



NETWORK

CONNECT

magazine

– Connecting the Network



Practice Nurse numbers on the rise

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Cover image: ACT Practice Nurse Naida Fletcher winner of the ACT Nursing 2010 Practice Nurse of the Year.



The Australian General Practice network (AGPN) represents a network of 110 local organisations (General Practice networks), as well as eight state and territory based entities. More than 90 percent of General Practitioners, and an increasing number of allied health professional and practice Nurses, are members of their local general practice network. The Network is involved in a wide range of activities, including health promotion, early intervention and prevention strategies, chronic disease management, medical education and workforce support. For further information about AGPN please contact the Communications Team.

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Contact us

If you have a story that you would like featured in AGPN's Network Connect, please contact Ben Graham: bgraham@agpn.com.au

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Chair's message

Dr Emil Djakic
Chair AGPN

The past few months have been an intense time for the Network with confirmation that the Network will be the basis upon which primary health care organisations (PHCOs) will evolve. It is no mean feat to create this new general practice landscape that will transform the health service delivery of the primary health care sector.

As a result of this direction for the Network, we will shortly be entering a transition period through which AGPN will guide its members.

Obviously as we get closer to the first PHCO starting in June 2011, changes will be felt in general practice, but they will not be to its detriment. We are still committed to general practitioners working in a multidisciplinary team role with practice nurses, nurse practitioners and allied health professionals.

PHCOs are designed to enhance medical practitioners' work and to build on the work they do. They aim to make it easier for patients to access health care, resulting in more care being sought in a community setting earlier, while decreasing the rates of hospitalisation.

While the transitional phase throws up some complex issues for the Network we can take solace knowing that the Network is stronger and more united on this issue than ever before. A united network will ensure PHCOs are successful and benefit the health needs of all Australians.

Melbourne GP wins Network's highest honour

Dr Michael Nolan, a Melbourne General Practitioner (GP), won the Network's most prestigious award, the John Aloizos Medal, for his contribution to the organisation and his community.

The award, presented at the Australian General Practice Network (AGPN) National Forum 2009, recognised Dr Nolan's involvement as a founding member of Bayside General Practice and his participation in the Network.

Dr Nolan was joined on stage by Macarthur Division of Excellence in Program Delivery award for its *Eat it, Work it, Move it* program and Melissa Cook, from Knox Division of General Practice in Victoria, who won best poster.

Dr Nolan, who has a passion for improving patient health outcomes and practice management, was shocked by the honour.

"It was an absolute surprise to win this award ... and to get it in front of so many colleagues was very touching. If they had put on the lights I could have picked at least 20 or 30 other people who were just as deserving of this award because of their work in the Network," said Dr Nolan.

Dr Nolan began his general practice career in Cheltenham more than 25 years ago. He is a strong believer in multidisciplinary teams in general practice working together for best patient care.

Macarthur Division of General Practice's *Eat it, Work it, Move it* program has encouraged high school pupils throughout their area to exercise more and eat better. Since the introduction of the program, eating fresh fruit and vegetables has increased up to 50 percent with some age groups and there has been a 60 percent increase in their knowledge of the benefits of physical activity.

Melissa Cook's poster was based on her men's health program, which raised community awareness during mental health week.

The program, titled *Kicking Goals ... For Men's Health*, is designed to improve the participants' connection with the Knox community; increase men's confidence in visiting their local GP and increase awareness of primary health care services. At the conclusion of the program 89 percent of participants felt more confident in visiting their GP and 69 percent said they learned the importance of having regular checkups.



ALIVE and well

Patients discharged from hospital following a suicide or self-harm attempt are often difficult for general practice to track because of isolation and social disengagement, according to Perth Primary Care Network's (PPCN) Clinical Co-ordinator Mental Health, Greg Rusha.

To stop people in this group falling through service gaps, PPCN established the ALIVE (Alive Life enhancing InterVENTion) program in early 2009 to offer direct acute care for three months after hospital discharge.

People are referred to the ALIVE team from the Social Work and Emergency Departments of the Sir Charles Gardiner Hospital and general practice within PPCN's area after a suicide or self-harm attempt.

The ALIVE services range from crisis support, short-term counselling and referral, to appropriate services.

"One of the most common problems people face is not being tapped into local services, which includes general practice. If there is no GP involved then we get them involved," said Mr Rusha.

The services clients use as part of the program do not have to relate to mental health.

"We can align people with a range of services, not just mental health services but also debt counselling service, Centrelink and drug and alcohol counselling," said Mr Rusha.

GPs are considered ALIVE clients, as the team provides them with support in crisis management, case discussion and consultation and assists with referral pathways.

In the first three months of the program the team of five had more than 100 referrals and took 1114 client contacts.

Client feedback has indicated how helpful ALIVE has been, with 90 percent highly satisfied. GPs were 100 percent happy with the service locations, working relationship, waiting times for first appointment and quality of patient reports.

"All quality assurance comes back to the client satisfaction as the only real indicator of the program's success.

"We also use a standard document for mental health clients to assess their mental health upon completion of the program," said Mr Rusha.

He believes much of the success of ALIVE is due to management support and having a dedicated team.

"In the team you need people who are experienced practitioners, who know services and what situations are like, someone who has a good network in departments and has a strong managerial style," said Mr Rusha.

For more information on PPCN's ALIVE program please contact Greg Rusha on 08 9376 9200.

CEO's Message

Mr David Butt
CEO AGPN

As I write this message, we are in the midst of the 2010 election campaign. Our sector has been promised significant changes, significant funding and a revolutionary future that may not be re-visited if we don't embrace this opportunity now.

Following the Government's decision to build on the Network by establishing primary health care organisations (PHCOs), the Network has worked tremendously well to constructively move forward during this wave of change and transition.

By working together and demonstrating a unified position where we have been prepared to be at the table contributing solutions to the health system's dilemmas, we have positioned ourselves well in the government's reform agenda. Highlights so far include:

- Placing GPs and general practice at the forefront of the health system, and the centre of the reform process
- Assurances that the valued work of general practice will continue in a PHCO context
- General practice networks to evolve as PHCOs, with the initial wave of PHCOs to be established by mid 2011, and the others to follow in 2012
- Generating support for additional funding in areas such as diabetes, mental health and workforce solutions.

The Network is at a critical stage with further discussions to take place over PHCO boundaries, governance and the membership of these entities.

Thanks to all of you who have helped and supported these efforts to date. We should be justifiably proud of the progress we have made by the way we have positioned general practice for the future, and by the opportunities that have been created for the continued evolution of the network.

Thinking pregnancy? Think immunisation

Immunisation is not usually high on the agenda for adults considering pregnancy but it is vital to make sure that unborn babies, newborns and women during pregnancy are protected against vaccine preventable diseases, says ACTDGP Immunisation Project Officer Hailey Shaw.

The ACT Division of General Practice (ACTDGP) has created a new consumer education campaign aimed at educating and empowering parents and prospective parents with knowledge about the need to protect themselves, and their unborn child, through immunisation before and during pregnancy.

The campaign encourages women and their partners to talk to their General Practitioner (GP) about the immunisations they should have before, during and after pregnancy and what their child will need after birth to make sure they remain protected and healthy.

"The National Health and Medical Research Council actively encourages influenza immunisation during pregnancy as it is a very safe vaccine which can be given before, during and after pregnancy. It is really important that we target this cohort of women as well as their partners and the baby's future grandparents to stop them getting sick or infecting the mother during pregnancy," Ms Shaw said. "It is also crucial to target the partners, grandparents and carers of newborn babies for pertussis or whooping cough vaccination, as this is really the best way to protect those babies from a potentially deadly disease."

The campaign materials consist of a consumer and GP brochure and posters entitled *Thinking Pregnancy, Think Immunisation*. The development of this material was made possible through a GSK Adult Immunisation Award, which was presented to the ACTDGP at the 2008 Australian General Practice Network National Forum.

"We know that one of the hardest groups to communicate with are busy young adults and we don't usually have the funding to reach them. This was a unique opportunity," Ms Shaw said.

The outbreak of influenza H1N1 (swine flu) in 2009 highlighted the need for pregnant

women and those planning a pregnancy to be immunised.

"Swine flu seemed to target pregnant woman. We were seeing reports of pregnant women who were having perfectly healthy and normal pregnancies being taken to Intensive Care Units across the country," Ms Shaw said.

ACTDGP staff consulted with GPs throughout the planning process to make sure that all materials are medically accurate, yet delivered in a consumer friendly way. Consumer feedback was also sought to ensure that both the brochure and poster were relevant and effective.

"We don't create information in isolation, we make sure we engage with GPs and allied health staff before a project sees the light of day to make sure those who will be using the material understand why we are doing it and the value of the project. Without acceptance by practice staff and consumers, this material would be just another brochure in a waiting room," Ms Shaw said.

The campaign is being rolled out across the ACT and will be reviewed after 12 months.

Thinking Pregnancy?
Think Immunisation

Talk to your GP about immunisation
before, during and after pregnancy

act
dgp
ACT Division of
General Practice

Aboriginal health workers the key to culturally sensitive HMRs

The involvement of Aboriginal Health Workers in home medicines reviews (HMRs) for Indigenous people has increased acceptance of the review, says the Greater Bunbury Division of General Practice (GBDGP) CEO, Ms June Foulds.

GBDGP, in Western Australia, joined forces with the South West Aboriginal Medical Service (SWAMS) for a quality use of medicines Indigenous pilot program after it was identified that HMRs needed to be delivered in a culturally appropriate way.

During a four month period GBDGP's pharmacists worked at the SWAMS part time with Indigenous people who needed help understanding and managing their medications.

"Pharmacists working alongside the SWAMS team meant our patients understood what their medication was and how and when to take it.

"Working with an Aboriginal Health Worker, with local knowledge and language, was crucial for the Pharmacist being accepted by the patients," said Ms Foulds.

The team overcame challenges, like cultural differences and the need to build up relationships over time, by adjusting the program to fit local needs.

"Some of the issues that sprung up were people not being home for their HMR, our pharmacist trying to build up trust and a relationship with Indigenous clients and understanding how to relate medical information in a culturally sensitive way. These were overcome with time and by having the SWAMS worker present," said Ms Foulds.

Patient appointments were transferred to the day of the pharmacist visit and follow up calls to homes were made later as per a normal HMR. A student Aboriginal Health Worker often accompanied the patient.

The visits have had a number of opportunistic health benefits to patients.

At one HMR a patient was identified as having recently been discharged from hospital with a type 2 diabetes diagnosis without essential equipment to manage their condition.

"During this visit the workers noticed that the patient had everything they needed to manage their diabetes except for a blood glucose monitor. When they asked where it was the reply was that they didn't have one, or didn't realise they needed one, as no one had really shown them what they needed to do. Our workers were able to demonstrate what needed to be done to keep their diabetes under control as well as organise for a glucose monitor," said Ms Foulds.

Another benefit to the cooperative approach was the opportunity to spread the message to the Indigenous workers of the importance of the Quality Use of Medicines program.

In a team environment all the workers gained an understanding of the program and how their clients could benefit from it. SWAMS workers identified patients who could benefit from a HMR and with the patient's permission an appointment was made.

The pilot program has strengthened the working relationship between GBDGP and SWAMS and increased recognition of quality use of medicines within the local Indigenous population.



Chronic Disease

General practices in Victoria are becoming more aware of their role in the prevention, diagnosis and management of Hepatitis B, C and human immunodeficiency virus (HIV), says General Practice Victoria's (GPV) Program Consultant Soenke Tremper.

As these infections can become chronic diseases, General Practitioners (GPs) and Practice Nurses are more frequently providing ongoing management in the primary health care setting.

Although care for patients with these conditions typically occurs in a hospital-based specialist setting, GPV's Sexual Health, Hepatitis, HIV Education (sh3ed) program aims to up skill GPs and Practice Nurses so that an increased level of treatment can be delivered within general practice.

"There are a number of factors that restrict patients from attending tertiary care, including limited geographical access, lack of awareness of the availability of treatments, and a reluctance to attend hospitals, which is particularly true of patients with hepatitis C," said Mr Tremper.

Sh3ed is a three tiered education program with participants choosing to do one or all of the courses: level one allows GPs to brush up on their basic knowledge of sexual health, HIV and viral hepatitis; in level two, participants are provided with more information on shared care arrangements and are encouraged to take on the monitoring of patients; and level three ("advanced") provides GPs with the option of acquiring the certification

" We try and get a local specialist to come and speak to GPs ... the specialists get to hear what it's like on the ground, treating in a community, rather than hospital setting," said Mr Tremper.

needed to prescribe the drugs available under the highly specialised drugs (s100) scheme and actively take on the treatment of patients with these chronic diseases within the primary care setting.

"A GP undertaking one of our courses is encouraged to take on a larger role in the provision of local care with respect to the diagnosis and management of these diseases. This provides the patient with the option of dealing with a health care provider that they already know, which would make it much easier to effectively manage the chronic disease," said Mr Tremper.

Sh3ed also provides networking opportunities between GPs and specialists who may co-manage a particular group of patients.

"We try and get a local specialist to come and speak to GPs, which helps to establish and maintain linkages; the GPs and specialist can meet face-to-face, and the specialists get to hear what it's like on the ground, treating in a community, rather than hospital, setting," said Mr Tremper.

Evaluation is a key part of every course, future courses are modified based

on the feedback provided by participants.

"More than 160,000 Australian residents live with chronic hepatitis B virus infection, and even more – roughly 200,000 people – have chronic hepatitis C," says Mr Tremper. "In Australia, it is estimated that three times as many people die of chronic hepatitis B each year compared to HIV, and GPs are seeing the long-term effects of viral hepatitis more frequently. Chronic viral hepatitis is what you could call a silent epidemic – it affects more than 2 percent of the Australian population!"

Future plans for the program include expanding it into upskilling the rest of the general practice team so that a patient can receive a multidisciplinary team care approach in a general practice setting.

GPV is working in partnership with Alfred Health Infectious Disease Unit and the Australasian Society for HIV Medicine to deliver the sh3ed program, which is funded by the Victorian Department of Health.

For more information please visit www.gpv.org.au.

beyondblue

In 2009, *beyondblue: the national depression initiative* developed new primary mental health resources and training for GPs, practice staff and mental health professionals. This information is available from www.beyondblue.org.au or by calling 1300 22 4636, resources include:

Treating Young Minds

An accredited youth mental health training program has been developed by *beyondblue* and the AGPN. The *Young Minds: Treating Depression and Anxiety in Young People* training includes up-to-date clinical information and guidelines for the diagnosis, treatment and management of depression and anxiety in young people aged 12 to 24. To register for the free online training, visit www.ebmcbt.com Face-to-face training is also being rolled out through 71 Divisions of General Practice. Contact your local division to find out more.

The *beyondblue* Guide to the Management of Depression in Primary Care

The *beyondblue* Guide to the Management of Depression in Primary Care aims to help GPs assess and diagnose depression and implement management plans that include evidence-based treatments. The guide is divided into three parts: assessing the problem, making the diagnosis and matching evidenced-based treatments to the diagnosis. It is designed as a helpful, and common sense reference for busy practitioners and consumers.

Clinical Practice Guidelines for perinatal mental health, and depression in young people to be released for consultation

beyondblue is currently leading the development of the National Health and Medical Research Council Clinical Practice Guidelines for Depression and Related Disorders (anxiety, bipolar, puerperal psychosis) in the Perinatal Period and the Clinical Practice Guidelines for Depression in Adolescents and Young Adults.. These guidelines aim to inform best practice for the detection, treatment and management of depression, anxiety disorders, bipolar disorder and postpartum psychosis, the perinatal period and in prescribing and treating depression in young people.

The draft guidelines have been submitted to the CEO, NHMRC for endorsement by the council. Registration for public consultation workshops across Australia during April and May will be available on March 13 from www.beyondblue.org.au

Information for Carers

A FREE DVD and booklet featuring the stories of people who care for a family member or friend with depression/anxiety or a related disorder are now available from *beyondblue*. The *Carers' Stories of Hope and Recovery* DVD includes interviews with high-profile *beyondblue* ambassadors and everyday Australians who care for a person with depression or anxiety. As well, there is an interview with *beyondblue's* Clinical Adviser, Assoc/Prof Michael Baigent. Also available is the booklet, *beyondblue* Guide for Carers. To order these resources, go to www.beyondblue.org.au or call 1300 22 4636.



Indigenous mental health is a family affair

Aboriginal Mental Health Workers (AMHW) in the Northern Territory are an invaluable resource for General Practitioners (GPs) working with Indigenous mental health clients, says General Practice Network NT's (GPNNT's) AMHW Program Manager, Matt Davis.

One example of how the AMHW's are improving Indigenous mental health in the Top End is at Galiwinku, the main community (1500 residents) on Elcho Island off the North Eastern tip of East Arnhem Land.

Heading up the AMHWs is Joan Djamalaka, who works as part of GPNNT's AMHW Program. The program supports visiting mental health specialists, providing early intervention, management and ongoing care of mental illness common psychological stresses such as family, housing and money issues.

Supporting clients in the community is a focus area for the team. The AMHWs visit clients in their homes, administer medications, assess their well-being, talk with them and their families, and, where necessary, arrange referral or visits from other mental health professionals.

"Talking to family is important because we want families to be aware of what clients are going through. A lot of the treatment will come from the families, they're the ones looking after them when they're not in hospital ... It's important they

understand their medication and illness.

"We concentrate on a stay well plan, and it's important the family are involved as the client will need a lot of their support," said Joan.

She acknowledges that this is especially important when there is a risk of suicide and when dealing with suicide.

"We've had a few suicides last year and people have lost families and sometimes blame themselves. There is also a lot of Galka blame (attributing bad things to witchcraft by others)," Joan said.

The AMHWs encourage families not to blame themselves as part of their mental health education and to work through the challenging cultural complexities surrounding mental health.

Having an AMHW on hand while assessing Indigenous mental health clients has been tremendously helpful, says one of Galiwinku's GP locums, Dr Christine Hampshire.

"You have to accept that we don't have the key to the stories and we need someone who has and that's where the role of the AMHW lies," she said.

She says that the culture is complex for Balanda (white people) who need to adjust their perceptions of family responsibilities, loyalties and personal boundaries. Language barriers add to the challenge

of understanding health behaviours.

Dr Hampshire says that it is really important that mental health is dealt with in the community.

"When people are mentally ill they are least able to deal with anything that causes more stress than how they already feel ... The care is much more acceptable when it's delivered by someone who knows their language and has respect in the community," she said.

Both Joan and Dr Hampshire agree the mental health team works well because it is built on mutual respect and with one aim – to provide the best service they can to the community.

To view interview transcripts, and community and GP videos, please visit www.gpnnt.org.au. For information about GPNNT's AMHW Program please contact Matt Davis, Program Manager on 08 8982 1037 or matt.davis@gpnnt.org.au.



Joan Djamalaka and Charlie Yebarrarr (AMHWs) with Sean (seated), one of the boys they follow-up.

Matchmaker matchmaker send me a nurse

Registered Nurses (RNs) in the Northern Sydney area have had their interest in becoming a Practice Nurse sparked through a structured marketing campaign says Northern Sydney General Practice Network (NSGPN) Integration Manager Julie Bestic.

The marketing campaign aimed to sell the benefits of Practice Nursing with graduating nursing students and nurses looking for a career change.

The campaign took the form of two print advertisements explaining the personal stories of two nurses, one an experienced RN looking for a family friendly career and the other RN just out of university. The ads were placed in community newspapers before

the NSGPN Practice Nurse Information evening.

“The North Sydney area has traditionally had a low uptake of Practice Nurses – about 26 percent of practices have them. So to try and build on this we decided to actively engage RNs in the community. We used the ads as a way of getting them to come,” said Ms Bestic.

The newspaper ads resulted in more than 26 nurses coming to the information evening.

“The ads were great in sparking their interest but once they were there was when our job of selling the benefits of practice nursing started. We know that the majority of people leave the sessions having decided if

they want to pursue a career in practice nursing or not,” said Ms Bestic.

There was a variety of speakers at the information evening including two Practice Nurses who explained their typical day and a General Practitioner who explained the benefits Practice Nurses bring to his practice.

“We try to do this so that the nurses can get an understanding of what a Practice Nurse is and does from different perspectives,” said Ms Bestic.

For more information on the NSGPN Practice Nurse marketing campaign and program please contact Julie Bestic on 02 9411 3533 or email jbestic@nsgpn.org.au.

Practice Nurses numbers on the rise

A National Practice Nurse Workforce Survey in 2009 found that a further 1000 Practice Nurses have been employed in general practice since 2007. It also states that 60 percent of general practices now employ a Practice Nurse.

This survey gives the Network a platform to support the employment of Practice Nurses, highlight the significance of education and training, and improve the quality and integration of patient care.

“Nurses provide a multidisciplinary approach by improving the management of chronic disease, relieving the workforce pressures associated

with general practice while still providing patients the option to see a General Practitioner if they require,” AGPN Chair Dr Emil Djakic said.

The study also showed practices went on to employ more nurses as a result of working with one.

“I find Practice Nurses a real asset to the general practice team and as soon as I saw how my patients were benefiting from them I starting looking to employ another Practice Nurse,” said Dr Djakic.

A supplementary report summarised the barriers to 40 percent of practices

employing a Practice Nurse. The major barriers identified were: eligibility for the Practice Incentive Program (PIP) payments or the lack of sufficient infrastructure to accommodate a Practice Nurse.

AGPN believes that if these barriers were overcome almost 1000 additional Practice Nurses could start operating in general practice. AGPN will be lobbying to extend the Practice Nurse PIP payment into urban areas, as well as facilitating infrastructure funding to accommodate Practice Nurses.

Both reports are available at www.agpn.com.au.

Managing medications online

Improvements to the standard of nursing home resident's care are observed in a qualitative review carried out by General Practice Network NT's eHealth team, which has shown a significant reduction in the number of times residents have to be transferred to hospital.

The results come from the Advanced Medication Management (AMM) System which is administered by GPNNT.

The system enables General Practitioners (GPs) to carry out consultations at a residential aged care facility in much the same way as in their surgery. GPs can electronically prescribe and administer medication and record patient medication usage.

"The system uses an electronic version of the standard National Inpatient Medication Chart and looks the same as paper-based medication charts. You can tell when medications have been dispensed, and if they've been dispensed, much more clearly," said Darwin GP Dr Jeanine Richardson.

Accessing the AMM system off-site resulted in time savings and a rapid response to pharmacy requests for outstanding scripts and improved communication across the health care team.

Where a paper-based system resulted in errors caused by legibility, delayed or lost results and lack of time, the eHealth solution has solved many of these issues, as well

as reducing the administrative burden to practices.

The program also gives peace of mind to patients' family members who know the patients' medications are well managed.

A promotional video about this project, including interviews with members of the care team, is available at <http://www.youtube.com/watch?v=KTWIVNBejk8>.

For further information please contact Simon Hipkin, eHealth Program Manager, GPNNT on 08 8982 1000 or simon.hipkin@gpnnt.org.au.



Dr Jeanine Richardson uses Matrix Medchart during her consultation with Phyllis Waddinton at Terrace Aged Care Facility.

Making rural connections

Communication between health professionals assisting patients with end of life care has been improved in the Western Australian Wheatbelt through eHealth solutions.

The Wheatbelt GP Network (WGPN) has been working with General Practitioners (GPs) and other allied health care providers who work with palliative care patients on a linkages program, says WGPN Project Officer Gabi Ellis.

"The main point of creating the links was because we had a lot of doctors and specialists who would work with the same patient but never meet, but also because palliative care patients have particular needs, some of which can be quite complex. Having each medical person on the same page as each other with the patient's

needs was quite important," said Ms Ellis.

Each general practice and medical specialist in the wheatbelt has been connected to MMeX – a secure messaging service which GPs and specialists can use to update each other on a patient's health status.

"Since the rollout connections have been made and the feedback that we have received is that it is making everyone's life easier and makes the process for the carer and patient easier when they are dealing with their own emotional and physical health issues," said Ms Ellis.

In addition to the role out of the MMeX system WGPN has created a GP and allied health service directory which lists

all of the health professionals in the area who work with palliative care patients.

"Putting the directory together has really helped our GPs get an understanding about who else is operating in our area and how they can work together to benefit their patient. In many situations just knowing that there is someone else in our own area who can help them often saves the GP making a referral to another doctor or specialist in Perth, meaning that the patient can receive their care as close to home as possible," said Ms Ellis.

For more information on the Rural Palliative Care Project in the Wheatbelt please contact Emma Host on 08 9621 1530.

New partnership with the Australian Defence Force

In December 2009 AGPN entered into a partnership with the Joint Health Command of the Australian Defence Force. The Joint Health Command is responsible for the health care needs of members in the Australian Army, Air Force and Navy.

AGPN Chair Dr Emil Djakic and CEO David Butt signed a Memorandum of Understanding (MoU) with the Lieutenant General D.J. Hurley and Major General P.V. Alexander.

L-R: Dr Emil Djakic, Lieutenant General D.J. Hurley, Major General P.V. Alexander and David Butt

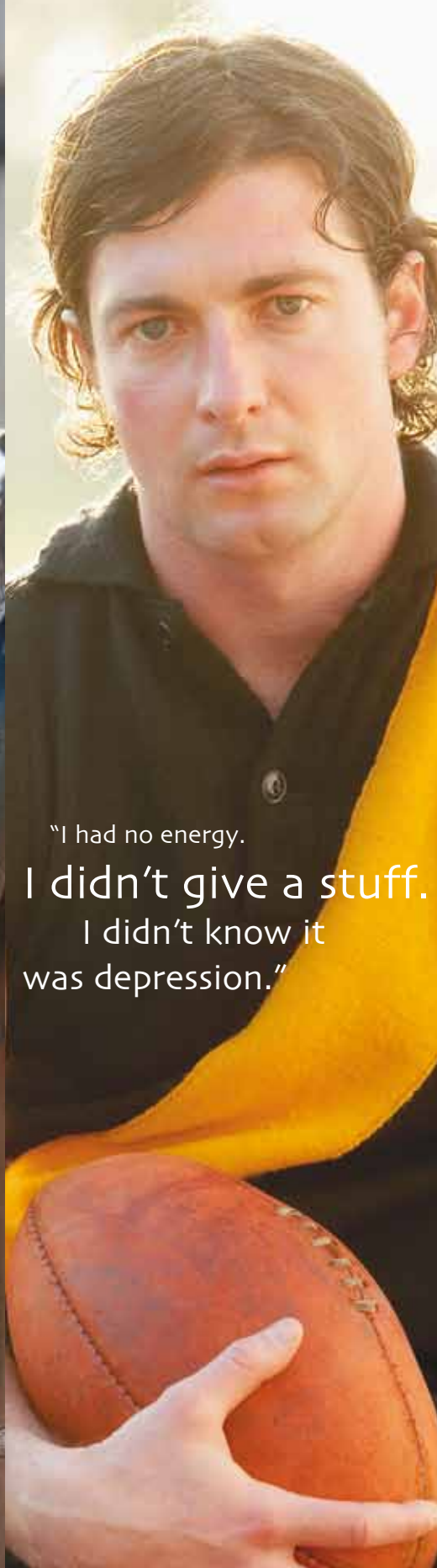




"I didn't want people
to think I was weak.

I'm a man

and men don't get
depression."



"I had no energy.
I didn't give a stuff.
I didn't know it
was depression."



"When you're growing up
you're told you have to
be the strong one.
But depression
doesn't care."

To order *beyondblue's* free fact sheets, posters or
DVD programs for your waiting room, call the
beyondblue info line on **1300 22 4636**
or visit **www.beyondblue.org.au**



beyondblue
the national depression initiative

News from the **Heart Foundation**

A member of the National Vascular Disease Prevention Alliance (NVDPA)

Updated online calculator for measuring cardiovascular disease (CVD) risk now available at **www.cvdcheck.org.au**

Are you interested in measuring your patients' five-year risk of developing CVD? Make sure you visit our recently updated website **www.cvdcheck.org.au**

On this website you will find:

- a more user-friendly online CVD risk calculator for you to use with your patients
- a downloadable desktop version of the updated calculator
- easy-to-understand information explaining absolute CVD risk and what a risk score means
- a Q&A page that addresses frequently asked questions about absolute CVD risk
- links to other useful resources for measuring CVD risk and preventing CVD.



The calculator and other information on the website are based on the 2009 Australian *Guidelines for the assessment of absolute cardiovascular disease risk* developed by the NVDPA and endorsed by the National Health and Medical Research Council.

An initiative of the National Vascular Disease Prevention Alliance

