



## Strengthening Primary Care in Local Communities

*Press release from the Office of the Minister for Health, dated 12 April 2010*

Patients will receive better health care in the community after primary health care organisations (PHCOs) are established across Australia.

Getting primary care right is essential to ensuring people stay healthier and out of hospital. International evidence shows that health systems with strong GP and primary care systems achieve better health outcomes and better value for money.

Right now:

- GP and primary health care services are not well integrated and connected to one another – health consumer groups have consistently stressed the need for better integration of these services;
- Many patients – particularly those with chronic disease – have difficulty getting all the care that they need, for example from allied health professionals, in a coordinated and convenient way;
- As a result, Australia has one of the highest rates of hospitalisations in the OECD.

The nationwide network of primary health care organisations will support GPs and other health professionals to improve the delivery of primary care services at the local level, as well as making it easier for patients to navigate the local health care system, by:

- Facilitating allied health care and other support for people with chronic conditions, as identified in GP care plans;
- Working with local health care professionals to ensure services co-operate and collaborate with each other so that patients – especially those suffering from chronic disease – can easily and conveniently access the full range of services they need;
- Identifying groups of people missing out on GP and primary health care, or services that a local area needs, and better target services to respond to these gaps;
- Working with Local Hospital Networks to assist with patients' transition out of hospital, and where relevant into aged care; and
- Delivering health promotion and preventative health programs targeted to risk factors in communities.

The planning and management of an individual patient's care will remain the responsibility of the GP.

The establishment of regional primary health care organisations was one of the key recommendations from the National Health and Hospitals Reform Commission to strengthen the primary care system. Primary health care organisations will:

- complement the services currently provided by GPs, which will be of particular benefit to patients with chronic disease;
- work closely with Local Hospital Networks to make sure that our hospital system and GP and primary care system work together seamlessly;
- in the future – play an increasing role in delivering services currently funded by states but which are proposed to transfer to the Commonwealth as part of the establishment of the National Health and Hospitals Network.

Primary health care organisations will be built from the existing network of Divisions of GPs so that they don't create additional bureaucracy.

The first primary health care organisations will be established by mid 2011.



### Comment from Chair

It remains to be seen (as a lot of detail is missing) what exact form these Primary Health Care Organisations will take, but on present indications DCGPA is well placed and definitely interested in having a pivotal role in any changes affecting health delivery to the local community.

Any move in the control of primary care closer to the local community will be of benefit with care pathways more streamlined and a patient centred approach. With the direct involvement of "grassroots" GPs via their local association hopefully people in the area would notice a vast improvement in health care delivery.

**Dr Nicholas Demediuk**

*Dandenong Casey  
General Practice Association*

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*Deadline for newsletter articles is 10<sup>th</sup> of each month. Dandenong Casey General Practice Association reserves the right to accept or reject all material submitted for publication. For further information please call the Association.*

**DISCLAIMER**

*The views expressed in this newsletter are those of the authors and do not necessarily reflect the official position of the Dandenong Casey General Practice Association.*

**Enclosures for Members:**

Southern Health Update  
Dandenong Surgery Cosmetic Clinic Flyer

## Congratulations!



We are delighted to announce the safe arrival of Zoe Charlotte Friend.

Sharyn and Jody welcomed Zoe into the world on Sunday 21<sup>st</sup> March.

We wish them all well.

## Specialist Update

**Dr Vadim Mirmilstein, Specialist Obstetrician and Gynaecologist** whose main interest is general obstetrics, gynaecology and infertility, has commenced practice at 1324 Heatherton Road, Noble Park, 3174 (just opposite South Eastern Private Hospital).

For referrals or enquiries, please contact 9549 6569, 9547 9133 or fax 9549 6302.



BreastScreen  
Victoria Caring about Women

## New GP Resource from BreastScreen Victoria

BreastScreen Victoria has developed a new, purpose designed resource to assist GPs to provide women with information about breast cancer screening and how to make appointments.

A simple to use electronic document is now available in pdf and rtf formats and can be either imported into the patient's file or saved into the 'Leaflet Browser'. The resource includes key messages for women about the program including how to make an appointment. Doctors are asked to enter their contact details (which can be saved for future use) and the woman's name. Once completed the resource can be printed and handed directly to the woman.

The resource can be downloaded from their website at [www.breastscreen.org.au](http://www.breastscreen.org.au). Please contact Jenny Williams at Monash BreastScreen on 9928 8760 if you have any queries.

For all bookings to BreastScreen please call **13 20 50**.



## Pen Tip:

### Pen and Medications

A patient's medications should be reviewed every time they come in for their next prescription to ensure that they are not on any medications they don't need, that there are no unintended adverse interactions between any of their medications, and in order to avoid tachyphylaxis. The Pen Clinical Audit Tool can assist you in auditing your patient database to monitor the quality and effectiveness of prescribing within your practice. It can also be used to identify patients potentially at risk of health repercussions such as reduced kidney function and blood pressure changes which may be related to the use of particular medications.

Use the filter to search for patients on antidiabetic medication, ACE inhibitors or NSAIDs and check the blood pressure tab (under 'measures') to ensure that all these patients have blood pressure readings under 130/80 mmHg, and if any have a higher reading or no reading at all to address this accordingly. You can also identify which of those patients have renal impairment documented, and ensure that these patients are closely monitored.

The 'HMR' tab will also give you a breakdown of how many medications your patients are on currently. For patients currently taking five or more medications, GPs can claim MBS item number 900 for performing a Domiciliary Medication Management Review (also known as Home Medicines Review).

For more information about the Quality Use of Medicines program, contact Graham Sweet at the Association on 8792 1900.

If you have any questions regarding the Pen Clinical Audit Tool, or if you are interested in a **FREE** installation, contact Diana Milojkovic or Stephanie Edmonds at the Association on the above number.

## Paediatrics at Southern Health

In an exciting move for General Paediatrics, Dr Cathy McAdam has been appointed as Head of General Paediatrics for Southern Health - Monash Children's Hospital. She will oversee paediatrics at all three campuses whilst A/Prof Andrew Ramsden will oversee Newborn Services.

Dr McAdam will be moving most clinical work to Clayton campus so she will be cutting back her private consulting to two sessions per week from her Dandenong office. Part of her role will be to recruit more paediatricians to the area and advance the care of children both as inpatients and in the community.

Cathy regrets that she will not be able to take on new patient referrals for the rest of this year but she will look to find innovative ways of continuing the care of her existing patients in conjunction with their GPs. Cathy commences the new role on May 24<sup>th</sup> 2010.

### Recommencement of the National Bowel Cancer Screening Program

On May 11 2009, invitations to participate in the National Bowel Cancer Screening Program were temporarily suspended after problems were found in the buffer of the FOBT kits that were distributed.

This program has recommenced with around 600,000 kits being distributed. The new kit has been assessed and found fit for use in the program.

DCGPA has agreed to be a part of this program. Christine Prendergast is available to visit practices with the most recent information and practice guidelines to assist with early detection and management of colorectal cancer.

The practice visit aims to inform ALL practice staff of the program and the recommended guidelines associated with patients presenting with positive FOBT results or just looking for advice about the kit they may have received in the mail.

If your practice is interested in this program, contact Christine Prendergast on 8792 1900, or email [c.prendergast@dcgpa.com.au](mailto:c.prendergast@dcgpa.com.au).

## GPs can help carers find residential respite

Do you have patients who are caring for an elderly person? Do these carers need a break from time to time to maintain their own health and well-being? Here's some information GPs can give to their "caring" patients...

The Victorian Carers Services Network (VCSN) Vacancy Seeker is an online tool to help carers search for current, available vacancies for residential respite in aged care homes.

Aged care and supported residential service facilities keep their respite vacancy listing updated regularly to ensure information contained on the website is current at the time carers are searching for the respite information they need.

The online respite vacancy site gives carers flexible access from any internet web browser. For carers, it means being able to search for what vacancies are available at any time from home or anywhere else there is internet access.

The Vacancy Seeker has been designed to be user-friendly for both listing and searching for what is available. The website can be found at <http://vcsn.vacancyseeker.org.au>.

For further information or assistance with this website please call your local Commonwealth Respite and Carelink Centre on 1800 052 222.

## DVA Medical Practitioners Package

The Department of Veterans' Affairs (DVA) is constantly examining methods to improve communication with GPs, specifically, how to raise awareness of the various DVA-funded health services available to their veteran patients.

To assist in addressing this, DVA has developed an Information for Medical Practitioners package, particularly aimed at newly graduating GPs, those practising in rural and regional areas, and GPs who are International Medical Graduates (IMGs). Moreover, it can be utilised as a 'refresher' for any GP who treats members of the veteran community.

The package consists of:

- an introduction;
- three information modules;
- a list of websites with links to information referred to in the modules;
- two useful DVA reference documents - the DVA Funded Health Services and DVA Treatment Entitlement Cards and Charts
- a feedback form

The modules, which can be used either individually or sequentially, consist of:

- Module 1: Introduction to DVA
- Module 2: DVA's Health Programs – Hospital, Medical and Allied Health Services
- Module 3: DVA's Health Programs – Health and Related Services

The package is designed to be downloaded from the DVA website and the modules used either in Powerpoint presentation form as training tools by GP educators/organisations or in hard copy form, along with the other components of the package, as a reference document for individuals/practices.

The package will provide GPs (in any location) with a broad overview - a 'snapshot' - of DVA and its health services, together with relevant links and contact details to gain further detailed information.

The Information for Medical Practitioners package is available at: [http://www.dva.gov.au/service\\_providers/doctors/Pages/info.aspx](http://www.dva.gov.au/service_providers/doctors/Pages/info.aspx).

## Refugee Health

### Foundation House

Foundation House (The Foundation for Survivors of Torture) provides direct mental health services to refugee clients in the form of: counselling, advocacy, family support, group work, psycho-education, information sessions and complementary therapies. The input of a Psychiatrist is provided as deemed necessary by Foundation House.

Referrals are accepted by telephone on 9388 0022.

Enquiries can be directed to the Dandenong office on: 8788 3333. They are based at 155 Foster Street, Dandenong 3175.

### Eastern Region Mental Health Association (ERMHA)

The ERMHA Cultural Diversity program provides practical, community based support to Refugees, Asylum Seekers and migrants who suffer from diagnosed or undiagnosed mental health conditions. The program helps to develop plans and assists in achieving goals to building independence.

Workers have backgrounds in social and community work. Interpreters and bilingual/bicultural workers are used where possible. They provide practice assistance. Although they assist with clients in crisis, they do not take mental health emergency referrals.

Referrals can be made by telephoning 9706 7388 or by emailing referral forms to [reception@ermha.org](mailto:reception@ermha.org).

Referral forms and further information are available at [www.ermha.org](http://www.ermha.org) They are based at 67 Robinson Street, Dandenong 3175.

### Prescribing High Dose Vitamin D

Individual GP applications to prescribe high dose vitamin D (50,000iu) tablets and capsules are being assessed by the Therapeutic Goods Administration at the time of writing. We will inform individual GPs when their applications have been accepted.

Pharmacies located close to the applicants' clinics are being approached to stock the preparation which has now arrived in Australia.

Please let me know if you would like to apply and have not already done so.

### Refugee Health Access Passport

The refugee health program has applied for a grant to develop, implement and evaluate a Refugee Health Access Passport. The Passport will not be a hand held clinical record, but will simply be a tool to facilitate access to GP clinics and other health services in the region. We will let you know if we are successful with the grant application.

Dr I-Hao Cheng  
Refugee Health Program Coordinator  
Phone: 8792 1900  
Email: [i.cheng@dcpa.com.au](mailto:i.cheng@dcpa.com.au)

## Quality Use of Medicine News



**Home Medicines Review recommends prescribing a dog.** He was obese, a type 2 diabetic (with the normal co-morbidities), depressed and taking the usual medications in an almost compliant fashion. When asked, he did not want to exercise, nor did he want to change an extremely high calorie (oops ... kilojoules) diet. According to the accredited pharmacist this gentleman spent most of the HMR interview on the verge of tears... which was most disconcerting.

Low morale, depression, whatever, it's not a pharmacist's job to make diagnosis. The problem here involved lack of motivation to do anything. It seemed this may be related to a lifestyle in retirement which he perceived to be devoid of any interest or purpose.

This gentleman was not going to make it on his own and cost wise a personal trainer was out of the question. But he did need somebody to encourage him to go out for a walk every day, something to look after so that he had some purpose for his existence, somebody who would never criticise and always adore him. (Which was not going to be his wife, she had her life.) In this case the future seemed either more medications plus psychotherapy or perhaps get a dog. So this was one of the HMR recommendations for the GP to discuss with the patient.

The outcome of this exercise is unknown, maybe next year there will be another HMR and QUM news can give an update. Also at this point in time, prescribing dogs is not an evidence based practice and would be limited to patients who could look after the dog. (More research is needed. This might make a great trial for the DCGPA academic unit.) But it does seem to QUM news that there probably is the occasional time and place for prescribing a dog

instead of medicine. The RSPCA have an adoption centre at Burwood East which may be contacted on 9224 2222 and would love to find good homes for some potentially very devoted personal trainers who are willing to work 24/7 for their board and keep. The right prescription here could end up with a very happy patient and a very happy dog! If you want to know more about Home Medicine Reviews (HMRs) call Graham Sweet at the Association on 8792 1900.

**Quick Quiz.** Courtesy of the Australian Prescriber.

1. Circadin 2mg prolonged release tablets are a new medication that has just been released onto the Australian market. What is the active ingredient of Circadin and what is the indication for the use of this medication?
2. Dabigatran and rivaroxiban are two new drugs that have just been released onto the Australian market. These drugs hold great promise that they may replace an older drug that is very effective but problematic in its usage. What is this drug?
3. The TGA has just replaced the Adverse Drug Reactions Advisory Committee (ADRAC) with the Advisory Committee on the Safety Of Medicines (ASCOM). Their first bulletin contains a medicine safety update that a complimentary medicine, when taken at high doses, may pose a bleeding risk. What is that medicine?
4. What is synthesized and released into the circulation as a response to hypocalcaemia and hyperphosphatemia and has its synthesis inhibited by vitamin D analogues and hypercalcaemia?
5. In last year's swine flu epidemic, most who were infected were either - children and younger adults, middle aged people or seniors. Why was this the case.

**PEN and Canning tools – a great way to check for patients who may need a HMR.** See the article entitled 'Pen and Medications' by Diana Milojkovic on page three of this newsletter.

### Status of the NPS clinical audits for the QPI year: 1 May 2009 – 30 April 2010

Topic	Updates
Clinical audit: Antiplatelet and anticoagulant therapy in stroke prevention	Certificates of completion were mailed on 4 February, 2010.
Clinical audit: Review of proton pump inhibitor (PPI) prescribing	Certificates of completion were mailed on 5 March, 2010.
Clinical audit: Targeted use of antibiotics in respiratory tract infections	1304 GPs submitted initial data collection. <i>Feedback</i> reports were mailed in February 2010. <i>Review phase packs</i> must be returned by 26 March 2010.
Clinical e-Audit: Optimising management of type 2 diabetes	Both <i>Initial phase</i> and <i>Review phase</i> data must be submitted by <b>28 April 2010</b> for recognition in the current QPI PIP cycle (1 May 2009—30 April 2010). Submission after this date and before 28 April 2011 will be recognised for the next QPI PIP cycle (1 May 2010—30 April 2011).
Clinical e-Audit: Review of proton pump inhibitor (PPI) prescribing	

**NPS RADAR – latest release April 10.** This is available at [www.npsradar.org.au](http://www.npsradar.org.au) and contains the following review articles:

- Dabigatran (Pradaxa) for preventing venous thromboembolism after hip or knee replacement surgery.
- Nebivolol (Nebilet) for chronic heart failure.
- Methylnaltrexone injection (Relistor) for opioid-induced constipation in palliative care.

**Brief updates:**

- Rizatriptan (Maxalt) 10mg wafers for migraine, and revised listings for other 5HT<sub>1</sub> agonists ('triptans'). Postmarketing reports of acute pancreatitis with sitagliptin products (Janumet, Januvia).
- Extended PBS listings for zoledronic acid 5mg (Aclasta).
- Authority listing for terbinafine extended to children and adolescents.
- Albendazole (Zentel) listing extended to treat hookworm and strongyloidiasis.

**Don't miss menopause.** *Therapeutic choices for menopausal symptoms* is the current NPS visiting topic. Over 80 GPs have been visited so far and bookings are in hand to visit another 60 over the next two months. This topic is being very well received so call Graham Sweet at the Association today on 8792 1900 and book your visit. As usual these visits qualify for RACGP points, the QPI PIP and as an activity to go towards practice accreditation.

**Collaborative home medicines review delays time to next hospitalisation for warfarin associated bleeding in Australian war veterans.** *E. E. Roughead\* PhD, J. D. Barratt\* BPharm B App Sc, E. Ramsay BSc G Dip App Stats, N. Pratt BSc (Hons), P. Ryan MBBS, R. Peck BPharm, G. Killer MBBS and A. L. Gilbert\* PhD. \*Quality Use of Medicines and Pharmacy Research Centre, Sansom Institute, University of South Australia, Adelaide, 5000, Data Management and Analysis Centre, Discipline of Public Health, University of Adelaide, Adelaide, 5000 and Department of Veterans' Affairs, Canberra, 2600, Australia.*

**What is known and background:** Unintended bleeds are a common complication of warfarin therapy. We aimed to determine the impact of general practitioner–pharmacist collaborative medication reviews in the practice setting on hospitalisation-associated bleeds in patients on warfarin.

**Method:** We undertook a retrospective cohort study using administrative claims data for the ambulatory veteran and war widow population, Australia. Participants were veterans, war widows and their dependents aged 65 years and over dispensed

warfarin. The exposed groups were those exposed to a general practitioner (GP) – pharmacist collaborative home medication review. The service includes GP referral, a home visit by an accredited pharmacist to identify medication-related problems, a pharmacist report with follow-up undertaken by the GP. The outcome measure was time to next hospitalisation for bleeding.

**Results:** There were 816 veterans exposed to a home medicines review and 16 320 unexposed patients, with an average age of 81.5 years, and six to seven co-morbidities. Adjusted results showed a 79% reduction in likelihood of hospitalisation for bleeding between 2 and 6 months (HR, 0.21 95% CI, 0.05–0.87) amongst those who had received a home medicines reviewed compared to the unexposed patients. No effect was seen in the time period from review to 2 months, nor in the time period 6 to 12 months post a review.

**What is new and conclusion:** Medicines review in the practice setting delays time to next hospitalisation for bleeding in those treated with warfarin in the period 2 to 6 months after the review, but is not sustained over time. Six monthly medication reviews may be required for patients on warfarin who are considered at high risk of bleeding.

*Journal of clinical pharmacy and therapeutics. March 30, 2010*

**Quick Quiz answers.**

1. Melatonin and primary insomnia. A concise review of melatonin for this purpose is in the current edition of the Australian prescriber. It seems that we should not get too excited about melatonin.
2. Warfarin. Two very good review articles on these new generation anticoagulants are in the current edition of the Australian Prescriber.
3. Fish oils. The full update may be found in the current edition of the Australian Prescriber.
4. Parathyroid hormone. (Australian Prescriber 2010;33:34–7)
5. Children and younger adults. A large proportion of middle aged people and seniors had prior exposure to H1N1 influenza strains and were immune to the 'swine flu'. Children and younger adults had not had this exposure and hence were at risk of infection. (Australian Prescriber 2010;33:30–1)

Australian Prescriber is available to health professionals online at <http://www.AustralianPrescriber.com.au>. Paper copies are available free and this can be arranged on their website.

PCOS Clinic  
GP Feedback  
Required



The Jean Hailes Foundation is looking to establish a multidisciplinary PCOS clinic to support GPs in the diagnosis and management of women with PCOS.

They are currently seeking GP feedback to inform the specifics of the clinic model.

For a hard copy of the survey please email [tanya.heaneyvoogt@jeanhailes.org.au](mailto:tanya.heaneyvoogt@jeanhailes.org.au) or complete the survey online via the DCGPA website. Your input is much appreciated



## GPS AND MANDATORY REPORTING

GPs should be aware that they **are** required by law to report to an authorised person (any police member and others), a child (not 19 years or over) whom they believe is in need of protection.

Medical privilege **does not** apply in cases of not reporting. That is, it is not a reasonable excuse for a person to refuse or fail to give information because they claim medical professional privilege.

### Why would a child need protection?

- If they have been **abandoned**.
- The child's parents are dead and **no one is looking after them**.
- The child has suffered, or is likely to suffer significant harm as a result of **physical injury, sexual abuse, emotional or psychological harm** (that is likely to cause significant damage) and the child's parents have not protected or are unlikely to protect the child.
- The child's **physical development or health** has been, or is likely to be significantly harmed and the child's parents have not protected or are unlikely to protect the child from that harm.

### When to report:

As soon as possible after forming the belief that the child is in need of protection and after each occasion

on which you become aware of any further grounds for that belief.

The harm may be a single act, omission, or circumstance or it may be through a series of acts, omissions or circumstances.

It does not matter whether any of the behaviours that cause or may cause harm have happened outside of Victoria.

### What are reasonable grounds?

A belief is based on a suspicion that any reasonable person, practising the profession would come to, in this case.

### Protection of Reporters:

Reports made in good faith do not constitute unprofessional conduct or a breach of professional ethics. There are a number of protections for not revealing those that report. GPs who report cannot be made liable in respect of the report and reporting does not contravene the Health Services Act or the Mental Health Act. Witnesses must not be asked to identify the person who made the report, if they are asked they may refuse to answer the question.

A full copy of the Act can be found on the Association's website at <http://www.dcgpa.com.au>.

All information based on version 25 of the Children, Youth and Families Act 2005, Victoria including amendments to January 2010.

**The South Eastern Region Migrant Resource Centre (SER MRC)** provides assistance to refugee arrivals within five years of settlement in Australia. This service includes casework, sessions on various topics, capacity building for new and emerging communities, recreation activities, community development projects, and a migration advice service.

The Migrant Resource Centre also provides aged care programs for Culturally and Linguistically Diverse (CALD) older residents; including planned activity groups, flexible respite care and social support, as well as a labour hire service for bilingual carers.

Other services at the Migrant Resource Centre: employment program for skilled migrants, English classes, driver education for Africans, sewing classes, and cultural planning tools, including publications, research and brokerage projects.

For further information, contact the Migrant Resource Centre on 9706 8933 or email [sermrc@sermrc.org.au](mailto:sermrc@sermrc.org.au)



## Diabetes Prevention Case Finding Funding



Do you see patients with multiple risk factors for Type 2 Diabetes?

**Did you know that Lifestyle Modification Programs have been shown to reduce the risk of developing Type 2 Diabetes by 58%?**

Do you need funding to assist you to identify and refer these patients to lifestyle modification programs?

**If you answered yes to any of the above questions, you are eligible to receive \$560 to support the recruitment of those at high risk of Type 2 Diabetes to a Lifestyle Modification Program.**

If you are interested in receiving funding for case finding, please contact:  
**Candice Crellin** at the Diabetes Coordination & Assessment Service, Tuesday to Friday on **8792 1922**.



## Aboriginal and Torres Strait Islander Health



Aboriginal and Torres Strait Islander Australians have the fourth highest rate of diabetes in the world and this continues to be a significant public health issue in Australia. Chronic disease accounts for 59% of the difference in mortality between Aboriginal and Torres Strait Islanders and non-Aboriginal and Torres Strait Islanders with the prevalence of type-2 being between 10-30%, 2-4 times more than the rest of the population. Taking into account age distribution between the two groups, it was found that diabetes/high sugar levels were 3.4 times higher for Aboriginal and Torres Strait Islanders and was found to occur at a younger age, with self reported prevalence between 35-44 years of age being 5 times the rate reported by non-Aboriginal and Torres Strait Islanders.

Inala Indigenous Health Service in Queensland has demonstrated successful delivery of primary health care to Aboriginal and Torres Strait Islanders through conduction of Aboriginal adult health checks for people aged 15-54 years of age. A cross-sectional study of Aboriginal and Torres Strait Islander patients published in MJA [2009; 190 (10): 562-564] shows that of the participants in the study there was 1 new case of diabetes for every 26 adults detected compared with 1 for every 32 adults for the rest of the population. Inala researched the predictors of diabetic retinopathy and found that duration of diabetes and a high HBA1C were the leading risk factors whilst blood pressure, age and sex deemed insignificant. Performing health checks resulted in 82% requiring further investigations including 48% consenting to a sexual health check.

New diagnosis included:

- 24 patients with depression
- 18 with harmful use of alcohol
- 18 with Chlamydia and
- 11 with diabetes.

This illustrates the importance of performing health checks for Aboriginal and Torres Strait Islander patients to facilitate early intervention.

It is therefore a necessity for general practice to incorporate a culturally appropriate response to risk factors and to create management plans in order to 'close the gap'. This may mean referral to Aboriginal-specific services. Dandenong District Aboriginal Cooperative Ltd is the local Aboriginal Health Service for Dandenong and Casey and delivers the following services: Physiotherapist, Podiatrist, Paediatrician, Community Nurse, Koori Maternity Service, Allied Health, Stolen Generation Service, Mental Health, Youth Services, Family Services and Best Start. Their number is (03) 9794 5933.

If you would like a practice visit to know more about how to identify Aboriginal and Torres Strait Islander patients, understand the health checks, or want to know where to refer your Aboriginal patients please contact Amali on (03) 8792 1900.

The Update on MBS Items workshop to be held on 27<sup>th</sup> of April will cover the new, collapsed Aboriginal and Torres Strait Islander health check item and inform you about the Aboriginal and Torres Strait Islander PIP, both beginning May 1<sup>st</sup> 2010!

### *Berwick GP Super Clinic Update*

A planning group (pictured) has met regularly to advise the architects on the specific layout and workflow requirements for the clinic. The sketch plans are now close to completion and include:

- Ten to twelve consulting rooms, which will be used for medical, nursing and allied health consultations
- Two multipurpose rooms, adjoining the kitchen area, which can be used for student tutorials, patient education sessions, staff and clinical meetings
- Two consulting rooms specifically equipped for teaching, with one-way glass to an adjacent observation room and audiovisual equipment linked to the student tutorial room
- Treatment and nurses rooms; dedicated space for pathology and physiotherapy
- Central administration, reception and storage area; welcoming entrance and waiting area.

So far we are on track to commence construction in October this year.

If you would like further information about any aspect of the Berwick GP Super Clinic, please contact Mary Mathews on (03) 8792 1900 or via email [m.mathews@dcgpa.com.au](mailto:m.mathews@dcgpa.com.au)

