WENTWEST

WENTWEST DIVISIONAL focus

FOCUS #5 | JUNE 10

Federal Government launches new Indigenous health traineeships at WentWest

WentWest recently hosted the announcement made by Federal Minister for Employment Participation, Senator Mark Arbib, regarding funding for new Indigenous health traineeships to support General Practice and community care for Indigenous people in NSW.

Senator Arbib said that the Federal Government will provide $485,000 to train and employ 50 Indigenous trainees, who will be placed in regions with large numbers of Indigenous people and work with both individuals and communities.

"Increasing the employment of Indigenous people in the health sector is a vital part of the Australian Government's agenda to make a difference to Indigenous health, which aims to help us close the gap in Indigenous life expectancy and mortality rates for Indigenous children", Senator Arbib said.

The traineeship program is part of the national 'Closing the Gap' Initiative, to provide sustainable employment opportunities for Indigenous Australians.

The initiative also includes a program to employ project officers and outreach workers to support primary health care, General Practice and community care in an effort to improve Indigenous health.

From left: Jan Newland, GP NSW CEO, Senator Mark Arbib, Federal Minister for Employment Participation, Julie Owens, Federal Member for Parramatta, Olivia Wood, WentWest CEO, and Jamie Matthews, WentWest Indigenous Project Officer.

WentWest has employed one Closing the Gap Indigenous project officer and two Aboriginal and Torres Strait Islander outreach workers to facilitate health programs for the Indigenous community in western Sydney.

These roles will work to improve health outcomes and manage chronic conditions in the community such as cardiovascular disease, asthma, diabetes and kidney disease.

In addition, WentWest will provide training, mentoring and support for its Indigenous workers to retain skilled Indigenous workers in western Sydney.

More than 10,000 Indigenous people live in Western Sydney with the largest community based in Blacktown. On average, the life expectancy for both Indigenous males and females is estimated to be almost 17 years less than for the general population.[1]

[1] *2006 Census*

IN THIS ISSUE

Indigenous Health	3
National Health Reform Update	4
WentWest Health Expo	6
General Practice Survey Results	7
Medicare Benefits Scheme Update	8
Immunisation	14
Mental Health	15
Quality Use of Medicines	16
Information Management/Information Technology	17
Integration	18
Practice Support	18
Educational Events Calendar	20

Welcome to the first *Divisional Focus* newsletter for 2010. WentWest is looking forward to working with the General Practitioners, Practice Managers and Practice Nurses in what is proving to be a very busy but exciting year.

Change is coming to the primary health care system, so we are gearing up to make sure we are ready to respond. It is important to note that WentWest's commitment to improving the health of western Sydney communities through supporting and increasing the capacity of General Practice will continue. I look forward to discussing and working on the reforms with you as they come to light.

WentWest's inaugural Health Expo from 15-16th May provided a valuable learning opportunity for a range of General Practice and primary care providers to look at issues impacting patient management in western Sydney.

One of the Expo highlights was the plenary session with Professor Claire Jackson, Assoc. Professor and WentWest Chair, Di O'Halloran, Professor Tim Usherwood and Dr Kean Seng Lim, who discussed health reform and its impact on western Sydney.

Thank you to all those who attended, presented at and helped organise the Expo to make it such a successful and worthwhile event. See page 6 for more details and photos of the Expo.

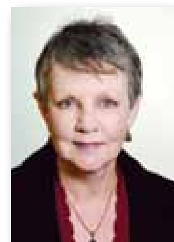
Sessions for Health and Physical Exercise (SHAPE) – the WentWest program continues to expand with exercise and lifestyle classes available to support GPs manage their patients, so get your referrals in now!

Australian Primary Care Collaboratives (APCC) – more than 19 practices are participating in the program, which is aimed at quality improvement in General Practice.

I would also like to welcome the new staff who have recently joined us, details of whom are in the News and Events section on the next page.

Olivia Wood
WentWest CEO

The Challenges of Health Reform



I am writing this following the Prime Minister's announcement of changed Commonwealth-state responsibilities and financing arrangements, substantial new hospital funds (attached to targets that may or may not be achievable), a greater focus on primary health care, the creation of Primary Health Care Organisations and new investment in General Practice (so far relating primarily to Practice Nurses, diabetes care and infrastructure). More comprehensive outlines of these decisions can be found on pages 4-5 of the newsletter.

However, considerable detail remains outstanding, and we all know from experience that the detail is critical. Working out exactly what sort of detail (policy, strategy, financing etc) is required to achieve intended outcomes remains the key challenge. So, what are our intended outcomes? Are we aiming for:

"...a strong, integrated and equitable primary health care system with quality General Practice at its centre, within a 'top down, bottom up' health system?

This would require clear national definition of agreed values, policies, broad strategic directions and key outcomes enabling appropriate devolution of resources and decision making capacity to regional and local levels.

This, in turn, supports local health professionals in working with their communities to develop and deliver appropriate, flexible person and community centred services to meet local community needs without compromise to efficiency or accountability".
(RACGP position statement, 2009).

Is this the sort of health system we want? The divisions in Greater Western Sydney (GWS): the Blue Mountains, Nepean, Hawkesbury-Hills and WentWest seem to think so, and are working closely together to build a bottom up primary health care (PHC) system that increases capacity in local General Practices and supports GPs in working with community health, other sector services and their communities to improve local health and equity. As part of this plan, GWS divisions have developed a joint proposal for a GWS Primary Health Care Organisation (PHCO) that will build on the strong local engagement of our LGA based divisions. The outcome of this proposal will not be known for months to come.

In the meantime, we will continue to work together and with Sydney West Area Health Services on a range of major initiatives, and will soon be discussing how best to coordinate functions and boundaries for Local Hospital Network (LHN) and PHCOs.

PHCOs will, in general, be built from the existing General Practice Network, with the first PHCOs to be established by mid 2011, and the remainder by 2012. Over some years, PHCOs will gradually assume responsibility for a large proportion of community health services, mental health care and screening programs. As GWS divisions already have close relationships with these services – for example through HealthOne, headspace and chronic disease management programs, this seems a natural 'fit'.

Divisions' current central role in supporting GPs to deliver quality comprehensive care to their patients without interference with clinical autonomy, will not change. What may change is the ability to bring other services and providers together in a more systematically planned and coordinated approach.

PHCOs will play an important role in identifying the health care needs of their local communities, setting priorities and facilitating service development to address those needs.

These are complex, challenging changes that will be some years in evolution, with many opportunities for ongoing evaluation and system adjustment en route. We will be regularly updating you and seeking your views via local forums and email in the months to come. I look forward to our future discussions.

Di O'Halloran
WentWest Chair

NEWS AND EVENTS

New Staff

We would like to welcome the following new members to the WentWest team:

Ken Srun – IM/IT Program Officer

Sabrina Cappuozzolo – Area Services Coordinator

Joanne Graham – HealthOne Project Coordinator

Diana Daoud – Exercise Physiologist

Jamie Matthews – Indigenous Health Project Officer

From left: Ken Srun, Sabrina Cappuozzolo, Joanne Graham, Diana Daoud and Jamie Matthews.

WentWest goes green!

WentWest recently reduced its carbon footprint through Australian-owned, not-for-proft offset provider, Climate Positive. 55.81 tonnes of CO^2 were offset for 2009.

In addition to offsetting carbon emissions with renewable energy and emission reduction projects, Climate Positive also deals with historical carbon debt by restoring bio-diverse forests and ecosystems. For every one tonne offset, Climate Positive restores $4m^2$ of bio-diverse forest.

WentWest has also conducted a staff awareness program to promote ways of further reducing energy consumption and waste.

Indigenous health – improving access to primary care

Background

On 29th November 2008, the Council of Australian Governments agreed to a 1.6 billion National Partnership Agreement on closing the gap in Indigenous health outcomes to fund a broad package of initiatives addressing the target of closing the life expectancy gap within a generation.

One of the packages is to engage Division of General Practice to close the gap in life expectancy by providing funding to employ Indigenous health project officers and Aboriginal and Torres Strait Islander outreach workers (AOWs).

Western Sydney

Western Sydney has a relatively high Aboriginal and Torres Strait Islander population and has the highest projected Aboriginal and Torres Strait Islander growth in NSW.

WentWest has employed a project officer and two AOWs to work with partner organisations and address the challenges faced by the population.

The focus of the project will be to:

1. Engage with the local community to identify health needs, service gaps and to increase access to mainstream primary health care;
2. Collaborate with other health providers in Sydney west to achieve continuity of care for Aboriginal and Torres Strait Islander patients across Sydney West Area Health Service (SWAHS) hospitals, GPs, allied health providers, community health centres, Aboriginal Medical Service (AMS) and other care providers; and
3. Partner with primary care providers to educate and train team members to provide culturally sensitive primary care to maximise health outcomes.

How does the initiative support GPs?

GPs will be supported by the AOW through activities such as:

- Completing parts of health assessments;
- Ensuring the patient keeps up with the appointments;
- Supporting the patient to comply with the management plan;
- Ensuring referral appointments are attended; and
- Providing feedback and support for community case conferences.

WentWest Project Officer, Jamie Matthews, will also support GPs by providing training to practice staff on cultural appropriateness and work with SWAHS, AMS and other care providers to establish systems for GPs to receive notifications on admission and discharge and feedback for referrals made.

For more information on Close the Gap initiatives, please contact Jamie Matthews on (02) 8833 8030 or email jamie.matthews@wentwest.com.au.

National Health Reform – an overview

Background

When the Rudd Labor Government took office in late 2007 one of its major policy platforms was to reform the Australian health system.

The Australian Government commissioned three major reviews into the Australian health system, and following the completion of these reviews, released three strategic documents in 2009:

1. The report of the National Health and Hospitals Reform Commission: *A Healthier Future for all Australians*;
2. A draft of Australia's First National Primary Health Care Strategy: *Building a 21st Century Primary Health Care System*; and
3. A National Preventative Health Strategy: *Australia –The Healthiest Country by 2020.*

Following the release of the documents the Government undertook extensive consultation process with patients, health professionals and the Australian people. The Government has also consulted on the development of this plan with the state and territory governments through the COAG process.

At the COAG meeting in December 2009, the Commonwealth and states agreed that the long-term health reform is needed to deliver better services, more efficient and safer hospitals and more responsive primary health care.

Proposed Health Reform

On 3rd March 2010, the Federal Government released a proposal for reform of the Australian health system called 'A National Health and Hospitals Network for Australia's Future'.

The proposed changes are:

1. Finance and Funding

a) Hospitals – The Commonwealth Government will become the majority funder of the Australian public hospitals system. The Federal Government will fund:

- 60% of the efficient price of every public hospital service provided to public patients;
- 60% of recurrent expenditure on research and training functions undertaken in public hospitals;
- 60% of capital expenditure – operating capital and planned new capital investment – to maintain and improve public hospital infrastructure; and
- Over time, up to 100% of the efficient price of 'primary health care equivalent' outpatient services provided to public hospital patients.

b) General Practice and Primary Health Care – The Commonwealth Government will take full responsibility for funding all General Practice and primary health care services in Australia. Over time, the Federal Government will also move to fully fund up to 100% of those hospital outpatient services that are better characterised as primary health care;

c) Home and Community Care (HACC) – The states will assume responsibility for funding care under HACC for people under the age of 65 years (under 50 for Indigenous Australians), and the Commonwealth will assume responsibility for these services and specialist disability services for people 65 years and over (50 years and over for Indigenous Australians);

d) Aged Care – Commonwealth to assume full responsibility for national aged care services.

2. Governance and Structure

a) Hospitals – The Commonwealth Government will introduce Local Hospital Networks (LHNs) across Australia to run small groups of hospitals and pay them directly. LHNs will be responsible for making decisions on the day-to-day operations of hospitals within their network.

The Government will require states to introduce LHNs, which will have a professional Governing Council to drive local responsiveness and improve efficiency, with a Chief Executive Officer responsible for delivery.

The Councils will include local health, management and finance professionals who will be appointed under state legislation. Each Network CEO will be appointed by the Council and accountable to the Council.

b) Primary Health Care – On 12th April 2010 a further announcement was made to establish primary health care organisations (PHCOs) with the first to be operational by mid-2011.

PHCOs will be independent legal entities and with strong local governance which will include broad community, health professional, business and management representation and expertise.

PHCOs and LHNs will be expected to have some common membership and governance structures. PHCOs will be responsible to coordinate and integrate care, target areas of unmet service need and facilitate access, work with LHNs on care pathways, hospital avoidance and transition out of hospital, deliver health promotion and preventive health programs, and undertake population level planning and potential fund holding roles.

3. Standards and Performance

The Commonwealth will require strong national standards and transparent reporting in the health system.

For the first time, Australians will be able to access transparent and nationally comparable performance data, and information on hospitals and health services, including Emergency Department and elective surgery waiting times, bed occupancy rates, and reporting of adverse events and hospital acquired infections. The Commonwealth proposes incentives and penalties for performance against national standards.

Other Announcements

- $632 million to deliver an additional 5500 new training places for General Practitioners and medical specialists over the next 10 years;
- $436 million to be provided to General Practices to deliver a range of services to meet the needs of diabetic patients. Payments made to around $1200 a year on average for every enrolled patient and payments of around $10,800 a year for General Practice paid on performance.

What PHCOs may mean for GPs

Establishment of PHCOs will occur gradually and is not expected to lead to significant initial change for GPs. PHCOs will play an important role in identifying service gaps and the health care needs of the community and facilitate service, some of which will be through General Practice.

In many instances PHCOs will support GPs to deliver more comprehensive care by facilitating access to services complementing those provided by GPs.

The main change for General Practice will be easier and more coordinated access to the complementary primary care service that patients need. GPs will operate with strong local governance in PHCOs and will receive continued levels of support, including General Practice support.

Some of the major benefits to GPs may include the opportunity to fully utilise their skills in a more supported, collaborative environment and the ability to work more closely with other health care providers to improve patient care.

2010 Federal Budget – new health funding announcement

The announcements on new health funding contained in the 2010 Federal Budget focus strongly on primary health care and General Practice.

Funding appropriations of $7.3 billion over five years have been provided to implement the commitments made by the Australian Government to the COAG National Health and Hospitals Network (NHHN) Agreement and other recent health reform related announcements, such as funding for additional GP and specialist training places.

Approximately $2.2 billion of this funding, delivered over four years, will be devoted to primary health care initiatives.

Building on the reform to establish primary health care organisations (PHCOs), that may evolve from the General Practice Network and be led by General Practice and primary health care, the Budget provides for several initiatives including:

- Expanded GP and primary care services, especially after hours GP services;
- Additional support for nurses, particularly practice and aged care nurses;
- Personally controlled electronic health records;
- Infrastructure funding to invest in more GP Super Clinic style services as well as expand existing GP clinics;
- More training places for GPs;
- New investments in prevention including world-leading action in tobacco control;
- New investments in primary mental health care, including Access to Allied Psychological Services (ATAPS) and headspace expansion; as well as continuation of the Mental Health Support for Drought Affected Communities Initiative; and
- Investment in the development of subacute 'step up, step down' services.

The Budget package also includes financing to establish the various governance arrangements for the National Health and Hospitals Network. This includes expansion of the Australian Commission on Safety and Quality in Health Care and establishment of the Independent Hospital Pricing Authority and the National Performance Authority.

WentWest's Health Expo – a unique educational experience for primary health care professionals

WentWest hosted its inaugrual Health Expo on the 15th-16th May at Rydges Hotel Parramatta. More than 170 health professionals attended the two-day event, including General Practitioners, Practice Nurses, Registrars and medical students.

Event delegates were able to select from three streams of educational sessions, including topics such as Aboriginal Health, Hep B Updates, Coronary Heart Disease, Spirometry and Adolescent Challenges. The first day also featured an All Day Well Women's Screening Course for Registered Nurses.

Two of the most popular sessions were Travel Medicine and Wound Assessment. Nicholas Zwar, Professor of General Practice in the School of Public Health and Community Medicine at University of New South Wales, presented on Travel Medicine, focusing on topics such as vaccinations, hydration, deep vein thrombosis, cardiac disease and medications.

Wound Assessment was presented by Jill Sparkes, a general member and seminar officer for the Wound Care Association of NSW Inc, and clinical nurse consultant on wound management. Jill spoke about the aetiology and different types of wounds, documentation and ways to assess the changes in wounds.

The highlight of the Health Expo was the Health Forum held at the end of Day One. The key note speaker was Professor Claire Jackson, Director of the Mater Centre for Integrated Health Care and General Practice at the Mater Hospital Brisbane, who presented on the primary care strategy and improved health system integration.

This was followed by a panel discussion, addressing the impact of primary care strategies and integration on General Practice.

Panel guests included Di O'Halloran, Assoc. Professor and WentWest Chair, Professor Tim Usherwood, Head and Sub-Dean, Department of General Practice, Sydney Medical School – Western and WentWest Board Member, and Dr Kean-Seng Lim, GP.

The feedback received from those who attended has been very positive.

Dr Chitra Harinesan enjoyed the "Variety of short topics and different seminars that were suitable for a range of health professionals".

Practice Nurse, Lisa Eishauer commented, "I liked the ability to choose which presentation I wanted to attend. I also liked the broad range of subjects and short concentrated presentations".

WentWest would like thank all those who helped to make the Health Expo such a success, particularly the delegates, presenters, guest speakers and WentWest Board and staff.

Professor Nicholas Zwar who presented on Travel Medicine

Case study participants in the Hep B session presented by Dr Nghi Phung

Health Forum key note speaker, Professor Claire Jackson, who presented on the National Health Reform

(From left): Dr Michael Fasher, WentWest staff member Micheal Kundukulam, and Dr Peter Edwards

Health Forum presenters (from left): Olivia Wood, Di O'Halloran, Tim Usherwood, Claire Jackson and Kean-Seng Lim

University of Sydney medical students

Divisional survey results reveal solid performance

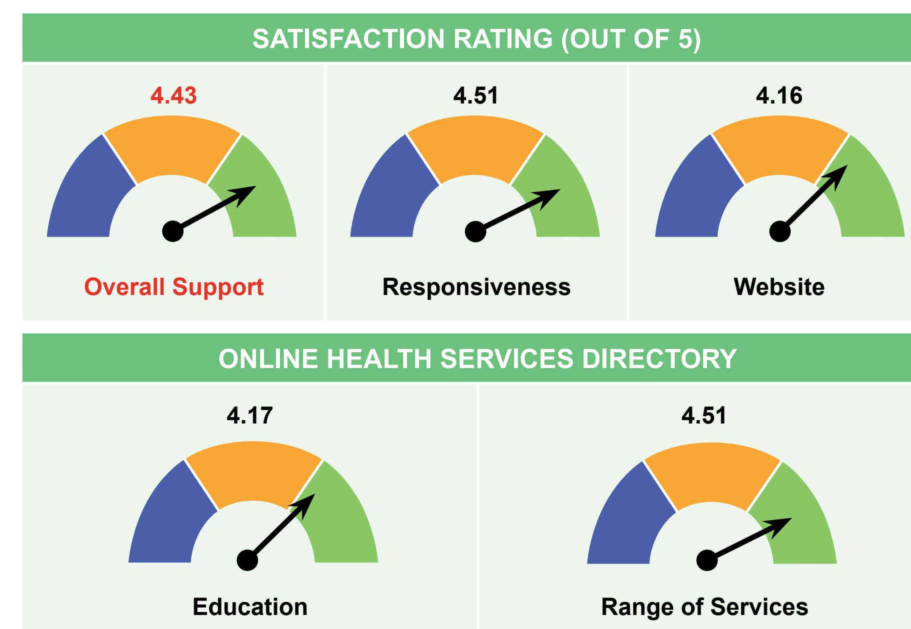
In late 2009, WentWest conducted its annual Needs Survey. The aim of the Needs Survey is to gauge WentWest's performance in meeting General Practice expectations for practice support services.

Results of the survey assist WentWest in planning future activities and to ensure it is meeting the needs of GPs and practice staff across the region.

More than 165 GPs, Practice Nurses and Practice Managers took part in the 2009 survey, which is consistent with divisions of a similar size nationally.

The OHSD is a relatively new addition to WentWest's suite of online tools and enables practice staff (including GPs, Practice Nurses and Practice Managers) to access the details of medical professionals and health care organisations such as specialists, allied health professionals and community health services. To find out more about the Online Health Services Directory visit: www.wentwest.com.au or ask your Area Services Coordinator.

A point of interest raised from the findings was the delivery of education services hosted by WentWest.



The survey, conducted by Ultra Feedback, indicated improvement on 2008 results with WentWest scoring an overall satisfaction rating of 4.43 (5 being the highest satisfaction rating).

WentWest's delivery of IM/IT, education and practice support services rated particularly highly, each scoring well above averages taken from other divisions Australia-wide.

The survey provided valuable feedback on the areas needing most focus, including the utilisation of the recently re-launched Online Health Services Directory (OHSD).

Feedback on our education services was very favourable with 96 per cent of respondents scoring the service satisfactory or higher.

This result is reflected in the strong attendance rates for the 78 education events that were held last year. Swine Flu, Immunisation, Chronic Disease Management and National Prescribing Service events were rated highly and were among the most popular.

We thank all those who contributed to the 2009 Needs Survey and welcome your feedback at any stage throughout the year.

APCC: National to Local

The seven practices participating in the State Wave Australian Primary Care Collaborative have experienced great success through the program's change principles. Now it's time for 12 more practices in WentWest to join the Wave and work towards quality improvement through a collaborative approach.

The local version of the APCC program, which began in March 2010, provides an opportunity for these practices to implement quality improvement strategies around the topics of diabetes, access and care redesign.

Practices participating at a recent APCC State Wave workshop

The national and local versions of the program run on the 'Improvement Model' and 'Same Change' principles that both provide a rare opportunity for practices to hear from other local practices about how their practice systems are set up, maintained and monitored.

Ideas and strategies are exchanged at a series of learning workshops working on the following change principles:

- Building the practice team;
- Establishing a system for creating, validating and updating a register of people with diabetes;
- Being systematic and proactive in managing care;
- Involving patients with delivering and developing their care; and
- Developing effective links with key local partners.

Practices then implement changes during activity periods between workshops and receive feedback and support from the Improvement Foundation and WentWest.

To obtain more information visit: www.apcc.org.au.

Medicare Changes to Primary Care Items

Medicare changes came into effect from 1st May 2010. Some chronic disease items and health assessments will change as follows:

The 10 health assessment items (700, 702, 709, 713, 717, 714, 716, 718, 719 & 712) will be replaced by four new items (701, 703, 705 & 707) based on the duration spent with patient during the assessment.

Changes to Health Assessments Items

Old Item	Old Item Name	New Item Name	New Item Number & Fees			
			Health Assessment Brief – 701 Less than 30 Minutes $55.00	Health Assessment Standard – 703 Lasting between more than 30 minutes, but less than 45 minutes $127.80	Health Assessment Long – 705 Lasting between more than 45 minutes, but less than 60 minutes $176.30	Health Assessment Prolonged – 707 Lasting at least 60 minutes $249.10
700 $179.15	Health assessment for over 75 years old at consulting room	An older persons health assessment (75 years and over)				
702 $253.30	Health assessment for over 75 years old in patient's home					
713 $62.80	40-49 year old at risk of developing Type 2 diabetes	People aged 40-49 years inclusive with risk of developing type 2 diabetes – Type 2 Diabetes Risk Assessment Tool				
717 $106.95	45-49 year old Health Check	Health assessment of 45-49 year (inclusive) who are at risk of developing a chronic disease				
714 $213.50	Health Assessments for Refugees and Other Humanitarian Entrants at consulting room	A health assessment for a person in Australia under the Government's Humanitarian Program – with access to Medicare services, including Refugees and Special Humanitarian Program and Protection Program				
716 $213.50 +derived fees*	Health Assessments for Refugees and Other Humanitarian Entrants in patient's home					
718 $213.50	Intellectual Disability Health Assessments at consulting room	A health assessment for a person with an intellectual disability				
719 $237.50	Intellectual Disability Health Assessments in patient's home					
712 $200.70	Comprehensive Medical Assessment (CMA) of a permanent resident of a residential aged care facility	A comprehensive medical assessment for a permanent resident of an aged care facility				
709 $47.10	A Healthy Kids Check by a GP	A Healthy Kids Check (Health assessment provided by a GP)				
711 $47.10	A Healthy Kids Check by Practice Nurse or registered Aboriginal Health Worker on behalf of Medical Practitioner	A Healthy Kids Check (Health assessment provided by a Practice Nurse or registered Aboriginal Health Worker on behalf of Medical Practitioner)	10986 $55.00			

Changes to Aboriginal and Torres Strait Islander People's Health Assessments Items

Old Item	Old Item Name	New Item Name	New Item
704 $179.15	Aboriginal and Torres Strait Islander Health Check over 55 years provided by GP at consulting room	Aboriginal and Torres Strait Islander people health assessment provided by GP	**715 $196.65**
706 $253.30	Aboriginal and Torres Strait Islander Health Check over 55 years provided by GP in patient's home		
708 $179.15	Aboriginal and Torres Strait Islander Child Health Check 0-14 years inclusive provided by GP		
710 $213.50	Aboriginal and Torres Strait Islander Adult Health Check 15-54 years inclusive provided by GP		

New Indigenous Practice Incentive Payments

The New Indigenous Health Incentive Practice Incentive Payments requires application to be completed and faxed to (08) 8274 9352. To access the application, please go to following website: http://www.medicareaustralia.gov.au/provider/incentives/pip/files/indigenous-health-incentive-application.pdf

Item	Component	Payments	Notes
Indigenous Health Incentive Payments	Sign-on Payments	$1000 per practice (Approx. $1000 per FTE GP)	One-off payment to practices that agree to undertake specified activities to improve the provision of care for Indigenous patients with chronic disease.
	Patient register and recall/ reminder system	$250 per eligible patient per calendar year	A payment to practices for each Indigenous patient aged 15 years and over, registered with the practice for chronic disease management.
	Outcomes payment Total up to $250	Tier 1: $100 per eligible patient per calendar year	Payment to practices for each registered patient for whom a target level of care is provided by the practice in a calendar year. (Develop a GPMP item 721 or coordinate the development of TCA item 723 and undertake at least one review of GPMP or TCA item 732 or undertake two reviews of patient GPMP and TCA items 732 or contribute to or review a multidisciplinary care plan for a patient in a residential age care facility item 731).
		Tier 2: $150 per eligible patient per calendar year	Payment to practices for providing the majority of care for a registered patient in a calendar year. (Practice must provide the majority of MBS services for the patients (at least five MBS services) in the registered period.

The new descriptors for levels B, C and D items will apply to the following groups:

Group	Description
Group A1	GP attendances to which no other item applies.
Group A22	GP after hours attendances to which no other item applies.
Group A7	Acupuncture attendance items by a GP who is a qualified medical acupuncturist.
Group A13	Public Health Physician attendances to which no other item applies.
Group A18 Subgroup 1	Practice Incentive Payments – taking of cervical smear from an unscreened or significantly unscreened woman.
Group A18 Subgroup 2	Practice Incentive Payments – completion of a cycle of care for patients with established diabetes mellitus.
Group A18 Subgroup 3	Practice Incentive Payments – completion of the asthma cycle of care.

WentWest to target more high-risk 40-49 year olds through SHAPE

WentWest will continue to provide dietary education and exercise sessions for patients aged 40-49 years who are high-risk of developing Type 2 diabetes, courtesy of a joint funding initiative from APGN and DoHA. The initiative is designed to build greater awareness of diabetes prevention programs available to high-risk community groups.

WentWest has been specifically approached to support the roll-out at a local level given its success in delivering SHAPE to a wide-range of patients over the past 12 months.

The service, to be offered through SHAPE, is expected to reach more than 100 patients from July to December 2010 and will specifically target the region's most vulnerable, including Aboriginal and Torres Strait Islanders, Pacific Islanders and Arabic-speaking patient groups.

WentWest will work in collaboration with local community groups including the AMS and HealthOne to reach those most at risk. To find out more on the initiative contact Diana Daoud on (02) 8833 8014.

Changes to Chronic Disease Management Group A15, Subgroup 1

The main change is that two review items that will be replaced by one new review item as follows:

Old Items		New Items	
Item Number	**Item Name**	**Item Number**	**Item Name**
725 Fee: $66.80	Review a GP Management Plan	**732 Fee: $66.80**	Review a GP Management Plan or Coordinate a Review of Team Care Arrangements/Multidisciplinary Community Care Plan/Multidisciplinary Discharge Plan
727 Fee: $66.80	Coordinate a Review of Team Care Arrangements/Multidisciplinary Community Care Plan/Multidisciplinary Discharge Plan		

Group M9 – Allied Health Group Services

The description amendment has replaced item 725 with the new item 732 for the following items:

Item Number	Item Name	Description Amendment
81100	Diabetes Education Service – Assessment for Group Service	(b) The person is being managed by the Medical Practitioner (including a general, but not a specialist or consultant physician) under a GP management Plan (i.e. item 721 or 732), or if the person is a resident of an aged care facility, their medical practitioner has contributed to a multidisciplinary care plan (i.e. item 731).
81110	Exercise Physiology Service – Assessment for Group Services	
81120	Dietetics Service – Assessment for Group Services	

Changes to Practice Incentive Payments Group A18, Subgroup 1

Item Numbers	Item Name	Description Amendment
2497 $15.70	Taking of a cervical smear from an unscreened or significantly underscreened woman **Level A**	Consultation at Consulting Room Professional attendance at consulting rooms (See paragraph A5 and A43 of explanatory notes for this category)
2501 $34.30	Taking of a cervical smear from an unscreened or significantly underscreened woman **Level B**	
2504 $66.45	Taking of a cervical smear from an unscreened or significantly underscreened woman **Level C**	
2507 $97.80	Taking of a cervical smear from an unscreened or significantly underscreened woman **Level D**	
2503 $34.30+ Derived Fee*	TTaking of a cervical smear from an unscreened or significantly underscreened woman **Level B**	Consultation at a place other than Consulting Room Professional attendance at consulting rooms (See paragraph A5 and A43 of explanatory notes for this category)
2506 $66.45+ Derived Fee*	Taking of a cervical smear from an unscreened or significantly underscreened woman **Level C**	
2509 $97.80+ Derived Fee*	Taking of a cervical smear from an unscreened or significantly underscreened woman **Level D**	

*Derived fee: $24.05 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients the fee for item 2503-2509 plus $1.80 per patient.

Changes to Practice Incentive Payments Group A18, Subgroup 2

Item Numbers	Item Name	Description Amendment
2517 $34.30	Completion of a Cycle of Care for Patients with established Diabetes Mellitus **Level B**	Consultation at Consulting Room Professional attendance at consulting rooms (see paragraph A5 and A44 of explanatory notes for this category)
2521 $66.45	Completion of a Cycle of Care for Patients with established Diabetes Mellitus **Level C**	
2525 $97.80	Completion of a Cycle of Care for Patients with established Diabetes Mellitus **Level D**	
2518 $34.30+ Derived Fee*	Completion of a Cycle of Care for Patients with established Diabetes Mellitus **Level B**	Consultation at a place other than Consulting Room Professional attendance at consulting rooms (see paragraph A5 and A44 of explanatory note for this category)
2522 $66.45+ Derived Fee*	Completion of a Cycle of Care for Patients with established Diabetes Mellitus **Level C**	
2526 $97.80+ Derived Fee*	Completion of a Cycle of Care for Patients with established Diabetes Mellitus **Level D**	

*Derived fee: $24.05 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients the fee for item 2518-2526 plus $1.80 per patient.

Changes to Practice Incentive Payments Group A18, Subgroup 3

Item Numbers	Item Name	Description Amendment
2546 $34.30	Completion of an Asthma Cycle of Care **Level B**	Consultation at Consulting Room Professional attendance at consulting rooms (see paragraph A5 and A45 of explanatory notes for this category)
2552 $66.45	Completion of an Asthma Cycle of Care **Level C**	
2558 $97.80	Completion of an Asthma Cycle of Care **Level D**	
2547 $34.30+ Derived Fee*	Completion of an Asthma Cycle of Care **Level B**	Consultation at a place other than Consulting Room Professional attendance at consulting rooms (see paragraph A5 and A45 of explanatory notes for this category)
2553 $66.45+ Derived Fee*	Completion of an Asthma Cycle of Care **Level C**	
2559 $97.80+ Derived Fee*	Completion of an Asthma Cycle of Care **Level D**	

*Derived fee: $24.05 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients the fee for item 2547-2559 plus $1.80 per patient.

Changes to After Hour Attendance Items

Old Item		New Items		New Applicable Time		
Item Number	**Item Name**	**Item Number**	**Item Name**	**Monday to Friday***	**Saturday***	**Sunday and/or Pub. Holiday**
1 $120.30	Urgent attendance after hours at a place other than consulting rooms (other that an attendance between 11pm and 7am)	**597 Fee: $120.30**	Urgent attendance – after hours (other than between 11pm and 7am)	Between 7am-8am and 6pm-11pm	Between 7am-8am and 12pm -11pm Between 11pm-7am	Between 7am-11pm Between 11pm-7am
2 $120.30	Urgent attendance after hours at consulting rooms (other than an attendance between 11pm and 7am)					
603 $85.50	Urgent attendance during transitional hours					
601 $141.75	Urgent attendance after hours at a place other than consulting rooms (between 11pm and 7am)	**599 Fee: $141.75**	Urgent attendance – unsociable hours (between 11pm and 7am)	Between 11pm-7am	Between 11pm-7am	Between 11pm-7am
602 $141.75	Urgent attendance after hours at consulting rooms (between 11pm and 7am)					

*With exceptions to public holidays

Old Items		New Items	
Item Number	**Old Item Name**	**Item Number**	**New Item Name**
5003 $26.85 + derived fee*	Home visit	**5003 $26.85 + derived fee***	Home visit or consultation at an institution (other than a hospital or residential aged care facility)
5007 $26.85 + derived fee*	Consultation at an institution other than a hospital or residential age care facility		
5023 $45.45 + derived fee*	Home visit	**5023 $45.45 + derived fee***	Home visit or consultation at an institution (other than a hospital or residential aged care facility)
5026 $45.45 + derived fee*	Consultation at an institution other than a hospital or residential age care facility		
5043 $76.30 + derived fee*	Home visit	**5043 $77.75 + derived fee***	Home visit or consultation at an institution (other than a hospital or residential aged care facility)
5046 $76.30 + derived fee*	Consultation at an institution other than a hospital or residential age care facility		
5063 $107.10 + derived fee*	Home visit	**5063 $109.15 + derived fee***	Home visit or consultation at an institution (other than a hospital or residential aged care facility)
5064 $107.10 + derived fee*	Consultation at an institution other than a hospital or residential age care facility		

*The Derived Fee is $24.05 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients, the fee for the respective in-surgery items plus $1.80 per patient.

Item Number	Attendance Period	New Applicable Time		
		Monday to Friday*	**Saturday***	**Sunday and/or Public Holiday**
5000, 5020, 5040, 5060	Non-urgent after hours at consulting rooms	Before 8am or after 8pm	Before 8am or after 1pm	All day
5003, 5010, 5023, 5028 5043, 5049, 5063, 5067	Non-urgent after hours at a place other than consulting rooms	Before 8am or after 6pm	Before 8am or after 12 noon	All day

Changes to After Hour Attendance Items (cont.)

Between 1st May 2010 and 1st July 2010 doctors claiming the higher bulk-billing incentive for MBS items 597, 598, 599 or 600 will need to use a new item 10985. On 1st July doctors should resume using item 10992. From 1st May 2010, doctors claiming the higher bulk-billing incentive for after hours items 5003-5267 should continue to use item 10992.

The new item descriptor for 10985 is set out as follows:

New Item	Health Service	Fee for all States
10985	A medical service to which item 597, 598, 599 or 600 applies if: (a) The service is an unreferred service; and (b) The service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and (c) The person is not an admitted patient of a hospital; and (d) The service is not provided in consulting rooms; and (e) The service is provided in an eligible area; and (f) The service is provided by or on behalf of a medical practitioner whose practice location is not in an eligible area; and (g) The service is bulk billed in respect of the fees for: (i) This item; and (ii) The other item in this table applying to the service.	**$10.05**

Group A15, Subgroup 2

Old Items		New Items	
Item Number	**Service Time**	**Item Number**	**Service Time**
Organise and coordinate a GP Case Conference			
734, 740, 746 Fee: $89.55	At least 15 and less than 30 minutes	**735 Fee: $65.40**	At least 15 minutes and less than 20 minutes
736, 742, 749 Fee: $134.35	At least 30 and less than 45 minutes	**739 Fee: $112.10**	At least 20 minutes and less than 40 minutes
738, 744, 757 Fee: $179.15	At least 45 minutes	**743 Fee: $186.85**	At least 40 minutes
Participate in a GP Case Conference			
759, 768, 775 Fee: $63.95	At least 15 and less than 30 minutes	**747 Fee: $48.10**	At least 15 minutes and less than 20 minutes
762, 771, 778 Fee: $102.35	At least 30 and less than 45 minutes	**750 Fee: $82.40**	At least 20 minutes and less than 40 minutes
765, 773, 779 Fee: $140.70	At least 45 minutes	**758 Fee: $137.35**	At least 40 minutes

Increase in Medicare Fees and Changes to Time-Based Attendance Item Descriptors

Old Item	New Item	New Item Description
Level A 3 $15.70	**Level A 3 $15.70**	Item descriptor will not be changed.
Level B 23 $34.30	**Level B 23 $34.30**	Professional attendance by a General Practitioner lasting less than 20 minutes involving, where clinically relevant: a) Taking a history; b) Undertaking clinical examination; c) Arranging any necessary investigation; d) Implementing a management plan; e) Providing appropriate preventive health care in relation to one or more health related issues with appropriate documentation.
Level C 36 $65.20	**Level C 36 $66.45**	Professional attendance by a General Practitioner lasting at least 20 minutes involving, where clinically relevant: a) Taking a history; b) Undertaking clinical examination; c) Arranging any necessary investigation; d) Implementing a management plan; e) Providing appropriate preventive health care in relation to one or more health related issues with appropriate documentation.

Immunisation – effective cold chain management

Immunisation saves many lives; however, cold chain management from the manufacturer to the point of administration to the patient is essential. Vaccines must be maintained at a temperature between +2°C and +8°C or they lose their effectiveness.

Patients receiving such damaged vaccines will not be protected against the relevant disease, so it is essential that vaccines remain within the recommended range at all times.

Health professionals need to ensure that patients receive an effective health product as, unfortunately, any damage caused to vaccines by incorrect storage is irreversible.

Therefore, measures need to be taken to prevent a cold chain failure occurring. Three simple ways of improving the cold chain management in your practice is to:

1. Appoint one practice staff member to monitor fridge temperatures and make any adjustments to the fridge control settings;
2. Record refrigerator temperatures twice daily (at the beginning and end of each day);
3. Provide ongoing education of staff on vaccine management, including orientation of new staff member.

There were 20 reported cold chain failures between May and October 2009 from General Practices in the WentWest Divisional area.

Cold chain breaches can still occur even in well-designed and well-managed practices as a result of technical malfunctions, but if there are good procedures in place problems will be detected and effectively managed before an ineffective vaccine is used.

All staff handling vaccines need to receive education on how to manage them so the vaccines remain safe and effective. This involves all staff members whose roles may affect safe vaccine storage at any stage.

WentWest can provide the following Cold Chain Management resources and services:

- Immunisation manual
- How to pack a vaccine fridge/esky poster
- Thermometers
- Purpose Built Fridge Information
- Data Logging
- Cold chain training for clinical and non-clinical staff members; and
- What to do if a cold chain failure occurs.

For more information or support on immunisation call (02) 8833 8029 or email: support@wentwest.com.au.

"We appreciate the importance of the relationship with the GP to ensure optimum patient care"

Dr Brian Hsu FRACS (Orth)
Adult & Paediatric Spine Surgeon

I am an Orthopaedic Spine Surgeon and a graduate of the University of Sydney and the Australian Orthopaedic Association training scheme. After completing my training in Australia I spent 18 months overseas in the United States completing two spine Fellowships.

My area of expertise is in Adult and Paediatric spinal deformity, degenerative cervical and lumbar conditions, complex cervical and lumbar reconstructions, osteotomies and minimally invasive surgical procedures.

The focus of my practice is thorough patient care and treatment ensuring your patient is cared for and treated promptly.

HOSPITAL APPOINTMENTS

Westmead Childrens Hospital
North Shore Private Hospital
Westmead Private Hospital
Norwest Private Hospital

PRACTICE LOCATIONS

Bella Vista
Chatswood
Westmead
Sydney Olympic Park
Taree

CONTACT & APPOINTMENTS

T: 1300 975 800 F: 02 8572 8269
Email: info@hsuorthospine.com.au
Website: www.brianhsu.com.au
PO Box 583 Lindfield NSW 2070

Outcome Measurement Tools assist mental health care

What is an Outcome Measurement Tool and why should I use it?

An Outcome Measurement Tool measures symptoms, quality of life, level of functioning and a patient's condition and change over time, all of which are essential in evidence-based approach to mental health care.

Outcome Measurement Tools are used to maintain high standards of patient mental health care and are important to both the patient and the clinician. For consumers, they are able to monitor progress; for clinicians, they can monitor the patient's progress and their own performance as a clinician.

An Outcome Measurement Tool should be utilised during the assessment and the review of the GP Mental Health Treatment Plan and Review, except where it is considered clinically inappropriate.

K10					
For all questions, please fill in the appropriate response circle.					
The maximum score is 50 indicating severe distress, the minimum score is 10 indicating no distress.	1	2	3	4	4
In the past 4 weeks:	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1. How often did you feel tired out for no good reason?	○	○	○	○	○
2. How often did you feel nervous?	○	○	○	○	○
3. How often did you feel so nervous that nothing could calm you down?	○	○	○	○	○
4. How often did you feel hopeless?	○	○	○	○	○
5. How often did you feel restless or fidgety?	○	○	○	○	○
6. How often did you feel so restless you could not sit still?	○	○	○	○	○
7. How often did you feel depressed?	○	○	○	○	○
8. How often did you feel that everything is an effort?	○	○	○	○	○
9. How often did you feel so sad that nothing could cheer you up?	○	○	○	○	○
10. How often did you feel worthless?	○	○	○	○	○

What Outcome Measurement Tools can I use?

The choice of Outcome Measurement Tools to be used is at the clinical discretion of the GP.

GPs using outcome tools should be familiar with their appropriate clinical use and, if you are not, you should seek the appropriate education and training. It should be noted that outcome tools are not diagnostic tools.

There are a number of free outcome tools available for use:

- Kessler Psychological Distress Scale (K10)
- Depression Anxiety Stress Scale (DASS)
- Health of the Nation Outcome Scale (HoNOS)
- Edinburgh Post Natal Depression Questionnaire
- Sphere Questionnaire
- Paediatric Symptom Checklist.

What is the K10 and how is it scored?

The K10 is widely recommended as a simple measure of psychological distress and as a measure of outcomes following treatment for common mental health disorders, which can be patient or GP administered. The K10 uses a five value response option for each question – all of the time, most of the time, some of the time, a little of the time and none of the time, which can be scored from five through to one.

The maximum score is 50 indicating severe distress, the minimum score is 10 indicating no distress. Questions 3 and 6 are not asked if the preceding answer was 'none of the time' in which case questions 3 and 6 would automatically receive a score of one.

For more information or to receive free copies of any of the Outcome Tools listed, please call (02) 8833 8029.

Access to Allied Psychological Services (ATAPS) and other referral options

WentWest's ATAPS program has been available for low income earners, Aboriginal Torres Strait Islanders, youth and culturally and linguistically diverse (CALD) patients who cannot afford any gap payment charged by private psychologists. Recently, the program has expanded to offer Group Psychological Sessions and Specialist Perinatal Psychology.

To refer a patient:

- Complete a GP Mental Health Treatment Plan
- Assess the patient using an Outcome Tool
- Refer using the ATAPS forms.

To refer patients into the ATAPS program or for more information, please contact WentWest on (02) 8833 8029.

Not just five or more medications

The Home Medicines Review (HMR) is most commonly known to benefit patients with multiple medications but they do not have to be on more than five medications to qualify.

The criteria that makes a patient eligible is simply that they are your regular patient, are living at home and are at risk of medication misadventure.

Factors that may put them at risk include:

- Recent discharge from hospital;
- Significant changes made to medication regimen in last 3 months;
- Taking medication with a narrow therapeutic index;
- Symptoms of a possible adverse drug reaction;
- Sub-therapeutic response to treatment;
- Suspected non-compliance or the inability to manage medication optimally;
- Difficulty managing medication regimen;
- Attending different doctors including specialists; and
- Other medication issues or problems.

An HMR is a quick and easy way of finding out exactly what medicines a patient is taking, if they are managing their medicines well and if the regime is safe and effective.

There is no age restriction to receiving an HMR. Any patient living in the community can have an HMR if the GP thinks the patient may benefit from such a service.

To find out more, contact Alex Elia on (02) 8833 8028 or 0408 005 795 or email: alex.elia@wentwest.com.au.

Home Medicines Reviews can reduce heart failure hospitalisations

Medicines play a significant role in the management of heart failure as 44 per cent of patients with heart failure will be re-hospitalised within six months of discharge. Home Medicines Reviews are effective in preventing and resolving medication-related problems.

A recent study by researchers at the University of South Australia wanted to assess the effectiveness of collaborative medicine reviews in reducing hospitalisations for heart failure patients in the ambulatory setting.

The objective was to determine the impact of general medical practitioner and pharmacist collaborative Home Medicines Review (HMR) on time to hospitalisation for heart failure in the population with heart failure.

The study involved 273 veterans exposed to a home medicines review and 5444 unexposed patients. The adjusted results showed the HMR group had a 46 per cent reduction in the likelihood of hospitalisation for heart failure at any time (HR, 0.54 95% CI, 0.38-0.77).

“This is the first study to show these benefits in real-world practice rather than in a trial setting,” said Elizabeth E. Roughead, PhD, lead author of the study and a pharmacist and associate professor in the School of Pharmacy and Medical Sciences at the University of South Australia in Adelaide. “If you have heart failure, getting a home visit with your pharmacist and then having a follow-up visit with your doctor about your medicines can keep you out of the hospital.”

The study concluded that the outcomes from randomised controlled trials of the effectiveness of collaborative medication reviews in the heart failure population can be translated into practice and that the effect is clinically significant with a delay in time to hospitalisation of more than 200 days for some patients. The results are consistent with findings that medication-related problems are contributors to admissions for heart failure.

With hospitalisations in Australia for heart failure estimated to cost $140 million per annum, these delays to next hospitalisation will contribute to significant cost savings to the health system. “Poor use of medicines can increase costs enormously,” Roughead said. “This study indicates that investing in improvements in medication management can result in more cost-effective health care.”

For more information about how Home Medicines Reviews can help your patients, contact Alex Elia on (02) 8833 8028 or 0408 005 795 or email: alex.elia@wentwest.com.au.

Menopause treatment – choosing the best therapy for your patient

As new evidence has emerged over the last decade there has been debate about the safest and most effective treatment options for managing the symptoms of menopause.

The National Prescribing Service (NPS) believes the decision about which treatments to use should be made jointly between the health professional and the patient.

Concerns about the potential adverse affects associated with hormone replacement therapy have led to an increased interest in non-hormonal therapies. While many women often think complementary medicines are safer, the evidence is still inconclusive and there have been reports of adverse effects and interactions between complementary medicines and conventional medicines.

In its latest education program, Therapeutic Choices for Menopausal Symptoms, NPS advises that oestrogen, with or without progestogen hormone replacement therapy, is the most effective treatment for menopausal symptoms, if a decision is made to use drug therapy.

The therapeutic program reinforces the following:

- Discuss a woman’s goals and concerns about menopause and her treatment preferences;
- Oestrogen, with or without progestogen, is the most effective treatment for women with menopausal symptoms;
- Consider potential benefits and harms and assess cardiovascular risk;
- Tailor the dose and duration of therapy according to individual symptoms and existing risks;
- Inform women about the limited efficacy and safety data on complementary and alternative medicines.

As part of the therapeutic program, NPS provides health professionals with the following assistance:

- NPS News (64) – Therapeutic choices for menopausal symptoms;
- Case study (59) – Optimising quality of life during menopause;
- Prescribing Practice Review (47) – Therapeutic choices for menopausal symptoms;
- One-on-one educational visit by NPS facilitators;
- Small group discussions led by NPS facilitators.

WentWest is offering educational visits on the program for GPs by a trained NPS facilitator.

Dr Simon Young, a GP who practices in Blacktown had this to say regarding the educational visit: “I participated in the menopause module at a lunchtime workshop. By that afternoon I was using the resources supplied and discussing the evidence with a patient with more confidence”.

Resources provided during an educational visit include a table of the currently available HRT products and their PBS status as well as patient resources. Two QA & CPD points are also issued for participation.

For further information or to book a visit, please contact Rebecca Cause at WentWest on (02) 8833 8026.

INFORMATION MANAGEMENT/INFORMATON TECHNOLOGY

IM/IT – supporting GPs in information technology and facilitating integration of primary care

Information management and technology and its national priorities and standards are widely debated in the current environment of Health care reform. While the National E-Health Transition Authority (NEHTA) is leading and coordinating the national progression of e-health, WentWest, in consultation with the local GPs, has prioritised the needs in the region and is implementing solutions to support GPs and practice staff in the use of clinical software and to facilitate collaboration in primary care in line with NEHTA’s guidelines.

Solutions include:

1. IT Training: Active learning workshops are being conducted to train GPs and practice staff in the use of clinical software packages. Training workshops are being conducted throughout the year for Medical Director 3 users with further packages starting soon. All sessions are repeated through the year.

2. Secure messaging: Practices are supported to identify, implement and use encrypted electronic messaging in primary care to reduce time and resources taken in the exchange of information and to facilitate collaboration across care providers.

3. Online Health Services Directory: A directory of local health services is constantly updated and available at: www.wentwest.com.au. Registered users can locate a service, print or email the details and a location map.

For more information on any of the above services or to register, please contact Daniel Hanna on (02) 8833 8033 or email: daniel.hanna@wentwest.com.au.

Leading the way in integrated care

GPs, hospitals, community health pharmacists and allied health providers in Western Sydney, share consented patient information, to collaborate and work in teams to manage older people, patients with chronic conditions, children and young families at risk, maternal health and disadvantaged local communities.

Integration between care providers at different stages of patients' journeys has resulted in patients receiving coordinated care to remain healthy in the community.

WentWest has been a catalyst in this process by partnering with various stakeholders, including Sydney West Area Health Service (SWAHS), to develop and implement programs towards better health for communities.

Australian Better Health Initiative

Through this initiative, WentWest partnered with SWAHS to provide notifications to GPs when patients with high risk and chronic condition present and discharge from the Emergency Department at the hospital. On discharge from in-patient areas, GPs are provided with information through a discharge teleconference.

Further to this, GPs prepare a management plan, which is then forwarded to community nurses who continue care and provide written feedback, followed by a community case conference supported by the GP liaison nurse, if two or more care providers are involved. This results in the development of a multidisciplinary care plan between care providers to continue care.

Antenatal Shared Care

Integration of GPs and SWAHS hospital antenatal clinic brings the providers together to share care for pregnant women. GPs provide antenatal care and hospital clinics provide intrapartum care for women with low risk factors. In 2009 over 400 deliveries in WentWest's area were through shared care.

HealthOne

HealthOne is a NSW Health funded initiative to integrate primary and community health services to better meet the needs of people in NSW.

This means that health care providers collaborate to provide comprehensive and coordinated care for clients to reduce unnecessary hospital admissions and improve their health outcomes.

WentWest and Sydney West Area Health Service have successfully been funded to implement HealthOne within the Mt Druitt and Auburn LGAs. These services target: people with chronic and complex care conditions; children and their families who are vulnerable and at risk; and disadvantaged communities (including Aboriginal and Refugee populations).

Clients are identified by GPs, area health service staff and community-based services as a potential HealthOne enrolment in consultation with the GP Liaison Nurse.

The GP Liaison Nurse assists with the referral process and, once enrolled, facilitates service provider feedback and communication, community case conference(s) and coordinated care involving the client and carer.

In the words of NSW Premier Kristina Keneally, "We've made (HealthOne Mt Druitt) work and we've been able to save on substantial hospital bed times for people with chronic diseases".

Home Medications Review (HMR)

While GPs identify patients with medication complications and refer to accredited pharmacists to conduct medication reviews of patients, WentWest has partnered with SWAHS for the hospitals to identify such patients and recommend GPs to refer for HMR to reduce representation at hospitals due to medication errors.

To find out more, contact Micheal Kundukulam on (02) 8833 8031 or email: micheal.kundukulam@wentwest.com.au.

PRACTICE SUPPORT

WentWest is committed to leading integrated primary health care towards better health equity and to empower General Practitioners and their teams to care for the community presenting at their practice.

Support is available in the areas of: Accreditation, Practice Management, Immunisation and Cold Chain Systems, Practice Nursing, Chronic Disease Management, Preventative Health, Aboriginal Health, Antenatal Shared Care, Aged Care and Information Management and Technology.

The Practice Support team is available to conduct training sessions at your practice on topics such as: triage, infection control, dealing with difficult patients, cold chain management and phone manners. A certificate of attainment is issued to the participants.

WentWest has a wide array of resources provided free to your practice such as fridge thermometers, data logging services and patient health education as well as health assessments, care plans, referral and recall letters templates. Practices can also borrow Medical Director training DVDs for self-directed learning.

The Practice Support area on our website: www.wentwest.com.au contains information about the programs and services we offer.

Your practice staff can also join our network groups, which promote quality practice management and professional development.

To arrange a training session or introductory visit on how our Support Team can assist your Practice, contact (02) 8833 8029.

Practice Health Atlas™ – promoting quality improvement and reflection in General Practice

The Practice Health Atlas™ (PHA) program is designed to inspire General Practice teams to reflect on its activities and develop business models for more effective health care services and outcomes.

The program is based on the synthesis of relevant, high quality and timely practice health data, as well as using such data to predict future health care needs and trends.

The Practice Health Atlas report is divided in three sections:

1. Epidemiology & Mapping
2. Business and Clinical Systems Modelling
3. Access to Services and Networks.

Each section is developed using data from the practice and other information from database sources available to WentWest, for example, socio-economic indexes for areas (SEIFA).

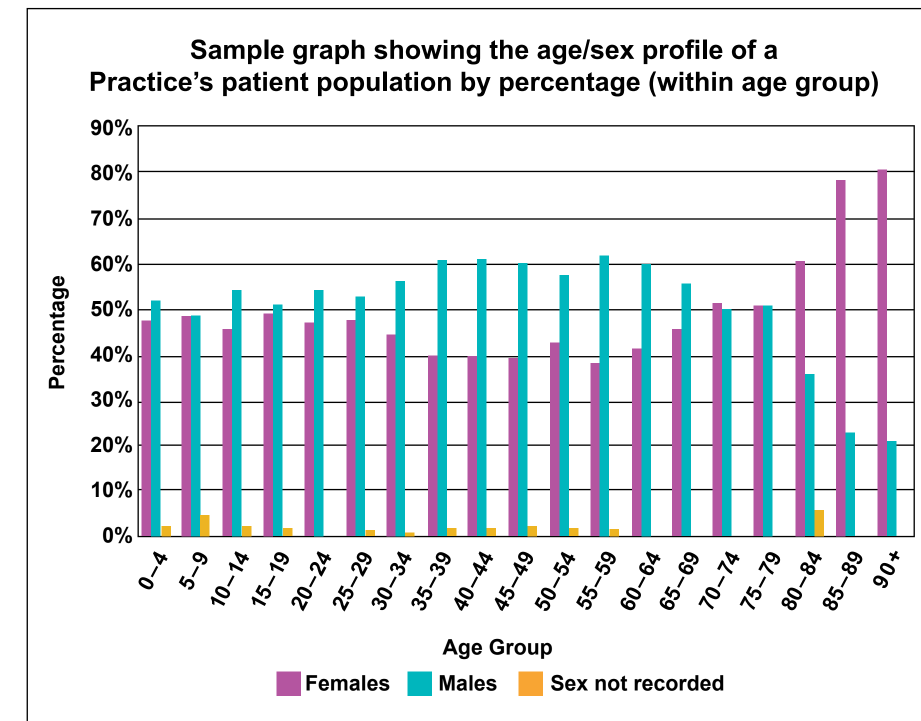
Within each section, each topic provides information relating to the practice, and this is consistent with the five domains of General Practice in the RACGP education program.

Participants complete discussion points for topics raised in each section inducing reflection on current programs and activities within the practice.

At the end of each section, there is a Plan, Do, Study Act (PDSA) worksheet. The PDSA cycle is the learning tool, whereby participants can apply the knowledge gained through the PHA to their current practice and identify areas for improvement.

The graph above is one example of the type of report participating practices would receive. The graph represents the Age/Sex profile of a practice's patient population by percentage (within age group).

This type of information prompts participants to evaluate the types of services commonly provided by the practice to their patients and to explore risk and opportunities associated with having this type of patient population characteristics.



The PHA process

WentWest consults with individual practices to identify how best to utilise the PHA tool in that particular setting. This may include:

- Focusing upon a particular group of patients (e.g. those on 5+ medications) and re-engineering practice systems to more efficiently identify, recall and provide services to them;
- Providing advice and information relating to Practice Nurse Business Models, as well as extended Allied Health worker business models;
- Establishing a workforce training need for practice staff in service provision tools such as the Chronic Disease Management Items or the Online Health Services Directory www.wentwest.com/ohsd.

Potential benefits of the PHA

As a decision support tool, the Practice Health Atlas report can be used in several ways:

- As an information resource;
- Comparative resource with the GP/Practice's existing knowledge; and
- For business and clinical systems modelling and re-design.

In this sense, outcomes may be achieved in several areas:

- Data Quality and Management
- Team-based care
- Practice population health care
- Clinical performance monitoring
- Reducing health inequalities
- Business systems development
- Accreditation
- Marketing of Practice
- Practice Amalgamation.

To send your expression of interest, contact Alex McLaren at WentWest on (02) 8833 8023 or email: alex.mclaren@wentwest.com.au.

EDUCATIONAL PROGRAM

	DATE	TIME	EVENT	VENUE
JUNE	Tuesday, 8th June	7.00–9.30pm	CPR and AED Training	Auburn RSL, 33 Northumberland Rd, Auburn
	Wednesday, 9th June	12.30–2.00pm	Parramatta & Holroyd Midday CPD	Parramatta Workers' Club, 163-165 George St, Parramatta
	Wednesday, 16th June	12.30–2.00pm	BMPA Midday CPD	Chopsticks Restaurant, 6 Ash St, Blacktown
JULY	Wednesday, 14th July	12.30–2.00pm	Parramatta & Holroyd Midday CPD	Parramatta Workers' Club, 163-165 George St, Parramatta
	Wednesday, 21st July	12.00–2.00pm	BMPA Midday CPD	Chopsticks Restaurant, 6 Ash St, Blacktown
	Friday, 30th July	12.30–2.00pm	MDMPA Midday CPD	To be confirmed
AUG	Wednesday, 11th August	12.30–2.00pm	Parramatta & Holroyd Midday CPD	Parramatta Workers' Club, 163-165 George St, Parramatta
	Wednesday, 18th August	12.30–2.00pm	BMPA Midday CPD	Chopsticks Restaurant, 6 Ash St, Blacktown
	Friday, 27th August	12.30–2.00pm	MDMPA Midday CPD	To be confirmed
SEPT	Wednesday, 8th September	12.30–2.00pm	Parramatta & Holroyd Midday CPD	Parramatta Workers' Club, 163-165 George St, Parramatta
	Wednesday, 15th September	12.30–2.00pm	BMPA Midday CPD	Chopsticks Restaurant, 6 Ash St, Blacktown
	Friday, 24th September	12.30–2.00pm	MDMPA Midday CPD	To be confirmed
OCT	Wednesday, 13th October	12.30–2.00pm	Parramatta & Holroyd Midday CPD	Parramatta Workers' Club, 163-165 George St, Parramatta
	Wednesday, 20th October	12.30–2.00pm	BMPA Midday CPD	Chopsticks Restaurant, 6 Ash St, Blacktown
	Friday, 29th October	12.30–2.00pm	MDMPA Midday CPD	To be confirmed
NOV	Wednesday, 10th November	12.30–2.00pm	Parramatta & Holroyd Midday CPD	Parramatta Workers' Club, 163-165 George St, Parramatta
	Wednesday, 17th November	12.30–2.00pm	BMPA Midday CPD	Chopsticks Restaurant, 6 Ash St, Blacktown
	Friday, 26th November	12.30–2.00pm	MDMPA Midday CPD	To be confirmed

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