

Practice Connect



RURAL
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Practice Assist
Strengthening general practice in WA



29th January 2019

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The next edition of Practice Connect is available 12 February 2019.

Latest news and updates

RACGP Practice Technology & Management

For GPs to work safely with any CIS, information needs to be collected, managed and used in a standardised way, which will also contribute to creating a positive user experience. There is now growing recognition from users and developers that a set of minimum requirements could, in the future, become standards governing the design and development of CIS.

Through the development of standards and guidelines, the RACGP ensures Australian general practice remains at the forefront of safe, high quality primary healthcare delivery. The RACGP therefore has a key role in progressing the clinical usability and safety agenda through the development of standards. The Royal Australian College of General Practitioners (RACGP) set about developing a set of minimum software requirements for two reasons:

1. To articulate what is expected from CIS to ensure they meet the needs of users, are safe and secure, and
2. To help direct improvements in future useability and functionality.

This report identifies and details several key CIS functions and roles, and provides recommendations focused on improving usability in the collection, management, use and sharing of information. These are the core clinical value propositions for GPs.

<https://www.racgp.org.au/FSDEDEV/media/documents/Running%20a%20practice/Support%20and%20tools/Minimum-requirements-for-general-practice-CIS.pdf>

Unvaccinated children to be banned from WA kindies, childcare centers in disease outbreaks

As of January 1, kindergartens, schools and childcare centres will be required to collect and report on the immunisation status of children in their care.

The information will be made available to the Health Department so it can identify children whose vaccines are not up-to-date and order that they stay home if there is a disease outbreak at their school or childcare centre.

School principals face being fined up to \$1,000 if they allow a child to come to school against the Health Department's orders, as do the owners of childcare centers. <https://www.abc.net.au/news/2018-12-14/unvaccinated-children-to-be-banned-from-wa-kindies/10620266>

Workforce Incentive Program - Update

From 1 July 2019, the General Practice Rural Incentive Program (GPRIP) and the Practice Nurse Incentive Program (PNIP) will be rolled into the new Workforce Incentive Program (WIP). To inform the development of guidelines for the WIP, the Australian Department of Health recently held teleconferences with Primary Health Networks (PHN) and general practices in regional, rural and remote areas that currently claim the PNIP.

The teleconference with practices provided the opportunity to give feedback on the existing PNIP and inform future program design (including the development of draft WIP Guidelines). Four practices from the Country WA PHN participated and feedback from practices about the PNIP and the WIP was generally positive. Several issues were raised by practices, including:

- The challenges associated with recruiting and retaining certain health professions in some locations.
- The difficulty assessing the impact of transitioning to the WIP when the WIP guidelines, including the rural loading percentages, are not yet available.
- The potential opportunities for innovative business models, such as telehealth, under the WIP.

Information on the WIP is available from the <http://www.health.gov.au/> and further information, including Frequently Asked Questions, case studies and the WIP guidelines, will be made available by the Department of Health in the coming months.

[http://www.health.gov.au/internet/main/publishing.nsf/Content/2B5AFC2D41B4C6C3CA2583840075D4A3/\\$File/WIP-Factsheet.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/2B5AFC2D41B4C6C3CA2583840075D4A3/$File/WIP-Factsheet.pdf)

Accreditation tip – seeking feedback from your team

RACGP Standards for general practices 5th edition (Q1.1C)

New to the 5th edition of the *Standards for general practices*, and very much in keeping with the focus on quality improvement and whole-practice engagement, is Indicator Q1.1C, which requires practices to seek feedback from their teams about quality improvement systems, and the performance of these systems.

While the 4th edition of the Standards required practices to demonstrate that they sought feedback from patients in order to make improvements, and subsequently provide information to patients about improvements made to the practice as a result of their feedback (concepts that remain in 5th edition), seeking feedback from your practice team in a formalised way is a new requirement, and may be a new process for some practices.

It is important to remember that quality improvement should be a process that engages the whole practice team, and that everyone needs to be included if meaningful improvements to patient safety and care are to be achieved. Accreditation is a strong foundational process by which you can include various members of your team: you may wish to assign different criteria to relevant staff, and ask them to help in the pre-survey preparation, perhaps assembling and reviewing documentation, and evaluating whether they think your current processes achieve the outcomes defined in the Standards.

To establish ongoing processes that ensure you are discussing quality improvement and seeking feedback from your team, you may wish to add quality improvement as a standing agenda item at your staff meetings. Clinical meetings may already have this as an inclusion as part of the regular review of clinical errors but adding quality improvement as an agenda item to your whole staff meeting will help to maintain open discussions and establish a feedback loop. Another method of seeking feedback is to implement a suggestions / feedback box (something you may already have for your patients) to enable staff to make recommendations anonymously: these could then be discussed at the team meetings, and ideas for improvements agreed upon collaboratively.

The Standards state that you *must* keep a record of feedback from the practice team. Aside from meeting minutes, you might create a feedback register, which you could share with the practice team, or establish a scheduled staff survey, similar to the patient feedback survey process. A survey allows you to ask the staff for general feedback, or for feedback on a particular system or area of the practice. Survey responses could be anonymous and might be collected as part of a human resources process to evaluate staff satisfaction.

Quality improvements happen across your whole practice: they not only a result of PDSAs or clinical audits undertaken by the clinical team. By regularly talking about quality improvement and supporting staff to identify and discuss opportunities for improvement, you can help establish a collaborative team culture where staff feel as though their contributions are valuable, and where everyone is motivated to continuously evaluate and improve the delivery of quality patient care. **Useful links:** [RACGP Standards for general practices 5th edition Criterion Q1.1C](#)

The Type 1 Diabetes Family Centre

With a focus on building community, peer-led information exchange, creative health programs and social support, the Type 1 Diabetes Family Centre in Stirling does diabetes differently.

Opened in 2015, the Family Centre facility was built by a team motivated to change diabetes care in Australia by prioritizing connection and community, supported by Telethon, Lottery west and the WA State Government. The Family Centre is a meeting place for people with type 1, offering an action-packed calendar of workshops, camps and community events, alongside two dynamic online communities for both parents and adults which have hundreds of engagements each day. It offers clinical care in a community setting: diabetes education, dietetics, clinical psychology services and HbA1c testing to people of all ages in a facility that feels more like a home than a clinic, with a large café-style kitchen, family lounge, adolescent zone, and playground.

Community is at the heart of the Family Centre's mission and providing opportunities for people with type 1 to connect, support and inspire each other. Led by a team of people personally impacted by type 1, the Centre supports clients to balance the five pillars of diabetes management: flexible insulin therapy, self-care, exercise, peer support, and nutrition. Winners of the Outstanding Charity Award at the 2018 Australian Charity Awards, the national Credentialed Diabetes Educator of the Year Award 2018 (Amy Rush APD/CDE) and awarded one of only 100 global Facebook Fellowships for community-building, the Family Centre is the type 1 hub for Western Australia, and here to support your patients to thrive with type 1.

For more information or referrals to diabetes education, dietetics or clinical psychology services, contact the Family Centre at hello@type1familycentre.org.au or on 9446 6446. Explore more here: www.type1familycentre.org.au

Update on National Cervical Screening Program correspondence

Routine rescreen reminders

The [National Cancer Screening Register](#) (the national Register) has been supporting the renewed [National Cervical Screening Program](#) (the Program) since the commencement of the new HPV-based Cervical Screening Test on 1 December 2017.

From 2 July 2018, following the migration of records of state and territory cervical screening Registers to the national Register, the national Register became responsible for all Program correspondence. Since that time, the Register has been sending correspondence in priority order for women who had not undertaken the expected follow-up of an abnormal result.

During November and in early December 2018, the national Register commenced sending reminders to women who are overdue for their next routine Cervical Screening Test. This correspondence is being sent using a staged approach, prioritising letters to women who are most overdue. From early January 2019, the volume of these letters will increase until early-February 2019 to address a backlog, after which time normal mail distribution volumes will resume.

Impact on healthcare providers

Some healthcare providers may experience an increase in patient enquiries and requests for cervical screening tests during this period. Women should be reassured by their cervical screening test providers that while it is recommended that asymptomatic women aged 25-74 years undergoing routine screening have their first HPV-based screening test two years after their last Pap test, the risk from delaying their test for a few months is extremely low.

Contact the Register 1800 627 701 (8am - 6pm, Monday to Friday) or visit the [National Cancer Screening Register](#)

Stop asking the wrong question about lung cancer

Lung Foundation Australia is asking for a fair go for lung cancer with the launch of a compelling campaign. Every hour, an Australian watches a loved one die from lung cancer. Instead of support, most face stigma from a community that blames them for having their disease.

Australians have spent too long asking the wrong question about lung cancer. It doesn't matter whether or not someone smoked. Instead, we should be asking the right questions – why aren't people living with lung cancer getting a fair go when it comes to research, treatment and support?

It ends today. This conversation needs to change, and Lung Foundation Australia is asking for your support. Nobody deserves to have cancer, regardless of what type.

To hear the powerful stories of the faces of the campaign and share with your networks, visit FairGoForLungCancer.org.au.

New NCIRS Website

Through the new website, NCIRS hope to provide an information hub for immunisation professionals and the public by hosting relevant and useful content, and links to a range of resources related to immunisation in Australia and globally. Please contact us via our website [contact form](#) or fill out our [short survey](#).

Western Australian Child Development Atlas

The Commissioner for Children & Young People has released new wellbeing data, it's an online resource which gives an overview of how WA children and young people are faring across 11 key areas.

If you'd like to look, please go to: <https://www.cryp.wa.gov.au/news/first-release-of-children-and-young-people-s-wellbeing-data/>

This adds to the picture of the Telethon Kids Institute developed with their Child Development Atlas maps which was presented to Exec back in June. More info is attached and at: <https://childatlas.telethonkids.org.au/>

'GET THE FACTS' – Launch of Phase 3 of the Childhood Immunisation Education Campaign

The Campaign aims to support parents of children aged 0-5 years and expectant parents in their decision making about childhood vaccinations.

Phase three of the Campaign builds upon the success of previous phases and focuses on addressing the importance of vaccinating on time and the protection provided by vaccination, as well as continuing to address concerns around vaccine safety.

Phase three of the campaign will also address vaccination uptake in at-risk populations through supplementary targeted public relations materials developed for Aboriginal and Torres Strait Islander parents, which are expected to launch in March 2019.

A range of communication resources have been developed and will be hosted on the Childhood Immunisation Education Campaign website [resource page](#), including a series of new videos:

- **Vaccination timing** '[Get the facts – It's really important to vaccinate on time](#)'
- **Vaccination safety and monitoring** '[Get the facts – Dr Nigel Crawford explains how vaccines are tested and monitored for safety](#)'
- **Vaccination in the community** '[The Australian Government is vaccinating against more diseases than ever before](#)'
- **Vaccination Protection** '[Get the facts – Vaccines strengthen your child's immune system](#)'

WA Health begins uploading pathology and diagnostic imaging reports to My Health Record

GPs and other community healthcare professionals can now easily access important health information of patients who receive care in the WA public health system, thanks to the state-wide implementation of My Health Record (MHR).

Since mid-December 2018, WA Health clinicians have been uploading pathology and diagnostic imaging reports for public patients who have a MHR.

Non-sensitive pathology reports of public patients are uploaded where the individual gives consent. Diagnostic imaging reports (not images) from metropolitan WA Health services are also now being added to MHR.

More than 4,000 pathology and imaging reports are being uploaded per day for the 20 per cent of the WA population who have opted-in to MHR so far.

What happens after Opt-out?

January 31 marks the end of the extended Opt-out period and the beginning of the record creation for all members of the public who haven't engaged in the Opt-out process. This means some time required for record creation and activation of records over February, keep in mind records won't include past information. However, information you can find in recently created records may include up to 2 years of MBS and PBS history.

Opt-in or cancel at any time

Amendments to the Bill allows Australians to opt-in or permanently delete/cancel their My Health Record at any time during their life. Further details on the recent legislation changes are available [here](#).

More information

Please contact your primary health liaison or a member of the My Health record team at WAPHA via myhealthrecord@wapha.org.au for assistance with the above if required.

Australian GPs' Readiness to Develop Technical and Collaborative Capabilities for Telehealth Medical Services

Department of Health has issued several Medicare items that are available to GPs serving aged care patients through telehealth technologies. This work provides managerial and practical significance through close experiential encounters with specialists. You will be offered the results of the complete study. It also adds theoretical contribution to telehealth service research.

We are conducting this survey to find out about the prevalence of GPs' readiness to develop technical and collaborative capabilities for telehealth medical services to manage locally pressing chronic and acute conditions of aged care patients through collaborative telehealth consultations with specialists. This study is part of my PhD thesis.

Your participation is voluntary. You are assured in writing of your complete anonymity, privacy and confidentiality which is legally binding upon me and the supervisory panel at all times now and in the future. All data will be aggregated as we are only interested in general trends, and not in any particular organisation or individual.

The survey will ask you to tick appropriate responses as viewed from your perspective, which should take approximately 5 to maximum 8 minutes of your time. You can change your mind at any time and stop completing the survey without consequences.

If you agree to be part of the research and to research data gathered from this survey to be published in a form that **does not** identify you, please continue with answering the survey questions. [Survey](#)

Clinical

Human papillomavirus (HPV) vaccine

Human papillomavirus (HPV) is a common, contagious virus that can cause cancers and diseases in both females and males. Without vaccination, 90% of adults will have a HPV infection at some point in their life.

HPV vaccination is a safe and reliable way to protect young people from getting a range of HPV related cancers and diseases.

The vaccine is provided free to children aged approximately 12–13 through school- based immunisation programs. Students eligible for a free vaccine will receive a consent form from their school. This consent form must be signed by a parent or guardian and returned to the school before a vaccination is provided.

Individuals who did not receive the vaccine at school are eligible for two free catch up doses up to 19 years of age. The Department of Health has developed the following communication resources to support uptake of the HPV vaccine:

Find out more about the HPV vaccine:

- [HPV vaccine - educational video for parents](#)
- [HPV vaccine - brochure for parents](#)
- [HPV vaccine - personal story video for parents](#)
- [HPV vaccine - animation video for students](#)
- [HPV vaccine - animation for Aboriginal and Torres Strait Islander students](#)

Additional information is also available for health care providers:

- [Clinical advice fact sheet for providers](#)

Find out more about [human papillomavirus \(HPV\)](#) and the HPV vaccine provided through the [National Immunisation Program](#).

Free Exercise Program For People Recovering From Breast Cancer Treatment.

Who can take part?

Women who have had breast surgery at any time in their lives are invited to enrol in this program. (minimum of 8 weeks post op)

[Program Flyer](#)

[About Encore](#)

[Informational Flyer](#)

Heart Foundation Health Professional Ambassador 2019

Are you a Nurse who is passionate about improving the cardiovascular health of your patients?

The Heart Foundation is seeking **WA nurses** working in **primary care and acute care settings**

Heart Foundation website www.heartfoundation.org.au/programs/wa-nurse-ambassador-program

[Application Form](#)

How to treat Hepatitis C

The Sexual Health and Blood-borne Virus Program have just released an informative video resource detailing the testing and treatment process for hepatitis C. The video was targeted at Aboriginal people and those working with Aboriginal people through their diagnosis. The idea is that sections of the video could be played to patients that are finding it hard to understand the process required to test and then to get treated successfully. Hepatitis WA led the project. <https://www.youtube.com/watch?v=GvjaLF-RBks&feature=youtu.be>

We are sharing the resource far and wide, and thought it would be ideal to include in the pathways, under chronic hepatitis C: <https://wa.healthpathways.org.au/index.htm?57912.htm>

How to treat Hepatitis C

Australia has the opportunity to eliminate hepatitis C as a public health threat, via the availability of affordable and effective treatment. Hepatitis C is a notifiable infectious disease, which if left untreated can cause liver inflammation, scarring and cancer. In March 2016, effective treatments for hepatitis C were listed on the Pharmaceutical Benefits Scheme, available on prescription from community GPs, as well as specialists and authorised practitioners.

The direct-acting antiviral (DAA) treatments listed under the PBS are highly effective (curing above 95% of cases), have little to no side effects, require a much shorter duration of treatment (8 to 12 weeks), can be accessed by anyone diagnosed with hepatitis C, and are orally administered, via a simple one tablet a day regimen.

NPS MedicineWise Clinical Education – Anxiety topic

NPS MedicineWise are will be launching a new topic, Anxiety from March 2019. This topic is available to be delivered in a practice visit or by video conference. All sessions are free, funded by the Federal Government. The Anxiety topic focuses on assessment of anxiety disorders and evidence-based approaches to management. Both psychological and pharmacological treatment options will be discussed.

Learning Outcomes

- Differentiate between anxiety symptoms and anxiety disorder, by assessing severity, persistence, contributing factors and impact on the patient
- Discuss the impact of anxiety and provide psychoeducation to patients with anxiety
- Use evidence-based psychological therapies as first line for patients with mild to moderate anxiety
- Recognise SSRI antidepressant monotherapy as first line for patients with anxiety requiring pharmacological therapy
- Identify and address mental health polypharmacy in line with prescribing guidelines when starting and reviewing pharmacological therapy for anxiety

This activity has been accredited for 2 (Category 2) points in the RACGP QI & CPD Program and 1 Core point in the ACRRM PD Program.

Educational visits are available as:

- **One-on-one:** a 30-minute in-practice discussion for GPs, tailored to individual learning needs. We also offer virtual visits via video conferencing software so that GPs who find it difficult to schedule an in-practice visit can still benefit from our visiting program.
- **Small-group:** a 1-hour in-practice discussion for up to 10 health professionals (GPs, pharmacists and nurses).

Country Women Grant

The Country Women's Association of Australia (CWAA) is committed to high-quality health services in Rural and Remote Australia and is pleased to announce the 2019 Rural and Remote Nursing and Midwifery Professional Development Grants, in conjunction with the National Rural Health Alliance and CRANaplus.

Application Link: [Country Women Grant](#)

ED4GP

Emergency Department Specialists, Supporting General Practitioners

Founded by a dual trained Specialist Emergency Physician and GP, ED4GP provides real-time support to GPs consulting patients with acute and sub-acute clinical presentations.

[Informational Flyer](#)

Healthdirect offering Video Call for free to GPs in drought-affected regions

Healthdirect Australia is offering its WebRTC-based Video Call service at no charge to GPs who wish to access new telehealth MBS items to support the mental health of their patients in drought-affected communities.

The federal government introduced new items on the MBS on November 1 that allow GPs located in rural and remote regions to deliver focused psychological help to patients in drought-affected areas by video conference.

GPs in Modified Monash Model areas 3 to 7 can claim the new items 2121, 2150 and 2196 and non-VR items 894, 896 and 898, which correspond to the current Level B to D general attendances.

The Department of Health has now approved Healthdirect Australia to offer its Video Call service to eligible GPs in these regions. [Pulse It Magazine Article](#)

Events and Education

Breathing Fresh Air into COPD: [Flyer](#)

A skill building and quality improvement workshop to increase Capacity of General Practice to care for people living with COPD.

Date: Saturday, 23rd February 2019
Time: 8.30am – 4.15pm
Venue: WA Primary Health Alliance, Rivervale
Register: To register, please visit [Registration Link](#)

PenCS – Upcoming Webinars

This maybe a useful link for those practices using PenCS. There are a variety of Webinars available about Cancer Screening, Understanding Cross Tabulation plus tip of the month. <https://vimeo.com/pencs>

Anxiety: Rethinking the Options

– starting March 2019 [Invitation to participate in an Educational Visit](#)

Anxiety is the most common mental health problem reported in Australia. This program considers recommendations for assessment of anxiety disorders and evidence-based approaches to management. Both psychological and pharmacological treatment options will be discussed.

Suicide ideation in primary school-aged children

Date: Tuesday, 12th February 2019
Time: 7.15pm – 8.30pm
Venue: Webinar
Register: To register, please visit [Registration Link](#)

Supporting Positive Pregnancy Outcomes – GP Education Event

Date: Saturday, 9th March 2019
Time: 8.30am – 1.00pm
Venue: UWA Club, Crawley
Register: To register, please visit [St John of God Website](#)

Vaccine Update 218- Immunisation Update at Perth Children's Hospital:

Date: Friday, 8th February 2019
Time: 8.30am – 4.00pm
Venue: Perth Children's Hospital
Register: To register, please visit [Immunisation Education](#) Web page

HIV PrEP Update for GPs and Practice Nurses:

Date: Tuesday, 19th February 2019
Time: 6.30pm – 9.30pm
Venue: Fraser Suites Perth
Cost: Free (dinner and refreshments provided) [Flyer](#)
Register: To register, please visit [ASHM](#) Web page

My Health Record legislation change overview for Practice Managers & Support Staff:

Date: Tuesday, 31st January 2019
Time: 1pm – 2pm
Venue: Webinar
Register: To register, please visit [Reb Back Conferencing](#) Web page

What you need to know about connecting your practice to My Health Record:

Date: Wednesday, 6th February 2019
Time: 1pm – 2pm
Venue: Webinar
Register: To register, please visit [Reb Back Conferencing](#) Web page **Webinar 1**
Register: To register, please visit [Reb Back Conferencing](#) Web page **Webinar 2**

Compression, Dopplers and Chronic Wound Forum:

Joining the dots

Date: Wednesday, 23rd March 2019
Time: 12.30pm – 4pm
Venue: Guildford Hotel
Register: To register, please see [Flyer](#)