



## *Australian Primary Care Collaboratives*

### *Five of our practices participating*

The Australian Primary Care Collaboratives (APCC) Program began as a three year, \$14.6 million initiative, funded from the *Focus on Prevention - Primary Care Providers Working* initiative announced in the 2003 – 2004 Australian Government Budget. Further funding was granted for Phase Two of the APCC Program in which Dandenong Casey General Practice Association is proud to be involved in.

The APCC Program ultimately aims to find better ways to provide primary health care services to patients through shared learning, peer support, training, education and support systems.

We have five member practices that are three months into the APCC Program. Already they are very enthusiastic about the improvements that are taking place within their practices. An important component of the program is getting together with colleagues at a series of learning workshops. Two have been held to date, one in November 2008 and the latest held during February. Practices are encouraged to exchange ideas, share experiences and learn about practical quality improvement skills, which can all be easily implemented using the successful improvement model.

For further information on the Collaboratives Program, visit [www.dcgpa.com.au](http://www.dcgpa.com.au) or contact Stephanie Edmonds on 8792 1900.

***Stephanie Edmonds, Collaboratives Program Manager***



At the Collaboratives conference L-R: Alison Lee, Dr Nick Spanos, Lynda Zadow, Stephanie Edmonds, Dr Wes Jame, Dr Gowri Ratnavelar, Pancha Lingam, Dr Irmgard Chia, Valencia Anderson and Maria Wheeler.

**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:  
DCGPA Brochure



## Home Maintenance

City of Greater Dandenong's Community Care has a **Home Maintenance** Program for older people and people with a disability. This safety focused program can assist with minor repairs and modifications in the home which do not require the skills of a qualified tradesperson.

Home Maintenance services can include:

- Installation of rails, hand held showers and other safety equipment
- Light globe replacement
- Installation of smoke alarms
- Changing of smoke alarm batteries
- Relighting of pilot lights
- Minor repairs to cupboards, drawers, doors and window locks
- Cleaning of windows and gutters
- Safety gardening such as pruning of bushes over pathways
- Other tasks and advice

For more information, contact Information and Referral on 8558 7902.

## Safe Work Australia Bill

The Safe Work Australia Bill had its second reading in the Federal Parliament on 4<sup>th</sup> September, 2008. The Bill proposes to establish Safe Work Australia (SWA) as an independent Commonwealth statutory body to improve Occupational Health and Safety (OH&S) outcomes and workers' compensation arrangements in Australia.

The national laws will be implemented progressively, including model legislation by September 2009, with regulations and codes of practice by 2010.

The introduction of the SWA Bill suggests that the Federal Government is working towards greater national consistency and practicality in OH&S policy.

In relation to OH&S and workers' compensation laws, at last count the following legislation, regulation and codes of practice (codes) were in place:

*Commonwealth* - 6 Acts, 5 regulations and 17 codes;  
*Victoria* - 3 Acts, 15 regulations and 20 codes.

As a nation of approximately 21 million, it could be better.

SWA will represent the interests of the Commonwealth, the states and territories as well as workers and employers in Australia.



## The Experience of GPs Providing Locum Relief in Bush Fire Areas

Quite a few of our members volunteered to work in relief centres located in bush fire affected areas. Those we were made aware of included Dr John Broderick and Dr Danny Le. We have been told that quite a significant number of GPs and other health professionals volunteered from our area.

One GP told us:

*"This event really touched my heart.*

*I got back to Melbourne on Sunday and found out the extent of the fire. There's a lot of towns that no longer exist. The whole entire town got burnt down to ashes.*

*"If they call again, I'd be happy to drop everything and go. It was a life changing experience."*

*GP Volunteer*

*On Monday, I volunteered myself to the relief centres. I rang everywhere and I must say, it's not very well organised. Finally, I got a call on Thursday. I went to Whittlesea, a north east town around one hour from Melbourne on Friday.*

*Driving there was a chilling experience. As you get closer, the sky gets darker with smoke everywhere. You see fire fighters and Red Cross people everywhere. I feel like a fish out of water.*

*The roads were blocked and they only let me in after clearing my ID. I pulled up to a community centre and it's chaos. There's banks, Centrelink, DHS, counsellors, priests, barbeques etc. There's free food and clothes everywhere.*

*The medical group occupy a corner of the hall. We help with smoke inhalation, burns, cuts, medications, scripts, dressings and just an open ear.*

*I heard lots of amazing stories from survivors first hand. They definitely gave me a tingle in the back of my head. I learnt so much that day and I didn't want to go home. There's a lot of GPs like me who volunteered, so they only needed me for that day."*

The GP volunteers were asked to make their own way to the Whittlesea Community Centre where they were met by Ambulance Victoria and provided with further instructions. Doctors were permitted to take their own vehicles through police road blocks into the affected areas.

Instructions were to remain onsite at the relief/recovery centre until 1900 hours or, if rostered to stay for more than one day, overnight accommodation and meals were provided.

Doctors were asked to bring:

- Warm clothing for the early mornings and overnight stays. A vest identifying the volunteer as a doctor was provided.
- Bottles of water
- Prescription pad and Authority prescription pad.

*"It was a rewarding experience and I was able to stabilise a diabetic whose condition was uncontrolled."*

*GP Volunteer*

- Stethoscope, auroscope and pen torch.
- Medical indemnity certificate, MPBV medical registration card plus another form of ID such as a Drivers Licence.

**Primary Health Clinics** are staffed by doctors (1-2), nurses (2) and paramedics. Counselling and mental health professionals are also available at each site.

All clinics are well equipped with medical supplies with provisions for replacement as needed. Equipment on site includes dressings, sterile surgical packs (for suturing, management of superficial trauma, removal of foreign bodies, etc), eye wash kits, bandages,

nebulisers, spacers, needles and syringes, basic vaccines (including TetTox), gloves and masks.

A limited supply of medications is available including analgesics, anti-inflammatories, antihypertensives, some benzodiazepines, prednisolone, bronchodilators, and a range of antibiotics. Prescriptions can be written and local arrangements are in place with pharmacies to supply medications. Emergency medications are held by MICA. Doctors do not need to take their Emergency Doctor's Drugs.

### **Medical Issues being faced**

Clinics are treating a wide range of clinical conditions; the following list is indicative only:

- Minor lacerations and other trauma
- Animal bites
- Superficial burns requiring dressings
- Respiratory illness caused by smoke inhalation
- Eye irritation from smoke
- Eye lavage
- Foreign bodies in eyes
- Replacement of prescriptions for chronic conditions (HT, arthritis, etc)
- Asthma, COPD
- Viral and other infectious illness (Gastroenteritis, URTI, AOM)
- Psychological distress
- Provision of free dressings, spacers, glucometers and medication samples.

At each site Ambulance Victoria has a Health Commander on site. This person is the key point of contact for any clinical queries and for requesting additional supplies.

Existing medical indemnity held by Volunteer doctors covers clinical practice provided this is within the doctor's usual scope of practice and training.

On behalf of the Board and members of DCGPA we thank sincerely the GPs, practice nurses and other health providers for their excellent response during such a difficult time.

**Dr Nicholas Demediuk**

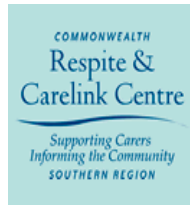
## Bushfire Resources on DCGPA Website

Various resources and information regarding the recent bushfires have been circulated to practices over the last fortnight.

All of these are now located on the DCGPA website under 'Resources'. To view these, go to: [http://www.dcgpa.com.au/resources/General\\_Practice\\_Support/Bushfire\\_Resources/](http://www.dcgpa.com.au/resources/General_Practice_Support/Bushfire_Resources/).

Examples of resources include:

- *Coping with the impact of the Victorian Bushfires;*
- *Use of MBS Item 2710;*
- *Nurse-on-call Bushfire Health and Counselling Line;*
- *Trauma: First Response and Recovery; and*
- *People with Diabetes in fire affected areas.*



## Commonwealth Respite and Carelink Centre (CRCC)

CRCC provides 24 hour urgent respite and support services to carers living in the southern region of Melbourne.

Their services to carers include practical and emotional support, assistance with planning for their short and long term needs, and assisting carers to arrange access to a range of respite options.

They also provide information about local and regional aged, disability and mental health services, to the community and service providers.

For further information, contact 1800 052 222 or visit their website at [www.carersouth.org.au](http://www.carersouth.org.au).



## Vaccine Storage — Summer and Power Outages

With the onset of summer, Strive for 5, can take a little more work than the rest of the year. Although the most common type of vaccine breach is a freeze (vaccines reaching 0°C, not necessarily reaching frozen state) any vaccine that reaches 8°C for longer than 15 minutes, is also considered a cold chain breach. The same protocol is to be used if the temperature rises above 8°C or drops below 2°C for longer than 15 minutes.

If a power outage has occurred:

- Immediately commence temperature monitoring with your min/max thermometer, documenting the readings on the chart.
- Keep the vaccine fridge door closed unless absolutely necessary, to maintain an acceptable temperature for as long as possible.
- If the refrigerator has a glass door, cover it.
- Telephone the power company and ask for an estimated time for power supply to be reconnected. If the estimate is 4 hours or longer a contingency plan should be enacted (see below).
- Ideally all clinics should have an appropriate sized Esky for their clinic's vaccine needs.
- Ice packs and gel packs should be stored in the freezer compartment of a freezer in the clinic, to be used in these instances.

Contingency plan for power outage of 4 hours or longer:

- Once it is established that the Esky will be required, the ice packs and gel packs need to be conditioned.
- Lay the packs out in the bottom of the Esky and in approximately one hour the ice packs will

## Immunisation Update

begin to sweat and the gel packs will become slightly 'slushy'. (Gel packs can take slightly longer than ice packs) This serves two purposes, it conditions the packs and chills the inside of the Esky.

- Monitor the temperature inside the Esky, and only use once the temperature of the refrigerator becomes unsuitable.
- Polystyrene chips are ideal for insulation as they allow the air to circulate around the vaccines, but bubble wrap is also acceptable, provided they are not wrapped around the vaccine too tightly.
- Pack the esky with the freeze tolerant vaccines nearer but never in contact with the ice packs, and the freeze sensitive vaccines nearer the centre.
- In the area where the vaccines are, place your min/max thermometer probe.
- Place the cooler in a cool room out of direct sunlight.

This is adequate for vaccine storage for up to 8 hours or until the temperature is above 8°C for longer than 15 minutes. However once a breach has occurred label the vaccines 'Do Not Use'. Do not discard vaccine and contact DHS Victoria on 1300 882 008.

There are alternative power sources for vaccine refrigerators available; however these cost approximately \$5000 for 8 hours of power. Also available are vaccine cold boxes. These are purpose built products that meet the WHO recommendations, but again these will only allow for approximately 8 hours of storage.

For more information, please refer to the National Vaccine Storage Guidelines 'Strive for 5' book or DVD, or contact Lisa Thomasson at DCGPA on 8792 1900.



## Increasing Palliative Care Support in Aged Care Facilities

South East Palliative Care is pleased to announce the development of the Clinical Nurse Consultant (CNC) position to support Residential Aged Care Facilities (RACF) staff and General Practitioners with the provision of quality palliative care to their patients living in Residential Aged Care Facilities.

The new role aims to improve symptom management, emotional and spiritual support and reduce the likelihood of inappropriate admission or transfer to acute care facilities by ensuring accurate assessment, timely interventions and access to the full range of services provided by South East Palliative Care.

The CNC position will also ensure availability of palliative care education in the aged care setting, and all aged care facilities in our region will be contacted and offered service.

South East Palliative Care is also proposing to develop opportunities for educational activities for GPs with input from South East Palliative Care's senior medical staff. These sessions will cover issues arising for GPs in the provision of palliative care in Aged Care Facilities and in the community setting.

South East Palliative Care acknowledge the patient's GP as being central to patient care and look forward to working with you as we support our patients in their own 'homes'.

Referrals to SEPC for community palliative care -  
Phone: 5991 1300 Fax: 5991 1301.

## ☞ When cancer runs in the family: Ovarian cancer ☞

### **How many of your patients have a family history of breast or ovarian cancer?**

In Australia one in 70 women will develop ovarian cancer and one in 8 women will develop breast cancer before the age of 85.

While the main risk factors are increasing age and being female, about five to ten per cent of breast and ovarian cancers are due to the inheritance of a mutated gene. There are several mutations in cancer predisposing genes which are known to increase the risk of both or either breast and ovarian cancer.

Although genetic mutation accounts for a relatively small proportion of cancers, knowing your patients' family history of breast or ovarian cancer (and other cancer types) is important in order to identify those at increased risk.

### Taking a family history<sup>1</sup>

An accurate family history should include:

- Asking the woman about any primary cancer in all first degree (parents, siblings, children) and second degree (aunts, uncles, nieces, nephews, grandparents) relatives on both sides of the family
- Establishing the site and age at diagnosis of the cancers
- Confirming, if possible, reports of cancer in relatives – a person's knowledge of their family history may be inaccurate
- Updating the family history regularly – it may change with time

*Consider relatives on each side of the family separately.*

A woman could be at potentially higher risk of developing either breast or ovarian cancer if she has:

- Multiple relatives on one side of the family affected by breast cancer (male or female) or ovarian cancer
- Younger age at diagnosis in relatives
- Any relatives affected by both breast and ovarian cancer
- Any relatives affected with bilateral breast cancer
- Ashkenazi Jewish ancestry

### When to refer

GPs are encouraged to refer patients with a strong family history of cancer to a family cancer centre. Family cancer centres provide information to both the patient and their health professional about risk and the likelihood of carrying an inherited mutation, as well as offering counselling and support, advice about reducing the risk and early detection, and if appropriate, genetic testing.

For further information, advice and patient resources, health professionals (including GPs and practice nurses) can call the Cancer Council Helpline on 13 11 20.

**Note: the new "Cancer in the Family" patient brochure and poster are now available to order via the Helpline.**

The National Breast and Ovarian Cancer Centre has excellent resources for health professionals, including a resource card: *Advice about familial aspects of breast cancer and epithelial ovarian cancer*. Visit the National Breast and Ovarian Cancer Centre website at: [www.nbocc.org.au](http://www.nbocc.org.au) for further information.

<sup>1</sup>Advice about familial aspects of breast cancer and epithelial ovarian cancer: NBOCC February 2006.

# Refugee Health

## Refugee Health Assessment Congratulations

Congratulations to the GPs performing Comprehensive Refugee Health Assessments (MBS Item 714/ 716) for new arrival refugees in the region. Medicare statistics from January to September 2008 show the number of assessments and the number of local doctors performing them are on the rise. GPs in the DCGPA region are now performing over one quarter of all claimed Refugee Health Assessments in Victoria. This is in keeping with continued high levels of refugee settlement in the region. Congratulations.

Please contact me if you would like some help in learning to do or performing these assessments.

## Working with AMES Settlement and Interpreters

AMES Settlement is the key settlement support agency for refugees in their first 6 months in the region. Over 2008, DCGPA has been working with AMES to build stronger working relationships between GPs and Settlement services.

Each new arrival has an AMES Case Manager who helps to coordinate their settlement needs. AMES has found that telephone and particularly written feedback from GPs regarding Health Assessment outcomes and management plans have been extremely helpful in coordinating the ongoing management of their health needs. AMES requests GPs to consider providing this feedback. The Case Manager can be contacted through 8558 8870 or with the mobile telephone details on the original AMES referral form when they first see you. Written information can be faxed to 8558 8871 or posted to: AMES Settlement, Building D, 60 Douglas Street, Noble Park, 3174.

AMES will provide a qualified interpreter when they bring a refugee family to their first GP consultation. AMES requests that GPs make arrangements to use TIS interpreters for their second and subsequent consultations. AMES community guides may be present at appointments to assist refugees but are not employed as qualified interpreters and should not be considered as such.

Free TIS telephone interpreters can be engaged within minutes through the doctors priority line 1300 131 450. Telephone and 'in person' interpreters can be pre-booked subject to sufficient notice and availability. TIS interpreters are free of charge for all Medicare rebatable services provided by GPs.

## Website Resources

DCGPA has updated its online refugee health information at: [www.dcgpa.com.au](http://www.dcgpa.com.au). Details of regional refugee health services can be found under 'Programs/Refugee Health'. New downloadable resources can be found under 'Resources/Health Programs/Refugee Health'.

## MMR Vaccinations for Refugees.

Rubella vaccinations are not part of the National immunization schedules for many countries from which refugees are arriving. Immigration services may provide refugees with one or two MMR vaccinations prior to entry into Australia. GPs should consider confirming if refugees have had at least two Rubella containing vaccinations separated by at least one month.

For any assistance with Refugee Health matters please contact Program Coordinator Dr. I-Hao Cheng on 8792 1900 or [i.cheng@dcgpa.com.au](mailto:i.cheng@dcgpa.com.au).

## The Maternal and Child Health Service



The Maternal and Child Health Service is a universal primary health service funded jointly by state and local government in Victoria.

It is a free service for parents with children from birth to starting primary school with ten recommended key assessment visits. These assessments are timed to check appropriate developmental milestones and are recommended by the NH&MRC.

These visits are recorded in each child's CHILD HEALTH RECORD BOOK for progressive review.

Maternal and Child Health nurses have extensive training in General Nursing, Midwifery and Family Child and Community Health. They provide information and support to families on a wide range of issues including:

- Children's health, growth and development;
- Immunisation;
- Breast feeding, bottle feeding and baby food;

- Sleep, settling, play and safety;
- Mother's health and wellbeing;
- The importance of fathers for children; and
- Activities in the community such as Playgroup, and Mother's groups.

Interpreters are used as necessary. Many of the groups have Peer Group Facilitators to encourage participation by CALD families, to assist with information, offer support and reduce social isolation.

Maternal and Child Health nurses will refer any child or parent to their family doctor if there are any health concerns and, if advised by the doctor, are able to support the treatment plan as needed.

For a list of Maternal and Child Health Centre locations see [www.health.vic.gov.au/mchdirectory/](http://www.health.vic.gov.au/mchdirectory/) or call the Dandenong Maternal and Child Health Coordinator on 9767 0831.

## Quality Use of Medicine News



Two articles from the Journal of Alzheimer's disease.

**Midlife coffee and tea drinking and the risk of late - life dementia.** *Stockholm, Sweden -- Midlife coffee drinking can decrease the risk of dementia/ Alzheimer's disease (AD) later in life. This conclusion is made in a Finnish Cardiovascular Risk Factors, Ageing and Dementia (CAIDE) Study published in the January 2009 issue of the Journal of Alzheimer's Disease (Volume 16:1). The study included participants from the survivors of population-based cohorts previously surveyed in 1972, 1977, 1982 or 1987 (midlife visit). After an average follow-up of 21 years, 1409 individuals (71%) aged 65 to 79 completed the re-examination in 1998. A total of 61 cases were identified as demented (48 with AD). The study found that coffee drinkers at midlife had lower risk for dementia and AD later in life compared to those drinking no or only little coffee. The lowest risk (65% decreased) was found among moderate coffee drinkers (drinking 3-5 cups of coffee/day). Adjustments for various confounders did not change the results. Tea drinking was relatively uncommon and was not associated with dementia/AD. For more detail visit: [http://www.eurekalert.org/pub\\_releases/2009-01/kimca011409.php](http://www.eurekalert.org/pub_releases/2009-01/kimca011409.php).*

**Heterogeneity in Red Wine Polyphenolic Contents Differentially Influences Alzheimer's Disease-type Neuropathology and Cognitive Deterioration.** *We recently found that moderate consumption of two un-related red wines generated from different grape species, a Cabernet Sauvignon and a muscadine wine ..... significantly attenuated the development of Alzheimer's disease (AD) - type brain pathology and memory deterioration in a transgenic AD mouse model. Interestingly, our evidence suggests that the two red wines attenuated AD phenotypes through independent mechanisms. In particular, we previously found that treatment with Cabernet Sauvignon reduced the generation of AD-type amyloid- $\beta$  ( $A\beta$ ) peptides. In contrast, evidence from our present study suggests that muscadine treatment attenuates  $A\beta$  neuropathology and  $A\beta$ -related cognitive deterioration in Tg2576 mice by interfering with the oligomerization of  $A\beta$  molecules to soluble high-molecular-weight  $A\beta$  oligomer species that are responsible for initiating a cascade of cellular events resulting in cognitive decline. Collectively, our observations suggest that distinct polyphenolic compounds from red wines may be bioavailable at the organism level and beneficially modulate AD phenotypes through multiple  $A\beta$ -related mechanisms.*

**Please note.** QUM news has a personal bias that does not permit closely questioning reports that coffee and red wine may be good for you. GPs are advised that the prevention of Alzheimers disease via the consumption of coffee and red wine has not yet been proven. QUM news is working on it however sourcing an appropriate placebo group locally appears problematic. GPs are also advised that Graham Sweet is currently visiting for the NPS regarding "Treatment of the symptoms of dementia" and that this material has been thoroughly vetted by experts against the best available current evidence.

### Quick Quiz

1. The relative risk of stroke doubles every 20 years from the age of 20 onwards. True or false?
2. There is no significant difference in the risk of cerebrovascular events for conventional antipsychotics compared to the risk of these events seen during treatment with risperidone or olanzapine (atypical antipsychotics). True or false?
3. A how many points change in the Mini Mental State Examination (MMSE) is regarded as being of clinical significance? Is it 1.8 points, 3 points or 4 points.
4. The drugs donepezil, galantamine, memantine, physostigmine, rivastigmine and tacarine are or were all used to treat the cognitive deficit caused by Alzheimer's disease. 5 are from the same drug class ie. cholinesterase inhibitors and are supposed to work by enhancing neurotransmission by acetylcholine. However, 1 of these drugs is supposed to work by regulation of glutamatergic neurotransmission. Which one?
5. Tacrine was the first of the cholinesterase inhibitors for which serious commercial hopes were held. Where was the drug discovered?

**Current NPS topics. "Treating the Symptoms of dementia" to be followed by "Antiplatelet and anticoagulant therapy in stroke prevention".** Both topics qualify for QPI PIP, for RACGP and ACCRM points. Additionally, they count towards practice accreditation.

Let the NPS keep both your patient's brains and your brain in good shape. Call Graham Sweet at the Association on 8792 1900 and book your personal or group visit on either of these topics today.

**This month's HMR story.** "I'm really worried about cancer". This was the opening statement made to a pharmacist when visiting a consumer to do a Home Medicines review.

In the ensuing conversation it became apparent that what had happened was that the consumer's GP had ordered a PSA test for this gentlemen, had recalled him to the clinic to discuss the results and

the consumer had completely misunderstood what he had been told. Fortunately the results of the PSA test had been included in the HMR referral and the interpretation of the figures was “normal”.

What the pharmacist did then was to tell the consumer that as a pharmacist he was not qualified to discuss pathology reports with him. However he thought that he may have misinterpreted the GPs comments as they did not seem to indicate a problem and he should check this with his GP.

All of this was pure gold as the consumer was also a smoker, something that the GP was worried about. So the pharmacist was then able to launch in with “*If you are really worried about cancer, what are you going to do about smoking?*” In this case it appears that contemplation will be followed by action, something that the GP can bolster when he is discussing the HMR report with his patient.

HMRs can be a valuable tool for the reinforcement of lifestyle messages.

Want to know how you can order HMRs? Call Graham Sweet at the Association on 8792 1900.

**Clopidogrel and some PPIs may interact.** Some proton pump inhibitors may significantly reduce or even abolish the cardioprotective effects of clopidogrel, a large Canadian study has found. Among patients prescribed a PPI along with clopidogrel, the risk of reinfarction within 90 days was 27% greater than those taking clopidogrel only. This risk was limited to those currently taking a PPI and did not include pantoprazole, which, unlike other PPIs, does not inhibit cytochrome P450 2C19. The authors estimated that between 5 and 15% of

early readmissions to hospital for MI patients taking clopidogrel could be the result of an interaction between the drugs.

Millions of patients worldwide will receive a coronary stent or have an MI each year and the majority of them will be prescribed clopidogrel in addition to aspirin. As recent US guidelines advocate PPI therapy for the majority of patients receiving aspirin after MI, indiscriminate treatment with PPIs could result in thousands of recurrent MIs each year. Concomitant treatment for patients taking clopidogrel and PPIs should be limited to pantoprazole wherever possible, or if possible alternated to ranitidine or another H2-receptor antagonist, they concluded. *CMAJ 2009;180(7). DOI:10.1503/cmaj.082001*

#### Quick Quiz answers

1. False. The relative risk of stroke doubles **every 10 years** from the age of 20 onwards.
2. True. Recommendations to the Committee for Medicinal Products for Human Use. European Pharmacovigilance Working Party. 15<sup>th</sup> September, 2008.
3. A 3 point change is regarded as being of clinical significance. A 1.8 points gain is the sort of gain that could be expected from the clinical trial results for those who do respond to the acetylcholinesterase inhibitors. A 4 point change represents the test – retest reliability of the MMSE. (Dr. Helen Creasey, NPS presentation (Sydney, 17/9/2008).
4. Memantine.
5. Melbourne. The drug was originally owned by Woods pharmaceuticals.

## It's time to 'Measure Up' Australia

Australia has one of the highest life expectancies and best health systems in the world. Despite this, many Australians suffer from chronic illness. This is the growing problem facing the health system as the population ages. Chronic diseases – such as some cancers, heart disease and type 2 diabetes – are estimated to be responsible for nearly 80 per cent of the total burden of disease and injury in Australia, and more than two-thirds of all health expenditure. Diabetes and heart disease alone cost the health system more than \$6 billion each year.

Evidence has shown that certain lifestyle behaviours promote the onset of chronic disease. These include being overweight or obese, not getting enough physical activity, smoking, harmful alcohol consumption and unhealthy eating. One of the activities aimed at promoting healthy lifestyles under the Australian Better Health Initiative (ABHI) is a rolling program of national social marketing campaign activities to raise awareness of healthy lifestyle choices.

The **Measure Up** campaign was launched in October 2008, with the primary target being 25-50 year olds who have children. This group was selected on the basis that influencing parents' behaviours will also have an impact on their children's lifestyle behaviours. Parents are also interested in their long-term health and want to see their children grow up. The secondary target audience is 45-65 year olds as many people in this age group are likely to either have been diagnosed with a chronic disease or are starting to experience the consequences of an unhealthy lifestyle.

A website [www.australia.gov.au/MeasureUp](http://www.australia.gov.au/MeasureUp) and resource kit have been developed with further information on the campaign and some helpful tips to further reduce the risk of lifestyle related chronic disease. If you would like a copy of the resource kit, please contact the Association on 8792 1900.



## ACCREDITATION ANONYMOUS

Come along to our new support group designed to help practice staff stay informed with accreditation issues.

- Guest speakers and different topics each session
- Meetings held at the DCGPA offices from 6.00pm till 8.30pm.
- Light meal provided
- Invaluable information and tools to ease the accreditation process
- Informal sessions with plenty of opportunities for questions and discussion
- First session will be:

### **“The Big Day”**

11th hour hints

The survey process

How practices can make things go smoothly

What not to do

Preparing your Policy and Procedure Manual

**Speakers:** Dr. Anna Dowling (Surveyor)  
Cathy Hermans (Practice Manager  
and Surveyor)

**When:** Wednesday 25<sup>th</sup> March, 2009  
6.00pm—8.30pm

An invitation will be forwarded in due course. For more information or to RSVP, please contact Maree Gault or Rose Griffiths at DCGPA on 8792 1900.

## Important 2009 Dates



### **Receptionist Forum**

Thursday 26<sup>th</sup> March, 2009

Pin Oak Receptions, 3 - 5 Princes Domain Drive, Hallam.

This half day education session is available to all reception staff. Topics include:

- ≈ Front desk etiquette and first impressions;
- ≈ Exploring the relationship between how we think, how we communicate and patterns of behaviour and emotion; and
- ≈ Dealing with difficult patients and their typical traits.

The forum will be held from 8.30am (Registration) to 1.00pm. Morning tea and a light lunch provided.

The invitation and registration form for this session has been sent to all practices. If you would like a copy, please contact Sharyn Gissara from DCGPA on 8792 1900.

### **Practice Managers & Nurses Conference -**

Friday 22<sup>nd</sup> May - Novotel, St Kilda

### **2009 DCGPA Annual General Meeting -**

Wednesday 25<sup>th</sup> November

Southern Golf Club, Keysborough

Further information will be provided closer to these dates.

## Mental Health Services from DCGPA

The Association's involvement with mental health services continues to grow and in 2009 some new initiatives will be in place to assist GPs in helping their patients deal with mental health problems.

### **General Counselling Services –**

The ATAPS service provides low or no cost psychological counselling for low income patients. The GP simply fills out a voucher and selects a registered provider to send the patient to. The GP may claim item 2710 if they complete a Mental Health Care Plan (on Medical Director). A revised voucher makes it easier than ever to refer patients to a bank of registered allied health providers.

### **Suicide Prevention Counselling –**

A new program that can assist GPs with non-critical patients that have indicated that they have thought about suicide or self harming behaviours.

**For patients in crisis and presenting with severe suicidal or self harming thoughts and requiring immediate attention, please contact the CAT Team at Dandenong Hospital (9554 1000) or ring 000.**

### **Perinatal Depression –**

A program that will allow GPs to access counselling services for follow up support and care of women at risk of or experiencing perinatal depression. The program will link GP's patients with local child and maternal health services and to primary mental health services such as psychologists with an interest in the area. The program is expected to be operational by April of this year.

### **Mental Health Nurses Incentive Program -**

A program that will see experienced Mental Health Nurses provide a suite of services to those patients that have severe mental health disorders.

The specialist nurse will attend the GPs clinic and provide clinical support for GPs treating high risk patients. The nurse can assist with the formulation of a Mental Health Plan, offer advice on medication reviews, physical healthcare needs and linking the patient into other services. The program is due to begin operations within a few months.

More information will be forwarded to practices in the very near future.

**For more information contact Ron Marshall on 8792 1900.**



## GPs - Do you care for patients with a life-limiting illness?

If so, then a PEPA supervised clinical attachment may be for you.

- Spend 2 days at a specialist palliative care service
- Update skills and increase confidence in palliative care interventions
- Strengthen and build relationships with palliative care services
- Earn CPD points (40 RACGP or 32 ACRRM)

PEPA aims to:

- Enhance the skills and expertise of health practitioners in providing care for people who are living with a life limiting illness and their families
- Support and enhance the skills or groups working collaboratively across the professional boundaries

- Develop and explore opportunities for health practitioners from a range of areas of practice to gain professional exposure to, and experience in, palliative care
- Develop opportunities for increasing the skills and knowledge of health practitioners, including general practitioners, in the care of people who are living with a life limiting illness and their families.

Compensation for costs associated with back-fill is available (\$100 per hour for maximum of 16 hours).

Applications are now being received for attachments in palliative care.

A PEPA application form is available at [www.health.vic.gov.au/palliativecare/PEPA](http://www.health.vic.gov.au/palliativecare/PEPA) or by contacting Ellen Sheridan on 03 9096 5296 or via email at [Ellen.Sheridan@dhs.vic.gov.au](mailto:Ellen.Sheridan@dhs.vic.gov.au).



### Prostate cancer screening in general practice: What are the current knowledge, attitudes and beliefs of GPs on this important issue?

The Monash Institute of Health Services Research (Monash University) is currently investigating the knowledge, practice and uptake of evidence of Victorian General Practitioners (GPs) on screening for prostate cancer.

**We are seeking GPs to participate in a focus group discussion to explore current GP knowledge, attitudes and practice regarding prostate cancer screening. The focus group will be held at 7.30pm on 11<sup>th</sup> March at the Dandenong Casey General Practice Association Office, 314B Thomas Street, Dandenong.**

This focus group will last between 60 to 90 minutes. Participation in this study is entirely voluntary and you are free to withdraw from the investigation at any point. Should you decide to participate you will be suitably reimbursed for your time and any travel expenses with a \$150 Coles/Myer gift voucher. Finger food and beverages will also be provided.

This study will be the first to investigate Victorian GP's knowledge, attitudes and practice on prostate cancer screening. It will identify the facilitators and barriers that will impact upon the

implementation of upcoming evidence based guidelines for prostate cancer screening.

Additionally it will inform how the patient/doctor relationship influences the decision making process when men are confronted with the issue of whether or not they should be screened for prostate cancer. By 2010 results from large multi-centre trials will provide definitive evidence as to whether screening is effective in reducing prostate cancer specific mortality. It is essential to identify the current views and practice of Australian GPs on prostate cancer screening before these recommendations can be implemented into practice.

**To participate please indicate your interest as soon as possible by contacting Kristian Forbes via phone on 03 9594 7584, or email at [kristian.forbes@med.monash.edu.au](mailto:kristian.forbes@med.monash.edu.au)**

*PARTICIPATION IN THIS RESEARCH WILL BE CONFIDENTIAL AND WILL HAVE THE APPROVAL OF THE MONASH UNIVERSITY STANDING COMMITTEE ON ETHICS IN RESEARCH INVOLVING HUMANS*

### Southern Melbourne Integrated Cancer Service (SMICS) - Cancer Council Clinicians Communication Program

Southern Melbourne Integrated Cancer Services (SMICS), in collaboration with the Cancer Council Victoria continues to coordinate Breaking Bad News Workshops for physicians working with oncology patients within the SMICS catchment (Alfred Health, Peninsula Health and Southern Health). SMICS are also assisting with the promotion of Sexuality in Cancer workshops. The workshop details can be accessed at [www.smics.org.au](http://www.smics.org.au) or alternatively any enquiries to Heather Davis, (t) 9928 8602, (e) [heather.davis@southernhealth.org.au](mailto:heather.davis@southernhealth.org.au) or (m) 0488 456 334.

### Change of Title for Emergency Department Senior Medical Staff

Effective Monday 2<sup>nd</sup> February, 2009, Emergency Department (ED) senior medical staff managing the ED at each site will be referred to as the "ED Consultant in Charge". The title "Admitting Officer" or "AO" will no longer be used.

### Diabetes Ambulatory Care Services (DACS)

Diabetes Ambulatory Care Services provides ambulatory stabilisation and education of newly diagnosed infants, children and adolescents aged <19 years with type 1 & type 2 diabetes. Inpatient diabetes care for 0-19 year olds and continuing ambulatory diabetes care for individuals aged 0 - 25 years. The outpatient service ranges from Paediatric Diabetes Multidisciplinary Outpatient Clinics, Young Adult Diabetes (YADS), Paediatric Endocrinology, Paediatric Endocrinology & Nutrition, 'Fee for Service' Paediatric Endocrine & Metabolic Bone Disease.

If you would like further information or have an enquiry please feel free to contact the DACS office on 9594 4358.

### Supervised Clinical Placements - Program of Experience in the Palliative Approach (PEPA)

PEPA aims to improve the quality and accessibility of palliative care services to people with life limiting conditions and their families.

PEPA provides a broad range of health care professionals the opportunity to increase their experience, knowledge and skills in the delivery of the palliative approach. In Victoria this is achieved through supervised clinical placements, workshops and post placement support. Arrangements have been made for placements within Southern Health, including McCulloch House.

#### Supervised clinical placements

Applications are now being sought for PEPA supervised clinical placements in 2009 from:

- Rural medical/General Practitioners (2 days)
- Nurses (4-5 days)

GPs are eligible for \$100 per hour (plus GST) for a maximum of 16 hours for participation in a supervised clinical placement.

GPs must provide copies of their registration and insurance/indemnity details but are not required to undergo a police check.

Participation in 16 hours of the supervised clinical placement fulfils requirements for 40 RACGP points or 32 ACRRM points.

Nurses wishing to participate in a placement of 4 - 5 days must undergo a police check. Employers can receive \$170 per day to help backfill positions.

For more information or to arrange a placement, refer the previous PEPA article on page 10 of this newsletter.

#### Contact Us:

<b>Tanya Heaney-Voogt</b> Director – GP Liaison Services Acute Ambulatory Services <a href="mailto:tanya.heaneyvoogt@southernhealth.org.au">tanya.heaneyvoogt@southernhealth.org.au</a> P 9594 6417 / 8768 1375 F 9594 6063 M 0438 513 929	<b>Dr Charles Roth</b> GP Consultant – GP Liaison Services Acute Ambulatory Services <a href="mailto:charles.roth@southernhealth.org.au">charles.roth@southernhealth.org.au</a> P 9594 3014 F 9594 6063 M 0488 642 956
<b>Ms Joan Carne</b> Personal Assistant to Director GP Liaison Services <a href="mailto:joan.carne@southernhealth.org.au">joan.carne@southernhealth.org.au</a> P 9594 7860 F 9594 6063	<b>Dr Rebecca Fradkin</b> GPLO Maternity Services GP Liaison Unit <a href="mailto:rebecca.fradkin@southernhealth.org.au">rebecca.fradkin@southernhealth.org.au</a> P 9594 3014 F 9594 6063 NB: Wednesdays Only
<b>Ms Fiona Yaman</b> Practice Manager GP After Hours Centre Monash <a href="mailto:fiona.yaman@southernhealth.org.au">fiona.yaman@southernhealth.org.au</a> P 9594 2468 F 9548 9478 M 0410 415 981	<b>Ms Simone Mitchell</b> Project Officer – GP Liaison Services Monash Division of General Practice (Via Monash Division or GPLU Phone on 9594 3014)
<b>Ms Sandra Stephens</b> Project Officer – GP Liaison Services Greater Monash GP Network (Via GP Network or GPLU Phone on 9594 3014)	<b>Ms Josie Ciotta</b> Communications Officer - GP Liaison Services <a href="mailto:Josie.ciotta@southernhealth.org.au">Josie.ciotta@southernhealth.org.au</a> P 9594 3014 F 9594 6063

## GP Health & Wellness

The GP Health & Wellness Working Group is up and running! One of the key aims of this group is to provide some GP health, wellness and stress relief for our busy GPs. Various events will be organised throughout the year, which promises to be well worth participating in and enjoyable. Should you have a topic you think might be of interest to other GPs - in relation to health and/or wellness, feel free to give either Sharyn Gissara or Julie Shanahan a call at the Association on 8792 1900. Alternatively, we can pass you onto Dr Brett Ogilvie, who is also involved in the working group. Keep an eye out for our first event coming soon!

### Medical Record Bloopers!

The following statements were recorded in hospital medical records.

- The patient refused an autopsy.
- The patient has no previous history of suicides.
- Patient has left white blood cells at another hospital.
- Patient had waffles for breakfast and anorexia for lunch.

## Congratulations!



We are delighted to announce the birth of Angus Henry Guille, the latest addition to the Guille family.

Michelle and Dan welcomed Angus into the world on Tuesday 13<sup>th</sup> January. We wish them all well.

## Taxation News

### Business Activity Statements

From 1<sup>st</sup> July, 2008 onwards, claims for all refunds must be made within four years of the end of the tax period they relate to ie GST Goods and Services Tax / Fuel tax credits / LCT Luxury Car Tax.

The four year limit also applies to the revision of activities.

### BSP Portal Users can now go mobile.

The ATO have updated their systems now allowing employers to have one digital certificate but allowing the access to BSP portal into the ATO from any computer by just using the USB key.

\* More information can be found by contacting the Tax Office on 1300 650 129.

## Australian Organ Donation Awareness Week - Feb 21<sup>st</sup> - 29<sup>th</sup>, 2009

With the ultimate aim to optimize the donation rate, it is vital to keep the issue of donation for transplantation on the community agenda as well as keeping it in a positive light.

Electronic and hard copy resources have been generated for staff within a busy general practice environment. The Association has obtained a copy of the Organ Donation Resource Kit for General Practice which provides access to information for GPs and Practice Nurses pertaining to organ and tissue donation.

The resources and information within the kit have been developed by clinicians working in Australia in the field of organ donation specifically for the GP and their

practice staff after consultation with those working in general practice.

This CD can be loaned to any practice by contacting Christine Prendergast at the Association on 8792 1900.

A free online education module (2 CPD points) is also available at [www.primed.com.au](http://www.primed.com.au) which provides a clinical update and downloadable resources for use in general practice. For more information contact the Association.

The Victorian State Based Agency can be found at [www.organdonor.com.au](http://www.organdonor.com.au). Some of these resources are also available on the Association website at <http://www.dcgpa.com.au/news/>.