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MESSAGE FROM THE CEO

Welcome to the May 2010 issue of **GP Matters** the monthly publication of 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.

COAG -Commonwealth will have full funding and policy responsibility for GP and primary health care

Health reform was the major topic of discussion at the Council of the Australian Governments (COAG) meeting on 19-20 April. At the COAG meeting the Prime Minister secured a deal with all states, except Western Australia, to become the dominant funder of Australian hospitals.

COAG also agreed, with the exception of Western Australia, that "the Commonwealth will have full funding and policy responsibility for GP and primary health care, as defined in the National Health and Hospitals Network Agreement, including community health centres, primary mental health care, immunisation, and cancer screening programs" and that "The Commonwealth will build on its responsibility for general practice and primary health care with the introduction of primary health care organisations. These bodies will be responsible for improving integration of services and reducing access gaps so that their local community can access care that meets local needs."

Further detail is expected to be announced in the Federal budget on 11 May 2010

The complete COAG Communiqué is available on the GP partners Adelaide website at www.gppadelaide.org.au

New Federal Health Care Identifiers Legislation

GP partners Adelaide has been monitoring the progress of the Health Care Identifiers Bill 2010 which was introduced to Federal Parliament on 10th February 2010.

The purpose of the Healthcare Identifiers Bill 2010 is to implement a national system

for consistently identifying consumers and healthcare providers and to set out clear purposes for which healthcare identifiers can be used.

The establishment of this national system, described as a Healthcare Identifiers Service, is a joint initiative of all Australian Governments and will put into effect a number of decisions made by the Council of Australia Governments (COAG).

The design of the Healthcare Identifiers Service draws on existing elements of Medicare Australia's infrastructure including trusted personal information about individuals, consumer Medicare cards, information policies, and customer services such as shop front and online services. For these reasons Medicare Australia will be the operator of the Healthcare Identifiers Service.

The Bill sets out the permitted purposes for which healthcare identifiers may be used or disclosed and the offences relating to the misuse of healthcare identifiers and penalties for breaches of the legislation. These provisions are intended to provide a clear framework to support the proper use and disclosure of healthcare identifiers and ensure that any inappropriate handling of healthcare identifiers can be addressed.

The Federal Privacy Commissioner will provide independent regulation of how healthcare identifiers are handled and the operation of the Healthcare Identifiers Service. This will include handling complaints against Medicare Australia, as the service operator and private sector healthcare providers.

The Government has adjourned debate on the Bill to 11th May 2010.

» [Continues next page](#)



GP Obstetric Shared Care SA Program

GP partners Adelaide is pleased to announce that SA Health has recently indicated that GP partners Adelaide will continue as the coordinating body for the state-wide GP Obstetric Shared Care SA Program after 1st July 2010. GP partners Adelaide was initially awarded the contract to coordinate the program for a trial period from 1st September 2009 to 30th June 2010.

The aim of the program is to increase choices and options for pregnancy care for women and to provide continuity of care. The program enables, within appropriate structures and guidelines, specialist obstetrician or a GP obstetrician in conjunction with shared care providers to facilitate shared antenatal and postnatal care in a safe and acceptable manner.

Regular information bulletins regarding the GP Obstetric Shared Care SA Program are published on the GP partners Adelaide website:- www.gppadelaide.org.au

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

AUDIOLOGY PROGRAM IN RESIDENTIAL AGED CARE FACILITIES

GP partners Adelaide has recently commenced an Audiology Program in three Residential Aged Care Facilities (RACF's) within the divisional area.

This has commenced as a result of RACF's identifying "gaps" in their accessibility to the provision of Allied Health services.

Along with Dental Services which GP partners Adelaide has been involved in for the past 18 months, Audiology was found to be one of the main allied health services with which facilities needed assistance.

Hearing Loss Solutions SA, a business arm of the Deaf Society of SA, was approached and agreed to be involved in the program which commenced in April 2010.

Hearing Loss Solutions SA is providing Audiologists who are conducting a 45 minute screening hearing assessment for residents, excluding those with existing hearing aids, in the three RACF's.

The resident's GP is requested to provide a preliminary hearing examination prior to being assessed by the Audiologist, to ensure that the resident does not have wax build-up. The results of the Screening are recorded in the resident's case notes and a copy of the audiometry testing is given to the RACF's for subsequent follow up and it is also made available to the GP.

Early in the program, there has been a very positive quality of life outcome for one resident who has had a hearing assessment. The family and resident believed that her hearing loss was attributed to a previous stroke and were taken aback when they found that a hearing device allowed the resident to hear conversation much more clearly.

If you would like more information on the program, contact Megan Tait, Health Programs Officer – Aged Care on 8112 1100 or email mtait@gppadelaide.org.au

HELP YOUR PATIENTS 'RESET THEIR LIFE' AND PREVENT TYPE 2 DIABETES

Diabetes is Australia's fastest growing disease. 275 Australians develop diabetes everyday. There are about 890,000 Australians currently diagnosed with diabetes and for every person diagnosed, it is estimated that there is another who is not yet diagnosed; a total of about 1.7 million people. Many Australians, particularly those over 40, are at risk of developing type 2 diabetes through lifestyle factors such as nutrition and physical activity. Family history and genetics also play a role.¹

Diabetes prevention trials have shown that lifestyle modification is effective in reducing the risk of type 2 diabetes. The Diabetes Prevention Program study carried out in the United States involving 3,234 subjects with IGT showed that lifestyle modification aimed at achieving and maintaining at least a 7% reduction in body weight, through improved diet and at least 150 minutes of exercise per week, reduced the incidence of type 2 diabetes by 58%. Further studies carried out in Finland and China have also demonstrated that lifestyle interventions can reduce the incidence of type 2 diabetes.²

The 'Reset your Life' program offered by GP partners Adelaide is a free lifestyle modification program that aims to help your patients to prevent or delay the onset of type 2 diabetes. The program provides education on the risk factors for type 2 diabetes, healthy eating and physical activity, and assists patients to make healthy lifestyle changes. A range of health professionals are involved in the delivery including a diabetes educator, dietitian, exercise physiologist and psychologist.



Patients aged 40 to 49 years who score 12 or higher on the Australian Diabetes Risk Assessment Tool (AUSDRISK), and have the presence of diabetes excluded, may be referred into the Reset your Life program by their GP. The GP referral form is available from the GP partners Adelaide website at the following link www.gppadelaide.org.au/tabid/363/Default.aspx.

For further information please contact Gemma Butler at GP partners Adelaide on 8112 1100.

1. Diabetes Australia <<http://diabetesaustralia.com.au/Understanding-Diabetes/Diabetes-in-Australia/>>
2. Knowler WC, Barrett-Conner E, Fowler SE, Hamman RF, Lachin JM, Walker EA, Nathan DM; Diabetes Prevention Program Research Group, 2002, 'Reduction in the Incidence of Type 2 Diabetes with Lifestyle Intervention or Metformin', N Engl J Med, Vol. 346, No. 6, viewed 21 April 2010 <<http://content.nejm.org/cgi/reprint/346/6/393.pdf>>

IMMUNISATION UPDATES

NATIONAL CENTRE FOR IMMUNISATION RESEARCH AND SURVEILLANCE (NCIRS)

The National Centre for Immunisation Research and Surveillance (NCIRS) has a new website that is worth adding to 'favourites' – www.ncirs.edu.au. This website contains links to many useful resources and Fact Sheets aimed at assisting immunisation providers.

The MMR vaccine continues to be a particular cause for concern for some parents. The NCIRS website has a direct link to an interactive MMR decision aid to help parents/carers decide whether to immunise their child with this vaccine.

GENERAL PRACTICE IMMUNISATION INCENTIVE

The National General Practice Immunisation Program aims to improve the quality and levels of vaccination services provided by general practice, with the overall goal of improving immunisation rates across Australia.

General practices are recognised as being instrumental in improving immunisation rates, particularly in the last 13 years, which has resulted in a significant reduction in children presenting to hospital suffering from vaccine preventable diseases.

General practice has significant contact with young children – often presenting with other health issues and not necessarily for scheduled vaccination. Therefore, in 1997 the Australian Government through Medicare Australia introduced the GPII, as one of a few initiatives, to support and encourage General Practitioners to achieve and

maintain an above 90% immunisation coverage rate in children under 7 years of age.

In achieving a >90% immunisation coverage rate, practices, through the GPII can receive quarterly outcome payments. An information (notification) payment of up to \$6 is made to immunisation providers who administer and notify the ACIR of a vaccination that completes one of the age-based immunisation schedules funded under the National Immunisation Program. Much more information regarding these payments can be found via www.medicareaustralia.gov.au

Changes to practice circumstances may affect receiving these outcome payments. Please notify PIP immediately if a provider leaves or joins a practice, or if the practice amalgamates or closes.

These changes must be either faxed or mailed in writing, on practice letterhead, signed by 2 relevant practice personnel and sent to: Practice Incentive Program GPO Box 2572 Adelaide SA 5001.

The Change in Authorised Contact Person form is available from the forms and guidelines page of the medicare website.

MAGNESIUM SULPHATE - NEW CLINICAL GUIDELINES TO PREVENT CEREBRAL PALSY

A University of Adelaide researcher has announced new national guidelines recommending that women at risk of early preterm birth use magnesium sulphate to protect their babies from cerebral palsy.

Professor Caroline Crowther from the University's discipline of Obstetrics and Gynaecology and the Robinson Institute says the clinical practice guidelines are based on overwhelming evidence over the past 14 years that magnesium sulphate is effective in protecting the fetus.

More than 600 children in Australia and more than 120 children in New Zealand are diagnosed with cerebral palsy each year - over a third of which are related to preterm birth.

Cerebral palsy affects one in 500 newborn babies overall and one in 10 very premature babies (less than 30 weeks' gestation). Cerebral palsy and cognitive dysfunction are the most frequent occurring neurologic impairment associated with preterm birth.

Magnesium sulphate therapy involves giving doses of magnesium sulphate to pregnant women via injection within 24 hours of birth.

The exact mechanism of magnesium sulphate in protecting the developing brain is not certain. However, magnesium is



vital for normal cell function, may protect against destructive molecules that can harm cells, and in some circumstances improves blood flow.

Side effects of the treatment include flushing, sweating, nausea, vomiting, headaches and palpitations. However, researchers have found no increase in major complications in mothers due to magnesium therapy.

For further information please go to:
www.adelaide.edu.au/news/news38581.html

PRACTICE NURSE - NATIONAL REGISTRATION

From 1 July 2010 practitioners of the Nursing and Midwifery professions across Australia will have to meet the same requirements to be registered and their registration will be recognised in all States and Territories.

In late April, the Board will be writing to every nurse and midwife currently registered in Australia to advise them of the new scheme and their new obligations. The letter will explain each registrant's registration type from 1 July 2010 and the process for transition into the new scheme. The letter will detail the information that will appear on the new national Register under the scheme. The Board is urging all nurses and midwives to make sure the contact details held by their current State or Territory Board are accurate and up to date before 30 June 2010.

The cost of registration has not yet been decided, but under the national registration and accreditation scheme, there will be one designated date for the renewal of registration in each profession. For nursing and midwifery, this date is 31 May. The first registration will be the 1 July 2010.

CHANGES TO MBS ITEMS FOR HEALTH ASSESSMENTS AND CHRONIC DISEASE MANAGEMENT

As of the 1st May 2010, the structure of health assessment items has changed. The following health assessments will be undertaken under four new time-based items:

- » a Healthy Kids Check;
- » a 45-year old health assessment;
- » a type 2 diabetes risk evaluation;
- » an older persons health assessment;
- » a comprehensive medical assessment for a permanent resident of an aged care facility;
- » a health assessment for a person with an intellectual disability; and
- » a health assessment for a person in Australia under the Government's Humanitarian Program.

The health assessment item for a Healthy Kids Check provided by a practice nurse or registered Aboriginal health worker on behalf of a medical practitioner will have a new item number (10986).

The four Aboriginal and Torres Strait Islander peoples' health assessment items will be collapsed into one health assessment item with no designated time or complexity requirements, with no distinction between an assessment provided in or out of consulting rooms.

The new fee structure is set out below:

New item numbers	New item names	New fee
701	Brief Health Assessment of less than 30 minutes duration	\$55.00
703	Standard Health Assessment lasting more than 30 minutes but less than 45 minutes	\$127.80
705	Long Health Assessment lasting more than 45 minutes but less than sixty minutes	\$176.30
707	Prolonged Health Assessment lasting more than 60 minutes	\$249.10
715	Aboriginal and Torres Strait Islander peoples health assessment	\$196.65
10986	Healthy Kids Check provided by a practice nurse or registered Aboriginal health worker	\$55.00

The time period includes the time taken by the doctor and the practice nurse to undertake a health assessment.

In addition, two Chronic Disease Management (CDM) items for the review of CDM plans (items 725 and 727) have been combined into one new item number (732) that can be used either to review a GP Management Plan or to coordinate a review of Team Care Arrangements. The new item has the same requirements as the old items and the same fee.

A Fact Sheet for GPs and Questions and Answers on the changes to Medicare Primary Care Items are available from the Department of Health Ageing website at www.health.gov.au/mbsprimarycareitems. For further information refer to the MBS available online at www.health.gov.au/mbsonline.

THE MENTAL HEALTH SHARED CARE PROGRAM IS EXPANDING!

We are delighted to announce that Verity Clarkson (Psychologist) has been appointed as Mental Health Shared Care Clinician as welcome additions to the team.

All our clinicians are experienced in providing evidence



based therapeutic interventions (including cognitive behavioural therapy and interpersonal therapy) to treat a range of mental health disorders, from mood and anxiety disorders to personality disorders and psychoses.

As a result of this expansion, we have capacity to place clinicians in your practice to provide mental health treatment services at no cost to your patients. Alternatively, we also have consulting rooms available at our centrally located Hutt St offices.

Please contact GP partners Adelaide on 8112 1100 and speak to one of the Mental Health Shared Care Clinicians for further information or to make a referral.

INFECTION CONTROL AND PRACTICE STANDARDS IN INSTRUMENT STERILISATION

On 28th April 2010, GP partners Adelaide hosted an evening on the topic – ‘Infection Control and Practice Standards in Instrument Sterilisation’. General Practice staff from several metropolitan Divisions attended.

Sylvia Morris, Sterilisation Training Manager from TQEH provided a valuable presentation which generated insightful discussion and many questions.

The evening was sponsored by GPA Accreditation Plus. Some salient points included in the presentation that were helpful to have reinforced, included:

- » Hand washing - the lack of diligence continues to be a main source of cross infection.
- » World Health Organisation (WHO) – 5 moments of hand hygiene:
 1. Before touching a patient
 2. Before a procedure
 3. After a procedure or body fluid risk
 4. After touching a patient
 5. After touching a patient’s surroundings
- » Also:
 1. After handling contaminated equipment
 2. After toilet trips
 3. Contact with soiled waste
 4. Before handling food
- » Hands still need to be washed before and after applying gloves.
- » Artificial nails increase microbial load on hands.
- » Dry hands important – pat dry with paper towel.
- » Instrument care work area:
 1. Separate dirty and clean
 2. Two sinks
 3. Good lighting

- » Use Spalding Classification to identify processing need of equipment/instruments
 1. If used on intact skin – clean
 2. Mucous membrane – disinfect
 3. Sterile Cavity – sterilise
- » Sterilisers
 1. Should be validated annually
 2. All maintenance should be charted
 3. Cleaned weekly
 4. Printouts read and understood
 5. Keep dot point easy instructions on correct loading and unloading next to the steriliser

The above points and more are covered comprehensively in the government Infection Control Guidelines: <http://www.health.gov.au/internet/main/publishing.nsf/Content/icg-guidelines-index.htm>

NEWS OF INTEREST

LIFESTYLE RECOMMENDATIONS FOR LOWERING BLOOD PRESSURE

Recently updated Australian guidelines recommend that advice on smoking, nutrition, alcohol use, physical activity and body weight should be part of routine management of hypertension for all patients, regardless of drug therapy. Smoking cessation is recommended to reduce overall cardiovascular risk. Healthy eating, reducing dietary sodium and alcohol intake, regular physical activity and achieving a healthy body weight are all effective in lowering blood pressure. (Aust Prescriber 2008; 31:150–3)

Smoking

Give all patients clear, unambiguous advice to stop smoking. Assess for nicotine dependence (e.g. time of last cigarette, withdrawal symptoms) and offer counselling, support services and pharmacotherapy as appropriate.

Nutrition

Advise patients to limit salt intake to 4 g/day (65 mmol/day sodium) or less by choosing foods normally processed without salt, foods labelled ‘no added salt’ or ‘low salt’ (or reduced

salt’ products when other options are unavailable). High-salt processed foods (ham, bacon, sausages, canned or packet soups, stock cubes), salty snacks, takeaway foods high in salt, or salt added during cooking or at the table should be avoided.

Advise patients to eat a diet that includes mainly plant-based foods (e.g. fruits, vegetables, pulses and a wide selection of wholegrain foods, moderate amounts of low-fat or reduced-fat dairy products), moderate amounts of lean

unprocessed meats, poultry and fish, moderate amounts of polyunsaturated and monounsaturated fats (e.g. olive oil, canola oil, reduced-salt margarines).

Patients with hypertension who are not taking potassium-sparing hypertensive individuals diuretics and have normal renal function can be advised to increase potassium intake by eating a wide variety of fruits and vegetables, plain unsalted nuts (limit quantity and frequency to avoid excess kilojoules), and legumes (e.g. beans, lentils, dried peas).

Alcohol

Advise patients to limit alcohol intake to a maximum of 2 standard drinks per day for men and one for women and have at least two alcohol free days per week.

Physical activity

Advise patients to become physically active. Aim for 30 minutes of moderate intensity physical activity on most, if not all, days of the week. The daily dose can be accumulated in shorter bouts (e.g. three 10-minute walks). Advise against isometric exercise routines that may raise blood pressure (e.g. weightlifting), except within professionally supervised programs.

Body weight

Advise patients with hypertension how to achieve and maintain a healthy body weight target: waist circumference less than 94 cm (men) or less than 80 cm (women) and body mass index (BMI) less than 25 kg/m².

Nancy Huang, National Manager – Clinical Programs, National Heart Foundation of Australia, Melbourne; Karen Duggan, Director, Hypertension Service, South Western Sydney Area Health Service, and Chair, National Blood Pressure and Vascular Disease Advisory Committee; and Jenni Harman, Medical Writer, Meducation, Sydney

Australian Pain Management Association

The Australian Pain Management Association Inc (APMA) is a national consumer health charity headquartered in Brisbane, supporting individuals with persistent (chronic) pain and their families. The organisation was established in 2009 in response to the need for improved information and services for people living with persistent pain and to improve the community voice.

APMA has been funded to develop and operate a website and telephone helpline service providing access to trained volunteers who will be able to listen, share information and provide assistance and support in understanding your patient's pain.

The telephone service is Pain Link on 1300 340 357 for the cost of a local call.

Contact the website on www.painmanagement.org.au

Heart Week Sunday 2nd May – Saturday 8th May 2010



Heart attack warning signs aren't what you think. Symptoms vary and they may not always be severe. Some people do not experience chest pain at all. The Heart Foundation's 2009 HeartWatch survey found that only 12% of people would recognise symptoms such as jaw, neck, back or shoulder pain as a warning sign of a heart attack.

This is why, during Heart Week 2010, the Heart Foundation will urge all Australians to better identify the warning signs of heart attack.

To find out more visit www.heartattackfacts.org.au or call the Heart Foundation Health Information Service on 1300 36 27 87.

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

General Practitioner – initially one day per week (Tuesday) but flexible

Beulah Road General Practice – Norwood. Fully computerised, accredited, family practice with varied medical exposure. Practice nurse support. Contact John on 0418 822 483 or john.walsh@beulahroad.com.au

Lift for Life

Lift for Life is an evidence - based, structured progressive resistance training program for people with, or those at risk of developing, Type 2 diabetes.

The **Lift for Life** Program aims to promote and administer an effective diabetes intervention which has been proven to improve blood glucose control in Type 2 diabetes patients. It also aims to promote and enhance the participants' general fitness, weight management and quality of life.

Start Date: 3rd May - 4th June
Cost: \$20 per week
Who: Patients with Type 2 Diabetes
Where: iNform Health and Fitness Solutions – 9 Kensington Road, Norwood
What: Includes two individual exercise sessions and one group session per week

New Relationship Therapy & Support Practice

Relationship Therapy & Support: A new practice situated at 320 Glen Osmond Road, Myrtle Bank.

Dr Marie Tudor is a GP/family therapist/hypnotherapist with 18 years experience in the field of couples and sexual counselling.

Marie is now available on Fridays at Myrtle Bank for individual or couple counselling. Ph: 0488 440 288 (office hours).

Heather Warne is an occupational therapist /mother-infant/parent-child therapist with 20 years experience working with children and families. She specializes in relational therapy and support where parents are experiencing difficulties in caring for, relating to and managing infants and young children. Ph: 83792229 for enquires and appointments.

Sonja Lee is a Clinical Psychologist, holding membership with the Australian Psychological Society College of Clinical Psychologists, who specializes in working with mothers and infants, children, adolescents and adults through a range of evidenced based therapeutic techniques. Please telephone 0403 727 494 for an appointment.

All practitioners are Medicare Providers


HYDE PARK Medical Clinic

We are looking for a VR GP to join our bright, busy, friendly family practice.

Hyde Park Medical Clinic is a purpose built, fully computerized, AGPAL accredited private practice with a great team, two supportive nurses, and a strong allied health team.

Please contact practice manager Andrea Vaccaro on (08) 8373 3337 or email hydepark@internode.on.net

HEARTMOVES



You are invited to a **free** information session about *Heartmoves*

Find out more about Heart Foundation Heartmoves by coming along to a free information session where you can see what happens at Heartmoves and ask questions.

Tuesday 4 May 2010 5:30pm – 6:30pm
rehab exercise physiology
278 Unley Road Hyde Park SA 5061
RSVP (08) 7002 9696



UPCOMING EVENT SUMMARY

MAY 2010 TO JUN 2010

Managing Budgets and Finances for Practice Managers

Date/Time 12th May 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

Nurses In General Practice Forum

Date/Time Monday, 17 May 2010 06:30 PM - 08:30 PM or
 Thursday, 27 May 2010 12:00 PM - 01:30 PM
 Target Audience Practice Nurses
 Venue GP partners Adelaide
 120 Hutt St, Adelaide
 Presenter Facilitated by Cathy Hayward

Reflections of a Pandemic and the Latest in Vaccines

Date/Time Tuesday, 18 May 2010 06:30 PM - 09:00 PM
 Target Audience General Practitioners and Practice Staff
 Venue GP partners Adelaide
 120 Hutt St, Adelaide
 Presenter Dr Rod Pearce

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, EMA Consulting

Medical Issues and Infectious Diseases in Pregnancy

Date/Time Monday, 24 May 2010 06:30 pm - 09:00 pm
 Target Audience General Practitioners
 Venue GP partners Adelaide
 120 Hutt St, Adelaide
 Presenter Dr Alphonse Roex
 Dr Suzanne Kennedy-Andrews

The Role of Obesity Surgery in the Management of Sleep Apnoea

Date/Time Tuesday, 15 Jun 2010 06:00 PM - 09:00 PM
 Target Audience General Practitioners + Practice Nurse
 Venue GP partners Adelaide
 120 Hutt St, Adelaide
 Presenter Dr Justin Bessell
 Dr Nick Antic

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