Primary Care Programs Update

Issue 9

September 2003

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

What's New on GPDV's Website?

✱ PRACTICE CAPACITY WORKSHOP

20 November 2003, 9:00am to 5:00pm, Lawson Ballroom, Novotel, Brisbane (National Divisions' Forum registration commences at 6:00pm)

GPDV is on the Steering Committee for a one day workshop to showcase approaches currently being taken by Divisions to practice capacity development to be hosted by ADGP, the Centre for General Practice Integration Studies (CGPIS) at the University of New South Wales, the General Practice Partnership Advisory Council, and the Department of Health and Ageing. The Workshop will be held at the Novotel in Brisbane on 20 November 2003, immediately prior to the Divisions of General Practice Network Forum for 2003.

The Centre, in collaboration with the University of Adelaide, is presently conducting research into the influence of information management systems, multi-functional team working, linkages with other services, and practice management systems on the quality of chronic disease care in the Australian context.

To inform the workshop program, CGPIS is surveying Divisions about their approaches and activities supporting practice capacity development. You will have recently received a copy of the survey for your information – I encourage you to complete it and return it by e-mail to: cgpis@unsw.edu.au.

Expressions of interest are also being sought from people who may be interested in presenting their experiences as a case study at the national workshop.

Case studies will be selected from the expressions of interest to highlight the range of approaches practices and Divisions are taking, successes, barriers to success and lessons learned. It is anticipated to have case studies representing large and small practices and the range of Division experiences across large and small, rural and urban Divisions, those who have well-developed programs and those who are still at the early stages of development.

If you are interested in nominating someone to present a case study, please complete the expression of interest form e-mailed to you earlier and return it by e-mail to cgpis@unsw.edu.au. When the case studies to be included in the workshop have been selected, the presenters will be

contacted directly.

Refer to: www.adgp.com.au for more information on the one day National Practice Capacity Building Workshop.

* BEST PRACTICE PRACTICES

Cath Williams from Primary Care Quality and Prevention Branch is looking for success stories on improvements made in chronic disease management at the practice level for case studies relating to primary care collaboratives.

Please let me know if you have practices that fit the bill and may be interested in being sentinel practices for others to learn from. Contact: Belinda Caldwell 9341-5212.

* INTRODUCTION TO RESEARCH & EVALUATION IN PRIMARY CARE WORKSHOP

A two day interactive workshop on what you need to know about doing research & evaluation will be held on Friday 17th and Saturday 18th October 2003 at the Department of General Practice University of Melbourne 200 Berkeley Street Carlton VIC 3053.

$250 per person (Includes lunch and course notes). Open to all health professionals.

Presenters: Dr Jane Sims (Senior Lecturer), Associate Professor Jane Gunn (Director of Research), Patty Chondros (Biostatistician) and colleagues from the Department of General Practice, University of Melbourne.

RSVP please contact Hayley Shaw email: h.shaw@unimelb.edu.au or phone 03 8344 9050 for further information.

SOME LIGHT READING?

Lowering blood pressure in 2003
John P Chalmers and Leonard F Arnolda
Med J Aust 2003; 179 (6): 306-312
http://www.mja.com.au/public/issues/179_06_150903/cha10292_fm-1.html

Socioeconomic disadvantage and use of general practitioners in rural and remote Australia
Gavin Turrell, Brian F Oldenburg, Elizabeth Harris, Damien J Jolley and Merel L Kimman
Med J Aust 2003; 179 (6): 325-326
http://www.mja.com.au/public/issues/179_06_150903/letters_150903_fm-3.html

Medical records and population health
Rosemary F Roberts and Ralph M Hanson
Med J Aust 2003; 179 (6): 277-278
http://www.mja.com.au/public/issues/179_06_150903/rob10387_fm-2.html

Factors influencing survival after stroke in Western Australia
Andy H Lee, Peter J Somerford and Kelvin K W Yau
Med J Aust 2003; 179 (6): 289-293
http://www.mja.com.au/public/issues/179_06_150903/lee10131_fm.html

Asthma

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

Spirometry Videos Online

The National Asthma Council has 2 short videos available online at www.nationalasthma.org.au/spiro_av.html which discuss the use of spirometry.

Video Clip One shows a practical example of the technique for performing spirometry on a patient in the surgery including:

- Introducing and explaining the test procedure to the patient.
- Coaching the patient through the test.
- Obtaining the best possible patient effort.

Video Clip Two covers:

- Advice for the patient about medication prior to coming for the test.
- What the patient can expect during the test.
- When spirometry should not be attempted.
- How to optimise results.
- What the results show about asthma.

2004 Asthma Australia Conference

Asthma Victoria will be hosting the 2004 Australian Asthma Conference in Melbourne next year from 23 to 25 February 2004.

You or your colleagues may be interested in attending the Conference, which is designed for all health professionals who have an interest in or interact with people with asthma.

The theme for the 2004 Australian Asthma Conference is 'A Fresh Breath – looking to the future' that will be explored through a variety of plenary sessions and interactive workshops. Keynote Speakers and Workshop Presenters will include leading Australian and International researchers and practitioners involved in asthma diagnosis, management and education.

Full details concerning the conference, including the provisional program, registration details and guidelines for abstracts can be found on the Conference website at: www.asthma.org.au\conference2004

We look forward to seeing you at the 2004 Australian Asthma Conference.

Effectiveness of 3+ Plans – Radio Program Transcript with Dr Norman Swan

Professor Peter Gibson, a respiratory specialist at the John Hunter Hospital in Newcastle, talks about Asthma care and Professor Edwin Chilvers from the University of Cambridge in the U.K. has looked into the mystery around what causes asthma and what actually happens in the lungs.

http://www.abc.net.au/rn/talks/8.30/helthrpt/stories/s932186.htm

SOME LIGHT READING

Proactive asthma care in childhood: general practice based randomised controlled trial
Nicholas J Glasgow, Anne-Louise Ponsonby, Rachel Yates, Justin Beilby, and Paul Dugdale
BMJ 2003;327 659-0
http://bmj.com/cgi/content/abstract/327/7416/659?etoc

Cervical Screening

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

PAPSCREEN VICTORIA DIVISION GRANTS

During 2002, Eastern Ranges, Goulburn Valley and Westgate Divisions of General Practice were funded by PapScreen Victoria via the Division Grants program to plan, implement and evaluate a variety of projects.

Some of the activities undertaken included:

- Development of recall and reminder systems.
- Promotion of the PapScreen Clinical Audit, including practice visits.
- Education sessions.
- Resource development for GPs.

The three Divisions all found participating in the grant program a valuable and worthwhile experience. Some of the comments from grant recipients included:

"The development and support of the Project Steering Committee was one of the most valuable outcomes and will ensure sustainability in the implementation of cervical screening activities across the Division. The partnerships developed have resulted in activities being planned beyond the life of the Project and the continuing collaboration of agencies."

"The grant funding gave practices the opportunity to focus on cervical screening at a time when other chronic diseases such as Diabetes and Asthma are competing formidably for their time and resources."

Two of the Divisions included the PapScreen Clinical Audit as one of their grant activities and stated, "it was clear that practices valued the reflective nature and self-evaluation focus of the program".

PapScreen Victoria is pleased to be able to offer Divisions the opportunity to apply for funding in 2004. Grant information will also be available on PapScreen's website, www.papscreen.org

For more information, please contact Rachel Haagsma on 03 9635 5424 or email Rachel.Haagsma@cancervic.org.au

CERVICAL SCREENING OUTCOMES

Well, well, well! Did we predict this or what? Despite requests, DOHA did not provide Divisions with coverage rates before the practices received them. Hence a lot of divisions have received a lot of upset calls from practices.

We will continue to advocate strongly to DOHA that practices need to be reimbursed retrospectively for income lost through the current payment method in Victoria.

Here is the DOHA/HIC explanation for those who missed previous communications:

The cervical screening outcomes payment was paid to eligible practices in August 2003. Practices where at least 35 per cent of female patients aged 20–69 years inclusive, have been screened from 1 April 2002 to 31 March 2003, were eligible for the cervical screening outcomes payment.

From August 2004 practices where at least 70 per cent of female patients aged 20–69 years inclusive, have been screened, will be eligible to receive the outcomes payment.

Practices that achieved the threshold rate for the initial payment received $2.00 per female patient—whole patient equivalent (WPE)—aged 20–69 years inclusive. Quarterly payments following this will be paid at a rate of $0.50 per female patient (WPE) aged 20–69 years inclusive.

The calculation:

In all states except Victoria, the cervical screening outcomes payment was calculated using service information from Medicare.

In Victoria approximately 45 per cent of these services are provided by the Victorian Cytology Service (VCS). These services are not billed through Medicare, therefore HIC does not have access to these records. However as an interim, the following process was used:

1. VCS provided HIC with unidentified postcode level information.
2. HIC generated postcode level information from the Medicare system for Victoria.
3. HIC combined the information and then grouped it into Divisions of General Practice.
4. Divisional coverage was then determined and the coverage applied to practices within the Division.
5. Outcomes payments were paid to all practices if their Division's coverage met or exceeded the target.

HIC and VCS are working closely together and we are hopeful that practice level service information will be available for the August 2003 recalculation, at which time adjustment payments will be made. If not, Division level service information will continue to be used until practice level information is available from VCS.

We will wait and see what happens!

Diabetes

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

Diabetes Handbook

The 2003/4 edition of the Diabetes handbook for general practice will be released at the end of September. Divisions of GP should receive copies of them at this time, if not please contact Diabetes Australia

Diabetes Outcomes Payment

The diabetes outcomes payment was successfully implemented in May 2003. 1625 practices achieved the threshold rate and received $15 per patient with diabetes—standardised whole patient equivalent (SWPE). This included a back-payment for the November 2002 and February 2003 quarters.

From August 2003, practices that achieved the threshold rate will receive a quarterly payment of $5.00 per patient with diabetes (SWPE).

Divisions Diabetes and Cardiovascular Quality Improvement Project Conference

For those of you interested in going to the Divisions Diabetes and Cardiovascular Quality Improvement Project conference, the registration form is now available. It is being held at the Sydney Marriott on 10th and 11th November 2003.

For further information, please contact Nardia Drayton on n.drayton@unsw.edu.au or 02 9385 1501.

Some light reading

Blood pressure readings may be wrong for overweight patients
Roger Dobson
BMJ 2003;327:468
http://bmj.com/cgi/content/full/327/7413/468-a?etoc

Sustaining better diabetes care in remote indigenous Australian communities
Robyn McDermott, Fiona Tulip, Barbara Schmidt, and Ashim Sinha
BMJ 2003;327 428-430
http://bmj.bmjjournals.com/cgi/content/full/327/7412/428

GP Hospital Communication

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

GPR

We have been approached by IBA Health Solutions who provide patient information systems to a number of public and private hospitals. They would like to include regular updated GPR data in their fortnightly updates to the hospitals so that hospitals actually use current GP information. We will seek feedback from the hospitals concerned to see if this would help them and if so we would enter into an agreement with IBA Health Solutions.

Updating GP contact information

We are planning a training session for administration staff involved in updating GP contact information with the aim of improving the currency of the data on the GPR. This training session will be held on Friday 28 November at GPDV. This is the same day as the finance officers workshop so we will bring both groups together for lunch on that day.

GPLO Workshop

We are also working with DHS to organise another Victorian GPLO workshop. This is scheduled for Wednesday 29 October. Please let me know if you have any requests regarding the agenda for that day.

EPC Discharge Demo Projects

The final report is with DHS who will forward it to the Commonwealth for approval. DHS will print copies of the report. In the meantime my conference presentation on the projects is on our website for anyone interested.

Home Medicines Review

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

Templates Update

ADGP has been working with Medical Director and others to make the "new" (2003) templates for HMR referral and HMR plan available to GPs without having to physically load them on at the practice. The aim is to have them ready for the November 2003 edition of Medical Director.

I understand that though these templates may not be directly on the Medical Director program, they will be just 2-3 clicks of the mouse away from the Medical Director program when open.

If this happens, the role for us will be to let practices know where they can access the templates via Medical Director.

Initial templates for Medical Spectrum have been sent out on 9 September. Newer faster templates for that program are being worked on.

THE HOSPITAL ADMISSION RISK PROGRAM – INVOLVING HMR

The state Department of Human Services (DHS) has funded a $150m program over four years called the Hospital Admission Risk Program (HARP). This program aims at reducing demand for hospital services in Victoria by developing preventative models of care and by focusing on high users of the hospital system – preventing future admissions through better primary and self care.

One recently funded project ($521,000) involves the Austin, Alfred, Royal Melbourne and Southern hospitals in metro Melbourne, and flags patients upon discharge according to estimated risk of medication misadventure. "High Risk" patients receive an immediate home pharmacist visit; a HMR is organised for "Medium Risk" patients; and low risk patients will be visited by another health professional eg: Royal District Nursing Service.

Another project in Frankston is being run through the Royal District Nursing Service. During home visits, the nurse identifies patients eligible for a HMR and refers the matter to the patient's GP.

For more information about HARP: www.health.vic.gov.au/hdms/harp/harpfund.htm

SIIP PROJECT

The Australian Council for Safety and Quality in Health Care has funded the Safety Innovations in Practice program to provide small funding to a wide range of health care organisations in Australia.

There are a number of medicines related projects. The most relevant one in Victoria is being run through Bundoora Extended Care in the northern suburbs of Melbourne. Sixty patients have been recruited (of which the health status before and after of 40 will be fully evaluated) to receive a HMR upon discharge. Eligibility includes frail elderly patients, and patients from CALD backgrounds, who may have difficulty in managing their medicines.

For more information about SIIP: www.archi.net.au/topic/index.phtml/id/858

Immunisation

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NEW HANDBOOK AND SCHEDULE

Now available: The Australian Immunisation Handbook 8th Ed 2003

The Australian Immunisation Handbook 8th Edition 2003 was approved by the National Health and Medical Research Council (NHMRC) on 18 September 2003. (Source: DoHA 26 Sep 03).

Obtaining the new Handbook

A PDF version of the 8th Edition Handbook is now available on the Immunise Australia website: http://immunise.health.gov.au

Printed versions of the 8th Edition Handbook will be distributed by December 2003 to all immunisation providers listed on the Australian Childhood Immunisation Register (ACIR) and Medicare databases.

Each printed version of the 8th Edition Handbook will be distributed with an interactive CD-ROM version. This interactive version will be available on the Immunise Australia website from October 2003 onwards.

If you have not received a copy of the new 8th Edition Handbook by the end of the year and you would like one, visit Immunise Australia at http://immunise.health.gov.au, email handbook@health.gov.au or contact the Immunisation Infoline on 1800 671 811.

THE AUSTRALIAN STANDARD VACCINATION SCHEDULE (ASVS) AND THE NATIONAL IMMUNISATION PROGRAM (NIP)

The Australian Standard Vaccination Schedule (ASVS) differs from the National Immunisation Program (NIP). The ASVS lists all technical recommendations for vaccination made on the bases of disease burden, vaccine effectiveness in preventing disease and cost-effectiveness of the vaccine in a population setting, whereas the NIP lists all vaccines provided free to the Australian population.

What's new in the Handbook?

The revised ASVS contained in the 8th Edition Handbook includes several new childhood vaccine recommendations:

- Inactivated Poliomyelitis Vaccine (IPV) in combination vaccines;
- pneumococcal conjugate vaccine for all children;
- varicella vaccine; and
- diphtheria-tetanus-acellular pertussis (dTpa) vaccine for adolescents.

The revised ASVS also no longer recommends the 18 mth dose of diphtheria-tetanus-acellular pertussis (DTPa) vaccine. **This is effective immediately**.

The Handbook itself contains new information on vaccines for Aboriginal and Torres Strait Islander people, international travel, occupational hazard and special risk groups.

Information on vaccine preventable diseases has been updated, as has information on adverse events following immunisation and what to do about them.

What's new for the NIP?

The 18 mth dose of DTPa has been removed from the NIP. This is in line with NHMRC recommendation and is effective immediately. As a result, children do not need to visit an immunisation provider for DTPa vaccination at 18 mths. The booster dose of DTPa at 4 yoa is still recommended.

Combined diphtheria and tetanus vaccine (dT) for adolescents aged 15-19 yrs will be replaced by an adult/adolescent formulation diphtheria-tetanus-acellular pertussis (dTpa) vaccine dose at 15-17 yoa. This will be effective from 1 January 2004.

The National Childhood Pneumococcal Vaccination Program will also be expanded to provide free vaccine to additional children with conditions that predispose them to pneumococcal disease. These medical risk groups are listed in the 8th Edition Handbook and on the Immunise Australia website at http://immunise.health.gov.au/pneumococcal/index.htm

On 1 July 2003, the General Practice Immunisation Incentives (GPII) Scheme was aligned with the Australian Childhood Immunisation Register (ACIR). The GPII Scheme will use the NIP to assess immunisation status, which means that the 4th dose of DTPa at 18 mths will not be required for a child to be considered fully immunised. GPII Outcomes payments should not be affected.

SIP payments will be made for each completed schedule of the NIP, due at 2 months, 4 months, 6 mths, 12 mths and 4 yrs.

Immunisation providers are strongly encouraged to submit data to the ACIR on all vaccines administered to children, whether they are part of the NIP or not, in order to maintain a complete immunisation history for the child on the register. The ACIR will record vaccines listed on the ASVS, that are not funded under the NIP, as non-standard vaccines

PLEASE NOTE; AS OF SEPTMEBER 18TH ALL CHILDREN ARE NOT REQUIRED TO HAVE 18 MONTH BOOSTER, INCLUDING THOSE CURRENTLY OVERDUE. HENCE OUR 2 YEAR AND GPII RATES SHOULD INCREASE!!!

NIPII EVALUATION

The National Indigenous Pneumococcal and Influenza Immunisation program evaluation is being conducted by the NCIRS and will be conducted in 4 phases. The **first** phase will be consultations and/or interviews with representatives of major stakeholder organisations, conducted through meetings of the National Indigenous Immunisation Reference Group, and telephone and face-to-face interviews with State/Territory representatives of the Departments of Health, GP Division State Based Organisation Immunisation Coordinators (SBOICs), OATSIH State offices and National Aboriginal Community Controlled Health Organisation (NACCHO) State affiliates. Some of you may be contacted directly for this if you have more than 4.5% indigenous population.

Phase 2 will target immunisation service providers through a mail survey of GPs and Division of GP Immunisation Coordinators and a survey of ACCHOs and State/Territory immunisation services through face-to-face and telephone interviews. **Phase 3** will be a series of focus groups with actual or potential clients of immunisation services. **Phase 4** will be the analysis of available quantitative data on vaccination coverage and morbidity.

UPDATE – FURTHER DEVELOPMENT OF VICTORIAN STATEWIDE REFERRAL FORM IN MEDICAL SOFTWARE

Last month I let you know that we were working with DHS to provide a response to widespread feedback from divisions about the MD template. Divisions have been unanimous in the view that the output of the Victorian Statewide Referral Form in MD is too long and is essentially non-implementable as a result. As an aside, it has been very good to hear from divisions that the form is very easy to generate and the template has good functionality from this point of view.

A draft, 4 page version (dated 09/09/03) of the Victorian Statewide Referral Form has been developed and was sent to all divisions for their information, with a request for feedback. In addition it was discussed with the DHS GP Engagement Working Group and with staff from the PCPs and divisions involved in some of the DHS funded projects for GP participation in service coordination. Positive feedback about the effort to reduce the length of the form, and detailed suggestions for improvement, have been received from:

- The DHS GP Engagement Working Group
- Some of the DHS funded projects for GP participation in service coordination
- Some division IM/IT officers, based on detailed consultation and feedback with key GPs.

As many of these suggestions are being considered and incorporated, the 09/09/03 draft must not be taken as an implementation version. However, we expect DHS approval of a final, updated version to be ready at the end of September, for planned incorporation into the November update of MD. Once the new version has been approved by DHS we send it to all divisions in RTF format for your use.

Further, once finalised, this version will provide the output specification for the MedTech 32 development (currently being developed through Ballarat DGP) and that of other medical software.

Many of the DHS projects for GP participation in service coordination have a particular interest in the new version as they will use them as part of their pilot implementation activities in practices, where possible.

Thanks very much to everyone who has provided input and engaged in the process of getting to this stage.

We'd like to remind divisions that, once approved, the templates are final in the sense that further modifications can only be done in consultation with DHS. Otherwise we end up with multiple versions, and lose exactly that which GPs have asked for from the PCP/primary care reform process – a common referral form for GPs to use. Let's try and keep this in mind as it is a key "selling point" to help us communicate the benefits of service coordination to GPs.

NATIONAL STEERING COMMITTEE UPDATE

The National Steering Committee on Nursing in General Practice has not met since March. They plan to meet soon, however, to discuss future directions for the next two years of the practice nursing support program.

To recap, over the last two years, this work of this Committee has included:

- Demonstration Divisions project
- Consumer views of practice nursing
- Development of PN Mentoring paper
- Funding of ADGP Business Case studies (still not signed off by the Minister!!)
- Scoping education needs of practice nurses
- Support for APNA

GPDV will soon be teleconferencing with ADGP and other state-based organisations to come to a position on what we would like to see the Committee focusing upon over the next two years.

Input from divisions for this process would be very much welcomed: please e-mail Peter on p.larter@gpdv.com.au

RCNA/GPEA CONTINUING EDUCATION PROGRAM IN VICTORIA – PRACTICE NURSES

The next joint RCNA/GPEA practice nurse training session in Victoria has recently been announced, and the flyer was sent to all divisions on 9 September.

Here are the details:

Diabetes and Lower Limb Ulceration: Compression and Pressure Offloading

Speakers: Catherine Wallace – Wilkinson MRCNA, Diabetes Educator RN
Dr Denise Findlay FRACGP, Medical Representative Australian Wound Management Assoc; National Manager; On line Learning, GPEA

Date: Saturday, 11 October 2003

Time: 8.30am - 5.00pm

Venue: RACGP Council Room
Level 3, 1 Palmerston Crescent
South Melbourne 3205

Cost: RCNA/APNA Members $138 (GST inclusive)
Employer who is a member of RACGP $138 (GST inclusive)
Non-members $160 (GST inclusive)

STAFF ANNOUNCEMENTS

You may be aware that Sarah Newsome has moved to another position within the Department so is no longer looking after practice nursing. The new Departmental Officer in this position is Cathy Fussell 02 6289 8886 e-mail cathy.fussell@health.gov.au or Kirsten Cross 02 6289 8080 or email Kirsten.cross@health.gov.au. Claire Caesar remains the Director of this Branch.

Julie Porritt will be on leave from 6th October to 23rd October.

Peter Larter will be on leave from 12th November to 28th December.

PRACTICE NURSING STATS

Just a reminder that the May 2003 stats on the practice nursing initiative are available for downloading from the GPDV website. Specifically, there are stats for the % of eligible practices participating in the nurses incentive for Central Highlands, North-East Vic, Eastern Ranges, South, Central West and East Gippsland, Otway, Bendigo, Goulburn Valley, Border, West Vic, Murray Plains and Mallee. There are also some stats for Ballarat and Geelong, but for privacy reasons not all of them can be revealed.

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