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MESSAGE FROM THE CEO

Welcome to the April 2010 issue of **GP Matters** the monthly publication published by GP partners Adelaide to provide members with up to date information regarding your Division's activities, health news, business enhancement opportunities and health information relevant to General Practice.

New General Practitioner National Registration with the Medical Board of Australia

From 1 July 2010 the National Registration and Accreditation Scheme for the Health Professions introduces new national arrangements for:

- » registration of medical practitioners;
- » accreditation of medical education and training; and
- » complaints and disciplinary processes.

Legislation for the national scheme (the National Law) has already been passed in New South Wales, Queensland, Victoria, the ACT and the Northern Territory. The National Law has not been passed in South Australia, Western Australia and Tasmania.

All registered medical practitioners will need to transition to registration with the Medical Board of Australia. To ensure a smooth transition, **it is very important that General Practitioners ensure that they are currently registered with the medical board in the state or territory in which they practise.** It is also important that General Practitioners check that personal contact details and mailing address with the current state or territory Board are correct.

GP DataSAFE On Line back up Latest version release

GP partners Adelaide is pleased to announce the release of our latest competitively priced version of this GP On Line data backup service purposefully designed to guarantee the safety, security and rapid retrieval of General Practice information.



- » *Automatic* - Happens without user intervention and immediately transfers off-site
- » *Secure* - All data is encrypted before being sent
- » *Flexible* - Backup schedule to suit your requirements from once per day to every few minutes
- » *Convenient* - Access and restore your data 24 x 7

For a demonstration please contact GP partners Adelaide on 8112 1100

GP access to Clinical Audit Tool assured until 30 June 2014

GP partners Adelaide has been advised that SA Health has offered to underwrite the renewal cost of the Pen Computer Systems Pty Ltd Clinical Audit Tool statewide license for all eligible GP practices until 30 June 2014.

This would assist with the continuation of the current arrangements to provide the CAT license free to all eligible GP practices. Currently in South Australia 58% of practices are using the tool for reporting and analysis. The continuation of this arrangement until 2014 will build upon the achievements to date.

The Clinical Audit Tool (CAT) allows general practice staff to review and analyse the demographic and clinical data held within their clinical practice software for the purposes of:

- » Reviewing and improving the quality of the data held;
- » Identifying patient cohorts at risk and implementing improved management strategies;

» [Continues next page](#)



- » Meeting accreditation and reporting requirements;
- » Improving practice management and business opportunities;
- » Providing de-identified clinical and service planning data to divisions of general practice to allow benchmarking and baseline feedback to the practice.

This issue of GP Matters features General Practice service program information, news of interest and other features and GP partners Adelaide trusts that you will find this latest issue interesting and worth a perusal.

PROGRAM UPDATES

REVIEW OF ACCESS TO ALLIED PSYCHOLOGICAL SERVICES (ATAPS)

Revised arrangements from 1st July

The Hon. Nicola Roxon MP Minister for Health and Ageing has announced the results of the Review of the Access to Allied Psychological Services (ATAPS) program provided through the Australian Divisions of General Practice. GP partners Adelaide participates in this Program.

The review process aimed to refocus ATAPS to better complement fee-for service programs, to better target particular groups and to address service gaps in specific geographical locations not well serviced by private Medicare services. The review report Review of the Access to Allied Psychological Services Component of the Better Outcomes in Mental Health Care Program outlines the outcomes of the review and proposed next steps to implement the four key policy directions which have arisen from the review; addressing service gaps, increasing efficiency, encouraging innovation and improving quality.

To achieve these policy directions it is planned to modify the way in which funding arrangements are structured. The Minister has decided that in the interest of continuing quality care for consumers that Divisions have time to adapt to any changed funding or administrative arrangements and that Divisions and other stakeholders have a chance to help shape the guidelines and plan for the roll out of the new approach. Accordingly a staged implementation of the new funding arrangements will commence from 1st July 2010.

Under these new funding arrangements the existing budget allocated to the ATAPS program in the next two years will be restructured to better target needs and promote efficiency.

The new funding arrangements involve moving from the existing ATAPS funding model to a two tiered funding model which gradually introduces a level of base funding

that recognizes activity and which better targets funding where it is needed.

Tier 1 funding will enable all Divisions to continue to offer psychological services to hard to reach groups within the population to supplement Medicare based service delivery. Tier 1 funding will be based on the current distribution of ATAPS funding and preserved at or close to current levels of base funding. From 2011-2012 financial year a proportion of Tier 1 funding will be linked to achieving service targets which will be negotiated with Divisions.

Tier 2 special purpose funding will supplement Tier 1 funding and provide an additional flexible pool of funding for innovative service delivery to specified groups with priority needs which cannot be met through traditional ATAPS service delivery approaches. In 2010/11 financial year these groups will include women with perinatal depression, people who are at risk of homelessness and individuals who have recently attempted suicide or self harm. In future years a new planning process will be developed to prioritise the allocation for Tier 2 funding.

IMMUNISATION PRETERM BABIES: REMINDER

Preterm babies should commence the NIP at the standard recommended age without correction for prematurity. Extra immunisations are recommended for preterm babies who fit the description below as they may be at increased risk of vaccine-preventable diseases (eg: invasive pneumococcal disease) and may not mount an optimal immune response to certain vaccines.

Preterm infants:

Less than 28 weeks' gestation and /or with chronic lung disease:

- » require extra pneumococcal vaccinations 4th dose of Prevenar at 12 months and Pneumovax 23 at 4-5 years

Less than 32 weeks' gestation or <2000g birth weight

- » require an extra dose of hepatitis B vaccine at 12 months of age with other scheduled NIP immunisations (Primary course received within combination Infanrix hexaR vaccine at 2, 4 and 6 months of age)

Refer to pages 89-90 of the Australian Immunisation Handbook

The pre-vaccination assessment should include information to determine if an infant/child fits into the preterm criteria listed above. It is important these details are recorded and can be recalled at the appropriate age immunisations. To help record and recall this information, it may be advantageous to:

- » Record the details on ImPS or Medical Director (or similar data bases) in the comments or alerts section.



- » Record this information directly in the Blue Book in the age appropriate part of the Immunisation Section
- » Make a note on the cover of the Blue Book (eg sticky label)
- » Make a note in the any other patient records held by your practice.

NB: Before acting on the information recorded it is also important to re-check with the parent/caregiver that the information is correct.

RECOMMENDATIONS FOR SEASONAL INFLUENZA FOLLOWING RECEIPT OF H1N1 VACCINE

Adults who have received the monovalent Panvax H1N1 in 2009 or early in 2010 are advised to have a seasonal influenza vaccination to benefit from the other 2 virus strains included in the trivalent seasonal influenza vaccine. There is no specific time interval required between receiving a Panvax vaccine and a 2010 seasonal influenza vaccine.

Protecting HCWs from contracting influenza will in turn protect vulnerable patients in their care. Vaccination is the most effective way of preventing influenza disease and disease transmission in a health facility.

ATAGI recommendations on use of pandemic and seasonal influenza vaccines in children less than 10 years of age.

Where children present for seasonal influenza vaccine and have previously received H1N1 vaccine, the number of doses of seasonal vaccine required depends on their age and their prior influenza vaccination history.

Guidelines and Recommendations for the use of the pandemic and seasonal influenza vaccines in children under 10 years have been developed by ATAGI and can be located at the following website: www.healthemergency.gov.au

(Click on 'Health and Aged Care Professionals', then 'Information on the National Vaccination Program', then 'ATAGI Vaccine Advice')

Additionally, information for children's doses for Panvax has been sent to all Immunisation Providers and can be downloaded from the following web site www.flu.sa.gov.au

Please note

- » Panvax is a funded vaccine for all individuals less than 6 months of age
- » Seasonal influenza vaccine is funded for specific groups only

Q If a child is born overseas to parents who are Australian citizens, are they automatically entitled to funded vaccines on the NIP?

A Australian citizens who have been absent from Australia for less than 5 years retain their Medicare eligibility and the baby will be entitled to Medicare.

If the parents have been out of Australia for more than 5 years then they need to be returning to Australia to reside permanently to be eligible for Medicare. The parents would need to visit a Medicare Office with their passports to clarify their entitlement to Medicare.

IMMUNISATION THE BASICS

The next available Immunisation the Basics Workshop offered by the Immunisation Section in 2010 for those in the metropolitan area is:

- » Monday June 28th at The Mawson Centre, 2 Main Street, Mawson Lakes.

Please contact Chelsea Phillips on 8226 7177 or chelsea.phillips@health.sa.gov.au

MENTAL HEALTH SHARED CARE PROGRAM A CASE STUDY.

Marie was a 30 year old married woman whose contact with her GP had been increasing due to problems including frequent headaches, shoulder pain, and insomnia. After physical investigation ruled out a medical cause, the doctor considered her symptoms were stress related and referred Marie to the Mental Health Shared Care Program under a Mental Health Treatment Plan (item number 2710 or 2702).

Marie was allocated to a clinician and after an assessment, it was discovered that Marie had been retrenched from her job two months prior. She was experiencing symptoms that included depressed mood, relationship problems, feelings of panic, sleep difficulties, lack of motivation and procrastination at work. Given her history and symptoms, she was diagnosed with an Adjustment Disorder with Mixed Anxiety and Depressed Mood.

The clinician commenced a structured Cognitive Behavioural Therapy intervention program coupled with Interpersonal Therapy. After some weeks, Marie discovered her husband was having an affair. Her mental health declined rapidly and she was unable to attend work for over a week. She experienced anhedonia, increased alcohol consumption, insomnia, suicidal ideation and a worsening of her anxiety and panic symptoms. The clinician liaised with Marie's GP and the Assessment and Crisis Intervention Service (ACIS) about the severe decline in Marie's mental health functioning. As a result, her GP commenced Marie on an anti-depressant medication and the clinician provided weekly therapy sessions for a one month period until her mood and symptoms improved, after which she was seen fortnightly.



Marie attended a total of 14 therapy sessions that included trauma counselling, behavioural activation, stress management, assertiveness training, challenging and restructuring Marie's maladaptive thinking and coping patterns, problem solving, and strategies to improve her emotional regulation. Through the combination of therapy and medication, Marie's mental health functioning stabilised, she was able to resolve her marriage difficulties, reduced her depressive symptoms and no longer experienced panic symptoms. She demonstrated that she was able to apply the strategies she had developed through therapy to maintain the stability of her mental health and was subsequently discharged from the service.

Other PBS-listed drugs reviewed in this edition of RADAR include

- » **Albendazole (Zentel)** – listing extended to treat hookworm and Strongyloidiasis.
- » **Terbinafine** – authority listing extended to children under 18 years.

To read the full reviews go to www.nps.org.au/radar

CLINICAL AUDITS FOR GPS
*NPS clinical audits available for the QPI year: 1
May 2009 – 30 April 2010*

Topic	Updates
Clinical audit: Antiplatelet and anticoagulant therapy in stroke prevention	Certificates of completion were mailed on 4 February 2010.
Clinical audit: Review of proton pump inhibitor (PPI) prescribing	Certificates of completion will be mailed on 5 March 2010.
Clinical audit: Targeted use of antibiotics in respiratory tract infections	1304 GPs submitted initial data collection. Feedback reports were mailed in February 2010. Review phase packs to be returned by 26 March 2010.
Clinical e-Audit: Optimising management of type 2 diabetes	Both Initial phase and Review phase data must be submitted by 28 April 2010 for recognition in the current QPI PIP cycle (1 May 2009 – 30 April 2010). Submission after this date and before 28 April 2011 will be recognised for the next QPI PIP cycle (1 May 2010 – 30 April 2011).
Clinical e-Audit: Review of proton pump inhibitor (PPI) prescribing	Same as above.

- These activities have been approved by:
- » RACGP QA&CPD Program, total points 40 (Category1)
 - » ACRRM PD Program for 30 points (extended skills) in the 2008–2010 triennium.



**HOW COMPUTERS
CAN MAKE HMR
EASY**

Most medical computer programs minimize the time and effort for HMR. Learning how to make the most of your computer can drastically reduce unnecessary paperwork and avoidable telephone calls associated with HMR.

The first step of HMR is to identify the patient and print a referral form for a HMR. If your patient's details are stored in the computer, the referral is automatically generated incorporating the patient's information. The GP controls the extent of the information that is carried onto the referral form to exclude things such as patient notes that are not relevant to the pharmacist conducting the HMR.

The computer program also reminds the GP about inclusion of components that are crucial for a thorough HMR, such as pathology results. This will reduce the need for the

If you have a patient that is experiencing mental health problems, you can refer them to the Mental Health Shared Care Program at any time. Telephone 8112 1100 and speak to one of our clinicians for further information or to discuss your patient needs, or send a referral via a Mental Health Treatment Plan to 8227 2220.

NPS RADAR



National Prescribing Service Limited

Nebivolol (Nebilet)

Nebivolol is a new selective beta1-receptor antagonist for treating chronic heart failure. It is an alternative to bisoprolol, carvedilol, and controlled-release metoprolol but has less robust evidence of survival benefit. Although the major trial with nebivolol was conducted in older people there is no evidence it is more effective in any age group than other beta blockers used in heart failure.

Methylnaltrexone (Relistor)

Methylnaltrexone injections are a new option for treating opioid-induced constipation in people receiving palliative care who have not responded to adequately titrated laxatives. Methylnaltrexone increases bowel movements without reversing analgesia.

Around 50–60% of people with opioid-induced constipation experience a bowel movement within 4 hours of a single dose of methylnaltrexone. However, around 30% of people may not respond within 24 hours of a single dose. Patients should be advised that bowel movements may occur within 30 minutes of an injection.

Methylnaltrexone should only be used in addition to other therapies that prevent or treat opioid-induced constipation, and no more than once in any 24-hour period.



pharmacist to contact to request information that may have been forgotten to be included with the referral form.

Once the HMR report is completed and received by the GP, the HMR Management Plan can also be written using the templates provided in the computer program. These templates provide guidance in writing a management plan that is clear and easy to understand for the patient. Minimum wording is necessary and they can be completed very quickly.

Each computer program has different instructions for HMR. Ask the HMR Facilitator at your Division of General Practice for a practice visit and demonstration on how to optimize the use of your computer for HMR.

For more information call Shalini Simmons on 8112 1100 or visit www.gppadelaide.org.au for information on how to access referral templates for more commonly used prescribing software.

IS YOUR DATA SAFE?

Data protection is rapidly becoming crucial to the survival of the modern General Practice. As more practices become completely computerised, the clinical system becomes the only copy of the patient record. Protection of this data is critical to patient care and conformance to legal requirements for records management.



As part of GP partners Adelaide continued efforts to improve the information systems of our members we are pleased to announce the availability of GP DataSAFE, the latest software that will be utilised as part of our Commercial Online Backup Service.

GP DataSAFE includes;

- » GUI (Graphical User Interface) for easy viewing of backup status and reports, performing restores, or modifying backup jobs.
- » Flexible scheduling allowing for multiple backups per day.
- » Improved central management for reliability and monitoring.
- » Bandwidth tracking and throttling.

GP DataSAFE protects your clinical data in a way that is completely automated, secure, convenient and most importantly immediately off-site without user intervention. All data is secured by encryption before it leaves the practice, ensuring confidentiality, and stored on enterprise level IBM servers and storage in a secure data centre.

As part of the service GPpA monitors that all scheduled backups were successful and will notify you in the case of any errors. This ensures that your backup is running successfully and backing up the data it has been configured to protect.

For more information about GP DataSAFE and other services offered by GP partners Adelaide please contact us on (08) 8112 1100.

Disaster Recovery Testing

Regardless of the backup method, the security of your data can only be guaranteed if the backup is regularly tested. There are two levels of testing

» Restore testing

Put simply this is testing that the data you have selected to backup can be read from the backup medium and restored to a test location.

» Recovery testing

This goes one step further by testing that the data restored from the backup medium can actually be used to rebuild and restore the system it was configured to protect.

For more information on how GP partners Adelaide can assist you with disaster recovery testing, please contact us on (08) 8112 1100

NEW PIP INDIGENOUS HEALTH INCENTIVE

A new Practice Incentive Program (PIP) Indigenous Health Incentive will start in May 2010 to support general practices and Indigenous health services to provide better health care for Indigenous Australians, including best practice management of chronic disease. Three types of payments will be available.

Sign-on payment – once off payment of \$1000 for practices that join the incentive and agree to undertake specified activities to improve the provision of care to their Aboriginal and Torres Strait Islander (ATSI) patients with a chronic disease.

Patient registration payment – \$250 for each ATSI patient aged 15 years and over, registered with the practice for chronic disease management in a calendar year.

Outcomes payment –

- » Tier 1 - \$100 to practices for each registered patient for whom a target level of care is provided by the practice in a calendar year.
- » Tier 2 - \$150 to practices for each registered patient for whom the majority of care is provided by the practice within a calendar year.

To take part in this incentive your practice will need to be participating in the PIP – or be eligible to join the PIP – and meet the specific sign-on requirements. To apply to take part, practices must complete an application form and send to Medicare Australia. Practices already participating in the PIP will be sent an application form for the Indigenous Health Incentive in the near future.

For further information visit www.medicareaustralia.gov.au/provider/incentives/pip/files/pip-indigenous-health-incentive-questions-answered.pdf or call the PIP enquiry line on 1800 222 032.



ADVERTISEMENTS

The products and services presented below are not necessarily endorsed by GP partners Adelaide. They are presented in good faith only as an information service for members

MULTICULTURAL LIVER CLINIC

Hepatitis B and C are more common in those Australians who come from CALD background with up to 20% having hepatitis B and 4% having hepatitis C. Many will have difficulty understanding their illness without a qualified interpreter, have little social support and need more detailed explanations about the health implications of viral hepatitis than other Australians. This includes the importance of follow-up and of early detection and possible treatment.

Relationships Australia (through the blood borne virus support service PEACE), the Hepatitis C Council of SA, the Migrant Health Service, Clinic 275, SA Health and the Viral hepatitis units from RAH, QEH, FMC and LMHS have collaborated to set up a multicultural liver clinic that will attempt to address some of the extra needs in this client group. The clinic will be in the city for about two hours one evening per week.

A GP with an interest in viral hepatitis will be a part of the team. The salaried position will involve working according to the clinic protocols, and liaising with hospital viral hepatitis units and with community GPs.

If anyone is interested please contact Dr Jill Benson at jill.benson@adelaide.edu.au

A NEW SERVICE

Jessica Webster is a clinically trained Psychologist with a special interest in working with women and their partners affected by depression or anxiety during and after pregnancy, or in relation to infertility. She can be contacted on 8267-3911 at 220 Melbourne St, North Adelaide.



Free information, advice and resources to help manage tinnitus.

Phone: 1300 789 988
Website: www.tinnitussa.org
E-mail: tinnitussa@chariot.net.au

GIVE A COUNTRY DOCTOR A BREAK BECOME A RURAL LOCUM

Time for a fresh perspective on your career as a GP? Then why not try rural locum work.

There are now more opportunities for urban doctors to experience life in a country practice thanks to the Federal Government's new Rural GP Locum Program.

Rural locum work is a great way to expand your skills while practising a more diverse and challenging range of medicine including Aboriginal health.

You will also be supporting rural doctors who need a short-term break. The level of commitment required is flexible, and can be as little as two days a year up to two or three weeks depending upon your availability.

For locums who choose to make an ongoing commitment to a particular town, there is the chance to become a much-loved member of that community.

Support includes assistance with travel, accommodation and provider numbers.

To register to become part of the locum pool, visit www.ruralgplocum.org.au

To find out more, contact Christine Cook from the Rural Doctors Workforce Agency on 08 8234 8277 or christine.cook@ruraldoc.com.au

APPETITE FOR CHANGE

Specialist nutrition and dietetics practice for eating disorders

Accredited Practising Dietitian, Gabriella Heruc has significant experience in treating disordered eating in both hospital and private practice settings.

With both a Master of Nutrition and Dietetics and an undergraduate Honours degree in Psychology, she is ideally trained to assist with dietetic counselling for these complex issues.

Gabriella is a member of the Australian and New Zealand Academy for Eating Disorders and the Dietitians Association of Australia. She also has training in Maudsley Family Therapy, Acceptance and Commitment Therapy (ACT), Cognitive Behavioural Therapy for Eating Disorders, Paediatric Nutrition and Sports Nutrition.

Address: Suite 18, 50 Hutt Street, Adelaide SA 5000

Appointments: Gabriella Heruc

M: 0411 770 111

E: appetiteforchange@gmail.com

W: appetiteforchange.com.au



UPCOMING EVENT SUMMARY

MARCH 2010 TO JUN 2010

Post Natal Mother and Baby Issues

Date/Time Tuesday, 20 Apr 2010 06:30 pm - 09:00 pm
 Target Audience General Practitioners & Practice Staff
 Venue GP partners Adelaide
 120 Hutt St, Adelaide
 Presenters Dr Darren Roberts and Associate Professor Ross Haslam

Infection Control and Practice Standards in Instrument Sterilisation

Date/Time Wednesday, 28 Apr 2010 06:30 pm - 09:00 pm
 Target Audience General Practitioners & Practice Staff
 Venue GP partners Adelaide
 120 Hutt St, Adelaide
 Presenter Ms Sylvia Morris

The Out of Sync Kid

Date/Time 29th April 2010, 6:30pm - 9:00pm
 Target Audience General Practitioners and Practice Nurses
 Venue GP partners Adelaide
 120 Hutt St, Adelaide
 Presenters Dr Phil Egan - Paediatrician -WCH, Dino Merillo - Occupational Therapist,
 Megan Keough -Physiotherapist

Cardiology Skills Training

Date/Time Thursday, 06 May 2010 08:30 am - 12:30 pm
 Thursday, 13 May 2010 08:30 am - 12:30 pm
 Thursday, 20 May 2010 08:30 am - 12:30 pm
 Target Audience General Practitioners
 Venue Royal Adelaide Hospital
 Cardiology Unit
 Level 6 Theatre Block
 Presenter Dr Peter Steele

Managing Budgets and Finances for Practice Managers

Date/Time 25th Oct 2010, 6:30pm - 9:00pm
 Target Audience Practice Managers
 Venue GP partners Adelaide
 120 Hutt St, Adelaide
 Presenter Peter Wright, Business & Finance Manager - GP partners, Adelaide

The Fair Work Act and how it will affect your practice

Date/Time Monday, 24 May 2010 06:30 pm - 09:00 pm
 Target Audience General Practitioners and Practice Nurses
 Venue GP partners Adelaide
 120 Hutt St, Adelaide
 Presenter Mr Ashleigh Smith

For more information go to the events page on the GPPA website or contact us on 8112 1100