NAIDOC '11'!

This year Pam Toomey (Aboriginal Outreach Worker) and Estela Gimenez (Indigenous Health Project Officer) were busy completing a whirlwind tour of 9 community NAIDOC events from Bellambi to Nowra!

Young people and children created eye catching designs on canvas, while parents and other community members received information and giveaways promoting a variety of key health messages and the Closing The Gap Indigenous Health Initiative available through general practice.

The events provided Pam and Estela with an opportunity to find out valuable feedback about barriers to healthcare for local Aboriginal communities.

The NAIDOC artworks will be displayed at Headspace and the Keira Street office. Well done Pam and Estela!

## Follow Up Services Available To Aboriginal And Torres Strait Islander Patients Who Have Received MBS Health Assessment Item 715

### MBS Item 10987

This item allows for a follow up service provided by a practice nurse or registered Aboriginal health worker, on behalf of a medical practitioner, for an Indigenous person who has received a health assessment (item 715) if:

- The service is provided on behalf of and under the supervision of a medical practitioner; and
- the person is not an admitted patient of a hospital; and
- the service is consistent with the needs identified through the health assessment; To a maximum of 10 services per patient in a calendar year

For more information about this item number, please visit, <http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&qt=NoteID&q=M12.4>

### MBS Items 1300 to 81360

These MBS item numbers are available to people of Aboriginal and Torres Strait Islander descent, on referral from their GP following a health assessment (item 715). A maximum of 5 allied health services are available per patient in a calendar year.

This is in addition to allied health services available to eligible patients with chronic disease under MBS items 10950-10970. The five services can be provided by one eligible allied health professional or a combination

of allied health professionals. Services must be at least 20 minutes in duration and must be provided individually to the patient in person.

A written report must be provided to the referring GP after the first and last service, or more often if needed.

For more information, including eligibility and restrictions, please visit, <http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&qt=NoteID&q=M11.1>

Also, if you would like fact sheets about these item numbers, please visit our IDGP website at the following address, <http://www.idgp.org.au/publications/august-2011-editions.html>



## Information on Closing The Gap is available on the IDGP website

<http://www.idgp.org.au/services/closing-the-gap>



## Expressions of interest sought from GPs looking to do locum work in the Illawarra

As many of you are aware, the Illawarra region continues to experience a shortage of GPs. The Illawarra Division of General Practice is currently looking to increase and update our list of GPs who are interested in locum work in the Illawarra, enabling it to become a valuable resource for practices.

If you are a GP who is looking for extra work as a locum in the Illawarra, please register your interest by completing the EOI fax back form included in this issue and fax it to 4226 9485 or by contacting Melanie Cousins on **4220 7600** or at [mcousins@idgp.org.au](mailto:mcousins@idgp.org.au).

In the mean time the IDGP website has a list of locum agencies that have contacted us with the details of interested locums looking to fill up their 2011 diaries with locum work in the Illawarra, as well as contact details for the Rural Doctors Network (RDN), who can assist RA2 practices search for a locum. Please find all these details at the following link: <http://www.idgp.org.au/services/locum-list.html>

# IMMUNISATION



## Introduction of Prevenar 13 Vaccine

Prevenar 13 (a 13-valent conjugate vaccine), which offers protection against an additional 6 pneumococcal serotypes, has replaced the current Prevenar 7 vaccine on the National Immunisation Program to be given at 2 months (or as early as 6 weeks), 4 months and 6 months of age.

Providers should continue ordering pneumococcal conjugate vaccine for infants ('Prevenar') using the current General Practice Vaccine Order Form, with Prevenar 13 now being distributed to providers with an explanatory information sheet.

When Prevenar 13 is delivered, providers should discard any remaining stock of Prevenar 7 in fridges and ensure that all vaccinations using Prevenar 13 are notified to the Australian Childhood Immunisation Register.

Children who have received one or two doses of 7vPCV should complete their course using 13vPCV.

Provision of Prevenar 13 vaccine on the National Immunisation Program (NIP) for a catch-up program

Children aged 12 to 35 months will be eligible for an additional dose of Prevenar 13 vaccine, for protection against pneumococcal following the initial three doses.

The Prevenar 13 catch-up program for children aged 12 - 35 months will take place from 1 October 2011 to 30 September 2012.

Further information about the catch-up program will be provided as soon as it is available.

Immunisation providers are encouraged to send the vaccination information to the Australian Childhood Immunisation Register.

## Medical Software Update

Medical software will be updated in November 2011 to enable providers to identify Prevenar 13 as its own category when reporting to ACIR. Until then, providers will need to record Prevenar 13 as an 'other' category, by selecting 'Enter another type of vaccination'.

If you require any assistance or you would like instruction on how to record this, please contact the Practice Support Team on 4220 7600 or at [practicesupport@idgp.org.au](mailto:practicesupport@idgp.org.au)

## Measles vaccination for travellers

In response to an increase in measles notifications in 2010/2011 in residents returning from overseas travel, NSW Health is reminding health professionals of the importance of encouraging people who are planning overseas travel to:

- ensure that persons born during or since 1966 who do not have two documented doses of MMR vaccine, are vaccinated
- ensure that children aged between 9-<12 months of age who are about to travel overseas receive a dose of MMR vaccine followed by another dose at 12 months or 4 weeks after the first dose, whichever is later (p.205 of the Handbook).

## Typherix Supply – Information from NSW Health

GSK has advised that they are experiencing global supply interruption with their Vi polysaccharide typhoid vaccine (Typherix®) and that the supply constraints are expected to continue until the end of 2013.

GSK advises that this interruption to supply is not related to a quality or safety issue with the vaccine and their global team is working to resolve this situation as quickly as possible.

GSK apologises for the potential impact the delay in deliveries may cause and will be working with customers to manage the limited stock of vaccine that is available as effectively as possible.

For any further information please call the GSK Information Line on **1800 251 905**.

## Immunisation Practice Visits Available FREE For Your Practice

The IDGP Practice Support team can provide your practice with educational practice visits for:

- Accessing the ACIR Secure Site – assist your Practice to gain access to the ACIR secure website, in order to send immunisation information electronically or to check the immunisation status and history of a child online.
- Increasing Your Childhood Immunisation Rate – support with identifying children within your practice that are overdue for immunisation, using the GPII020A practice report, and resources to recall overdue children.
- Cold Chain and Vaccine Storage Procedures for general practice – an informal review of vaccine storage within your practice and education and resources on cold chain management. We also offer a data logging service of your vaccine fridge, where the temperature of your fridge is monitored over a 7-day period to check for variances outside the recommended temperature range for vaccine storage.

To organise a practice visit, please contact the Practice Support Team on Ph: 4220 7600 or email: [practicesupport@idgp.org.au](mailto:practicesupport@idgp.org.au)

# MENTAL HEALTH

## Mental Health Nurse Service - Case Study

Julie a 28yr old female diagnosed with Schizophrenia was referred by her workplace for mental health nurse input.

As highlighted in our last issue. Julie's medication is still in a period of change and she was still trialing the service run by the Fellowship.

Julie has managed to attend a weekend respite through the Fellowship with other ladies and enjoyed this thoroughly. She was very animated whilst talking about the things they did on her return.

The group she had been attending through the Fellowship had also been going well until a new option was introduced into the group. She became confused thinking this was the only option now being offered on this day. A staff member and the family have both tried to explain to Julie that this was not the only option at the group but with no positive outcome. Since that time there has been a decline in attendance and now she is staying at home on the day that was supposed to benefit not just her but also the family. This is a challenge to all involved as Julie's ability to process information has declined with her mental illness.

Julie's parents are continuing to find it difficult to let go of the caring role and support her in making her own decisions. The nursing service is not about imposing change on their clients but supporting them with their own goals.

The IDGP Mental Health Nurse Service will update Julie's progress in the next PS issue.

Do you have a client in your practice that could benefit from our Mental Health Nurse Service? If so please contact Kim or Helen at IDGP on **4220 7600**.

## Referrals From GPs To Medicare-Registered Psychologists

The following is advice from Medicare Australia regarding Medicare compliance associated with the process of GP referral and review to Medicare Registered Psychologists.

### What constitutes a "valid referral"?

Response from Medicare Australia:  
While a copy of the Mental Health Treatment Plan (MHTP) drawn up by the referring GP may be provided to a Medicare-registered psychologist, the MHTP in isolation is insufficient to constitute a valid referral for the purposes of a valid claim under the Medicare Benefits Schedule (MBS). A separate referral document is required.

### What types of documents provided to psychologists constitute valid referrals?

Response from Medicare Australia:

The referral must be some form of document, originating from the referring GP, which is able to be retained by the treating psychologist for 24 months. The form of that document may vary; that is, a letter, a note, a facsimile or an email may all constitute valid referrals. In the event of Medicare Australia auditing, verbal referrals (including records that a verbal referral has taken place) may not be sufficient evidence that the referral was initiated by the GP.

### Must a psychologist's name appear on the MHTP and the referral?

Response from Medicare Australia:  
The Medicare Benefits Schedule does not require that a referral under a MHTP specify a particular psychologist or be addressed to a named psychologist. A referral will not be invalid merely because it is addressed to 'The Psychologist' or 'Dear Psychologist'.

## GP Psych Support - Assisting In The Management of Patient's Mental Health

**GP Psych Support** offers free mental health patient management advice, from a psychiatrist, within 24 hours. This convenient service is available to GPs 24 hours a day, seven days a week, every day of the year.

GP Psych Support's psychiatrists are able to provide advice on all patient mental health issues. Common enquiries include: diagnosis; changes to medications and dosages; management; and referral options, in the areas of: perinatal; child and adolescent; drug and alcohol; general adult; and old age psychiatry.

GPs can submit a patient enquiry by telephone (**1800 200 588**), facsimile (**1800 012 422**) or the using the secure site ([http://www.psychsupport.com.au/default\\_home.asp](http://www.psychsupport.com.au/default_home.asp)), and a psychiatrist will respond to their enquiry within 24 hours. GPs also have the added flexibility of being able to select how the psychiatrist will respond to their enquiry (phone, fax or webmail) and if selecting phone, a particular time that they will be available to discuss the enquiry, with the psychiatrist.

Recent GP feedback from the service includes:

"Very helpful advice when psychiatric appointment here is months away" (GP, SA)

GPs need to register once to access the service; if you have already registered and your login details are misplaced, contact the service on **1800 200 588**.

For more information, to register, or to see examples of enquiries and resources please visit the website [www.psychsupport.com.au](http://www.psychsupport.com.au)

### GP Psych Support:

- Visit [www.psychsupport.com.au](http://www.psychsupport.com.au)
- Telephone: **1800 200 588**
- Fax: **1800 012 422** (use the faxback form downloadable on the website)

**The GP Psych Support** service is proudly managed by the Royal Australian College of General Practitioners (RACGP). For more information about this service please visit the following page on the RACGP website: <http://www.racgp.org.au/gpsychsupport>.



## National Cervical Screening Program—Liquid-Based Cytology And HPV Testing

There are a number of new technologies currently being promoted as new cervical screening tools—including liquid-based cytology (LBC) and human papillomavirus (HPV) DNA testing. The Medical Services Advisory Committee has found that neither of these tests has been shown to be more effective than the conventional Pap smear.

The National Cervical Screening Program recommends Pap smears continue to be used for screening until there is sufficient evidence that any new technology is as safe, effective and cost-efficient. The Pap smear has been an extremely successful screening tool in detecting cervical abnormalities and reducing incidence and mortality of cervical cancer.

### Which Tests Are Eligible Under The MBS?

Currently, only conventional Pap smears attract a Medicare benefit for cervical screening (MBS items 73053 and 73055). A Medicare benefit is available for HPV DNA testing only as a 'test of cure' for women who have been treated for high grade intraepithelial lesions (MBS item 69418).

### Do These New Tests Provide Better Information?

The Medical Services Advisory Committee has reviewed the evidence for LBC and HPV DNA testing and found that, compared to the conventional Pap smear, LBC does not provide any additional information and HPV DNA testing is not as effective, either as a primary screening test or a triage test.

HPV DNA testing is only recommended

following the treatment of a high grade intraepithelial lesion as a 'test of cure' for these women. Test results should be managed according to *Screening to prevent cervical cancer: guidelines for the management of asymptomatic women with screen-detected abnormalities* from the National Health and Medical Research Council: <http://www.nhmrc.gov.au/guidelines/publications/wh39>

### Out-Of-Pocket Costs To Women

To continue to encourage participation in cervical screening it is important that out-of-pocket costs to women are kept to a minimum. Therefore it is essential that you discuss any additional costs with your patient when offering an LBC or HPV DNA test.

### Where Do I Go For More Information?

<http://www.cancerscreening.gov.au/>

### Increased Target For PIP Cervical Screening Incentive

From 1 August 2011, only practices reaching the new cervical screening target of 65 per cent will be eligible for the PIP Cervical Screening Incentive outcomes payment.

The outcomes payment will be made to practices when at least 65 per cent of female patients between the ages of 20 and 69 years have been screened in a 30 month reference period. The change applies to the PIP Cervical Screening Incentive outcomes payment only. No changes will be made to the sign-on or Service Incentive Payment (SIP).

The Australian Government announced the change to the eligibility requirements for the PIP Cervical Screening Incentive as part of the 2010-11 Budget. Increasing the cervical screening target aims to encourage practices to screen a higher proportion of their female patients and improve the rate of early detection of cervical cancer in Australia.

## Diabetes In Pregnancy – Big Changes!

Wollongong Hospital has adopted a new criteria for the diagnosis of gestational diabetes.

### Detection Strategy

It is desirable to detect overt diabetes in pregnancy as early as possible to provide the opportunity to optimize pregnancy outcomes.

### First Antenatal visit

- Measure fasting BSL: ideally this should be taken with the routine antenatal screening blood test
  - If result indicates overt diabetes ( $\geq 7.0$  mmol/l) or GDM ( $\geq 5.1$  mmol/L but  $< 7.0$  mmol/l) then the patient should be referred to the diabetes service for management.

### 24-28 weeks gestation:

Includes all women not previously found to have overt diabetes or GDM by testing earlier in pregnancy

- All women are recommended to have a 2-h 75g GTT at 24 – 28 weeks gestation
- Give and explain the GTT instruction sheet and pathology request sheet; emphasise the need and importance of fasting for 8-10 hours prior to the test
- Check the contact details in order to ring the woman with the result as soon as it becomes available. Advise of the management pathway.

### Interpretation of results:

- Overt diabetes if fasting BSL  $\geq 7.0$  mmol/l
- One or more of these values establishes a diagnosis of GDM:
  - Fasting  $\geq 5.1$ ; 1-hour  $\geq 10.0$ ; 2-hour  $\geq 8.5$

Updates to the ANSC Clinical Pathway will be presented at our next ANSC Update on Sat 5th Nov 2011 at 1pm.

Contact ANSC Coordinator (Leanne) on **4253 4271** for more information

## Better Start For Children With Disability Initiative

The Australian Government has committed \$122 million over four years towards the Better Start for Children with Disability initiative, which commenced on 1 July 2011. This initiative created new item numbers in the Medical Benefit Schedule (MBS), and provides early intervention and individual assistance packages for children with disability, their families and carers. Item number 139 has been introduced to allow for an assessment, diagnosis and development of a treatment and management plan for children, aged under 13 years, with an eligible disability.

An allied health professional may provide up to a maximum of twenty (20) services for early intervention treatment. For more information about this new item number, including referral requirements and a description of assessment and treatments items, please visit the IDGP website at <http://www.idgp.org.au/latest-news/better-start-for-children-with-disability-initiative.html>

# IDGP SERVICES AND PROGRAMS

## reset your life a healthy lifestyle program to prevent diabetes

### Prevention Of Type 2 Diabetes – Discontinuation Of The 'Reset Your Life' Lifestyle Modification Program

The nationally run lifestyle modification program (LMP) developed to help prevent type 2 diabetes in at risk 40-49 year olds will be discontinued by the Australian government and with regret we have to inform you that the IDGP has stopped accepting new referrals to the program.

IDGP has commenced a total of 14 LMP groups from 98 referrals received by local GPs and we thank you for your support to this program. Of the 6 groups that have been completed, participants have lost up to 10kg over the 6 month period and have seen a reduction in waist circumference of up to 8cm.

### Continuation of diabetes prevention and management

Whilst LMP has been discontinued, the overwhelming burden of type 2 diabetes on the health system and the increasing number of Australians with one or more risk

factors for developing the disease continues. Recent reports have outlined that in the last five years, the incidence of diabetes in NSW has increased by an average of 27%, which highlights the importance of prioritising the prevention of type 2 diabetes.

It is still important to be conducting diabetes risk assessments and the AUSDRISK tool is a great way of initiating the discussion of a patient's risk. These assessments can be conducted using the 45-49 year old health assessment or the type 2 diabetes risk evaluation for 40-49 year olds. For patients that are at high risk of developing diabetes or already have the disease, below are a number of alternative interventions that can be initiated by GP's and practice staff.

### Suggested alternatives to LMP

- Recommend the Get Healthy information and coaching service – A free telephone based service which helps people make lifestyle changes. See [www.gethealthynsw.com.au](http://www.gethealthynsw.com.au)
- Refer patients to appropriate allied health professionals to help with lifestyle modification – A list of local allied health professionals can be found in our 2011 diabetes patient information booklet and service directory
- Other websites to direct patients to include:
  - o [www.heartfoundation.org.au](http://www.heartfoundation.org.au)

- o <http://swapit.gov.au>
- Patients with existing type 2 diabetes or pre-diabetes can be referred to the Illawarra Diabetes Service for group education and one on one consultations. Phone: **1300 308 969**

- The 8 Medicare diabetes group sessions referral form can be used to refer diabetics to group education and exercise classes run through local exercise physiologists

### Active Learning Module

Still available to GP's is the online Active Learning Module (ALM) For Prevention of type 2 Diabetes: Identification And Management Of High Risk Patients. This is a six hour module approved for category 1 and category 2 RACGP points and is also approved with ACCRM. For more information or to register visit <http://t2dm.agpntraining.com>.

Visit <http://www.idgp.org.au/services/allied-health-services-2.html> for all of the information and resources for diabetes prevention and management. If you would like any further information on any of the above suggestions please contact the practice support team on **4220 7600** or email [practicesupport@idgp.org.au](mailto:practicesupport@idgp.org.au).

Pippy Barnett and Katherine Eagleton

## Remote Access And Tablet PCs

OTIIS have recently configured a number of Apple iPads for remote access purposes. It would appear as though Tablet PCs are proving to be an invaluable tool for those users who are at remote locations requiring easy access to clinical data OR for that matter, any data located at the practice.

Previously, remote users have needed to cart a laptop around in order to remotely access clinical data. Similarly to using a laptop, Tablet PC users will still require an internet connection which involves costs.

Some of the benefits identified in using a Tablet PC for remote access include:

- Users do not need to wait for the system to load; instead the device will be on standby ready for use. This will help remote users be more time efficient.
- Portability: Tablet PCs are light weight and can easily be carried.
- The procedure for establishing the remote access connection to the practice is much faster and easier. Costs may be involved in purchasing remote access software and this will be dependent on individual needs.
- Tablet PCs are less expensive than most business grade laptops.
- Tablet PCs are very user friendly.

Currently, we have identified the following issues that may be of concern:

- The screen size is somewhat smaller than that of a laptop. We strongly suggest that those users who are concerned about how readable the text will be on a smaller screen attempt to test a Tablet

PC before purchasing one.

- As far as we are aware, printing from a Tablet PC is not possible.
- However, when Tablet PC users are remotely connected back in to the practice, they can still access the printer on their desk and these documents will be waiting for them upon their arrival back at the practice. Currently, practices are offering a number of different methods for patients to access these documents.
- Similar to remote access when using a laptop, the internet connection signal strength will play a major role in the performance of the remote connection. Please be aware that depending on the Internet Service Provider, remote access may not be available everywhere or at all times.
- Users who are not familiar with using touch screen devices may find it challenging to adapt. Practice makes perfect.

# IDGP SERVICES AND PROGRAMS



## Did You Know Hypertension Is A Risk Factor For Developing Dementia?

The IDGP is conducting a pilot project to educate GPs, PNs and their patients on the link between hypertension and dementia, and the importance of keeping blood pressure (BP) in check as a key dementia risk reduction activity. Funded by NSW Health, this project involves seven practices across the Division, and their patients aged 45 years and above. The project activities include quantitative and qualitative research, QA&CPD education events and patient education.

Patient education is an important component of this research project. The resources GPs and PNs utilise when engaging with patients regarding the management of hypertension and dementia risk reduction have been developed as part of the Healthy Heart Healthy Mind community awareness campaign. This community campaign has been developed by Illawarra Shoalhaven Local Health Network and is also funded by NSW Health.

## TEAM BUILDING ACTIVITY

The practice support team held its annual team building activity early in July. This year we organised ourselves into teams of 2 and spent a good hour or so playing Putt Putt Golf; part of the day was to dress in a "golfing outfit".

- Kristie-lee, Katherine & Pippy all scored a hole in 1.
- The winning team was Kristie-lee & Pippy; (think the hole in 1's did it).
- Melanie and Kathy came a very close second.
- Melanie was awarded the best dressed award on the day.

The Healthy Heart Healthy Mind campaign has embarked on a six month pilot campaign (Apr – Sep 2011) in the Illawarra and Shoalhaven to raise public awareness that hypertension is a risk factor for dementia. A secondary message of the campaign is to encourage people over the age of 45 to have their blood pressure checked – and keep it in check.

Along with a variety of media and marketing activities (such as newspaper and radio advertising, roadside banners and posters in GP surgeries, pharmacies, schools etc) there have been a series of community events and activities designed to raise awareness and educate the community about how to maintain healthy blood pressure.

Free blood pressure checks have been conducted in public libraries, Westfield and Bunnings. Staff have used automatic blood pressure machines (Omron) and the Heart Foundation's Hypertension Guidelines (2009) to measure blood pressure and provide advice. A GP referral card was issued to participants with a record of the BP measurement and date. So far, over 1500 free BP checks have been conducted!

Community and workplace presentations have also been conducted in over 30 settings (for example, staff meetings, Rotary meetings etc) to over 500 attendees. The presentation (a 15min PowerPoint presentation) was developed by project partners, the Centre for Health Initiatives

and delivered by Illawarra Shoalhaven Local Health Network to provide an overview of the link between hypertension and dementia and educate about hypertension reduction (and management) strategies such as quitting smoking, healthy diet, physical activity, moderate alcohol intake, regular BP checks and to follow treatment advise.

Along with promotional items such as pens, magnets, bookmarks and postcards, other materials such as brochures and fact sheets have been distributed and these are accessible on the campaign's website [www.healthyhearthealthymind.com.au](http://www.healthyhearthealthymind.com.au)

**If any of your patients present with information from the Healthy Heart Healthy Mind campaign,** use the opportunity to take their blood pressure, discuss their result with them and formulate a management plan to ensure their blood pressure is kept in check. Remember, hypertension is a risk factor for developing dementia. This may just be the motivation you need for those non-compliant patients!

For further information on the GP Dementia Risk Reduction Education Project, please contact Katherine Eagleton on **4220 7600** [keagleton@idgp.org.au](mailto:keagleton@idgp.org.au). For Further information about the Healthy Heart Healthy Mind campaign, visit [www.healthyhearthealthymind.com.au](http://www.healthyhearthealthymind.com.au)

Thank you to Kelly Andrews, Project Manager for the Healthy Heart Healthy Mind campaign, for her contribution to this article.

- The prize for the winning team was a mini Golfing set more suited to a 3 year old.

We finished the event with a nice meal together were we joked about each others' sporting inabilities.

Overall it was a great time and a great way to build the team dynamics, maybe some of you would enjoy a practice team building fun day.

**Picture (top):** From left to right - Pam Toomey, Linda Blackmore, Katherine Eagleton, Melanie Cousins, Kathy Lymbery, Kristie-Lee Last, Estela Gimenez.

**Picture (bottom):** From left to right - Kathy Lymbery, Katherine Eagleton, Melanie Cousins.



# HEALTHY START FOR SCHOOL INITIATIVE

## Healthy Start For School Initiative

The Healthy Start for School Initiative, an Australian Government initiative, commenced as of 1 July 2011.

If a parent receives income support during the financial year in which their child turns four, the child will be required to undergo a relevant health check to ensure they are healthy, fit and ready for school. This is a requirement to receiving the Family Tax Benefit A Supplement, for the financial year in which a child turns four. Please be aware that while these Healthy Start checks can be completed between the ages of three and six, the Healthy Kids check can only be completed for children who are three or four years of age.

As a result of this initiative doctors may receive an increase in requests from parents and carers for their child to have a health assessment. The patients who will be affected by this new initiative will include those who:

- Are receiving Family Tax Benefit Part A,
- Have a child turning four; and
- Have received an income support payment from Centrelink (e.g. Parenting Payment, Newstart Allowance, etc.) or the

Department of Veterans' Affairs, at any time during the financial year in which their child turns four.

Parents or carers may choose to have the health assessment completed at a medical practice or through the state and territory health and maternal clinics. Should parents or carers choose to have the assessment completed by their doctor at their usual medical practice, for a child who is receiving or has received their four year old immunisation, the Medical Benefit Schedule (MBS) includes time based health assessment items 701, 703, 705 and 707, and item 715 for Aboriginal and Torres Strait Islander peoples Health Assessment. These items can be claimed for a Health Kids Check.

Alternatively, a health assessment provided by a practice nurse or registered Aboriginal health worker on behalf of a medical practitioner for a child who is receiving or has received their four year old immunisation can be claimed under Medicare item 10986. For more information including details of what is involved with the assessment, as well as useful weblinks, templates and resources please visit the IDGP website at <http://www.idgp.org.au/latest-news/healthy-start-for-school-initiative.html>

## 2011-12 Primary Care Infrastructure Grants – Second Round

For those practices that applied for the second round of Primary Care Infrastructure Grants, we have received notification from the Department of Health and Ageing regarding the approximate timeframes for the assessment and short-listing of applications.

Applicants who have been short-listed to enter into negotiations with the Department will be notified in November 2011. From November 2011 onwards the Department will begin negotiating funding agreements with short-listed applicants. We will continue to inform you of any updates in this area. In the meantime, if you would like further information about the Primary Care Infrastructure Grant, please email [PCIG@HEALTH.GOV.AU](mailto:PCIG@HEALTH.GOV.AU).

# PRACTICE NURSE INCENTIVE PROGRAM

## Introducing The Practice Nurse Incentive Program

From 1 January 2012, current practice nurse funding arrangements will be replaced by the Practice Nurse Incentive Program (PNIP).

The PNIP simplifies financing arrangements by consolidating funding arrangements under the Practice Incentive Program (PIP) Practice Nurse Incentive and six of the Medicare Benefits Schedule (MBS) practice nurse items and redirecting them into a single payment to eligible general practices. Current funding arrangements will stop on 31 December 2011 and all funding will be redirected to the PNIP. Under the PNIP, accredited general practices (including those in urban areas) and Aboriginal Medical Services may be eligible for an incentive to offset the costs of employing a practice nurse.

### The PNIP will also provide:

- assistance to all accredited practices to employ an Aboriginal Health Worker instead of or in addition to a practice nurse (either a Registered Nurse or Enrolled Nurse)
- assistance to all practices in urban areas of workforce shortage, Aboriginal Medical Services and Aboriginal Community Controlled Health Services to employ an allied health professional instead of or as well as a practice nurse
- up to five incentive payments of \$25 000 per 1000 Standard Whole Patient Equivalent (SWPE) for a Registered Nurse and/or \$12 500 per 1000 SWPE for an Enrolled Nurse to eligible accredited practices
- an additional annual payment through the Department of Veterans' Affairs (DVA) to eligible practices delivering GP services to DVA Gold Card holders
- a one off incentive payment of \$5000 to support non-accredited practices to become

accredited.

Payments will be made quarterly in February, May, August and November of each year.

### Applying for PNIP

Practices can apply for the PNIP from 1 October 2011, when application forms will be available on the Medicare Australia website. From 1 January 2012, practices will be able to apply for the PNIP and supply the required supporting documentation via the PNIP Online system. Practices will be able to apply for all payments under the PNIP with the one form.

For more information about the Practice Nurse Incentives Program go to: <http://www.medicareaustralia.gov.au/provider/incentives/pnip.jsp>

# HEALTH ASSESSMENTS

## Could Your Patients Benefit From A Health Assessment?

Medical practitioners may select one of the MBS health assessment items to provide a health assessment service to a member of any of the target groups listed on the 'MBS Item Summary Table for Health Assessments', which has been included as in insert in this months edition of PS.

The health assessment item that is selected will depend on the time taken to complete the health assessment service, which will be determined by the complexity of the patient's condition. There are four time-based health assessment items:

**Brief Health Assessment (MBS Item 701) Fee: \$56.00 Benefit:100% = \$56.00**

• A brief health assessment is used to undertake simple health assessments. The health assessment should take no more than 30 minutes to complete.

- Collection of relevant information, including taking a patient history;
- A basic physical examination;
- Initiating interventions and referrals as indicated; and
- Providing the patient with preventive health care advice and information

**Standard Health Assessment (MBS Item 703) Fee: \$130.10 Benefit:100% = \$130.10**

• A standard health assessment is used for straightforward assessments where the patient does not present with complex health issues but may require more attention than can be provided in a brief assessment. The assessment lasts more than 30 minutes

but takes less than 45 minutes.

- Detailed information collection, including taking a patient history;
- An extensive physical examination;
- Initiating interventions and referrals as indicated; and
- Providing a preventive health care strategy for the patient.

**Long Health Assessment (MBS Item 705) Fee: \$179.45 Benefit:100% = \$179.45**

• A long health assessment is used for an extensive assessment, where the patient has a range of health issues that require more in-depth consideration, and longer-term strategies for managing the patient's health may be necessary. The assessment lasts at least 45 minutes but less than 60 minutes.

- Comprehensive information collection, including taking a patient history;
- An extensive examination of the patient's medical condition and physical function;
- Initiating interventions and referrals as indicated; and
- Providing a basic preventive health care management plan for the patient.

**Prolonged Health Assessment (MBS Item 707) Fee: \$253.60 Benefit:100% = \$253.60**

• A prolonged health assessment is used for a complex assessment of a patient with significant, long-term health needs that need to be managed through a comprehensive preventive health care plan. The assessment takes 60 minutes or more to complete.

- Comprehensive information collection, including taking a patient history;
- An extensive examination of the patient's medical condition, and physical, psychological and social function.
- Initiating interventions and referrals as indicated; and

- Providing a comprehensive preventive health care management plan for the patient.

**ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES HEALTH ASSESSMENT (Item 715) Fee: \$200.20 Benefit: 100% = \$200.20**

This health assessment is available to all people of Aboriginal and Torres Strait Islander descent and should be used for health assessments for the following age categories, child less than 15 years, person aged between 15 years and 54 years and an older person who is aged 55 years and over. Please see page 3 for more information.

Before a health assessment is commenced, the patient (and/or his or her parent(s), carer or representative, as appropriate) must be given an explanation of the health assessment process and its likely benefits. The patient must be asked whether he or she consents to the health assessment being performed.

Please see the 'MBS Item Summary Table for Health Assessments' information sheet, which can be used as a quick referenced guide and has been included as in insert in this edition of PS. If you would like access to some of the templates for these health assessment , please visit our IDGP website at, <http://www.idgp.org.au/resources/templates.html> If your practice would like any fact sheets regarding health assessment or if you have any other general enquiries please do not hesitate to contact the Practice Support Team on **4220 7600** or at [practicesupport@idgp.org.au](mailto:practicesupport@idgp.org.au). For more information about all these item numbers, visit the following website <http://www.health.gov.au/internet/mbsonline/publishing.nsf/Content/Medicare-Benefits-Schedule-MBS-1>

## ILLAWARRA FAMILY REFERRAL SERVICE

### New – Illawarra Family Referral Service

The Family Referral Service (FRS) is an early intervention service which has been established in the Illawarra to link families with services who can provide them with support.

The role of the FRS is to assist vulnerable children, young people and families who don't need statutory intervention by Community Services but who do need help

to stop problems getting bigger, and to help these families to access specific and appropriate support services in their local area. The intent is to prevent a difficult situation that a family, young person or child may be experiencing from escalating to a crisis requiring a statutory response from the child protection system.

The Family Referral Service is voluntary and young people and families may drop in on their own, or may be referred by government or non-government agencies, and private sector professionals like GPs.

The support provided may include home visiting, parenting education, respite care and some case management. The FRS can refer clients to local services such as housing, child care, supported play-group, drug and alcohol/mental health services, and youth services.

The Illawarra FRS is based at Barnardos in Warrawong and covers the Illawarra, Shoalhaven, and Wingecarribee regions. They can be contacted on: Ph: **1800 663 863** (8:00 am - 6:00pm Mon - Fri) or you can email: [familyreferral@barnardos.org.au](mailto:familyreferral@barnardos.org.au)

## IDGP EDUCATION

### IDGP Practice Support Dates

- Hypertension Workshop – 31st August
- Spirometry Training – September/October\*
- Cultural Awareness Training - October\*

### Upcoming Workshops:

- IV Cannulation & Line Management – 14th September
- Immunisation Update\*

**\*Dates to be confirmed.**

## EXTERNAL EDUCATION

### FREE IV Cannulation And Line Management Workshop For Practice Nurses

The Benchmark Group is offering, free of charge, a Nationally Accredited Program in IV Cannulation and Line Management workshop for practice nurses. The course in Intravenous (IV) Cannulation and IV Line Management has been designed to provide participants with the required knowledge and skills to safely perform a peripheral intravenous cannulation in a clinical setting.

**Date:** Wednesday 14th September 2011

**Time:** 5:45pm registration for 6pm start till 9pm

**Venue:** IDGP Training Room. Suite 3, Level 1, 336 Keira St, Wollongong

For further information or to RSVP, contact the Benchmark Group on **1300 855 568**.

**Get in quickly, as places are limited!**

### Mark this Date! Aboriginal Gambling Smart Workshop

**8th and 9th September, 10am-4pm**

This FREE workshop provides training on how to identify problem gambling in clients and strategies on how to respond and engage with clients. Come share your stories & help improve outcomes for our Aboriginal community. Course includes Certificate & Resource Manual and is fully catered.

**Where:** 150 Church St, Wollongong Illawarra Aboriginal Medical Service

**RSVP:** Owen Craigie or Larry Slee (Mission Australia) Ph: **4033 4941**

## SURVEYS

### Dementia And Hypertension GP and PN Views Sought - Go Into The Draw To Win A \$250 Gift Voucher

The University of Wollongong and the Illawarra Division of General Practice is currently working in the region to promote health strategies to reduce the risk of dementia for patients in the Illawarra. Specifically this project is looking to support general practices in their management of patients with hypertension as one way of achieving this objective.

Please assist us by completing this short 5 minute survey so that we can better understand the resources and educational activities that will be most useful to support this work with local GPs and PNs. All participants in this survey will be entered in a competition for a 'chance to win' a \$250 gift voucher from Amazon.com.

If you have any queries about this project, or would like any further information you can contact: Katherine Eagleton **4220 7600** [keagleton@idgp.org.au](mailto:keagleton@idgp.org.au).

[https://www.surveymonkey.com/s/IDGP\\_Survey](https://www.surveymonkey.com/s/IDGP_Survey)

### GP Project Evaluation-online survey

The University of Western Sydney is inviting GPs to participate in the evaluation of the GP Project, which is an initiative of the NSW Sexually Transmissible Infections Programs Unit (STIPU) that aims to promote sexual healthcare within primary healthcare.

#### What is involved?

The survey is voluntary and expected to take 10 -20 minutes to complete. Go to the following website to complete the online survey, <http://www.surveymonkey.com/s/The-GP-Project-Evaluation>. The survey will be available until **Tuesday the 30th August 2011**.

#### Why be involved?

Findings from this survey will help to inform future efforts to promote sexual healthcare. Furthermore, the study is endorsed by GP NSW.

#### Would you like further information?

For more information about this survey, please contact **Dr Hassan Hosseinzadeh**, Research Officer, on **4620 3937** or at [H.Hosseinzadeh@uws.edu.au](mailto:H.Hosseinzadeh@uws.edu.au).