

# GP Connect

Keeping GPs informed in the changing primary health landscape



15 October 2020

## How I approach thyroid nodules

by Dr Vijay Panicker  
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Thyroid nodules are common. They are found in two to six percent of the general population by palpation and 19 to 35 percent by ultrasound. They are frequently picked up when patients are having investigations for other reasons, including by carotid dopplers, MRI, CT and PET scan. Whether they are picked up incidentally or present with symptoms, they all need to be assessed.

There are three ways nodules cause problems; autonomous production of thyroid hormones causing hyperthyroidism, compressive symptoms if very large (and retrosternal), and thyroid cancer. Each nodule is said to have a five to eight percent chance of malignancy. This is how I would work up a new thyroid nodule:

1. History: Important features are family history of thyroid cancer, and exposure to radiation. Exposure to radiation may be from radiotherapy for breast or neck cancer, or general exposure such as associated with nuclear disaster.
2. Thyroid function: Test TSH, and if low add T4 and T3. Cancer nodules rarely produce thyroid hormones. Therefore, if a patient has a low TSH the next step is a thyroid uptake scan (not biopsy). If the nodule is hot it can be assumed to be benign without biopsy. I also do thyroid autoantibodies as it is useful to know if patients have high antibody levels (such as with autoimmune thyroid disease) as they will often have a lymphocytic cellular picture on FNA.



3. Ultrasound: There are features on ultrasound that can stratify the risk of the nodule and will therefore dictate whether and what size it should be biopsied. A good thyroid radiologist will report these and often rate the risk of the nodule according to one of the rating systems (such as ACR-TIRADS). If the size and important features of the nodules >1cm are not reported I suggest you contact the radiologist.
4. Fine needle aspiration (FNA): Should be done if the ultrasound appearances are sufficiently worrying and the nodule is large enough. If the nodule is easily palpable the pathologists can do this and ensure they get a good sample. Otherwise it is done under ultrasound guidance. It is important to counsel the patient that 15 to 35 per cent of these come back indeterminate; due to lack of sample, too bloody, etc. It is therefore important to know what the risk is before biopsy to guide you if the biopsy is unsuccessful (i.e. should you re-biopsy, operate or observe).

Benign FNAs are 98 to 99 per cent accurate and can be left, although my practice is to repeat an US (and TFTs) if the nodule was very large or had suspicious features. If FNA is malignant (or suspicious of malignancy), refer to a thyroid surgeon for thyroidectomy.

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## How I approach thyroid nodules

Note that most early recurrences are due to incomplete resection rather than rapid recurrence and therefore I only refer to high volume thyroid surgeons.

A follicular neoplasm or suspicious follicular neoplasm needs referral to a surgeon for hemithyroidectomy as cytology cannot distinguish between follicular adenoma and follicular carcinoma. The majority will still be benign. Indeterminant lesions are best referred to a thyroid surgeon or endocrinologist, as it is worthwhile considering the pre-test risk (history, ultrasound features) and patient anxiety to decide if further biopsy or surgery is the next best option.

I tell patients that > 90 per cent of thyroid cancers are differentiated thyroid cancers of which 95 per cent have very good prognosis (slow growing, slow spreading and don't shorten life expectancy). There is time to clarify the diagnosis (such as waiting to repeat biopsy) and I tend to err on the side of conservatism to avoid unnecessary surgery, which is rarely the case with other malignancies.

Finally, there is no value in evaluating nodules <1 cm except in a very high-risk patient, or in measuring serum thyroglobulin in someone who has a thyroid.

See also the "[Thyroid Nodules and Goitre](#)" HealthPathway.

## Test drive the revised WA AHD form

The HealthPathways WA site is now mobile-friendly and has migrated to a new domain. As a result, all pages shift and adjust the content depending on the device you are using (desktop computer, laptop, tablet, or mobile). This will ensure optimum access to HealthPathways content no matter where you are consulting from and may improve connectivity for those whose practices have slow desktop internet speeds. The "classic" HealthPathways site, with identical content, is also still available (select an interface preference by clicking on the three dots at the top right of the screen on the new site).

Your normal login details or access method will continue to work, but you will need to log in again (if you haven't already done so) due to the change in domain names.

Your existing bookmarks and links will continue to work but will be redirected, so for seamless use you may wish to update them and/or re-download any desktop or mobile icons and ensure your browser is up-to-date. See also instructions on [how to download a quick-link icon to your mobile](#) android or iOS device, or [how to add an icon to your desktop](#).

If you need any assistance with this transition or do not know your login details, contact the HealthPathways WA team on 08 6272 4926, or by email at [healthpathways@wapha.org.au](mailto:healthpathways@wapha.org.au)

## GP Hospital Liaison Updates

### The GP's role in prevention of bronchiectasis in Aboriginal children

"The GP follow up of Aboriginal children previously admitted for chest infections is critical in providing the necessary care to prevent bronchiectasis", advises Dr André Schultz.

It is important to follow up Aboriginal children hospitalised with chest infections. Acute lower respiratory infections (ALRIs) are the most common cause of hospitalisations for Aboriginal children younger than five years. A lesser known fact is that approximately 20% of Aboriginal children who are hospitalised with ALRIs infections such as bronchiolitis or pneumonia will go on to develop chronic lung disease e.g. bronchiectasis.

That is why it is essential to ensure that Aboriginal children hospitalised with ALRIs are followed up. Follow-up a month after hospital admission is important to check for low grade respiratory symptoms such as wet cough that has been present since the admission.

Chronic wet cough in this context is often a symptom of protracted bacterial bronchitis (PBB). PBB often occurs in the absence of any other clinical symptoms or signs. Prompt and effective treatment of protracted bacterial bronchitis can prevent progression to bronchiectasis and prevent a life burdened with chronic disease.

The '[Persistent Cough in Children](#)' HealthPathway defines PBB as "wet cough lasting for > 4 weeks without specific pointers of an alternative cause, and which responds to antibiotic therapy". PBB often requires 2 to 4 weeks of antibiotic therapy and referral to a specialist if the cough does not resolve with treatment.

## The GP's role in prevention of bronchiectasis in Aboriginal children (cont)

A free on-line training module on paediatric Aboriginal lung health is available here. The module is endorsed by the WA Department of Health, the Child and Adolescent Health Service, the WA Country Health Service and other key health institutions across WA.

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Available: Tuesday 9am-12pm and Wednesday 12pm-5pm

## Prostate and bladder drug changes at OPH and SCGH pharmacies

Osborne Park Hospital & Sir Charles Gairdner Hospital Urology are no longer providing subsidised prescriptions of the following non-PBS prostate and bladder medications and patients will no longer be able to obtain them from the SCGH or the OPH Pharmacy: tamsulosin (Flomaxtra), finasteride (Proscar), solifenacin (Vesicare) and mirabegron (Betmiga).

Other medications that are available on the PBS and RPBS include:

- Tamsulosin and Dutasteride (Duodart) - Streamline Authority
- Dutasteride (Avodart) Authority or Streamlined
- Prazosin Oxybutynin
- Propantheline (Pro-Ban)
- Imipramine, Nortriptyline, and Amitriptyline

Available only on the RPBS:

- Tamsulosin (Flomaxtra)
- Silodosin (Urorec)
- Alfuzosin (Xatral SR)

Dr Nigel Dormer

Hospital Liaison GP, Osborne Park Hospital

[Nigel.Dormer@health.wa.gov.au](mailto:Nigel.Dormer@health.wa.gov.au)

## New SCGH Frailty Rapid Access Clinic

A new geriatrician clinic is starting at Sir Charles Gairdner Hospital (SCGH) and accepting referrals from Monday 19 October 2020.

The Frailty Rapid Access Clinic (FRAC) is an innovative new outpatient clinic being offered by the SCGH Department of Rehabilitation and Aged Care. This clinic is for patients who would benefit from rapid geriatrician outpatient review, to avoid hospital admission. The clinic accepts referrals via Central Referrals Service (CRS), for patients over 65 years residing in the SCGH catchment.

FRAC aims to address the frustrating problem of hospital clinic wait times which can be weeks to months, leaving an area of unmet need. FRAC will provide an outpatient appointment with a geriatrician within seven days of receiving a referral, aiming to deliver fast, outpatient medical and multidisciplinary care to higher acuity older patients with Geriatric Syndromes.

Patients referred to the clinic will benefit from comprehensive geriatric assessment and Multidisciplinary care personalised to their needs. The clinic will work alongside the department's usual Falls Clinic, Memory Clinic and Continence Clinic services.

Please direct referrals to the FRAC Geriatrician Clinic, SCGH Department of Rehabilitation and Aged Care, via CRS. Queries about FRAC can be directed to Dr Sarah Bernard, Geriatrician, Department of Rehabilitation and Aged Care, SCGH 6457 2594.

Dr Christine Pascott

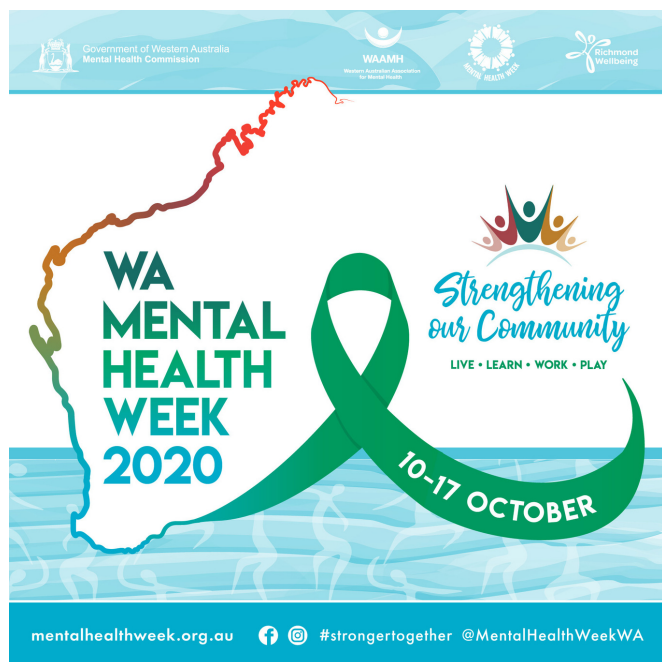
Hospital Liaison GP, Sir Charles Gairdner Hospital

[christine.pascott@health.wa.gov.au](mailto:christine.pascott@health.wa.gov.au)

## Improved feedback pathway for WACHS services

To improve feedback pathways for GPs and other external service partners, WA Country Health Service (WACHS) has now completed updates to their web site.

This feedback page can be easily reached via any page on the WACHS website by clicking on the Feedback On Our Services icon, or by emailing: [wachs.comms@health.wa.gov.au](mailto:wachs.comms@health.wa.gov.au).



## See your GP about mental health

It's WA Mental Health Week, and WA Primary Health Alliance is again partnering with the WA Association for Mental Health to sponsor Mental Health Week. Key to this is the provision of promotional postcards throughout WA communities encouraging people to talk their GP about their mental health.

Practices can access social media posts and other resources to download and share at [thesocialpresskit.com/see-your-gp](https://thesocialpresskit.com/see-your-gp). For more information and to find out other ways to get involved, visit [mentalhealthweek.org.au/](https://mentalhealthweek.org.au/)

## Identifying as Aboriginal or Torres Strait Islander on the AIR

Until recently, the Australian Immunisation Register (AIR) used information from Medicare to record whether a person identified as Aboriginal or Torres Strait Islander.

Vaccination providers can now record this information directly on the AIR which can help to identify and give the clinically correct vaccination schedule.

For more information visit:

<https://www.health.gov.au/news/recent-updates-to-the-australian-immunisation-register>

## Goals of Patient Care documents in My Health Record

South Metropolitan Health Service and WA Country Health Service recently commenced uploading Goals of Patient Care (GoPC) clinical documents to My Health Record. When a GoPC clinical document is created during a person's hospital admission, they are asked if they would like the completed document to be uploaded to their My Health Record. If they agree, the document will be visible in their My Health Record.

This change means that completed GoPC clinical documents can be viewed by the patient, their My Health Record representatives and other healthcare professionals involved in their care.

The WA Health sites that have recently enabled this functionality are Fiona Stanley and Fremantle hospitals, and the WA Country Health Service South West sites: Bunbury, Busselton, Collie, Warren and Margaret River. WA Health aims to roll out this functionality to other sites over the next year.

If your patient has a GoPC clinical document uploaded to the My Health Record, it will be in the place where clinical documents are usually held. This location depends on the type of clinical software you use to access My Health Record. The document will be listed as a 'Goals of Care Document'.

If a GoPC clinical document is available to view in My Health Record, you can discuss the document with the patient, their family and / or carers. This supports ongoing shared decision-making with the patient, and provides a starting point for advance care planning conversations should this be appropriate.

For more information on the upload of GoPC clinical documents to My Health Record please email any queries to [GoalsOfCareMHRproject@health.wa.gov.au](mailto:GoalsOfCareMHRproject@health.wa.gov.au)

For more information on My Health Record including the uploads of Advance Care Planning documents please contact the WA Primary Health Alliance the email any queries to the Digital Health Team [ehealth@wapha.org.au](mailto:ehealth@wapha.org.au)

For more information about Advance Care Planning, see the "[Advance Care Planning](#)" HealthPathway.



## Rural Health West Health Workforce Scholarship Program

The Health Workforce Scholarship Program (HWSP) is an initiative of the Australian Government Department of Health to improve access to health services in rural and remote areas by helping health professionals to pursue ongoing study and development.

Funding is available for health professionals who provide primary care services to Western Australian rural and remote Modified Monash locations in the fields of medicine, nursing, midwifery, dentistry or allied health, including Aboriginal health practitioners or workers. Training and upskilling of health professionals must help meet an identified health need in the community.

For more information visit [www.ruralhealthwest.com.au/hwsp](http://www.ruralhealthwest.com.au/hwsp)

## New Cancer Australia resource for the investigation of lung cancer symptoms

Diagnosis at an earlier stage of lung cancer leads to better outcomes for patients, however, diagnosing lung cancer can be challenging. Cancer Australia has released a new evidence-based resource for health professionals to support the optimal and timely investigation of lung cancer symptoms - [Investigating symptoms of lung cancer: a guide for all health professionals](#).

The Guide outlines a systematic pathway for the appropriate investigation and referral of people with symptoms or signs of lung cancer. It includes the optimal timeframes for action at each step in the pathway and emphasises the importance of multidisciplinary care.

Download [The Guide](#) and watch the following video for more information:

- [Investigating symptoms of lung cancer: a guide for all health professionals](#)

## Changes to services and referral pathways for SJOG Midland Physician Services

St John of God Midland Public and Private Hospitals has recently undertaken a review of public general medical outpatient clinics and sub-specialties and referral pathways.

This will help SJOG to meet the ongoing and high demand of urgent patient admissions, Emergency Department referrals and those with significant clinical morbidity.

The criteria to accept referrals via the Central Referral Service (CRS) has been updated for the following services, effective immediately:

- Cardiology
- Endocrinology and diabetes
- General medicine
- Infectious disease
- Neurology
- Renal Medicine

GPs will be provided with the names of patients who are currently on a waitlist that do not meet the new criteria. In addition, patients will also be informed of this change and advised to discuss alternative options with their GP. Effective immediately, non-urgent referrals should be referred to the CRS.

For a patient requiring immediate attention or advice, GPs should please call our GP Priority line on 9462 4222 and ask to speak to the Chief Registrar or Consult General Physician (available Monday to Friday between 8am and 5pm).

If you wish to discuss management advice for an individual patient, please contact one of our specialists via our GP Priority line on 9462 4222.

For non-clinical queries relating to the changes, please contact Midland Physician Services Practice Development Manager, Catherine Milliner, on [catherine.milliner@sjog.org.au](mailto:catherine.milliner@sjog.org.au) or 9462 4508.

## General practice data is informing policy and research to improve health outcomes

A new report on general practice in Australia shows that hypertension, low back pain, dyslipidaemia, depression and gastro-oesophageal reflux disease are among the most common issues dealt with in general practice.

The third [General Practice Insights Report](#), commissioned by the Australian Government Department of Health and released by NPS MedicineWise, looks at around 2.9 million patients' de-identified data showing common chronic health conditions in 2018-19 and aspects of the clinical management the patients received.

The report examines MedicinesInsight data from the clinical software of participating general practices and provides vignettes that show how the MedicinesInsight data can be used to support quality improvements in clinical practice and health service planning.

Visit [www.nps.org.au/medicine-insight](http://www.nps.org.au/medicine-insight) for more information on the program.

## Opportunity to become a PANDA Clinical Champion

Perinatal Anxiety & Depression Australia (PANDA) invites health professionals working in, or passionate about, supporting people's mental health and well-being to become a PANDA Clinical Champion.

Through clinical champions, PANDA is offering health professionals an opportunity to broaden their impact and help us to build a community of passionate clinical leaders who work in or interact with the field of perinatal mental health. Clinical champions may be asked to consult on a range of PANDA outputs, from public health to service design and professional development. Register [here](#).

There is a "[Perinatal Mental Health](#)" HealthPathway.

## New online STI Testing in Primary Care learning module

In recent years, the incidence of some STIs in Western Australia has been rising at an alarming rate. This year a syphilis outbreak has been declared in metro Perth. It's more important than ever for Western Australian primary care providers to screen and test for STIs.

Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine's is pleased to announce a new online learning module, funded by and developed in collaboration with WA Health. Through interactive quizzes and case studies, Western Australian GPs and other health professionals can develop their skills to confidently discuss sexual health with patients, conduct guideline-based STI screening and testing, and initiate contact tracing.

The module is an accredited learning activity with RACGP and ACRRM, and a certificate of completion is available. Register at [lms.ashm.org.au](http://lms.ashm.org.au) (search 'STI Testing') Interested practitioners may also like to view the "[Sexual Health](#)" suite of HealthPathways.

## Don't miss out on free access to the Heart Health Check Toolkit

The delivery of Heart Health Checks in primary care is now supported by Medicare. In April 2019, two new Heart Health Check items were introduced to the Medicare Benefits Schedule (MBS): Items 699 and 177. Eligible patients can now receive a Medicare rebate when they get a Heart Health Check from a GP (item 699) or other medical practitioners non-vocationally registered (item 177) working in primary care.

These MBS items support the assessment and management of cardiovascular disease (CVD) risk in primary care for eligible patients 45 years and over (30 years and over for Aboriginal and Torres Strait Islander peoples).

[Register your interest](#) to receive a copy of the Heart Foundation Heart Health Toolkit for our Toolkit, a one-stop shop for information, tools and resources to help you implement Heart Health Checks at your practice in the simplest and most impactful way possible.

## GP Events



### Real women, real care: managing the interface between primary and specialist care for young women

This WA Primary Health Alliance; HealthPathways WA GP education event is being delivered in partnership with and presented by King Edward Memorial Hospital. It will provide GPs with the opportunity to receive updated and evidence based information regarding the care of young women who shift between primary care and the specialist services at KEMH. Education sessions will include:

- Reproductive carrier screening
- Adolescent contraception
- Syphilis and STI in pregnancy
- Post-partum contraception
- Gestational diabetes
- Use of COCP in 2020
- Investigation of anaemia in pregnancy and management

**Date:** Saturday 24 October

**Time:** 8:00am - 2:30pm

#### Accreditation:

This activity has been approved for 18 CPD Activity (formerly Category 2 QI&CPD) points through RACGP and pending approval for 6 Educational Hours through ACRRM.

#### Registration and more information:

<https://www.wapha.org.au/event/real-women-real-care-managing-the-interface-between-primary-and-specialist-care-for-young-women/>

## Pilbara Professionals Health Network Launch

GPs and practice nurses are invited to attend the launch of the Pilbara Health Professionals Network at a series of events throughout the region.

The network provides rural health professionals a central hub that offers support and greater opportunities to network, upskill, share information and collaborate in a local supportive community environment.

#### Newman

**Date:** Thursday 22 October

**Time:** 6:00pm - 2:30pm

#### Karratha

**Date:** Wednesday 28 October

**Time:** 6:00pm - 2:30pm

#### Port Hedland

**Date:** Thursday 29 October

**Time:** 6:00pm - 2:30pm

**Registration and more information :**  
[ruralhealthwest.eventsair.com/phpn/phpn-launch](http://ruralhealthwest.eventsair.com/phpn/phpn-launch)

#### The Death of a Colleague

Rural Health West

On demand

#### Updates in Gastroenterology

St John of God Midland

Tuesday October 20

#### Does my Patient have a Drinking Problem?

SIRCH ECU

Saturday November 14

#### GP20 Virtual Conference

RACGP Online

November 6 - November 28

View more upcoming GP  
education events at  
[wapha.org.au/event](http://wapha.org.au/event)