GP Connect

Keeping GPs informed in the changing primary health landscape

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An Australian Government Initiative

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Proactively Managing Falls Risk

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Falls have a huge impact on the individual and the health care system. One in three patients over 65, living in the community fall yearly and rates are higher in residential aged care. GPs play an important role in identifying and addressing the organic causes and risk factors to help prevent future falls. Proactive management can reduce the burden on the health care system and improve quality of life for patients.

A detailed history of the patient's fall can provide valuable clues. Ask the patient about:

- Where did the fall happen?
- What was the environment like?
- What were they doing at the time?
- Was there a behavioural or cognitive element such as rushing, dual tasking, or risk taking activities (e.g. climbing ladders, complex gardening)?
- Was it mechanical (slip/trip/stumble)?
- Are there symptoms of an underlying medical issue (dizziness, palpitations, loss of consciousness, weakness)?
- How did they get off the floor? (this can give you an understanding of the patient's physical function and ability to problem solve).
- Was there was a recent change in medications, including centrally acting medications and antihypertensives

Are they reporting a fear of falling? Fear leads to reduction in activities and participation, and increased risk of social isolation. This leads to deconditioning; reductions in their strength, balance and endurance, globally reducing their functional reserve.

Assessing their balance and strength provides useful information to compare them to their age-matched normative values. Quick tests include the Five Times Sit-to-Stand Test and the Rhomberg's Test.

Five Times Sit-to-Stand Test : Time the patient standing and sitting from a chair five times. Taking more than 15 seconds indicates a high falls risk. Using their arms indicates a lower limb strength deficit. Observe their technique and steadiness throughout the task. Tentativeness or a poor technique (e.g. not achieving a full stand) also indicate increased falls risk.

Rhomberg's Test: Observe the patient for 30 seconds standing with feet together and their eyes closed. Sensation, proprioception, vision and the vestibular system contribute to balance. If Rhomberg's is positive (e.g. increased sway, stepping out of position), it indicates they are more reliant on vision and may have reduced function in proprioception or the vestibular system. This may relate to their falls history – perhaps they are falling more overnight or in low light.

Continued page 2.

Proactively Managing Falls Risk (cont)

Observing gait patterns also informs falls risk factors. If a patient habitually has their centre of gravity in front of their base of support (e.g. off-loading lumbar spine pain, body habitus, kyphotic spine) their risk of falling forward is increased. Consider if teaching compensating behaviours (e.g. lift your feet higher) is worthwhile versus addressing the impairment (e.g. postural and balance retraining.) Other gait issues such as foot drop, Parkinsonism, hemiplegia, also increases falls risk.

Advice from the GP to the patient encouraging participation in exercise is important. In the absence of contraindicating past medical history, patients should be educated to undertake ideally 150 minutes of moderate intensity exercise weekly.

Falls specialist physiotherapy involves a detailed subjective assessment covering history of falls, function, social history and the home environment. Questioning around medication compliance, polypharmacy, nutrition, continence, foot health, vision, hearing, vestibular function, sleep/wake cycle, bone density and cognition are included. Objectively the patient's functional mobility, posture and gait pattern, strength, range of motion, postural blood pressures, proprioception and sensation are formally assessed. Based on this assessment, advice and education around modifying intrinsic and extrinsic risk factors is provided. This includes goal setting and a tailored exercise program.

Referral to physiotherapy should be considered if the patient is open to participation, has adequate cognition to follow instructions and carry over information. If their cognitive score (MMSE or MOCA) is below 20/30 they will need significant carer support to engage. Before referring a patient, establish whether the patient is motivated and able to establish goals they'd like to achieve from therapy.

Each health service (including country areas) has a falls assessment service and there are also some services provided by private hospitals.

For more information on services see the HealthPathways request page 'Falls Service Assessment'. For more comprehensive information on falls, see the 'Falls Prevention' pathway.

**The author would like to knowledge this article was written with input and consolation from Dr Minoti Bhagat, Geriatrician and Dr Kate Ingram, Geriatrician*

Hospital Liaison GP Updates

OPH RAILS - a rapid response allied health team for patients in the community

Housebound patients aged over 65 who are at risk of being acutely admitted to hospital who would benefit from urgent allied health intervention may be able to access support from RAILS. Examples of suitable patients include vulnerable patients with limited supports, frequent falls, rapid cognitive decline, severe weight loss and palliative patients.

The referral form can be found Osborne Park Hospital website and referrals can now be made using Healthlink with the ID 'railsrrt' or faxed to 6457 8263. GPs can contact the RAILS Clinical Nurse on 6457 8315 or 0404 803 569 to discuss any referrals. These phone numbers are not for distribution to patients.

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Royal Perth Hospitals GP *Notify* System Out of Action

The Royal Perth Hospital (RPH) "GP Notify" system had to be turned off on 15 September 2021 due to technical problems causing multiple duplicate notifications to be sent. A solution is still under investigation.

GP Notify is the system RPH uses to send GPs automated notifications about their patient's admission, discharge or death by fax or email.

Royal Perth Hospitals GP Notify System Out of Action (cont)

Other communications such as discharge summaries or outpatient letters are NOT affected by GP Notify being out of action and will continue as usual.

RPH apologises for any inconvenience if you received duplicate notifications and/or for lack of notifications until a solution is identified.

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Mondays and Thursdays

Clinical Updates

WA Government announces Mandatory COVID-19 vaccines for primary and community health workers

New public health directions announced 10 October 2021 mandate that primary and community health staff must have a first dose of COVID-19 vaccine by 1 November 2021 and have a second dose vaccine by 1 December 2021. The directions will include:

- general practice
- private nurse and consulting offices
- pharmacies
- dental centres
- allied health facilities
- private pathology centres.

The directions will provide exemptions for certain categories of employees, which include medical exemptions and other temporary exemptions. WA Primary Health Alliance will provide links to the directions as soon as they become available. COVID-19 vaccine appointments can be booked via the Vaccine Clinic Finder and Vaccinate WA.

New refugee arrivals from Afghanistan are eligible for Medicare

Western Australia has received just under 100 new refugee arrivals from the recent repatriation out of Afghanistan who will now call Perth home. Unlike other refugees that arrive in Australia, not all of these new arrivals had predeparture screening due to the emergency evacuation. Instead, they all received an abbreviated health check in Dubai on their way to Australia.

The Humanitarian Entrant Health Service will provide screening appointments over the next few weeks, but some of this group may need to be seen in primary care for acute issues. The ASID Refugee Guidelines 2016 and the "Migrants and Refugees" suite of HealthPathways can be utilised by general practitioners to assist with screening, management and referral for people attending from a refugee-like background.

The majority of these new arrivals have been provided with a Humanitarian Stay (Temporary) visa (subclass 449), which provides access to Medicare from the date they arrived in Australia. Some of them have not been provided with a Medicare number, however they all have documentation that they are eligible for Medicare. Medicare submissions do not have to be submitted on the visit day, they can be held over for submission.

If you require further information, please email HSP@homeaffairs.gov.au

Contribute to the PHN national submission into the Royal Commission for Defence and Veteran Suicide

The Hunter New England Primary Health Network is working with the Department of Veteran Royal Commission into Defence and Veteran Suicide. They are seeking input from clinicians and service providers about opportunities to improve support and primary care for Australian Defence Force members, ex serving members and their families.
The survey will take approximately 15 minutes to complete, and responses will be anonymous and not linked to you individually. Complete the survey here

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Department of Health WA Adult Urology Referral Access Criteria is coming soon

On 1 November 2021 the Adult Urology Referral Access Criteria (RAC) will be implemented and apply to all public adult Urology outpatient services in WA. A separate RAC for Paediatric Urology will be published in the coming months. The RACs will be available via the WA Department of Health Central Referral Service webpage to provide clear guidance on:

- What conditions will be seen in a public outpatient specialty
- When a patient will be accepted by public outpatient services
- What investigations are required to support effective and appropriate triage and indicative triage categories (by conditions).

All Urology outpatient referrals to metropolitan public hospitals will continue to be submitted via the Central Referral Service (CRS).

The CRS will ensure that all mandatory information as outlined in the RAC has been provided before allocating the referral to the appropriate hospital, based on the patient's clinical requirements and catchment area. Clinical triage will remain the responsibility of the receiving hospital.

The RAC project is part of the broader Outpatient Reform Program being led by the System Clinical Support and Innovation unit at Department of Health. Further information including a series of FAQs is available on the WA Department of Health CRS webpage or for specific questions email the project team at DOHSpecialistRAC@health.wa.gov.au.

CVD prevention and Heart Health Check Toolkit

The Heart Foundation's Heart Health Check Toolkit is available to help streamline cardiovascular disease prevention in General Practice. This is especially important following the impact of COVID-19 pandemic, which has lead to a reduction in the number of Heart Health Checks performed.
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RACGP Resource on preventing and managing patient aggression and violence

The RACGP has developed a brief guide to help practice teams identify and manage incidents of patient aggression and violence. The guide addresses common questions about dealing with aggressive or violent patients, including:

- How your practice team should respond to an act, or threat, of aggression or violence
- If your practice can discontinue care when safety concerns exist
- If your practice can disclose an act, or threat, of violence by a patient
- how you can create a safe practice environment and team.

The guide also includes editable templates for you to use when issuing warning letters, placing patients on acceptable behaviour agreements or discontinuing care for patients at your practice.

The RACGP has also developed a poster you can display in your practice to inform everyone that aggression and violence will not be tolerated.

Extension to NUP shingles catch-up program

The shingles (herpes zoster) vaccine catch-up program for people aged 71-79* years has been extended under the National Immunisation Program to 31 October 2023.

As Zostavax® is a live vaccine, it is contraindicated in some patients with immunocompromising conditions. It is important to review the latest guidance on herpes zoster in the Australian Immunisation Handbook and screen patients for contraindications using the screening tool in the Handbook.

Vaccination providers are also reminded that it is now mandatory to report all NIP vaccinations to the Australian Immunisation Register.

Visit the Department of Health website for more information for health professionals and consumers.

*Note: Shingles vaccination with the Zostavax® vaccine is free under the National Immunisation Program for people aged 70.

Opportunity for GPs to reflect on imaging for low back pain through MBS Practice Review

NPS MedicineWise will be sending out an MBS Practice Review report on low back pain imaging to over 30,000 GPs across Australia with individualised MBS referral data for lumbosacral X-rays and CT scans.

The practice review aligns with Choosing Wisely recommendations from five health professional bodies, including the Royal Australian and New Zealand College of Radiologists, that health professionals should not request imaging if there are no indicators of a serious cause for low back pain.

Red flags for potential serious spinal pathologies that could require further investigation are highlighted in the Practice Review report along with communication tips and resources to help manage consumer beliefs and expectations around imaging for low back pain.

Time spent reflecting on the data provided in the Practice Review is approved for 2 points under the RACGP CPD Program. See the NPS website for more information. There is also a "Low Back Pain" HealthPathway.

RACGP PEP enrolment required for RACGP Fellowship

From January 2022, it will be compulsory for all doctors to be enrolled in an RACGP-approved program such as the Australian General Practice Training (AGPT), Remote Vocational Training Scheme (RVTS), or have completed the Practice Experience Program – Standard Stream or Practice Experience Program – Specialist Stream, in order to be eligible to sit the RACGP Fellowship exams.

There are only two more PEP application periods remaining for the current government funding scheme. Application periods include:

- 4 - 25 October 2021
- 10 January - 1 February 2022

GP EOIs sought for the Patient Assisted Travel Scheme escort eligibility expansion.

The Patient Assisted Travel Scheme (PATS) provides a subsidy to assist with travel and accommodation costs associated with needing to travel to access specialist medical services that are not available locally. The WA State Government recently advised of a funding commitment to further support PATS with:

- An increase in accommodation subsidy for eligible patients (commercial accommodation rate for eligible patients up to $100/night and commercial accommodation rate for eligible patients travelling with an approved escort up to $115/night)
- Expanded escort eligibility for women travelling to give birth
- Expanded escort eligibility for patients from vulnerable and disadvantaged client groups

WA Country Health Service (WACHS) is seeking GP participation to assist in the defining of "vulnerable and disadvantaged" client groups who will be eligible for an escort in the updated PATS Guidelines. This may include cultural differences, language barriers, and physical and cognitive disabilities or barriers. It should be noted that the existing Exceptional Ruling process will remain.

If you would like to be involved or receive regular email updates or have a quick chat about the expanded escort eligibility, please send an email to the PATS Area Office team at PATSAO@health.wa.gov.au.

Consultation will occur from early October to late November 2021, with the updated PATS Guidelines due to be complete at the end of the year.

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