GP Connect

Keeping GPs informed in the changing primary health landscape

WA Primary Health Alliance
Better health, together

phn
PERTH NORTH, PERTH SOUTH, COUNTRY WA
An Australian Government Initiative

13 March 2025

Actively targeting weight loss for glycaemic control in type 2 diabetes.

Dr Gregory Ong MBBS (WA), PhD (Monash), FRACP Principal Endocrinologist – Diabetes Connect (Diabetes WA)

Obesity is formally defined as a disease state of excess adiposity posing a threat to health.[1] An increasingly prevalent problem for our community, it not only impacts on individuals but also on society through significant direct health care costs and indirectly through loss of productivity.[2] Obesity can cause diverse complications including arthritis, sleep apnoea, asthma, gastro-oesophageal reflux, infertility and increase the risk of cancers.[3] The adverse metabolic and cardiovascular risk state, including onset of type 2 diabetes (T2DM), contributes to premature mortality.[4] While it is common for "lifestyle" measures to be mentioned in guidelines as a general part of holistic diabetes care, weight management has historically not been given as much visibility as other aspects of diabetes management, such as pharmacotherapy. There is also an inconsistent approach to accepting obesity as a "disease" rather than a risk factor, which seems trivial but affects the approach of policymakers and clinicians.[5]

Identifying benefits of weight management for patients with type 2 diabetes

Glycaemic control is challenging, despite availability of many classes of potent agents and better concepts of care over time.[6] Obesity has plausible mechanistic and epidemiological links to hyperglycaemia. Hence, it follows that weight management should modify the course of T2DM for patients who are overweight or obese.

There is good evidence that weight loss can achieve a state of prolonged normoglycaemia without needing glucose lowering medications. It does not matter if this is done through behavioural modification, total meal replacement with specially formulated very low energy diets such as Optifast®, using weight loss specific medications, or through "bariatric" or "metabolic surgery".[7]

There is a large variation in the degree of weight loss that can be achieved with any modality. This reflects the complex nature of weight management and the nexus between physiology and psychology in driving appetite and metabolism. As a rule, success in achieving normoglycaemia depends on greater magnitude of weight loss, particularly more than 10-15 per cent of baseline.[7]

Unfortunately, there is only a narrow window to achieve drug-free remission from hyperglycaemia. Even with substantial weight loss, patients with longer duration of T2DM, or those who are already on insulin may not succeed.[7,8] However, this should not dampen enthusiasm for weight loss, as partial glycaemic responses and improvements to other morbidities and cardiovascular risk are still worthwhile.

Continued page 2

Preferencing evidence-based treatments with cardiovascular benefits

Only some treatments have robust evidence for reducing hard cardiovascular (CV) endpoints such as heart attacks and stroke. This is not the same as improving risk factors such as blood pressure and lipids, which ultimately are only surrogate markers.

- High quality randomised controlled trial evidence exists for GLP-1 receptor agonists (GLP-1RA) such as liraglutide, semaglutide and dulaglutide [9] and SGLT2 inhibitors.[10]
- Meta-analyses and observational studies suggest that bariatric surgery is also useful.[11,12]
- Trials looking at phentermine with topiramate, orlistat, naltrexone/bupropion (Contrave) and very low energy diets have either not been statistically powered or did not specifically investigate CV events or mortality.[13]
- Some effective weight loss agents, such as sibutramine, have been withdrawn due to worsening CV risk.[13]

Until more robust proof appears, it is logical to preference options with clear CV benefits for both diabetes and weight management, such as GLP-1RA; an approach recommended by the American Diabetes Association.[14]

Integrating weight management into holistic type 2 diabetes care

Any pharmacotherapy must be supported by a holistic approach including behavioural modification, review of existing morbidities and medications that contribute to weight gain, and periodic reappraisal to ensure targets are met and weight regain is avoided. Weight regain can occur despite bariatric surgery, and especially when a successful non-surgical approach is withdrawn.[15,16] The in-built biological defence of weight is difficult to overcome through personal efforts, so it is important to openly discuss the potential for regain, the need for long term supervision and ongoing or repeat interventions.[17] Weight management has now received greater prominence, with a dedicated section in the updated RACGP Management of type 2 diabetes handbook for general practice. Discuss weight management with patients as a core and early component of holistic T2DM care. Achieving weight goals with an evidence-based approach will alter the course of disease, and makes it more likely that all the usual diabetes metrics including quantity and quality of life can be met.

Further support for GPs

The Diabetes Connect program delivered by Diabetes WA supports primary care in regional WA by connecting GPs to direct phone advice, across all types of diabetes, from the Diabetes Connect Endocrinologist.

For in-depth review of more complex cases a multidisciplinary case conference can be booked. To pre-book a call with an endocrinologist or to book a multidisciplinary case conference, call 9436 6270 or visit Diabetes Connect for Country WA.

Additional guidance is available at Clinician Assist WA, including:

- Medications in Type 2 Diabetes – clinical pathway
- Diabetes Advice – contact details for services providing clinical advice across WA

References:

1. Obesity and overweight
2. Lee CM, Colagiuri R, Magliano DJ, et al. The cost of diabetes in adults in Australia. Diabetes Res Clin Pract. 2013;99(3):385-390
3. Pi-Sunyer, X. The Medical Risks of Obesity. Postgraduate Medicine. 2009;121(6), 21–33.
4. Chandrasekaran P, Weiskirchen R. The Role of Obesity in Type 2 Diabetes Mellitus-An Overview. Int J Mo0l Sci. 2024;25(3):1882
5. Luli M, Yeo G, Farrell E, et al. The implications of defining obesity as a disease: a report from the Association for the Study of Obesity 2021 annual conference. EClinicalMedicine. 2023;58:101962
6. Xiang AS, Szwarcbard N, Gasevic D, et al. Trends in glycaemic control and drug use in males and females with type 2 diabetes: Results of the Australian National Diabetes Audit from 2013 to 2019. Diabetes Obes Metab. 2021;23(12):2603-2613.
7. Ko JH, Kim TN. Type 2 Diabetes Remission with Significant Weight Loss: Definition and Evidence-Based Interventions. J Obes Metab Syndr. 2022;31(2):123-133.
8. DIRECT-AUS study presented at the ADS/ADEA Joint Symposium on Nutrition and Diabetes Remission. Proceedings of the Australian Diabetes Congress 2024.
9. Marx N, Husain M, Lehrke M, Verma S, Sattar N. GLP-1 Receptor Agonists for the Reduction of Atherosclerotic Cardiovascular Risk in Patients With Type 2 Diabetes. Circulation. 2022;146(24):1882-1894
10. Toyama T, Neuen BL, Jun M, et al. Effect of SGLT2 inhibitors on cardiovascular, renal and safety outcomes in patients with type 2 diabetes mellitus and chronic kidney disease: A systematic review and meta-analysis. Diabetes Obes Metab. 2019;21(5):1237-1250
11. Sutanto A, Wungu CDK, Susilo H, Sutanto H. Reduction of Major Adverse Cardiovascular Events (MACE) after Bariatric Surgery in Patients with Obesity and Cardiovascular Diseases: A Systematic Review and Meta-Analysis. Nutrients. 2021;13(10):3568
12. Cohen R, Sforza NS, Clemente RG. Impact of Metabolic Surgery on Type 2 Diabetes Mellitus, Cardiovascular Risk Factors, and Mortality: A Review. Curr Hypertens Rev. 2021;17(2):159-169
13. Alobaida M, Alrumayh A, Oguntade AS, Al-Amodi F, Bwalya M. Cardiovascular Safety and Superiority of Anti-Obesity Medications. Diabetes Metab Syndr Obes. 2021;14:3199-3208.
14. American Diabetes Association Professional Practice Committee. Obesity and Weight Management for the Prevention and Treatment of Type 2 Diabetes: Standards of Care in Diabetes–2025. Diabetes Care 2025;48(Suppl. 1):S167–S180
15. Lean ME, Leslie WS, Barnes AC, et al. 5-year follow-up of the randomised Diabetes Remission Clinical Trial (DiRECT) of continued support for weight loss maintenance in the UK: an extension study [published correction appears in Lancet Diabetes Endocrinol. 2024 Jun;12(6):e17.
16. Wilding JPH, Batterham RL, Davies M, et al. Weight regain and cardiometabolic effects after withdrawal of semaglutide: The STEP 1 trial extension. Diabetes Obes Metab. 2022;24(8):1553-1564
17. Bessesen DH, Van Gaal LF. Progress and challenges in anti-obesity pharmacotherapy. Lancet Diabetes Endocrinol. 2018;6(3):237-248

Clinical Updates

Introduction of Mandatory Firearms Authority Health Assessments in WA

In March 2022, the WA Government appointed WA Police to undertake a significant overhaul of firearms laws in WA. The new legislation commencing 31 March 2025, introduces more stringent requirements aimed at enhancing and supporting public safety.

This includes the introduction of mandatory Fire Arms Authority Health Assessment (FAHA), undertaken by a medical practitioner (GP) for all new Firearm Licence applicants, and existing licence holders, repeated at least every five years (annually for those aged 80 years of age and older).

To manage demand on general practice, notification of FAHAs for existing firearm authority holders will be staggered over the next first five years.

What does this mean for GPs?

- GPs are not decision-makers in relation to the grant of a firearm authority.
- GPs are not obligated to conduct a FAHA. Patients can be on-referred to alternative providers.
- An FAHA is only one component of the overall assessment of an individual.
- FAHA appointments are not covered by Medicare, therefore the fee is to be determined by the medical practice.
- GPs are protected from any criminal, civil or disciplinary action (s) for reports made in good faith under:
  - Section 220 of the Health Services Act 2016
  - Section 577 of the Mental Health Act 2014
  - Section 378(1) of the Firearms Act 2024
  - WA Department of Health Policy MP0015/16

See the Information Sheet for Health Practitioners and FAHA Guidance notes for more information.

RACGP WA is hosting a webinar Wednesday 26 March to provide an overview of the new legislation and reforms and practical considerations for GPs providing mandatory FAHAs. Register here

Voluntary Assisted Dying Practitioner Fee for Service Payments

On 1 July 2021, voluntary assisted dying (VAD) became a legal end of life choice for eligible Western Australians.

The WA Department of Health reports that over the past three years, VAD activity has been higher than expected and continues to increase. To assist in meeting service demand, WA Health has recently implemented VAD Practitioner Fee for Service Payments, to support medical and nurse practitioners providing VAD services.

This payment model was developed to ensure VAD is an equitable end of life care choice for patients, regardless of their financial capacity, while supporting a sustainable workforce. Under this arrangement VAD practitioners working in a private capacity, can claim a fixed fee for VAD services.

More information can be found in the Western Australian Voluntary Assisted Dying – Practitioner fee for service payment guidelines or by contacting the End of Life Care Program via email to EOLCP.AP@health.wa.gov.au

To apply for access to the WA VAD Approved Training, please register via VAD-IMS. When applying, you will need to have the following supporting information and documents ready to upload:

- Contact details of two professional referees.
- An up-to-date curriculum vitae that demonstrates your clinical experience, including length of practice in the clinical profession and experience in roles that include patient assessment and clinical decision making.
- Self-captured photo holding a current photographic identity document (e.g. valid passport or Australian driver's license, Australian Immi Card or government issued proof of age card).

Reimbursement, for time taken to complete the training, may be available through the Regional Access Support Scheme, for medical and nurse practitioners in regional areas.

Contact the Statewide Care Navigator Service via email to VADcarenavigator@health.wa.gov.au for more details.

Update from the Central Referral Service on the current processing delay

The WA Department of Health reports that staff at the Central Referral Service (CRS) receive an average of 1250 referrals per day and all referrals are opened and reviewed by a nurse within one business day.

Although high priority (urgent) referrals are intended to be allocated to a hospital site within one business day and lower priority (semi/non-urgent) within three business days, current workforce shortages have created a backlog of referrals.

Urgent referrals are being allocated to a hospital site within one to two business days and semi/non-urgent referrals are being allocated within approximately seven business days.

The CRS team have worked hard over the Christmas and holiday period to reduce the backlog of semi/non-urgent referrals from 15 days.

In response to queries relating to the processing delays, WA Health recently provided an update for GPs on the public outpatient referral process.

The CRS reminds GPs the following referrals are not processed by the CRS and need to be sent directly to the appropriate hospital:

- immediate referrals for conditions that require review within the next seven days
- antenatal and obstetric
- mental health
- allied health.

CRS processes for all other referrals, and the complete list of specialties and services is available at the WA Department of Health website.

Contact details for hospitals receiving direct public referrals can be found in the 'Contact details for direct referrals to WA Health outpatient services' dropdown box.

WA 2025 Influenza Program update

Annual vaccination remains the most important way to prevent influenza and its complications and influenza vaccination is still recommended for all persons aged ≥6 months.

The WA Department of Health is planning to launch the 2025 Influenza Vaccination Program on March 27 and influenza vaccines will be available to order through Onelink from 14 March.

There will not be any pre-allocation of Fluad® Quad in 2025.

All vaccinations must be recorded on the Australian Immunisation Register (AIR).

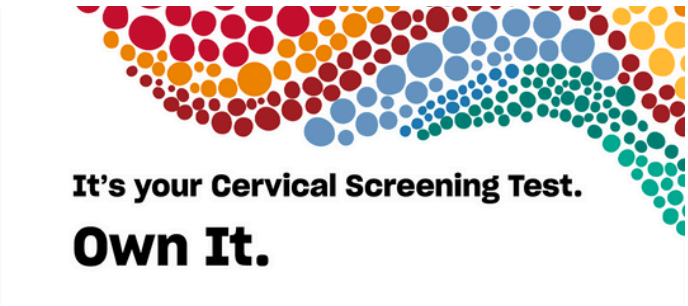
Legislative changes under the Australian Immunisation Register Act 2015 include a requirement for mandatory reporting of antenatal vaccinations from 1 March 2025. An antenatal indicator has been added to the AIR to report if a person is pregnant at the time of vaccine administration. For more information visit:

- AIRM04INFO1-Submitting information using the AIR site
- AIR Tip – 12 February 2025 | NCIRS

WA Primary Health Alliance will provide information from WA Health as soon as it becomes available.

Register for the WA Health update session March 27

New national campaign to promote cervical screening



The Australian Government's new, Own It campaign aims to raise awareness about the cervical screening self-collection option. The campaign includes toolkits to help share messages and materials, targeting Australia's most under-screened groups.

WA Health reports Ross River Virus detection at Swan River

The WA Department of Health is warning the community that Ross River virus (RRV) has been recently detected in mosquitoes collected in Crawley by the WA Health coordinated mosquito surveillance program.

Mosquito management is being carried out in areas with a recognised risk of mosquito-borne diseases, but people are being encouraged to take steps to prevent mosquito bites as there is no vaccine, cure or specific treatment for RRV.

Read the full WA Health media release and direct patients to HealthyWA for advice relating to mosquito avoidance.

Discontinuation of multiple Novo Nordisk insulin products

The Therapeutic Goods Association (TGA) has recently reported Novo Nordisk's intention to gradually discontinue some of its earlier generation insulin products over the next two years.

Norvo Nordisk has advised this is part of a global strategy and is not related to product safety, quality or effectiveness.

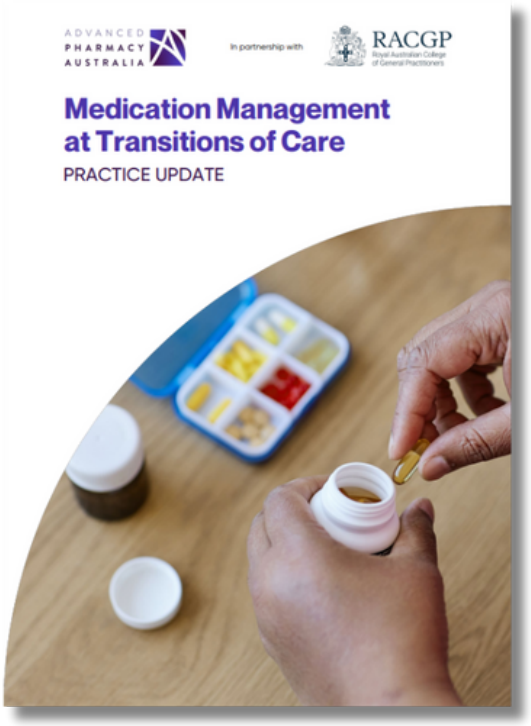
The affected products anticipated by the TGA are listed here.

The Australian Commission on Safety and Quality in Health Care has published guidance for clinicians regarding strategies and safety considerations in responding to the discontinuations of insulin products and a fact sheet for patients affected.

Visit the TGA website to read the full announcement and stay up to date with changes in product the availability.

Updated information will also be available in the Medicine Shortage Reports Database — search by the active ingredient 'Insulin' and filter by the 'Discontinuations' tab on the database homepage.

New stepped guide for managing medications between primary care and hospitals



Advanced Pharmacy Australia and the RACGP have partnered to develop a first-of-its-kind Medication Management at Transitions of Care resource kit to help GPs and pharmacists navigate medication management of patients transitioning between primary care and hospitals.

The kit comprises three resources to support clear, accurate and timely communication as patients transition through care providers, including information for both health professionals and patients:

- Practice Update: Medication Management at Transitions of Care - clearly defines the role of the hospital pharmacist, general practice pharmacist, and the GP in delivering safe and quality medication management services.
- Safe Medication Management at Transitions of Care - supports GPs and other health care professionals in ensuring safe and effective medication management during patient transitions between care settings.
- Medication safety when moving between the community and hospital - guide for patients to help manage their medicines safely when moving between home and hospital.

Department of Veteran Affairs quick guides for health professionals

Former members of the Australian Defence Force are most at risk of mental and physical health issues in the early years after they return to civilian life. The Department of Veterans' Affairs Veterans' Health Check program offers comprehensive health assessment annually for five years post-military service.

Assessment tools, quick guides for health professionals and other resources are available to support GPs to conduct assessments and claim payments for their time.

Visit the Department of Veterans' Affairs website for more information.

PBS subsidy and substitution for shortages of hormone replacement therapy patches

The current shortages of transdermal hormone replacement therapy (HRT) patches remain ongoing, with the shortage of some brands extended until December 2025.

The TGA has approved the supply of overseas-registered alternatives and the Australian Government Department of Health and Aged Care has temporarily listed a number of HRT patches on the Pharmaceutical Benefits Scheme (PBS).

Visit the PBS website for more information.

First new contraceptive listed on the PBS in over 30 years

Australian women of reproductive age can now access the combined drospirenone and ethinylestradiol oral contraceptive (YAZ® and YASMIN®) through the PBS.

YAZ® is also indicated to treat moderate acne and symptoms of premenstrual dysphoric disorder in women seeking oral contraception.

As with new additions to the PBS schedule, patients will require a new prescription to receive subsidised PBS pricing. Refer to the PBS schedule for more information.

National Advance Care Planning Week

National Advance Care Planning Week provides a good opportunity to have a conversation with your patients about formalising their treatment preferences for their current and future care health care - especially in the event they lose capacity to make these decisions for themselves.

Find out more about advance care planning and the documentation relevant to Western Australia at the WA Department of Health website and download promotional resources to share with your patients from Advanced Care Planning Australia.

Advance Care Planning Australia is also hosting a webinar for health care professionals Monday 17 March, 11.00 – 11.30am. Find out more and register.

First Australian national guidelines for anal cancer screening in people living with HIV

ASHM has launched new, evidence-based guidelines providing clear recommendations and information to support health care professionals on regular screening and early detection of anal cancer in people living with HIV. Developed by a multidisciplinary panel of community and clinical experts, the guidelines outline best practices for screening, risk assessment, and management of precancerous lesions.

Research suggests multicultural communities more likely to use ChatGPT for health inquiries

Recent research from the University of Sydney indicates approximately 10 per cent of Australian adults have used ChatGPT for health-related questions in the past six months.

The survey also revealed nearly two thirds of respondents (61 per cent) who used ChatGPT asked higher-risk questions typically needing clinical advice.

This trend was more common among individuals from non-English speaking backgrounds. More than a third (39 per cent) of non-users reported considering it for future health-related questions, despite moderate trust in the app.

Read the full article published in the February 2025 edition of the Medical Journal of Australia.

New research on male-partner treatment to prevent recurrence of bacterial vaginosis

Bacterial vaginosis (BV) affects one third of reproductive-aged women, and recurrence is common. New evidence of sexual exchange of BV associated organisms between partners suggests that male-partner treatment may increase the likelihood of cure.

The findings from Researchers at Melbourne Sexual Health Centre and Monash University published in the New England Journal of Medicine showed combined oral and topical antimicrobial therapy for male partners to treatment of women for BV resulted in a lower rate of recurrence of bacterial vaginosis within 12 weeks than standard care.

More information for GPs on new approaches to BV management is available on the Melbourne Sexual Health Centre website.

Clinician portal for treatment for postnatal depression

To improve access to quality perinatal mental health care closer to home, the Parent-Infant Research Institute offers a range of evidence based digital mental health programs, designed to support the emotional wellbeing of expecting and new parents.

The MumMoodBooster Clinician Portal enables GPs and other health professionals to refer patients to MumMoodBooster and Mum2BMoodBooster, monitor progress, and provide patients with remote support.

This tool ensures primary care providers can play an integral role in improving mental health outcomes, even in regions with limited access to specialists.

Visit the MumSpace website or see the below resources for more information:

- Clinician Portal Brochure
- Quick Referral Guide
- MumMoodBooster Program Brochure

Perinatal Anxiety & Depression Australia's secondary consultation service for GPs

In addition to providing free counselling for expecting and new parents, Perinatal Anxiety & Depression Australia (PANDA) is the only organisation in Australia to offer a free, nationwide secondary consultation service for health care providers, with a specialist focus on perinatal mental health.

PANDA's Secondary Consultation Service is available Monday to Friday, 9am to 5pm (AEST/AEDT) excluding public holidays. Request a secondary consultation with a PANDA clinician by phoning 1300 726 306 or emailing secondaryconsult@panda.org.au and following the prompts.

PANDA has also developed a suite of learning and educational resources, provided at no-cost to practices. The PANDA Learning Hub can equip GPs with the essential knowledge and skills needed to support clients and families experiencing perinatal mental distress, conditions, and associated risks. Supporting practice resources are also available.

GP Education and Events

Tailored Cancer Council quality improvement activites now available

A new suite of quality improvement activities are available from the Cancer Counil WA to support interested practices with improving capture and documentation of risk factors that can be associated with cancer.

Developed in partenrship with the WA Primary Health Alliance (WAPHA) Quality Improvement (QI) Team, these educational audits are designed to equip busy GPs with applicable background information and stepped guides on utilising Primary Sense reports to undertake improvements documentation of smoking status, alcohol intake or BMI in patient records.

Using plan, do, study, act (PDSA) cycles, these QI activities are both RACGP and ACRRM accredited for five Measuring Outcomes hours each, under the requirements for continuing professional development.

GPs can register their interest in participating at the Cancer Council WA website.

WAPHA's quality improvement coaches can support practices with completing PDSA cycles through providing guidance on running reports and interrogating data using various software and tools. Email QI@wapha.org.au to connect with your local WAPHA QI coach today.

Cancer Council WA Palliative and Supportive Care Education

As the preferred provider of palliative and supportive care education for health professionals, allied health, and volunteers across Western Australia, Palliative and Supportive Care Education (PaSCE) WA collaborates with experienced palliative care clinicians to develop evidence-based education that enhances knowledge and confidence across all health care settings.

Browse upcoming PaSCE WA in person and online professional development education for GPs at the Cancer Council WA website.

Firearms Health Assessment: What GPs need to know

Wednesday 26 March | 7.00 PM - 8.30 PM | Online | 1.5 EA hours

Join RACGP WA for an overview of the new Firearms Act 2024 and the reforms that are taking place, including the practical considerations and the role of GPs relating to the mandatory Firearms Health Assessment process. Presented by Dr Mariam Bahemia and Dr Richard Taylor. Facilitated by RACGP Vice President and WA Chair Dr Ramya Raman. Includes a dedicated Q&A session, and the opportunity to submit your questions ahead of time.

Register here.

IAR-DST - guide to mental health assessment and referrals PAID GP TRAINING

Various dates for early 2025 | Online | WA Primary Health Alliance

The online Initial Assessment and Referral Decision Support Tool (IAR-DST) is designed to be used alongside a comprehensive, holistic mental health assessment to gather information and guide referrals. WAPHA is providing GPs in WA with paid IAR-DST training covering two workshops in one online session.

Register

Monday 17 March | 11am -11.30am | Online | Advance Care Planning Australia

Join this National Advance Care Planning webinar - with Dr Greg Parker and Dr Craig Sinclair providing health professionals with a contemporary perspective about advance care planning and the role they play.

Register

GP management of patient depression suicidality training program

Metro based case study discussions throughout March 2025 | In-person | Rural Clinical School of WA

Developed by the Rural Clinical School of WA GPs in collaboration with Psychiatrist, Dr Mat Coleman, this training program is made up of two, CPD accredited modalities:

- Part 1: Online modules: Approximately 90mins to complete all six modules.
- Part 2: Face-to-face case study discussions: Co-led between peers, led by a GP and co facilitated by a psychiatrist. Approximately 90mins duration including light meal.

GPs can choose to do either Part 1 or Part 2 or both. It is recommended GPs complete the online modules prior to attending a case study discussion but it is not mandatory.

- View the list of case study discussions
- Register for online and case study discussions.

Supporting patients to achieve their wish to die at home: Symptom control and support systems in palliative care

Wednesday 9 April | 6.15pm |Sebel, Mandurah |1.5 CPD hours | Silverchain

Join this Silverchain education event designed to expand your knowledge on preparing patients and families for palliative care, understanding symptom control and support systems, what services are available, and the best referral pathways.

The presentation will be led by Silverchain Medical Director Palliative Care WA, Dr Fiona Findlay, and Silverchain GP with a special interest in palliative care, Dr Susan St Clair.

Approved for 1.5 CPD hours (1 hour Educational Activity, 0.5 hours Reviewing Performance) and includes refreshments.

Event places are limited. Register before 2 April