

## New Medicare Item Numbers – Mental Health

Details of the new mental health care item numbers have been announced, to be available as of November 1<sup>st</sup>, 2000.

Very briefly, these are as follows:

- The items are available to all GPs (relevant training is not mandatory, but strongly encouraged)
- The process involves:
  - preparation of a “GP Mental Health Care Plan” (similar to a CDM Team Care Arrangement, but requiring only participation by one mental health professional) - (Medicare rebate - \$150)
  - completion of a review 4 weeks to 6 months later (rebate - \$100).
  - Patients can be referred for an initial 6 sessions and following review by the GP (including recommendations from the mental health professional) may have another 6 (12 per year, but may get 18 if circumstances require).
  - The referral requires only a letter of referral in association with the GP Mental Health Care Plan
- Clinical psychologists (APS College of CP) will be able to claim a rebate of \$110 per 50+ minute session, other psychologists registered with HIC and providing “focused psychological strategies” (eg CBT) can claim \$75 per 50+ minute session, and OTs and Social Workers with appropriate professional membership and certification and providing “focused psychological strategies” can claim \$66.05 per 50+ minute session.

When a GP refers a new patient to a psychiatrist for the assessment and mental health plan, then the psychiatrist can claim a rebate of \$195.50.

(Existing item numbers for a GP referred patient for assessment and management plan have increased rebates).

The current Access to Allied Psychology services operated by the Division will continue, and there will be a period of overlap. We will assess the impact of the new items on the current program over the next few months.

More detail is available at:

[www.health.gov.au/internet/wcms/publishing.nsf/Content/Council+of+Australian+Governments](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/Council+of+Australian+Governments)

and [www.psychology.org.au](http://www.psychology.org.au)

Further detail will be distributed as it becomes available.

Contact Graeme Fletcher at the Division for more information.

## Clinical Attachments in Aged Mental Health



A limited number of places are still available for Division members interested in participating in Aged Mental Health Clinical Attachments.

The aim of the attachment program is to broaden GPs knowledge of aged mental health issues, including referral pathways, assessment and treatment processes. Participants complete sessions at both the Cognitive Dementia and Memory clinic at Kingston Centre and the Aged Persons Mental Health Team in Endeavour Hills. Participation in the attachment will assist in developing an understanding of the specialist role of these services.

30 Category 1 points are available for participating GPs who fulfil the RACGP requirements and GPs will be remunerated from the Divisions Aged Care Program.

Interested GPs should download the application kit from the Division website or contact Julie Sutherland on 9706 7311.

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*Deadline for newsletter articles is 10<sup>th</sup> of each month. Dandenong District Division of General Practice reserves the right to accept or reject all material submitted for publication. For further information please call the Division.*

#### **DISCLAIMER**

*The views expressed in this newsletter are those of the authors and do not necessarily reflect the official position of the Dandenong District Division of General Practice*

#### **Inserts:**

**DHS Letter re: Pandemic Planning Working Group  
Patient Pathway – Mental Health  
GP Fees and Patient Rebates for Mental Health  
Care Plans, Reviews & Consultations  
Paediatric Update Invitation**

## **GPs play vital role in increasing breast awareness**

Breast awareness activities promoted across Australia for Pink Ribbon Day (October 23) may increase the number of patients presenting with questions about breast cancer over the coming months, The Cancer Council Victoria's BreastHealth program advises.

In addition to the media activities of the Cancer Council and other organisations involved in fighting breast cancer, many community health and practice nurses from across the state are planning breast awareness activities; ensuring women have access to the latest breast cancer information. General Practitioners (GPs) are encouraged to use the lead up to Pink Ribbon Day as an opportunity to initiate conversations with their patients about the importance of being breast aware. GPs can help their patients by discussing the range of unusual breast changes to look out for, and by encouraging women aged 50-69 to have regular mammograms at BreastScreen. Research has shown that GP recommendations greatly increase cancer screening participation.

The Cancer Council has three key Breast Awareness messages for women:

1. Get to know what your breasts normally look and feel like.
2. See a doctor straight away if you notice any unusual changes.
3. If you are 50–69, have a mammogram at BreastScreen every two years.

For more information on The Cancer Council Victoria's BreastHealth Program, visit [www.cancervic.org.au/breasthealth](http://www.cancervic.org.au/breasthealth) or call (03) 9635 5148. BreastHealth information is also available in 17 languages, and can be accessed via: <http://www.cancervic.org.au/multilingual>

*This article has been provided by The Cancer Council Victoria's General Practice Program.*

## **Pandemic Planning**

DDDGP have formed a Regional Pandemic Planning Working Group. GPs, City of Casey, City of Greater Dandenong, DHS, Southern Health and RDNS are being represented.

After our initial meeting it was decided to send DHS, Communicable Disease Control Unit a letter informing them of our working group.

Please find inserted in this newsletter the reply we received, which contains suggestions you may find useful. A copy is also posted on our website.



**PapScreen Clinical  
Audit to target the  
third of local women  
still not screening**

Sixty three per cent of eligible women in the Dandenong and District Division are having regular Pap tests, latest figures released by PapScreen Victoria and the Victorian Cervical Cytology Registry (VCCR) reveal.

PapScreen Victoria's program manager Kate Broun said, "This rate is below the current state average of 65 per cent, it is concerning is that well over a third of women in the Dandenong and District Division are still not having regular Pap tests."

"There are many reasons why some women don't regularly screen such as difficulty locating a Pap test provider, or the expectation that their GP will remind them," added Kate.

General Practitioners play an important role in encouraging women to screen, however, they face a number of obstacles to achieve best practice in this area. To help overcome some of these barriers, *PapScreen Victoria* is encouraging all GPs to undertake the *revised and updated* PapScreen Clinical Audit. The clinical audit is a great tool to review current cervical screening rates and to develop strategies to improve practice systems and procedures. The audit can also assist in ensuring that your practice is capitalising on the Cervical Screening Service Incentive Payment.

Other resources include reminder cards, history stickers, and postcards which are provided free of charge from *PapScreen Victoria*.

**For more information about the PapScreen Clinical audit or to order resources visit the website [www.papscreen.org.au](http://www.papscreen.org.au) or contact 03 9635 5000.**

## Annual award pay increase

There have been many enquiries to the Division around the annual wage increase in regard to the relevant awards which practices pay their staff by.

With the introduction of Workchoices, the pay rates will now be reviewed by the Fair Pay Commission. To date no increases to the awards have been made.

The Division will keep you informed when anything comes to light on this matter.

Julie Shanahan, Business Coordinator



## Division support for your Practice Nurse

The Division now offers free, confidential, peer support for practice nurses.

Four practice nurses, with extensive and varied experience in general practice nursing have been selected and trained for this program.

If you want to find out more about:

- **Using a nurse to improve the capacity of your practice to care for chronic disease**
- **Supporting and training your newly employed practice nurse and/or**
- **Enhancing the role of nurse/s currently working within your practice**

Please contact Rose at the Division and ask about our new "practice nurse peer support program."

\*Advise checking eligibility on an individual practice basis phone PIP 1800 222 032.

**HINT: If you are interested in finding out more about employing a practice nurse, please contact the Division and check out the "Situations Wanted/vacant" page on our website.**

## Melbourne General Practitioner Conference & Exhibition 17-19 November 2006

The General Practitioner Conference and Exhibition is Australia's premier primary care event, organised by GPs for GPs. The leading medical conference program offers superior choice, diverse and hands on experience, as well as being fully integrated with Australia's largest primary care exhibition.

The Australian Practice Nurses Association is once again involved in the GPCE program. APNA is offering a program which will enable nurses to either focus on chronic diseases, acute care, professional issues or women's health with a wide variety of topics across the two days.

For more information go to [www.gpce.com.au/melbourne/](http://www.gpce.com.au/melbourne/)



**Invitations for the 2006 Division Annual General Meeting have been sent out to all GPs. RSVP now to secure your place.**



## ***Induction of new and existing staff***

In a recent presentation at our Practice Managers network meeting by MacPherson and Kelley - Lawyers, it was emphasized the importance of a thorough induction of not only new staff but also for existing staff, including GPs.

RACGP Criterion 4.11 Human Resources System requires practices to have a system to manage human resources. This Criterion outlines the importance also.

### Benefits of having an induction program

- Lower turnover rates
- Saves times – the better the orientation the less time supervisors will have to spend in teaching the employee
- Provides the general practice team with guidance on roles and responsibilities, legislative, regulatory, employment and HR support information
- First impressions are lasting impressions. It will provide the employee of how quickly they become a productive member of the team. The induction should therefore be a positive one.
- A well designed induction should cover both compliance issues as well as specific knowledge of the organization and its operations.

### Pitfalls to watch out for

Some reasons why inductions can sometimes fail

- Information overload. Avoid hours of speeches and lots of paperwork. It is unrealistic to expect people to learn everything on day one.
- Process is too passive. Make it interesting. Get them to actually participate.
- Irrelevant information. Provide basic information and don't give them detail about irrelevant things.

An induction program should also be provided for staff that has been away on leave for more than 3 months - for example maternity or long service leave.

Induction should not be a one off process – it is a process which begins when the employee commences and can last up to 12 months in some cases.

### Legal Aspect – Vicarious Liability

Employers have certain legal responsibilities for their staff. Completion of the induction program confirms that the employer has provided training in certain areas (i.e. discrimination).

For example under anti discrimination law, an employer may be legally responsible for discrimination and harassment which occurs in

the workplace or in connection with a persons employment UNLESS it can be shown that “all reasonable steps” have been taken to reduce the liability.

By maintaining and tracking an audit trail of completion of an induction program, an employer can mitigate liability around compliance related topics like OH&S, EEO, Internet and Email Policy etc. Best practice would have the person sign off their understanding of the content and application.

Further information can be found in the Policy & Procedure Manual – See Staff Induction Checklist.

Julie Shanahan, Business Coordinator

## ***“Fridgididge”***

***Written by a Practice Nurse at one of our practices.***

Great excitement January 2006! We had delivered a purpose built vaccine refrigerator.

- No more packing the domestic refrigerator with normal saline to keep the temperature within the +2 - +8 guidelines.
- No more adjusting the temperature control or cleaning the probe in the false hope that the temperature would remain within the normal limit.
- No more panic in the months of March/April/May with the huge influx of Influenza vaccines.
- No more contacting the Division to have a fridge monitor to check on the actual temperature.
- No more documentation recording the highs and lows of the temperature and trying to find a reason.

Now we are the proud owners of a Rollex refrigerator (LEL Medical range) standing 1880 mm tall in our treatment room.

All our staff, including Doctors, find the refrigerator user friendly with plenty of space in which to have labelled containers of the vaccines within easy reach.

A highly visible display feature of the min/max temperature which is easy to access to monitor on a daily basis.

An alarm system in case the door is left ajar.

AND our paperwork re recording variations has decreased immensely.

Flu season this year was a breeze with us keeping up with stock demands due to space and lack of worrying about non viable vaccines not being kept within the Cold Chain limitations.

## Quality Use of Medicine News



**Another interesting Home Medicine Review (HMR).** This HMR was by a GP who has had a long and frustrating battle with a very nice but unfortunately poorly motivated patient. The patient is one who continues to smoke and because of this the GP worries about his health (which is quite reasonable as the patient has type 2 diabetes and persistent AF). The GP had prescribed metformin twice daily, a long acting sulfonylurea two tablets in the morning, a high dose statin at night and aspirin once daily. The HMR interviewing pharmacist found that the metformin is being taken as directed but the long acting sulfonylurea is being taken twice daily, risking night time hypoglycaemia. The statin, according to pharmacy records is being taken about half the time, plus the aspirin has not been taken for some months now. On questioning the patient he claims to be worried about taking manufactured drugs/chemicals and is considering discontinuing the sulfonylurea. He has a source of "natural tobacco" and thinks that this is less dangerous than manufactured cigarettes. In summary the patient is compliant with one out of four prescribed drugs and of course his tobacco.

By the end of the review, the pharmacist had extracted promises from the patient to restart the aspirin, be a little more regular with his statin and not to cease the sulfonylurea (or any other medications) without consulting his GP. The pharmacist's impression was that overall these promises would probably be kept for at least long enough to allow the GP the chance to discuss them. And that overall as a result, compliance in future should be more reliable. However, on the patient's promise to give up smoking, less hope is held.

Most GPs will have patients like this one who would benefit from a HMR. Of course not all the patient's issues were resolved, but most were moved in a positive direction. The GP now knows, rather than suspects what is going on and can better address the patient's problems. By involving the patient in a plan, as required by the item 900, there is a greater chance of compliance. The patient's pharmacy will be engaged in closer monitoring also. With any luck both the patient and the taxpayer will benefit by the patient avoiding a bit of hospital time.

### Quick Quiz

- Q1. The 'QUIT' smoking medication bupropion (Zyban) was originally researched for another indication. What was it?
- Q2. There is a memorial to John Hutchinson (son of James) in the Ryton Church yard in the UK. The memorial states that he was a

physician, that he died in 1861 and was the inventor of a device. This device is still in use in medicine today, what was the device? (Clue, he was interested in the diagnosis of phthisis.)

- Q3. After stopping smoking, how long does it take to reduce the risk of coronary disease to one half, compared to people who continue to smoke?
- Q4. COPDX Australia & NZ guidelines recommend that spirometry be used to detect COPD in a smoker/ex-smoker of how many years of age?
- Q5. A positive response to oral corticosteroids predicts a positive response to inhaled corticosteroids in COPD. True or false?

**Pulmonary rehabilitation in COPD.** There have been several systematic reviews that reveal the weight of evidence in favour of comprehensive pulmonary rehabilitation for moderate and severe COPD. "Evidence base and standards for pulmonary rehabilitation in Australia" by Firth is available on the Australian Lung Foundation website ([www.lungnet.org.au/copd](http://www.lungnet.org.au/copd)) with the evidence base being continually updated.

These programs can provide patients and carers with education, dietary advice, physiotherapy, psychological, pharmaceutical and social support. The dietician may have to deal with obesity or malnutrition, osteoporosis prevention, GORD and aspiration of foods. The physiotherapist with fitness, weight loss exercise, breathing and sputum production. The psychologist with nicotine addiction, depression and panic attacks. The pharmacist with education, compliance and device techniques (HMRs may be very helpful here). The social worker may be able to keep the patient at work or aid with finances.

While pulmonary rehabilitation programs cannot slow the progression of COPD they may do as much, if not more than medications to keep patients out of hospital and in the community. Want to know more? Call Graham Sweet at the Division on 9706 7311 and arrange your practice visit or case study session on "COPD: interventions for better outcomes".

**Medication Management Reviews.** HMRs have been mentioned many times already in this newsletter and most GPs in the Division would be familiar with the substantial item 900 payment. However the QUM facilitator was shocked last week to go to a practice and find out that the GPs there did not know about, nor were they claiming the payment associated with medication management reviews in nursing homes.

Briefly, in order to maintain accreditation, nursing homes must partake in a program of Residential Medication Management Reviews (RMMRs). These reviews will be undertaken whether the GPs servicing the home are involved or not. The

government has insisted on this because there is solid evidence that these reviews obtain better outcomes for the residents (and save the taxpayer from unnecessary hospital bills). GP involvement means writing a referral and reading the review when it arrives (it is a good idea to initial the review after reading it) and completing a Medication Management plan to be sent to the Aged Care Home and the consultant pharmacist.

Two points should be made:

- GPs do not have to act on the report if they do not want to.
- GPs will get a more useful report if they do a reasonably detailed referral.

The item number that the GP can claim is 903 and the payment is nearly \$90. More details? Call Graham Sweet at the Division on 9706 7311.

**Save time with RADAR.** No need to get the news from drug company reps or trade newspapers, they might be amusing but they often present a highly unbalanced point of view. RADAR is provided free by the NPS and will keep you up with the latest on PBS changes, news drugs and topical research. It's free, concise and not full of ads. – enrol now on [www.npsradar.org.au](http://www.npsradar.org.au).

#### Quick Quiz Answers,

- A1. Bupropion is a selection serotonin reuptake inhibitor (SSRI) antidepressant.
- A2. Dr. John Hutchinson invented the spirometer, he also emigrated to Australia in 1852 and died in Fiji, aged 50, in 1861. Phthisis means wasting away and in Hutchinson's time commonly referred to consumption (pulmonary tuberculosis).
- A3. Only 1 year.
- A4 35 years
- A5. False.



### *The management of acute low-back pain in general practice*

During the month of November a researcher from Monash University may approach you to invite you to participate in a NHMRC-funded randomised controlled trial. This study aims to test the effectiveness of implementing a clinical practice guideline for managing patients with acute low-back pain in Victoria. It is joint project between the Department of General Practice and the Monash Institute of Health Services Research.

If you would like more information please contact: Simon French (project manager), Monash Institute of Health Services Research, Telephone: (03) 9594-7526 or Email: [simon.french@med.monash.edu.au](mailto:simon.french@med.monash.edu.au)

### *Financial assistance for nurse continuous professional development*

There is currently lots of money to assist practice nurses that want to undertake courses and training to help enhance the practice nurse role and build the capacity of general practice to manage chronic diseases. This money will probably not be funded after next year.

Get in quick to access financial support for any Continuous Professional Development activities you may want to do.

Assistance is funded through GPDV and available to access through the Dandenong District Division of General Practice.

Nurses from Division 1 and 2 are eligible to apply.

- Up to 80% of the course fees are covered. Nurses or practices will be required to contribute the remaining 20% (*details of amounts can be found on the course details section of the online training calendar*). To view the on line training calendar got to [www.gpdv.com.au/pntraining](http://www.gpdv.com.au/pntraining)
- This money is flexible and suitable for a broad range of courses including, but not limited, to those on the GPDV training calendar.

#### How to apply:

View the on line training calendar and select a course you want to do. Courses not listed will be considered provided they are relevant to the nurse's role in the general practice.

1. Contact the course provider and request a copy of the **course details and registration forms**
2. Contact the Division and ask for a **Training Calendar Subsidy Application Form**.
3. Forward registration form along with training subsidy application, and a **cheque for your 20% contribution** to the fees onto the Division. (Cheques should be made payable to General Practice Division - Victoria Ltd)
  - Dandenong Division will then forward all the forms onto GPDV.

GPDV will then forward the registration form and full payment onto the training provider. (An invoice can be produced by GPDV upon request).

**Just a reminder, that there are still some membership renewal forms that have not yet been returned. Please complete and forward these to the Division Office.**

