



# Practice Connect

## Latest news and updates

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## Perth Measles Outbreak: Clinician Update

### Key Points

- 26 measles infections (current at Friday 18th October) have been reported in WA since 30 September 2019; four were acquired overseas and 22 were locally-acquired
- Patients who present with symptoms consistent with measles should be notified immediately by telephone (call 93280553) and have appropriate samples taken, including respiratory AND urine specimens for PCR.
- Patients who have been exposed to measles and are asymptomatic do NOT need PCR testing
- MMR vaccination is the most important method to protect your patients and the Australian community from measles
- There is a high level of measles activity in our region, including in New Zealand and sporadic importation of cases from overseas are expected to continue

### Risk factors and illness symptoms

- Less than 2 prior measles vaccinations
- Patients born after 1965
- Recent travel overseas (within 18 days)
- Known contact with recent measles case
- Prodromal illness: cough, runny nose, conjunctivitis and fever (often high)
- Fever present at the time of rash onset
- Maculopapular rash commences on face/head, becoming confluent

The most effective way to protect your patients is to offer MMR vaccine to those (non-pregnant, non-immunocompromised) aged 1 to 53 years of age who have not had two prior doses of measles-containing vaccine. The vaccine is free for WA adults born after 1965. Further measles information is available at <http://bit.ly/2Nn27g4>

## Measles Outbreak: Could this patient have measles?

### Measles triage for Emergency Departments and GPs

In Australia, the majority of measles cases are due to unvaccinated individuals becoming infected while travelling to countries in which measles is either common or there are outbreaks occurring. As measles is highly contagious, these people can then spread the disease to others, causing outbreaks, often before they are aware that they have the virus.

If a patient has signs and symptoms of measles and they seek medical attention it is recommended that they call ahead to the practice or emergency department to alert them of their symptoms so that measures for appropriate infection control precautions can be taken to limit their exposure to others upon arrival.

When referring a patient to an ED or a pathology collection centre it is good practice to make sure they know the patient is on their way. This allows them to take steps to ensure appropriate infection control precautions are in place to limit exposure to other people in those places. This can be done via a phone call or by educating the patient/carer to alert the reception staff before they enter the waiting room.

### Measles resources

The Department of Health have developed a series of posters to display at the **front door** of general practices and in **clinical areas**.

*"Poster A for front door\_Call before entering"* has been designed to be used at the front of a clinic (or Emergency Dept), where patients can make a phone call to someone inside the clinic before they enter – with a view to the reception staff coming out with a mask and directing the patient to an isolated room in which to wait. This poster requires the FACILITY TO WRITE THEIR NUMBER ON IT for the patient to call. This may be more suitable in a General Practice/Clinic setting than ED. A copy of this resource can be accessed via the following link: <http://bit.ly/2MLrOq9>

*"Poster B for front door\_get mask then enter"* has been designed to be used at the front door of a clinic or Emergency Department, where a patient can either obtain a mask on a stand near the front door for their use, or send someone in to the reception/triage to get a mask. A copy of this resource can be accessed via the following link: <http://bit.ly/2Mkdzty>

*"Poster C for clinical areas\_Clinician testing"* is important information for clinicians reminding about lab testing and notification on clinical grounds to Public Health. A copy of this resource can be accessed via the following link: <http://bit.ly/32lqRLM>

Further information and resources regarding the Perth Measles alert can also be accessed via the HealthPathways website. Please contact your WAPHA Primary Health Liaison or email the HealthPathways team at [healthpathways@wapha.org.au](mailto:healthpathways@wapha.org.au)

## Eating Disorders: Medicare changes and evidence-based treatments

A recent article on “Eating Disorders: The implications of starvation and importance of nutritional rehabilitation” by Dr Anthea Fursland (Associate Director and Consultant Clinical Psychologist) and Dr Lisa Miller, (Psychiatrist and Medical Director) at the WA Eating Disorders Outreach & Consultation Service”, was advertised in **GP Connect**. A full copy of this article is available via the following link: <http://bit.ly/2WBqVVU>

### Medicare changes and evidence-based treatments

From 1 November 2019, **Medicare reimbursement will be increased** for people with severe eating disorders. Dietitians will be able to provide up to 20 sessions per year and psychologists up to 40 sessions. (To obtain beyond 20 mental health sessions, the individual will need to be assessed by a psychiatrist or paediatrician).

Whilst assertively addressing nutritional rehabilitation goals with people experiencing eating disorders can be challenging, it is also critical to recovery i.e. just talking to someone about their eating disorder, without changing the behaviour is unlikely to be helpful. Therefore, it is important that GPs refer their patients to psychologists and dietitians who offer evidence-based treatment, which involves:

- A focus on the current eating disorder
- Early change
- Reducing eating disorder behaviours (restriction, binge eating, purging, driven exercise)
- Weekly weighing
- Weight regain for those needing it
- A focus on eating regularly and reducing food avoidance by exposure to food and eating.

The local Women’s Health and Family Services Eating Disorders Resources Directory, which lists practitioners with expertise in this area, can be accessed via the ‘**Eating Disorders Specialised Assessment**’ HealthPathway.

The two most widely used evidence-based psychological treatments are:

- Family Based Treatment (FBT) – for adolescents with anorexia nervosa
- Cognitive Behaviour Therapy (CBT) – for all diagnoses and all ages from adolescence.

Although the onset of anorexia nervosa and bulimia nervosa is usually in the teen years, binge eating disorder can develop at any age, and affects men in equal numbers. Patients presenting in later life may have tried many treatments, but the evidence suggests that evidence-based approaches can still work with this older group and that even longstanding eating disorders can be treated successfully.

Eating disorders are complex in nature, cause enormous distress to patients and their families, and carry a large burden of care. Because of this, it is critical to screen for eating disorders, intervene early and refer appropriately, plus provide regular medical monitoring. The WA Eating Disorders Outreach & Consultation Service (WAEDOCS) is available to support clinicians throughout the state and can be reached on 1300 620 208. WAEDOCS has also created **clinical guidelines** to facilitate best practice care.

More information can also be found in the recently completed ‘**Eating Disorders**’ HealthPathways.



## New Multidisciplinary Foot Ulcer Clinic at Sir Charles Gairdiner Hospital

Sir Charles Gairdner Hospital has commenced a weekly outpatient Multidisciplinary Foot Ulcer Clinic. This comprehensive service will meet the needs of patients with complex diabetes-related foot complications. It brings together the specialties of vascular, infectious diseases, endocrinology, podiatry and nursing, and will provide care to patients with limb-threatening foot ulcers and infections, as well as other complex foot disorders such as Charcot neuroarthropathy.

Patients will need a referral from their GP to attend the clinic, and for further information regarding this clinics please view the following page: <https://www.scgh.health.wa.gov.au/Our-Services/Service-directory/Podiatry>

## RACGP: New aged care guide – Silver Book

The RACGP Silver Book Expert Advisory Group is pleased to present the new edition of the [RACGP aged care clinical guide \(Silver Book\)](#).

The fifth edition provides GPs with up-to-date information on the complex care of older people. The Silver Book is now published on a newly designed website and will feature three interweaving parts:

- Part A: Common clinical conditions in aged care (available online now)
- Part B: General approaches to aged care (early-to-mid 2020)
- Part C: Organisational approaches to aged care (mid-to-late 2020)

The first section to be published – Part A: Common clinical conditions in aged care – is intended to be used as a point-of-care reference. It is designed to assist in clinical decision-making by presenting a snapshot view of the diagnosis and management of a range of clinical conditions.

The [RACGP aged care clinical guide \(Silver Book\)](#) is now available online.

## Immunisation Handbook Updated

The Australian Technical Advisory Group on Immunisation (ATAGI) Secretariat wishes to advise that the Australian Immunisation Handbook (the Handbook) was updated on 4 October 2019 to reflect changes approved by the Chief Medical Officer, Professor Brendan Murphy, on 20 September 2019.

A summary of the updates is available at the following link: <http://bit.ly/2pwp1tx>

*Please note: Changes include updates to 19 chapters of the Handbook, and various administrative updates to improve the usability of the Handbook, including updates to hyperlinks throughout the Handbook.*

## Sharing Knowledge About Immunisation: New tools for providers and parents with questions

The National Centre for Immunisation Research and Surveillance (NCIRS) has partnered with the University of Sydney and other expert collaborators to develop a new, evidence-based communication package called Sharing Knowledge About Immunisation (SKAI).

Funded by the Australian Government, the SKAI package aims to support healthcare providers in communicating confidently and effectively with all parents about immunisation.

The SKAI package includes:

- For parents – SKAI website for parents available at [www.talkingaboutimmunisation.org.au](http://www.talkingaboutimmunisation.org.au)
- For providers – SKAI eLearning module available at [learn.nps.org.au](http://learn.nps.org.au) SKAI
- For providers – SKAI website for providers (available upon completion of the SKAI eLearning module)

The [SKAI website](#) for parents provides a suite of resources and information for parents and carers of babies and young children, designed to support conversations about childhood vaccination. This includes independently assessed information about vaccines included on the [National Immunisation Program](#) and answers to common questions parents ask in an accessible and easily interpreted format.

The SKAI eLearning module has been designed to help providers adapt their clinical communication skills to meet the needs of all parents, whether they are ready to vaccinate, have questions, or intend to decline vaccination altogether. The eLearning module also provides an introduction to the SKAI website that has been developed specifically for providers. The module takes approximately 1–1.5 hours to complete and providers can earn Continuing Professional Development (CPD) points for their participation, depending on their profession.

## Wellbeing after Cancer

Wellbeing after Cancer, Cancer Council WA's survivorship program, offers support to cancer survivors for the time after treatment has finished.

Wellbeing after Cancer will:

- provide healthy lifestyle recommendations and resources including physical activity and nutrition guidance tailored to patient requirements;
- link patients to a range of practical and emotional support services; and,
- suggest links to groups and other services in the community to support patients further as they adapt to their 'new normal'.

For further information, and for patients to request a Wellbeing after Cancer Call-back, please visit: <https://www.cancerwa.asn.au/patients/wellbeing-after-cancer/>

## **Australian Institute of Health and Welfare: Rural and remote health report**

Rural and remote Australia encompasses many diverse locations and communities and people living in these areas face unique challenges due to their geographic isolation. Those living outside metropolitan areas often have poorer health outcomes compared with those living in metropolitan areas. For example, data shows that people living in rural and remote areas have higher rates of hospitalisations, mortality, injury and poorer access to, and use of, primary health care services, compared with those living in metropolitan areas.

The Australian Institute of Health and Welfare “AIHW” has released the “Rural & remote health” report on the latest findings. A full copy of this report is available at: <http://bit.ly/2q3ugAX>

## **Office of the Australian Information Commissioner: New guidelines for privacy in practice**

The Office of the Australian Information Commissioner (OAIC) has released a comprehensive new resource to provide advice for all health service providers covered by the Privacy Act 1988.

The Guide to health privacy has been written specifically to assist GPs, practice staff and other health service providers understand their obligations under the Privacy Act 1988 and entrench good privacy procedures in their practice.

This resource comes at an opportune time, given that health service providers have ‘consistently’ been among the top three sources of privacy complaints to the Office of the Australian Information Commissioner (OAIC) over the past three years, and the leading source of notifiable data breaches since mandatory notification started in February 2018.

Key steps outlined in the new guide are intended to guide health service providers in meeting privacy obligations and protect patient data:

- Develop and implement a privacy management plan and assign responsible person/s
- Create a documented record of personal data the organisation handles
- Understand privacy obligations and implement processes to meet them, including staff training sessions
- Create a privacy policy and data breach response plan

The full downloadable version of the “Guide to health privacy” is available at: <http://bit.ly/2BUHWAK>

## Department of Veterans Affairs: Allied health treatment cycle

On 1 October 2019, referrals from GPs to allied health services changed for DVA patients. Referrals are now valid for up to 12 sessions of treatment or a year, or whichever ends first.

This new 'treatment cycle' has been introduced to promote quality clinical care for veterans so they have the best possible prospects for living a healthy life. The treatment cycle places the patient at the centre of care and the general practitioner (GP) as the care coordinator. It provides a framework for better coordination and communication between GPs, allied health providers and patients. These arrangements ensure health care and allied health treatment is the most appropriate for the patient's needs.

### How does the treatment cycle work?

DVA clients can be referred by their usual GP to an allied health provider if they have a clinical need for allied health treatment. Referrals can also be initially made by a medical specialist or hospital discharge planner. Dental and optical services are not affected as they do not require a referral.

At the beginning of the treatment cycle, the GP will prepare a Patient Care Plan and ask the patient about their health goals. At the end of the treatment cycle the allied health professional will send a report to the patient's usual GP. The report will outline the treatment provided, the progress of the treatment and recommendations for further treatment if required.

The patient's GP will use this report to review the progress of their treatment and assess if further allied health treatment is clinically required, or whether other treatment options are needed. The GP will provide a new referral to the allied health provider if it is needed.

DVA patients will continue to have access to the care they need. Patients can have as many treatment cycles as their GP decides are clinically necessary.

DVA patients can have a separate treatment cycle for each allied health service they require. This includes having treatment cycles for different allied health services at the same time. For example, they may have services provided by a dietician, podiatrist and physiotherapist at the same time.

### Exemptions for TPI patients for physiotherapy and exercise physiology services

These changes do not apply to DVA patients with a Totally and Permanently Incapacitated (TPI) Gold Card for physiotherapy and exercise physiology services. When TPI patients use other allied health services, for example, occupational therapy, podiatry or psychology, the treatment cycle arrangements will change their referrals for these services.

### Publications

For further information and publications about the treatment cycle, can be accessed by visiting the following page: <http://bit.ly/2qOzJf3>

## Australian Cervical Cancer Foundation: National Cervical Cancer Awareness Week 2019

Building on the success of the #cerFIX2035 campaign which was launched in July, Australian Cervical Cancer Foundation will be celebrating National Cervical Cancer Awareness Week 2019 from November 11-17. Australia is on track to become the first country in the world to eliminate cervical cancer by 2035. Let's make this happen.

December 2019 marks 2 years since the introduction of the National Cervical Screening Program therefore, all women should have had a screening under the new system and now be in the new Program. The tagline this year is "5 minutes of your time, for 5 years peace of mind". Reminding women that if they haven't already done so, to put themselves first and make sure they are up-to-date with their cervical screening.

Further information, including resources, can be obtained by contacting Leisa Ashton at [leisa.ashton@accf.org.au](mailto:leisa.ashton@accf.org.au) or visiting the [ACCF website](#)

### Health promotion events

#### World COPD Day is November 20

This World COPD day (November 20), Lung Foundation Australia is encouraging people living with COPD to "reach out" and connect with support services and resources that can help you understand your condition and improve your wellbeing.

Chronic Obstructive Pulmonary Disease (COPD) is an emotionally challenging disease, and it can take its toll on your emotional wellbeing. People living with COPD face many emotional, psychological and practical day-to-day demands on top of the physical impacts of the disease and its treatment.

Living with COPD is a different experience for everyone. Many people find that the physical symptoms of COPD can be stressful and upsetting. Some people feel anxious when they can't breathe properly. Others feel frustrated, left-out and lonely when they can't keep up with their friends and families. Anxiety and depression are not uncommon in COPD and being a carer can also be very stressful.

It is very important to find support to help you manage this condition. Support can be found in many places: your healthcare team, health and community services, family and friends and broader social networks.

For further information and resources on COPD, please visit: <https://lungfoundation.com.au/world-copd-day/>

Coming up soon...	
<b>Remembrance Day</b>	11 November
<b>National Cervical Cancer Awareness Week</b>	11 to 17 November
<b>PANDA Week (Perinatal Anxiety &amp; Depression Australia) Week</b>	10 to 16 November



## Education and training

Visit our Webinars & Workshops page at [www.practiceassist.com.au](http://www.practiceassist.com.au) for the events calendar.

### HIV PrEP update for GPs and Practice Nurses

Dr Ric Chaney GP, s 100 prescriber and representative WA AIDS Council  
Tuesday 5 & Wednesday 6 November

### NDIS Toolkit: A useful resource for service providers (Geraldton)

Presented by Brightwater  
Thursday 7 November

### Pen CS – CAT Plus & PIP QI

Webinar presented by Pen CS  
Thursday 7 November

### Rockingham General Hospital GP Education Event: Linking Primary to Tertiary Care

Presented by Rockingham Peel Group and Rockingham General Hospital in partnership with WA Primary Health Alliance and HealthPathways WA  
Saturday 9 November

### Rural GP Anaesthetists Forum 2019

Rural Health West  
Saturday 9 & Sunday 10 November

### Pen CS – CAT Plus and Respiratory Diseases

Webinar presented by Pen CS  
Tuesday 12 November

### Rural Health West Emergency Airways Skills Management (Port Hedland)

Rural Health West  
Friday 15 November

### Rural Health West Obstetric Emergencies “OBS” (Albany)

Rural Health West  
Friday 15 November

### TADPole: RACGP Cat 1 event

ECU and WA Primary Health Alliance  
Saturday 16 November

### Rural Emergency Assessment Clinical Training (REACT)

Rural Health West  
Wednesday 20 & Thursday 21 November

### Pen CS – Topbar for Beginners

Webinar presented by Pen CS  
Thursday 21 November

### Australasian Doctors’ Health Conference

Doctors Health Advisory Service  
Friday 22 & Saturday 23 November

### Pen CS - CAT4 for Beginners

Webinar presented by Pen CS  
Tuesday 26 November

### Team Based Care and Data Driven Improvement

Presented by Train IT Medical & Katrina Otto  
Tuesday 26 & Wednesday 27 November

### Family & Domestic Violence During Pregnancy 2019 Symposium: Why antenatal care matters

The Women and Newborn Health Service  
Wednesday 27 November

### BreastScreen WA coming to Paraburdoo

BreastScreen WA  
Wednesday 27 to Friday 29 November

### EHealth Webinar Series: RACGP Cat 2 event

RACGP  
November & December

### WA Rural Health Conference 2020: Beyond 2020 Health Innovations

Rural Health West  
Saturday 21 & Sunday 22 March