

Primary Care Programs Update

November/December 2011

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Hot topics

Season's Greetings

The team at GPV wish you a happy festive season and a safe start to 2012. Our office will close at 5pm Thursday 22 December and reopen 9am Tuesday 3 January 2012.

We look forward to seeing you in the new year.

General practice care for people with an intellectual disability

- The report of the Victorian population health survey of people with an intellectual disability 2009 has found lower rates of breast and cervical cancer screening for women with an intellectual disability compared to Victorian women in the general population.
<http://www.health.vic.gov.au/healthstatus/survey/vphs-id.htm> Cancer Council Victoria through their PapScreen Victoria program, and Breastscreen Victoria have received funding to address barriers and increase awareness and participation in screening by this high priority group.
- The GPV annual Masterclass for GPs and PNs will be held on Saturday 19 May 2012 from 9.30 - 1.30. Dr Jane Tracy from the Centre for Developmental Disability Health Victoria (CDDHV) Professor Nick Lennox from the Queensland Centre for Intellectual and Developmental Disability, Dr Maha Ghobrial from Dental Health Services Victoria and Dr Danny Sullivan, Forensicare are the guest speakers. Registration details will be sent out early in 2012.
- A series of case studies about annual health assessments for people with an intellectual disability are now available from the Centre for Developmental Disability Health Victoria (CDDHV) [here](#).
The case studies are based on interviews with GPs in Victoria about their experiences of conducting annual health reviews for people with an intellectual disability. This work was funded by Disability Services, Department of Human Services and conducted jointly by General Practice Victoria and Disability Services. Thank you to those divisions that assisted in identifying GPs who were willing to be interviewed.

Hot Topics

Review of Medicare's Health Professional Online Service portal (HPOS)

GPV has been asked by Medicare to invite you, your members, associates and stakeholders who use HPOS, to complete a short survey. The survey is intended to invite greater audience participation in the review of Medicare's Health Professional Online Service portal – HPOS.

This as an opportunity to contribute to the improvement of HPOS and its services, and to increase general practice awareness of HPOS which will assist in uptake of the Healthcare Identifiers Service - a foundation service for the Personally Controlled Electronic Health Record (PCEHR).

Participation in the survey will be anonymous. The survey should take less than five minutes to complete and is open throughout December 2011. Here is the link:

<http://survey.websurveycreator.com/s.aspx?s=ed8f1288-f868-4e8e-9c85-aa44724aca5b>

The URL for HPOS is <http://www.medicareaustralia.gov.au/hpos/>

HPOS services available with a PKI individual certificate:

- Australian Childhood Immunisation Register (ACIR)
- Centrelink forms
- forms for health professionals
- General Practice Immunisation Incentive (GPPI)
- General Practice Rural Incentives Program (GPRIP) and HECS reimbursement Scheme

The PKI individual certificate logon gives you access to:

- Approved Pathology Collection Centre search
- Healthcare Identifiers (HI) Service - excluding Individual Healthcare Identifiers (IHI) functions
- Manage existing banking details
- MBS Items Online Checker
- Medicare Services
- National Bowel Cancer Screening Program (NBCSP)
- Patient Verification
- Practice Incentives Programs (PIP)
- Prescription Shopping Information Program
- resources and education
- Secure email facility
- Track and Scale
- View patient's care plan history

Stepwise Management of Stable COPD

The Australian Lung Foundation has released a new resource designed for general practitioners managing patients with Chronic Obstructive Pulmonary Disease (COPD).

Stepwise Management of Stable COPD is a one page graphic summary of evidence-based management interventions for COPD according to level of severity. Based on the COPD-X Plan: Australian and New Zealand Guidelines for the Management of COPD, this quick reference guide has been developed in response to requests from general practitioners.

To access this and other COPD resources for general practice, see:

www.lungfoundation.com.au/professional-resources/general-practice/primary-care-respiratory-toolkit

Coronary heart disease model of care resources

The Heart Foundation has worked collaboratively with Northern Division of General Practice to develop an effective coronary heart disease (CHD) model of care that supports best practice cardiovascular care in general practice. The model incorporates key messages to general practice to address treatment gaps including: establishing practice systems for CHD; lifestyle risk factor modification and; treat to target for biomedical risk factors.

Practical tools have been developed to show that it is feasible and financially viable to implement CHD models of care.

These include:

- a management flowchart
- financial modeling (case studies) using existing MBS items
- 'recipes' to assist with the development of CHD patient registers using the PEN Computing Systems Clinical Audit Tool (CAT).

The resources are available from:

<http://www.heartfoundation.org.au/driving-change/current-campaigns/local-campaigns/Pages/coronary-heart-disease-chd-model-care-resources.aspx>

For more information, please contact the Heart Foundation in Victoria on (03) 9321 1530 or email cvhvic@heartfoundation.org.au

Online submission of Schedule 8 permit applications or notifications to the Department of Health

Drugs and Poisons Regulation (DPR) has been working together with Business Victoria to develop online SmartForm versions for a set of DPR forms most commonly used by medical practitioners and pharmacists.

SmartForm versions for permit application and notification forms are now available on the Drugs and Poisons Regulation website. These SmartForms provide the capability for applications or notifications to be completed and submitted online, without the need to handwrite, fax or post the completed form. Existing paper versions of the forms will still be available for use, however medical practitioners are encouraged to use these online forms when submitting permit applications or notifications to the department.

The SmartForms available on the DPR website (www.health.vic.gov.au/dpu) are:

- Application for a permit to treat a patient with Schedule 8 drugs
- Application for a permit to treat an opioid dependent person with methadone or buprenorphine
- Notification of drug dependent person
- Notification of forged or altered prescription
- Notification of termination of methadone or buprenorphine program

For further information, please visit www.health.vic.gov.au/dpu/smartforms.htm

GPV Staff Changes

GPV welcomes four new staff and farewells three Program Consultants:

Jacqui Raymond

Jacqui is Consultant for the Cancer Survivorship Program. Her role is to support funded projects and ensure that division and general practice engagement is substantial and realistic. Jacqui is a speech pathologist by background and has undertaken leadership roles both within her profession and in the health services she has worked in. She can be contacted on 9341 5260 or email j.raymond@gpv.org.au

Samantha Buckley

Samantha is Project Manager for the Diabetes Care Project, a national research program with two Medicare Local catchments in Victoria. Samantha has completed a Master of Health Administration. Most recently Samantha has worked with Inner South Community Health Service completing a 10 year Facilities Plan and Business Continuity Management Framework. Samantha has also worked with a Clinical Network at the Department of Health, and with Austin Health, Epworth Healthcare and St Vincent's Hospital where she worked in Redesigning Care implementing the 4-hour National Access Targets. She can be contacted on 9341 5262 or email s.buckley@gpv.org.au

Ben Dewar

Ben is the Business Manager for GPV. He has completed a Master of Health Administration. Before coming to GPV he undertook a management placement at Central Bayside Community Health Service, and he has also worked at Epworth Healthcare and Austin Health in Human Resources and Operations. He can be contacted on 9341 5201 or email b.dewar@gpv.org.au

Ashley Keller

Ashley is the Communications Officer for GPV. She has completed a Bachelor of Communication (Professional Communication) and has previous experience across media and communications in the not-for-profit sector. She can be contacted on 9341 5227 or email a.keller@gpv.org.au

Peter Gartside

Peter leaves GPV after four years, starting as the Mental Health Program Consultant, and most recently as the GP Liaison Program Coordinator. He will be sadly missed but we wish him well in his new position in the mental health program with Inner East Melbourne Medicare Local.

Emma Barnard

Emma has completed a substantial program of GP Education in Alcohol Management, funded by the Victorian Department of Health. The majority of Victorian divisions hosted a local event on this topic as part of this program. We thank Emma for ensuring this program met the expectations of all involved and wish her luck in her postgraduate study.

Brendon Wickham

Brendon started at GPV in 2006, working in the Broadband for Health Program and then the e-health Support Program. He is well known to division staff and GP Liaison Officers in hospital services for his advice, training and facilitation of many network meetings. Brendon has accepted a position with the National Prescribing Service and we consider that they are very fortunate to have him on their staff.

GPV Programs & Consultants

Aboriginal Health:

Sönke Tremper
Bruce Henderson

Aged Care:

Lee Stamford

Alcohol & Other Drugs

Sonya Tremellen

Bowel Cancer Screening:

Martin Forrest

Cancer Survivorship:

Jacqui Raymond

Child Protection Health

Assessments:

Sonya Tremellen

Clinical Risk Management:

Lesley Hawes

Diabetes Care Project:

Samantha Buckley

Diabetes Prevention:

Bruce Henderson

eHealth:

Paul Macdonald

Ross Nable

GP-Hospital communication:

Lenora Lippmann

Immunisation:

Michelle Wills

Kate Russo

Medicare Local Transition:

Helen Threlfall

Mental Health:

Lenora Lippmann

Nursing in general practice:

Lesley Czulowski

Palliative Care:

Lee Stamford

Peri-natal Mental Health:

Anne Diamond

Primary Care Integration:

Megan Buick

Policy:

Louise Willis

Public Health:

Michelle Wills

QI and CPD:

Debra Clayton

Quality Use of Medicines:

Lee Stamford

Health Benefits of Work:

Dan Miles

Sh3ed:

Rebecca Reeves

Pam Reynolds

Michelle Wills

Workforce:

Christine Macdonald

Coming Events

Event	Date
CEOs Network: Transition	Friday 3 February
Hep C s100 Prescriber Course (Western Health)	Saturday 4 February
Introducing Medicare Locals	Wednesday 15 February
LAOS coordinators	Wednesday 22 February
Mental Health Network	Friday 24 February
Pneumococcal/ Safevic Workshop*	Tuesday 28 February

* Indicates a joint event

Check the [GPV website](#) for more details

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Links with health care services

Aged Care

Lee: l.stamford@gpv.org.au

Coordinated Veterans Care

The Coordinated Veterans Care program is funded through the Department of Veterans Affairs (DVA) and provides additional funding to GPs to coordinate the care of eligible Gold Card holders who have chronic conditions, complex care needs and are at risk of an unplanned hospitalisation.

Resources, general information and education for practice staff are available through the DVA website at:

http://www.dva.gov.au/health_and_wellbeing/health_programs/cvc/info/Pages/index.aspx .

AGPN is coordinating the education component. Carolyn Stapleton is the AGPN program manager.

Specific information, including the funding structure for general practice is available at:

http://www.dva.gov.au/health_and_wellbeing/health_programs/cvc/gp/guide_gp/Pages/GGP.aspx

DVA is in the process of writing to GPs and veterans who they believe would benefit from the additional care coordination. GPs are also able to identify eligible veterans who would benefit. A list of eligibility and exclusions is also available on the [DVA website](#).

Report on Aged Care and Population Ageing

The Commonwealth Department of Health and Ageing has released its annual report for 2010-2011. Outcome 4, Aged Care and Population Ageing, provides a comprehensive report of results throughout the year in all program areas:

- Aged Care Assessment
- Aged Care Workforce
- Ageing Information and Support
- Community Care
- Culturally Appropriate Aged Care
- Dementia
- Flexible Aged Care

- Residential Care

Information is provided in qualitative and quantitative form in relation to deliverables and over 100 key performance indicators, and provides valuable information relating to the aged care sector over the year 2010-2011.

Warning: the report is large. The aged care outcomes section commences on page 133. The report can be obtained at: <http://agent.capmon.com/largefiles/p111014703.pdf>

Older Australians and the Internet

National Seniors Australia and the Commonwealth Department of Health and Ageing have undertaken a study of what older Australians who never or rarely use the internet know about the types of on-line products and services available to them. A total of 53% of respondents to a survey indicated their interest in the internet was 'moderate' or above, while 46% indicated their interest was 'nil' or 'low'.

A strategy to raise non-user awareness of the internet and develop their internet skills should focus on increasing their awareness of the online products and services that most interest them. The types of support and services non-users identified in the survey to help them enhance their use of the internet included one-on-one help, classes, equipment, a help line and clear instructions.

The report can be found at: <http://apo.org.au/research/older-australians-and-internet-bridging-digital-divide>

Teaching and research aged care service grants

The Commonwealth Department of Health and Ageing is calling for expressions of interest from Approved Providers of aged care and education/training organisation's to participate in a funding round for the Teaching and Research Aged Care Services grants.

This is Stage One of the application process. In Stage Two, shortlisted applicants will be invited to submit a fully developed proposal.

For more information, go to:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-contacts-subscribe.htm>

Victorian Department of Health Carers' Card

The Victorian Department of Health introduced a Carer's Card 12 months ago. The Carer Card Program aims to offer carers with a reward for all their hard work and sacrifices by providing them with benefits and discounts at the participating businesses and organisations.

The Carer Card offers practical discounts to carers on a range of products and services including public transport; retail; leisure and health and well being, and as the program evolves the number of businesses signing up for the program continues to increase. Carers will need to prove their eligibility when applying for a Carer Card and the assessment of applications is conducted by the Department of Human Services (DHS) according to carefully developed eligibility criteria. A range of health professionals can sign carer card application forms so that carers can join the program.

The Department of Health has developed a fact sheet for health professionals – this and details of the scheme are available at: <http://carercard.vic.gov.au/>

Active Ageing Grants have been awarded

The Active Ageing network (AAN) is supported by the Victorian Government, and is managed by the YMCA and COTA. As part of the AAN program, 11 local organisations were funded in 2011 to provide strength training programs for seniors. Funding was targeted to local government areas where there is a need for more services for older people to promote active ageing.

An additional 5 grants (Cardinia U3A, Cohuna District Hospital, Nagambie HealthCare, Numurkah Aquatic & Fitness Centre, and Maryborough Sports and Leisure Centre) have been awarded to implement new progressive resistance strength training programs and/or to improve the reach of existing strength training programs for older adults. Grant funding will be used for training in fitness instruction, promotion and publicity, and equipment.

For more information go to the AAN website:

<http://www.activeageingnetwork.org.au/Pages/default.aspx>

Cancer Survivorship

Jacqui: j.raymond@gpv.org.au

Victorian Cancer Survivorship Program: Pilot Projects

The five successful pilot projects have been announced on the Department of Health website.

<http://www.health.vic.gov.au/cancer/cancer-projects/survivorship.htm#p1>

Under the Victorian Cancer Action Plan, GPV has been funded by DH to support five pilot projects to improve support for survivors of cancer. Key to the success of these projects is the development of shared care between cancer services and GPs. GPV's role is to provide support to the design and implementation of the projects by facilitating linkages between divisions of general practice and cancer services.

Expected outcomes (of the pilot projects):

- identification of enablers and barriers for GP engagement in cancer survivorship shared care
- an increase in shared care for cancer survivors across the acute and primary care sectors
- improved understanding of the specific survivorship care needs across clinical domains in cancer care
- developed and tested resources and recommendations for future strategies to support improvements in follow-up care.

The pilot projects are now forming steering committees and are seeking GP participation and input. Divisions within project catchments will be contacted soon to assist with GP input.

Funding is available to support GP attendance.

If you know of GPs with an interest in cancer or survivorship who may be interested please contact GPV.

For more information contact Jacqui Raymond at GPV on 9341 5200 or email

j.raymond@gpv.org.au.

Palliative Care

Lee: l.stamford@gpv.org.au

The National Framework for Advance Care Directives

The Clinical, Technical and Ethical Principal Committee of the Australian Health Ministers' Advisory Council has released this aspirational framework that aims to address issues of health and aged care decision-making where there is an advance care directive (ACD) in place. It deals with ACDs written by competent people, but not with oral directions or advance care plans written on behalf of others.

To read the Framework, go to:

http://www.ahmac.gov.au/cms_documents/AdvanceCareDirectives2011.pdf

Systematic Care in General Practice

Closing the Gap

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New health promotion resource to help close the gap

Aboriginal and Torres Strait Islander communities can now access a comprehensive health promotion pack to combat the risk factors for chronic disease and help close the gap in life expectancy.

<http://www.health.gov.au/internet/ministers/publishing.nsf/Content/mr-yr11-ws-ws046.htm>

Consumer resource for Aboriginal and Torres Strait Islander people with chronic heart failure

The resource, "Living everyday with my heart failure", is a practical guide that provides culturally and clinically appropriate information pertinent to Aboriginal and Torres Strait Islander people with CHF. It offers practical tips on controlling symptoms and managing fluid balance, and answers some of the questions people with chronic heart failure often ask. It is designed for use by health professionals and Aboriginal health workers in partnership with their patients and patients' families and household members. The resource was developed under the guidance of the Heart Foundation Aboriginal and Torres Strait Islander Chronic Heart Failure Working Group, in consultation with University of Sydney. It complements the recently updated Heart Foundation/Cardiac Society of Australia and New Zealand "Guidelines for the prevention, detection and management of chronic heart failure in Australia" and a corresponding resource for consumers, "Living well with chronic heart failure".

Copies can be requested by calling the Heart Foundation's Health Information Service on 1300 36 27 87 or by email health@heartfoundation.org.au. We hope you will find every opportunity to promote this resource through your local contacts and professional networks.

Otitis Media: EOIs invited for implementation of best practice models of care

EOIs are invited for implementation of best practice models of care based on the updated Recommendations for Clinical Care Guidelines on the Management of Otitis Media in Aboriginal and Torres Strait Islander Populations (the Guidelines).

AGPN is calling for Expression of Interest from Medicare Locals (MLs)/Divisions and will offer funding to six MLs/Divisions to support general practices in their region in implementing the Guidelines and promote strategies to increase the detection/diagnosis, treatment and prevention of otitis media.

These sites will be chosen based on the concentration of Aboriginal and Torres Strait Islander population in the organisation's catchment, and the organisation's track record in participation in other programs relevant to Indigenous health (e.g. Closing the Gap). AGPN is seeking to fund a range of models in urban, rural and remote settings.

Seed funding of \$30,000 will be provided to design and implement a model of best practice care based on the Guidelines. Funding of up to \$6000 a practice will be provided for up to 4 practices in the ML/Division as an incentive for participating in the model(s) that is being proposed.

A payment of \$75,000 will also be available over the funding period for administration and practice support (i.e. to support a 0.5 FTE position) for each organisation commencing February 2012. The funding for this component of the program will cover the period February 2012 to June 2013.

Further information is provided in the EOI Guidelines and applications must be submitted to idummett@agpn.com.au by COB 16 January 2012. To download a copy of the EOI Guidelines and application, please visit: <http://www.agpn.com.au/programs/indigenous-health/otitis-media/expression-of-interest>

Contact: Irene Dummett (02) 6228 0826 or idummett@agpn.com.au.

Health assessments for Aboriginal and Torres Strait Islander people

This is a busy time of the year for most of us – reviewing and reporting has been the flavour of the month. With respect to the Closing the Gap program, GPV has collected data on MBS item use. These will be included in a future GPV stats package to be available from our website.

There are some encouraging trends to report:

In 2007/08, 4.27% of Victorian Aboriginal people received a health assessment. This percentage has more than doubled since then, almost reaching 10% in 2010/11 – a great achievement. Not only did the percentage increase – it did so in the face of a 21% increase in the denominator.

The latest census data records 34,691 Aboriginal or Torres Strait Islander people in Victoria, up from 28,459. The hard work of the Victorian Aboriginal Health Project Officers and Aboriginal Outreach Workers appears to be bearing fruit – congratulations!

Care Coordination and Supplementary Services (CCSS)

GPV is now working with 7 Victorian divisions to implement care coordination for Aboriginal and Torres Strait Islander people with chronic disease attending general practice. Another [Return to Index](#) divisions are considering the program.

Program guidelines are available at:

[http://www.health.gov.au/internet/ctg/publishing.nsf/Content/0089DD35F92DAEE7CA2577F400033A87/\\$File/Indigenous%20Chronic%20Disease%20Package%20Care%20Coordination%20and%20Supplementary%20Services%20Program%20Guidelines.pdf](http://www.health.gov.au/internet/ctg/publishing.nsf/Content/0089DD35F92DAEE7CA2577F400033A87/$File/Indigenous%20Chronic%20Disease%20Package%20Care%20Coordination%20and%20Supplementary%20Services%20Program%20Guidelines.pdf)

Australian Indigenous Health InfoNet

This is a really useful online resource to enhance and support the knowledge of people working with ATSI clients and services. The website is easy to use and find your way around, and contains both published and unpublished material. There is also a range of specially-developed materials available. Specific bibliographies on topics such as tobacco, alcohol and other drugs are included as part of the website, as well as health bulletins and other useful links. Go to: www.healthinfonet.ecu.edu.au

NPS Medicine Information

The NPS also provides specific information relevant to Closing the Gap programs through their website. The *be medicinewise* program has a range of consumer and health professional resources that address medication safety. Indigenous actor, Aron Pederson features on a brief video explaining the importance of knowing your medicines.

http://www.nps.org.au/topics/aboriginal_and_torres_strait_islander_peoples

Subsidised nicotine patches for Aboriginal patients

Aboriginal and Torres Strait Islander patients can now access subsidised nicotine patches under the PBS, paying either the current concessional rate (\$5.60) or receiving the patches for free.

Aboriginal and Torres Strait Islander patients need to register at either a general practice participating in the Indigenous Health incentive program under the Practice Incentive Program (PIP) or an Indigenous Health Service to be granted the benefits of the this program. Then the doctor can prescribe an annotated prescription indicating that it can be dispensed with co-payment relief.

General (non-concession card holder) Aboriginal patients presenting an annotated prescription should then be charged the current concessional rate (\$5.60) and concession

card holders should be supplied the script for free. Non-registered patients will pay the full PBS cost of around \$32.

Please go to the below link about the Closing the Gap PBS Co-payment Measure.

<http://www.medicareaustralia.gov.au/provider/pbs/prescriber/closing-the-gap.jsp>

Rural Health Education Foundation Indigenous Nutrition Project

The Rural Health Education Foundation has been funded by the Australian Government Department of Health and Ageing with additional funding from the St. George Foundation and The Marian and E.H Flack Trust to produce two educational television programs looking at health and nutrition amongst Aboriginal and Torres Strait Islander peoples. These programs are part of the Foundation's *Indigenous Nutrition Project* which also includes an education resource DVD on healthy nutrition for the use of Aboriginal Health Workers and other community health workers in their communities.

The program is available to view and listen on-demand by visiting the program's webpage

http://www.rhef.com.au/programs/program-1/?program_id=575

This program is accredited with the Royal Australian College of General Practitioners (RACGP). Complete the evaluation form online or the printable form on the Professional Development webpage <http://www.rhef.com.au/accreditation/evaluation-forms/>

Chronic Disease Prevention

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LMP Prevention of Type 2 Diabetes

As you may be aware, this is the final year of the federally funded "Reset Your Life" Lifestyle Modification Program (LMP). As a consequence, Victorians between the age of 40-49 will no longer be able to access subsidised Life! courses.

Related to this the following dates are very important:

- 1st November 2011: this is the last possible group starting date for 40 – 49 year old LMPs that are funded.
- 30th April 2012: all 40 – 49 Life! Groups must finish by this date. Resources relating to the 40-49 Life! Program are to be taken out of circulation. Refer to Disposal Schedule below.
- 30th May 2012: all invoices from 40 – 49 Life! Invoices must be submitted by this date.

The Diabetes Australia Victoria "Life!" program will still be continuing under current guidelines, i.e. for your 50+ year old patients, and negotiations are currently underway to look at funding

arrangements to look after the 40 – 49 year old cohort in the future. Diabetes Australia Victoria and GPV will keep relevant parties informed on this issue as information is obtained.

Disposal Schedule

Recycle or delete by 1 November 2011:

Posters

- A new lease of life can begin now (ATSI)
- A new lease of life can begin at 40
 - English
 - Italian
 - Greek
 - Mandarin Chinese
 - Vietnamese
- Are you 40-49 and reached the last notch?
- Are you 40-49? Fit the shoes but not the dress?
- Are you 40-49 and want more energy and better health?

CALD radio and TV files sent on disk

Campaign slogans, texts, pictures

Recycle by 30 April 2012:

Brochures

- A new lease of life can begin now (with AUSDRISK)
 - ATSI
- Get a new lease of life (with AUSDRISK)
 - English
 - Italian
 - Greek
 - Mandarin Chinese
 - Vietnamese

Diabetes epidemic

Diabetes Australia Victoria released data showing that rates of diabetes have soared in the past 10 years. In 2001 there was 1 LGA hotspot (Bass Coast). In 2011 there are 64 hotspots (A hotspot is a LGA with a prevalence of diabetes greater than 4% of the population).

The metro LGAs with the highest prevalence are Brimbank, Greater Dandenong, Hobsons Bay, Moreland and Hume.

The top 5 metro LGAs by absolute numbers in 2011 are Brimbank(11,793), Casey(10,720), Monash(8,341), Hume(8,317), Greater Dandenong(8,302)

The regional LGAs with the highest prevalence are Hindmarsh, Central Goldfields, Bass Coast, Strathbogie, and Northern Grampians.

The top 5 regional LGAs by absolute numbers in 2011 are Greater Geelong(11,238), LaTrobe 4,981), Greater Bendigo(4,819), Ballarat(4,757), Greater Shepparton(3,399).

To see the maps, charts and fact sheets see <http://www.diabetesepidemic.org.au/>

WorkHealth Coach program supports at-risk workers to turn their health around

Victorian workers found to have a medium or high risk for type 2 diabetes and/or cardiovascular disease in their WorkHealth checks can now access a free support program – WorkHealth Coach – to make positive lifestyle changes.

And workers can opt in at any time after their WorkHealth check – so this might be something to suggest to your patients who are worried about their risk factors for these two chronic diseases.

New WorkSafe research shows that 23% of workers who participated in a WorkHealth check have gone on to see their GP afterwards to seek further advice about health risks identified. So it's likely that some patients will discuss their WorkHealth check results with you.

The WorkHealth Coach program kicks off with an initial call from a health coach (a health professional, such as a nurse, who has completed a Health Coaching Australia course), and depending on the worker's area of risk, they will either continue on with their WorkHealth Coach or be referred into the Life! program run by Diabetes Australia Vic.

The specific referral pathways are:

High risk of type 2 diabetes: AUSDRISK score \geq 12	Life! Taking Action on Diabetes group program or Life! telephone health coaching program
Medium risk of type 2 diabetes: AUSDRISK score 6-11	WorkHealth Coach health coaching program
Medium to high risk of CVD: CVD risk score \geq 10%	WorkHealth Coach health coaching program

WorkHealth Spokesperson, Tim McLean, said that while health coaching programs for diabetes have been around for a while, WorkHealth Coach is something new for people at risk of cardiovascular disease.

“With this program we wanted to ensure that all workers found to be at any significant risk of either type 2 diabetes or cardiovascular disease in their WorkHealth checks to be able to receive free and accessible support to take the next step towards better health,” said Mr McLean.

Over a six month period, workers will receive calls 10 calls to assist them in achieving their goals, which can range from losing weight, fitting exercise into a busy life to quitting smoking.

Early results from the program are positive, with increasing exercise levels identified as the most common issue that workers want to work on (28%), followed by making better food choices (21%), and weight loss (20%).

Any of your patients found to have a risk of type 2 diabetes and/or cardiovascular disease in their WorkHealth checks can participate in the free program at any time by calling 1800 002 685.

More information is also available at workhealth.vic.gov.au.

WorkHealth Coach is a WorkSafe Victoria initiative, delivered by Medibank Health Solutions.

Quitting Smoking has become more affordable - access to Nicotine Replacement Therapy on the Pharmaceutical Benefits Scheme

The March 2010 meeting of the Pharmaceutical Benefits Advisory Committee recommended an extension to the listing of nicotine patches through the Pharmaceutical Benefits Scheme (PBS) as an aid to smoking cessation. Previously, nicotine replacement therapy was only available to Aboriginal and Torres Strait Islander patients.

From 1 February 2011, the listing for nicotine patches (Nicorette®, Nicabate® and Nicotinell®) includes all eligible individuals (general and concessional patients). Supply of the nicotine patches on the PBS requires a prescription from a medical practitioner or authorised nurse practitioner.

The nicotine patches are available as a 12 week supply in each year (one original script plus two repeats) and will be authority listed, with the same access restrictions as the existing smoking cessation therapy listings on the PBS. Specifically:

- Commencement of short-term, sole PBS-subsidised, therapy as an aid to achieving abstinence in a patient who has indicated they are ready to cease smoking and:
- who has entered a comprehensive support and counselling program; or
- who is entering a comprehensive support and counselling program during the consultation at which this authority is requested.

Further information, with examples of support programs can be found at www.quitnow.info.au

New partnership to help reduce incidence of cervical cancer

PapScreen Victoria and the Victorian Centres Against Sexual Assault (CASAs) have formed a new partnership in an effort to reduce cervical cancer in women who are victim/survivors of sexual assault.

Research undertaken by CASA House (2002) found that some women who have encountered sexual assault are less likely to undergo cervical screening every two years as recommended, increasing their risk of developing cervical cancer as a result. These findings support international research undertaken in the area.

According to Judy Flanagan, representing CASA Forum, health professionals are perfectly placed to improve the cervical screening experience for victim/survivors of sexual assault. In July this year however, a survey undertaken by PapScreen revealed 62 per cent of Victorian nurse Pap test providers had no formal training in the area.

As part of the new initiative, CASA is facilitating workshops for nurse Pap test providers in Victoria to help them enhance their clinical practice when working with clients who are victim/survivors of sexual assault. Some of these recommendations include:

- Providing information about the test; what's involved and why it's important.
- Asking about previous experiences of a Pap test.
- Understanding how being a survivor might impact on a woman's response to a Pap test.
- Responding appropriately to disclosures of sexual assault.
- Empowering women to stop the procedure and conducting the test at a pace she is comfortable with.
- Conducting an information session in the first instance and requesting she return at a later date for the test.

In Victoria, 90 per cent of women diagnosed with cervical cancer have not had Pap tests every two years as advised under the national guidelines, highlighting the serious risk associated with underscreening.

For more information on the PapScreen/CASA partnership, please visit www.papscreen.org.au.

Immunisation

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Strengthening Immunisation for Children

The Government is introducing reforms to Australia's childhood immunisation arrangements that aim to increase the immunisation rates of Australian children over time.

These changes mean:

Families will now need to have their children fully immunised to receive the existing \$726 per child Family Tax Benefit Part A supplement, replacing the Maternity Immunisation Allowance from 1 July 2012.

A new immunisation check will be introduced for one year olds to supplement the existing focus on immunisation at two and five years of age from 1 July 2012.

The meningococcal C, pneumococcal and varicella ('chickenpox') vaccines will be included in the list of immunisations that are needed for a child to be fully immunised from 1 July 2013. A combination vaccine for measles, mumps, rubella and varicella ('chickenpox') for children aged 18 months will be added to the National Immunisation Program Schedule from 1 July 2013.

How will immunisation providers be informed about these new changes?

The Department of Health and Ageing in consultation with state and territory health departments, Medicare Australia and peak medical groups will be implementing an extensive communication strategy aimed at informing all immunisation providers about the changes and the proposed implementation approach.

This will occur over the coming months, ensuring all providers are fully informed of the new requirements prior to commencement in 1 July 2012.

What do families need to do?

The Australian Government will write to all families who are affected to explain the changes, and what immunisations their children need.

Families then need to make sure their children receive all the listed immunisations.

The Family Assistance office will check whether a child is assessed by the Australian Childhood Immunisation Register as being fully immunised (or has an approved exemption) at the end of the financial year when a family's payments are reconciled and the Family Tax Benefit Part A supplement is provided. This happens after parents lodge their tax returns.

Further information about the changes to payments for families can be found at

www.fahcsia.gov.au.

Further information on the Immunise Australia Program can be found at www.immunise.health.gov.au.

Campaign to protect babies from whooping cough

The Minister for Health and Ageing has announced a new campaign to advise parents and healthcare providers on what they can do to protect babies from whooping cough (pertussis). All parents of newborns will receive letters providing information on immunising against whooping cough, and how to identify the disease and prevent it spreading. Brochures and posters promoting this campaign are available from www.immunise.health.gov.au

The main points in the letter to parents from the Chief Medical Officer are as follows:

Protecting new born babies from whooping cough

Since mid 2008 Australia has experienced an epidemic of pertussis. Pertussis, also known as whooping cough, is a highly infectious respiratory infection causing a severe and persistent cough.

Pertussis infection may be mild in adults and older children, but it can be very serious in babies. The bouts of coughing can lead to a lack of oxygen to the brain, causing brain damage and possibly death.

Babies are at greatest risk of disease before they have had three doses of the vaccine. To protect infants early, the first dose can be given as early as six weeks and subsequent doses should be given at four months and then at six months of age. Parents, grandparents and other close family members can be a source of infection in babies.

In addition to immunising your baby in time, you can increase your baby's protection by:

1. keeping your baby away from people who are sick, especially those with a cough;
2. talking to your general practitioner about your vaccination options;
3. learning to identify the symptoms of pertussis to ensure you seek treatment early; and
4. ensure older siblings are up to date with their vaccinations.

Immunity from the whooping cough vaccine fades over six to ten years so even if you have been vaccinated in childhood, you should discuss the need for a booster dose with your doctor or health provider.

For more information you should contact your immunisation provider, state or territory health department or public health authority.

Public Health Alert – confirmed cases of measles

Recently, there have been confirmed cases of measles in Australia and more specifically Melbourne. As this is a highly contagious disease this video clip may be of interest, as many GPs may never have seen a person with measles.

The video clip was developed by Qld Health Communicable Disease Branch. Their aim was to increase awareness among clinicians of measles – what to look for and what to do if they suspect a case. This is clinically relevant to Victorian GPs and nurses; however reporting processes will differ from state to state.

Don't hit the 'full screen' button because then you can't view the slides. The presenters are Dr Brad McCall, public health physician from Brisbane South and Dr Michael Nissan, infectious disease physician.

<http://gigtv.rampms.com/gigtv/Viewer/?peid=d96023bf3e4645ae9e854622d81e959a1d>

In Victoria please notify Measles which is a Group A condition (notify immediately)

1. Phone 1300 651 160 (local call) and
2. Send notification form via
 - Fax 1300 651 170 (local call) or
 - Post to Reply Paid 65937 Melbourne VIC 8060 or
 - Online at ideas.health.vic.gov.au/notifying/what-to-notify.asp

New online training supports GPs dealing with complex immunisation consultations

The Royal Australian College of General Practitioners (RACGP) has released a new online learning activity for general practitioners (GPs) and other immunisation providers to assist them when dealing with a complex immunisation consultation.

The new GP learning activity 'Dealing with a complex immunisation consultation' explores catch-up vaccinations, variations required because of underlying illness and questions regarding effects and benefits of vaccination. The online learning activity aims to enhance immunisation providers' skills in completing a vaccine encounter more efficiently.

Dr Ronald McCoy, RACGP spokesperson, said that while immunisation in general practice can be routine, the sheer number of immunisations can often involve added complexities, resulting in multifaceted and more time consuming consultations.

"Tailoring immunisation to specific individual requirements and situations is a key general practice skill when aiming to achieve the highest possible protection for individuals, families and the wider community," he said.

Dr Ronald McCoy also highlighted the importance of educating people about vaccination.

"Australia has one of the strongest and safest regulatory vaccine frameworks for robust and transparent approval and registration of vaccines and general practice provides over 70 percent of all immunisations.

“It is vital that healthcare professionals take every available opportunity to vaccinate children and adults and it is crucial that individuals and families are educated regarding the actual benefits of vaccination,” he said.

The latest GP learning module is suitable for general practitioners and practice nurses in their key management role in immunisations. This activity should take one hour to complete and has been approved by the RACGP QI&CPD Program for 2 Category 2 points in the 2011–2013 triennium. To enrol or for more information, please visit www.gplearning.com.au.

Health warnings for international students

Keep international students safe when they travel home for the holidays

International students who travel home after living in Australia for months to years fall into the category of high risk VFR travellers (people who travel to visit friends and relatives).

During their time living in Australia, international students lose their pre-existing immunity to certain pathogens which are not endemic in Australia. This puts them at greater risk of some travel-related infections including typhoid, malaria, and possibly hepatitis A. Whenever an international student comes to see you, you should inform them of their increased travel risks and recommend they seek pre-travel medical advice if they are planning a trip home, preferably at least 2–4 weeks before their departure. Web-based information for travellers and GPs is available at www.smartraveller.gov.au/tips/travelwell and www.cdc.gov/travel. There are several travel-related services within the Victorian Infectious Diseases Service (VIDS), Royal Melbourne Hospital (RMH), including travel-related telephone advice for GPs (phone 03 9342 7000 and ask for the on-call Infectious Diseases Registrar), a pre-travel clinic (phone 03 9342 7390), and a returned traveller clinic (phone 03 9342 7212 / fax 03 9342 7277).

Students can also be referred to TMVC (www.traveldoctor.com.au / 1300 658 844)

Think TB if you see an international student with symptoms such as cough, haemoptysis, weight loss, or fevers

International students living in Victoria have a >10 fold risk of developing active tuberculosis (TB) compared to the Australian-born population. Students are screened for active TB with a chest x-ray when they apply for a visa, however this will not detect latent TB infection.

Students are at particularly high risk for progressing to active TB in their first two years post arrival in Australia, although reactivation can occur at any time. Presentation with and diagnosis of active TB among international students often occurs late, when advanced disease is present. Therefore, students and their GPs need to be aware of the TB risks in this population and be alert to symptoms which could indicate active TB. These symptoms include cough or fever lasting >2 weeks, haemoptysis, night sweats, excessive tiredness, poor

appetite and unexplained weight loss. For clinical advice, GPs can call the Royal Melbourne Hospital (RMH) (phone 03 9342 7000 and ask for the on-call Infectious Diseases Registrar) or can refer patients to the TB clinic at the Victorian Infectious Diseases Service at RMH (phone 03 9342 7212 / fax 03 9342 7277).

The International Student Health-Promotion Project

The Victorian Government's Department of Health has funded a project to raise awareness of TB and travel-related infections among international students and their health-care providers, running in conjunction with Monash University and the Victorian Infectious Diseases Service at the Royal Melbourne Hospital.

Sample packs including a poster, flyers, postcards and a CD are available for Divisions/Medicare Locals and/or GPs to order.

Expert speakers are also able to provide face to face education if suitable.

Please contact Dr Katherine Gibney on 9903 0605 or katherine.gibney@monash.edu for further information or to order resources.

Nursing in General Practice

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Practice Nurse Incentive Program (PNIP)

The Application form for the Practice Nurse Incentive Program (PNIP) is now available from www.medicareaustralia.gov.au/pnip or via Health Professional Online Services (HPOS).

Practices wishing to apply for the PNIP, grand-parenting, top-up or accreditation assistance will need to fill out the application form and provide the requested documentation to Medicare. Practices already participating in the Practice Incentives Program, Practice Nurse Incentive are also required to apply for the PNIP.

Medicare will advise practices in writing of receipt on their application form. All applications received will be assessed for eligibility from 1 January 2012.

For more information about the PNIP email pnip@humanservices.gov.au or call 1800 222 032 (call charges may apply) between 8.30 am and 5.00 pm, Monday to Friday, Australian Central Standard Time (ACST).

Practice Nurse Incentive Program (PNIP) Resources on GPV website

[GPV's website](#) has been updated to include a comprehensive range of resources and links to assist practices, including:

PNIP guidelines

Ready Reckoner (Medicare Australia)

Booklet 'Creating opportunity'

DVD

Business case tools and scenarios

PNIP workshops

Education and Support

Orientation Course

Nursing in General practice Recruitment & Orientation Resource

Online education

APNA National Conference 2012 – Time to Shine

Date: Thursday 3rd - Saturday 5th May 2012

Venue: Sebel Hotel, 64 Queens Rd, Melbourne

For details on the conference visit the APNA website:

<http://www.apna.asn.au/scripts/cgiip.exe/WService=APNA/ccms.r?PageId=11491>

Nursing and Allied Health Rural Locum Scheme

The Australian Government has established the Nursing & Allied Health Rural Locum Scheme (NAHRLS) to support nurses, midwives and allied health professionals in rural and remote Australia to get away to do the professional development training they need to continue their vital work.

The NAHRLS can provide your workplace with a suitably matched locum to back-fill positions for up to 14 days. There are *NO AGENCY FEES* charged to use this service, the hosting organisation is only responsible for covering the base locum wage for the period during which the locum is required.

The NAHRLS organises all the administration associated with recruiting and credentialing appropriate locums and arranges and pays the locum's travel, accommodation, meals and incentives payments whilst on placement. For more details visit: <http://www.nahrls.com.au>

The Australian Lung Foundation Clinical Resources

<http://www.lungfoundation.com.au/professional-resources/general-practice>

The Australian Lung Foundation has developed a range of clinical resources that support general practice in the diagnosis and management of COPD.

- COPD-X Guidelines
- Stepwise Management of Stable COPD

- COPD Action Plan
- Primary Care Respiratory Toolkit
- COPD Online: A Training Program for Primary Care Nurses
- Quitting Smoking at any age is beneficial
- COPD Screening Devices in General Practice
- COPD Symptom Check Flyer
- COPD Symptom Check Poster
- Pulmonary Rehabilitation Fact Sheet

Patient Resources

The Australian Lung Foundation also produces patient resources which general practice may find valuable in helping their patients. These resources are listed hereunder:

- Breathe Easier - Your Guide to COPD
- Save Your Breath: Information for People Recently Diagnosed with COPD
- Better Living with COPD - A Patient Guide
- Getting Started on Home Oxygen

To order copies of any of these resources go to Patient Education Order Form or call 1800 654 301.

Patient Support

The Australian Lung Foundation maintains a database of patient support groups around the country. To find the support group nearest to your patient go to Patient Support Groups or call 1800 654 301. The Australian Lung Foundation also maintains a database of pulmonary rehabilitation programs. To find the program nearest to your patient go to Programs or call 1800 654 301.

A resource kit from general practice nurses who teach

A great new resource about nurses teaching GP registrars – topics include Immunisation Programs in Australia, Wound Management Practice standards Chronic Disease Management. A hard copy manual cost \$28.00

http://www.ccctraining.org/public/News_report.aspx

Australia's first 'live' online parent education courses

Quiet Parenting equips parents with practical, easy-to-use strategies they can apply immediately and over the longer term parents will be teaching their children important life-long skills that will help them to regulate themselves and help you to manage their difficult behaviour – quietly. Michael Hawton, MAPS, has created Quiet Parenting by drawing on the latest neuroscience research. The latest findings show that the brain is somewhat plastic and that connections in the brain can improve in response to repeated behaviour. Parents who

give their children practice at 'togglng' or switching between their reactive 'old' brain and rational 'new' brain, will help their children to become better at self-regulating.

More info www.parentschool.com.au, 1300 130 700 or info@parentschool.com.au.

New Heart Foundation *Warning Signs* DVD

As part of the Heart Foundation's Warning Signs of Heart Attack Program we have developed a short DVD to support the education of patients on the warning signs of heart attack. This complements the suite of resources already developed to support warning signs awareness and education activities (including the heart attack action plan (fridge magnet and wallet card) and fact sheet).

Narrated by cardiologist, Professor Ian Meredith, the captioned 6-7 minute DVD uses two scenarios to visually demonstrate the varying warning signs of heart attack and what to do. It also includes information on:

- What a heart attack is
- Why it's important to act quickly and call Triple Zero (000)
- Simple steps that can be taken to reduce the risk of having a heart attack.

So if you have a DVD player and TV in your practice and want to show something that could literally save your patient's life, order your free copy today.

View the DVD and order a free copy:

View the DVD (general population version) online at: www.heartattackfacts.org.au

Order a free hard copy or a heart attack action plan (fridge magnet and wallet card) and fact sheet to support your education activities, by contacting our Health Information Service on 1300 36 27 87 or email health@heartfoundation.org.au.

RCNA social media guidelines for nurses

Social media is a revolutionary way to participate in developments and be informed of breaking news, events, discussions and discoveries that affect you. The question is not whether or not the nursing profession should embrace social media. It is embracing us; it is now part of the world we work in. The real question is: how can we use the power of social media to strengthen the nursing profession?

There are, of course, dangers in social media, but RCNA believes that the benefits far outweigh the negatives. We've put together these guidelines as a way to help nurses navigate the pitfalls and potential problems that can be faced while using social media.

http://www.rcna.org.au/WCM/Images/RCNA_website/Files%20for%20upload%20and%20link/rcna_social_media_guidelines_for_nurses.pdf

Asthma rates drop among Australian children and young people

The prevalence of asthma among children and young adults has decreased over the past decade, according to a report released by the Australian Institute of Health and Welfare (AIHW).

The report, *Asthma in Australia 2011*, indicates that between 2001 and 2007-08, the prevalence of asthma declined in people aged 5 to 34 years by over one quarter, but remained stable in adults aged 35 years and over.

The report was prepared by the Australian Centre for Asthma Monitoring, a collaborating unit of the AIHW located at the Woolcock Institute of Medical Research.

Full report: Asthma in Australia 2011

Quality Use of Medicines

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NPS Medicinewise

The NPS Medicinewise program provides practical tools and information for consumers and health professionals about medicines, health conditions and medical tests to assist consumers to make better choices about their health.

The Medicinewise webpage has a range of fact sheets, tips and tools for monitoring health conditions and general information to improve the way consumers manage and monitor their health. There is also a free phone app that can be downloaded to record and keep track of medicines.

For more information go to: <http://www.nps.org.au/bemedicinewise>

National Medicine Symposium

The National Medicines Symposium is on the 24-25 May 2012 at the Sydney Convention and Entertainment Centre. This is a large forum that attracts a wide international and national audience. The theme is: Building a Medicinewise community. Abstract (presentation and posters) submission closes on 20 February 2012. This is a great opportunity to showcase work around partnership0s for better quality use of medicines, work with consumers, and use of evidence based guidelines, etc. For more information about the conference themes and general details go to the conference home page: <http://www.nps.org.au/topics/nms>

Therapeutic Guidelines

The November 2011 online *eTG complete* update is now available. This release has been given a fresh new design and includes a comprehensive guide to ulcer and wound management as well as a new topic titled '*Diagnostic approach to fatigue in primary care*'. To find out more about these important changes, please take a moment to download and read the latest 'What's new and why?'

http://www.tg.org.au/uploads/PDFs/Whats_New&Why_Nov11_eTG.pdf booklet. Further

information about the new content is also provided in the 'What's new?' section on the *eTG complete* home page.

Workforce

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Senate Inquiry into the factors affecting the supply of health services and medical professionals in rural areas

On 13 October 2011, the Senate Community Affairs Committee established an inquiry into programs relating to retention and attraction of rural medical practitioners in rural Australia.

The Senate inquiry presents an opportunity to comment on the appropriateness of current incentives and on the viability of the ASGC-RA classification system. It is also an excellent opportunity to comment on the potential role of Medicare Locals.

Terms of Reference

The factors affecting the supply and distribution of health services and medical professionals in rural areas, with particular reference to:

the factors limiting the supply of health services and medical, nursing and allied health professionals to small regional communities as compared with major regional and metropolitan centres;

the effect of the introduction of Medicare Locals on the provision of medical services in rural areas;

current incentive programs for recruitment and retention of doctors and dentists, particularly in smaller rural communities, including:

their role, structure and effectiveness,

the appropriateness of the delivery model, and

whether the application of the current Australian Standard Geographical Classification – Remoteness Areas classification scheme ensures appropriate distribution of funds and delivers intended outcomes; and

any other related matters.

GPV will be developing a submission to the Senate based on member input.

If you would like to discuss any of these issues further, please do not hesitate to contact Christine by phone on 03 93415251 or email (as above).

Submissions to the Senate are due on 16 December.

For further information see:

http://www.aph.gov.au/senate/committee/clac_ctte/rur_hlth/index.htm