



## **InFront** Practice Support Newsletter February 2012



Future issues of the Practice Support Newsletter *e-Front* will now be electronic. To continue to receive these issues please go to our website to register your email address at: [www.esdgp.org.au](http://www.esdgp.org.au) or phone Candi on 9389 0874 ext 203

### **New Type 1 Diabetes Guidelines**

The National Health & Medical Research Council (NHMRC) approved *National Evidence-Based Clinical Care Guidelines for Type 1 Diabetes for Children, Adolescents and Adults*, developed by the Australasian Paediatric Endocrine Group and the Australian Diabetes Society, were officially launched in November 2011 on World Diabetes Day.



This guideline is an update of the NHMRC approved *Clinical practice guidelines: Type 1 diabetes in children and adolescents (2005)*. The scope of the guideline has been extended to address the needs of adults with type 1 diabetes, including pregnancy, and, is the first Australian evidence-based guideline for type 1 diabetes that addresses clinical care across the whole lifespan<sup>1</sup>.

#### **Key Themes From the Guidelines:**

1. Type 1 diabetes cannot be prevented.
2. The person with type 1 diabetes is fundamentally different to the person with type 2 diabetes.
3. The management of type 1 diabetes requires an expert multidisciplinary team of health care professionals.
4. Care of the person with type 1 diabetes must be comprehensive and adjusted for the age and life stage of the individual.
5. Type 1 diabetes can result in life threatening acute and long term complications.
6. Type 1 diabetes is a chronic condition with a high prevalence of psychological distress and psychological co-morbidities.

The document is large, 281 pages in fact, but is summarised nicely by way of Executive Summary. The Executive Summary is 12 pages long and is broken into convenient chapters that include:

- Questions raised
- Recommendations - based on evidence from systematic reviews
- Practice Points – based on consensus decision-making to guide good clinical practice

Copies of the guidelines are available from:  
<http://www.nhmrc.gov.au/guidelines/publications/cp102>



By Joanne Taylor – Credentialed Diabetes Educator  
MSc(Diab) Grad Dip (Diab Ed) RN CDE

## Practice Incentives Program: Quality Prescribing Initiative



**Would your practice benefit from \$1000 per year per full-time GP?**

The Quality Prescribing Initiative (QPI) is one of the incentives of the Practice Incentives Program (PIP) that helps your GPs

keep up to date with best practice in quality use of medicines. The QPI rewards participation by practices in a range of activities recognised or provided by the National Prescribing Service (NPS).

Financial rewards, CPD points and improved patient care are some of the benefits of participating in the QPI activities.

### How to participate in the QPI

- The practice must be accredited and registered with Medicare Australia
- To register phone **1800 222 032** or see [www.medicareaustralia.gov.au/pip](http://www.medicareaustralia.gov.au/pip)

### QPI financial incentives

- Incentive payments are made to practices for completing QPI eligible activities.
- Activities are completed by individual GPs in a practice but payments are based on the whole practice meeting a minimum participation level.
- Payments are calculated at \$1 per Standardised Whole Patient Equivalent (SWPE) per year – this equates to about \$1000 per year per full-time equivalent (FTE) GP.

### QPI activity requirements

- A practice is required to complete at least 3 activities per FTE GP in the period 1 May – 30 April each year
- Individual GPs can complete more or less activities, as long as the practice completes the total number of activities required.
- One of these activities must be a clinical audit provided by NPS ([www.nps.org.au/clinical\\_audit](http://www.nps.org.au/clinical_audit))

Medicare Australia provides statements to practices to outline their QPI PIP activity requirements in the 3<sup>rd</sup> quarter of each year – you can establish your activity requirements by contacting Medicare Australia on **1800 222 032**

### QPI eligible activities

- NPS educational visits - this may be a one-to-one or group case study visit delivered by Aimee Solomon, NPS facilitator through Eastern Sydney Division of General Practice.
- NPS clinical audits - [http://nps.org.au/health\\_professionals/activities/clinical\\_audits\\_for\\_gps](http://nps.org.au/health_professionals/activities/clinical_audits_for_gps)
- NPS case studies - [http://nps.org.au/health\\_professionals/activities/case\\_studies](http://nps.org.au/health_professionals/activities/case_studies)

## Free Pertussis Vaccine until June 2012

NSW Health have extended the availability of free Whooping Cough vaccine for parents, grandparents and carers of infants less than 12 months of age until June 2012.



**The Connecting Care Program is now accepting direct referrals from GP's  
The process is very simple.**

**What is the Connecting Care Program?**

The Connecting Care Program links health services that aim to deliver more effective health management for people aged 16 years and over with chronic diseases covered by the program at very high risk or high risk of unplanned hospital or Emergency Department presentation.

The priority five diseases are Diabetes, Congestive Heart Failure, Coronary Artery Diseases, Chronic Obstructive Pulmonary Disease and Hypertension.

A care coordinator helps link health services for your patient that helps manage their chronic disease. It is a proactive, coordinated approach to chronic disease management that supports multidisciplinary care, care planning and care coordination and recognises the GP as the main medical care provider.

**What is Care Coordination?**

Care coordination is a way of planning and carrying out options and activities in a connected and timely way so that your medical and personal needs are met. Care Coordination helps a patient work out what services are needed and how to access them. It keeps all health service providers informed and involved by making sure they have input and access to a Shared Care Plan.

**How do I refer?**

The referral process is simple.

1. GP to briefly introduce the service to the patient and gain consent from the patient for inclusion
2. GP/PN to call the NNARC - Access and Referral Centre **9369 0400** and make a referral to Connecting Care Program

You will be asked to provide the following information:

- Referral details
- Clients details, including chronic condition
- Current concerns and reason for referral
- Contact or carer details
- GP Management Careplan – yes/no



**What happens once I have made a referral?**

The Coordinator will arrange a time with the patient to assess their needs from a chronic disease self management perspective, as well as to assess the need for additional services and support within the home, and develop a care coordination plan

Following this assessment you will be sent a detailed report advising of any referrals made or issues identified. Once the service is completed, or the patient no longer wishes to participate, a final letter will be sent advising you with the outcome. The file can be reopened via a call to the Access and Referral Centre if further admissions occur, or at your or the patients request.

**Funded Practice Nurse Education**

**Palliative Care Module:** There are approximately **130 fully funded places in the Palliative Care** online module thanks to funding by GPNSW. Practice nurses will gain an understanding of palliative care and the approach and strategies needed to implement best practice.

**STI and Blood Borne Virus module:** There are approximately **60 fully funded places for NSW nurses in the STI and Blood Borne Virus** online module thanks to funding by the NSW STI Programs Unit. Practice nurses will gain an understanding of the management of sexually transmissible infections (STI) and blood borne viruses, understand the importance of STI testing and contact tracing, and be able to discuss safe sex and prevention with their clients.

To apply for either or both of these modules nurses need to email [education@apna.asn.au](mailto:education@apna.asn.au) with their full name, address and contact details (phone/email). Applicants will be notified by email.

## Registered Aboriginal and Torres Strait Islander Health Practitioners

- The Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) has proposed a range of standards that must be met before a practitioner can be registered. The required qualification for registration as an Aboriginal and Torres Strait Islander health practitioner is a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice). The required standards and qualifications have now been approved by Health Ministers, who met in December 2011. These standards are available on the Board's website [www.atsihealthpracticeboard.gov.au](http://www.atsihealthpracticeboard.gov.au) from Monday 16 January 2012.
- From 1 July 2012, any person working in a position titled Aboriginal and Torres Strait Islander health practitioner must be registered. Registration is also required to lawfully use the titles of: Aboriginal and Torres Strait Islander health practitioner, Aboriginal health practitioner, or Torres Strait Islander health practitioner—anyone who is not registered as an Aboriginal and Torres Strait Islander health practitioner, may not use any of these titles.
- Only those people who will be working as an Aboriginal and Torres Strait Islander health practitioner and are required by their employer to use the title Aboriginal and Torres Strait Islander health practitioner, Aboriginal health practitioner or Torres Strait Islander health practitioner, to continue their work after 1 July 2012, will require registration.
- **Those people who meet the standards set by the Board but do not need to use any of these titles to meet their job description, may still choose to register, but will not be legally required to do so. There is no urgency for these people to apply for registration.**
- After 1 July 2012, those Aboriginal Health Workers who are not required by their employer to use the title Aboriginal and Torres Strait Islander health practitioner, Aboriginal health practitioner or Torres Strait Islander health practitioner, are not required to be registered, and can continue to work, using their current titles (for example, Aboriginal Health Worker, Drug and Alcohol Worker, Mental Health Worker, and so on).



For further information please contact 1300 419 495  
Source: AHPRA Media Statement 13 January 2012

## Continuing Professional Development

Date	Event	Speakers	Topic	Venue	Audience
14/02/2012	eHealth	Dr Ray Seidler  Mr Rob Khmas Mr John Hilton	eReferral interactive demonstration and PCHER patient sign up RACGP Oxygen/Pen Tool Case presentation cdmNet demonstration	St Vincent's Clinic Conference Room Level 4 6.00 for 7.30 til 9.00pm	GPs Practice Managers Practice Nurses
21/02/2012	Practice Nurse Incentive Program	Liz Meadley (Primary Care Solutions)	Changes to funding Maximising the practice nurse role Resourcers to assist	ESDGP Boardroom Suite 103, Level 1 35 Spring Street Bondi Junction	GPs Practice Managers
13/03/2012	Wound Care	Edel Murray (Wound Care CNC)	Wound Management	St Vincent's Clinic Conference Room Level 4 6.00 for 7.30 til 9.00pm	GPs Practice Nurses

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