

29 November 2011

Wheatbelt
GP Network



Building healthy communities through General Practice.

CHANGES TO BETTER ACCESS

As of 1 November 2011, Medicare rebates for eligible people with a diagnosed mental disorder under the Better Access Initiative were capped at **10 individual** allied health mental health services per calendar year. Individuals may also be referred for up to **10 group** sessions per calendar year in addition to their individual sessions.

These changes stem from a 2011-12 Federal Budget measure which included;

- scrapping Medicare items 2702 and 2710 for the preparation of a GP Mental Health Treatment Plan; and
- Adding four new time-tiered items to the Medicare Benefits Schedule (MBS): 2700, 2701, 2715 and 2717.

There will also be changes to the MBS fee structure for the GP Mental Health Review item 2712 and the GP Mental Health Consultation item 2713. In the meantime, the Department of Health and Ageing has developed factsheets on the changes. Information regarding eligibility, claiming and payments can be obtained from Medicare Australia on 132 150 (providers) or contact Kat I'Anson on 9621 1530, email kat@wheatbelt.com.au

ehespace Introduced

ehespace has started a new era in mental health support for young Australians with the expansion of a groundbreaking e-counselling service called ehespace, providing a 24 hour online and telephone support service for 12-25 year olds.

Run by ehespace, ehespace is a confidential, free and secure space where a young person can call (1800 650 890), web chat or email with a qualified youth mental health professional.

It is not however, a crisis support line. Existing services such as Lifeline and Kids Helpline will continue to be the primary telephone contact point for young people in crisis.

CliniCare Hearing Solutions

CliniCare Hearing Solutions have been in contact with the York Medical Practice and will be offering their hearing services from Friday, 25 November 2011. This will be a continual, ongoing service in hearing care.

CliniCare Hearing Solutions would also like to provide a similar service in other parts of the Wheatbelt. If you are interested in this service or would like more information, please contact:

Ashleigh Constantine
Clinical Director
571a Canning Highway
ALFRED COVE WA 6154
T: 9330 7005 F: 9330 7015
E: hearing@clinicarehearing.com.au W: www.clinicarehearing.com.au

CONDYLINE PAINT (podophyllotoxin) 5mg per mL (0.5%), 3.5mL (with 30 swabs)

Nycomed have advised that Condyline Paint, indicated for the treatment of ano-genital warts is back in stock and available on the RPBS (item code 4566H).

Condyline Paint is prescription only (S4) and directions for use is: 7 day cycle: 2 applications per day for 3 days, 4 days no treatment; 4 week treatment.

If you require further detail, please ring Nycomed on (02) 9859 6900.

CCSS Program Update

Gabi Ellis (EN) is the new Care Coordinator for the Network. This program offers increased follow up services and support to identified Aboriginal and Torres Strait Islander patients who have a chronic disease and the practice is registered for the PIP Indigenous Health Incentive. Patients are eligible under this program if they require care coordination and support in their GP Management Plan/Team Care Arrangement. Gabi will provide assistance and follow up to those patients at high risk of complications or those not managing their condition(s). The program aims to increase the support to ATSI patients with a chronic disease through their regular GP and provide proactive management.

The Care Coordinator also can access a flexible pool of funds for patients enrolled in the program. These funds are for Supplementary Services that can be used to assist patients to access allied health and specialist services that are in accordance with the patient's care plan. The funds can also be used to assist with the cost of local transport to health care appointments.

If you have patients you think may benefit from this program please contact Gabi Ellis at the Network on 08 9621 1530 or gabie@wheatbelt.com.au. Gabi will be visiting practices to discuss the program in the new year - make sure you are registered for the Indigenous Health PIP!

RACGP ONLINE CULTURAL AWARENESS TRAINING

RACGP online Cultural Awareness Training for general practice is back up and running from gplearning. This is the site from which GPs access their training and it is now where other health professionals can register and access training. Previously ClinEd hosted the non-GP workforce training programs.

If your practice staff (nurses and practice managers) do experience difficulties with accessing the CAT activity then please contact Matthew Heath on behalf of contactus@GPLEarning.org.au or Matthew directly at matthew.heath@racgp.org.au.

Remember—one GP and one practice staff member must complete the training within the first year of registering for the Indigenous Health PIP.

PRACTICE NURSE INCENTIVE PROGRAM (PNIP) WORKSHOP

At the completion of the workshop, participants will be able to:

- ◇ Describe the changes to practice nurse funding commencing in January 2012.
- ◇ Explore opportunities PNIP will create for your practice and nurses.
- ◇ Access the resources to assist with implementing the PNIP.
- ◇ Articulate changes that can be made in your practice to maximise the nursing role.

DATE: 3 December 2011
10.00 to approx. 12.00pm

VENUE: Allied Health Building
104 Wellington Street
NORTHAM WA 6401

RSVP ESSENTIAL - 2 December 2011

Please contact Bronwyn Lewis on (08) 9621 1530

Email: Bronwyn@wheatbelt.com.au

GPs urged to routinely assess benefits and harms for patients taking antipsychotics

Psychotic disorders affect 4% of Australians. Those taking antipsychotic medicines to treat their condition not only bear the burden of disease, but also a significant burden of side effects from the medicines they take. Balancing the benefits and harms of these medicines for each individual represents a constant challenge for GPs.

An Australian survey found that about 80% of people with a psychotic illness taking risperidone or olanzapine reported one or more troublesome side effects and worsened quality of life. Another study found that more than half of those tested had significant risk factors for cardiovascular disease or diabetes.

The latest NPS education program, *Balancing benefits and harms of antipsychotic therapy*, promotes the safe and effective use of antipsychotic therapy and facilitates GP decision-making about antipsychotics in three conditions: schizophrenia, bipolar disorder and behavioural and psychological symptoms of dementia.

NPS Clinical Adviser, Dr Danielle Stowasser, says GPs need to feel confident to weigh up the benefits and harms of antipsychotic treatment in various conditions, so they can achieve a favourable balance of clinical benefits and adverse effects for each individual.

"The safety and tolerability profile for each person differs. An individual assessment is key in determining if benefits are being achieved in line with anticipated treatment goals, and that any side effects are not outweighing benefits or affecting adherence," says Dr Stowasser.

Assessments should encompass a range of symptoms and risk factors for serious adverse effects, including cardiovascular and metabolic risks, and extrapyramidal symptoms.

"It's also very beneficial to engage patients and their families or carers in recognising and managing adverse effects. These kinds of conversations often translate into a better patient-clinician relationship and may help improve adherence to therapy," says Dr Stowasser.

However, for people experiencing behavioural and psychological symptoms of dementia, ensuring clinical effectiveness involves a different set of considerations.

"Antipsychotic prescribing is widespread for people with dementia, yet many of the troublesome symptoms such as wandering, shouting and insomnia don't respond well to treatment with these medicines and the improvements, if any, are often counterbalanced by significant adverse effects. Not only is tolerability often a problem, but there is evidence of an increased risk of stroke and pneumonia," says Dr Stowasser.

"This NPS program encourages GPs treating people with behavioural and psychological symptoms of dementia to use non-pharmacological therapies as first line whenever possible, and when antipsychotics are prescribed, to review their ongoing need regularly."

NPS provides the following resources and activities for health professionals:

- NPS News (74): Balancing benefits and harms of antipsychotic therapy
- Prescribing Practice Review (55): Balancing benefits and harms of antipsychotic therapy
- GP and GP registrar clinical audit: Safe and effective use of antipsychotic therapy
- Case study (70)
- One-on-one educational visits by NPS facilitators
- Small group discussions led by NPS facilitators (including case scenarios for GPs, pharmacists and nurses)
- Residential aged care facility drug use evaluation – Antipsychotic use for behavioural and psychological symptoms of dementia in aged care facilities

To book a one-on-one visit or small group discussion for early 2012 contact Dr David Lim, NPS Facilitator with Wheatbelt GP Network on (08) 9621 1530 or email gum@wheatbelt.com.au

For more information on antipsychotics, and to access the relevant resources for health professionals, visit www.nps.org.au/antipsychotics