dandenong casey
general practice association

Vol. 16 No. 6—June 2010

Balance2Live

Balance2Live is a successful 12 week physiotherapy exercise and lifestyle program to help improve balance and safety. Classes are held weekly at Aged Care Facilities allowing for maximum convenience and comfort.

"More than half of all people living in residential aged care facilities have at least one fall each year. Injuries from falls are also common, with up to half of these falls causing serious injuries, such as fractures." (Victorian government health information, Department of Human Services, 2004)

We can all take simple measures to prevent falls and improve our balance. Education topics around balance and increasing physical activity are great ways to help minimise your falls risk.

Residents of Casey Manor participate in the Balance2Live program with facilitator Adam Swenser

Casey Manor's Bonsai

The group focus is structured around fun and incorporates both chair based and standing exercises. Exercises include a warm up, group game, balance specific exercises, strengthening exercises, tai chi, breathing exercises, stretching and a cool down.

Every week a different topic is discussed to inform and educate about preventing falls. Topics discussed include: shoe wear, vision and glasses, how our body maintains balance, gait aids and maintenance, transfers/bed mobility, the roll of exercise in balance, arthritis/osteoporosis, chronic pain, fails equipment, blood pressure and balance, medications and balance and what to do if you fall.

Along with the balance classes, Balance2Live includes a quality of life experience. The class incorporates the teaching of how to make your very own bonsai. This has proven to be a very popular way to relax at the end of the class while continuing to encourage socialisation, fun and the learning of a new skill.

This program is funded by the Department of Health and Ageing through the Dandenong Casey General Practice Association and is currently active in 12 aged care facilities.

Quality Improvement Council

Dandenong Casey
General Practice Association

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Deadline for newsletter articles is 10th 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:
- GP Liaison Unit Newsletter
- GP Guidelines for Breast and Ovarian Cancer
- Breast Cancer Follow Up Shared Care Project

Specialist Update

Dr Datta Joshi, Paediatrician, has commenced private practice at South Eastern Private Hospital in Noble Park and 126 David Street, Dandenong. Dr Joshi also has public hospital appointments at Dandenong, Casey and St John of God in Berwick.

For referrals or enquiries, please contact 9791 1855 or fax 9791 1257.

Update on government investment in diabetes care through general practice

In early June representatives from Diabetes Australia, the Australian General Practice Network (AGPN), and the Royal Australian College of General Practitioners (RACGP) met in Melbourne to discuss the government's $449.2 million investment into diabetes care through general practice.

The groups agreed that whilst the focus and investment into diabetes care is both important and appreciated, there are a number of significant issues regarding the proposed model, including the funding arrangements for general practices and patients that need consideration. It was further agreed that, in order to support quality diabetes care for patients, further work and consultation with patients and the profession is needed. Diabetes Australia, AGPN, and the RACGP will actively work with the government to progress this matter further.

Is your practice going through accreditation in the next few months?

The Royal Australian College of General Practitioners (RACGP) is seeking volunteers to field test the draft general practice standards to assist in the development of the profession's Standards.

You can be among the first to test how the draft Standards will work in a live setting by getting involved in the field trial of the new material. The trial will be run by the College, in conjunction with the accreditation agencies. The field trial comprises participation in an education session hosted by the RACGP, a field test survey visit conducted by the accreditation agency and an online practice questionnaire. Participation in the field trial in no way affects accreditation.

Practices can register their interest in participating in the field trials by contacting their accrediting agency (AGPAL or GPA).

Practice Managers and Practice Nurses

Have you booked your place at the 2010 Practice Managers and Nurses Conference on Friday 30 July?

Be sure to send in your registration form to secure your place. For a copy of the invitation or further information, contact the Association on 8792 1900.

Immunisation Update

General Practice Immunisation Incentives (GPII)

The May 2010 calculation for the General Practice Immunisation Incentives (GPII) scheme has been completed. Payments have been made and feedback statements will be distributed within the next few days. The GPII20A reports should be received at your Practice by mid June.

Work on these overdue children should be finalised and updates to ACIR by late July to meet the recalculation.

The GPII assessment is based on children who visited the practice at least twice, for any Medicare consultation, between 1st January 2009 and 31st December 2009.

The 20A report lists the children who were not fully immunised in the May 2010 Calculation. Data cleaning with the 20A is the key to achieving a better result in the May 2010 Recalculation (due to run in early August 2010); **The Recalculation re-assesses the immunisation status of those children identified on the GPII 20A report.** The Recalculation is the last opportunity for practices to achieve 90% and the associated Outcomes Payments for this quarter. (Outcomes Payments are $3.50 x WPE for practices >90%).

Practices who do not receive their copy by the end of June should make enquiries with the GPII office, on 1800 246 101. The 20A report is also available electronically on the ACIR secure site. Providers need to log in using their secure access and order the 20A from the 'Reports' menu. Reports are produced within 48 hours.

New Registrars need to have a signed 46E Agreement submitted with Medicare Australia; otherwise, their practice's 20A report will be withheld.

The 46E Agreement can be downloaded from the Medicare Australia website: at http://www.medicareaustralia.gov.au/provider/pubs/forms/incentives.jsp.

Please remember:

You should finalise work on the 20A report and submit any corrections/ updates to ACIR by late July 2010 as the Recalculation is due approx 4 August.

Please do not hesitate to contact Anne Nunan at Dandenong Casey GP Association on 8792 1900 if you require any further information or assistance.

Pertussis Program for Parents of Newborns Extended until June 2011

GPs are requested to continue promoting vaccination of Boostrix for any parents of new born infants as soon as possible after birth. Do not assume vaccination has been done in the hospital, fathers especially may be missed. Grandparents also need to be checked for immune status, although Boostrix is not funded for this group.

There continues to be a rise of notification of Pertussis cases among infants below 12 months particularly in the cohort under 5 months of age. Timely vaccination of infants is necessary to reduce the risk of Pertussis. Parents should be reminded to attend promptly for immunisation of their baby and recall systems used for children overdue.

For further information and ordering go to http://www.health.vic.gov.au/immunisation/provider-forms/forms.

Practices that are not currently providing free Boostrix for new parents may wish to consider doing so with the extension of the program.

Pen Tip:

Pen Clinical Audit Tool version 2.9 release

The latest version of the Pen Clinical Audit Tool available 19th May comes with some exciting updates! Always click 'yes' to updates when prompted to do so by Pen to get the most out of the clinical audit tool.

The features that come with this upgrade include:

- The timeline function allows you to view changes in your data extracts over time providing a visual presentation of performance;
- The "Send data to" function which allows the practice to send a Pen CAT data file to an external location of their choice, such as the Association. The dataset is deidentified and sent securely, either by email or ftp;
- The MBS Items tab (available to MD users who are also using Pracsoft 3 as their billing software) has been updated to reflect the latest MBS item number changes.

Don't forget it's National Diabetes week 11th-17th July! You can use the Pen Clinical Audit Tool in conjunction with the AUSDRISK tool to identify patients in your practice who are at risk of developing type 2 diabetes, as well as to monitor numerous diabetes cycle of care items for your patients with diabetes.

If you have any questions regarding the Pen Clinical Audit Tool, or if you are interested in a **FREE** installation, contact the Association on 8792 1900.

Aboriginal and Torres Strait Islander Health

Did you know…
There are over 400 Aboriginal and Torres Strait Islanders living in Cranbourne!

Local intelligence from the Aboriginal co-op and also the 2006 census shows that there are over 400 Aboriginal and Torres Strait Islanders living in Cranbourne. The need to increase access to general practice, dental, mental and allied health services for this population is compelling. If you are a practice in Cranbourne with a willingness to help 'Close the Gap' in life expectancy, the first step is to ensure you identify your Aboriginal and Torres Strait Islander patients by asking the question:

"Do you identify yourself as being of Aboriginal or Torres Strait Islander decent?"

All Australians should soon become accustomed to being asked this when they visit a health service following the release of new AIWH guidelines. The *National best practice guidelines for collecting Indigenous status in health data sets* stress that the question should be asked of all clients irrespective of appearance, country of birth or whether staff know the client or their family background. It is known that the question is not always asked of every patient, because you may not realise it is important, or you may be concerned that the question is sensitive or even discriminatory. However in asking the question you will be able to:

- Enrol the patient in the Aboriginal and Torres Strait Islander PIP, if they have a chronic disease, and with their consent offer them a comprehensive health check (MBS #715) to identify all their primary care needs;
- Refer them to appropriate services including allied health and Aboriginal-specific services.

If you require any information such as lists of Aboriginal and Torres Strait Islander-friendly services, or would like to arrange a practice visit, please contact Amali at DCGPA on 8792 1900 or Amali@dcgpa.com.au – we are happy to assist!

Indefinite Referrals

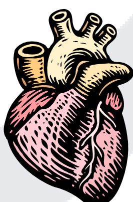
There are shortcomings related to provision of indefinite referrals. These include:

1. GP loses opportunity to review patient progress, update GP notes and update referral and clinical/ medication etc details in a new letter to specialist.
2. There is an erosion of the role of GP coordinator of care.
3. GP may change, but letters go to the GP referrer.
4. GP may retire, die or move, but letters go to the GP referrer.
5. If GP retires, dies or moves, the referring (retired, dead or moved GP), still may have a responsibility to respond to issues raised in letters sent by specialist.
6. Specialist may not be the most appropriate doctor to continue care and GP does not have input to advise patient.
7. Interspecialist referrals are made without involvement of a GP. Often unnecessary and inappropriate interspecialist referrals are made, and fragmented expensive care results.
8. The patient may move, but letters go to the GP referrer, with no involvement of the new GP or even a need for the patient to make contact with a new GP.
9. Indefinite referrals made to semi private hospital clinics – patients get even more lost in the hospital system with less GP reviews.

"Advantages" of indefinite referrals

1. Patient does not need to return to GP. This usually has patient support.
2. Specialists do not have to chase referrals and check currency of referrals.
3. Only one 'initial' specialist consult is made – reducing cost to patient.
4. Patients often can't get to see GP to get the last minute repeat referral required.

A compromise may be appropriate – give a 2 or 3 year referral (specify on referral). Consider only doing this with stable conditions such as eye referrals, and avoid doing more than 1 year for complex medical conditions.



Warning Signs of Heart Attack— Resources now available in other languages

The Heart Foundation's '*Will you recognise your heart attack?*' action plan and patient fact sheet are now available in English and six other languages - Arabic, Cantonese, Greek, Italian, Mandarin and Vietnamese. Copies of these resources can be downloaded from the Heart Foundation's website at www.heartfoundation.org.au/Professional_Information/Warning_Signs_of_Heart_Attack/.

Quality Use of Medicine News

Treatment burden in complex chronic illness. One of the nicer parts of the jobs of QUM facilitator at the DCGPA is the ongoing professional development provided as a part of the job. A case in point being able to attend the presentation by Professor Victor Montori, entitled "Treatment burden in complex chronic illness". This occurred at the recent National Medicines Symposium held in Melbourne by the NPS.

Prof. Montori is a diabetologist and clinical epidemiologist and a Professor of Medicine at the Mayo Clinic College of Medicine. His areas of research interest are clinical decision making in patients with chronic conditions, knowledge generation, synthesis, translation into practice and optimal patient outcomes.

As a specialist in diabetes Prof. Montori put the case of a hypothetical diabetic patient ("Joe"). Firstly he described Joe's medical situation and then walked the audience through a typical day for Joe, the point being that for Joe to achieve full compliance with all of his treatments, Joe would have a full time job just being a diabetic. Of course this being a job that Joe had never applied for, motivation for peak performance would likely be secondary to Joe's real interests, family, day job etc. Because of this "Joe", our typical diabetic patient, was for many treatments not compliant, a situation that was likely to create a lot of frustration for Joe's therapy providers.

Prof. Montori's plea was that we sympathise with Joe and rather than berate him for non compliance to endeavour to simplify treatments and make them as unintrusive as possible. Of course in this case Joe was a US citizen. Fortunately for Australian citizens it seems that the situation might be a bit better. Care delivery models such as the DCGPA Diabetes Care and Assessment Service can simplify the provision of treatment services for our consumers. Our Pharmaceutical Benefits Scheme certainly provides a much more equitable access to medications, and the current Australian government move to treat more chronic illness in the community via GPs rather than hospitals have the potential to be much more convenient for our consumers.

Prof. Montori highlighted the considerable treatment burden experienced by those with chronic illness and reminded us to empathise with patients rather than bemoan noncompliance. For me, he also reminded me how lucky I am to be an Australian and not an American.

Quick Quiz

1. Acetylcholinesterase inhibitors such as donepezil are used to delay to progression of Alzheimer's diseases (whether they work or not is another question) the first of these to be synthesised was in Australia. What was this drug?
2. The bionic ear (cochlear implant) is a great Australian medical invention that has improved the quality of life for many deaf people all over the world. Who invented the bionic ear?
3. Which Australian surgeon, regarded as probably the most important pioneer of microsurgery, designed the initial suite of microsurgical instruments (in association with the Zeiss optical company)? Clue, he also pioneered many microsurgical techniques.
4. In 1948 Dr John Cade, a Melbourne psychiatrist discovered the use of what drug? Clue, one side effect of long term use may be diabetes insipidus.
5. The birth of the first frozen embryo baby occurred at which Melbourne medical centre in 1984? Clue, the hospital was established in 1977 as a result of a merger between three different Melbourne hospitals and has since been merged with another two Melbourne hospitals to form the Monash Medical Centre at Clayton.

An update from the National Medicines Symposium (NMS). A chance meeting with Dr Libby Roughead at the NMS enabled the following edited update. The figures are 1995 - 90,000 hospital admissions, 2000 – 140,000 hospital admissions and 2009 -190,000 hospital admissions. It has been reported that many of these admissions could be avoided. One proven tool is the use of Home Medicines Reviews. Others could potentially be avoided if the TGA adopted better labelling standards. Participation in NPS activities would also better inform safer prescribing and it would seem that the elderly are well and truly overrepresented in these hospital admissions.

"190,000 medication-related hospital admissions occur per year in Australia.* *Medication-related hospital admissions remain a significant problem in the Australian healthcare system. It can be estimated that with estimated hospital costs of $660 million. Medication incidents remain the second most common type of incident reported in Australian hospitals. Studies published since 2002 continue to suggest approximately 2%–3% of Australian hospital admissions are medication-related. Results of incident reporting from hospitals show that incidents associated with medication remain the second most common type of incident after falls. Omission or overdose of medication is the most frequent type of medication incident reported. Studies conducted on prescribing of renally excreted medications suggest that there are high rates of prescribing errors in patients requiring monitoring and medication dose adjustment."* *Elizabeth E Roughead and Susan J Semple. Quality Use of Medicines and Pharmacy Research Centre, Sansom Institute, Uni. of SA, *Australia and New Zealand Health Policy* 2009, 6:18doi:10.1186/1743-8462-6-18.

NPS visiting rounds. The NPS visiting round on "Therapeutic choices for menopausal symptoms" finishes in July 2010. Bookings for the next topic "Management options to maximise sleep" will commence in July. The topic to follow that has now

been announced and will be “Opioid therapy in chronic pain: use a planned approach”. To make bookings please contact Graham Sweet on 8792 1900 or g.sweet@dcgpa.com.au.

High dose vitamin D prescribing applications. These will now be processed by the QUM program. If you would like more details please contact Graham Sweet on 8792 1900 or g.sweet@dcgpa.com.au.

Media Release from the Cancer Council Sunsmart campaign. Date: Wednesday 9th June 2010. Heavily edited to fit into the newsletter, full version available at the Cancer Council website.

Groups at risk of low and deficient vitamin D as UV levels drop over winter. As Victoria heads into the winter months some parts of the population may face an increased risk of having low or deficient vitamin D levels.

SunSmart Manager Sue Heward said ultraviolet (UV) radiation is a good natural source of vitamin D but also the main cause of skin cancer. *“From May to August in Victoria, UV levels are low (below 3 on the UV Index) and UV is generally not damaging to the skin and eyes,”* Ms Heward said.

Professor Peter Ebeling, Medical Director of Osteoporosis Australia and Head of Endocrinology, University of Melbourne at Western Hospital, said these at-risk groups may require vitamin D supplementation. *“Vitamin D deficiency has been linked to an increased risk of bowel cancer, heart disease, infections and auto-immune diseases, such as diabetes and rheumatoid arthritis, although more research is needed for any conclusive evidence to be derived. Vitamin D levels can be checked through a blood test, and inadequate levels can be treated with supplements. People should never try to boost their vitamin D levels at any time of the year through excessive UV exposure or through using solariums.”*

Ms Heward said.“Working together with leaders in this field has provided us with a great opportunity to promote both the harms and the benefits of UV – it’s all about balance.”

Quick Quiz answers

1. Tacrine.
2. Professor Graeme Clark. Developed at the University of Melbourne, the first person received the implant at the Royal Victorian Eye and Ear Hospital in 1978.
3. Professor Earl Owen.
4. Lithium carbonate.
5. Queen Victoria Medical Centre.

FOR SALE

CoaguChek XS System—This machine gives an accurate result on finger prick blood in 1 minute. The device is ‘as new’, and available for $500 (O.N.O) (New cost $850). For further information, contact Dr Fox–Smith on 9796 1445.

Do Your Patients Need to Modify Their Lifestyle?

Next course commencing in July

62% or more than 13 million Australian’s are overweight or obese

275 adults develop diabetes every day

3.2 million Australian’s are estimated to be living with diabetes or pre-diabetes

It is a well known fact that being overweight or obese puts people in a higher risk category for many chronic health conditions such as Type 2 Diabetes, heart disease and stroke.

To help turn this around, DCGPA are running Lifestyle Modification Programs for those who are at high risk of developing Type 2 Diabetes. This program aims to prevent diabetes through nutrition and exercise education.

The next **course commences in July** with more to follow throughout the year.

To get your patients enrolled and prevent them from becoming another statistic, send your referrals to the Diabetes Coordination & Assessment Services or contact Candice Crellin Monday to Friday on 8792 1922 for further information.

Send referrals to:

DCAS

using the Victorian Statewide Referral Tool

http://www.dcgpa.com.au/resources/Health_Programs/Diabetes/

Referrals can either be faxed: 9793 9052

or

E-referred via Argus: dddgp_arguspgref@dddgp.com.au

Contact DCAS on 8792 1922 for further information.

ASPirin in Reducing Events in the Elderly

ASPREE

MONASH University

Invitation for GPs to participate in
ASPREE - a study of the effect of aspirin on healthy lifespan

ASPREE is a large double-blinded, randomised, placebo controlled, primary prevention study in those aged 70 years and above. To date in this age group, there is still uncertainty of the benefits of a daily dose of 100mg/day weighed against the well documented risks.

ASPREE will answer the question: 'Does a daily dose of aspirin prolong a healthier lifestyle in those aged 70 and above by preventing heart attack, stroke, cognitive decline, physical decline and some cancers, including bowel cancer?'

In resolving this debate, the outcome of ASPREE will be without doubt extremely significant for GPs and future practice procedures particularly with our ageing population.

The ASPREE research staff will be inviting general practitioners from Canberra, Melbourne, regional Victoria and Tasmania to participate as co-investigators.

ASPREE has been designed to be of minimal time impact for ASPREE GP co-investigators with research staff conducting visits at your practice.

The features of ASREE are as follows:

- The **largest** Australian Clinical Trial, conducted in general practice;
- **A study of aspirin for primary prevention in the elderly;**
- Involves low dose aspirin or placebo for five years in healthy people aged ≥ 70 years;
- Measures important health outcomes including aspirin's effects on CVD, dementia and cancer;
- The findings will be relevant to our practice and your patients;
- **Your time involvement required will be minimal;**
- **40 category 1 QA&CPD points can be obtained;**
- Your practice will receive a one-off administration payment of $100 per randomised study participant;
- Your name will be included on ASPREE publications as a GP co-investigator;
- The researchers undertaking ASPREE have previously conducted research in general practice including the widely published studies: ***ANBP2, REACH REGISTRY and ONTARGET.***

If you are interested in participating or would like further information, please call **1800 728 745** or visit the ASPREE website at: **www.aspree.org.**

The Association welcomes Fiona Collier and Kathi White

The ASPREE STUDY
regional office
is now located within the
Dandenong Casey General Practice Association
314B Thomas Street,
Dandenong, 3175.

Berwick Healthcare Update - Information Session for local GPs

All Dandenong Casey GP Association members are invited to attend a Berwick Healthcare (GP Super Clinic) update session. This will include information about:

- The program for planning, construction and completion of building works
- The clinic design and layout – including teaching, consulting and admin support facilities
- The range of services to be provided by the clinic, with a strong focus on multidisciplinary chronic disease management
- The proposed business and clinical governance model
- Opportunities for GPs to be involved in clinical and/or teaching sessions
- Collaborative arrangements with Monash University and Victorian Metropolitan Alliance
- Support and networking opportunities for medical educators in the local area
- Primary health care research opportunities

Dandenong Casey Super Clinic Ltd Board members will be on hand to answer your questions.

Details are as follows:

Venue: **Fountain Gate Hotel**
Date: **Monday 19 July 2010**
Time: **6.30pm, for 7pm start, 9pm close**
Facilitator: **Professor Leon Piterman**

A light meal will be provided

Watch out for your invitation in the mail soon!

AGPAL Practice Awards

The finalists and winners of the AGPAL Practice Awards for 2008 and 2009 were announced on Friday 21 May 2010. These AGPAL awards recognise outstanding general practices across Australia which have demonstrated an ongoing commitment to providing high quality health care.

Dandenong Casey General Practice Association would like to congratulate the following member practices for their achievement.

Family Care Clinic in Cranbourne, Dr Ajisa Poturak, was a nomination for the AGPAL Solo Practice of the Year Award – 2009

QIP/AGPAL CEO Dr Stephen Clark said the Solo Practice of the Year Award is designed to provide recognition to solo AGPAL accredited general practices.

"Solo general practices which excel in their commitment to safety and quality in health care, deserve special recognition because of the limited human resources they have available to invest in accreditation. These practices have to be particularly dedicated to be of a calibre required to achieve this award," he said.

Casey Medical Centre, Cranbourne,

- **Victorian award finalist for the AGPAL Safety and Quality Award 2009 which they have previously won in 2007, and**
- **Winner of the AGPAL Practice of the Year Award for Victoria - 2009**

AGPAL Safety and Quality Award is proudly supported by the Australian Commission on Safety and Quality in Health Care (ACSQHC). The Safety and Quality Award recognises the AGPAL accredited practice which was the top performer against the specific standards and criterion from the RACGP standards for general practices 3rd edition which focus on quality and safety.

AGPAL Practice of the Year Award is presented to an AGPAL accredited practice in each Australian state and territory which has demonstrated an outstanding commitment to quality and safety and has achieved accreditation at the highest level. This includes meeting all indicators of the Royal Australian College of General Practitioners standards for general practices 3rd edition and receiving commendations from both surveyors at the time of their survey assessment.

Monika, Sue, Jenny and Marg - Practice Staff from Casey Medical Centre

Dr Sam Auteri and Dr Colin Madeley from Casey Medical Centre