

Practice Connect



Practice Assist
Strengthening general practice in WA

Latest news and updates

26 February 2019

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AAPM Practice Manager of the year awards

NOMINATIONS NOW OPEN FOR 2019

The AAPM Practice Manager of the Year awards program is the most prestigious event on the AAPM calendar. This award recognises and rewards a Practice Manager for their contributions to the profession of Practice Management.

Each state selects its own State Practice Manager of the Year, who receives flights, accommodation and registration for the 2019 National Conference in Brisbane. The recipient of each State Practice Manager of the Year Award becomes a finalist in the National Practice Manager of the Year Award.

We know, and work with, many Practice Managers across the State who provide leadership to their profession and we encourage nominations from metropolitan, rural and regional areas of WA.

Applications close on Friday, 1 March 2019

To read more: <https://bit.ly/2GEPw77>

200,000 reasons to get active and maintain a healthy weight

The Cancer Council Australia has conducted research which discusses the possibility of reducing over 200,000 cancer diagnoses in Australia over the next 25 years. This reduction will occur through adults maintaining a healthy weight and meeting the physical activity guidelines for cancer prevention.

The forecast, released on World Cancer Day 2019, has prompted a call for government to take stronger measures to help Australians live a healthier lifestyle.

To read more: <https://bit.ly/2E2jUV9>

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WA Primary Health Alliance is supported by funding from the Australian Government under the PHN Program.

Rural Health West is funded by the Australian Government Department of Health and the WA Country Health Service.

Measles Alert for General Practitioners and Emergency Departments

- Fourteen cases of measles have been notified in WA in 2019, with numerous exposure events across the Perth metropolitan area. More cases are expected over the coming weeks.
- Clinicians are asked to consider a diagnosis of measles in a febrile patient, even if they are fully vaccinated.
- Suspected measles cases require immediate isolation with airborne precautions and must be promptly notified to public health.
- Practices should triage cases of fever in recently returned travellers to isolation rooms.
- GPs should offer MMR vaccination to prospective overseas travellers who are not immune to measles.

Full report available go to: <https://bit.ly/2VdsAz2>

Eat Brighter Campaign Toolkit

Campaign: Feb - Mar 2019

Only one in ten WA adults are eating the recommended serve of five vegetables per day. The Eat Brighter, LiveLighter® campaign aims to encourage people to increase their consumption and choice of fruit and vegetables. The campaign discusses adding more colour to meals by increasing fruit and vegetables in the diet.

The LiveLighter® campaign reminds people to increase their fruit and vegetable consumption at key points of purchase (e.g. shopping centres, leaving the office to buy lunch) or during meal planning (e.g. at the train station on the way home from work).

To view the toolkit visit: <https://bit.ly/2GWleL5>

International Women's Day – 'Women in Medicine' Breakfast

RACGP WA invites female medical colleagues to celebrate International Women's Day, to connect with peers and hear from an insightful guest speaker, Katie McDonald from Boutique Advisors.

This year's theme for International Women's Day is #Balanceforbetter, (<https://bit.ly/1XkV07k>) a call-to-action for driving gender balance across the world. While slightly more than 50% of RACGP members are women, there is more work required before that balance is reflected in all aspects of the profession.

To register go to: <https://bit.ly/2Xqcp3k>

Have your say on discharge summaries

GPs are invited to complete a short survey on the quality and timeliness of discharge summaries from Sir Charles Gairdner Hospital. This hospital is working to improve its discharge summaries and the feedback from GPs will allow them to achieve this. GPs are asked to take a few minutes to complete this very brief, confidential survey, which closes 31 March, via the following link:

<https://www.surveymonkey.com/r/SCGHdischarge>

Accreditation tip – immunisation status of staff

RACGP Standards for general practices 5th edition C3.5B - <https://bit.ly/2SiUeIN>

Recent information on compliance against the 5th edition of the Standards has identified that practices continue to have difficulty with appropriately recording staff immunisation status, as well as the provision of immunisations relevant to the roles of their staff.

For compliance in a 5th edition assessment, practices must demonstrate that they record the natural immunity to vaccine-preventable diseases or immunisation status of practice team members, if known (and with their consent), and offer staff members immunisations recommended in the *Australian Immunisation Handbook* as appropriate to their duties.

It is important to remember that this indicator falls under the work health and safety criterion, as what you are seeking to achieve by conducting these activities is a workplace that looks after the health and wellbeing of its staff and its patients.

In the Medical Board of Australia's *Good medical practice: a code of conduct* (<https://bit.ly/2Vd7Oj5>) for doctors in Australia, Section 9.2 notes that good medical practice involves "making sure that you are immunised against relevant communicable diseases". This is to reduce the risk of a healthcare provider either contracting or spreading an infection in the course of their work. It is important to remember that the recommendation to ensure practice staff are immunised (or have natural immunity) is not only to protect themselves, but to prevent them spreading infections to susceptible patients with whom they may come into contact.

Practices should refer to the Australian Immunisation Handbook, as well as examining the context and setting of the healthcare they provide, to ensure that they are aware of the vaccine-preventable diseases that their staff may come into contact with and offer the appropriate immunisations. Immunisation can be provided by the GP(s) of the practice, or by a staff member's own GP.

It is acknowledged that, on occasion, a practice may have an employee who has an objection to receiving recommended immunisations. In such cases, it is suggested that an appropriate staff member discuss the rationale for the immunisations, including ensuring the employee's own workplace health and safety, as well as that of others. Employees should always be encouraged to participate in the practice's immunisation program. If the employee still refuses, the practice should assess the risk to the employee, colleagues and patients, of the immunisation not being provided. Risks will vary depending on the role the employee has within the practice, and the level of patient contact.

Your practice may wish to put in place systems that, during the recruitment process, address staff immunisation expectations. While an employment decision shouldn't be made on the basis that an employee will not be immunised, you may wish to include the requirement to be immunised against certain diseases as a condition of employment. If you do implement such requirements, this should be discussed during interviews to ensure that you have transparency in your expectations. You may ask that evidence of natural immunity or immunisations received is provided prior to the employee commencing work.

In terms of record-keeping, if your practice delivers immunisations to its staff, these will be recorded in the individual's patient health record. However, this is not a particularly effective method for managing the immunisation status of your staff from a human resources perspective. It may be preferable to maintain a spreadsheet (or similar method) where the immunisation status of all staff can be recorded and more easily tracked.

It is noted that records of immunisation status can only be kept with the consent of the employee, and it is possible that employees may refuse to disclose their immunisation status. Hopefully, few practices will encounter this issue, and implementing processes that address immunisation status from recruitment onwards should support the practice to manage challenging situations such as this.

Useful links:

Australian Immunisation Handbook – *Vaccination for people at occupational risk* <https://bit.ly/2Nitac7>

– *Vaccination for people who care for others* infographic <https://bit.ly/2EIKZnq>

WA Department of Health - *Health Care Worker Immunisation Policy* <https://bit.ly/2TZrUwX>

MBS Changes effective 1 March 2019

The following changes will take effect from 1 March 2019:

New group under Category 1

A35 - Services for Patients in Residential Aged Care Facilities

New subgroups under A35

- 1 - Flag Fall Amount for Residential Aged Care Facilities
- 2 - General Practitioner Non-Referred Attendance At A Residential Aged Care Facility
- 3 - Other Medical Practitioner Non-Referred Attendance At A Residential Aged Care Facility
- 4 - Non-Specialist Practitioner Non-Referred Attendance At A Residential Aged Care Facility

Services for Patients in Residential Aged Care Facilities

The government will increase the Medicare Benefits Schedule fees for GPs attending a residential aged care facility to help ensure that GPs have appropriate incentives to provide care in aged care facilities.

Currently, the Medicare benefit is calculated from the type of service provided and the number of patients seen at a residential aged care facility. This arrangement, known as a 'ready reckoner', calculates the total benefit based on a nominal amount plus a modifier. The modifier must be divided or multiplied (6 or fewer patients is divided, 7 or more patients is multiplied) by the number of patients seen by the doctor at the residential aged care facility.

From 1 March 2019, this arrangement will be changed for the most commonly claimed GP services in residential aged care facilities. The existing ready reckoner attendance items (20, 35, 43, 51, 92, 93, 95, 96, 183, 188, 202 and 212) will be replaced with 12 new attendance items in group A35. These items have the same requirements as the deleted attendance items but have a nominal fee amount the same as attendance items in consulting rooms. The new attendance items can be claimed for each patient attended during a residential aged care facility visit.

A new single callout fee recognises the important role of GPs in supporting the health and care of patients in residential aged care. The call out fee is \$55 for GPs (item 90001) and \$40 (item 90002) for other medical practitioners working in general practice.

This amount is intended to reflect the costs doctors incur when providing professional services in residential aged care facilities. The call out fee is only payable once per visit to a residential aged care facility.

To read more visit: <https://bit.ly/2twbPTP>

New MBS Item proposed for Eating Disorders due to commence in November 2019

- On 10 December 2018, the Australian Government announced a commitment of an estimated \$111 million to the creation of a specific item number for eating disorders. The new MBS item will commence from November 2019.
- Under the new item, individuals will be able to access up to 40 psychological sessions and up to 20 dietetic session in any calendar year. This is an increase from the previous 10 psychological sessions under the GP Mental Health Care Plan item and the previous 5 sessions under the Dietetics Services item.
- Details on eligibility for the new Medicare item numbers is yet to be provided by the Commonwealth.

Heart Age Calculator

In an effort to encourage the population to consider their personal risk of heart disease, the Heart Foundation has launched a new Heart Age Calculator as part of the Heart Foundation's new media campaign.

The calculator is not a clinical tool and the Heart Foundation recommends doctors or health professionals use the Absolute CVD Risk Assessment tool to complete a heart health check.

To find out more visit www.heartfoundation.org.au

Immunisation Update

WAPHAs immunisation strategy aims to improve childhood immunisation rates. WAPHA works diligently in collaboration with the Communicable Disease Control Directorate (CDCD) and the Area Health Services and are actively involved on many immunisation network meetings and steering committees, such as WAISISC. WAPHA provide support to CDCD and Area Health Service initiatives through the services provided by PHLs (Primary Health Liaisons). This is through reinforcing messaging initiated by CDCD to Immunisation Providers e.g., schedule changes, AIR data issues, changes to eligibility criteria. WAPHA also address the implications of non-vaccination amongst the population in order to compliment the Western Australian Immunisation Strategy 2016-2020.

Our PHLs can work with practices in order to reduce the number of overdue immunisations and prioritise AIR support and training.

Everyone can be an effective advocate for vaccination: here's how

The World Health Organisation (WHO) has named vaccine hesitancy as one of their top 10 threats to global health for 2019. <https://bit.ly/2VRA77A>

Vaccination is often a topic of public debate. Last week, the wife of an NRL footballer made national headlines (<https://bit.ly/2TbXr6n>) after posting on Instagram that the couple did not plan to vaccinate their children.

Conversations between peers can be very influential, because behaviours are shaped by social norms, (<https://bit.ly/2tyIIQP>) or the values of people in our social network. Evidence-based communication techniques can be an important strategy for discussing the benefits of immunisation, not only to the individual but also within a population.

To read more visit: <https://bit.ly/2U1fe8P>

Childhood immunisation coverage data by PHN and SA3 – 2018 annualised data:

The Department of Health has published the childhood immunisation coverage rates for 2018. This publication provides links to the full set of childhood immunisation coverage data from 2015 onwards for Primary Health Networks (PHNs) and Statistical Areas Level 3 (SA3). This data can be accessed at the Department of Health website. <https://bit.ly/2GEWLfj>

Conversations with vaccine-hesitant parents: how the new SKAI website can help. A NCIRS webinar for immunisation providers - 18 February 2019

Sharing Knowledge about Immunisation (SKAI) can help reassure parents about the importance of vaccinating children. The SKAI website contains information about every vaccine included on the NIP schedule for children, and the diseases they help prevent. It answers the questions parents ask, in an easily interpreted and accessible format.

SKAI have also created a webinar for health professionals on how to use the SKAI website during conversations with parents. This webinar was created from years of research with providers and parents. All registrants will be sent links to the live website for parents on the day of the seminar/webinar and will also be updated on future developments when the provider website and eLearning module tools become available.

Further information is available at the NCIRS Website: <http://www.ncirs.org.au/>

To Register visit <https://bit.ly/2BkUhOE> to attend live via Zoom webinar

To Register visit <https://bit.ly/2Xqdvfs> to attend in person at Westmead

Quarterly Vaccine Wastage Report

The state-wide Quarterly Vaccine Wastage Report is developed by the Communicable Disease Control Directorate (CDCD) using wastage data reported to WA Health by vaccine providers, of government-funded vaccines.

Summary of wastage from 1 October - 31 December 2018

- 3.9% of annual vaccine distribution was reported as wasted.
- 612 wastage incidents were reported, and the average cost of each incident was \$475.
- Of these, 76 were reported as cold chain breach. The average cost of each cold chain incident was \$1,395.
- The proportion of wastage to distribution for metropolitan providers is 3.4% and for regional areas is 5.9%.
- Between January and December 2018, were 2,571 vaccine wastage incidents reported, resulting in 56,483 vaccine doses wasted, at a cost of \$1,553,095.
- Cold chain breach and vaccine expiry accounted for 36% and 61% of total wastage, respectively.
- Influenza vaccines accounted for 57% of all expiry doses reported.

Key messages

- Rotate vaccine stock to ensure stock is used before expiry.
- Only order amounts needed and do not overstock the fridge as this can negatively affect temperature control and may result in more vaccines being lost in the event of a cold chain breach.

My Health Record update

Manage Your Record from age 14

The Australian Parliament has made important changes to My Health Record laws. These new laws (<https://bit.ly/2U2aNKM>) mean stronger privacy protections for young people aged 14 -17 years. If the person is 14 years or older, parents will no longer have access to their child's My Health Record unless invited.

Technical changes to the My Health Record system to reflect these new laws were implemented on 4 February 2019. On this date, all existing authorised representatives for teenagers over the age of 14 were removed from their record. For more information visit: <https://bit.ly/2MXMqeH>

Uploading a shared health summary

A shared health summary can be created at any consultation; however, uploading a shared health summary will be particularly beneficial for patients with chronic conditions and co-morbidities. As part of putting the My Health Record system into practice, the RACGP recommends that a healthcare provider creates and uploads a shared health summary when completing a patient health assessment, because this is a time when the health summary within the local GP clinical system is being updated.

With the opt-out period having finished, the majority of your patients will have a My Health Record available in the coming weeks. The process for viewing and adding information to a My Health Record differs depending on the clinical software in use. Find more information and software specific guides on the My Health Record website <https://bit.ly/2SQ2HIX>

NPS MedicineWise update

Clinical education – Virtual Visits

NPS MedicineWise have been working for over 20 years, making Australia more medicine wise through digital health and data insights, health professional education and reliable health information for consumers.

NPS MedicineWise can deliver free, accredited clinical education for GPs as a Virtual Visit, via video conference.

A one-to-one Virtual Visit takes 30 minutes and can be scheduled at a mutually convenient time – before, during or after work hours.

Virtual visits are accredited, typically for 2 (Category 2) points in the RACGP QI & CPD Program and 1 Core point in the ACRRM PD Program.

To view available topics and book, visit the NPS MedicineWise website: <https://bit.ly/2twiz3U>

Education and training

Visit our Webinars & Workshops page at www.practiceassist.com.au for more events in your area.

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

Date: Thursday, 28th February 2019
Time: 10am – 10:45am
Venue: Online
Register: To register, please visit <https://bit.ly/2Ep2iUR>

Addressing Eating Disorders in Primary Care

Eating disorders affect approximately 9% of Australians; have one of the highest mortality rates of any mental illness; and require a multidisciplinary approach.

The National Eating Disorders Collaboration and WA Primary Health Alliance invite all medical and health professionals working in primary care to a free introductory education evening on:

- ✓ screening and assessment
- ✓ management and treatment
- ✓ recovery and essential elements of care
- ✓ supporting patient and carers
- ✓ referral pathways and support services

Date: Tuesday, 26 March 2019
Time: 6:30pm – 8:30pm
Venue: Perth Children's Hospital, Nedlands
Cost: Free
Register: To register, please visit <https://bit.ly/2SRySaL> or events page at www.nedc.com.au

Please visit <https://bit.ly/2GX1dVS> to view the Invitation

Date: Tuesday, 26 March 2019
Time: 6:30pm – 8:30pm
Venue: ECU, East Bunbury
Cost: Free
Register: To register, please visit <https://bit.ly/2SRySaL> or events page at www.nedc.com.au

Train IT Medical – Best Practice: Team-based Care

Presented by: Katrina Otto

Practices who are using Best Practice are invited to this free face-to-face training session. This session is for all practice staff who use clinical software.

Katrina Otto is the Principal and Owner of Train IT Medical and has over 25 years' experience as a Medical Practice Manager & Adult Educator. Katrina is one of Australia's leading practice management consultants and regularly works with practices on process improvement, data quality and maximising effective use of technology.

Learning Objectives:

- Use electronic health records and software tools for patient and practice improvements;
- Utilise third party data analytic tools for quality improvement activities;
- Develop an understanding of the concept of care gaps;
- Produce detailed data analytic reports from a patient, clinician and business perspective;
- Design a planned approach to patient health improvements and meet QI PIP requirements;
- Implement a team-based, systematic approach to improvements based on quality data and patient engagement.

Date: Wednesday, 10 April 2019
Time: 1pm – 4pm
Venue: WAPHA Offices, 2-5, 7 Tanunda Drive, Rivervale
Cost: Free
Register: To register, please visit <https://bit.ly/2U4tnBX>

Train IT Medical – Medical Director: Team-based Care

Presented by: Katrina Otto

Practices who are using Medical Director are invited to this free face-to-face training session. This session is for all practice staff who use clinical software.

Learning Objectives:

- Use electronic health records and software tools for patient and practice improvements;
- Utilise third party data analytic tools for quality improvement activities;
- Develop an understanding of the concept of care gaps;
- Produce detailed data analytic reports from a patient, clinician and business perspective;
- Design a planned approach to patient health improvements and meet QI PIP requirements;
- Implement a team-based, systematic approach to improvements based on quality data and patient engagement.

Date: Wednesday, 10 April 2019
Time: 9am – 12 noon
Venue: WAPHA Offices, 2-5, 7 Tanunda Drive, Rivervale
Cost: Free
Register: To register, please visit <https://bit.ly/2H271xA>