Message from the CEO

Welcome to the August 2014 issue of GP Matters, the monthly publication published by GP partners Australia to provide members with up to date information regarding activities, health news, business enhancement opportunities and health information relevant to General Practice.

PERSONALLY CONTROLLED ELECTRONIC HEALTH RECORD (PCEHR) REVIEW CONSULTATIONS

On 19 May 2014, the Government released the Report from the Review of the PCEHR. The Review looked into concerns about progress in implementing the PCEHR system. The Review supports the ongoing operation of the PCEHR and made several recommendations aimed at making it more usable, and able to deliver meaningful use and the expected benefits in a shorter period.

The Government announcement asserts it is committed to an eHealth system that delivers real benefits and has made $140.6 million available in 2014-15 for the operation of eHealth and the PCEHR system while it considers the Review recommendations.

The Department of Health is currently consulting with stakeholders on the implementation of the recommendations of the PCEHR Review. The outcomes of the consultation will influence the system design, implementation schedule, and the planning for communication, education, and risk management.

As part of the consultation process, the Department has made a survey available to obtain the views of stakeholders. Access to the survey is available http://www.health.gov.au. The survey closes on 1st September 2014.

PRIVACY OF INFORMATION- REVISED GP PARTNERS AUSTRALIA POLICY

The Privacy Act 1988 (Privacy Act) is an Australian law which regulates the handling of personal information about individuals. This includes the collection, use, storage and disclosure of personal information, and access to and correction of that information. From 12 March 2014 a range of new measures were introduced by new legislation and regulation.

The Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Privacy Amendment Act) made many significant changes to the Privacy Act 1988 (Privacy Act). From 12 March 2014, the Australian Privacy Principles (APPs) replaced the Information Privacy Principles (IPPs) that previously applied.

A number of the APPs are significantly different from the existing principles, including APP 7 on the use and disclosure of personal information for the purpose of direct marketing, and APP 8 on cross-border disclosure of personal information.

GP partners Australia has accordingly reviewed and amended its Privacy Policy to comply with the legislation and the new
Australian Privacy Principles (APPs). The policy can be viewed on the GP partners Australia website.

CONTINUING PROFESSIONAL DEVELOPMENT PROGRAM

As a service to General Practitioner members of GP partners Australia, we are proud to provide a comprehensive program of Continuing Medical Education events. However, as from 1st July 2014, in response to the overwhelming demand to attend these events, it has been decided to introduce changes to attendance eligibility.

Whilst non-members can apply to attend these events and pay an attendance fee, practicing General Practitioner members of GP partners Australia will be given priority for registration.

This issue of GP Matters features General Practice service program information, news of interest and other features and GP partners Adelaide trusts that you will find this latest issue interesting and worth a perusal.

DR BERNARD CORMIE, 83, IS RETIRING AFTER MORE THAN 40 YEARS OF SERVING THE CAMPBELLTOWN COMMUNITY.

GP partners Australia wishes Dr Bernard Cormie OAM a long and fulfilling retirement after almost 40 years of caring for the north-eastern community. Before becoming a general practitioner, Dr Cormie worked as a teacher at Rostrevor College.

In a recent interview with the Messenger Press, it was reported that Dr Cormie counts as his career highlights:

» watching ten of his patients live to 100 and looking after people from birth to adulthood are among the moments
» As I've grown old my patients have grown old with me
» I've delivered babies and now their children are coming along.
» work was always a pleasure to me; it never felt like work, and
» most proud of the relationships he has built with the community.

Dr Cormie became a partner at Brooker Medical Clinic, now Health Alliance, in Campbelltown in 1975.

Dr Cormie was awarded an Order of Australia medal in 2008 and also has degrees in education, economics, arts, science and surgery.

NEW GP HEALTH ASSESSMENT FOR AUSTRALIAN DEFENCE FORCE (ADF) POST-DISCHARGE

A new time-based GP health assessment item has been added to the Medicare Benefits Schedule (MBS), from 1 July 2014, to enable all former serving personnel, including former serving members of either the permanent or reserve forces, to receive a comprehensive health assessment from their GP. The new Australian Defence Force (ADF) Post-discharge GP Health Assessment is now included as an additional target group for the time-based health assessments that may be claimed under MBS items 701, 703, 705 and 707.

One of the key objectives of the ADF Post-discharge Health Assessment is to help GPs identify and diagnose the early onset of physical and/or mental health problems among former serving ADF members. In support of this, DVA have developed a specifically designed assessment tool for this purpose. The tool assists the GP to assess their patient’s current physical and psychological wellbeing. It includes specific screening tools and questions to assess factors such as physical activity, chronic pain, sleep, any alcohol and substance use, post-traumatic stress disorder, psychological health and sexual health, as well as information on how to access other DVA services that patients may be eligible to receive.

The assessment tool for the ADF Post-discharge GP Health Assessment is available on the DVA’s At Ease website www.at-ease.dva.gov.au, along with other clinical resources for health professionals who may be treating members of the veteran and defence community. For further information on the specific requirements for the health assessment refer to the MBS available online at www.mbsonline.gov.au.

MBS ITEM NUMBER FLIP CHART (JULY 2014 EDITION) NOW AVAILABLE

The new July 2014 edition of the MBS Item Number Flip Chart, produced by GP partners Australia, is now available to order. The Flip Chart provides a quick reference guide to MBS items and incentive payments for chronic disease management and health assessments in general practice including the patient eligibility, components and Medicare rebates.
This latest edition of the Flip Chart reflects the current Medicare fees and benefits for each item, which were indexed on the 1 July 2014, and includes details of the new Australian Defence Force (ADF) Post-discharge GP Health Assessment item.

The Flip Chart is available to purchase in a colour printed and bound copy that allows the user to quickly flip between sections and locate the information they require. Hard copies can be ordered for the GP partners Australia members price of $24.45 (or $26.95 for non-members). Digital copies of the publication are also available to order.

Please download the Publications Order Form or phone GP partners Australia on (08) 8112 1100 to order your copy. Note: $9.95 postage & handling fee applies to all hard copy publication orders.

DO YOUR PATIENTS KNOW THEIR RISK OF HAVING A HEART ATTACK OR STROKE?

**Absolute risk assessment is a systematic approach to determine the risk of an individual experiencing a cardiovascular event.**

Knowing the risk of having a heart attack or stroke is the first step patients can take to prevent one. The more risk factors the more likely the chance of heart attack or stroke and with 64% of the Australian adult population having three or more risk factors this means more people at risk and potentially unaware. As CVD is largely preventable an approach focusing on comprehensive risk assessment will enable effective management of identified modifiable risk factors through lifestyle change and where needed pharmacological therapy.

In 2012 the National Vascular Disease Prevention Alliance (NVDPA) - an alliance of Diabetes Australia, Kidney Health Australia, Heart Foundation, and the National Stroke Foundation developed the Guidelines for the Management of Absolute Cardiovascular Disease Risk. Assessment of absolute risk provides the numerical probability (presented as a percentage) of a person without known CVD having a heart attack or stroke within the next five-year period. It reflects a person’s overall risk (from the sum of their risk factors) of developing CVD, or stroke within the next five-year period. It reflects a person’s overall risk. Patient risk can be determined as; high (> 15% absolute risk of CVD events over 5 years) medium (10-15% absolute risk of CVD events over 5 years) or low (<10% absolute risk of CVD events over 5 years). Management plans can be developed and response to treatment monitored and measured.

Download the Absolute risk Calculator to your desktop from: www.cvdcheck.org.au

Links to the full Guidelines for the Management of Absolute Risk Cardiovascular Disease Risk can be can be found at: www.heartfoundation.org.au

PERTUSSIS AND VACCINE EFFICACY

Pertussis (whooping cough) epidemics are reported in Australia every 3-4 years, with the largest pertussis epidemic recorded in 17 years occurring between 2008 and 2012. Between 1st July 2009 to 30th June 2010, 6,128 cases were recorded in South Australia. Recent improvements in diagnostic technology has contributed to an increase in statistics of this disease, but it was noted that a high proportion of those infected in that year were < 15 years of age, with a greater than ever increase in notification for children aged 3 years (SA Dept Health 2009-10).

Studies have shown that this is a difficult disease to control as although for most people some protection remains following vaccination, there is a rapid decline in levels of pertussis antibodies within the first 2 years following vaccination (NCIRS 2013). ‘The Australian Immunisation Handbook, 10th Edition 2013 provides information on the recent history and scheduling of this vaccine. In 1997, the acellular pertussis vaccine replaced the whole cell pertussis vaccine in an effort to reduce the incidence of side effects e.g. fever and site reaction. Also the booster dose that was given at 18 months of age was ceased in 2003.

There have been recent concerns regarding the increased susceptibility of children 2 – 3 years of age who have been vaccinated as per current Australian standards, but scheduled to receive the 4th dose of pertussis (containing) vaccine at 3 ½ - 4 years of age. Following a recent study by Quinn et al (2014) which was reported in Adelaide newspapers, Dr Helen Quinn, Senior Research Fellow NCIRS, was contacted about reported concerns expressed by parents regarding the potential of decline in protection against pertussis between the 6 month and 4 year old vaccines. Dr Quinn confirmed that a booster dose of this vaccine was being considered by ATAGI in the 2nd year of life, and that in the meantime, parents and immunisation providers could consider an ‘unfunded’ dose e.g. at 18 months – 2 years, especially during an epidemic. Further information regarding this advice is on page 308 of ‘The Australian Immunisation Handbook, 10th Edition 2013.

References:

Numerous epidemiological and preclinical studies have shown that higher HDL levels are atheroprotective, due to its role in reverse cholesterol transport and its powerful anti-inflammatory and anti-oxidant properties. However, several recent clinical trials employing HDL-raising have failed to demonstrate a clinical benefit for cardiovascular disease.

First, ILLUMINATE showed that treatment with torcetrapib, a cholesterylester transfer protein (CETP) inhibitor that raises HDL and lowers LDL, was associated with excess deaths. AIM-HIGH studied niacin, a B-group vitamin that raises HDL, but this trial was stopped prematurely without showing benefit. Dal-OUTCOMES showed no benefit from another CETP inhibitor, dalcetrapib, and then HPS2-THRIVE confirmed the neutral results seen with niacin.

These unexpected and disappointing results have led to many questioning the role of HDL-raising therapy. As part of his PhD, Dr Morton looked into this paradox of why HDL-raising appeared so beneficial in animal models and yet so futile in human trials. He examined HDL-raising in two mouse models of atherosclerosis: one similar to previous animal studies using young mice with early stage atherosclerosis called fatty streaks, and another using old mice with more advanced fibroatheroma (similar to the type of disease seen in humans enrolled in clinical trials).

The results appear to shed some light on the conundrum. In advanced disease, HDL-raising had very little effect on atherosclerosis. On the other hand, in the early-stage model there was a remarkable benefit on plaque growth and composition with HDL-raising. Based on the evidence from Dr Morton’s thesis, HDL-raising may have more beneficial effects when initiated early. Patients can be advised that now is the best time to improve their lipid profile. Currently, HDL-raising can be best achieved by increasing exercise and consuming a diet low in saturated fat – a lifestyle that has been shown to increase HDL by 5-14%.

The link to the complete article is available at: http://gplink.co/ynorp

NEWS OF INTEREST

NEW HEART FOUNDATION APP

The free app helps patients record and manage their medicines and health stats, learn about the warning signs of heart attack and find healthy recipes.

Visit www.myheartmylife.org.au to download

The Heart Foundation My heart, my life app (for iPhone, iPad or Android devices) is now available to download.

The free app will help your patients

Manage their medicines

» Keep a list of current medicines their doctor has prescribed
» Set up a reminder to take their medicines at the times prescribed by their doctor
» Access the consumer medicines information brochure of their medicines.

Record and monitor

» Blood pressure
» Cholesterol
» Diabetes
» Weight
» Waist circumference
» Emotional wellbeing.

Learn about and explore warning signs of heart attack

» View the heart attack action plan
» Watch the warning signs of heart attack video

And

Access more than 500 recipes for delicious, healthy meals and snacks.

Check out the promotional video

To download on your mobile or tablet go to www.myheartmylife.org.au
ADVERTISEMENTS

The products and services presented below are not necessarily endorsed by GP partners Australia.
They are presented in good faith only as an information service for members.

CRAFTER MEDICAL CENTRE – GP REQUIRED
Immediate position available for Associate Doctor (VR) in highly desirable clinic, located ten minutes south of the city centre. Fully computerised clinic using Best Practice software, with support from five nurses. Commitment to high quality medical care with opportunity for teaching registrars and students. Sessions are negotiable. If this interests you, email Practice Manager at kate@craftermc.com.au or telephone 8272 5533 and ask to speak to Kate.

HOLDFAST MEDICAL CENTRE
Holdfast Medical Centre is a seeking a VR General Practitioner to join our busy practice. We are a long established, medium sized Family General Practice located in beachside Glenelg. With fee for service, incorporating a Travel Clinic (registered with W.H.O.) as well as a Skin Cancer Clinic, (using dematoscopic examination and image capture, with access to day surgery for procedures). Recently re-accredited with GPA plus, with full electronic records and supported by two Practice Nurses and friendly reception staff. Other services available on site include Pathology, Physiotherapy, Dietitian, Psychologist and Audiologist. Hours are negotiable.
Enquiries to: Domenica Bin – Practice Manager
Phone 8295 3511 or email gsmc@adam.com.au

GP NEEDED FOR PRACTICE IN NORTH ADELAIDE
Would you like to practise high quality non rushed medicine from a long established heritage listed premises?
We can offer a paperless record system, fully private billing with above AMA fees, excellent peer support and very flexible sessions and time off.
You would also be able to pursue your area of special interests.
If this appeals please contact Dr Jane Elliott, Dr Susan Jenner or Dr Pam Dounas on 8267 2177 at the North Adelaide Family Practice.

EXAMINATION COUCH FOR SALE
Midmark Ritter 100 examination bed with an adjustable head rest, total of 5 drawers – 2 on end and 3 on side., inbuilt extension and step, stirrups and bowl and power point on the side. Very good condition. Looking at approx $600 neg. Buyer to pick up.
For further information, contact Domenica or Chloe at Holdfast Medical Centre on 8295 3511.

MEDICAL ROOMS AVAILABLE
At Regency Medical Clinic/Northfield Surgery we see over 4000 patients per month. If you’d like to be a part of this growing practice, we have rooms available on a sessional basis. Optional advertising, reception and nursing services are available. Suit dentist, specialist or allied health professionals. For further information, contact Tracey Holgate, Business Manager 8269 1900 or tholgate@regencyclinic.com.au

VR GP NEEDED AT MAGILL!
Long established family practice in Adelaide’s leafy eastern suburbs seeks full-time or part-time VR GP(s) to join our team. Friendly nursing and reception support to 12 doctors at our two fully-computerised AGPAL accredited clinics. Onsite podiatry and dietitian services available.
Please contact Rachel Wood, Practice Manager on 8331 9061 or manager@murrayclinic.com.au

www.gppaustralia.org.au

August 2014 - Page 5
<table>
<thead>
<tr>
<th>Event Name</th>
<th>Date/Time</th>
<th>Target Audience</th>
<th>Cost</th>
<th>Venue</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insect and Animal-borne Diseases - A Travel Update</td>
<td>Wednesday, 13 August 2014 - 6:30pm to 9:00pm</td>
<td>General Practitioners</td>
<td>GP Members - free, Affiliates &amp; Non-members - $90</td>
<td>GP partners Australia, First Floor, 120 Hutt St Adelaide SA</td>
<td>Dr Brian Gilbert</td>
</tr>
<tr>
<td>Abdominal Pain - When and How to Image?</td>
<td>Wednesday, 20 August 2014 - 6:30pm to 9:00pm</td>
<td>General Practitioners</td>
<td>Free</td>
<td>Tennyson Centre, 520 South Road, Kurralla Park, SA 5037</td>
<td>Prof Jane Andrews and Dr Kirsten Gormley</td>
</tr>
<tr>
<td>The Senior Health Assessment Education Day</td>
<td>Thursday, 21 August 2014 - 8:45am to 5:00pm</td>
<td>General Practice Nurses involved in conducting the 75 yr &amp; older health assessment</td>
<td>$100 participant fee applies</td>
<td>GP partners Australia, First Floor, 120 Hutt Street Adelaide SA 5000</td>
<td>Facilitator - Cathy Hayward and a variety of speakers covering a range of relevant topics.</td>
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<tr>
<td>Fetal Growth in Obese Women &amp; Diabetes in Pregnancy</td>
<td>Wednesday, 27 August 2014 - 6:30pm to 9:00pm</td>
<td>Obstetric Shared Care GPs</td>
<td>GP Members - free, Affiliates &amp; Non-members - $90</td>
<td>Flinders Medical Centre, Level 4, Seminar Area Bedford Park SA 5042</td>
<td>Dr Rosalie Grivell and Dr Bill Jeffries</td>
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<tr>
<td>Basic CPR Update</td>
<td>Saturday, 30 August 2014 - 10:00am to 12:00pm (GPs) &amp; 1:00pm to 3:00pm (Practice Staff)</td>
<td>General Practitioners and General Practice Staff</td>
<td>$50 participant fee applies</td>
<td>GP partners Australia, First Floor, 120 Hutt Street Adelaide SA 5000</td>
<td>Peter Brown (Medical Trainer - 4Life Personal Medical Training)</td>
</tr>
<tr>
<td>Ankylosing Spondylitis - is it back pain??</td>
<td>Tuesday, 2 September 2014 - 6:30pm to 9:00pm</td>
<td>General Practitioners</td>
<td>GP Members - free, Affiliates &amp; Non-members - $90</td>
<td>GP partners Australia, First Floor, 120 Hutt Street Adelaide SA 5000</td>
<td>Dr Peter Penglis, Rheumatologist</td>
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For more information go to the events page on the GPPA website or contact us on 8112 1100