primary care matters

SouthEast Primary HealthCare Network

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Our Direction for 2010

Patrice Cafferky, Chair, SouthEast Primary HealthCare Network Board of Directors

National Health Reform Agenda

2010 is shaping up to be an interesting year in light of the National Health Reform agenda.

The Board and some of SouthEast Primary HealthCare Network's senior management team recently spent a weekend planning future strategies for our organisation to work in an environment that we believe will change rapidly.

There are definite risks to our current organisation and we are spending particular time and taking expert advice on how the evolution of SouthEast Primary HealthCare Network may be affected should we step into the space of a Primary Health Care Organisation.

Of most interest is the recommendation from the National Health and Hospitals Reform Commission report, that Divisions of General Practice take up the role of Primary Health Care Organisations. Much work is being done at local, state and national levels to ensure that primary health care and those that provide it to the communities are at the forefront of the decision making process.

Towards a Primary Health Care Organisation

With SouthEast Primary HealthCare Network's recent constitutional changes that have seen our membership open to the broader providers of primary care, we believe we are already moving towards becoming a Primary Health Care Organisation (PHCO).

Late last year, we indicated to Australian General Practice Network that we would be willing to be an 'early adopter' of the process of evolving into a PHCO. We believe there will be significant funding from the federal government and we believe this could be a very exciting time for our organisation.

We have held ongoing talks with neighbouring divisions to discuss the implications for the region as a whole.

Southside Superclinic

As you would be aware, the University of Queensland in partnership with the Mater Hospitals were successful in winning the tender for Brisbane's Southside Superclinic. We have met with a representative of UQ to discuss their plans in our area and look forward to a continuing positive relationship with them.

SouthEast Primary HealthCare Network, at work on a daily basis, continues to go from strength to strength. Our CEO Gaylene Coulton has been working extremely hard with her whole team to deliver services and programs to our community through our members. I would welcome feedback on how we could better serve you.

I would strongly encourage non-members to take up membership with SouthEast Primary HealthCare Network now at this exciting time in primary health care.

Meet Your New Board Members

Cheryl Herbert

CEO Health Quality and Complaints Commission

In my current role, I do deal with data from complaints providing a focus for improvement in quality of health services in QLD.

I started life in community nursing working then teaching, back in the days of QIT (now QUT). I worked in Afterhours Management and Project Management roles at Princess Alexandra Hospital. The Integration project concentrated on trying to open the walls of the hospital and getting GPs onto Hospital Committees.

I have also been a CEO for 14 years firstly of St Lukes and then was in charge of the merger of the 3 organisations that formed Spiritus.

My drive for becoming part of the SouthEast Primary HealthCare Network Board is really very much about moving into the environment of the primary health care end to control the flow of patients into the acute sector, and working with neighbouring networks so that we can prepare ourselves to develop into a Primary Health Organisation under the national reform.

Chris Barlow

Clinical Psychologist & Partner, Beenleigh Health Centre

Chris Barlow has served for over 20 years as a Clinical Psychologist, Organisational Psychologist and a Management Consultant for "Big 4" Companies. His prime interest is in personal and organisational change.

Chris joined Beenleigh Health Alliance to provide psychological services to the Beenleigh and Bayside area.

He has a great deal of expertise in bringing about Governmental and Organisational change, and is able to provide a unique and credentialed voice in this area.

He believes there are huge opportunities particularly in dealing with primary health care, by being able to improve the service delivery to patients and clients. In addition, Chris consults with GPs and Allied Health Professionals to help stay in front of the Health Agenda Reform.

At a Glance

New Board Chair
Patrice Cafferky

Our Chair Patrice Cafferky brings to the Board a unique practice management and nursing perspective. Patrice trained as a Registered Nurse at Princess Alexandra Hospital in 1989, and completed Midwifery training in 1993, and a Bachelor of Nursing at QUT in 1996. Since becoming a Board member of SouthEast Primary Healthcare Network, Patrice has also undertaken Corporate Governance training.

Qualifications

- RN., RM., Bachelor Nursing (QUT)
- Cert IV Practice Management (UNEP)
- Diploma Practice Management at UNEP
- Member AAPM, QNU, AICD

In 1997, Patrice purchased a General Practice in Calamvale with husband Jon (a GP). The practice has grown from a one Doctor practice to 10 Doctors, serving the high growth area in the north of Logan. The practice is AGPAL accredited, employs 13 support staff, and 3 nurses, and is a training practice with CSQTC and hosts medical students from Griffith University.

Patrice has seen the enormous challenges that General Practice has faced over the past 10 years. " I see the value in practice nursing in the primary health care setting especially chronic disease management. Our practice participated in the National Primary Care Collaboratives, and I have gained considerable personal and professional insight through this process. "

Board Chair Patrice Cafferky sees the value in practice nursing in the primary health care setting, especially chronic disease management.

New Zealand Study Tour, November 2009

A summary of perspectives from Tour Participants

In November 2009, 12 representatives of Queensland Divisions travelled to New Zealand to visit 14 organisations over 5 days. The purpose of the trip was to gain insights and learnings on how the NZ health system functions and what may be incorporated within the Australian health system as a result of the Australian Government Health Reform Agenda. Organisations visited include the NZ Ministry of Health, Primary Health Care Organisations, Independent Practitioners Association, District Health Boards, Health Centres, Medical Centres, and Health Trusts.

Key Structures of the New Zealand Health System

Ministry of Health and District Health Boards

The Ministry of Health is the major funder and policy maker for health care in New Zealand (Australian Dept of Health and Ageing equivalent). There is no State Government equivalent in New Zealand. Health system pressures in New Zealand are similar to those being experienced in Australia – widespread workforce shortages; health inequalities – access barriers; rising incidence of chronic disease; variability in performance leading to compromised safety and quality.

Twenty-one District Health Boards (DHBs) act as funders on behalf of the Ministry of Health in geographical areas. They have statutory responsibility for improving the health of their local population and reducing inequalities in health status. They are the core funder and planner of health services (both primary and acute care), and in some cases, a provider of services. The District Health Boards fund 81 Primary Health Organisations [PHO's] nationally.

During the 1990s, because of a decision by government to tender out contracts for service delivery, GPs formed Independent Practitioner Associations (IPAs) to improve their ability to collectively negotiate with the government and the acute sector. IPAs ranged from very large to single practice IPAs. Some GPs paid fees to belong to IPAs but not all. IPA's are somewhat similar to our Division network within Australia.

IPAs were involved in fund holding for pharmaceuticals and pathology which resulted in IPAs being able to achieve considerable savings on a 50/ 50 measure and share basis with government. In this way, IPAs were able to make considerable savings and reinvest these into health programs. Many of these heath initiatives were for services that are currently funded in Australia such as a mammography screening service. Some of the initiatives were taken by government and rolled out as national programs. Through the ability to build large reserves, IPAs became very strong organisations.

Primary Health Care Organisations

The impetus for NZ Labor Government reform in 2001 was the life expectancy and deprivation gap between NZ European and NZ Maori and Pacific Islander populations. Funding was provided to introduce Primary HealthCare Organisations [PHOs], [rather than the established IPA's] to increase access to health services by those with traditionally poor access. The pillars of reform were patient registration with PHOs and capitation payments to practices for their enrolled populations. Patients would only get lower fees and cheaper pharmaceuticals if they were enrolled with a practice. Ninety-seven percent of the population chose to voluntarily register with a practice and as a consequence, a PHO. PHOs were to fulfil the function of:

1. Managing the enrolment and capitation budgets for general practices that chose to enrol with a PHO.
2. Delivering broader primary care services and enabling improved access and population health planning.

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PHOs see themselves as extensions of the practice, providing a whole range of services not unlike those that divisions of general practice [DGP's] are funded to provide. The funding to the PHOs is considerably larger than to DGP primarily to support the practice to conduct better preventative health care and population health.

GPs could choose which PHO they belonged to within their allocated geographical area. PHOs were to be more representative of the community through a broadly representative governance structure and provide a broader range of primary care services to the community.

Capitation was introduced for general practice. As in the UK, NZ practices received a payment per enrolled patient weighted for ethnicity and social and economic disadvantage. GPs were able to negotiate for the maintenance of a fee for service co-payment resulting in reasonably good access for patients unlike in the UK. National health and wellness targets flow though each DHB, PHO and practice. Health promotion appears to be the public face of PHOs. Compass Health described the ability of PHOs to plan, integrate and coordinate health promotion activities within their regions, something which is disconnected in Australia through separate national, state and sometimes local initiatives. There was no evidence provided of their success in this although outcomes would be difficult to evidence in the short term.

It is most relevant to note that in reality, PHOs are primary care organisations in name only. They receive the same funding that came to IPAs with a small amount extra for ancillary services not unlike those funded and provided by DGPs. Funding for a broader range of primary health care services have not been channelled through PHOs and therefore they have not been able to achieve the more effective and efficient coordination and integration of primary health care services that we would expect from such a reform initiative.

The role of allied health professions in the PHOs and IPAs is very limited and none of the organisations visited provided any services to allied health professionals other than practice nurses. Indeed they viewed multi disciplinary as GPs and practice nurses. Some initiatives did involve service provision by allied health professionals but they were independent practitioners contracted by the PHO or IPA or running private businesses within an enlarged general practice or after hours clinic.

Ministry of Health officials stated that the original intention was for all primary health care funding to be managed by PHOs but only general practice funding had actually been channelled through these organisations. The DHBs and the Ministry continue to control all other primary and acute health funding.

General Practice in New Zealand

There are 3200 General Practitioners (GP:Population ratio 1:1300) in 1100 practices across NZ.

Most practices are owner operated, for profit, small businesses. Prior to 2002 general practice received up to 50% of its revenue from government, largely fee-for-service with the remainder of revenue generated from patient co-payments. The Primary Health Care Strategy introduced the capitation-funding model for general practice. Whilst GPs report widespread initial resistance to this funding arrangement, it now appears well-supported and embedded across New Zealand primary care providers. Ministry of Health officials and other reports suggest that the cost of access to general practice has reduced and fewer people are now reporting that cost has prohibited them from seeking medical attention.

Surveys of general practice services carried out by the Commonwealth fund in 2007 suggest that New Zealanders experience of primary care is largely positive, with timely access to in and out of hours services; longer consultation times than in other countries and cost-related access rates, although still an issue, have improved since 2004.

The capitation funding arrangement has also resulted in a rise in the employment of practice nurses who provide a wide range of services including nurse led clinics. This has left GPs free to see the more chronically sick or spend more time with patients. Most of the clinics visited had a ratio of at least one nurse to each GP.

Funding arrangements

National Insurance Scheme

NZ has a national injury insurance scheme similar to WorkCover except that this is their Medicare equivalent. It covers rebates for services caused by accidents and injury but not the usual illness as Medicare does. As a result, rebates for most diagnostics and allied health services are only available through this scheme and not for chronic diseases. The result seems to be a primary health care sector that has not embraced multi-disciplinary teams for the care of chronic and complex patients.

Funding Received by PHOs

A total of $2.2 billion has been provided to PHOs from 2002. The major proportion of this funding has been capitation funding which PHOs pay directly to practices. In Hawkes Bay for instance, the health budget for the region is NZ$300 million. Half goes to hospitals, half to primary care with 3 PHOs sharing the NZ$45 million for general practice for a population of 151,000.

It should be noted that many PHOs receive funding to provide services that are generally available in Australia with a Medicare rebate such as pathology, diagnostics and allied health services through various funding streams. It is also relevant to note that PHOs do not have the authority to deliver health programs in relation to access and preventative strategies without having these plans approved by DHBs which all interviewees found counterproductive, bureaucratic and the cause of significant delays.

Business and Data Support to Practices

Most PHOs play a very active role in providing business and IT support to practices. Some receive a management fee from practices equating to $1 per enrolled patient a quarter which will include full IT support, data backup and business analysis systems. For a small IPA/PHO such as Rotarua with only 15 practices and 40 GPs this equates to NZ$500,000 p.a. Others assume less responsibility for physical management and provide less services at no cost. With access to the enrolled population of each practice all PHOs have access to billing and population demographics of each practice for the purposes of managing capitation. Generally all practices within a PHO will run the same Patient Management Software with MedTech 32 being a popular choice.

Some PHOs have extended their data collection and analysis to practice screening results and performance clinical indicators providing these to practices in monthly and annual reports. The most advanced of these provide a comprehensive annual report to practices similar to the Practice Health Atlas. There does not seem to be any evidence within any of the PHOs of an APCC [Collaborative] type quality improvement methodology, and as a result there does not seem to be any evidence of systemically improved performance.

Primary Health Care Policy Framework

At the national level, health bureaucrats believe the reforms have made significant improvements in improving access and equality of care. Certainly capitation has had the effect of reducing costs to patients and allowing GPs to make better use of their practice teams, however there is no evidence that this has had a positive effect on patient's health outcomes and most practices still charge a gap fee and some also charge cancellation fees. Unlike the UK, the introduction of capitation was not accompanied by a Pay for Performance [P4P] system, so in NZ there has been less incentive to utilise practice teams most effectively to hit clinical targets. Although capitation alone has meant that GPs do not need to see every patient and can begin to use their health professionals more effectively, the lack of P4P and the associated performance payments has not led to the introduction of practice systems that systematically measure and improve clinical indicators.

Study participant, Gaylene Coulton, CEO.

The Future

With the election of a new conservative government in NZ, there is recognition that the pendulum has swung too far with community services and representation-replacing clinician led organisations and leadership of health initiatives. GPs were in many cases left behind by the reform process and there is a perception that general practice has not been sufficiently involved. The international evidence would support that Australian Divisions are the only organisations that have maintained a very strong GP engagement over many years, although our own health reform may test this.

The Ministry of Health has released a discussion paper outlining new policy directions, entitled “Better, Sooner, More Convenient Primary Health Care”. The discussion paper builds on 2001 Primary Health Care Strategy but with a greater focus on personal health delivery. It also reflects 2008 WHO Report “Now More than Ever” themes

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of universal coverage, service delivery reforms, public policy reforms, and leadership reforms. Key elements of the paper include:

- A focus on clinical engagement and leadership
- Shifting more services into local communities e.g. diagnostics, first specialist assessments, allied health services
- Enhanced access e.g. walk-ins, nurse-led clinics
- PHOs and general practices to have a greater role coordinating care
- Enhanced role for nurses e.g. case managers for at-risk families
- Establishment of Integrated Family Health Centres
- More focus on consolidation – PHOs and practices

Observations

What can we learn from the NZ experience?

- General practice involvement in the reform process is critical. Any new structures need to facilitate the maximum involvement of general practice and clinicians.
- General practice on its own cannot deliver an integrated primary care sector and requires the involvement and participation of a range of stakeholders
- Need to recognise and build on what is already working in primary health care
- Patient enrolment is critical to achieving effective population health planning. Unique identifiers are required to measure the interface between primary and acute services.
- Considerable time needs to be spent planning what a reformed and vastly more effective and efficient primary care sector would look like, and then consider appropriate structures to achieve this.
- NZ has demonstrated that GP organisations can develop structures that allow GPs and clinicians to lead the reform process.
- PHOs can be limited in their effectiveness if there is inadequate clarity as to their purpose and function.
- Size does matter – larger better resourced organisations are able to provide a wider range of services and attract other stakeholders involvement and government funding. Smaller fractured structures lead to siloed service delivery although there is a need to develop structures that allow for local service delivery and input.

Conclusion

There are many aspects of the New Zealand system which would enhance the delivery of primary care in Australia as part of the health reforms in particular the capitation model, the patient unique identifier, access to primary health patient data to drive quality improvement and health planning and the level of funding available for primary care initiatives.

However, the NZ model is structurally heavy, general practice and the rest of primary care still work in silos, PHOs have developed governance and legal models which are complex and designed for protective reasons rather than good governance and there are still large inequities in the delivery of primary health care.

Australia has the benefit of being able to learn from other international models of delivery and during the health reform debate it is necessary to critically examine the best and worst of other models and try to avoid the problems that other countries have experienced. In New Zealand as a result of past policies and the impact of the financial crisis, these problems have manifested themselves in an inability to provide any more funds into health care and an urgent need to manage primary care better to avoid future problems where large sectors of the population will be unable to access good quality primary care.

STAFF BIO

Amy McKenzie

Executive Assistant

As a Sydney-sider my whole life, I recently moved to Queensland to take up my role at SouthEast Primary HealthCare Network as Executive Assistant. My professional background is in advertising and marketing. I gained my Business Diploma (Advertising) whilst working full time in an advertising agency, and spent many years learning and working in each different role within an ad agency. I then worked in various Marketing and Communications companies, in a support capacity as PA and then EA.

My professional areas of passion are in providing high-level executive support, in a place that helps makes a difference to the world. Being organised comes naturally to me and I really enjoy being able to support the Board and my Senior Management staff in all necessary areas.

"providing high level executive support, in a place that helps makes a difference to the world"

My personal areas of passion lie around learning new things and expanding my knowledge of the world, be it through reading, movies or travel – I'm happiest when I'm trying and learning new things.

As this is a completely new industry for me, I'd like to gain greater understanding of the primary health care sector, whilst bringing my previous skills and knowledge in advertising and marketing to help strategically develop SouthEast Primary HealthCare Network further.

Therapeutic Choices for Menopausal Symptoms

By Bo Frederiksen , Primary Care Liaison Officer NPS

Hormone Replacement Therapy (HRT)

HRT has long been used for the management of menopausal symptoms but was also prescribed for the prevention of chronic conditions, for example Coronary Heart Disease and Dementia. It was thought that as a woman's capacity to produce the hormones Oestrogen and Progesterone decreased we should supplement the levels of these hormones using HRT. However over recent years studies have led to a reassessment of this theory and the prevention of chronic conditions is no longer considered a primary indicator for prescribing HRT as there are potential risks using it, for example Breast Cancer, Stroke and Venous Thromboembolism.

"The nearer to menopause HRT is commenced the greater the potential benefits."

In general it has been found that the nearer to menopause HRT is commenced the greater the potential benefits - which in turn lessens the risks, however the benefits decrease and the risks increase when HRT is commenced many years after menopause. This has led to discussions about the results of some of the major trials where many of the women were initiated on HRT well over 10 years post menopause.

HRT is the most effective treatment in the management of menopausal symptoms which now is its primary indication for use.

Menopause Symptoms

Menopause is a normal part of ageing in women. During the later part of the menopausal transition stage and early in the postmenopausal stage is generally when women report the following symptoms – vasomotor (hot flushes and night sweats), vaginal (dryness and irritation), sleep disturbances, urinary incontinence, sexual problems fatigue, mood disturbances, anxiety, memory loss and possible joint aches and pain. Each woman will experience a unique mix of symptoms with different levels of intensity and duration. They can be quite severe and really affect a woman's quality of life. Only some of these symptoms have been associated with changes in hormone levels, as some could be due to general ageing and others may be secondary, for example fatigue could be due to a poor sleep pattern.

An informed choice of treatment can be made to ensure quality of life.

The main symptoms that are associated with menopause are:-

a) Vasomotor (hot flushes and night sweats)
b) Vaginal atrophy
c) Sleep disturbances

HRT – Trial Results

HRT has been shown in trials to reduce hot flush frequency by 75% and intensity by 87% compared to the placebo.

Vaginal symptoms are successfully treated with either oral or local vaginal therapy and these symptoms unlike vasomotor are generally progressive and do not resolve with time

HRT has been shown to have a small but significant effect on sleep disturbances.

Depending on the individual HRT may also be used in the treatment of osteoporosis to reduce the risk of potential fractures in women who have established reduction in bone mass to prevent further bone loss. Evidence shows there is an accelerated bone loss a few years before and after the last menstrual period.

Studies have suggested that HRT may reduce the incidence of new onset Diabetes and combined HRT using Oestrogen and Progesterone may reduce colorectal cancers, but the reduction of these risks is not currently an indication for prescribing HRT.

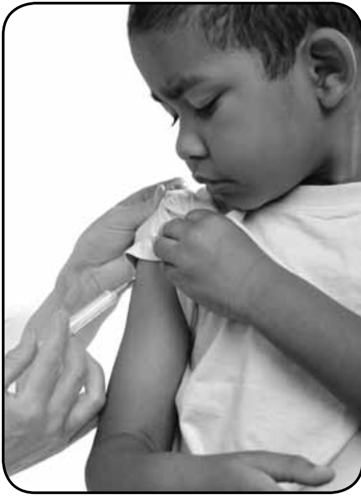
So, it can be seen that a woman's choice in treating her menopausal symptoms depends very much on the benefits she wants to achieve and the associated risks. Since these risks are dependent on a woman's age, her current and past medical history, family medical history, duration of treatment, dosage and type of HRT. This decision can only be made in consultation with a doctor who can provide the necessary information so an informed choice of treatment can be made to ensure quality of life.

Need to know more ?

Therapeutic Choices for Menopausal Symptoms is a current topic of NPS Education Visiting Program. For further information contact Bo Frederiksen 3290 3733.

Refugee Health and Primary Care

2009 Refugee Health Highlights



Background RaPH

The Refugees and Primary Health (RaPH) Project, which is managed by the Mater/University of Queensland Centre for Primary Health Care Innovation, was established in January 2009 with funding from Queensland Health. This new refugee initiative is successfully linking General Practitioners (GPs) and primary care workers with the services they need to care for patients of a refugee background.

Specifically, the Project aims to connect primary care providers (GPs) and various individual services available for people of a refugee background.

RaPH was proud to host the first of the project's information evenings late last year looking at chronic care models for people from refugee backgrounds.

2009 Star Events

Both events were well attended and a number of tangible outcomes identified.

The information evening was an opportunity to listen to a number of service providers and community members and learn from their experience about providing services to people from refugee backgrounds. Forty-seven participants including a number of GPs, practice nurses and community health staff attended the event.

It was wonderful to hear from Dr Megan Evans and Dr Alison Stewart from Refugee Health Queensland Brisbane Clinic who gave an overview of the patients seen since it opened its doors in February 2009. Dr Stewart spoke particularly about the clinical presentations of the Rohingya community – a recently arrived community who originate from Burma.

Socio-cultural information about the Rohingya community was also presented by settlement support staff from Multicultural Development Association - Corinne Maurice and Sujauddin Karinuddin. MDA provide settlement services to refugees as they arrive in Brisbane and have so far settled nearly 100 people from this community – mainly on the Northside of Brisbane. This presentation was complemented by a lively panel discussion including Sally Stewart from the Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT) and the previous presenters.

The audience participated in group discussions and raised many questions. It was also an opportunity for the Refugee Health Queensland – Zillmere and Logan clinics to share their development of care pathways and clinical tools.

New Resource

The evening finished with a launch of the updated version of the Desk Top Guide – Caring for Patients in General Practice (Qld) which is available to download from http://www.foundationhouse.org.au/resources/publications_and_resources.htm and web based information on the Mater Health Services website for health providers http://www.materonline.org.au/Home/Services/Refugee-health.aspx The web site has useful resources and information about RaPH, Refugee Health Queensland, Mater Refugee Maternity Service and key refugee services.

Overall feedback from the evening was very positive with many participants asking for more information on chronic health issues and mental health for refugee communities. The need for more networking opportunities was highlighted. In the words of one participant "I have learnt more in this one evening, than that which may have taken a long time to source. Thank you"

Interactive Forum

In line with these issues, an interactive forum organised in partnership with the Ethnic Communities Council, Community and Primary Health Services Metro South (Queensland Health) and the Logan Natural Helper Project joint initiative of Multilink, ACCESS and Griffith University was held. The forum focussed on the expanded chronic care model which builds on the Wagner Model and how it can be applied to providing early intervention, prevention and management services for refugee communities.

We were fortunate to have two experienced colleagues from Victoria: Lee Kennedy who is the Executive Officer of

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the HealthWest Partnership and Lindy Marlow the State Coordinator of the Refugee Health Nurse Program. 44 participants from diverse backgrounds including practice nurses, GP, refugee community members, NGOs and government representatives discussed the expanded chronic care model, identified gaps and opportunities for better integration. A full report and presentations from the forum are available on the website. Participants particularly appreciated the diversity in the room and the richness to the discussion it brought. The Victorian experience although different is useful and can give some important direction to the next steps in developing a refugee health and wellbeing action plan in Queensland.

Contact Us

For more information about RaPH, upcoming events or any of the presentations from the evening please refer to our website or contact the co-project managers Paula Peterson by email paula.peterson@mater.org.au or Donata Sackey by email donata.sackey@mater.org.au.

Fun Immunisation Reminders

Biggs, Tok, Eko and Stretch are the fun colour-in characters that SouthEast Primary HealthCare Network has adopted to create a fun and colorful 4th Birthday Immunisation Reminder.

Using clever creative from the Department of Health and Ageing, and a message about strengthening children's immunity to serious disease, SouthEast Primary HealthCare Network have designed and printed quantities of this card for practices to use to stimulate the recommended immunisation schedule, and suggest a Healthy Kids Check at the same GP visit.

The cards have been well received by both parents and children. For your 4th Birthday Immunisation Reminder Cards, please contact Sylvia Penhaligon on 3290 3733.

New Refugee Health Manual

Middle Eastern and Burmese entrants

The number of people settling in Queensland under the Humanitarian Program has increased over the last ten years, with the origin of refugees also changing. Over the past five years, African-born entrants comprised the largest group of humanitarian entrants but in more recent times, even proportion between African, Middle Eastern and Burmese is emerging.

Entrants generally arrived with a poor health status as a result of living in refugee camps or in poor living conditions in their country of origin, with exposure to a range of physical, emotional and environmental stressors.

In early 2006, the Refugee Health Clinic was established at Logan Central Community Health. Here, refugees can have a nursing health assessment within one month of arrival. Immunisation catch up is begun and clients are then referred into General Practice for completion of a health assessment and ongoing care.

Logan – strong and successful model

The successful model here in Logan is due to the capacity building undertaken by the Refugee Health Clinic and the partnerships between health services, SouthEast Primary HealthCare Network, General Practice and the settlement agency.

Collaboration between the agencies has remained strong to accommodate and support general practices as they assist refugees navigate and understand our complex health care system. SouthEast Primary HealthCare Network's Refugee Health program aims to maintain linkages with the partners to problem solve concerns, encourage refugee health assessments and improve cultural awareness.

What's contained in your new Resource?

To further assist general practices conducting health assessments and with a special interest in refugee health, SouthEast Primary HealthCare Network has now released a resource with helpful information relevant to the Logan area. Contained in the resource is a Visio chart of the Refugee Health Journey here in Logan, Best Practice in Refugee Health Care, arrival pathway into general practice, extensive information about Translating and Interpreting Service (TIS) and most importantly, a local contact listing for the area. The recommended investigations from Refugee Health Queensland aids general practitioners to decide what pathology should be considered for humanitarian entrants. Useful websites have also been added to further broaden knowledge, access useful tools and download publications and items of interest. The resource is a welcome addition to practices which are consulting patients who have, for one reason or another chosen to settle here in Logan area for a better and more prosperous life.

Contact for more information

If your practice would like to acquire a copy of the new Refugee Health Manual or are interested in conducting health assessments for Humanitarian Entrants, please contact Sylvia on 3290 3733.

NOTE - Recently the Federal Government announced changes to the structure of Medicare item numbers for health assessments. As from 1st May 2010, the Humanitarian Entrant item number 714 will be replaced with four time- based items.

Better Outcomes - Psychological Services

Kristie Milloy - Primary Care Liaison Officer

The Better Outcomes in Mental Health Care (BOiMHC) is managed by SouthEast Primary HealthCare Network to support a more integrated primary care system adapted to meet local needs. This program improves community access to Psychological services. There are three components in the BOiMHC program.

- Access to Allied Psychological Services (ATAPS)
- Suicide and Self Harm – Rapid Response Program
- The National Perinatal Initiative.

The Better Outcomes program operates as a complementary program to the Better Access Initiative and offers another referral pathway for GP's. In 2009 the two additional services to the program commenced for those patients at risk of suicide/self harm and those that suffer from Perinatal Depression.

Target Audience

- Financially disadvantaged
- Youth
- Aboriginal & Torres Strait Islander
- Perinatal Depression (During pregnancy and up to a year after birth)
- At risk of suicide
- At risk of self harm
- At risk of homelessness
- Culturally and linguistically diverse (CALD) communities

To access all programs GP's will be required to develop a Mental Health Treatment Plan and complete a SouthEast Primary HealthCare Network referral form.

Perinatal- National Perinatal Depression Initiative

The aim of this project is to improve the prevention and early detection of antenatal and postnatal depression, and to provide better care, support and treatment for expectant and new mothers experiencing Perinatal Depression.

Eligible patients are:

- Pre-natal and Postnatal patients (up to 12 months after birth of baby).
- Financially disadvantaged
- GP has assessed patient with a K10 + Edinburgh Scale (EPDS)
- Under this funding patients are entitled to 12 individual + 12 Group Sessions with a psychologist.

Suicide and Self Harm Services – Rapid Response Program

The primary objective is to provide treatment and support to individuals at high risk of suicide and/or self harm. The service is not intended for long-term intensive support but to provide immediate treatment (24-72 hours following referral) and short term support. Eligible patients are:

- Patients the GP has assessed as at-risk of suicide via a MSSI
- Patients of the GP who have deliberately self-harmed
- Patients of the GP who have attempted suicide

Unlike standard ATAPS there will be no limit on the number of sessions and these may be face to face or telephone. After hours support will be provided by Crisis Support Services who have been funded by DoHA

For program orientation please contact - Kristie Milloy-Primary Care Liaison Officer at SouthEast Primary HealthCare Network 3290 3733.

Training

The National Perinatal Depression Initiative

SouthEast Primary HealthCare Network will offer training in relation to The National Perinatal Depression Initiative. The first session will be held on March 25th and the second in late April (TBA).

As an immediate strategy, the Perinatal Workshops will provide education which will improve the prevention and early detection of antenatal and postnatal depression through routine and universal screening of all women in pregnancy and postnatally.

Topics to be covered include:

- The National Perinatal Depression Initiative
- Perinatal Mental Health Disorders
- Infant Mental Health Considerations
- The use and application of the Edinburgh Post-natal Depression Scale (EPDS)
- Pathways to care including referral options in the community
- Case Studies

If you are interested in attending these workshops or would like to know more about the Perinatal Initiative contact Kristie Milloy-Primary Care Liaison Officer at SouthEast Primary HealthCare Network.

The Swine Flu Update

Uptake of Vaccination Program Disappointing

Sylvia Penhaligon

Primary Care Liaison Officer - Immunisation and Refugee Health

Queensland Health commenced the Pandemic (H1N1) 2009 (Human Swine Flu) vaccination program across the state from 30 September, 2009. The initial focus of the program was on vaccinating groups who are most vulnerable to severe outcomes from the virus. The vaccine had already been approved for use in older children and adults but on 3rd December 2009 the Therapeutic Goods Administration (TGA) approved for registration the Australian-made Panvax H1N1 Vaccine Junior enabling children from 6 months to 9 years of age to be protected against the pandemic H1N1 influenza.

Since it became available to the Australian public in September 2009 5.1 million doses have been distributed to immunisation providers, of which 4.2 million doses have gone to GPs. Uptake of the vaccination program has not been as responsive as expected. As at January 1st 2010, there have been 37,553 confirmed cases of pandemic (H1N1) 2009 and 191 deaths reported in Australia.

The Pandemic (H1N1) 2009 vaccine can be given to anyone 6 months of age and over. General Practices are encouraged to actively promote the vaccination to all people, with a strong recommendation for vaccination to those in the priority groups.

SouthEast Primary HealthCare Network staff have heeded the warnings about the Swine Flu and have voluntarily participated in the vaccination program. Staff were welcomed at a local medical practice to receive the vaccine and eliminate any fears of catching the virus.

Jane MacDonald, Registered Nurse from Medeco Woodridge Medical Centre administered the vaccine and said, "It is pleasing to see our local network practicing what they preach."

Swine flu warning signs have been placed in medical practices encouraging families with children, carers and vulnerable groups to take advantage of the FREE vaccine funded by the Federal Government, although a consultation fee may be charged by some healthcare providers. For more information about H1N1 and the vaccination program visit our website, www.sphn.org.au or www.healthemergency.gov.au

Primary Care Liaison Officers – Sarah, Susan, Jana & Sylvia – "practice what they preach" . They are immunised by Jane MacDonald, RN from Medeco Woodridge

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Dental Item Number Alert

It has come to the attention of SouthEast Primary HealthCare Network that dentists may be advising their patients that they are eligible for Medicare Benefits Schedule Item numbers 85011 – 87777 and also advising patients to ask their GP for a current Chronic disease management plan or Team care arrangement.

These MBS Schedule Item numbers are available for people with chronic medical conditions or complex care needs on referral from a general practitioner.

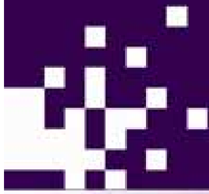
Dentists who believe they have a patient who could benefit from these item numbers and are not sure whether the patient has a current Chronic disease management plan or Team care arrangement can call the Medicare Provider Hotline on 132 150.

Dentists may want to call or write to the usual treating General Practitioner to enquire whether the patient's medical conditions warrant a management plan or team care arrangement.

It is inappropriate for the referral pathway to work in reverse – i.e. dentists telling patients that they are eligible for these item numbers before general practitioner involvement.

If your practice receives a call from a patient or dentist in relation to this matter, you may wish to refer the dentist to www.health.gov.au/internet/mbsonline/publishing.nsf/Content/Medicare-Benefits-Schedule-MBS-1 for the descriptors of this item number.

Need more information? Please contact us at SouthEast Primary HealthCare Network on 3290 3733



PRIMARY HEALTH CARE

Background:

The current incidence rates of cancer in Australia is 1 in 3 for men, and 1 in 4 for women by the age of 75 years. That increases to 1 in 2 for men, and 1 in 3 for women by the age of 85 years. The incidence of cancer is increasing and this will significantly impact upon the primary health care setting.

As a result of the increasing incidence and the identification being made that primary health care clinicans express a lack of information and knowledge about the treatment phase of their patient's cancer care, Cancer Australia has funded a primary health care project utilising the eviQ resource.

This proof of concept project initially provides information on breast and colorectal cancer treatment protocols for the general practitioner, community or practice nurse. Further funding has now been made available to populate the areas of lung, gynaecological and prostate tumour groups (by June 2010).

Information Provided for the Primary Health Care Clinician:

The eviQ primary health care portal is designed to support the work flow of the busy general practitioner or nurse.

Primary Health Care Home Page information links to:
- Filtered versions of the full treatment protocols
- Clinical devices, including pumps, ports and lines
- Oncological emergencies
- Cytotoxic drug management
- Opioid conversion calculator (to come)
- MBS item numbers relating to cancer care
- Links and frequently asked questions
- Service directories for each state and territory (WA currently available)

Protocol Information Includes the:
- Patient population
- Safety alerts and considerations
- Side effects and management
- Interactions
- Monitoring

Natalie Cook - Project Coordinator
(02) 8374 3520 or 0434 327 628
natalie.cook@cancerinstitute.org.au

Contact Us

www.eviQ.org.au
ContactUs@eviQ.org.au
Tel: 1800 eviQ 00 (1800 3847 00)

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Pharmacy
Aisling Kelly
Primary Health Care
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Radiation Oncology
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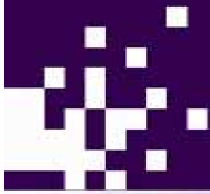
Project Officer, Information Support
Kylie McInnes



eviQ
Cancer Treatments Online

FACT SHEET

- eviQ is a web based information repository providing peer reviewed, evidence based cancer treatment information for health professionals.
-
- eviQ provides specialist and primary health care clinicians with direct access to valuable information on best practice treatment and management for a variety of cancer types.
-
- eviQ provides cancer patients, their families and carers, with up to date treatment information, resources and practical advice.

Formerly known as CI-SCaT, eviQ is available online now

Information on the website has been developed using a clinically based governance model to ensure the validity and integrity of the content.

Designed to support a busy work flow in all clinical and geographical settings.

Available 24 hours a day, at no cost to users.

Information is developed in, and is relevant to, the Australian context.

Features Include:

- Automatic Bookmarking
- Favourites Page Tailored to each User
- Ability to Email Links to a Page
- Categorised Tumour Group Areas
- Discussion Pages for each Content Area
- Discussion Forums

How can I access eviQ?

Internet - www.eviQ.org.au

Cancer Institute website - www.cancerinstitute.org.au
[Select the purple CI-SCaT tab from the top horizontal menu]

We want your Feedback!

To provide feedback, request a protocol or to register your interest in joining a reference committee please contact us:

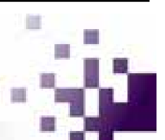
Email: ContactUs@eviQ.org.au
Phone: 1800 eviQ 00 (1800 3847 00)

Key Facts

- eviQ provides information on over 900 evidence based cancer treatments
- Protocols are approved by a group of clinicians who have expertise in the particular content stream
- Protocols are reviewed annually or as pertinent information becomes available
- eviQ provides Patient Information Sheets specific to individual treatment regimens

Content Streams:

- Cancer Genetics
- Haematology
- Hemopoietic Progenitor Cell Transplantation
- Medical Oncology
- Medical Physics
- Nursing
- Palliative Care
- Patient Information
- Primary Health Care
- Radiation Oncology



Registrars Training at SouthEast Primary HealthCare Network

Case Study – Paula - Poor glycaemic control & microalbuminuria

Paula, aged 61 years, is a retired schoolteacher who is planning an overseas holiday to New Zealand in a few weeks time. She presents to you for a letter to take on the flight detailing her medication which is metformin 500mg/day with her evening meal.

Paula's type 2 diabetes was diagnosed approximately 3 years ago, and she started metformin 3 months later. She drinks an occasional glass of sherry, does not have any physical activity except for babysitting her grandchildren, and smokes about 5 cigarettes a day.

Paula last attended 12 months ago. She saw your colleague and her Pap test and mammogram were normal. She was given a request for blood and urine, but only had the tests done last week.

Today her BP is 142/88 mmHg sitting and her BMI is 26. You find the recent pathology tests sitting in her file and marked "discuss with patient".

Question 1 - What are the immediate priorities for Paula?

And 2. What microvascular complications is Paula at high risk of developing?

Dr De Vries (3rd left at back) and registrars train in the Boardroom of SouthEast Primary HealthCare Network.

This is just one of the Diabetes case studies that registrars worked through with Medical Educator and past SouthEast Primary HealthCare Network Chairman and Board member Dr John de Vries. Dr de Vries is now Medical Educator for CSQTC. (The Brisbane – based GP training organisation.)

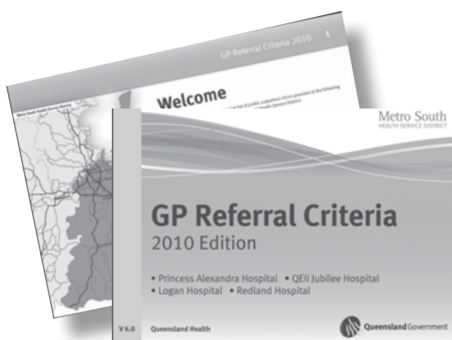
Says Dr de Vries, "The workshops are very popular and the participants enjoy working with someone they regard as credible and with a high degree of local health knowledge.

The offices of SouthEast Primary HealthCare Network are a convenient destination for the registrars from Logan and the Gold Coast."

For more information, contact Dr. John de Vries on 3552 8100.

GP Referral Criteria 2010

We are currently distributing hard copies of an excellent new resource to our members. The - GP Referral Criteria 2010 - booklet contains a comprehensive list of public outpatient clinics provided at hospitals within Queensland Health's Metro South Health Service District. These are Princess Alexandra Hospital, QEII Jubilee Hospital, Logan and Redland Hospitals.



The Guide clearly shows referral criteria to specialist outpatient services, minimum standards in information which inclusion will not only assist in a thorough assessment of the referral, but also ensure appropriate future appointment scheduling. Also outlined is how to refer your patient to private bulk billed clinics and an A to Z of Specialities, including full contact information for each speciality.

This guide will be distributed to all practices by our Primary Care Liaison Officers in March-April. To ensure you receive any updates to the guide, make a note of this website link: http://www.health.qld.gov.au/metrosouth/

STAFF BIO

Janita Bird

Diabetes Educator

I have spent 30 years as a Registered Nurse working in many interesting fields. In the area of Diabetes, I have worked on & off for the last 10 years. I gained my Graduate Certificate in Diabetes Education and Management through the University of Technology, Sydney in 2007. After, I held a trainee position in Diabetes with Brisbane South Diabetes & Respiratory Service. From there I went to Ipswich Community Health working with Child Care Centres, Kindergarten and Day Care mothers educating them about Type 1 diabetes in children. I produced a diabetes resource for the centres and became a credentialed diabetes educator in September 2009.

"I am very passionate about Pre-diabetes, getting the client before they cross the 'line' and educating them... to change their lifestyle"

I have also worked in the Diabetes & Endocrine Department at PAH, Redlands Community & Primary Health Centre at Redlands and Logan Diabetes Centre. I am passionate about educating people with diabetes to self manage their disease and live a long and healthy life. I also am very passionate about Pre-diabetes, getting the client before they cross the line and educating them on how to change their lifestyle to prevent or delay the onset of diabetes.

Optimal Health Diabetes Top Up Program

Update from all perspectives

By Sarah Gruber, Dietician

"Contrary to popular belief, you don't need to wait until a patient has used their 5 Medicare visits "

The Top Up Program is underway and has had a great response. There have been an additional 121 individual visits to Allied Health Professionals conducted to date. There are 23 Allied Health Professionals signed up, servicing suburbs from Rochedale in the north, south to Beaudesert, from Hillcrest in the west and to Eagleby in the east.

Contrary to popular belief, you don't need to wait until a patient has used their 5 Medicare visits before referring them into the Top Up Program. Simply conduct a TCA review and use the Top Up referral form to access an additional 5 Allied Health visits under the Top Up program and keep the Medicare visits for later in the year.

Here is a summary of how the Top Up Program effects each member of the TCA process:

From a GPs perspective:
- Identify patients with Diabetes from your register that have an existing Team Care Arrangement (TCA) in place
- Conduct a review of TCA e.g. MBS item 727
- Refer patient to Allied Health Professionals (AHP) for an additional 5 visits.
- Fax copy of referral and TCA review to Sarah Gruber at SouthEast Primary HealthCare Network on 3290 3144 and to a nominated AHP involved in TCA
- Receive feedback from AHPs on patients progress as per normal TCA guidelines
- Enjoy better patient outcomes

From an AHPs perspective:
- Receive referral from GP and conduct services as per normal TCA arrangement
- Provide education and /or treatment to patients with diabetes, assisting in their self management
- Invoice SouthEast Primary HealthCare Network for services completed under Top Up Program
- Receive $60.00 per completed services from SouthEast Primary HealthCare Network

From a Patient's perspective:
- Gain 5 additional Allied Health Visits to assist in self management - 5 visits from Top Up Program and 5 visits from Medicare = 10 visits per year!!
- Easy referral process
- Its free

SouthEast Primary HealthCare Network has dietitians available to conduct Top Up clinics. For more about this service, please contact Sarah Gruber on 3290 3733.

The funding for the Top Up Program is expected to be extended for another 5 years, so please show your support and commitment to our community by referring patients with Diabetes into the Top Up Program to assist in better self management of patients and help build multidisciplinary partnerships.

STAFF BIO

Florence "Flo" Williams

Project Officer Indigenous Health

I'm an Aboriginal woman, Kamalliroi descendant from my mothers people.

I have been involved with Indigenous Health since the mid 1970's and was employed with the Aboriginal and Islander Community Health Service in Brisbane when it was situated at Red Hill and Grey Street South Brisbane with the Dental team and providing services at our base office, Ipswich, Inala and Acacia Ridge.

"I also enjoy mentoring non-Indigenous people with community engagement"

In 1978, I left to live in New Zealand where I worked in the Department of Housing and Education. On my return home in 1992, I became involved back in Indigenous health as CEO at Kambu Medical Centre in Ipswich for a period of 11 years. While in that position I was also the Chair of QAIHF (Now QAIHC), Executive on the Board of NACCHO, and sat on numerous advisory and reference committees.

After leaving Kambu I worked for Queensland Health as their Central Zone Indigenous Workforce Development Officer for 18 months, and 5 years with the Health and Community Services Workforce Council managing the HACC Workforce Skills Development Strategy and a Project Officer for the Health Skills Formation Strategy (Indigenous).

My passion is in Indigenous Health and workforce development and I also enjoy mentoring non-Indigenous people with community engagement. As the Indigenous Health Project Officer (Closing the Gap) I will be supporting our Health Professional and Network staff in addressing the barriers of our community, and accessing local mainstream practices. I hope to enhance their knowledge and understanding of cultural safety and be part of a team that makes a difference.

Mindfulness for Health... Up and Running for 2010

The **Mindfulness for Health** course is based on the *Mindfulness-Based Cognitive Therapy for Depression – A New Approach to Preventing Relapse* (MBCT) program by Segal, Williams & Teasdale 2002.

The course has been conducted twice previously by Logan-Beaudesert Community Health.

In 2010, the course will be offered throughout the year and it is available for clients who have a physical chronic health condition, such as heart disease, cancer, lung disease, hypertension, headaches, chronic pain, arthritis, diabetes, stroke and so on.

Clients with chronic health conditions could already access the Chronic Disease Self-Management program through community health services (see previous issue of Primary Care Matters page 14).

For people suffering with more intense or more problematic symptoms, like stress, depression and chronic pain, the Mindfulness for Health course teaches additional skills to manage these symptoms.

If you have a chronic health condition that prevents you doing what you used to do; or your chronic health condition causes physical pain that has not responded to medical treatment, this causes enormous distress and can be compounded by knowing your condition is not able to be 'cured'.

There are no drugs to eliminate stress or pain - no magical solutions to solve life's problems. It is easy to feel overwhelmed by health issues and end up feeling depressed and hopeless.

In the last two courses conducted at community health, pre- and post-testing revealed that 82% of participants showed positive change and improvement.

About Mindfulness for Health class:

- Participants will learn skills and build on the strengths they already have.
- The class is not a therapy group – it is skills-based.
- Clients learn how to take care of themselves. It is not a replacement for their medical treatment, but a complement to it.
- Developing mindfulness skills enables people to relate differently to their experiences. It teaches us to be more aware of situations and this opens up possibilities for responding (rather than reacting) to the event.
- Reacting to situations raises our levels of stress, anxiety and depression.
- Learning skills to manage this reactivity can have a profound effect on your physical and emotional well-being; sense of self, and your relationship to others.
- Cultivating mindfulness in our lives is useful for everyone – not just for our clients and patients!

Details about the course:

- It is free
- Eight weeks – 2.5 hours per week
- Eligibility criteria applies: clients must have a physical chronic health condition. Clients with a mental health diagnosis or an addiction are *not* eligible.
- There is an assessment before being accepted on the course. Attendance at the introduction/information session is encouraged
- Pre- and post-testing is conducted with all participants
- Participants must make a commitment to attend all or most of the sessions and complete homework each day (45 minutes).

For more information visit www.sphn.org.au or phone Logan Central Community Health Intake Officer on 3290 8900.

STAFF BIO

Sherron Madden

Self Management Educator

I have worked as a nurse within the health care industry for the last 20 years in a variety of settings from acute to community care. In 2003 my career path changed direction and I embarked on a journey into Chronic Disease Management. As a result I have developed a genuine passion for enhancing the care and health outcomes of those with chronic disease.

The prevalence of chronic disease is increasing considerably within Australia and this has had significant impact on the quality of life for individuals with chronic conditions, their families, communities and the health care system. This has called for a change in focus of how we as health professionals deliver care and support chronic disease management.

My role with SouthEast Primary HealthCare Network provides Chronic Disease Self-Management training and support to assist in building the capacity of general practice to be more responsive to the changing needs of the community. System-wide changes can be long-drawn-out processes however the influence we have on a smaller, individual scale will happen quicker and can have a dramatic impact on how we deliver care.

"The influence we have on a smaller, individual scale will happen quicker and can have a dramatic impact on how we deliver care."

Addressing Women's Health in General Practice

By Susan Cederblad, Primary Care Liaison Officer – Nurse Advisor

Bettering the Evaluation and Care of Health (BEACH) study data shows nearly 58% of general practice consultations in Australia are with women. The RACGP Women's Health Curriculum Statement states 'The general practice management of women's health involves a holistic patient centred approach to the physical, mental and emotional health of women, their families and relationships. Women's health needs to be understood in the context of their psychosocial and cultural environment.'

The practice nurse can play a vital role in assisting the GP with women's health issues for patients. Appropriately qualified practice nurses are able to undertake pap smears and women's health checks on behalf of the GP which benefits the GP as well as the patient.

Family Planning Queensland (FPQ) is a leading provider of specialist education and training in the area of sexual and reproductive health for doctors, nurses, and allied health professionals. FPQ offers courses in sexual and reproductive health and a pap smear providers module. More information on these courses can be found at http://www.fpq.com.au/training/courses.php

There are a number of Medicare Australia initiatives that assist in addressing women's health.

1 **The Practice Incentives Program (PIP)** – Cervical Screening Incentive aims to encourage general practitioners (GPs) to specifically examine under-screened women who have not had a cervical smear in the last four years and to increase the overall screening rates of all women. The incentive includes a sign-on payment, outcomes payment and service incentive payment. More information can be found at http://www.medicareaustralia.gov.au/provider/incentives/pip/payment-formula/cervical-screening-incentive.jsp
2 **Practice Nurse Item Numbers** - Pap smear services and preventive checks provided by a practice nurse (item 10994, 10995, 10998 and 10999) Items 10994 and 10995 include a Pap smear and preventive checks associated with women's sexual and reproductive health, which would routinely be undertaken in conjunction with a Pap smear. Items 10998 and 10999 apply to the taking of a Pap smear only.

The practice nurse must be appropriately qualified and trained to take cervical smears and other preventive checks.

See the following link for more information -http://www9.health.gov.au/mbs/fullDisplay.cfm?type=item&q=10994&qt=ItemID

A number of websites contain a wide range of patient information and articles which may be useful.

- Australian Indigenous HealthInfoNet - http://www.healthinfonet.ecu.edu.au/population-groups/women
- The Jean Hailes Foundation for Women's Health - http://www.jeanhailes.org.au/
- Women's Health Queensland Wide - http://www.womhealth.org.au/
- Women's Health Victoria - http://whv.org.au/

New Contact Tracing Support Officer

The Metro South Health Service District has initiated a Contact Tracing Support Project to address the rising number of STI notifications. The majority of chlamydia notifications are diagnosed in general practice. Metro South Health Service District has employed a new Contact Tracing Support Officer, **Mr Alan Walker**, to work with and support GPs and Practice Nurses in the Brisbane South area to slow the increasing rates of sexually transmitted infections (STI).

Epidemiology of Chlamydia

Chlamydia is the most commonly notified STI in Australia and Queensland. In 2008 there were 54,456 cases of chlamydia reported in Australia , 15,012 (28%) in Queensland.

Two-thirds of the chlamydia infections in Queensland were diagnosed in the 15 to 24 year old age group.

As you will be aware, chlamydia infections are often asymptomatic, but if left untreated can lead to fertility issues for both males and females. Complications can include pelvic inflammatory disease, conception difficulties and ectopic pregnancies.

The Role of Contact Tracing

Early detection and treatment can reduce the immediate complications for your patients, effective contact tracing can prevent your patient from becoming reinfected and reduce the transmission of infection in the population.

The Contact Tracing Support Project aims to support clinicians to enhance contact tracing and partner notification activity for STIs, without adding to your workload.

The Next Step

Local advisory groups will be set up to guide this initiative in each area. Ideas and involvement are most welcome. Alan is currently meeting with staff at the Division.

Further Information and Project Contacts

If you have any ideas or would like to be involved please contact: Susan Cederblad at SouthEast Primary HealthCare Network on 3290 3733 or Alan Walker at Princess Alexandra Hospital on 3240 7587 or 0407 230 642.

Queensland Local Collaborative – Learning Workshops

Susan Cederblad, Primary Care Liaison Officer - Nurse Advisor

The Queensland local collaborative is now well underway. This Collaborative consists of four Learning Workshops scheduled between November 2009 and July 2010. SouthEast Primary HealthCare Network is working in partnership with SEA-GP (Brisbane) and RHealth.

Learning Workshop One was held on Sat 14th November 2009. The workshop focused on 3 key areas - Building the Practice Team, Diabetes and Access and Care Redesign.

Building the Practice Team

Past experience has shown that the most successful practices, within the Collaboratives, are those that ensure that the whole team understands and is engaged with the process. It is well documented that implementing a change in any organisation can be a difficult and sometimes frustrating task to achieve.

"Successful practices, within the Collaboratives, are those that ensure that the whole team understands and is engaged with the process. "

At the workshop, the group was fortunate to have the fabulous insights of Max Hardy, Director of Twyfords Consulting. Max gave an excellent presentation, which focused on ways to connect with the practice team, providing many practical tips along the way.

Diabetes

The aim of the Diabetes topic is that 50% of patients with Diabetes type 1 or Diabetes type 2 within participating practices should have an HbA1c of 7.0 or less.

At Learning Workshop One, practices were given the latest statistics on Diabetes by Roisine Warwick, Diabetes Educator from Redlands Health Service. In addition, practical information on the process of building a diabetes register was presented by Debbie Buckley, Practice Manager from Pindara Medical Centre and Dr Melissa Cahill and Michelle Johansen from Doctors Grand Plaza. All speakers gave practical tips and tricks on how best to prepare your data to build a clean diabetes register.

Access and Care Redesign

The aim of the access topic is that 90% of patients should be able to access their health care professional of choice on the day of their choice.

There are many strategies that practices can work with to achieve this measure. At Learning Workshop One practices were given an overview of how to collect data that helps track the progress of:

- The number of patients whose appointment demands were unmet and
- An approximate number of days that patients wait for an appointment.

The practices were fortunate enough to hear presentations from two leading Practice Managers. Jan Chaffey from Camp Hill Medical Centre presented some initial information on how to measure and understand the amount and type of phone calls the practice receives. Brenda Gillespie from Millmerran Medical Centre explained how her practice has been successful in reducing a backlog of appointments to a more manageable appointment schedule. She also talked about the systems that they have put in place to maintain this.

The Pit Stop Team are off and racing

The SouthEast Primary Health Care Network Pit Crew team have become a valuable and welcome addition to Health Expos and Events in the region and beyond.

March 18th saw them present a fun "Roadworthy" Men's Health day for male Carers, and in April they head interstate to front the Optometrists National Expo. To find out more about utilising Pit Crew materials for your event, call Susan Tippett on 3290 3733.

Practice Health Atlas Decision Support Tool

Register your interest now

Troy Sadkowsky,
Informatics & Data
Management Coordinator.

New skills to share with GPs

SouthEast Primary HealthCare Network recently took part in the Practice Health Atlas (PHA) three-day training course offered by the Adelaide Western General Practice Network, and is now keen to offer their new skills to its general practice members.

The PHA is a decision support tool, designed by the Adelaide Western General Practice Network, for General Practitioners (GPs), Practice Managers and other Practice staff. The tool can assist GP's in providing more effective health care services and allows general practice teams to reflect on their activities.

Sophisticated data linkage and cost benefit analysis

The PHA tool performs sophisticated data linkage of the practice's relevant health data and produces a visual picture of the practices patient population. When collated across the region this provides valuable information for the network to inform health service planning. The tool also provides some clinical modelling analysis that provides estimates on potential areas of business improvement. It summarises business potential based on current and potential MBS item number utilisation for the identified patient population. It also provides information that could used in a cost benefit analysis business case to employ Practise Nurses.

In a nutshell, the PHA tool provides services in epidemiology and mapping, business and clinical modelling, and enhances access to services and networks.

Incorporate the Health Atlas into your clinical data management

SouthEast Primary HealthCare Network is interested to hear from practices that would like to incorporate the Practice Health Atlas service into its clinical data management. We are preparing our systems so that the PHA can be seamlessly rolled out across eligible practices within our region. SouthEast Primary HealthCare Network have registered on the PHA online discussion forum and will be posting discussion topics regularly to share experiences with other PHA users.

To hear more or register your interest please contact Troy Sadkowsky, Informatics & Data Management Coordinator; tsadkowsky@sphn.org.au or 3290 3733.

General Practice Accreditation Update

Susan Cederblad, Primary Care Liaison Officer – Nurse Advisor

Preparing for October 2010

Accreditation in general practice was established to promote a culture of quality and safety in Australian general practices. Accreditation is a voluntary process of quality improvement that will assist general practices to increase efficiency, improve systems, reduce risks and stay current with best practices in general practice. 70-80% of Australian general practices are formally accredited against the RAGGP Standards for general practices. Accreditation to RACGP Standards allows services to access Practice Incentive Program (PIP) payments from Medicare.

RACGP through a November 2009 Media Release made the following statement for the advice of general practice.

The RACGP Standards for general practices (revised 3rd edition), against which general practices are surveyed for accreditation, are under revision by the Royal Australian College of General Practitioners (RACGP). The RACGP National Expert Committee on Standards for General Practices (NECSGP) will oversee the review and develop processes aimed to complete the RACGP Standards for general practices (4th edition) during 2010. It is anticipated that the revised Standards will be launched in October 2010. Practices will have 12 months breathing space after the launch of the revised Standards in which they can still choose to be accredited against the 3rd edition of the Standards, or against the 4th edition.

SouthEast Primary HealthCare Network provides support for practices in preparation for general practice accreditation. Contact Susan Cederblad on 3290 3733 with any questions or to arrange a visit before your survey date.

Your HR Update - Making Sense of the New Fair Work Legislation

By Denise Upshall. Operations Manager

All Private Sector employees in Australia, (except employees of Western Australia, Non-Constitutional employers) will be covered by the Fair Work System from 1 January 2010. The referrals of industrial relations power by the States will bring non-constitutional corporations (sole traders, partnerships) small business and not-for-profit organisation employees under the National IR Regime. The States will maintain their IR powers over State Government and GOC employees as well as Local Authority and Local Authority Corporation employees and any other body corporate in which the State has a controlling interest or was established by the State for a public purpose.

Many businesses that were previously not covered by the provisions of the Fair Work Act 2009 (Cth) will now have to come to terms with the Federal IR regime before 1 January 2010. Some employment matters that will remain under the State Jurisdiction following the referral include Occupational Health and Safety, Discrimination matters and Workers Compensation (Work Cover).

An additional matter for consideration by employers moving to the Federal System is the application and introduction of the Modern Awards which also commenced on 1 January 2010. State Awards currently applying to referred State employers will be preserved as Federal instruments for a period of 12 months. After this time, Modern Awards will apply.

"Clearly just saying "No" to a request because it has never been done before will not be sufficient to meet the spirit of the legislation."

The (Australian) Federal Parliament also approved the introduction of National Employment Standards (commencing 1st January 2010) which include a right for (some) employees to request a flexible work arrangement. In essence, compliance will be about employers demonstrating greater transparency, consistency and thoughtfulness in decision-making about flexible work practices.

1.1 Provision

Section 65 of the Fair Work (FW) Act provides that an eligible employee has a right to request of their employer access to a flexible work arrangement. Whilst such arrangements are not defined formally in the FW Act, examples include changes in work hours, patterns of work and location.

1.2 Who is eligible?

The National Employment Standards are minimum terms and conditions that apply to all national system employees (e.g. an employee employed by a corporation or by the Federal Government).

Under section 65(1) employees who are parents of (or care for) children under-school age, or a child under 18 who has a disability, may request a "change in working arrangements".

The provision applies to both permanent and casual employees. In particular, an employee must have completed 12 months continuous service before making this request, or if the employee is employed on a "casual" basis, the employee must be a long term casual and have an expectation of continued employment.

1.3 What does the provision require?

The request: The employee must make a request in writing demonstrating: (i) the reason for the change (ie how the requested change will assist the employee to care for their child); and (ii) the nature of the change.

The response: The employer must respond in writing within 21 days of the request. The response must identify whether the request is granted or refused, and if refused the response must detail the reasons why. These reasons must demonstrate that the refusal was made on "reasonable business grounds".

1.4 What are reasonable business grounds?

The Standard does not define "reasonable business grounds", nevertheless a body of Australian case law on family/carers' responsibilities discrimination suggests that relevant issues will include (i) the nature of the role; (ii) the impact of the request on business/team operations; and (iii) associated costs as well as the benefit to the individual and the business (eg turnover and productivity).

1.5 Enforcement

The FW Act provides that all national system employers must comply with the National Employment Standards, including the provision that an employer provide reasons for accepting or refusing to grant a request for flexibility. The maximum penalty for non-compliance is AUS$6,600.

There is no capacity however for a review of the reasons provided by an employer to ensure that they meet the "reasonable business grounds" test (this is specifically excluded by section 44(2)). The Standard is thus designed to provide a platform for a conversation between an employee and employer, and a mechanism for transparent and consistent decision-making. Having said this, no doubt an aggrieved employee will seek to use an employer's written response as the basis for a family/carers' responsibilities discrimination complaint under State or Federal legislation.

1.6 What should employers do to ensure compliance?

Given the likelihood that employers will be held to account for their decisions in relation to an employee's request for flexibility, it would be prudent for employers to educate their managers about the factors to be taken into account when determining such a request. A checklist of factors would include:

i Whether a work/family policy exists within the organisation;
ii Whether a similar request has been granted elsewhere in the business;
iii The nature of the role and key performance indicators;
iv Options for change (e.g. including modifications to the request);
v The impact of the change on the team/business unit; and
vi The cost of the change vs. the cost of not making the requested change (e.g. turnover).

In the spirit of evidence-based decision-making, consideration of whether there are "reasonable business grounds" to accept/reject a request might also prompt an employer to introduce the requested change on a trial basis, i.e. to determine the practicality of the requested change.

Finally, in order to ensure that the employer's assessment is perceived as reasonable a prudent employer would engage in a consultation process with the employee which demonstrates an open-mind towards the employee's needs and encourages mutuality. Clearly just saying "No" to a request because it has never been done before will not be sufficient to meet the spirit of the legislation.

From 1 January a new information statement must be provided to all national system employees before, or as soon as practicable after, they start employment.

The Fair Work Information Statement sets out information on:

- The 10 NES entitlements, including their operation in transfers of business;
- Modern awards;
- The agreement-making process;
- Individual flexibility arrangements;
- Freedom of association and the workplace rights (General Protections)
- Termination of employment;
- Right of entry;
- And the functions of the FWO and Fair Work Australia.

Employers can provide the statement to an employee by:

- providing a hard copy in person or by post
- emailing or faxing it
- any other reasonable means

How do you talk to key members of the primary health care sector?

Advertise with us!

SouthEast Primary Healthcare Network is this region's preeminent healthcare authority. Our Primary Care Matters publication and Wednesday Bulletins are widely read by general practices, allied health professionals and community health organisations.

We welcome quality organisations to join with us. Our readers are your customers too! Call Grace on 3290 3733 or email gprasad@sphn.org.au

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Wednesday Bulletin (weekly)	4 – 5 lines	$50	$50
Primary Care Matters (bi-monthly)	¼ page	$65	$100
	½ page	$130	$200
	Full page	$250	$400
	Inside Front or Inside Rear Cover	n/a	$600
	Inserts (no larger than A4 to 2 pages)	$200	$200

Deadlines

1 Primary Care Matters:
- Feb / March - Due 15th Jan
- June / July - Due 15th May
- Oct / Nov - Due 15th Sep
- April / May - Due 15th March
- Aug / Sep - Due 15th July
- Dec / Jan - Due 15th Nov

2 Wednesday Bulletin: Due 3pm Monday

Do you have a patient suffering from anxiety or depression following the recent birth of a child or through pregnancy?

Many women may suffer some form of anxiety or depression in the early months. However, if a patient experiences severe or prolonged symptoms of depression that last more than a week, which interferes with their ability to function on a daily basis, they may need specialised treatment.

The Brisbane Centre for Postnatal Disorders specialises in treating women suffering from disorders such as anxiety and depression.

We assist women in adapting to the biological, psychological and social aspects of their disorder in an environment that provides specialist mental health services.

Our team delivers a level of care that is both supportive and responsive to individual needs. Partners are also encouraged to participate in all stages of the treatment plan.

For more information call (07) 3398 0111 or visit www.belmontprivate.com.au

Belmont Private Hospital

Events

Physical and Mental Health Comorbidity Education and Training for Primary Health Care

'Mind the Gap' is a two-hour physical and mental health comorbidities education workshop accredited with the Royal Australian College of General Practitioners (RACGP), the Royal College of Nursing, Australia and the Australian College of Rural and Remote Medicine (ACRRM).

The target audience for the education and training includes general practitioners, practice nurses, and other primary health care professionals involved in the multidisciplinary team managing patients with mental and physical health comorbidities.

Date: TBC – 15th April, 2010

Enquiries: Kim Moffatt, Education & Training Coordinator Ph. 3290 3733

Nurse Education Events

Make sure you diarise these dates, and we encourage you to attend. Your involvement will be rewarding, and time well spent. For more information, or to book call Bralma Hine, Area Primary Care Liaison Officer 3209 3733.

Month	Date	Topics	Speakers
April	20 Breakfast	Self management / Asthma/ COPD / Action Plans	Tamara / Rhona
	21 Evening	Self management / Asthma/ COPD / Action Plans	Tamara / Rhona
May	18 Breakfast	GPII, RRR	Sylvia, Susan
	19 Evening	GPII, RRR	Sylvia, Susan
June	15 Breakfast	ST and contact tracing , Pap smear	Susan & Alan Walker
	16 Evening	ST and contact tracing , Pap smear	Susan & Alan Walker

Benefits For Members

O'REILLY'S RAINFOREST RETREAT, VILLAS AND LOST WORLD SPA

Just show your SPHN Membership Card at O'Reilly's Rainforest Retreat to receive this incredible discount

The Retreat (Normally priced at $325 per room per night)

$110 per person per night (twin share)

Accommodation in a Mountain View Room, *Complimentary Discovery Centre activities including: 2 hour guided rainforest walk, early morning introductory bird walk, guided afternoon activity, evening tour to on-site glow worm grotto, morning and afternoon tea in the Dining Room, access to the iconic Tree Top Walk.

*valid until 30 September, subject to availability. Min 2 night stay applies when booking includes a Saturday evening.

The Mountain Villas (Normally priced at $485 per villa per night)

$360 per villa per night

* Accommodation in a luxurious two bedroom/two bathroom Mountain Villa (up to 4 pax)

*The luxury villas provide the perfect nature escape, offering spacious and contemporary accommodation designed to connect with the natural surroundings. Fully self-contained and with designer furnishings, each bedroom has its own ensuite. The king bed within each bedroom readily converts to king singles. The villas also provide a large entertainment deck with spa bath & BBQ. Television plus internet access available.*valid until 30 September, subject to availability. Min 2 night stay applies.

For reservations please call 1800 688 722 and mention you are a members. Proof of ID may be required upon check-in and membership cards must be shown.

For further information about this offer or for membership enquiries please contact Stephanie Culshaw on 3290 3733 or email sculshaw@sphn.org.au

I am very grateful to the Travel Counsellors and to Southeast Primary HealthCare Network for the chance to have a weekend away. I will be sure to enjoy this break with my family.

Membership PRIZE DRAW

Every member of SouthEast Primary HealthCare Network 2009 – 2010 was entered into our Lucky Prize Draw to win a magnificent weekend away for 2 adults.

Congratulations to Daphne Liu, the lucky winner of our weekend give away to the glorious Mantra on Saltbeach, Kingscliffe sponsored by the Travel Counsellors and $150 meal voucher sponsored by SouthEast Primary HealthCare Network. We wish Daphne a wonderful and relaxing trip.

Prize donated by Karen Farley
Mobile Travel Consultant
Phone 07 3206 4125
For travel enquiries:
karen.farley@travelcounsellors.com.au
www.travelcounsellors.com.au/karen.farley

To be entered into future draws or for information on membership please contact: Stephanie Culshaw Membership Officer on 07 3290 3733 or email sculshaw@sphn.org.au

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SouthEast Primary HealthCare Network

What's On

Date	Event	Organisation	Contact
MARCH			
21 – 27 March	Brain Awareness Week - Nationwide	Brain Foundation	Phone 02 9437 5967 w: info-brain@brainaustralia.org.au
21 – 27 March	National Arthritis Awareness Week - Nationwide	Arthritis Australia	Phone 02 9552 6085 e: info@arthritisaustralia.com.au w: www.arthritisaustralia.com.au
22 – 28 March	National Musculoskeletal Awareness Week – Nationwide	Endeavour College of Natural Health	Phone 03 96559535 e: Emma.Gierschick@endeavour.edu.au w: http://www.endeavour.edu.au
24 March	World TB Day – Worldwide	United Nations	Phone 02 6273 8200 e: unic@un.org.au w: www.un.org
26 March	World Purple Day – Worldwide	Epilepsy Queensland Inc	Phone 1300 852 853 e: epilepsy@epilepsyqueensland.com.au w: www.epilepsyqueensland.com.au
26 March	Bandaged Bear Day – Nationwide	The Children's Hospital at Westmead	Phone 02 9845 3364 e: eventspr@chw.edu.au w: www.bandagedbearday.com.au
APRIL			
07 April	World Health Day	United Nations	Phone 02 62738200 e: unic@un.org.au w: www.un.org
17 April	World Haemophilia Day	Haemophilia Foundation Austalia (HFA)	Phone 1800 807 173 e: hfaust@haemophilia.org.au w: www.haemophilia.org.au
25 April	World Malaria Day	United Nations	Phone 02 62738200 e: unic@un.org.au w: www.un.org

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