



# Practice Connect



**Practice Assist**  
Strengthening general practice in WA

26 March 2019

## Latest news and updates

### Incentives news update

From 1 July 2019, the Workforce Incentive Program (WIP) will replace both the Practice Nurse Incentive Program (PNIP) and the General Practice Rural Incentives Program (GPRIP).

There will be two streams of the WIP:

#### • The PNIP will transition to the WIP—Practice Stream

- Incentive payments quarterly and directly to participating practices.
- Eligible health professionals under the PNIP will remain eligible under the WIP. The WIP will support the engagement of registered nurses, enrolled nurses, Aboriginal and Torres Strait Islander Health Workers/Practitioners and allied health professionals in all locations.
- Aboriginal Medical Services and Aboriginal Community Controlled Health Services will continue to receive up to 50% loading on their Standardised Whole Patient Equivalent (SWPE) value.
- Maximum incentive payment levels will stay the same.

#### • The GPRIP will transition to the WIP—Doctor Stream.

- Current incentive payments and eligibility requirements won't change.

### What payments are available?

Eligible vaccination providers may receive:

- an information payment of up to \$6. Practice will need to complete a National Immunisation Program schedule for a child under 7 years and must record the vaccination on the AIR
- a catch-up payment of \$6. You'll need to follow up and vaccinate a child under 7 years, who is more than 2 months overdue for their childhood vaccinations. You must record the vaccination on the AIR.

All vaccination provider types, except public health units, pharmacies and commercial providers, are eligible for these payments. Further information available: <https://bit.ly/2UL7mbX>

#### In this edition:

- [Incentives News Update](#)
- [QI PIP Delayed](#)
- [Advance Care Planning](#)
- [Medicare Fake texts, emails](#)
- [Medicare eLearning](#)
- [Raising Children – Patient Resources](#)
- [DBTeen: Mental Wellbeing Skills Groups](#)
- [Accreditation Tip](#)
- [My Health Record](#)
- [HealthPathways Update](#)
- [Education and Training](#)
- [Health Promotions](#)
- [Primary Health Liaisons](#)

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# Quality Improvement Practice Incentive Program Delayed

The Australian Department of Health recently announced that the Quality Improvement (QI) Practice Incentive Program (PIP) has been postponed to 1 August 2019. The PIP payments for Asthma, Cervical Screening, Diabetes, Aged Care Access and Quality Prescribing which were due to cease from 30 April 2019 will continue through to 31 July 2019, and the PIP Incentives for After Hours, eHealth, Indigenous Health, Procedural General Practice, Rural Loading and Teaching will remain unchanged.

To be eligible for the QI PIP, practices will need to:

- be an accredited general practice
- share a minimum set of aggregated data with WAPHA, such as the number of patients who are diabetic, the percentage who smoke, the cardiovascular risk and weight profile.
- demonstrate a commitment to quality improvement.

The Royal Australian College of General Practitioners, the Australian Medical Association, the Australian College of Rural and Remote Medicine, the Rural Doctors Association of Australia, the Australian Association of Practice Managers and the National Aboriginal and Community Controlled Health Organisations are all working together as members of the Practice Incentives Program Advisory Group (PIPAG), along with the Department of Health to ensure that this initiative is focused on quality improvement.

If your practice is interested in establishing a data-sharing arrangement with WAPHA, further information is available from WAPHA's website or contact your Primary Health Liaison.

Further updates will be provided through Practice Connect when information becomes available, or you can register for the Incentives News Updates through the Australian Government Department of Human Services.

## Advance Care Planning

When it comes to ageing, most Australians want to choose how they are cared for and where to live for as long as possible. For many this equates to staying in our own homes, receiving the right type of care at the right time whilst being surrounded by those we trust and love.

The conundrum is that these are hard conversations for families to have with elderly relatives. Equally, many GPs find it difficult to talk to their ageing and/or terminally ill patients about what to expect and prepare for, so they can best plan their end of life care.

Some of the ways in which this important conversation is implemented requires health care professionals to equip the community to challenge traditional thinking around death, dying and loss.

WA Primary Health Alliance (WAPHA), is committed to working in several areas to support community and GPs to increase the uptake of advance care planning.

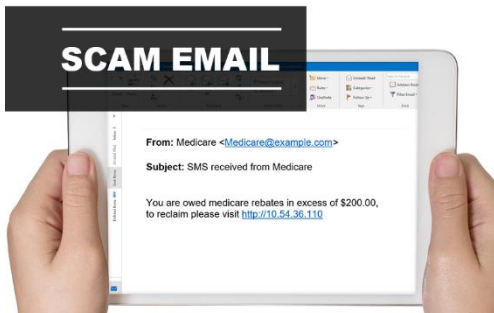
As part of the Advance Project, the WA Primary Health Alliance (WAPHA) is working with Hammond Care to provide palliative care training for GPs, practice nurses and practice managers. This uses a practical, evidence-based toolkit and a training package, specifically designed to support general practices to implement a team-based approach to initiating advance care planning and palliative care into everyday clinical practice.

Advance care planning assists to ensure health care professionals understand their patient's personal preferences. This is particularly important for people who are older and are frail, however it is also important to start conversations about advance care planning early in a person's diagnosis as part of routine clinical care.

# Help protect your patients from scammers

Medicare advised that patients may be getting fake Medicare emails or texts with also links to a fake website. Scammers are trying to come up with new ways to trick people into giving them money or personal details. Medicare is notifying patients that a scammer may contact a patient by text message or email and their messages appear as if it comes from Medicare. Spoof messages can be very convincing and look genuine. It's not always obvious it's a scam.

The good news is that there are steps to help protect your patients.



When to tell your patient it's a scam:

- the email address is not from the Australian Government. Australian Government email addresses end with: **gov.au**
- the content of the email includes a website link. We won't send emails with live links
- the website link is only numbers or not from the Australian Government. Our website addresses end with: **gov.au**



When to tell your patient it's a scam:

- the text message includes a website link. We'll never send a patient a text message with a link
- the website link is only numbers or not from the Australian Government. Our website addresses end with: **gov.au**



When to tell your patient it's a scam:

- the website address is not an Australian Government website. Our website addresses end with: **gov.au**
- the address bar doesn't have a padlock symbol. Australian Government websites have a padlock symbol to show they're safe
- there's a warning message in the address bar saying, 'Unsafe website'. If your software warns you about a website, link or attachment, pay attention.

For full details please visit:  
<https://bit.ly/2Hx78Cl>

# Medicare education services for health professionals

Medicare have eLearning programs that are easy to use, interactive and self-paced. For full list please visit: <https://bit.ly/2NTNgsg>

## Education resources

AIR education for vaccination providers

Compliance education for health professionals

DVA education for health professionals

HPOS education for health professionals

Incentive Programs education for health professionals

Indigenous health education for health professionals

MBS education for health professionals

Medicare digital claiming education for health professionals

PBS education for health professionals

PRODA education for health professionals



# Time-saving tool available for busy GPs seeking patient resources

Helping patients locate online information that's evidence-based and easy to digest is not always quick or straightforward. But the Government-funded parenting website is a free, non-commercial site that provides trustworthy, impartial information on child health, development and behaviour – from pregnancy right through to the teenage years. It also covers important topics for adults, such as work and childcare and self-care. It translates the latest scientific evidence on raising children into parent- and carer-friendly language and is subject to rigorous assessment by a scientific advisory board and other subject matter experts.

The articles, videos and family-friendly resources on hundreds of topics from sleep, and nutrition, to screen time and resilience are tailored to different ages and stages – as well as being regularly updated. The content includes tips and tricks patients can try, offers reassuring advice on when and where to seek help, and is accessible to parents with disabilities and those from diverse cultural backgrounds. There are also dedicated sections on autism and disability for parents of children with additional needs.

Visited by thousands of parents every day, [raisingchildren.net.au](https://raisingchildren.net.au) has now entered its 10th year. It is produced and managed by the Parenting Research Centre, the Murdoch Children's Research Institute, and the Royal Children's Hospital Melbourne and funded by the Australian Government Department of Social Services.

Health Care professionals can access the newsletter at: <https://raisingchildren.net.au/subscribe>

Or for more information visit: <https://raisingchildren.net.au>



# DBTeen: Mental Wellbeing Skills Groups for young people and families

DBTeen is a dialectical behaviour therapy (DBT) informed program delivered in a Primary Care environment, offering skills training for young people aged 14-18 who are demonstrating signs of emotional and behavioural dysregulation that impact negatively on their occupational and psychosocial functioning. Whilst these signs are commonly seen in young people who meet full or subthreshold criteria for emotionally unstable personality disorder, young people do not have to meet criteria to benefit from DBT skills training programs.

The program is delivered in multifamily groups whereby carers develop the same skills alongside their teens and support them to embed the skills in their day to day lives. The program is as much for carers as the young person.

DBTeen is a WA Primary Health Alliance (WAPHA) funded trial program delivered by Lifeline. It is based on Rathus' and Miller's DBT for Adolescents (2015). The DBTeen program is comprised of 12 weekly, 3-hour multifamily group skills sessions. They are class-like in format with handouts, hands-on activities and practice homework. Participants are not expected to share sensitive personal information in groups. Inter-session phone coaching will be available to help embed the practice of DBT skills into the home, school, work and community life settings.

DBTeen Group Trials will be facilitated by experienced DBT therapists concurrently in four districts:

- Rockingham
- Gosnells
- Wanneroo
- Ellenbrook

These sessions are due to commence in the week beginning 29 April 2019 and to conclude in the week beginning 15 July 2019. Participants will be required to engage in assessment and induction activities prior to program commencement.

The program is offered at no cost to the young people and their families.

For more information or to refer a patient, please email [DBTeen@lifelinewa.org.au](mailto:DBTeen@lifelinewa.org.au)



## Accreditation tip – practitioner-initiated transfer of care

### **RACGP Standards for general practices 5<sup>th</sup> ed (GP2.4B)**

A recent article in Medical Observer discussed the challenges of managing aggressive patients in general practice, and the 5<sup>th</sup> edition of the Standards sets requirements for instances where a practitioner decides to end a therapeutic relationship with a patient.

There is a variety of situations in which a practitioner may request that the care of a patient is transferred to another healthcare provider. It may be that the practitioner no longer feels they can provide optimal care to the patient. However, it may also be because the relationship between the practitioner and patient has broken down, a situation to which patient violence or aggression may have contributed.

If a practitioner no longer feels it is appropriate to treat a patient, the practice must ensure that the transfer of care is facilitated to another practitioner or practice. It may be that clinical handover can occur with another practitioner in the same practice, or care may need to be transferred outside the practice. The process should start with informing the patient of the reasons the practitioner has decided to transfer care: while this can be done during a consultation or phone call, it is always worthwhile documenting significant decisions such as this. Writing to the patient is highly recommended in situations where patient behaviour is the foundation for the decision. It may be prudent in such instances to firstly develop a behaviour agreement or warning process to provide clear guidelines to the patient around acceptable behaviour, offering the opportunity to remedy issues before deciding to end the therapeutic relationship.

The practitioner should also confirm that the alternative provider to whom the care is to be transferred has the knowledge, skills and experience to take over the care required. Finally, the actual transfer of care can be facilitated, including making the patient's records available to the new practitioner and / or practice.

Ideally, your practice will have a policy and procedure for discontinuing patient care, which will include ensuring that patient health records include details of instances where a practitioner has decided to cease providing care, the reason(s) and the actions taken. Keeping records about decisions and actions relating to the cessation of care and showing evidence that (upon request) patient health information is transferred to another practice or practitioner, are both required to meet the Standards.

Decisions to transfer care must be taken in the context of ensuring the patient can continue to access care, particularly in an emergency. It is also noted in the Standards that, where practices are based in rural or remote areas, choosing to discontinue care may be complicated by the lack of alternative care, and this should also be taken into consideration.

For practices concerned about managing aggressive behaviour in patients, the RACGP provides a guide to preventing and managing patient-initiated violence, which includes guidance on discontinuing care, as well as a poster that can be displayed to advise patients that certain behaviours will not be tolerated. Additionally, your medical defence organisation is a recommended source of advice should you have any concerns in relation to a practitioner's decision to cease care of a patient.

### **Useful links:**

RACGP Standards for general practices 5<sup>th</sup> ed Indicator GP2.4B <https://bit.ly/2FB0qJr>

RACGP General practice – a safe place guide <https://bit.ly/2YdfZhv>

RACGP General practice – a safe place poster <https://bit.ly/2Jy0nSo>

Australian Medical Association A Code of Conduct for Doctors in Australia <https://bit.ly/2Jv7cnV>

Avant mutual How to end the doctor-patient relationship <https://bit.ly/2TRIUXj>

Medical Council of NSW Ending a therapeutic relationship...is it the answer? <https://bit.ly/2Tr1kf4>

# My Health Record

## How can My Health Record transform healthcare?

My Health Record can help to improve patient quality of care and efficiency in your practice through reducing time gathering quality information, enhancing patient self-management, avoiding adverse drug events and duplication of services. Accessibility for all health providers involved in the patient care can also give a more wholistic view into a person's health to aid clinical decisions.

### **Access to information for people and their care providers**

Access to information via My Health Record will enable self-management and reduce clinicians' time necessary to perform several information-led tasks, freeing up productivity for more critical activities. Evidence suggests that:

- enabling self-management will save \$1,300 to \$7,515 per patient per year, and significantly lower hospital re-admission rates
- 13.6% of visits had important clinical information missing in primary care
- in 57.3% of visits clinicians believed missing information was outside their clinical system.

### **Improving medication safety**

A significant proportion of medication errors that lead to harmful medication safety incidents and Adverse Drug Events (ADE) may be preventable through increased accessibility to patient information, such as that provided by My Health Record. Evidence suggests that:

- 2% to 3% of hospital admissions are caused by medication errors (230,000 per year at a cost of \$1.2 billion annually)
- approximately 10% of patients seeing a general practitioner report experiencing an ADE in the last 6 months
- there may be an overall rate of 2 medication errors for every 3 patients at the time of admission to hospital
- there is approximately 1 error per 10 medication administrations in hospital
- 12% to 13% of discharge summaries contain medication errors (2 per patient).

### **Reducing unnecessary test duplication**

Evidence suggests that using an electronic health record is estimated an 18% reduction in test duplication. Through My Health Record the savings in test duplication are:

- estimated 6.5% of pathology tests are avoidable
- estimated 4.4% of diagnostic images are avoidable.

For more information visit: <https://bit.ly/2un7YZS>

## Are you Uploading; Shared Health Summary?

The Shared Health Summary is a crucial part of the My Health Record system and can be considered the cornerstone of a person's record, containing important medical history including medical conditions, medicines, allergies and adverse reactions and immunisations.

There is a range of demonstrations showing how to upload a shared health summary.

- Bp Premier <https://bit.ly/2OIWC13>
- Genie <https://bit.ly/2WiEZ5f>
- MedicalDirector <https://bit.ly/2Y8q2eq>
- Medtech32 <https://bit.ly/2YfQtbB>
- Zedmed <https://bit.ly/2YhSUKP>
- Communicare <https://bit.ly/2TSgq2p>

## Can I charge for uploading a shared health summary?

In billing the Medicare Benefits Schedule (MBS), healthcare providers will be able to consider the time taken to register patients for a My Health Record, prepare shared health summaries and event summaries if these activities are undertaken as part of providing a clinical service and the patient is present at the time. These activities are considered part of the documentation of treatment of the patient. See MBS Online for information on item numbers relevant to actions related to a patients' My Health Record, which can be found by searching for "PCEHR" on the MBS website.

For more information visit: <https://bit.ly/2FszEmo>

## Accessing a patient record for the first time

Every person with a My Health Record will have 16-digit long number known as an Individual Health Identifier (IHI) which needs to be validated before being able to access a person's record.

To validate your patients IHI there will be 5 Demographics fields that are required to be filled

- Name
- Last name
- DOB
- Gender
- Medicare #

How you validate a patients IHI will depend on your clinical software, some clinical software will have the ability to do this in bulk. Please view your software's instruction guide to find out how to verify IHI so you have access to your patients MHR, please visit <https://bit.ly/2HzrhYh> for more information.



## Regional

The My Health Record team have the following regional trips planned, please contact us to request any information, training or support.

### Geraldton

Date: 25th to the 27<sup>th</sup> of March

Visiting: Geraldton

Contact:

[sean.matthews@wapha.org.au](mailto:sean.matthews@wapha.org.au)

### Great Southern

Date: 1<sup>st</sup> to the 5<sup>th</sup> of April

Visiting: Albany, Denmark, Katanning and Gnowangerup

Contact:

[maya.cherian@wapha.org.au](mailto:maya.cherian@wapha.org.au)

### Southwest

Date: 8th to the 11<sup>th</sup> of April

Visiting: Donnybrook, Bunbury and Busselton

Contact:

[john.paikos@wapha.org.au](mailto:john.paikos@wapha.org.au)

## Assistance with My Health Record

For any further assistance please contact your WA Primary Health Alliance practice support or contact a member of the My Health record team at WAPHA via [myhealthrecord@wapha.org.au](mailto:myhealthrecord@wapha.org.au)

## HealthPathways update

The HealthPathways WA team recently published their 463rd pathway. The most recently published pathways are:

Elder Abuse and Neglect

Health and Frailty Assessment for Older Adults

Corns Calluses

Warts and Verruca's

Neck Lumps in Adults

Child with a Limp

Slipped Upper Femoral Epiphysis (SUFE)

Thyroid Investigations

Hyperthyroidism

Hypothyroidism

Subclinical Hyperthyroidism

Perthes Disease

Antidepressants for Older Adults

Depression in Older Adults

Breast Symptoms

Noonan's Syndrome

Acute Older Adults' Mental Health Assessment (seen within 7 days)

Non-acute Older Adult's Mental Health Assessment (seen within 30 days to 1 year)

Older Adults' Mental Health Advice

Immunisation Advice

Specialist Immunisation Providers

Plagiocephaly

Dyspepsia and Heartburn/GORD

Abnormal Liver Function Tests

Breast Assessment



To send feedback or access HealthPathways, email the team at [healthpathways@wapha.org.au](mailto:healthpathways@wapha.org.au) or contact your WAPHA Primary Health Liaison for further information.

# Education and training

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

## NFS 2019

A conference in association with the Women's Council for Domestic and Family Violence Services and Stopping Family Violence.

The conference is on non-fatal strangulation (NFS) in the context of intimate partner violence. The intensive training is truly world-class and delivered from two individuals who are at the top of their field. The speakers are Gael Strack and Dr Bill Smock.

We know from a USA study that women who suffer NFS from their intimate partner are 7.5x more likely to be killed by that partner at a later stage.

In Perth, the Women's Council for Domestic & Family Violence Services (WA) completed a study from Jan to May 2018 and found that 86% (197/230) of women presenting to around 20 DFV services in the Perth Metro area reported that they had experienced NFS by an intimate partner in the last 12 months. Additionally, 6 children (one an 8-month-old infant) had experienced NFS in the context of domestic violence. Seven of the women were pregnant and two of the women reported holding a baby at the time of the strangulation.

- Date:** Monday & Tuesday 1 & 2 April 2019
- Time:** Registration from 8.00am, Presentations from 8.30am to 3.30pm
- Venue:** University Club of Western Australia
- Cost:** \$300 (including catering)

## Dementia in Diverse Groups Workshops

This one-day symposium consists of three separate two-hour workshops which each focus on the unique needs of individual groups of people living with dementia.

- Date:** Thursday, 11 April 2019
- Venue:** Lakeside Room, Joondalup Reception Centre, 102 Boas Ave, Joondalup, WA 6027
- Time:** Session One – 8.30am – 10.30am – Younger Onset Dementia Workshop
- Time:** Session Two – 11am – 1pm – Veterans and Dementia Workshop
- Time:** Session Three – 2pm – 4pm – Resources to support care of Aboriginal and/or Torres Strait Islander people living with dementia

Who should attend?

Health professionals involved in the care of people with dementia in each diverse group.

Registrations are essential as places are limited. Please register for each workshop you wish to attend. To register for individual workshops please visit: <https://bit.ly/2TL6hV7>

## Project ECHO

Project ECHO® is a free, interactive, virtual learning model that provides access to specialist advice, and aims to support and empower GPs to practice at the top of their scope. RACGP/ACRRM CPD points are available. Conditions apply.

2 programs will re-start in late April, early May: **Supporting Refugee Kids & ADHD**

### Refugee Kids program

**Date:** 29 April – 17 June

**Time:** Mondays, 1:15 – 2:30pm

### ADHD program

**Date:** 01 May – 03 July

**Time:** Wednesdays, 6:00 – 7:00am

Please see the website for more information and to enrol in a program: <https://bit.ly/2qgXCIT>

## Immunisation Education Sessions

The Immunisation Education Sessions will be presented by Metropolitan Communicable Disease Control and WA Primary Health Alliance (WAPHA)

**Date:** Thursday, 11 April 2019

**Time:** 9am – 11.30am

**Venue:** WAPHA, Rooms 6 & 7, 2-5, 7 Tanunda Dr, Rivervale 6103

**Cost:** Free (lunch provided)

**Register:** To register, please use this form <https://bit.ly/2Wb1yJ2>

**Date:** Wednesday, 17 April 2019

**Time:** 12 noon – 2.30pm

**Venue:** Frye Park Pavilion, Clifton St, Kelmscott 6111

**Cost:** Free (lunch provided)

**Register:** To register, please use this form <https://bit.ly/2Wb1yJ2>

**Date:** Tuesday, 30 April 2019

**Time:** 9am – 11.30am

**Venue:** Currambine Community Centre, 64 Delamere Ave, Currambine 6028

**Cost:** Free (lunch provided)

**Register:** To register, please use this form <https://bit.ly/2Wb1yJ2>

**Date:** Wednesday, 1 May 2019

**Time:** 12 noon – 2.30pm

**Venue:** Secret Harbour Surf Lifesaving Club, Secret Harbour Blvd, Secret Harbour 6173

**Cost:** Free (lunch provided)

**Register:** To register, please use this form <https://bit.ly/2Wb1yJ2>

**Date:** Thursday, 2 May 2019  
**Time:** 12 noon – 2.30pm  
**Venue:** Fiona Stanley Hospital Education Centre G2, Robin Warren Drive, Murdoch 6150  
**Cost:** Free (lunch provided)  
**Register:** To register, please use this form <https://bit.ly/2Wb1yJ2>

**Date:** Tuesday, 7 May 2019  
**Time:** 9am – 11.30am  
**Venue:** Type 1 Diabetes Family Centre, 11 Limosa Cl, Stirling 6021  
**Cost:** Free (lunch provided)  
**Register:** To register, please use this form <https://bit.ly/2Wb1yJ2>

**Date:** Wednesday, 8 May 2019  
**Time:** 12 noon – 2.30pm  
**Venue:** SJOG Midland, 1 Clayton Street, Midland 6056  
**Cost:** Free (lunch provided)  
**Register:** To register, please use this form <https://bit.ly/2Wb1yJ2>

### Save the Date: Chronic Disease GP Education Event

Presented by South Metropolitan Health Service and Fiona Stanley Fremantle Hospitals Group in partnership with WA Primary Health Alliance and HealthPathways WA. 40 Category 1 QI&CPD points has been applied for through RACGP and 30 PRDP points has been applied for through ACRRM.

#### Education sessions include:

- Fatty Liver
- Heart Failure
- COPD and Asthma
- Cardiac and Pulmonary Rehab
- Diabetes
- Sleep Apnoea
- Immunisation Recommendations for People with Chronic Disease
- Advanced Life Planning

**Date:** Saturday 4 May 2019  
**Time:** Registration from 8.00am, Presentations from 8.30am to 3.30pm  
**Venue:** Fiona Stanley Hospital Education Building, 11 Robin Warren Dr, Murdoch 6150  
**Catering:** Morning tea and lunch is provided

Registration and more information: <https://bit.ly/2JzidED>

RSVP by Friday 26 April 2019. Registrations are essential.

## Anxiety Clinical Audit: Effective recognition, assessment and management

NPS MedicineWise are offering an online Clinical Audit on the topic of Anxiety. NPS Clinical e-Audits are free quality improvement activities that help GPs review their current prescribing practice for patients with certain conditions, compared with current best practice guidelines.

- This activity is recognised for the Practice Incentives Program Quality Prescribing Incentive (PIP QPI) and is ideal for practices who want to qualify for the QPI PIP by end of April 2019.
- The activity has been accredited for 40 (Category 1) points (QI activity) in the RACGP QI&CPD Program for the 2017-2019 triennium (activity ID number 147788) and 30 PRPD points in the ACRRM PDP Program for the 2017-2019 triennium (activity code 15110).

<https://bit.ly/2Og3fCn>

Presentations by patients with anxiety symptoms in general practice can be complex and challenging, and anxiety disorders are under-recognised by both patients and GPs. Only 27% of people with anxiety disorders seek professional help, and of those, only one-third receive the minimum treatment to adequately manage the condition. Better recognition, assessment and management of anxiety can improve the lives of patients with anxiety disorders. This Clinical e-Audit will guide you to:

- review your approach to assessing anxiety symptoms and diagnosing an anxiety disorder in line with guideline recommendations
- consider using CBT (both face to face and online), and understand what is involved so you can support patients
- identify strategies to optimise medicine use
- access tools and information that may be helpful to support your patients.

## Health promotion events

You can also view all health promotion activities for the year by visiting Practice Assist's health calendar: <https://bit.ly/2Wdv8h8>

## Let's go viral – Influenza Vaccination Campaign 2019

A newly designed campaign that tackles old Flu Myths in a new unusual way. It is important to work together to help cross-promote the importance of getting the influenza vaccine in 2019.

Featuring Australian comedic duo, the Umbilical Brothers the Flu Truths Campaign is a new take on the myth-busting Influenza awareness campaigns of previous years.

The five truths featured in this year's campaign are:

- Don't knock the flu shot. The flu vaccine is your best defence against the flu.
- Don't confuse influenza with a cold.
- Flu vaccination is like a seat belt – you never know when you'll need it.
- Flu vaccine – it's like boot camp for your body.
- Slice, diced and neutralised – the virus in the flu vaccine will never give you the flu.

For more information and resources please visit <https://bit.ly/2TPIFPc>



## World Immunisation Week, 24 – 30 April 2019

Theme: #VaccinesWork

World Immunization Week – celebrated in the last week of April – aims to promote the use of vaccines to protect people of all ages against disease. Immunization saves millions of lives every year and is widely recognized as one of the world's most successful and cost-effective health interventions. Yet, there are still nearly 20 million unvaccinated and under-vaccinated children in the world today.

The theme this year is Protected Together: Vaccines Work and the campaign will celebrate Vaccine Heroes from around the world – from parents and community members to health workers and innovators – who help ensure we are all protected through the power of vaccines. For more information visit <https://bit.ly/2HwkkY3>

## National Advance Care Planning Week, 1 – 5 April 2019

National Palliative Care Week is a national week supported by the Department of Health to raise awareness and understanding about palliative care in the Australian community.

The theme for National Palliative Care Week 2019 is 'What matters most?' and it will be held from the 19-25 May 2019. The theme addresses the need for Australians to plan ahead for their end-of-life care and discuss it with their loved ones and health professionals.

Please see links below about highlighting how palliative care can help people with a life-limiting illness to have a high quality of life, right to the end of life.

<https://bit.ly/2CytejB> <https://bit.ly/2umtX35> <https://bit.ly/2TRmSq9>

## National Close the Gap Day, 27 March 2019

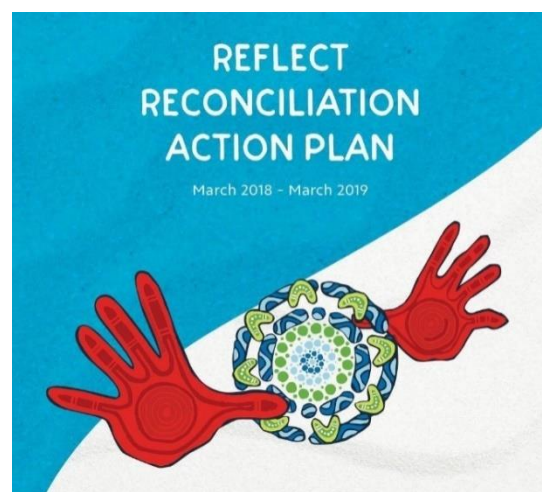
What is Close the Gap?

Aboriginal and Torres Strait Islander Peoples have some of the poorest health outcomes of any group of people in the world. On average, Aboriginal and Torres Strait Islander Peoples die more than 10 years younger than other Australians.

Despite the efforts of many organisations, the gap between Indigenous peoples and non-Indigenous people's life expectancy is widening not closing. This needs to be turned around with decisive action and clear commitments from our political leaders.

The Indigenous led Close the Gap campaign aims to achieve Aboriginal and Torres Strait Islander health equality by 2030. Learn more about why the health gap exists <https://bit.ly/1MILQN>

We would like to shine a light on our Reflect Reconciliation Action Plan, the beginning of our organisation's long-term commitment to reduce health disparity and mortality among Aboriginal people. It highlights the work we are undertaking with our commissioned service providers to help all Aboriginal people, but particularly those with chronic health conditions, to navigate the health system and receive the best possible healthcare. Access our Reflect Reconciliation Plan visit: <https://lnkd.inefRVzXa>



Heart Week 2019, 28 April to 4 May.



Heart Week is your opportunity to talk about heart health and the proactive steps people can take to reduce their risk of developing heart disease.

A focus on heart health checks

This Heart Week we are focusing on heart health checks, using the Absolute Risk Calculator to identify at-risk patients. We will also highlight how to use the new Heart Health Check Medicare item. In Heart Week we will share resources about:

- Heart health checks, what they involve and what you can learn
- The patients who should have a heart health check and why
- The steps your patients can take to reduce their risk of developing heart disease

Get involved in Heart Week

There's still time to get involved! Celebrate Heart Week with your staff and patients by:

- Hosting a heart-healthy morning tea. Discover delicious recipes on the Heart Foundation website <https://bit.ly/2ppqBYd>
- Encouraging everyone to wear red; even red socks will do!
- Sharing heart health resources, such as Heart Foundation brochures and fact sheets

Heart Week information kit available:

<https://bit.ly/2HD7nM3>

Heart Week Information kit contains posters and balloons, as well as fact sheets and brochures for patients. <https://bit.ly/2HD7nM3>

## Primary Health Liaisons

REGION	PRIMARY HEALTH LIAISON
KIMBERLEY	ZENAIDA ESTRADA-CAYAAN
GOLDFIELDS	LUCIA FITZGERALD
SOUTH WEST	SHIRLEY ANDERSON
PILBARA	SHARON SEWELL
MID WEST	KATHLEEN SLOOTMANS
WHEATBELT	MELISSA SPARK
GREAT SOUTHERN	JOANNE CROOKS
NORTH WEST METRO	CHERYL BELL
NORTH WEST METRO	SAMANTHA CONSTANTINO
NORTH WEST METRO	
SOUTH WEST METRO	JOANNE DUNCAN
SOUTH WEST METRO	DEBORAH OGDEN
SOUTH WEST METRO	HARVIN KAUR
NORTH EAST METRO	KAREN HOPE
NORTH EAST METRO	SONIA DANIELS
SOUTH EAST METRO	MARIE YAU
SOUTH EAST METRO	HELEN ROGAN
PERTH NORTH WEST	MATTHEW STEPHENSON