

GP Connect

Keeping GPs informed in the changing primary health landscape



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Think Acute Rheumatic Fever - early and appropriate primary care can change outcomes

By Dr Gavin Cleland FRACP, Regional Paediatrician, WACHS Kimberley Adjunct Clinical Senior Lecturer, UWA

Acute Rheumatic Fever (ARF) and Rheumatic Heart Disease (RHD) continue to have a devastating impact on many young Aboriginal people in Western Australia, which can be mitigated by early diagnosis and appropriate care.

ARF is caused by an autoimmune response following infection with group A Streptococcus ('Strep A'), a common cause of pharyngitis and of impetigo. In Australia it occurs almost exclusively among young Aboriginal and Torres Strait Islander people, particularly those aged 5-14 years, with other high-risk groups including Maori or Pacific Islander people living in households affected by crowding or lower socioeconomic status. It can present as a relatively mild illness or as fulminant carditis, and each episode may cause permanent damage to the cardiac valves, potentially requiring repair or replacement.

In the Kimberley we see ARF frequently so it's at the forefront of our minds whenever we see a young person who has any symptoms or signs suggesting it. However, for doctors working in areas of low endemicity it is a diagnosis that can be easy to miss, potentially missing an opportunity to prevent further episodes and further cardiac damage in the future.



Young people in WA continue to be affected by ARF, but fortunately we can prevent some cases, and improve the outcome for others, through timely and appropriate action in primary care, including:

- Appropriate use of antibiotics for sore throats and impetigo in people who are at high-risk
- Recognition of the signs of possible ARF
- Specialist consultation and referral for admission for all suspected cases

It's important for all doctors who may be providing care to young people from high-risk groups to understand when to suspect ARF, and what to do when you do suspect it.

ARF classically presents with a migratory polyarthritis, but can cause arthritis in a single joint, or arthralgia alone without other signs of inflammation. It can present as carditis, typically manifested as a new cardiac murmur, or as Sydenham's chorea, a movement disorder that can be quite subtle, and often waxes and wanes over time. These symptoms are often accompanied by fever, increased inflammatory markers (ESR and CRP), and/or a prolonged p-r interval on the ECG. ARF can also present with subcutaneous nodules or erythema marginatum, although I've never seen either.

Continued page 2

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Diagnosis is based on the constellation of clinical signs (using the modified Jones criteria) along with evidence of infection with Strep A from culture or serology.

Whenever we see a young person from a high-risk group who has arthritis of any joint, a new murmur, or chorea, we treat them as a likely case of ARF up until we've either confirmed the diagnosis or ruled it out. Assessment and initial management should always be done as an inpatient, even for a mild illness. It's critical that we get the diagnosis right at the time of presentation, and attempts at outpatient assessment typically result in an incomplete diagnostic assessment which can not be clarified retrospectively at a later date. Investigations should include ECG, bloods (ESR, CRP, ASOT, and antiDNase B), swabs of any skin or throat infection, and an echocardiogram.

Any suspected case should be discussed with a cardiologist, paediatrician or physician who is familiar with the condition. Suspected cases should all receive a dose of intramuscular benzathine benzylpenicillin G, which is continued monthly for at least 10 years to prevent recurrence.

Fortunately, some cases of ARF can be prevented through timely, appropriate antibiotic treatment for skin and throat infection. All cases of sore throat and/or impetigo ('skin sores') in someone from a high-risk population need to be treated with appropriate antibiotics, even if you think the illness is likely to be viral.

Summary

Young people in WA continue to be affected by ARF, but fortunately we can prevent some cases, and improve the outcome for others, through timely and appropriate action in primary care, including:

- Appropriate use of antibiotics for sore throats and impetigo in people who are at high-risk.
- Recognition of the signs of possible ARF.
- Specialist consultation and referral for admission for all suspected cases.

Valuable resources to assist you in assessment and management of ARF include the [Acute Rheumatic Fever HealthPathway](#), and RHD Australia resources including the [Diagnosis Calculator App](#) and the [2020 Australian guideline for prevention, diagnosis, and management of ARF and RHD](#)

GP Hospital Liaison Updates

Armadale Hospital unable to allocate specific gender of healthcare professional on request

Armadale Hospital is amid a baby boom with near record numbers of babies being born every month. In May the team delivered over 240 babies with fantastic consumer feedback and clinical outcomes.

In this context there are substantial operational demands on the service. Currently we are not able to allocate female or male consultants to particular patients on request.

In order to save embarrassment or confrontation, it is important to advise all patients being referred to Armadale Health Service that they may be treated by a female or male consultant. All consultants are appropriately qualified for their discipline and patients are accepted based on clinical urgency.

Your help to ensure patients accessing the service have clear and accurate expectations will be much appreciated.

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Royal Perth and Bentley Hospitals – Outpatient Clinic Letter Secure Messaging to GPs

Royal Perth Bentley Group is excited to be able to deliver one of the key improvements requested by GPs in the East Metropolitan Health Service Communication for Safety 2020 GP Survey.

Royal Perth Hospital (RPH) and Bentley Hospital commenced secure messaging to deliver most outpatient clinic letters to GPs in June 2021.

Key points:

- If you currently receive secure electronic discharge summaries from Royal Perth Hospital, we have your correct details. No action is needed.
- If your contact details or list of doctors working at your practice require checking or alteration, please telephone 9224 3673, fax: 9224 2348 or email on RPH.GPN.Coordinator@health.wa.gov.au
- If we do not have secure messaging details and we have your fax number, we will fax the letter instead, because this will still reach you sooner than snail mail.
- Where a letter appears to have been successfully transmitted by secure messaging or fax, a hard copy of that outpatient letter will NOT be mailed.
- Where we do not have your secure messaging code or fax number or the letter is not able to be transmitted, the letter will be sent by post.
- Letters from clinics that do not have this facility will continue to be mailed for now (unless manually faxed if urgent).
- If you receive an outpatient letter for a patient who does not attend your practice, please contact the RPH Medical Typing Unit by telephone on 6477 5299, fax on 6477 5271 or by email on rph.clinicletters@health.wa.gov.au (include patient name, DoB, medical record number, speciality and date of letter).
- Most RPH and Bentley outpatient letters as well as outpatient and inpatient pathology and imaging results are also now uploaded to the patient's My Health Record. Please check your patient's My Health Record for information needed before requesting from medical records, pathology, or imaging.

Dr Jacquie Garton-Smith, Hospital Liaison GP
Royal Perth Hospital
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Mondays and Thursdays

KEMH is seeking patient participation needed for the Australian Reproductive Carrier Screening Project

Mackenzie's Mission is a research study providing reproductive genetic carrier screening to 10,000 couples across Australia. The screening will give prospective parents information about their likelihood of having a child with a severe genetic condition. The study will investigate the best way to deliver a national reproductive genetic carrier screening program available to all couples in Australia.

King Edward Memorial Hospital (KEMH) is recruiting participants in targeted regions to reflect the distribution of the Australian population, and current practice for pre-pregnancy and pregnancy care. Free reproductive carrier screening will be offered to couples who enrol in the study.

KEMH is currently looking for GPs in rural, remote, and very remote areas of Western Australia to be involved in this project and recruit their patients.

Participating GPs will receive training from the study team, enabling them to appropriately offer information about Mackenzie's Mission and ensure their patients can make informed decisions about participating. Couples complete their consent and education online, so offering the study will have minimal impact on the healthcare professional's time.

Further information about reproductive genetic carrier screening including an online education module (Cat.2 activity) can be found on the [RACGP website](#)

If you are interested in being involved and recruiting your patients to take part in Mackenzie's Mission, please contact the study team on 1800 466 466 or via email mackenziesmissionwa@perkins.edu.au

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KEMH_HLGP@health.wa.gov.au

EMHS Voluntary Assisted Dying Program

East Metropolitan Health Service (EMHS) is implementing a Voluntary Assisted Dying (VAD) Program to support VAD becoming a legally available option from 1 July 2021.

EMHS Clinical Lead for VAD, Dr Clare Fellingham, says upholding patient autonomy and dignity is fundamental to the care we provide across EMHS hospitals, and the EMHS recognises that VAD will soon be available to eligible patients in accordance with the Voluntary Assisted Dying Act 2019 (WA).

“As a health service provider dedicated to delivering excellence in health care to the community we serve, we will be working within the legislative framework to ensure VAD is accessible from 1 July 2021 when the law comes into effect”.

Please direct all GP queries about VAD to the Statewide Care Navigator Service (SWCNS). From July 1, the SWCNS will also be accepting VAD referrals and patient queries. The SWCNS can be contacted by email and phone during standard work hours (8:30 am – 5:00 pm) on VADcarenavigator@health.wa.gov.au or (08) 9431 2755.

VAD assessments will be provided at EMHS by participating practitioners who have undergone rigorous training approved by the Department of Health WA, and referral pathways are being developed in conjunction with the SWCNS. In addition, EMHS are appointing a dedicated VAD program manager to support patients and their families should their VAD journey occur at EMHS.

Further information is available on the [DoH Voluntary Assisted Dying](#) and the [EMHS Voluntary Assisted Dying webpages](#).

Dr Jacquie Garton-Smith, Hospital Liaison GP
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Mondays and Thursdays

Statewide supports for health professionals and patients on their VAD journey

Statewide Care Navigator Service

With the introduction of Voluntary Assisted Dying (VAD) in WA on July 1, The WA Voluntary Assisted Dying Statewide Care Navigator Service (SWCNS) has been established to support everyone involved with voluntary assisted dying in WA. This includes patients, health professionals and service providers. The service is nurse-led and staffed by care navigators who are experienced health professionals. Care is flexible and dependent on requirements, which may be a single contact, or involve extensive support for the individual, family, and practitioners throughout the process.

The SWCNS is metro based, but offers outreach services to anyone, anywhere across WA. The service can provide both general and specific information about VAD, which can include information sessions for a local practice group, case discussions and individualised support for medical practitioners. The SWCNS will also assist in supporting access and referrals to other services and resources as required. Anyone can contact the SWCNS directly.

The SWCNS has a key role in linking patients with practitioners. When medical practitioners complete the approved training, they are asked if they consent to sharing their details with the SWCNS. Should a practitioner choose to do so and a patient in their local area is seeking assistance, the SWCNS will contact the practitioner to discuss the referral, ask the practitioner if they are willing to accept this, and if so, how they would like the patient referred to them. Details will never be provided directly to a patient without consent for each instance. Practitioners can also contact the SWCNS to request support in finding additional practitioners to support their patients journey, with a written referral form requested and available on the [central VAD internet page](#) from 1 July.

The SWCNS will manage the Regional Access Support Scheme, which provides financial support for access to VAD in regional WA where there is no practitioner available to assist in the local area.

The SWCNS does not charge fees for its services, with care able to be provided face to face, via telephone, email, or videoconference.

Continued page 5

Statewide supports for health professionals and patients on their VAD journey (cont)

Care navigators can be contacted during standard work hours (8:30am – 5:00pm). Email VADcarenavigator@health.wa.gov.au or phone (08) 9431 2755.

Statewide Pharmacy Service

The Statewide Pharmacy Service (SWPS) has been specifically established to make sure that the VAD substance is provided in a safe, equitable, and patient-centred manner. The service will be staffed by qualified pharmacists who are experienced health professionals.

The SWPS becomes involved from the point of administration decision and prescription. They can provide information, education and support to practitioners, the patient and their family or carers throughout the process from prescribing, prescription review, dispensing, counselling and disposal.

The SWPS is the sole point for dispensing of the voluntary assisted dying substance and supportive medications for the State. Pharmacists will offer a face to face consultation as part of this process for support and counselling and can travel to patients and practitioners wherever they are across WA. The SWPS will also liaise with authorised disposers regarding disposal of any unused or remaining voluntary assisted dying substance and supportive medications.

The SWPS does not charge fees for its services. The Pharmacists can be contacted by email and phone during standard work hours (8:30am – 5:00pm). Email: statewidepharmacy@health.wa.gov.au

ePrescribing resources

Electronic prescribing provides an option for prescribers and their patients to use an electronic Pharmaceutical Benefits Scheme (PBS) prescription. The Australian Government Department of Health website has a suite of information and resources available for GPs and patients available [here](#).

There is also an "[Electronic Prescribing](#)" HealthPathway.

Get your practice ready for Women's Health Week this September

Held annually 6 to 10 September, Women's Health Week is the biggest week in Australia focusing on good health and wellbeing. It is a good opportunity to remind your female patients to make their health a priority and to take care of themselves.

[Visit the website](#) to download resources and find out how your practice can get involved.

Culturally Diverse Psychological Service

The Life Without Barriers Culturally Diverse Psychological Service provides structured psychological treatment services for individuals (and their families) from a culturally and linguistically diverse (CALD) background with, or at risk of mild to moderate psychological distress.

Clients can receive short-term (up to 10 sessions) culturally appropriate and evidence-based psychological intervention. Interpreters can be requested as needed.

Clients need a [GP referral](#) (preferably with a mental health treatment plan) to access the service. This service is provided at no cost to patients and is accessible across the Perth metro including Leederville, Mirrabooka (and surrounds) and Langford.

Visit www.lwb.org.au/CDPS for more information or to make an enquiry or referral, phone 0418 724 549 or email CaldPsychService@lwb.org.au or CaldPsychReferrals@lwb.org.au

GPs at forefront of advance care planning

Primary care is set to play a larger role in advance care planning with the imminent implementation of the Voluntary Assisted Dying Act in Western Australia from 1 July 2021.

A recent [national study](#) found 70% of Australians aged 65 and over are missing the opportunity to consider their end of life care, and of those who do have advance care planning documentation in place, about 30% is incomplete, invalid or non-legally binding.

WA Primary Health Alliance Aged Care Senior Policy Advisor, Lisa Ryan, says this is where the enduring and trusting relationship between a GP and their patient is invaluable.

“A great time for this conversation to happen can be as part of a Health Assessment for people aged 75 and over, but it can, of course, happen at any time.”

“Patients will readily confide in and take advice from their family doctor, so it is vital to provide GPs with the necessary information and tools to support their patients to achieve their end of life goals.”

For support with clinical decision making, GPs can refer to the [Advance Care Planning Health Pathway](#) and related pathways.

To encourage increased uptake of advance care planning across Western Australia, WA Health is undertaking consultation on the development of a standardised format for the Advance Health Directive, a legally binding document that specifies the care a person would like in the future, including decisions about resuscitation, mechanically assisted ventilation and assisted nutrition and hydration.

More information on advance care planning for health professionals is available from:

- [WA Health](#)
- [RACGP](#)
- [End of Life Essentials](#)
- [Cancer Council WA](#)
- [Palliative Care WA](#)

For more information on advance care planning for people, families and carers visit the [WA Health website](#).

Supporting women with perinatal depression and anxiety



The Perinatal Depression e-Consortium (PDeC)*, led by the Parent-Infant Research Institute (PIRI), has developed range of tools and resources to support GPs to better help women with perinatal depression and anxiety.

The [MumSpace](#) initiative offers [MumMoodBooster](#) and [Mum2BMoodBooster](#) free, effective evidence-based online treatment programs for mild to moderately-severe antenatal and postnatal depression and anxiety.

A clinician portal (co-developed with GPs) is also available for GPs to directly refer patients to MumMoodBooster and track their progress. GPs have rapid, secure log-in access to comprehensive screening assessments and progressive summary reports.

Other resources on this issue are also available on the “[Pregnancy and Postpartum Mental Health](#)” suite of HealthPathways.

Closing the Gap PBS Co-payment Program Changes

Key changes being implemented to Closing the Gap (CTG) Pharmaceutical Benefits Scheme (PBS) Co-Payment program from 1 July 2021 are:

- Any PBS prescriber can register eligible Aboriginal and Torres Strait Islander people for the Program if they are not already registered.
- PBS prescribers will no longer be legally required to write or electronically print 'CTG' on eligible PBS prescriptions for registered Aboriginal and Torres Strait Islander people. However, annotation of a PBS script will help Community Pharmacies and Section 94 Approved Private Hospital pharmacists know that the patient is registered for the program, when dispensing the medicines.
- General Schedule PBS prescriptions issued by PBS prescribers within public hospitals will now be eligible for the Program, provided they are dispensed by a community pharmacy or Section 94 Approved Private Hospital pharmacy.

Find out more in the Australian Government Department of health factsheet for [health professionals](#) or [Aboriginal patients](#).

My Health in My Hands video for young patients

The [Child and Youth Health Network](#) has developed a video aimed at 12 to 18 year olds, to support them become more independent with their health care. My Health in My Hands summarises:

- How young people can expect to be treated by health professionals
- Information on their health privacy and confidentiality
- How to access Medicare
- Tips on choosing a GP
- How to give feedback in relation to the health service received.

Download and share on your practice social media or waiting room [here](#).

Continued commitment Take Home Naloxone (THN) Pilot

The Australian Government Department of Health has advised the Take Home Naloxone (THN) Pilot will continue for an additional year to 30 June 2022 in NSW, SA and WA.

Naloxone will continue to be available for free and without a prescription to people who may be at risk of experiencing or witnessing an opioid overdose.

Current registrants have been advised of the extension via email from the program administrator. Information regarding registering and participating in the pilot can be found at: [naloxone-pilot registration and participation](#)

Other resources and materials are being updated to reflect the extended timeframe and can be found at: [Department of Health take-home-naloxone-pilot](#)

GPS needed for Purple Book review

The Child and Adolescent Health Service (CAHS) and Western Australian Country Health Service (WACHS) are currently reviewing the "All about me" Personal Health Record content. One aspect under review is the '6-8 week doctor check' section and triplicate form use, to determine inclusion/exclusion in future editions.

CAHS would value GP responses to a short, approximately 5-10 minute survey, in relation to your triplicate form use. Complete the survey [here](#) until Friday 2 July 2021.

Please contact Kelly Bibby, Senior Project Officer – Nursing, Child and Adolescent Health Service with any questions; email Kelly.Bibby@health.wa.gov.au or phone 6372-4507.

New research: Time to lift uptake of flu vaccination in children

Influenza vaccine uptake in children has grown in response to increased awareness and progressive expansion of funding, according to the authors of a Perspective published recently in the [Medical Journal of Australia](#).

While there was a 44% uptake in flu vaccine in children aged six to 59 months in 2020, the authors suggest that Australia needs further strategies to improve and sustain high coverage, such as greater access to vaccination services and tools to assist healthcare providers to promote influenza vaccine.

All Australians aged six months or older are recommended to receive annual influenza vaccination, with free influenza vaccines for the highest risk groups provided by the National Immunisation Program (NIP). The NIP expanded in 2019 to include Aboriginal and Torres Strait Islander peoples of all ages (closing the funding gap for those aged 5 to <15 years), and in 2020, influenza vaccine was added to the NIP for all children aged six to 59 months.

In addition to the NIP eligibility, in 2021 in WA all primary-school aged children (up until year 6 and born after 2008) are eligible for a government funded flu vaccination.

See also the "[Influenza Immunisation](#)" HealthPathway.

Medicare Benefits Schedule Changes

From 1 July 2021 there will be changes made to the MBS. While most of these changes apply to surgical items, the following may impact general practice.

Heart Health Assessment

Items 699 and 177 will be amended from 1 July 2021, with these services only applying to a patient who is 30 years of age or older. This will align the items with the current evidence-based age cohorts for the Australian Absolute Cardiovascular Disease Risk calculator.

Indexation

Indexation is to be applied to most of the general medical services items, all diagnostic imaging services, except nuclear medicine imaging and magnetic resonance imaging (MRI) and two pathology items. The MBS indexation factor for 1 July 2021 is 0.9 per cent.

Further information on the indexation schedule for the MBS is available on the [MBS website](#)

MBS XML files

The July 2021 Medicare Benefits Schedule (MBS) files, including an updated XML file, are available [here](#)

Pilot participants wanted for new Lotterywest funded health and wellness program



From 1 October 2021 a prescription will be required for Australians to legally access nicotine e-cigarettes and vaporiser nicotine for the purposes of smoking cessation, including importing from overseas online retailers.

A new article, a flow chart summarising the pathways for access and a podcast episode, developed in consultation with the Australian Government Department of Health, are now available on the [NPS MedicineWise website](#) to help prescribers to prepare themselves and their practice for the scheduling change.

There is a HealthPathway with advice on "[Smoking Cessation](#)".