

Practice Connect

Latest news and updates

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PIP QI Payment Update

We are now a month into the second quarter of the Practice Incentive Program (PIP) Quality Improvement (QI), with the first quarter ending on 31 October 2019. We have seen great participation rates across Western Australia, and we would like to thank all practices for their patience and cooperation in these first few months. Some practices may have already received payment for the first quarter, while others can expect to receive payment in the coming weeks. The Australian Department of Health has issued the following advice regarding payments:

- Practices that registered with the Department of Human Services (DHS) to participate in PIP QI **before 15 October 2019**, or practices that registered with DHS and had an exemption granted between **1 August 2019 – 15 October 2019** should have received payment in November.
- Practices that registered with the Department of Human Services (DHS) to participate in PIP QI **between 16 October – 31 October 2019**, or practices that registered with DHS between **1 August – 31 October 2019** and had an exemption granted between **16 October – 31 October 2019** can expect to receive payment in December.

Practices that do not receive a payment may have had their payment delayed or withheld because:

- Of non-compliance with eHealth Incentive requirements (this can affect all PIP payments for a short time),
- The practice's accreditation has expired.
- The annual confirmation statement has not been confirmed.

If you have any questions or concerns about your practice's eligibility or participation in PIP QI, please contact [Practice Assist \(1800 22 77 478\)](tel:18002277478) or your Primary Health Liaison (PHL) or CPC Facilitator. Further information about PIP QI can be found on the Practice Assist website: [PIP Toolkit](#).

GP Urgent Care: Launch of MEDrefer Handover and Evaluation eForm

On Tuesday 26th November MEDrefer emailed the installation and user instructions to GP Urgent Care Network practices.

If you have not received this email, or you would like onsite support for installation and training, please email urgentcare@wapha.org.au.

The eForm has been trialed with a number of practices and based on their feedback the eForm can now be submitted by either the GP or the practice nurse. The patients who need to have an eForm completed for handover and evaluation are:

- New patients booking through GP Urgent Care online
- Existing patients booking through GP Urgent Care online
- New patients presenting as an urgent walk-in
- New patients ringing the practice requesting an urgent appointment

Your next step is to complete the eForm for patients who attended the practice under GP Urgent Care since the launch. If you have not kept the details of the patients who have been booked under GP Urgent Care, you can:

- Run a report in your software, if you set up an appointment type such as Urgent Care
- Log into your Health Engine portal, click Online Bookings and then change All Specialties to Urgent Care in the dropdown and review each month from September
- Contact your HotDoc Customer Success Manager

Submit an eForm to your own practice when:

- The patient is your patient
- The patient does not wish for the form to be sent to their Regular GP
- The patient had an appointment from launch until now, and a handover has already been completed to their Regular GP

Submitting an eForm for every patient ensures that the evaluation data is captured. Please note that you must include the area code within the fax field, or the form will not send.

MEDrefer support can be contacted on 1800 556 022 between 7.00am and 3.00pm WST or support@medrefer.com.au. Queries can also be directed to urgentcare@wapha.org.au.

Department of Health: Preliminary Feedback – GP Survey

Key messages related to survey findings and Outpatient Reform Program

Late in 2018 the System Clinical Support and Innovation (SCSI) Unit – Department of Health, partnered with WA Primary Health Alliance to undertake a survey regarding the experience of GPs when they interact with public hospital outpatient services and the Central Referral Service (CRS).

The feedback and information gathered through this process has informed current projects in progress (commencing early 2019); and will continue to inform future works as part of the system-led Outpatient Reform Program.

What was the survey about?

The purpose of the survey was to determine:

- Factors that influence a GP's decision to refer to public specialist outpatient services.
- Current level of GP understanding regarding referral management processes, and feedback about the existing referral templates.
- Current level of GP understanding regarding the Central Referral Service (CRS) and its functions, and suggestions for desired improvements/enhancements.
- Desired level of feedback and follow-up from outpatient services.

Key feedback and action

More than 170 GPs responded to the survey. Key findings from the survey are being used to inform and focus work under the remit of the Outpatient Reform Program (OPR).

OPR ultimately aims to improve access to outpatient services for those patients who require specialist care within the public sector.

The program will be delivered in a phased approach:

Phase 1 work underway that relates to feedback provided in the survey includes:

- Improving system data quality – that will support the system being able to provide more meaningful information sharing with patients and clinicians;
- Development of a patient application (App) to support patients being able to manage their appointment information electronically.
- Implementation of recommendations to improve the effectiveness and efficiency of the CRS – including preliminary scoping to understand how CRS can improve electronic communication and referral management.

Phase 2 work will include developing clear referral criteria for specialties across the system – enhancing information available for GPs at the point of referral. This information will be linked in to HealthPathways where appropriate (and developed in consultation with relevant stakeholders from WAPHA, primary care and Health Service Providers).

Summary

The survey findings have provided rich feedback from the GP community to advise key areas of concern and pressure points related to interacting with outpatient services. This has been used as a reference point for work in progress and will continue to be used throughout the reform and improvement program.

As projects within OPR are defined and progressed, additional feedback will be sought from primary care to improve the collaborative work between the primary and tertiary arms of the health system.

SCSI would like to convey their sincere thanks to all GPs and referrers who responded to the survey. More detailed feedback from the survey and on the OPR is progressing with the DoH Communications team and will be available soon.

HealthPathways: updates on eating disorders

HealthPathways have now published the downloadable template for the eating disorders plan which many GPs have been requesting. This has been recently developed due to the new MBS item numbers introduced to support patients living with an eating disorder.

We have also recently reviewed the eating disorders pathways and now they are updated in line with the new guidelines and information on the new MBS items. For more details see:

- [Eating Disorders pathway](#), including [Anorexia Nervosa](#), [Binge Eating Disorder](#), [Bulimia Nervosa](#) and [Pica](#)
- [NEDC – New MBS Items for Eating Disorders Cheat Sheet for GPs](#)
- [MBS Item Numbers for Eating Disorders FAQ](#)
- [downloadable template for an eating disorders plan](#)

To access HealthPathways please contact your WAPHA Primary Health Liaison or email the HealthPathways team at healthpathways@wapha.org.au

NPS MedicineWise: Virtual Visits

This month, NPS MedicineWise Chief Executive Officer Associate Professor Steve Morris wrote to Western Australian General Practices with information about the various education programs and resources offered by NPS MedicineWise.

The programs are independent evidence-based and drive quality use of medicines and medical tests to support improvements in patient outcomes. All activities offered by NPS MedicineWise are free of charge and most are CPD-accredited.

The letter highlights the fact that practices participating in NPS MedicineWise programs should advise their PHN, because activities may also assist general practices in meeting the eligibility criteria for the Practice Incentive Program Quality Improvement (PIP QI) Incentive.

As an example. NPS MedicineWise Clinical e-Audits are free and accredited for 40 Category 1 Points with RACGP and 30 PDP points with ACRRM. Completing an NPS MedicineWise online Clinical e-Audit demonstrates that your practice participates in continuous quality improvement activities.

The list of available [NPS MedicineWise activities, resources and services](#) can be accessed [here](#).

If you have any queries you can contact NPS MedicineWise via email info@nps.org.au or via telephone on 02 8217 8700.

Accreditation tip: referral letters

RACGP Standards for general practices 5th ed (GP2.3B)

With general practice a central point for the coordination of care, it is vital that your practice has processes in place to work cooperatively with other healthcare providers and services to support optimal care for your patients. A key feature of high-quality engagement is the provision of referral letters that “are legible and contain all required information” (Indicator GP2.3B, *Standards for general practices*, 5th edition).

Referral letters must

- include the name and contact details of the referring doctor and practice
- be legible
- include the patient’s name, date of birth, and at least one other patient identifier
- explain the purpose of the referral
- contain enough information for continuity of care between providers
- omit sensitive information that is not relevant to the referral
- include the list of known allergies, adverse drug reactions, and current medicines
- identify the healthcare setting to where the referral is being made

The referral may also contain the name of the healthcare provider to whom the referral is being made, if one has been selected, and any relevant information that might help other providers to deliver culturally safe and respectful care (for example, primary language spoken, interpreter needs, potential communication barriers).

When deciding upon patient information to be included in a referral, it is important to consider the term “required information”. While patient health summaries will usually contain the information needed, they may also include information that is not relevant to the context of care for which the patient is being referred. The RACGP gives the example of sexually transmissible disease information being relevant to the referral to an obstetrician or gynaecologist, but likely irrelevant to a physiotherapist referral. You may also wish to give your patient the opportunity to read the referral letter before sending it.

When composing and sending a referral letter, you must take reasonable steps to ensure the transmission of the information is secure, protects the patient’s privacy, and considers your obligations under the [Privacy Act 1988](#). For medico-legal and clinical reasons (and to meet the *Standards*), you must keep copies of all referral letters in the patient’s health record.

Your clinical software may have templates available that will auto-populate referral letters with the patient’s health summary, and this often represents a reliable method for ensuring referral letters contain the appropriate clinical information. Your policy may state the patient identifies that you prefer to include in referral documents.

When requesting services under Medicare, referrals from general practitioners to specialists last 12 (twelve) months, unless noted otherwise. The validity period commences from the date the specialist first attends the patient, not from the date issued. GPs can write referrals beyond 12 months, or for an indefinite period.

Useful links

RACGP *Standards for general practices* 5th ed [Indicator GP2.3B](#)

RACGP [Referring to other medical specialists: A guide for ensuring good referral outcomes for your patients](#)

Department of Human Services [Referring and requesting Medicare services](#)

My Health Record: Practice Nurse Digital Health Training Workbook

Since the conclusion of the My Health Record Opt out trial, 9 out of 10 Australians have now got a My Health Record. Implementing My Health Record into the practice and uploading Shared Health Summaries and Event Summaries will ensure that all relevant health providers have access to important clinical information.

This training pack has been put together with information and suggestions gathered from different healthcare providers on how to best integrate uploading to the My Health Record system. Please read and follow the booklet and attempt the interactive tasks set throughout. Please keep this booklet for evidence of continual professional development

For assistance on tasks, please contact your Practice Manager the person nominated as your Responsible Officer or Organisational Maintenance Officer. For more information on the My Health Record or further training resources please visit:

<https://www.myhealthrecord.gov.au/for-healthcare-professionals>

The Advance Project: Information sessions

Advance care planning is an important step in ensuring a person's preferences and values are known at the end of their life. General practice has an opportunity to start these discussions with patients because trust has already been established.

WA Primary Health Alliance is working with Hammond Care to support Western Australian general practices to implement a team-based approach to initiating advance care planning and palliative care into everyday clinical practice. The Advance Project is a practical, evidence-based toolkit and training package, specifically designed to support general practices to deliver team-based care.

The Advance Care Project would like to invite you to hold an information session for all practice staff. The event will be held at your location and convenience, where possible. The session will take 1 hour depending on questions you may have. If this is something you would be interested in, please speak to your WA Primary Health Alliance Liaison or Coordinator, or alternatively please contact The Advance Project Lead directly: Roseanne.Adamson@wapha.org.au

Please click [here](#) to view **The Advance Project flyer** on these information sessions.

Department of Veterans Affairs: New-look card shows veteran support

As of Wednesday, 13 November 2019 the familiar Department of Veterans' Affairs (DVA) health cards, also known as the DVA Gold Card, White Card and Orange Card, have had a makeover.

The new-look **Veteran Card** is part of a broader Australian Defence Veterans' Covenant that acknowledges the unique nature of military service and the contribution of veterans and their families.

The Covenant is supported by the Veteran Card, Lapel Pin and Oath. These provide opportunities for Australians to identify veterans when they are not in uniform or wearing their medals and offer respect to themselves and their families. Employers, businesses, local community groups and the broader Australian public are able to commit their support for the Covenant.

Regardless of the new design, the Veteran Card will continue to provide access to the same benefits card holders are eligible for using their existing DVA health cards. The Veteran Card will also retain the current Gold, White and Orange colouring consistent with the old health cards.

The current service provision and processing will remain unchanged. There are no changes to DVA client health entitlements or arrangements for health providers who treat DVA clients, including the Provider Notes rules on advertising and promotional activity'.

The existing health cards are being progressively replaced as part of a phased replacement program.

To find out more about the Veteran Card or the Australian Defence Veterans' Covenant, please visit recognition.dva.gov.au or email DVA at GeneralEnquiries@dva.gov.au

For an overview for providers about the entitlement of DVA Gold Card holders, which DVA funded treatments they can receive, please click here [Understanding the DVA Gold Card'](#)

DVA have also published an article about [Understanding the DVA Veteran Card - White](#) which provides further information about white card veteran holders and their respective entitlements.

Health promotion events

Nurse Practitioner Week is December 9 to 15

Each year the Australian College of Nurse Practitioners holds Nurse Practitioner Day on the 12th December to celebrate an important milestone for the nursing profession. This date was identified as a date of national significance, as the first nurse practitioners were endorsed in Australia in the year 2000 - Ms Sue Denison and Ms Jane O'Connell.

Now 19 years later, there are now over 1,800 Nurse Practitioners endorsed with the Nursing and Midwifery Board of Australia and the ACNP would like to continue to promote this important career pathway for a new generation of Nurse practitioners in Australia.

The theme for Nurse Practitioner Week in 2019 is "Much More Than You Know".

Nurse Practitioner Week is one of the biggest weeks in the calendar of Nursing Practitioner's and will run from the 09 December until the 15 December 2019.

We all know, there is still not enough known amongst the Australian public and even those working within health care of the work carried out by a Nurse Practitioner. Let alone, the value that NPs add every day to their patients and the healthcare system.

In 2019, Nurse Practitioner Week is all about sharing with Australians that Nurse Practitioners are MUCH MORE.

To learn more about Nurse Practitioners, please visit:

<https://www.acnp.org.au/aboutnursepractitioners>

For information on how to be involved, and resources about Nurse Practitioner Week please visit:

<https://www.acnp.org.au/np-week>

Coming up soon...	
International Day of Persons with Disabilities	3 December
International Volunteer Day	5 December

Education and training

Visit our Webinars & Workshops page at www.practiceassist.com.au for the events calendar.

Diabetes in Practice for Nurses
Presented by Diabetes Qualified
Online learning

Eating Disorders Essentials – Workshop for Private Practising Dietitians
Presented by West Australia Eating Disorders Outreach and Consultation Service (WAEDOCS)
Tuesday 3 December

RACGP eHealth Webinar Series: Using personal mobile devices for clinical photos in general practice
Presented by RACGP
Tuesday 3 & Thursday 5 December

Respiratory syncytial virus (RSV) vaccine update
Presented by Department of Health
Thursday 5 December

BreastScreen WA
Free mammograms for Exmouth women
Friday 6 December to Thursday 19 December

High Risk Foot Symposium
The Western Australian Foot Care Annual Meeting WAFCAM
Saturday 14 December

BreastScreen WA
Free mammograms for Denham women
Monday 6 January to Wednesday 8 January

WA Rural Health Conference 2020: Beyond 2020 Health Innovations
Rural Health West
Saturday 21 & Sunday 22 March

RACGP Practice Owners National Conference
Presented by RACGP
Saturday 16 & Sunday 17 May

APNA National Conference
Webinar presented by Pen CS
Thursday 21 to Saturday 23 May

Hepatitis C point-of-care (PoC) - Free set of online learning modules for community practitioners now available
Free set of online learning modules presented by The Australasian Society for HIV