

# GP Connect

Keeping GPs informed in the changing primary health landscape



23 April 2021

## Abnormal Liver Biochemistry – Clinical Relevance

**Professor John K. Olynyk, Consultant Gastroenterologist & Hepatologist, Fiona Stanley Fremantle Hospital Group, Murdoch, WA; Theme Lead, Health Research, Edith Cowan University, Joondalup, WA.**

Abnormalities of standard liver biochemical tests are common. About 14 per cent of adults have elevated Alanine Aminotransferase (ALT) levels and over 20 per cent have elevated Gamma-Glutamyl Transferase (GGT) levels.

### So what is the relevance to health outcomes?

In brief, elevated levels of ALT and GGT are associated with significantly elevated risks of mortality from liver disease (up to 20-fold), whilst elevated GGT levels are also a marker of increased cardiovascular disease mortality. This is largely due to its reflection of the metabolic syndrome and metabolic associated (non-alcoholic) fatty liver disease.

Many serious conditions (ranging from gallstones or malignancy through to hepatic drug reaction) can manifest as jaundice, cholestatic patterns (elevated alkaline phosphatase, GGT and/or bilirubin) or various combinations of abnormal liver biochemistry results.

The most common causes of liver disease are:

- Metabolic associated fatty liver disease (or nonalcoholic fatty liver disease)
- Alcohol-related liver disease (still the common cause of emergency department presentation)
- Chronic viral hepatitis (B and C)
- Hepatotoxic drug reactions (from prescribed and non-prescribed medications or supplements).

Thereafter, a myriad of less common, but nonetheless important, conditions may cause liver disease. Of these, Hereditary Haemochromatosis is common-enough (1 in every 200 individuals of northern European descent) to warrant consideration and even has its own '[Hereditary Haemochromatosis](#)' HealthPathway for assistance.

Mortality from chronic liver disease is largely due to:

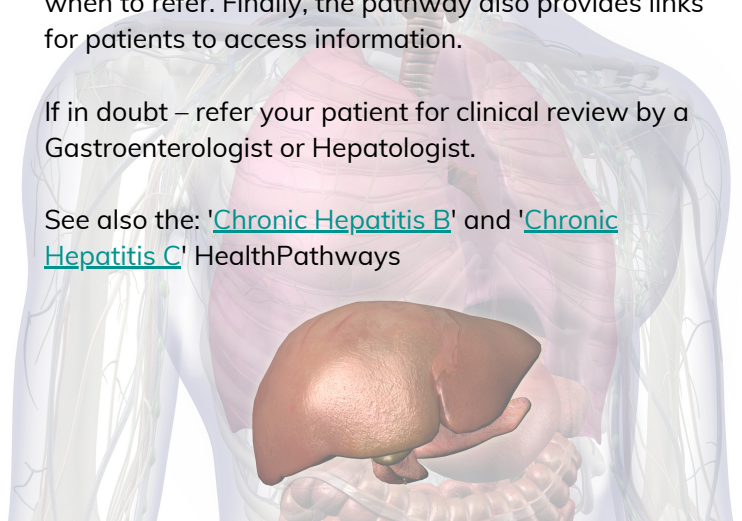
1. The development of cirrhosis, portal hypertension and its clinical sequelae (ascites, variceal bleeding, encephalopathy and renal failure) that ultimately results in liver failure.
2. Hepatocellular carcinoma (the second most common cause of cancer related death globally after primary lung cancer).

Significant liver disease can also be completely asymptomatic. Thus, clinicians are required to investigate the cause of abnormal liver biochemistry and evaluate requirements for further investigation and treatment.

The '[Abnormal Liver Function Tests](#)' HealthPathway guides clinicians through common causes of abnormal liver biochemistry, how to investigate, what to do and when to refer. Finally, the pathway also provides links for patients to access information.

If in doubt – refer your patient for clinical review by a Gastroenterologist or Hepatologist.

See also the: '[Chronic Hepatitis B](#)' and '[Chronic Hepatitis C](#)' HealthPathways



## GP Hospital Liaison Updates

### Royal Perth Hospital Colorectal Survivorship GP

Royal Perth Bentley Group (RPBG) recently welcomed Dr Rachel Hammond, who has joined the team as the Colorectal Survivorship General Practitioner (GP). Rachel will play a vital role in the implementation and success of the new Colorectal Cancer (CRC) Surveillance and Survivorship Pathway that was implemented as part of the East Metropolitan Health Service (EMHS) Cancer plan in late 2020.

Rachel runs a weekly outpatient clinic to manage medium risk colorectal cancer patients once they have completed their initial treatment and aims to improve communication and collaboration with GPs and provide increased support for patients and their own GP during transition to care in the community. Rachel will help develop and implement a Survivorship Care Plan document.

'I feel very privileged to be in this role at RPH and hope to deliver holistic care, improved communication with primary care providers and thereby build trust and confidence for patients with a colorectal cancer diagnosis' says Rachel.

A large thank you also goes to Dr Ru-Wen Teh (Head of Department, Oncology) and Dr Mary Theophilus (Consultant Colorectal and General Surgeon) for their efforts in making this new pathway possible.



Left to right: Dr Ru-Wen Teh, Head of Dept, RPH Oncology; Dr Rachel Hammond, RPH Colorectal Survivorship GP; Dr Jacquie Garton-Smith, RPH Liaison GP

### Sir Charles Gairdner Hospital Immunology Clinic Wait List Update

Due to significant demand, the waiting list for Sir Charles Gairdner Hospital Immunology Clinic appointments is extremely long. The Immunology team is making efforts to address this issue as soon as possible but patients with category 2 and 3 problems are still facing an extended time on the waiting list.

SCGH requests that GPs advise patients of an expected delay, prior to referral. Please also discuss other options such as referral to a private Immunologist where possible. Details of private immunologists can be found on the ASCIA website ([www.allergy.org.au](http://www.allergy.org.au)) under "locate a specialist".

Patients with anaphylaxis not attributable to an avoidable medication should be prescribed 2 EpiPens while waiting for immunology review, and be provided with an Anaphylaxis Action Plan. Patients are automatically eligible for an authority PBS prescription if they have been discharged from hospital or an emergency department after treatment with adrenaline for acute allergic reaction or if they have previously been issued with an authority prescription for an EpiPen. For patients with anaphylaxis who do not qualify under either of these criteria, a PBS authority prescription can be provided in consultation with a clinical immunologist.

Email the Immunology Department at [scgh.clinicalimmunology@health.wa.gov.au](mailto:scgh.clinicalimmunology@health.wa.gov.au) to assist with endorsing EpiPen prescriptions in these circumstances.

Category 3 patients with allergic rhinitis will benefit from patient education around minimisation of triggers and an optimised trial of standard pharmacotherapy (daily nasal saline rinse, daily intranasal corticosteroid spray, daily antihistamine). Category 3 patients with chronic urticaria (daily hives > 6 weeks) will benefit from education that their condition is not triggered by allergy. First line treatment is regular high dose (up to qid) non-sedating antihistamines, plus montelukast if required (unless contraindicated). If this is ineffective, please refer the patient.

Please refer to the ASCIA website for other health professional and patient resources, or review the suite of '[Immunology and Allergy](#)' HealthPathways. Do not hesitate to contact the Immunology team to discuss clinical queries.

## Clinical Updates

### 2021 Influenza Vaccine Orders Update

WA Primary Health Alliance and WA Health would like to thank all providers for their cooperation regarding the pre-allocation period, and the process has worked well to provide equitable and predictable access to government-funded influenza vaccines for persons aged 65 years and over.

To allow practices to have more flexibility, practices are now able to order influenza vaccines through the standard [WA Health vaccine ordering system](#).

Please be aware, quantity limits will continue to apply to ensure equitable access to all providers, and while all vaccine products continue to arrive at the WA warehouse.

For Further information see [Information for GPs regarding pre-allocation and vaccine ordering](#), visit the [Practice Assist 2021 Flu Vaccination Program](#) page or contact [vaccineorders@health.wa.gov.au](mailto:vaccineorders@health.wa.gov.au)

### 2021 WA Influenza Program Information session – session recording now available

The WA Department of Health's Immunisation Program hosted the 2021 WA Influenza Program information session on 22 March 2021 for all immunisation providers of WA, covering the following topics:

- Influenza Surveillance
- Influenza Program overview
- Vaccine brands for 2021 – Ordering/reporting requirements
- AIR update: PRODA
- COVID-19 Vaccination Program Update
- Influenza 2020 Overview

The recording can be viewed [here](#)

For more information regarding the 2021 influenza program in Western Australia, please visit the [Influenza immunisation program website](#).

### ATAGI advice on seasonal influenza vaccines in 2021

ATAGI has developed [advice for immunisation providers](#) regarding the administration of 2021 seasonal influenza vaccines including:

- The influenza vaccines available for use in Australia in 2021, by age
- Influenza virus strains included in the 2021 seasonal influenza vaccines
- Timing of vaccination, including timing of influenza and COVID-19 vaccines
- Vaccination for pregnant women
- Eligibility for influenza vaccines funded under the National Immunisation Program (NIP)
- Medical conditions that are associated with an increased risk of influenza complications.

See also the [Influenza Immunisation](#) HealthPathway

### COVID-19 vaccine rollout update

Following recent advice issued by the Australian Technical Advisory Group on Immunisation (ATAGI), the national COVID-19 vaccination rollout will be revised in light of further evidence of a rare but serious side effect involving thrombosis (clotting) with thrombocytopenia (low blood platelet count) following receipt of AstraZeneca's COVID-19 vaccine:

- ATAGI has recommended that Comirnaty (Pfizer) is the preferred COVID-19 vaccine for adults under 50 years of age.
- The COVID-19 Vaccine AstraZeneca can be used in adults aged under 50 years where the benefits clearly outweigh the risk for that individual and the person has made an informed decision based on an understanding of the risks and benefits.
- People who have had the first dose of COVID-19 Vaccine AstraZeneca without any serious adverse effects can be given the second dose, including adults under 50 years.

Read the full ATAGI advice [here](#). Both ATAGI and the Therapeutic Goods Administration (TGA) will continue to monitor the situation closely and WA Primary Health Alliance will provide practices with new information as soon as it comes to hand.

## Reporting vaccinations to the Australian Immunisation Register for persons without a Medicare Card number

It is now mandatory to report all COVID-19 and influenza vaccines given in Australia to the Australian Immunisation Register (AIR). This includes persons without a Medicare card number. If a patient isn't enrolled in Medicare and they don't have an AIR record, you will need their:

- full name date of birth
- gender
- address

You can create a record on the AIR site or continue to send vaccines via practice management software and this will create a record that will match to their Medicare record if they enrol later in Medicare.

NB: For providers using Medical Director in conjunction with PracSoft billing to report vaccination encounters, patients without a Medicare card number will not transmit to the AIR. This patient encounter will need to be reported through the AIR site.

Non-Medicare individuals can get their immunisation history statement through My Health Record if they:

- Have an Individual Healthcare Identifier (IHI).  
They can get an IHI by completing the Request or update an Individual Healthcare Identifier form (MS003)
- Registered for My Health Record.

## Reframing Children's Mental Health - a communications toolkit

Research shows that child mental health experts and practitioners working with children, parents/adults and families have different understandings about children's mental health. How we communicate our messages is key to bridging this gap.

This free [toolkit](#), by the FrameWorks Institute and the Emerging Minds: National Workforce Centre for Child Mental Health (NWC), has been developed for this purpose. It is based on research about how practitioners understand children's mental health, and how their understanding impacts their support for policies to promote better mental health outcomes for Australia's children. It is intended to support child mental health experts and organisations who communicate about children's mental health to create messages that resonate and inspire positive change.

## Conveniently access the AIR through My Health Record

My Health Record allows GPs and practice nurses to easily check immunisation history through the Australian Immunisation Register (AIR).

If your practice is registered for My Health Record you can view the date of your patients' immunisation as well as other key information stored within their Australian immunisation history.

The Practice Assist quick reference guide [How to access AIR through My Health Record and find a patient's immunisation history](#) demonstrates how to find your patients' AIR information in both Best Practice and Medical Director.

If you require support for a different type of clinical software, please email the WA Primary Health Alliance Digital Health team via [ehealth@wapha.org.au](mailto:ehealth@wapha.org.au) for support or visit the [My Health Record website](#)

## Register your interest to support people with voluntary assisted dying

Dying with Dignity WA (DWDWA)\* is working with the WA Department of Health (DoH) to ensure the smooth and effective implementation of the Voluntary Assisted Dying Act 2019 on 1 July 2021.

While DoH is developing a mandatory on-line training module for GPs and nurse practitioners, DWDWA would like to identify doctors and nurse practitioners who are considering participating in the voluntary assisted dying process.

Health practitioners can register their interest by completing a [short survey](#).

\*DWDWA is a charity that for nearly 40 years campaigned for voluntary assisted dying (VAD) to become a lawful end of life choice in WA, within a framework that contains safeguards for doctors and for those who are dying.





## Extension of Telehealth Services & HealthDirect Video Call System

The Australian Government [recently announced](#) it will extend support for telehealth services and care, along with MBS-subsidised telehealth to 30 June 2021. Further to this, the WA Primary Health Alliance [healthdirect Video Call COVID-19 GP Program](#) has also been extended, providing free video call access for GPs working in private practice and/or Aboriginal Community Controlled Health Organisations (ACCHOs).

## MedicineInsight from NPS MedicineWise

Has your practice considered MedicineInsight from NPS MedicineWise?

MedicineInsight is a data program that aims to support quality improvement in general practice and post-market surveillance of medicines. It was established by NPS MedicineWise with funding from the Australian Government.

The program draws monthly de-identified, longitudinal data from consenting general practices across Australia. The data is pooled and presented to participating practices in clinical summary reports. The reports support quality healthcare decisions at local, regional and national levels.

If you are interested in finding out more about MedicineInsight, talk to your NPS MedicineWise Educational Visitor or call Nicole Humphry at WAPHA on 08 6272 4921 (email [nicole.humphry@wapha.org.au](mailto:nicole.humphry@wapha.org.au)). Further information is available on the [NPS MedicineWise website](#)

## MH Connex Program

The recovery-oriented MH Connex program helps connect patients who are experiencing severe and complex mental health issues to the right mental health care at the right time.

Experienced mental health practitioners work together with the patients GP to provide emotional and psychological help and connect patients with local support services to actively encourage a recovery journey.

Download the [patient flyer](#) for more information.

## New RACGP peer support program

Practice to Practice connects general practices across diverse geographical areas to increase access to peer support, enhance professional development, grow locum pools, and provide a greater service offering for patients.

The program encourages GPs to go beyond their every day and experience life and work in a different practice setting.

It can help address workforce shortages in rural areas and encourage professional development through encountering new clinical challenges not common in your own practice. Though the program is designed to link practices, it can also help individual GPs connect with a practice in a different area.

Registrations are currently being accepted for the pilot program, which will run until the end of the year, but places are limited. GPs and practices can register their interest on the [RACGP website](#).

## Heart Week 2021 (3-9 May)

Last year saw patients postpone a wide variety of services including routine check-ups like Heart Health Checks. Even during a period of competing priorities, the prevention and management of cardiovascular disease has never been so critical.

This [Heart Week](#), the Heart Foundation calls on health professionals to start a conversation with their patients, family and friends about the importance of Heart Health Checks. Order or download promotional resources for your practice [here](#)

## GP Events



### With the end in mind: Palliative care and voluntary assisted dying

Demand for primary care health professionals to provide general palliative care services as a result of an ageing population is increasing.

In July 2021, the Voluntary Assisted Dying laws (VAD) will be in effect. Presented by Dr This free Cancer Council WA webinar will provide GPs with an overview of their potential roles, and how to access resources and further education.

#### Presenters:

Dr Derek Eng - Palliative Medicine Physician, Royal Perth Hospital  
Dr Scott Blackwell - General Practitioner

#### Learning outcomes\*:

- Summarise the advantages for patients of outlining their wishes for end of life care in advance
- Implement realistic conversations to facilitate a positive death experience
- Outline the possible roles for GPs in the practice of voluntary assisted dying
- Describe how to access the most recent and updated voluntary assisted dying resources available to primary health professionals

**Date:** Wednesday, 28 April 2021

**Time:** 7:00pm - 8:30pm

#### Registration and more information:

<https://www.wapha.org.au/event/with-the-end-in-mind-palliative-care-and-voluntary-assisted-dying/>

\*Please note these learning outcomes are subject to change

## Palliative Care and Voluntary Assisted Dying Coexisting in WA

This Palliative Care WA sector forum aims to provide a detailed update on the implementation of VAD and the healthcare responsibilities for its delivery in WA, as well the opportunity to hear about, and learn from, some experiences of the delivery of both palliative care and VAD in Victoria and Canada.

Importantly we will also provide the voice of lived experience as we hear from a family member of someone who chose to access VAD in Victoria.

A full program will be provided to registrants closer to the forum.

Available online or face-to-face.

**Date:** Thursday 29 April

**Time:** 4:00pm - 6:00pm

**Venue:** Mt Lawley Golf Club (or via zoom)

#### Registration and more information :

<https://www.wapha.org.au/event/palliative-care-and-voluntary-assisted-dying-coexisting-in-wa/>

[ACHSM WA Leadership Conference](#)  
[Australasian College of Health Service](#)  
[Management](#)  
[Tuesday May 11 2021](#)  
[Perth Convention & Exhibition Centre](#)

[Value-Based Health Care Conference](#)  
[Australian Health Care and Hospitals Association](#)  
[Thursday 27 - Friday 28 May 2021](#)  
[Parmelia Hilton Perth](#)

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