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Hello all! My name is Deana Capovilla and I am pleased to be welcomed as part of the GPDV team. I am also happy to assist you with any enquires you may have. My contact details are: d.capovilla@gpdv.com.au or direct line of 9341 5218. You are more than welcome to send future contributions for the Updates to my contact address.

CDM Update

CDM FUNDING REDUCTION - GPDV RESPONSE

GPDV surveyed CEOs of Divisions this month to ascertain the impact of the unexpected announcements of funding cuts to the CDM Program for the next financial year. Bill Newton, the GPDV CEO wrote to Andrew Stewart the first assistant secretary of DoHA to express concerns about the proposed substantial reduction in funding ranging from 27% to 55% in Victoria. In particular the following issues about division capacity were raised;

- The GPDV, GPII & EPC state evaluations showed the importance of including an "in the practice" component to their CDM services to GPs. This takes time and resources.
- Divisions know that a 'one size fits all to practice support' will not achieve change in general practice
- Reduced funding will effect Divisions' capacity to work strategically with State funded initiatives such as HARP, with a consequent reduction in their ability to support practices in developing and using effective referral systems to and from state-based programs.

CDM - ONE YEAR ON NATIONAL MEETING IN CANBERRA

★ 20-21ST MARCH 2003

DoHA hosted a national CDM meeting in Canberra. The purpose of this meeting was to:

- Showcase the success of the CDM program
- Consolidate what has been learned so far
- Set the direction of the CDM program for the future.

This meeting was timely for us as there had been substantial lobbying from Divisions, SBOs & ADGP about the CDM funding reductions. Rob Walters, Chair of ADGP gave the opening address expressing concern about poor communication from DoHA regarding the 3 year CDM budget for divisions. Andrew Stewart acknowledged the poor communication and undertook to 'soften the blow'.

The Victorian contingent at this meeting was Belinda Caldwell & Rosemary Fenech, from GPDV. Chris Fishley from Bendigo Division & Reital Minogue from Central Bayside Division. Karen Kapelis represented the Victorian State Office of DoHA.

SOME LIGHT READING?

WHO OBSERVATORY ON HEALTH CARE FOR CHRONIC CONDITIONS

Website at: www.who.int/chronic_conditions/en

WHO's non-communicable diseases and mental health cluster has launched a resource centre to "alert health leaders" about global increases in chronic conditions such as diabetes, HIV/AIDS, and mental and neurological disorders, and to provide solutions for managing the growing burden.

Highlights of the site include "tools for innovation"—clinical guidelines, decision-support programmes, self-management aids, --that have been specifically designed to improve some aspect of care for chronic illnesses; an evolving "best-practices database"--examples of care for chronic conditions from different parts of the world; and "network of innovators"--a feature that links health professionals to a group of experts with knowledge and experience across a range of conditions... The Lancet, Volume 361, Number 9354, 25 January 2003"

Thanks to Danielle Penn for telling us about this website.

Danielle is a Senior Research Associate, Centre for General Practice Integration Studies, School of Public Health and Community Medicine, University of New South Wales.

Asthma

Rosemary Fenech: R.Fenech@gpdv.com.au

ALFRED HOSPITAL LUNG HEALTH CLINIC, LUNG HEALTH PROMOTION CENTRE PROGRAMS FOR GP'S & PRACTICE NURSES

INFORMATION FROM ADRIENNE JAMES, LUNG HEALTH PROMOTION CENTRE

The Lung Health Promotion Centre at The Alfred is a unique education centre which provides education and support for health professionals in asthma and lung disease management. The centre has a large range of courses, programs and resources that are helpful to GP's and practice nurses, particularly in the areas of asthma and the implementation of the 3+ plan.

COURSES:

INTRODUCTION TO PERFORMING SPIROMETRY

This very successful, half day seminar, is for GP's and practice nurses and gives the latest information on why spirometry is important, how to perform it, common testing problems and how to choose an appropriate spirometer.

INTRODUCTORY COURSE IN ASTHMA EDUCATION

This course is for nurses and other health professionals and covers the latest advances in asthma care. Using a multidisciplinary approach, it aims to provide attendees with the knowledge and skills to work in an asthma educator capacity with patients who have asthma. Many practice nurses have attended this course and have gone on to be involved in asthma management as a specialty area. The course is conducted over 3 days with an optional fourth day on education and presentation skills.

SEMINARS & UPDATES

Cover various topics such as:

- Skin Prick Testing in General Practice
- Update on Management of Asthma in Adults and Children

Nurse Run Asthma Clinics in General Practice

The centre also has a range of resources that GP's may find useful:

- CD Rom on spirometry
- CD Rom on asthma device use/ techniques
- Poster on inhaled asthma medications

The centre can tailor education sessions or programs for health professionals designed to meet specific needs.

For further information on any of the above and for information about other programs, contact the Lung Health Promotion Centre on (03) 9276 2382 or check the website at www.lunghealth.org.

ASTHMA VICTORIA – SUPPORT TO CONSUMERS

INFORMATION FROM ELENOR MORGAN

Asthma Victoria has been funded by the Commonwealth Department of Health and Ageing to provide community based support to people with moderate to severe asthma, and supplement the role of GPs in facilitating successful uptake of the Asthma 3+ Visit Plan by consumers.

Asthma Victoria's Community Support role is:

- Increasing the awareness of the availability of the Asthma 3+ Visit Plan
- Increasing the understanding of how the Asthma 3+ Visit Plan can improve the management of moderate to severe asthma
- Supporting individuals currently undertaking or wanting to undertake the Asthma 3+ Visit Plan
- Supporting GPs and other health professionals involved in implementing the Asthma 3+ Visit Plan.

Asthma Victoria can provide assistance to Divisions of General Practice by providing information seminars, written information, brochures and telephone support to Division Staff, GPs and Practice Staff regarding the Asthma 3+ Visit Plan and the Community Support Program to enable them to further support the community in improved asthma management. For further information regarding the Asthma 3+ Visit Plan Community Support Program please contact Eleanor Morgan on 9326 7088 or email, emorgan@asthma.org.au.

Information for General Practitioners and Practice Staff (for newsletters)

Asthma Victoria has been funded by the Commonwealth Department of Health and Ageing to provide community based support to people with moderate to severe asthma, and supplement the role of GPs in facilitating successful uptake of the Asthma 3+ Visit Plan by consumers.

Asthma 3+ Visit Plan Brochures and Leaflets are available from Asthma Victoria for distribution to patients. Asthma Victoria also supplies general asthma information brochures and information sheets, which are available to GPs and Practice Staff to distribute to patients to reinforce the asthma information, they have received during their consultation. GPs and Practice staff may also direct their patients to Asthma Victoria's Website, www.asthma.org.au or Telephone HelpLine on 1800 645 130 for further information.

For further information contact Eleanor Morgan at Asthma Victoria on 9326 7088 or email, emorgan@asthma.org.au.

NEW TRAINING COURSE FOR PRACTICE NURSES... - COURTESY OF YASMIN STANDFIELD, PAPSCREEN VICTORIA

Demand driven by Practice Nurses, GPs and Divisions of General Practice encouraged PapScreen Victoria to address the need for a Pap test provider training course specifically for nurses working in general practice.

The Department of Human Services called for expressions of interest in developing an accredited, comprehensive education program that would meet competency standards for Practice Nurses in taking Pap tests. The Department of General Practice at The University of Melbourne has been awarded this contract, and the training course will be developed by the end of 2003. The course will include a distance education component, and will be delivered to Practice Nurses in regional and rural locations. Practice Nurses who wish to undertake the training will need to be a registered Division 1 nurse.

The course will not only result in an increase in the number of Practice Nurses providing cervical screening in general practice, but also increased options for women in accessing service providers.

So watch this space - PapScreen will be in contact with Divisions about the training course for Practice Nurses soon!

DiabetesBelinda Caldwell: B.Caldwell@gpdv.com.au**DIABETES INITIATIVE UPDATE**

In May the Diabetes Outcomes payment will be introduced. It comprises \$5 payment per diabetic per quarter who completes an annual cycle of care (\$20 annually) when the practise reaches 20% coverage of the SWPE load. While we have not had official notification at GPDV of the calculation details (or any details for that matter) we anticipate that the preferred calculation is:

$$\frac{\text{Total no of patients (SWPE) with diabetes MBS Items}}{\text{Total no of patients (SWPE) with HbA1c tests over the last two years}}$$

The diabetes MBS Items/HbA1c ratio could be increased over time (eg from 20% in year one to 25% in year two).

We have been promised a Q and A sheet from the Commonwealth around the diabetes outcomes payments and will inform you the minute we have the definitive answers.

HOW TO SELECT A WEIGHT MANAGEMENT SERVICE TO HELP PREVENT AND MANAGE DIABETES - COURTESY OF LISA COCHRANE, DIABETES AUSTRALIA VICTORIA

The Accredited Practising Dietitians at Diabetes Australia - Victoria (DAV) has developed a 16 page booklet that is available to be downloaded from the website www.dav.org.au. DAV has produced this information to assist you in the process of selecting a weight management service that suits your customer needs, and is both safe and effective.

Some helpful tips on weight loss are provided and a list of the criteria DAV advises people to use when selecting a commercial weight management service.

The booklet also provides a list of suitable websites to explore and useful phone contacts.

"How to select a weight management service to help prevent and manage diabetes" is designed for adults.

Enhanced Primary Care

Rosemary Fenech: R.Fenech@gpdpv.com.au

JESUIT SOCIAL SERVICES – UNEQUAL IN HEALTH

The Jesuit Social Services are evaluating the Research paper Unequal in health, sent to the Divisions late in 2001. The paper examined the "social reach" of the Enhanced Primary Care (EPC) Package services into socio-economically disadvantaged areas, where health needs have been shown to be greatest (Glover and Woollacott 1992; Glover et al. 1999). The research found that in Victoria these services were being used significantly less in disadvantaged areas than in other more advantaged comparison areas.

The Jesuit Social Services are looking for feedback from the Divisions in order to design its future research strategy. We would appreciate comment on the following three questions:

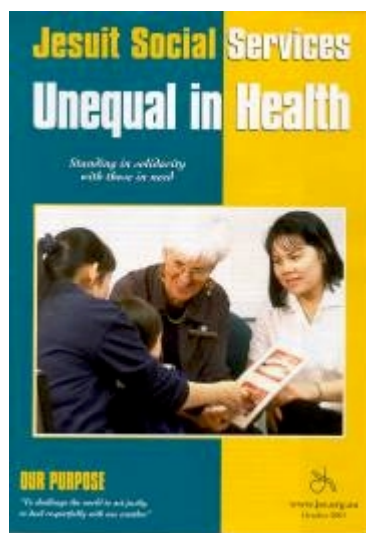
- 1) did you find the research useful? (if yes, how was it used in the divisions practice?);
- 2) did you circulate the research to any anyone, and if so who?; and,
- 3) do you have any feedback on how this type of research could be made more useful to GPs?

Comments would be appreciated by fax, telephone or email to: Jeanette Pope

Ph : (03) 9427 7388

Fax : (03) 9427 1819

SocialPolicy@jss.org.au



Enhancing Practice Systems Kit

Rosemary Fenech: R.Fenech@gpdv.com.au

The final draft of the practice systems kit is currently with graphic designers. We would like to include some photographs of General Practice in action. If your division has photographs that we could include, or has access to a reasonably good digital camera and can take a few photos for us, we would appreciate your help very much. We are particularly interested in showcasing a diverse range of general practice settings.

We need photographs of the following;

- general practice building
- GP demonstrating use of IT
- Practice Staff
- Practice meeting

Please call Belinda or Rosemary on 9341 5200 if you can help and we will give you more information about what we need.

Hospitals Admission Risk Program

Lenora Lippmann: L.Lippmann@gpdv.com.au

FUNDING ROUND GUIDELINES

The funding round guidelines are on the HARP web site at:

<http://www.health.vic.gov.au/hdms/harp/fundround.htm>

This funding round will promote strategic investment in secondary and tertiary preventive initiatives which will be directed to enhancing the care and management of people with chronic and complex conditions who are at risk of hospitalisation.

In particular the funding round will encourage integrated proposals which take account of the range of services across the care continuum, are organised around patients and delivered in a collaborative way by service providers.

Of particular note for divisions:

Appendix 1 CHECKLIST OF COMPONENTS FOR A HARP SUBMISSION

'Submissions must clearly outline communication pathways that will be used to facilitate coordination between various health professionals and sectors within the health care system. The local PCP Service Coordination model and tools must be given due consideration.'

Submissions must be received by 2pm on Thursday 1 May 2003.

HARP WORKING PARTY REPORTS

Over recent months seven HARP Working Parties have been undertaking work in priority areas that provide opportunities to have significant impact on the health of people at risk of hospitalisation. The reports from these Working Parties are on the HARP web site at: <http://www.health.vic.gov.au/hdms/harp/index.htm>

GPDV has arranged that we will send all divisions a hard copy of the GP-hospital interface working party report. We will get 10 hard copies of each of the other working party reports and will send them out to divisions who would like one. Please let me know which report you would like by email.

From a quick look some idea of highlights from each are as follows:

GP-HOSPITAL INTERFACE:	Whole document is brilliant! A must read!
COMMUNITY HOSPITAL INTERFACE:	Material on governance arrangements. Ambulatory care sensitive conditions by hospital by LGA.
CHRONIC OBSTRUCTIVE PULMONARY DISEASE:	Maps of postcodes where COP predominates. Recommendations include use of HMRs through GPs
INTEGRATED CARE FOR COMPLEX NEEDS:	Outlines components of all Vic models of integrated Care. Maps of postcodes where complex needs patients
MENTAL HEALTH:	% Intentional self harm by hospital (incl. some non-HARP hospitals). MH ED presentations by hospital 98-02(incl. some non-HARP hospitals)
CHF:	Table of patients with CHF by postcode Recommends Integrated Disease Management approach including GP involvement, medication review.
TECHNOLOGY:	Focuses mostly on remote patient monitoring technology –what is available, potential and actual uses

Home Medicines Review

Peter Larter: P.Larter@gpdv.com.au

HMR CONSUMER BROCHURE – NOW AVAILABLE IN 16 LANGUAGES

The Commonwealth has translated their consumer brochure about the Home Medicines Review (HMR) program, also known as the Domiciliary Medication Management Review (DMMR) program, from English into fifteen other languages. The brochures can be printed from the Pharmacy Guild of Australia's website at www.guild.org.au/public/dmmr.adp

The other languages are: Arabic, Chinese, Croatian, Dutch, German, Greek, Hungarian, Italian, Macedonian, Maltese, Polish, Russian, Serbian, Spanish, Ukrainian, and Vietnamese.

TEMPLATES FOR GPs USING MEDICAL DIRECTOR

A new version of the referral and plan templates for Medical Director for the HMR program is available from GPDV, created in March (Version 2003-2). The templates are continuously improving, both in terms of decreasing the time it takes for a GP to refer to community pharmacies, and in terms of increasing the quality of that referral. Just one example: the new templates allow the GP to select a preferred “turnaround time” from a drop down box – either 2 weeks, 4 weeks, or urgently. A full explanation of changes to these templates since 2002 is available.

GPDV is happy to come out to divisions to speak with facilitators about how to load or use the templates. Work on templates for other GP desktop programs has begun... expect templates for Medical Spectrum in the near future.

Immunisation

Belinda Caldwell: B.Caldwell@gpdv.com.au

(Much of the following information is courtesy of Dr Peter Eizenberg)

1. LATEST GPII COVERAGE RATES:

GPII figures show national average practice immunisation coverage rate has now reached 90.06%. This is the first time it is over 90%. Congratulations to all.

In addition Victorian Divisions have all (bar one) improved again over the February quarter. Some other interstate divisions are hot on our heels now, but this is to be expected now many divisions are approaching the plateau stage.

2. GPII RULES REGARDING 'CATCH-UP' VACCINATIONS:

From the August 2003 GPII calculation, GPII rules will be replaced by ACIR Due & Overdue rules. This means 'catch-ups' will be recognised in the GPII calculation. The expected impact is estimated to be approx 2-3% higher coverage rates nationally.

3. ACIR HISTORY NOTIFICATION (IMMU-13 FORM):

ACIR proposal to pay \$3 notification payment to vaccine providers for original history notification that completes a schedule, has been delayed pending further review. It appears the amount of missing vaccination history is steadily reducing due to all the excellent data cleaning activities in process & the significant cost of changing the payment system would be better spent elsewhere.

Mental Health

Anne Diamond: A.Diamond@gpdv.com.au

ADGP NEWS

CDM Funding and Mental Health

Following considerable concern expressed by divisions about the impact of declining CDM 2003-04 funding, ADGP has written an open letter to the Department of Health and Ageing calling for the Department to revisit its decision to reduce overall CDM funding. ADGP's mental health program has also written to the Mental Health and Suicide Prevention Branch calling for the mental health capacity in Divisions to be adequately resourced at such a vital stage in the implementation of the *Better Outcomes* initiative.

MindMatters Plus

MindMatters Plus builds on *MindMatters*, the successful National Mental Health Promoting Schools Program funded under the National Mental Health and Suicide Prevention Strategies. *MindMatters Plus* is a demonstration project involving 17 secondary schools around the country. Schools are funded to implement and evaluate a program to support young people at risk or who have higher support needs. The schools are using the WHO 'whole-of-school' health promoting schools framework. Schools involved in the demonstration project were selected on application by the Department, APAPDC and AGCA.

The schools involved in Victoria are: Mill Park Secondary College, Berengarra School, Lavalla Catholic College, and Whitefriars College. All schools are interested in working with their local Division.

ADGP is finalising a funding contract with the Department that will support local partnerships between interested schools and relevant Divisions to jointly plan and implement an integrated GP element to the *MindMatters Plus* school programs. Local models and approaches will be encouraged and supported.

ADGP will be writing to the Divisions that have schools in their catchment area in the coming weeks to provide details of the support on offer and how funding can be accessed.

Australia's New Mental Health Policy and Plan 2003-2008

The *Consultation Paper on the National Mental Health Plan 2003-2008* has just been released. Health Ministers are expected to sign off on a new mental health policy and plan by mid-year. It will be important for general practice and Divisions to have a key place in the Plan to ensure they are to be adequately supported to fulfill their role in mental health. ADGP will participate in a national summit on the new Plan in May. To inform ADGP's participation, the Consultation Paper will be circulated to all Divisions for comment in the very near future.

For further information about ADGP's mental health program, please contact Ms Leanne Wells, Principal Adviser, Mental Health on (02) 6228 0854 or lwells@adgp.com.au.

ADGP FOCUS GROUPS WITH GPs ON EDUCATION AND TRAINING

ADGP has been commissioned to provide advice to the Department of Health and Ageing about funding priorities for GP mental health education and training. We plan to consult Divisions and GPs as part of a national focus group series. The Department has agreed to fund in-principle. The groups would also be an opportunity to review the impact of BOMHI and consider future priorities for primary mental health care reform. You will be advised of arrangements once ADGP's negotiations with the Department are complete.

DoHA NEWS

NEW STAFF JOIN MENTAL HEALTH BRANCH

GPDV would like to take this opportunity to welcome Anne Croft to her new role in the Mental Health and Special Projects Branch in DOHA. Anne will be working with Stephen Castle, and taking carriage of the Better Outcomes initiative. Christine Bengert, Sue Staruszkiewicz and Kerrie Hayes have already commenced work in the Branch from mid-March. We will look forward to working with them on primary care mental health developments in the near future.

GPMHSC REGISTRATIONS UPDATE

GP registrations for Better Outcomes in Mental Health		
	Approved Level 1	Approved Level 2
National	2339	82
Pending approval	145	64
ACT	23	3
NSW	683	29
NT	13	2
QLD	371	12
SA	217	12
TAS.	65	3
VIC.	644	18
WA	323	3

As at 26 March 2003.

ALLIED HEALTH PILOTS – COMMONWEALTH EVALUATION

DOHA advise that arrangements are proceeding to confirm the plans for the national evaluation of the Better Outcome initiative. The Allied Health pilot evaluation is intended to continue as already outlined by the Commonwealth. The level of support to divisions is still to be confirmed but would most likely take the form of guidance to individual divisions in the implementation of their local evaluations. The development of a web-based database to support the minimum data-set collection is also scheduled as part of the Allied Health evaluation.

DHS NEWS

Cross-Border Agreements for Mental Health Referral

A Ministerial Agreement commenced on 21 February between Victoria and New South Wales that provides for cross-border mental health services. The Agreement was made under Part 5A of the Victorian *Mental Health Act* 1986 and Chapter 10A of the NSW *Mental Health Act* 1990.

The Agreement allows for:

- Involuntary admission of Victorian or NSW persons to a psychiatric inpatient facility in the other State;
- Transfer of involuntary patients between the mental health facilities in NSW to Victoria;
- Apprehension of involuntary patients who abscond from Victoria to NSW and from NSW to Victoria, including people on revoked Community Treatment Orders; and
- Interstate application of Community Treatment Orders.

The Guidelines to the Agreement, approved by the NSW and Victorian Health Ministers, include principles for determining when one State should provide mental health services to residents of the other State. Under the Guidelines, Victorian Mental Health Services and NSW Areas Health Services may also develop local protocols to further improve cross-border mental health services. The Guidelines focus on referral and assessment, transfer of care, and Community Treatment Orders. Further information may be obtained from Neil Brewer, Project Co-ordinator, Bendigo Health Care Group on 03 5454 7601 and by email: nbrewer@bendigohealth.org.au

Primary Care Partnerships

Sonya Tremellen: S.Tremellen@gpdpv.com.au

SERVICE COORDINATION TOOLS INTO MEDICAL SOFTWARE

Implementation of core service coordination tool templates in selected GP clinical software applications is underway. DHS has consulted with the divisions IT/IM Officer network who have provided advice on the software developers to target initially.. Division support in involving GPs in development and testing processes to ensure that user interface requirements are met will be critical. We will keep the IT/IM Office network up to date as this work progresses.

GPDV "NURSES IN GENERAL PRACTICE" WORKSHOP

On 27th February, GPDV held its second workshop dedicated specifically to issues surrounding nurses in general practice. There were 38 attendees (not counting GPDV staff), which exceeded expectations and meant that some of the small group activities had to be modified, but all in all the day went very well. Thank you to those who attended and particular thanks to those who contributed – which was almost everyone, as it was a very interactive day!

The agenda and all presentations can be accessed on the nurses section of the GPDV website – www.gpdv.com.au then "Programs" -> "Nurses in General Practice" -> "GPDV Workshops and Presentations"

Linkages

CentreLink

Centrelink has recently redesigned two forms that doctors use regularly, so are keen to take advantage of opportunities like information nights to explain the changes and answer any questions doctors may have. The two forms are the Centrelink medical certificate and the Treating Doctor's Report.

In particular the Treating doctor's Report has been changed and no longer asks about a patient's work ability.

Centrelink has the ability to refer customers for a specialist assessment if the impact of a customer's medical condition on their ability to work is unclear. These referrals can be for a:

- Work Capacity Assessment (usually an Occupational Therapist)
- Capacity for Participation Assessment (Centrelink Psychologist), or
- Medical Assessment (doctors).

Need more information?

Doctors who wish to receive a GP Information Kit, or would like personal assistance on this initiative, should contact: GP Help line on 1300 788 188

or e-mail: gphelpline@centrelink.gov.au To order the new Centrelink Medical Certificates please call 1800 801 667 or e-mail: medi.online@centrelink.gov.au.

If you would like Centrelink to give an information session and you are in the South East of Victoria, please contact Lili Molesworth ph (03) 9241 0819. Otherwise, for all other areas in Victoria, please contact the Centrelink Disability Officer at your local Centrelink."



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