

# Practice Connect



**Practice Assist**  
Strengthening general practice in WA

4 December 2018

## Latest news and updates

### Updates to the Practice Assist website

We have recently made some updates to the Practice Assist website to allow better access to information, and further expansion of the resources we deliver to you.

In preparation for our Practice Manager, and Practice Nurse, networking sessions, which are due to commence in the first quarter of 2019, we have added individual pages for these networking groups under the *News and networking* tab. You will soon be able to find the schedule of networking events, and the education topics for each session, on these pages.

Within *The Tool Kit* tab, we have rearranged the structure to provide Aboriginal Health and HealthPathways with their own pages. This acknowledges these areas as priorities for WA Primary Health Alliance, and allows us to continually build on the information and direct links we can provide.

Finally, you will see that our *Education and training* tab has been updated to *Education and research*. We often receive requests from organisations and individuals who are conducting healthcare-based research and are seeking participants. The *Research and surveys* page under this tab will allow us to establish a place where we can promote current research projects and surveys that may be relevant to our audience, and to which you may wish to contribute.

### Christmas schedule for Practice Connect

Practice Connect's last edition for 2018 will be delivered on 18 December, after which we will be taking a break during January.

Look out for our first 2019 edition on 29 January.

The Practice Assist help desk will also be closed from 5pm on Friday, 21 December, 2018, re-opening at 8.30am on Wednesday, 2 January, 2019.

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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.

## Changes to the delivery of NASH PKI certificates

General practices and other healthcare providers that use NASH PKI certificates to interact with My Health Record should be aware that changes have been introduced that allow NASH certificates to be downloaded securely via HPOS by Organisation Maintenance Officers (OMOs), using a PRODA account. Previously, NASH PKI certificates were delivered to healthcare providers via a CD.

An organisation's certificate will be available for download for a period of thirty (30) days from when it is issued.

Please note that those organisations that have an existing NASH PKI certificate that expires after 7 November will no longer automatically receive a CD in the mail. Instead, a letter will be sent 60 days before the certificate expires, notifying the organisation of the expiry date and directing it to download a new certificate through HPOS.

For more information on NASH PKI, please visit the Department of Human Services website at <https://bit.ly/2E4AGFC>.

## Urgent Medicine Recall – DILART / DILART HCT

The Therapeutic Goods Administration has issued an urgent medicine recall for DILART valsartan film-coated tablet blister packs and DILART HCT valsartan and hydrochlorothiazide film-coated tablet blister packs.

Please check the details of this recall by visiting <https://bit.ly/2Smav0m>.

## Expressions of Interest: Rockingham Peel Group – Hospital Liaison GP

WA Primary Health Alliance is currently seeking a forward thinking, innovative General Practitioner (GP) for its newly created Hospital Liaison GP position located in the Rockingham Peel Group. Ideally the GP will currently practice within the Rockingham Peel Group catchment area and have a keen interest in continuous improvement to further strengthen the integration between the hospital setting and primary care to improve patient care outcomes.

This is a part time position, of four (4) hours per week on a limited term contract.

The purpose of the Hospital Liaison General Practitioner (HLGP) role is to advise on and contribute to system improvements related to the general practice and hospital interface to optimise the continuum and quality of patient care.

For more information on the selection criteria and EOI process, please visit <https://bit.ly/2DSOty3>.

## Accreditation tip – ethical dilemmas

### RACGP Standards for general practices 5<sup>th</sup> ed (C2.1E)

A brand new indicator in the 5<sup>th</sup> edition of the Standards for general practices, although not a brand new concept for general practices, is the requirement for your clinical team to demonstrate that it considers ethical dilemmas. This comes under the criterion relating to respectful and culturally appropriate care, guiding the principles of a patient-practitioner relationship that is based on mutual respect and mutual responsibility for the patient's health.

The College states that “practitioners often need to manage ethical issues and dilemmas in many different primary healthcare situations.” Examples of ethical dilemmas include patient-practitioner relationships (familial, romantic, and / or friendly), professional differences, emotionally charged clinical situations, gift-giving, or moral challenges such as requests for unwarranted medical certificates or reporting of unfit behaviour.

To achieve compliance against this indicator, you must be able to show evidence that your practice documents any ethical dilemmas that have been considered, and the outcome or solution. Ideally, you will have a policy and procedure that guides the system for managing ethical dilemmas in your practice. It is a good idea to discuss ethical dilemmas at your clinical team meetings to promote a consistent approach for managing these situations, as well as sharing knowledge and learnings. You may wish to implement a system that encourages practitioners to present theoretical ethical dilemmas and discuss solutions. From these discussions, you might develop waiting room signage that defines these common ethical dilemmas, and advises patients how they will be managed.

Where a practitioner encounters an ethical dilemma and discusses it with his or her medical defence organisation, documentation of this discussion should be kept separate to the patient's health record. Where a GP encounters an ethical dilemma for themselves, they may wish to declare this to the patient, and appropriately refer the patient to another practitioner (please see article below).

While it is members of the clinical team who will most likely encounter ethical dilemmas, it is also worthwhile extending some discussions, or training, to all members of your practice team. Your reception staff, for example, may find themselves in situations where gifts are given or offered, or where requests are made of them for information that presents them with a moral question. It is important that all staff have the knowledge and training to manage such instances, and to do so in a manner that is consistent across your practice.

### Useful links:

RACGP Standards for general practices 5<sup>th</sup> ed Criterion C2.1E <https://bit.ly/2EaxlVr>

Medical Board of Australia *Good medical practice: a code of conduct for doctors in Australia*  
<https://bit.ly/2wJvNN5>

## GPs and conscientious objection to treatments

Following on from the accreditation tip about managing ethical dilemmas in general practice, the RACGP recently published an article, and interview with Dr Mark Morgan (Chair of the RACGP Expert Committee – Quality Care), regarding the expectations for GPs who find themselves with a clinical situation or request to which they have a conscientious objection.

Please review the article, published in *newsGP* on November 28, by visiting <https://bit.ly/2BLcUfh>.

# The Advance Project

## Better care through team-based initiation of advance care planning and palliative care

The Advance Project is a free, evidence-based toolkit and training package, specifically designed to support GPs, nurses and practice managers.

The project has been funded by the Department of Health, and has received training endorsement from the Royal Australian College of General Practitioners, the Australian College of Rural and Remote Medicine, and the Australian Primary Health Care Nurses Association.

The toolkit consists of a number of resources for clinicians, and patient and carer assessment tools to help primary care clinicians to work as a team to initiate conversations about advance care planning, and to assess patients' and their carers' palliative and supportive care needs.

For more information, please go to [www.theadvanceproject.com.au](http://www.theadvanceproject.com.au), or visit <https://bit.ly/2Qpz7I5> for 5 things you should know about The Advance Project.

## Referral periods from a GP to a specialist

Following some queries from practices, we would like to remind you of the Medicare guidelines on referral periods when the referral is from a GP to a specialist.

A referral from a GP to a specialist last 12 months, unless noted otherwise. A common misconception is that the referral period commences on the date the referral is issued. In fact, the 12 month referral period starts from the date the specialist first attends the patient.

GPs can write referrals that last beyond 12 months if a patient needs continuing care, however if a patient has an indefinite referral for one condition and then has a new or unrelated condition, the GP must issue a new referral for that condition.

For more information on referrals, please visit <https://bit.ly/2EaAwfL>.

## New Aged Care Quality Standards

New single Aged Care Quality Standards, designed to empower senior Australians and ensure responsibility and accountability for their care, have been released.

Providers delivering clinical care will be required to maintain quality clinical frameworks, including infection control, open disclosure to consumers, their families and representatives, and minimising the use of restraint. Quality care provision will be paramount, with aged care providers required to prove their care and services are safe, effective and focussed on their consumers.

The new Aged Care Quality Standards are contained in the Quality of Care Amendment (Single Quality Framework) Principles 2018 (which can be accessed by visiting <https://bit.ly/2DXjL6W>).

Providers will continue to be assessed against the current Standards until 30 June 2019, with assessment and monitoring against the new Aged Care Quality Standards commencing on 1 July 2019.

The new Aged Care Quality Standards can be viewed by visiting <https://bit.ly/2RpzvUk>.

# New training requirement for prescribers of yellow fever vaccine

Medical practitioners and nurse practitioners who intend to prescribe the vaccine at their practice (those practices approved as Yellow Fever Vaccination Centres) will now be required to complete an online learning course to obtain accreditation. Practitioners already prescribing the vaccine will have up to three years to complete the course.

Developed by the Australian Government Department of Health, the Yellow Fever Vaccination Course will be available online through the Australian College of Rural and Remote Medicine's learning portal from 26 November 2018. It is anticipated that individuals with previous experience or qualifications in travel medicine will be able to complete the course quickly.

The course will bring Australia in line with other countries that have individual training requirements for prescribing yellow fever vaccine.

Unlike other vaccines, the yellow fever vaccine has international certification requirements which must be completed according to the World Health Organization's *International Health Regulations (2005)*. The course aims to ensure that all prescribers are familiar with international requirements, along with the other unique aspects of the vaccine that are fundamental for safe clinical decision making. While yellow fever is not endemic in Australia, many Australians are vaccinated each year before travelling to yellow fever-risk countries.

National Guidelines for Yellow Fever Vaccination Centres and Providers will also be made available via the Human Biosecurity portal (found by visiting <https://bit.ly/2FLYbVD>) on the Department of Health's website following the launch of the course. The guidelines provide direction on minimum requirements for vaccination and accreditation procedures. Approval of Yellow Fever Vaccination Centres and providers will still be at the discretion of state and territory health authorities as the accrediting bodies.

For more information on the new Yellow Fever Vaccination Course and National Guidelines for Yellow Fever Vaccination Centres and Providers, please see the Yellow Fever Vaccination Factsheet (by visiting <https://bit.ly/2FKb42m>) or contact [humanbiosecurity@health.gov.au](mailto:humanbiosecurity@health.gov.au).

## Autism Training project – WA Health Sector

The Autism Association of Western Australia is partnering with the WA Health Sector to develop training packages and resources to increase Autism awareness within the health sector.

This initiative to increase the capability of the health services workforce in WA is aligned to the implementation of the WA Disability Health Framework 2015 – 2025, and the National Disability Insurance Scheme.

To ensure the training and resources developed are relevant, the Autism Association wants to hear from GPs, hospital staff, regional health workers, Aboriginal health service providers, nurses, and other health professionals to get an understanding of the types of training required by healthcare providers to appropriately support patients on the Autism spectrum.

For more information, please visit <https://bit.ly/2PcCM7D>.

# Notification of error generation for limited report types – Best Practice

## Administrator action may be required for users of Bp Premier on Lava & Indigo versions

### Notification:

Two (2) separate issues have been identified that may generate errors under certain conditions for a limited range of reports. This only applies to users of Bp Premier on Lava and Indigo versions.

### Potential Issue 1:

Users may experience issues when running 'Check for Payments', possibly affecting parts of payment reports if multiple people perform this function simultaneously.

### Potential Issue 2:

Users may also experience an error (Subquery returned more than 1 value) when running Services - By Account Type (Grouped by item) Reports and similar reports.

This error may be caused by performing multiple service adjustments within Online claiming. This issue can occur when a Medicare item has been adjusted and resent multiple times, and a batch that contains that item is reset via Bp Premier's 'Get Processing report'. This error could also occur if the same invoice is updated on two or more screens.

### Action required:

You will need to assess whether your version of Bp Premier may be affected by these potential issues. You can access more information on this error and the steps required to minimise the risk of this issue occurring by visiting <https://bit.ly/2RoDsIT>.

### Support is available:

For further information or advice on this notification, contact our Software Support team on 1300 40 1111 (in Australia), or 0800 40 1111 (in New Zealand), selecting Bp **General Products** (Option 1 / 1) at the menu.

# Fiona Stanley & Perth Children's Hospitals update

## New criteria for paediatric ENT outpatient clinic referrals

From 1 December 2018, paediatric ENT referrals to FSH and PCH for the following conditions will be assessed using referral criteria, and only referrals requiring specialist level care will be accepted -

- ear foreign body
- otitis externa
- otitis media
- removal of ear wax
- rhinosinusitis
- tonsillitis

Routine paediatric ENT outpatient waiting times continue to be extremely long. The positive outcomes from implementation of adult ENT criteria in 2017 supports the introduction of paediatric ENT referral criteria as necessary to facilitate the best use of specialist ENT services and avoid unnecessary waiting for outpatient appointments.

Please ensure that you are familiar with the referral criteria and check that your referrals contain the relevant information. The inclusion criteria and referral requirements are available on the Central Referral Service (CRS) website <http://ww2.health.wa.gov.au/ENT> and the HealthPathways WA website.

Further information regarding primary care management of ENT conditions, as well as referral options and criteria, are available on HealthPathways WA: <https://wa.healthpathways.org.au/>

Routine paediatric ENT outpatient referrals should continue to be sent to the CRS.

For patients who require urgent ENT review, i.e. within the following week, please contact the ENT Registrar via the relevant hospital's switchboard. If you think there are extenuating circumstances where a routine referral should be accepted, but does not meet the referral criteria, then contact the ENT Registrar as above to discuss the case.

# Royal Perth Hospital update

## New GP notification of Cat 2 & 3 elective waitlist bookings at RPH – can you help optimise your patient's health for surgery?

Notification letters of placement on the RPH elective waitlist will be mailed to GPs for patients booked for category 2 and 3 elective surgery.

The value of using time spent waiting for elective surgery to optimise patients' fitness for surgery is now recognised, significantly reducing surgical and anaesthetic risk, reducing last-minute theatre cancellations and post-operative complication rates. This can commence even when GPs refer for possible surgery.

GPs attending the 2018 EMHS GP update requested notice when their patient was added to the waitlist, and prompts for what to consider. These include:

- Smoking cessation
- Weight loss and exercise programs
- BP control
- HbA1c optimisation
- Iron deficiency anaemia
- Investigation of unexplained ongoing chest pain or shortness of breath

Patients will now also complete a health assessment form at their surgical appointment so that RPH can use this information for early optimisation.

If your patient has been booked for elective surgery at RPH and you become aware of new information which may impact on fitness for anaesthesia or surgery, please email [RPHSV4ScreeningNurse@health.wa.gov.au](mailto:RPHSV4ScreeningNurse@health.wa.gov.au) or call 0404 894289; or fax 9224 3092.

If you have any feedback about the GP waitlist notification letters, please email [Helen.Daly@health.wa.gov.au](mailto:Helen.Daly@health.wa.gov.au).



# Immunisation update

## Vaccine orders - holiday season delivery plan

The WA Department of Health has published a metropolitan area delivery schedule for government-funded vaccine orders over the holiday period. Printed copies are being distributed with vaccine deliveries between 27 November, 2018 and 1 February, 2019, and the vaccine ordering system has been updated to reflect the 2019 delivery schedule.

Deliveries will continue up until the week ending 21 December 2018, then resume on the week commencing 7 January 2019. You can review the delivery schedule by visiting <https://bit.ly/2remdhS>.

The Communicable Disease Control Directorate (CDCD) will continue to supply emergency vaccines (eg for potential rabies exposures, or disease outbreaks) as required.

It is recommended that general practices review their cold chain procedures and vaccine requirements for the holiday period to prevent over-ordering.

## Education guide – Medicare billing for immunisations

A reminder that Medicare provides detailed guidance about billing MBS attendance items when administering immunisations.

Please visit <https://bit.ly/2SvWPQv> for information on items, mass immunisations, billing scenarios and more.

## Quarterly vaccine wastage report

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

### Summary of wastage from 1 July - 30 September 2018

- 444 wastage incidents were reported, and the average cost of each incident was approximately \$500.00
- Of these, 86 were reported as cold chain breaches. The average cost of each cold chain incident was approximately \$1,300.00
- 3.3% of annual vaccine distribution was reported as wasted
- The proportion of wastage to distribution for metropolitan providers is 2.8%, and for regional areas is 5.3%
- Between September 2017 and 2018, 2,272 vaccine wastage incidents were reported, which resulted in 48,247 vaccine doses wasted, at a cost of \$1,453,087.00
- Cold chain breaches and vaccine expiry accounted for 42% and 54% of total wastage, respectively
- Influenza vaccines accounted for 54% of all expiry doses reported

### Key messages

Please rotate vaccine stock to ensure stock is used before expiry.

Only order amounts needed and do not overstock your fridge, as this can affect the ability of the fridge to maintain the correct temperature, and also means more vaccines may be lost in the event of a cold chain breach.

# My Health Record update

On 26 November 2018, the Australian Parliament passed the My Health Records Amendment (Strengthening Privacy) Bill 2018. The My Health Record opt-out period has been extended until 31 January 2019.

## Opt-in or cancel at any time

The amendments to the Bill allow Australians to opt-in or cancel their My Health Record at any time during their life. Records will be created for every Australian who wants one after 31 January 2019. After this date, a person can delete their record permanently at any time.

These changes are in response to the Australian community's calls for even stronger privacy and security protections for people using My Health Record.

## My Health Record helpline

The help line and opt-out portal on the My Health Record website can be used to opt-out. The Australian Digital Health Agency has implemented a call back function on the help line.

## GP practice toolkits

To support the extension of the opt-out period, new My Health Record toolkits will be provided to all general practices by the Australian Digital Health Agency from mid-December. These will include tear-off brochures, posters and stickers and brochures, all with the new opt-out date.

## RACGP webinar

To ensure members are up-to-date with recent changes to My Health Record legislation, the RACGP is running a 'My Health Record in general practice' update webinar, supplementing previous workshops and webinars. GPs and practice staff are invited to join host Dr Nathan Pinski for this important update. For details, please see the RACGP website by visiting <https://bit.ly/2RxhVOh>.

## More information

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

# NPS MedicineWise update

## NPS MedicineWise Education – How to “Virtual Visit”

NPS MedicineWise free, accredited educational Virtual Visits for GPs are easily accessible for any GP with internet access. You don't need to be a regular Skype user, you can join by simply clicking a guest link.

A Virtual Visit is an accredited, interactive discussion of a therapeutic topic, delivered by videoconference. Doctors can nominate their preferred time and preferred videoconferencing technology e.g. Skype, Scopia, FaceTime etc.

If you have no preferred videoconferencing technology, the NPS Clinical Services Specialist will send you a Skype meeting request with a *Join Skype Meeting* link in it.

To join the meeting as a guest, simply click on the *Join Skype Meeting* link. A browser window will open offering free guest access through the Skype Meetings App.

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

GPs and Practice Managers who would like to book an NPS Virtual Visit can book individual topics through the NPS MedicineWise website ([www.nps.org.au](http://www.nps.org.au)) or contact Nicole Humphry at WAPHA on 08 6272 4921 / e-mail [Nicole.Humphry@wapha.org.au](mailto:Nicole.Humphry@wapha.org.au).

## Managing Hepatitis C in primary care

NPS has a suite of online resources for GPs managing Hepatitis C in primary care. The online module provides training in the diagnosis, treatment, and ongoing management of people with chronic Hepatitis C infection, and is approved for two Category 2 RACGP QI&CPD points, and one ACRRM PDP point.

For more information, and to access the course, please visit <https://bit.ly/2DWCwHD>.

# Education and training

Visit our Webinars & Workshops page at [www.practiceassist.com.au](http://www.practiceassist.com.au) for more events in your area.

## My Health Record in general practice – December 2018 update (webinars)

The Australian Parliament has recently passed legislation to make a number of key changes to My Health Record, Australia's national electronic health record. Among the changes are new provisions to protect the privacy of young people and prevent access by insurers, employers, government officials, and law enforcement agencies. This one-hour webinar will explain these and other changes and provide context for potential impacts for general practice. This webinar supplements previous workshops and webinars delivered as part of the RACGP's 'My Health Record in general practice' education program in 2018.

GPs and practice staff are invited to join host Dr Nathan Pinski for this important update. Whilst the initial workshops/webinars were accredited for QI&CPD points, please note that this update webinar will not attract QI&CPD points.

**Date:** Thursday 6 December, 2018  
**Time:** 9.30am and 3.30pm (AWST)  
**Venue:** Online  
**Cost:** Free  
**Register:** To register, please visit <https://bit.ly/2RxhVOh>

**Date:** Thursday 13 December, 2018  
**Time:** 11.30am and 5.30pm (AWST)  
**Venue:** Online  
**Cost:** Free  
**Register:** To register, please visit <https://bit.ly/2RxhVOh>

## The Ehlers-Danlos Society Learning Conference Australia – 10 to 11 December

After years of demand and need The Ehlers-Danlos Society is very excited to bring together in Australia leading world experts to discuss the Ehlers-Danlos syndromes and related disorders, including the recently-described hypermobility spectrum disorders.

**Date:** Monday, 10 December – Tuesday, 11 December 2018  
**Time:** 8am – 6pm (Day 1), 7.30am – 6pm (Day 2)  
**Venue:** Curtin University Building 410, Kent Street, Bentley Perth WA 6102  
**Cost:** \$150 (Day 1), \$350 (Day 2)  
**Register:** To register, please visit: <https://bit.ly/2LZp0Z8>

# Health promotion events

Are you looking for a health promotion activity for your practice? Each edition we provide a list of upcoming health promotion activities for the coming months along with resources and contact details. You can also view all health promotion activities for the year by visiting Practice Assist's health calendar: <https://bit.ly/2HWZX3B>

## Nurse Practitioner Week – 10 to 16 December

The theme for Nurse Practitioner Week in 2018 is "Share your Story". This theme addresses the incredible stories of Nurse Practitioners around Australia. As part of the Australian College of Nurse Practitioners (ACNP) national campaign, "Transforming Health Care", many nurse practitioners are telling their stories of

- why they became a nurse practitioner
- what difference they are making in the lives of their patients/clients and their communities
- what is so unique about their role as a nurse practitioner in Australia

Nurse practitioners, Advanced Practice nurses and members of the community are encouraged to get involved in Nurse Practitioner week by visiting the event website (found at <https://bit.ly/2RvqXuX>) and downloading the campaign toolkit, posters, and digital elements, by hosting your own event, or sharing your Nurse Practitioner stories and celebrations on social media.

To learn more about Nurse Practitioners, please go to <https://bit.ly/2Rz2hld>