Primary Care Programs Update

Issue 6

June 2003

Please send your contributions for the next Update to d.capovilla@gpdv.com.au.

What's New on GPDV's Website?

✱ What's New on the CDM Website

- The February 2003 Uptake and Coverage Statistics for Victorian Divisions Programs
- The CDM/PCP Workshop held on 4 June 2003
- 2nd Interim Report to DoHA
- National CDM Workshop Report

✱ Provider Number Issues

We have clarified again with DOHA the issue raised at the workshop last week regarding the numbers of providers in your division. The issue is that this is derived from what they call the Provider 7 number not the Stem Provider number. The Provider 7 number is the Stem Provider with the location specific digit on the end. The reason they did this was because the eligible provider status is determined on whether they work in PIP eligible/signed on practice. They are tinkering with the use of the Stem Provider number to see what that does to the data in order to get a closer match to actual providers, however there are the associated problems of GPS who work across divisions etc. We may end up getting both! They understood the irrelevance of the current eligible provider data in its current form.

✱ CHAT Study Information

Seeking CHATty, innovative, team orientated general practices to trial a new system of care for the management of CHF patients in general practice. The Chronic Heart-failure Assistance by Telephone (CHAT) study seeks dynamic practice teams to be part of a telemedicine trial which will empower patients in the self-management of their condition and offer CHF training to practice nurses to enhance their role within the practice team. We have commenced recruiting practices and hope to add you to our growing list of CHAT supporters. Please contact Ms Julie Yallop 03 9903 0046 or Ms Bianca Chan 03 9903 0589 to find out more about this exciting study.

✱ Reality Check on GP Role in Smoking Cessation

Spending less time with individual patients may be the key to getting more people on the road to a smoke-free existence. And for a quirky take on the "less is more" principle, there is also interest in smoking cessation initiatives within general practice that don't take up any of the GPs time!

This apparent about-face from the ideal of offering intensive motivational counselling to quit at every opportunity acknowledges the fact that it just wasn't happening. Despite all the evidence that GPs could improve quit rates six-to-eight fold if they followed the guidelines, it seemed best practice just didn't suit the realities of general practice.

Time for a new plan, the "reality pyramid" and GASP, the GPs Assisting Smokers Program.

Dr John Litt, senior lecturer in the department of general practice at Flinders University, is enthusiastic about a reformulated approach to smoking cessation that will be effective and sustainable. He is halfway through a randomised controlled trial to measure that effectiveness but offers a couple of tips to COPD News readers.

Keep it short GPs have the numbers. They see the majority of smokers at least once a year and therefore have the potential to influence many even by doing very little. This level of action is the base level of the "reality pyramid".

Entry-level options for general practices wanting to help smokers without burdening the already overloaded GP include:

- Signage such as QUIT posters in the waiting room to increase awareness
- Self help materials such as QUIT books in the waiting room
- A practice wide system to identify smokers including case note stickers and flags in Medical Director.

GPs can also ramp up their involvement via a series of sequential steps. The next level on the reality pyramid involves less than one minute of the GPs time. Such minimal interventions can include:

- Provision of QUIT packs
- Referral to QUIT lines
- Negotiating a separate consultation for further discussion.

Longer periods dedicated to smoking cessation can further improve quit rates by allowing for the development of quit plans, discussion of pharmacotherapy and other supports. However fewer GPs have the time to do so.

"You can spend 10 minutes with a patient but you won't get ten times the effectiveness of one minute. Brief interventions of one-to-three minutes with every patient are the best way to go."

Keep it neutral GPs are seen to be a highly credible source of information but they also tend to lecture. Give it up. Patients respond better to non-judgemental intervention.

Dr Litt says it is much more effective to listen to the patient and gather valuable information about their motivation and readiness to quit, than sermonising. This may be particularly relevant for those patients who already have a smoking related disease such as COPD.

"Their illness provides an opportunity for the GP to take a shot at them. If people raise an interest in quitting we need to explore that with them rather than shooting them down."

Avoiding the sniper syndrome as Dr Litt calls it, should also reassure GPs that their approach will not offend patients. There has been niggling concern by some GPs that attempts at smoking cessation means a risk of losing patients. It's a barrier to effective intervention that we can do without and could be resolved with training in motivational counselling.

Email GASP for more information on their project.

New Australian Guidelines Brief, repeated non-judgemental advice works. It's the same message but soon to be released in new packaging in the form of Australian guidelines for smoking cessation intervention in general practice.

The guidelines are based to a large extent on the successful Smokescreen program of the 1990's with an additional focus on specific needs groups. These include:

- pregnant and lactating women
- adolescents
- Aboriginal and Torres Strait Islanders
- people from different cultures and linguistic backgrounds
- people with a mental illness
- people with a smoking related illness.

Trainers are in the process of taking the guidelines and associated resource materials into 12 general practices for some initial feedback before the guidelines are more widely disseminated. COPD NEWS 13/6/2003

✱ CDM NETWORK & PCP WORKSHOP

108 participants from 27 divisions, 19 PCPs and other key organisations attended this workshop on June 4th. The presentations are on the GPDV website and a write up of the ideas from the small groups will be added soon. Thank you for your valuable contributions to this workshop, and your enthusiastic participation in the surprise segment.

SOME LIGHT READING?

BMJ 2003;326 (28 June)

Paperless records are better than traditional system

Electronic medical records are more complete and understandable than paper records. In a cross sectional study of 529 records in 25 general practices, Hippisley-Cox and colleagues (p 1439) found that 89% of paperless records and 70% of paper records were medically understandable. Almost 90% of paperless records had at least one diagnosis, compared with 32% of paper based records. Drug dose reporting was far better in the electronic records than in the paper records (87% versus 33%). However, from interviews the authors found that the method of reporting did not affect the doctors' recall of patients or consultations

Aboriginal Health

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

Proposed Adult Health Check Item Number

Medicare Branch of DoHA is consulting about a proposed new Adult Health Check Medicare item number for Aboriginal and Torres Strait Islander adults aged between 15-54 years.

The purpose of an adult health check item would be to ensure that Aboriginal and Torres Strait Islander people receive appropriate and timely primary health care, matched to their needs. It would encourage early detection, diagnosis and intervention for common and treatable conditions that cause considerable illness and early mortality, such as diabetes or cardiovascular disease.

GPDV and VACCHO are preparing a Victorian response to the proposed item. Divisions will be sent further information shortly. Please contact Rosemary at GPDV on 9341 5200 should you require further information.

Asthma

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

Asthma A Team Workshops

The National Asthma Council, Asthma A Team Workshop has now finished. There were 15 workshops held in Victoria, which comprised of the following features:

- 489 people attended which was made up of 333 GPs, 90 Practice Nurses and 107 Allied Health Providers.
- Attendance ratios are consistent with Victorian trend of including PN & other health providers such as Asthma Educators and Pharmacists in CPDs.
- Results of the process evaluations for the events were generally very positive, 2 key messages gained are: the importance of spirometry and understanding 3+ process.
- 92% of respondents expressed that they had an improved clinical knowledge.
- 96% of respondents expressed that they had improved knowledge of item requirements.
- 92% expressed that they had more confidence in the use of the Asthma 3+ process.
- 95% expressed that they understood how they could make the use of the Asthma 3+ process sustainable at a practice level.
- Top 3 things that they said they would do at a practice level are: to use a recall reminder system, improved patient education, introduce spirometry.
- 99.5% rated the quality of the information presented as good or very good.
- The top 3 topics that they would like to learn more about are: spirometry, allergy testing, and paediatric asthma.

Please Note

Please send GPDV the invoice for the workshop lists of those who attended need to go to the RACGP as would other applications for CME point for GPs. There is no need to send these lists to GPDV.

INTERACTIVE VIRTUAL ROADSHOW

The National Asthma Council Breaks New Ground Using the Internet to 'chat' about Asthma. In an Australian first, the National Asthma Council will host an interactive virtual roadshow entitled: "Children, Asthma and the Real World" on Tuesday 1 July 2003 from 7.30 - 8.30pm for GPs via the Internet. For information about the virtual roadshow go to www.nationalasthma.org.au/newsletters/issue6_03.asp#roadshow

ASTHMA 3+ VISIT PLAN POLICY INITIATIVE - WHAT IS THE HIC DATA SAYING?

The Asthma 3+ Visit Plan appears to have had an even uptake across all regions around Australia according to the latest HIC data that is available from the 2001-2 year. Learn more about Professor Justin Beilby's presentation to the TSANZ Primary Care Special Interest Group at www.nationalasthma.org.au/newsletters/issue6_03.asp#gpsig

"HOW TO CORRECTLY USE INHALED RESPIRATORY MEDICATION DEVICES" – CD ROM

Recent research and observation has identified that up to 80% of people with respiratory illnesses do not use their devices correctly. This may result in less than optimal management of their asthma.

Affordable, with easy to use step by step guides, the CD enables health professionals to check their own device use. It can also be used to teach patients to competently use their devices. For more information and order form please click here PDF

Cervical Screening

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NEW WAYS TO LOOK AT PAP TESTS

Medical breakthroughs and new technologies make headlines in print, radio and television media outlets all over the world. It is stated that media reporting of medical issues often does not reflect a balanced picture of the published scientific literature (Whiteman et al, 2001). Media reporting of medical treatment for serious illness such as cancer has been criticised for being sensational, biased and overly-optimistic (Redman & Pelly, 1997; Shuchman & Wildes, 1997; Brenner, 1997).

The Cancer Council Victoria takes pride in their evidence based approach. New technologies and cancer breakthroughs are studied and a position is developed based on all the available information.

In recent times there has been several new technologies developed relating to cervical screening. Papscreen Victoria have developed a fact sheet to help all stakeholders understand the technologies and can be assured that the facts are based on evidence and with no commercial interest.

The latest fact sheet 'New Ways to Look at Pap Tests' is as useful to the medical fraternity as it is for the general population. The fact sheet provides up to date information on liquid based cytology, computer assisted re-screening, optoelectronic screening, and HPV testing.

For more information and a copy of the fact sheet go to: www.papscreen.org or contact Papscreen Victoria on 03 9635 5663.

Diabetes

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Screening for Diabetic Retinopathy: A Planning Tool and Resource Guide.

This recently released Guide has been developed by The Centre For Eye Research Australia (CERA) with funding from the Victorian Department of Human Services. The 'Screening for Diabetic Retinopathy: A Planning Tool and Resource Guide' is an evidence-based document to inform the development of diabetic retinopathy screening programs. The resource is aimed at health professionals involved in diabetes management and provides a step-by-step approach to setting up, delivering and evaluating a diabetic retinopathy screening program. The Planning Tool and Resource Guide also contains reference to additional diabetic retinopathy screening resources.

Copies can be accessed from the CERA website: http://cera.unimelb.edu.au. For further enquiries contact Marianna Pisani, Senior Project Officer, Department of Human Services on email: Marianna.Pisani@dhs.vic.gov.au.

Retinopathy Stocktake –

The Royal Victorian Eye & Ear Hospital as part of its diabetes and health promotion initiative is currently undertaking a survey to identify access to retinopathy screening in Victoria. The purpose of the survey is to identify areas in Victoria, which do not have access to Retinopathy Screening.
Please complete this questionnaire & forward to: TOrr@rveeh.vic.gov.au or fax to: 9929 8682 by the **15th of July**.

Name of your division
Where do GPs send people in your community for retinal screening?
Are there any difficulties accessing the service? If so what?
Does the division provide a retinal camera screening service?
Does the division loan a non-mydriatic camera to GPs?
Approximately how far do patients travel to access renal screening? _km
What are some of the barriers to diabetes patients accessing the service?
Completed by:
Phone number:

Please contact Tracy Orr the Diabetes Project Coordinator should you require further information. Royal Victorian Eye & Ear Hospital ph: 03 9929 8680 pager: 680 fax: 03 9929 8682.

DIABETES AUSTRALIA – NATIONAL DIABETES WEEK 2003

Diabetes Australia will be running a major health awareness campaign during National Diabetes Week 13-19 July 2003. Its three year campaign 'Be Well Know your BGL' (blood glucose level), launched last year, will be expanded with another important message Pre-diabetes. Act now!

The campaign is aimed at people whose blood glucose levels are higher then normal but not yet high enough for a diagnosis of type 2 diabetes. Diabetes Australia estimates that about 2 million Australians have pre-diabetes and if left untreated it can develop into type 2 diabetes in 5-10 years.

Diabetes Australia will be sending an Information Kit to GPs and health professionals to help them play a key role in promoting awareness of diabetes:

- A patient advice card
- A wall poster
- Patient Risk Factor cards
- A practice nurse brochure
- Post-it reference notes for doctors to give to patients on diagnosis

A number of activities will also be held during the week including the campaign launch at Federation Square on 13th July and the launch of a Rural Health Professional Kit. For a full diary of events go to www.dav.org.au. For more information call 1300 136 588.

DIABETES MANAGEMENT FOR GENERAL PRACTITIONERS

This two day weekend program is tailored to the GP's perspective. The content is practical and can be implemented immediately into practice.

Program Content: Diagnosis, management of Type 1 & Type 2 diabetes, nutritional management, exercise, hyperlipidemia & vascular disease, monitoring & education, neuropathy, diabetes complications and diabetic emergencies. For details and registration form please click here PDF

1. Practice Nurses and the EPC MBS Items for Multidisciplinary Care Planning

Martin Mullane, Director, Enhanced Primary Care (EPC) Implementation, DoHA provides some clarification regarding both:

1. How a practice nurse can support a GP in carrying out his or her role in EPC care planning.

Under current Medicare requirements for Enhanced Primary Care (EPC) care planning items, nurses can offer assistance with normal administrative and clinical support matters, such as booking appointments and ensuring the information in the patient record is up to date and complete. Nurses cannot, however, undertake those matters which are part of the doctor's responsibilities in EPC care planning. The doctor must discuss the preparation of the plan with the patient as part of obtaining the patient's consent, and must undertake an assessment of the patient which considers their current and future health and care needs. The doctor must liaise with the other members of the multidisciplinary care planning team, and formulate and implement the plan.

One intention of care planning is that the patient's doctor co-ordinates the formulation of the plan and ensures that each member of the multidisciplinary team contributes to the plan's development or review.

2. In what circumstances can a practice nurse be a member of a multidisciplinary care planning or case conferencing team in their own right.

In order to count towards the required minimum of three members of the EPC multidisciplinary care planning team, a team member must provide a service or care to the patient that is of a different kind to that provided by the other team members. Where a nurse is providing a different kind of care or service to the patient in their own right (that is, independent of the services provided by the doctor and not under the supervision of the doctor), they may be counted as one of the members of the multidisciplinary care team. As a member of the multidisciplinary team, a nurse would need to collaborate with the doctor in the development of the care plan and contribute to the implementation of the plan.

A nurse's status as a member of the multidisciplinary team depends on the nature of the services they provide, their ability to collaborate in the development of the plan and their ability to contribute to its implementation, in their own right. A nurse who is providing general practice services on behalf of the doctor would not meet the requirements to be regarded as one of the minimum three members of the multidisciplinary team.

EPC care planning requirements are explained in section A.21 of the Medicare Benefits Schedule explanatory notes.

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Home Medicines Review

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Translating and Interpreting Service for Health Assessments – Free!

Pharmacists making home visits to conduct HMR interviews can use the Translating and Interpreting Service (TIS) FREE of charge, provided that the patient's GP booked the service. For more information, ring 1300 131 450 or read all about it at: www.immi.gov.au/tis/doctor.htm

Thanks must go to Margaret Stebbing from Greater South Eastern Division, who made an inquiry about this and a policy decision was made by the TIS. Divisions should advise pharmacists that they may need to explain to the person taking the call that it is a GP-initiated service. The service is also available free to practice nurses interviewing patients in the home as part a health assessment.

Review of Approval Status for the Provision of HMR Services - Pharmacies

The original business rules for the HMR program stated that HIC approval for pharmacies to provide HMR services would expire in 30 June, 2003. Following negotiations between the Pharmacy Guild of Australia and the Department of Health and Ageing, the approval has been extended for 2 years to 30 June 2005.

In plain English, this means that pharmacies that are HMR Approved Service Providers will remain so until 30 June 2005. As of May 2003, there are 1038 pharmacies in Victoria who are approved HMR service providers. Of all the states, Victoria has the highest percentage of pharmacies that are approved to provide HMR services – 89.56% compared to the national average of 78.78%.

Immunisation

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ACIR Payments for Meningococcal C Vaccine

Don't forget that ACIR is depositing the payments for the administration of Meningococcal C vaccine into back accounts on 20 June 2003 i.e $6 per encounter. These payments are for Meningococcal C vaccine administered to children under 6 years of age as reported to ACIR up to the 30 April 2003. Statements detailing the ACIR payments will be posted to immunisation providers on Monday 23 June 2003.

MenjugateSyringe

CSL Pharmaceuticals has announced that MenjugateSyringe® (Meningococcal C conjugate vaccine) is now TGA-approved and available for purchase from early July. MenjugateSyringe® replaces Menjugate, in a more convenient presentation. The diluent is in a pre-filled syringe that allows a one step reconstitution of the lyophilised vaccine vial. MenjugateSyringe® is packed in individual, sealed, tamper-evident blister packs, each containing a pre-filled diluent syringe and a lyophilised vaccine vial. Each vaccine is packed (with Product Information) in an individual cardboard packet. A 10-pack presentation will be available later this year.

The MenjugateSyringe version will gradually replace the current Menjugate vaccine on the publicly funded vaccine list. Practices need to be aware of four different varieties of Meningococcal vaccines circulating.

ON-SELLING OF VACCINES

Here is an update and clarification from the Department of Health & Ageing regarding the on-selling of vaccines to patients from the practice supply. The information contained in the NGPIC News #50 of November 2000 is still correct. Some further background information follows on the legal basis of these arrangements.

Section 20A(1)(b) of the Health Insurance Act 1973 provides that medical practitioners who choose to direct bill Medicare for their services undertake to accept the relevant rebate as full payment for the medical expenses incurred in respect of those services. However, under Section 6(2) of the Health Insurance (General Medical Services Table) Regulations 2002, if a vaccine is supplied to a patient in connection with a professional attendance mentioned in any of items 3 to 96, and the cost of the vaccine is not subsidised by the Commonwealth or a State, then the professional attendance is taken not to include the supply of the vaccine. This means where the patient is direct billed, the GP may charge the patient an additional fee for vaccine supplied that is not available free through Commonwealth or State funding arrangements or the Pharmaceutical Benefits Scheme (as outlined in Section 7.5.4 of the General Explanatory Notes of the Medicare Benefits Schedule Book, November 2002).

Mental Health

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ADGP NEWS

ADGP MENTAL HEALTH POLICY STATEMENT

A National Mental Health Summit was hosted by the NSW Government on 2 May 2003 facilitated by ABC's Dr Norman Swan. This was the only major public consultation forum on the new mental health policy and plan for mental health action in Australia for 2003-2008 being developed by the Australian Health Minister's Mental Health Working Group – the main national policy setting body for mental health. General practice and Divisions were strongly represented and ADGP's Mental Health Policy Statement, *Primary Mental Health Care in Australia: The Next Ten Years,* articulated a clear position for the role of GPs and divisions in mental health care. The Statement was developed in consultation with Divisions and GPs during March and April and can be found on ADGP's website at www.adgp.com.au, under national programs, mental health, what's new.

The views of general practice and Divisions were also included in the nation-wide review by the Mental Health Council of Australia and *beyondblue*, the National Depression Initiative, entitled *Out of Hospital, Out of Mind* included input from GPs and Divisions via focus groups and surveys. The response from Divisions of General Practice was significant, second only to responses from public specialist mental health services. The review's report found that mental health prevention and early intervention and the increased medical and psychological care roles of GPs were underdeveloped areas. The review also affirmed what we hear regularly from GPs: that they are poorly supported by specialist care services, that a coordinated share-care service ethos is non-existent on state and national scales and that

additional measures are needed to support GPs. *Out of Hospital, Out of Mind* can be found on the Mental Health Council of Australia's website at www.mhca.com.au. Published versions will also be mailed to all Divisions.

MINDMATTERS PLUS and GENERAL PRACTICE

ADGP has recently signed a new contract with the Department of Health and Ageing to coordinate and implement a general practice component of the *Mindmatters Plus* Initiative. The Initiative will assist with achieving better mental health outcomes for students with high support needs by undertaking activities that strengthen life skills and resilience, develop supportive environments and encourage partnerships between the school and community services. At this stage, seventeen selected demonstration schools are involved but resources and other support for interested schools from the wider *MindMatters* school population will be available.

The general practice component will seek to increase the capacity of demonstration schools, together with their local community, to provide for students with high mental health support needs. It will also identify priorities for future national action in terms of the school/community and primary care interface.

The contract provides for a project officer based at ADGP in the Child, Youth and Mental Health Team and a project fund for Divisions who wish to collaborate on a *MindMatters Plus* project with their school. All Divisions with demonstration schools in their catchment will receive a letter next week providing full details of the project and information about how they can participate.

NATIONAL AGENDA FOR EARLY CHILDHOOD

The Government has announced the development of a *National Agenda for Early Childhood.* Child and maternal health has been identified as one of three priority areas for the Agenda. On 9 May, Dr Tori Wade, Ms Leanne Wells and Ms Verity Newnham from ADGP's mental health and youth health programs represented ADGP at a national consultation workshop on the *Agenda*.

A response to the Government's consultation paper on the Agenda has been submitted by ADGP in collaboration with the National Divisions Youth Alliance. A key point in the submission was that general practice is a key setting for health promotion and prevention in the child and maternal health arena and for identifying early childhood risk factors, particularly vulnerability to later mental health problems. The submission can be found on ADGP's website under www.adgp.com.au, under national programs, mental health, what's new.

For more information, contact Ms Leanne Wells, Principal Adviser, Mental Health on (02) 6228 0854 or lwells@adgp.com.au.

GPDV NEWS

ACCESS TO ALLIED HEALTH MEETINGS

The second Access to Allied Health workshop was held on 12 June with participation from the Round 1 and Supplementary Round 1 divisions and one division, just notified of funding, from the Second Round divisions. Seven divisions were represented overall. Anne Croft, Assistant Director, Mental Health and Suicide Prevention Branch, DoHA also attended as did Jane Pirkis, from the Centre for Health Program Evaluation and Adam Clarke, Strategic Data. Jane and Adam are working on the National Evaluation for the Allied Health projects, including the establishment of a nationally accessible database for the evaluation.

DoHA NEWS

BETTER OUTCOMES IN MENTAL HEALTH CARE - GP REGISTRATIONS AT 18 JUNE 03

Summary Statistics			
Total Applications	**2795**	Level One Pending	84
Level One Eligible	2652	Level Two Pending	63
Level Two Eligible	224 *		
L1 Ineligible	58	Male	1371
L2 Ineligible	8	Female	1281

Details						
	Level 1	Level 1	Level 1	Level 2	Level 2	Level 2
State	Male	Female	Combined	Male	Female	Combined
ACT	7	17	**24**	1	2	**3**
NSW	402	358	**760**	37	30	**67**
NT	3	10	**13**	0	2	**2**
QLD	206	224	**430**	9	8	**17**
SA	142	111	**253**	11	18	**29**
TAS	34	40	**74**	1	3	**4**
VIC	401	349	**750**	35	36	**71**
WA	176	172	**348**	13	18	**31**
National	**1371**	**1281**	**2652**	**107**	**117**	**224**

* "Level One" totals include "Level Two" registrations

Comments:

- 20 pending registrants were reclassified “L1 Ineligible” this week, after failing to respond to three separate requests for further information on their training over a minimum of 3 months.
- Over the 3 months since registration forms were received from the first approved Level Two training program to run, 341 GPs have been certified eligible for Level One registration by the GPMHSC, and 180 for Level Two, a ratio of 1.9 : 1.0.
- Anecdotal evidence suggests that Level Two training is proving popular, and as the availability of Level Two training continues to increase, the rate of registration for Level Two might reasonably be expected to maintain its current rate of around ~60/month or greater until it begins to approach saturation levels.

Primary Care Partnerships

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SMALL GRANTS – SERVICE COORDINATION WITH GENERAL PRACTICE

Congratulations to the successful projects – announced in the PCP weekly bulletin on Friday 13th June and available on GPDV's website. As mentioned in a previous update, DHS were impressed by the large number of applications from PCPs and Divisions for these grants and now have a better understanding of the level of practice support and hands-on assistance needed to support implementation of service coordination to include general practice. GPDV will continue to advocate with DHS for resources and information to enable Divisions to further this work.

Divisions and PCP reps involved in the projects are invited to a half-day networking workshop Thursday 17 July 2003.

SERVICE COORDINATION IMPLEMENTATION UPDATE – E-REFERRAL

DHS have disseminated an update on e-referral developments in primary health care. A copy is available on GPDV website: May 2003 E-referral.

MEDICAL DIRECTOR TEMPLATES FOR SERVICE COORDINATION

DHS in collaboration with General Practice Divisions Victoria (GPDV) have developed a new draft template for Medical Director software (most popular GP clinical software application), which includes both the Consumer Information Form and the Summary and Referral Form. The template currently in the May release of Medical Director software only includes the Summary and Referral Form and Consent Form as separate documents.

The draft template was presented at the IM/IT Officers Network Meeting in June. The IM/IT Officers agreed to test it with a small number of key GPs and provide feedback. The details have been emailed to the IM/IT email list from David Sandic at GPDV. We've requested that feedback be provided by July 7th.

The aim is to finalise the draft template based on the feedback from GPs and include it in the next upgrade for Medical Director. The final template will also be made available as a download file via the GPDV web site. If you have any queries please don't hesistate to contact David Sandic on 9341 5210, or Sonya Tremellen on 9341 5205.

Nurses in General Practice

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GPDV Nursing Website - Updated

The site has been updated to include:

- The training update sent this month
- Update of practice nursing contacts in Victorian divisions
- Example position descriptions for practice nurses under "Resources for Victorian divisions"

To access this section of the site, please click here.

Translating and Interpreting Service for Health Assessments – Free!

Nurses conducting health assessments in the home can use the Translating and Interpreting Service (TIS) FREE of charge, provided that the patient's GP booked the service. For more information, ring 1300 131 450 or read all about it at: www.immi.gov.au/tis/doctor.htm

Thanks must go to Margaret Stebbing from Greater South Eastern Division's who made an inquiry about this and a policy decision was made by the TIS. Divisions should advise nurses that they may need to explain to the person taking the call that it is a GP-initiated service. The service is also available free to pharmacists making home visits to conduct HMR interviews.

Reminder: Pap Test Provider Training Course For Practice Nurses

From 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."

Also -

- GPDV has a draft flyer about this course. If you would like a copy, please e-mail me (p.larter@gpdv.com.au) and I'll fax you a copy. Or, please wait for a colour flyer which is being developed.
- The cost will be $1700 – PELS eligible (PELS = Postgraduate Education Loans Scheme - deferred payment through the taxation system – similar to how HECS works).

- The training will be accredited as a university subject and will act as credit towards a postgraduate women's health course that is being developed by the University of Melbourne – essentially, a nurse that completes the pap test provider course will have completed one quarter of the postgraduate women's health course.
- There is talk of scholarships that may become available for nurses that will subsidise the cost of the course, please WATCH THIS SPACE.

ENHANCED PRIMARY CARE

See EPC section for Q&A regarding the role of the Practice Nurse in EPC Care Planning and Case Conferencing.

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