

Network Link

January 2019

Protocol signals renewed commitment to working together

A joint protocol between Brisbane North PHN and Metro North Hospital and Health Service (HHS) has been updated and signed to coincide with the release of a joint Year in Review, documenting the shared achievements of both organisations during 2017/18.



Pictured (l to r): Metro North Hospital and Health Service Executive Director Operations Jackie Hanson, Brisbane North PHN Deputy Chief Executive Officer Libby Dunstan, Metro North Hospital and Health Service Executive Director Clinical Services Dr Elizabeth Whiting and Brisbane North PHN Chief Executive Officer Abbe Anderson.

The joint protocol formalises arrangements that govern how the PHN and Metro North HHS work together and recognises that better health outcomes are achievable when there is effective collaboration between primary healthcare and hospital services.

The Year in Review, titled *Working together to enhance health outcomes 2017/18*, represents the first time that achievements under the joint protocol have been presented collectively by the two organisations.

Metro North HHS Chief Executive Shaun Drummond said the renewal of the joint protocol and release of the year in review signals a commitment to connected, responsive and person-centred care.

Continued on page 2



In this edition:

Protocol signals renewed commitment to working together	1-2
Conference scholarship for outstanding medical student	3
New opportunities to enrol in Medical Assisting studies	3
My Health Record update	3
Changes to spirometry Medicare Benefits Schedule item numbers	4
Seeking subjects for chronic obstructive pulmonary disease drug trial	4
GPs advised to enquire about silicosis	5
News in brief	6
Noticeboard	6
What's on elsewhere	7
Wesley LifeForce suicide prevention training workshops	7
GP bulletin - January 2019	8

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BRISBANE NORTH

An Australian Government Initiative

From page 1

"We are committed to providing appropriate and accessible care for vulnerable people like those who are frail and elderly, people who require support with mental health and disabilities, children and people with socioeconomic disadvantage," Mr Drummond said.

"The review celebrates a collection of shared achievements over the preceding 12 months and is testament to what can be achieved working in partnership," he said.

Brisbane North PHN Deputy Chief Executive Officer Libby Dunstan said collaboration with Metro North HHS is making a dramatic difference to the integration of care across the region.

"Our partnership approach is underpinned by co-sponsored health and wellbeing plans covering healthcare for older people and a regional mental health, suicide prevention and alcohol and other drug treatment services plan," Ms Dunstan said.

"As well as our regional plans, we achieved many tangible outcomes throughout the year that are documented in the Year in Review.

"Specialist-led GP education, a reduction of emergency department attendances through the Team Care Coordination program, and the launch of a service offering support to people following a suicide attempt are just some of our wins along the way," she said.

Also during 2017/18, the Health Alliance between Metro North HHS and the PHN made progress improving the health and wellbeing of older people through the work of the Ageing Well Initiative.

Health Alliance General Manager Professor Don Matheson said the success of the Ageing Well Initiative is contingent on the strength of the partnership between the two organisations.

"Developing a partnership mindset has been the key to unleashing the potential of working collaboratively to improve the healthcare system," Professor Matheson said.

In 2019, the PHN and Metro North HHS will build on this collaborative work through the continuation of existing initiatives and by identifying further areas in which to work together to improve the health of communities in the North Brisbane and Moreton Bay region.

To view the joint Year in Review, Working together to enhance health outcomes 2017/18 go to: http://bit.ly/MNHHS-PHN_yearinreview.

To view the Joint Protocol go to: <http://bit.ly/jointprotocol>.



Above: Professor Don Matheson presenting at the recent Health Alliance Convergence Event in October 2018.



Above: Metro North Hospital and Health Service and Brisbane North PHN Year in Review front cover

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Conference scholarship for outstanding medical student

Pirpantji Rive-Nelson is a medical student at the University of Queensland and was the recipient of a Brisbane North PHN sponsored-scholarship to attend the 2018 Australian Indigenous Doctors Association (AIDA) annual conference in Perth during October.

Mr Rive-Nelson grew up in the remote APY land communities of Irrunytju, Pipalyatjara, and Kalka, and is now a final-year medical student at the University of Queensland's Rural Medical School in Toowoomba.

Mr Rive-Nelson said attending the AIDA conference allowed him to take part in networking and professional development opportunities.

"I have attended all AIDA conferences as a student and I am building professional relationships and bonds with many of the members whom inspire me to continue my studies," Mr Rive-Nelson said.

"I was able to take part in small group discussions with fellow Indigenous medical students on issues and challenges that we encounter during our medical programs. Being able to discuss these issues with my academic community fills me with motivation and drive to complete my studies, which conclude at the end of this year," he said.

Once practicing, Mr Rive-Nelson hopes to assist Pitjantjatjara speaking patients—and his colleagues—by being a clinician who is able to navigate both English and Pitjantjatjara languages and cultures.



Above: Pirpantji Rive-Nelson at the 2018 AIDA annual conference

New opportunities to enrol in Medical Assisting studies

Join the growing number of medical receptionists who are undertaking the nationally accredited Medical Practice Assisting certificate when our next intake kicks off in March 2019.

Brisbane North PHN delivers the course in partnership with registered training organisation UNE Partnerships (RTO Code 6754). Medical Assistants are multi-skilled members of the practice team, able to perform administrative tasks and front desk duties as well as a wide range of treatment room procedures.

The Medical Assistant role boosts the general practice workforce by freeing up practice nurses and GPs to use their higher level skills in complex patient care, preventative care and chronic disease management.

To express your interest in the course contact coordinator Maralan Southern on 07 3630 7349 or maralan.southern@brisbanenorthphn.org.au.

My Health Record update

After 31 January 2019, a My Health Record will be created for every Australian who wants one and Australians can now opt in or opt out at any time.

The Australian Digital Health Agency will shortly be sending a communication pack to all hospitals, health services, general practices, Aboriginal medical services and pharmacies updating them about the updated legislation and extension of the opt-out period.

The new laws prohibit the release of health information in a person's My Health Record to law enforcement agencies and government agencies without their express consent or an order from a judicial officer.

The communication pack includes a summary of legislative change plus consumer and provider factsheets.

For more information go to: www.myhealthrecord.gov.au.

Changes to spirometry Medicare Benefits Schedule item numbers

From November 2018, changes have come into effect for Medicare Benefits Schedule item numbers related to respiratory function testing.

Spirometry testing is the standard for the measurement of airflow obstruction. It is a reproducible and objective measure of airflow limitation, which assists in the diagnosis of asthma and COPD, as well as diagnosis and monitoring of patients with other respiratory conditions.

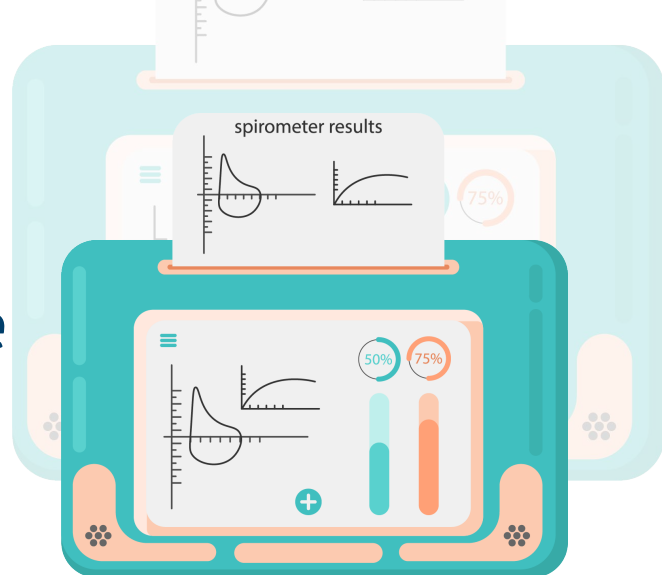
Prior to November respiratory function testing was covered by one item number only (11506), used for office-based spirometry by GPs. There are now two separate item numbers for diagnosis and monitoring of respiratory conditions (11505 and 11506). See below for further details about each item number:

11505: The newly created item 11505 applies to GPs conducting office-based spirometry. This item attracts an increased rebate fee and can be for the diagnosis of COPD, asthma or any other cause of airflow limitation. As with use of any other tests, the practitioner should document the reasons there is a clinical indication for performing the spirometry when using this item number. This form of spirometry need to be conducted both before and after administration of a bronchodilator and requires three permanent recordings. This item can be used once every

12 months per patient.

11506: The revised item 11506 also applies to GPs and is to be used as means of monitoring airway function. There is no limit on the number of tests performed, requiring only a permanently recorded trace before and after bronchodilator administration. The notes should include a previously diagnosed respiratory condition, which requires monitoring by the GP. MBS guidance states further that it can be used to confirm diagnosis of chronic obstructive pulmonary disease (COPD), assess acute exacerbations of asthma, monitor asthma and COPD, assess other causes of obstructive lung disease or the presence of restrictive lung disease.

Further information is available at MBS website: <http://bit.ly/MBSrespiratory>.



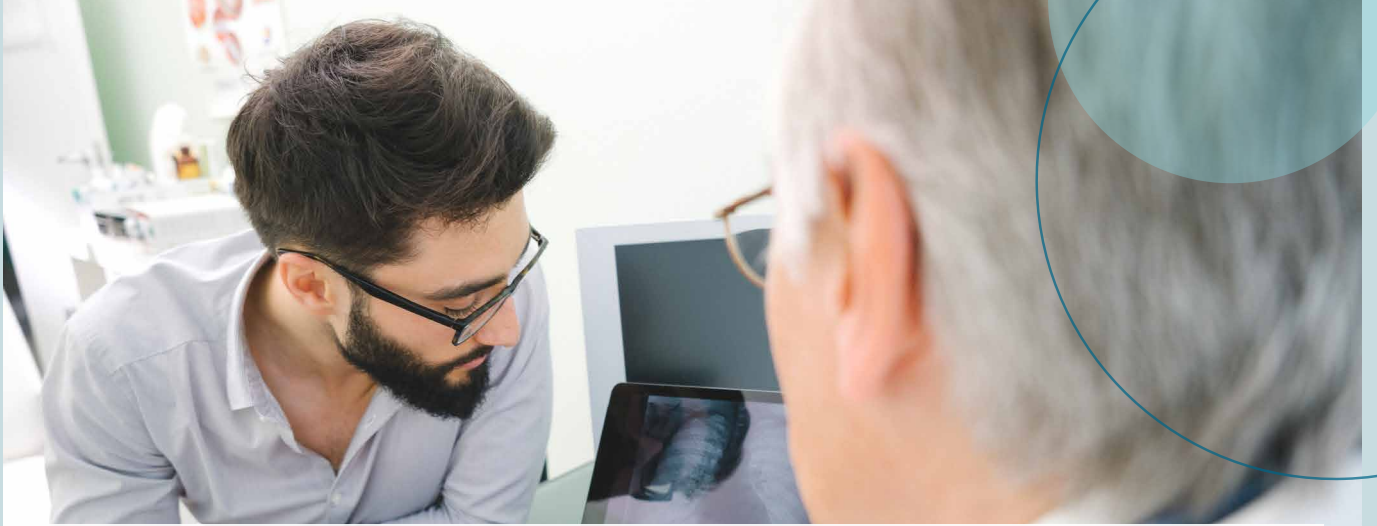
Seeking subjects for chronic obstructive pulmonary disease drug trial

A new global study administered by Lung Research Queensland is recruiting for suitable subjects with moderate to severe chronic obstructive pulmonary disease (COPD).

The study will investigate whether monoclonal antibody treatments could be a potential strategy to treat the inflammatory component of COPD. This type of targeted medicine has been transforming the lives of patients living with severe asthma by blocking the activity of immune system chemicals that trigger inflammation in airways. Patients with non-allergic respiratory diseases such as COPD are yet to benefit from these next generation drugs.

Pharmaceutical company Sanofi has developed a monoclonal antibody and is now recruiting to the first global study of its kind. To be eligible, subjects must have an FEV1 between 30-80 per cent and a history of at least one exacerbation in the previous year. Any background inhaled therapy (e.g. inhaled corticosteroid, beta-2 agonist, anti-muscarinic) is allowed and continues through the study.

For more information, please contact Professor Dan Chambers on 0419 176 344, email dan@lrq.com.au or visit <http://bit.ly/clinicaltrial-COPD>.



GPs advised to enquire about silicosis

By Dr Clem Bonney, Geebung Medical Clinic and Dr Graeme Edwards, Consultant Physician in Occupational and Environmental Medicine

Silicosis is an occupational lung disease that is caused by inhaling crystalline silica. Recently there has been a spike in confirmed cases among Australian workers involved in the production and installation of artificial stone benchtops and GPs are being advised to speak to those in the industry about their potential exposure.

Silica is present in sand, some bricks, granite and other materials. Cutting, grinding and polishing dry artificial stone exposes workers to crystalline silica in far higher quantities than those found in natural stone. Installed benchtops present no risk to the general population.

Exposure to the respirable fraction of the silica dust, cumulated over time, can cause several diseases including:

1. silicosis (ranging from acute through to accelerated, chronic and complicated)
2. activated autoimmune disease
3. lung cancer (has only been seen in those who have chronic silicosis)
4. occupational COPD
5. renal disease.

Symptoms can include:

- most are asymptomatic with only early indices of respiratory dysfunction
- shortness of breath (initially often perceived as trivial in severity)
- fatigue
- cough
- increasing sputum production
- weight loss
- chest pain.

These symptoms may develop after exposure to respirable crystalline silica has ceased, although continued exposure hastens the progression of the disease. There is currently no known treatment to arrest the progression of accelerated silicosis, apart from lung transplantation.

The Australasian Faculty of Occupational and Environmental Medicine and the Thoracic Society of Australia and New Zealand recommend that medical practitioners and occupational nurses ask all attending building industry workers about work with artificial stone.

If a patient has been exposed to artificial or engineered stone medical professionals are advised to:

- ask about respiratory symptoms, bearing in mind that in the early stages of the condition the patient will be asymptomatic
- assess the patient using chest x-ray (with ILO classification) and full lung function testing including diffusion capacity DLCO. Spirometry performed in a non-laboratory setting is associated with a significant false negative rate and may falsely reassure you and your patient
- a high resolution CT chest (non-contrast) should also be strongly considered if the patient has worked in this industry for over three years
- if there are any concerns refer to an occupational physician or respiratory physician for further assessment.

The specialist will undertake the risk and exposure assessment by allocating the person to a similar exposure group and assessing their duration and intensity of exposure. This will help qualify the individual's risk profile when interpreting the results of the CXR, lung function and HRCT findings.

Further information can be found at the RACP website: www.racp.edu.au/advocacy/division-faculty-and-chapter-priorities/faculty-of-occupational-environmental-medicine/accelerated-silicosis and the Worksafe Queensland website: www.worksafe.qld.gov.au.

▶ GPs can refer to diabetes education workshops

Diabetes Queensland, as an agent of the National Diabetes Services Scheme (NDSS) in Queensland, is delivering a comprehensive range of workshops for people living with diabetes in Caboolture, Northlakes and Cherside.

Group programs include 2-3 hour interactive workshops as well as full day self-management courses. They are designed to complement individual consultations and support the specialised education provided by general practice and allied health professionals. On completion attendees are provided a letter for their health professional detailing the education topics covered.

NDSS program referral templates for medical software are now available by contacting Diabetes Queensland via events@diabetesqld.org.au. Individuals can also self-refer by phoning the NDSS Helpline on 1300 136 588.

▶ Project ECHO® in 2019

Project ECHO® (Extension for Community Healthcare Outcomes) is a free, interactive, virtual learning model that provides access to specialist advice, and aims to support and empower GPs to practice.

The model uses innovative interactive on-line multidisciplinary education and case presentations to improve capability and targets regions most in need.

In 2019 Project ECHO® will present training on various aspects of children's health, including:

- supporting children with ADHD
- how to manage behavioural and mental health challenges
- guidance around overweight and obesity
- supporting refugee kids through trauma-informed practice.

For more information or to enrol in the program email ECHO.CHQ@health.qld.gov.au.

▶ Dementia research survey seeking input

The International Research Network on Dementia Prevention is an Australian led initiative designed to further research on dementia prevention and dementia risk reduction.

The Network would like to develop information and support for dementia risk reduction in primary healthcare settings. They are seeking to find out what GPs and practice nurses already know about dementia risk reduction and whether you feel that further knowledge is required.

They are also asking where the barriers might be for dementia risk reduction in primary healthcare.

To take part in the survey please visit <http://bit.ly/dementia-IRNDP>. The survey is anonymous but there is an opportunity to provide contact details if you wish to receive updates.

Noticeboard

Graduate certificate in primary health paramedicine

The Queensland Ambulance Service (QAS) is in the final stages of developing a Graduate Certificate in Primary Health Paramedicine, which aims to educate its graduates to holistically assess, treat and safely refer sub-acute patients for ongoing care.

Healthcare professionals are being invited to comment and contribute to the development of this training program. The capacity for the QAS to perform this role, safely and effectively, is dependant on local collaboration and engagement.

For more information about his program contact project officer Greg Reaburn on 0423 026 869 or QAS.LARUproject@ambulance.qld.gov.au.

GPs sought to provide input into developing a digital tool to predict childhood obesity

Researchers from The University of Queensland and Children's Health Queensland are developing a clinical tool to predict childhood obesity. i-PATHWAY will be simple, quick and accessible, and will identify infants at high-risk of developing future obesity. The research team want to hear from clinicians and parents of infants (aged 0-2 years).

Researchers will be exploring views on the possibility of predicting childhood obesity and how a tool might be used in practice. A 30 minute phone interview is required to participate. If you are interested in participating contact Oliver Canfell (PhD Candidate, APD) on 0434 911 538 or via oliver.canfell@uq.net.au.

What's on elsewhere

Please contact the relevant organisation for more information about these events. Note, these are not Brisbane North PHN events.

For more events, visit brisbanenorthphn.org.au/page/news-and-events/events

January

- 24 Jan** **My Health Record: The facts explained - Australian Health Industry Group**
Delivered online
w <https://medcast.com.au/courses/221>
- 30 Jan** **Project ECHO®: ADHD series – Children's Health Queensland**
Delivered online
e ECHO.CHQ@health.qld.gov.au
- 31 Jan** **Project ECHO®: Kids behavioural and mental health series – Children's Health Queensland**
Delivered online
e ECHO.CHQ@health.qld.gov.au

February

- 4 Feb** **Project ECHO®: Supporting refugee kids series – Children's Health Queensland**
Delivered online
e ECHO.CHQ@health.qld.gov.au
- 22 Feb** **Foundations of general practice nursing workshop – Australian Primary Health Care Nurses Association**
Brisbane, Qld
e events@apna.asn.au
- 23 Feb** **Hot topics GP update course 2019 – Medcast**
Brisbane, Qld
w <https://medcast.com.au/courses/221>

- 23 Feb** **Assessment and management of upper limb pain - Australian Association of Musculoskeletal Medicine**
Stafford, Qld
e aamm.cert@gmail.com
- 23 Feb** **Hepatitis C: new treatments for primary care providers - Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine**
Bowen Hills, Qld
w <http://bit.ly/ashm-training>
- 28 Feb** **Clinical update on chronic liver disease for primary care – Metro North Hospital and Health Service**
Brisbane, Qld
e cabH_SupportOfficerSurg@health.qld.gov.au

Wesley LifeForce suicide prevention training workshops

As part of Brisbane North PHN's National Suicide Prevention Trial activity, we have provided funding to Wesley Mission Queensland to deliver suicide prevention training to GPs and general practice staff to increase awareness and skills in identifying and supporting people in distress.

GPs and practice nurses workshops

Gain a greater understanding of risk management, suicide prevention intervention strategies and patient support and management.

This activity has been allocated 40 category 1 points in the QI&CPD program for the 2017 – 2019 triennium.

GP and practice nurse workshops: 9.00 am – 4.00 pm		
Date & Registration	Venue	Address
Saturday 16 February northlakesgp160219.eventbrite.com.au	North Lakes Hotel Conference Centre	22 Lakefield Drive North Lakes
Saturday 9 March thegapgp90319.eventbrite.com.au	Ashgrove Golf Club	863 Waterworks Rd The Gap

Practice managers and staff workshops

This training equips practice managers and staff with a variety of skills such as managing suicidal crisis, understanding risk and protective factors, as well as how to recognise potential warning signs.

Practice staff workshops: 5.30 pm – 8.00 pm		
Date & Registration	Venue	Address
Thursday 7 March thegap70319.eventbrite.com.au	Ashgrove Golf Club	863 Waterworks Rd The Gap
Thursday 23 May chermsideps230519.eventbrite.com.au	Kedron-Wavell Services Club	21 Kittyhawk Drive Chermside

Contact details

For more information contact Mary McNamara via email, mary.mcnamara@wesleymission.org.au.

GP bulletin – January 2019

News from General Practice Liaison Officers at Brisbane North PHN and Metro North Hospital and Health Service.

Any feedback or suggestions please send to mngplo@health.qld.gov.au. Please share with your GP colleagues.

HealthPathways update

New HealthPathways this month:

- infective conjunctivitis
- pneumonia in children
- scrotal pain, lumps or swelling in adults

To submit feedback about HealthPathways, please contact administration.integration@brisbanenorthphn.org.au.

Login at: brisbanenorth.healthpathwayscommunity.org or phone 07 3630 7300 for login details.

GP education

Over 40 GPs joined our local hospital specialists at the successful Care of the Older Person workshop in November, held at RBWH. View presentations from this event at <http://bit.ly/mngpedu>.

- **12 February 2019** - Common Challenges in Primary Care Education Series, General Genetics for GPs - The Prince Charles Hospital.
- **19 February 2019** - Common Challenges in Primary Care Education Series, Cancer Genetics for GPs – The Prince Charles Hospital.
- **26 March 2019** - Common Challenges in Primary Care Education Series, Epilepsy for GPs – The Prince Charles Hospital.

For more information about these events email administration.integration@brisbanenorthphn.org.au.

Palliative care and advance care planning

To assist GPs to support palliative care and advance care planning, End of Life Directions for Aged Care (ELDAC) has put together primary care toolkits.

To access the toolkits go to: www.eldac.com.au/tabid/4900/Default.aspx.

Residential Aged Care District Assessment and Referral (RADAR) service update

RADAR is a Nurse Navigator-led service that works with hospital-based and outreach services to ensure the residential aged care facility resident receives individualised care that aims to reduce unnecessary and unplanned hospital transfers, reduce hospital length of stay and ultimately, improve resident quality of life and health outcomes.

By contacting the RADAR service on **1300-072-327 (Monday to Friday 8.00am - 4.30pm)** community care providers can access assistance with:

- navigating hospital services
- finding emergency department alternatives;
- facilitating hospital admissions
- RACF resident medication reviews.

Australian Diabetes Society releases alert to combat adverse drug reaction

The Australian Diabetes Society has released an alert addressing severe euglycaemic ketoacidosis in patients with type 2 diabetes who take sodium-glucose co-transporter-2 inhibitors in the perioperative period. Read the alert for further information about the symptoms and recommendations for practice: <http://bit.ly/sglt2alert>.

Access easier to read discharge summaries

GPs can now access an easier to read discharge summary format via their software.

If your practice uses the following software you should be able to receive this improved format:

- Best Practice LAVA edition or higher
- Genie v8.8.6 or higher
- Medical Director v 3.16b or higher
- ZedMed all versions

Contact EDSTV-Corro@health.qld.gov.au for more information.

Get involved in a dementia project for GPs in Redcliffe

Brisbane North PHN is seeking expressions of interest from GPs in the Redcliffe Peninsula to participate in a project to enhance the quality of dementia care in the primary care setting.

For more information please contact Dr John Bennett via john.bennett@brisbanenorthphn.org.au.

Call for a GP representative

Collaboration in Mind (CiM) aims to improve health outcomes for adults with severe and complex mental illness living in the North Brisbane and Moreton Bay region. Expressions of interest are being sought for a GP representative with an interest in improving outcomes for adults with mental illness through systemic change.

For further information please contact Kathy Faulkner, Manager | Partners in Recovery on 07 3630 7352 or kathy.faulkner@brisbanenorthphn.org.au or visit <http://bit.ly/CIMEOI-GPs>.