

GP Connect

Keeping GPs informed in the changing primary health landscape



23 November 2023

Early differences in social and communication skills – when to act

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What are social and communication differences?

Babies are born with remarkable abilities to communicate. Sometimes, the social and communication skills of babies can develop differently to what we typically expect — they may not meet milestones at the expected timepoints, or they may communicate, play, or interact differently to other babies of the same age.

Early differences that we may see at around 12 months of age include:

- Not consistently using eye contact to get someone's attention.
- Rarely pointing to or holding up objects to show you things.
- Not consistently responding to their name being called.
- Not consistently using gestures on their own.
- Not consistently smiling back at you or other familiar people when you smile at them.
- Rarely copying other people's actions.
- Not sounding like they're having a conversation with you when they babble, or not babbling at all.

Any one of these behaviours on their own is not a clinical indication, but when we see a number of these behaviours in the same child, it is important to have a closer look to see if the child needs support.

Significantly more children are now recognised as having difficulties learning social communication skills. This has led to an increase in the number of children being diagnosed with autism – now estimated to be two percent of the Australian population.

Typically, in the clinical pathway for autism, these early behaviours are monitored until the age of two years, after which children may receive an assessment that leads to a diagnosis of autism. This 'wait and see' approach to early developmental differences is based on the premise that child development is highly variable, and that we should be cautious in providing clinical services when they may not be required.

Of course, the drawback of this approach is that, for those children who are developing differently, our therapies are not being applied in the first two years of life, when the brain and mind are developing rapidly.

What is changing?

While genetics play a major role in brain development, it is also highly influenced by early experiences, especially the interactions a child has with their caregivers.

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Early differences in social and communication skills – when to act (cont)

There is strong evidence that increased sensitive and responsive caregiving styles early in life has positive downstream effects on child development and wellbeing. A landmark, multi-site clinical trial led by the Telethon Kids Institute has found the [first evidence](#) that pre-emptive therapy (iBASIS) in infancy could significantly reduce clinical autism diagnoses being made in early childhood.

The trial identified more than 100 babies with early signs of potential autism (reduced eye contact, imitation, or response to name) and found that the babies who received the program had improvements in their social communication ability, while parents were better able to adapt their communication style to the needs of their baby.

Inklings program

Inklings is an early childhood program based on the iBASIS program for babies aged six to 18 months, showing early social communication delays, and therefore, at increased likelihood of autism. The program uses video feedback as a means of helping parents to recognise their baby's communication cues and respond in a way that builds their social communication development.

The Inklings program is funded in Western Australia through the National Disability Insurance Scheme (NDIS) as part of a new partnership between the NDIS, Telethon Kids Institute, Child and Adolescent Health Service and WA Country Health Service to support babies showing early social and communication differences. It is now accepting referrals and the program is funded for eligible WA families.

The findings from the clinical trial provide strong evidence for a new model of providing clinical support to children with developmental differences.

Rather than waiting until a diagnosis to start therapy, we need to identify developmental differences as early as possible. Then we need to provide developmental supports that nurture each child's strengths.

At its most basic, this is a change of clinical support from "wait and see" to "identify and act".

What does this mean for GPs?

Be on the lookout for early differences in social and communication skills in babies.

- Consider early referral for services when multiple differences are seen in the same child. This may include early intervention services, allied health professional or a paediatrician.
- Consider referral to the [Inklings program](#) for babies aged six to 18 months with social communication delays or differences.

What additional support is available?

- HealthPathways WA contains information about assessment, management, and referral for various [behaviour and developmental concerns](#), including the recently reviewed [Autism diagnosis](#) pathway.
- For more information about Inklings and referrals, call 6319 1155, email inklings@telethonkids.org.au or visit www.inklings.org.au.
- Visit raisingchildren.net.au for more information on baby development, development concerns or autism.

Hospital Liaison GP Updates

King Edward Memorial Hospital Update

Not all non-invasive prenatal testing is for chromosomal conditions

A new Rhesus D (RhD) non-invasive prenatal testing (NIPT) is being offered to King Edward Memorial Hospital (KEMH) obstetric patients, bringing change to the management of Rhesus D negative pregnant people.

What do GPs need to know?

RhD negative pregnant people booked to deliver and receive antenatal care at KEMH will be offered the new RHD NIPT at 20 to 32 weeks' gestation:

- RhD negative women will not receive RhD Immunoglobulin (anti-D) during pregnancy if the fetus has been identified as being RhD negative using the new RHD NIPT. They are not at risk of developing antibodies to the RhD antigen.

King Edward Memorial Hospital Update (cont)

- Those women identified as carrying as RhD positive fetus will continue to receive RhD immunoglobulin (anti-D) as per current guidelines. Those pregnancies where the Rhesus status is unable to be determined using the RHD NIPT test will continue to receive RhD Immunoglobulin (anti-D) as per current guidelines.
- The cord blood will be tested at delivery to confirm Rhesus status for all RhD negative women who deliver at KEMH, and RhD immunoglobulin will be given as per guidelines.
- It is not possible to order the RHD NIPT test outside of KEMH currently due to the specific processes involved. The RHD NIPT test is different to fetal aneuploidy NIPT.
- Potentially sensitising events before 20 weeks' gestation will continue to be managed as per current guidelines, noting that RhD immunoglobulin (anti D) is not required for medical abortion less than ten weeks' gestation.

A RHD NIPT patient fact sheet is available to download on the [KEMH website](#) under the letter R.

Update on Abortion Legislation Reform Act 2023

As of 27 September, the Abortion Legislation Reform Bill 2023 received Royal Assent and is now an Act of Parliament. However, this Act has not yet commenced, so the previous Legislation is still current. Women and Newborn Health Service welcomes the changes that the legislative reform will bring to women and pregnant people seeking an abortion across Western Australia.

At present, our service remains unchanged whilst we work towards fully implementing changes under the Abortion Legislation Reform Act 2023. It is intended that the Act will become operational within six months of assent being given. If you are referring a patient for an abortion, continue to follow the current legislation until the new Act is operational.

Further information and resources for referrers:

- HealthPathways WA '[Unintended Pregnancy and Abortion](#)' pathway has detailed information for GPs across WA.
- [KEMH Abortion Care Service webpage](#) has information for GPs and resources available to download.
- [Abortion Legislation Reform Bill 2023](#)

Resources for consumers:

- [KEMH Pregnancy choices \(including abortion\) webpage.](#)

Queries regarding the new legislation can be directed to abortionlaws@health.wa.gov.au

Syphilis update

A new [Alert for Clinicians from WA Department of Health](#) was published October 2023 highlighting the Syphilis outbreak across Western Australia.

A reminder to test three times in every pregnancy – at the first antenatal visit, 28 weeks, and 36 weeks gestation as a minimum. Diagnosis and treatment in pregnancy can prevent congenital syphilis.

Add syphilis serology to routine STI testing. Test, treat & trace will help decrease the number of cases in WA.

GPs can also refer to the [Silver Book STI/BBV management guidelines.](#)

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Clinical Updates

Medicare Benefits Schedule changes from 1 November

From 1 November 2023, thirteen new higher bulk billing incentive items have been introduced for Commonwealth concession card holders and patients aged under 16 years of age.

Further information and resources on bulk billing incentives and other changes to the Medicare Benefits Schedule (MBS) that affect general practices are available at [MBS Online](#):

- [Bulk Billing in General Practice from 1 November 2023](#)
- [November 2023 Bulk-billing incentive items GP tables](#)
- [Introduction of 6 minute minimum time for MBS Level B GP consultations](#)
- [Introduction of new Level E consultation items lasting 60 minutes or more](#)
- [Other Medical Practitioner and General Practitioner MBS items administrative changes](#)

HealthPathways WA – Mental health MBS updates

The HealthPathways WA [Mental Health Treatment Plan \(MHTP\)](#) Pathway contains detailed information and resources for clinicians completing MHTPs. Recent updates include:

Mental Health Treatment Plans MBS items

From 1 March 2023, new MBS items allow up to two Medicare-subsidised services per calendar year to be delivered to a person other than the patient (family member, carer, or other significant person), as part of the patient's treatment.

- Face-to-face and telehealth options are available.
- These sessions count towards the patient's allocation of services and must support the treatment and recovery of the patient – they are not to be used for mental health treatment of the other person.
- See the [Mental Health Treatment Plan \(MHTP\)](#) Pathway for more information.

MHTP templates

The General Practice Mental Health Standards Collaboration (GPMHSC) has released updated MHTP templates incorporating culturally relevant information.

- The minimal requirements template now includes:
 - Pronouns, sex assigned at birth and gender
 - Preferred languages spoken, interpreter requirements and country of birth
 - Information regarding a patient's carer and their contact details
- A template has also been developed for the Aboriginal and Torres Strait Islander population.

Case conferencing MBS Items

From 1 July 2023, new MBS items allow case conferences to be held for patients who have been referred for treatment under Better Access or have a current Eating Disorder Treatment Plan (EDP). The case conference must:

- be organised by a medical practitioner (GP, other medical practitioner, or consultant physician in their speciality of paediatrics or psychiatry)
- involve at least two other members of the multidisciplinary case conference team providing different kinds of treatment to the patient. All providers must be present for the whole case conference.
- See [MBS Note AN 15.1](#) for full details

Updated abortion legislation yet to commence

While [updated abortion legislation](#) has passed Western Australian parliament, it is not expected to commence until March or April of 2024. Until then, practitioners must continue to practise according to the existing legislation.

Currently the law in WA requires providers have a referral from another doctor who has discussed the risks of an abortion, the risks of continuing the pregnancy, and the option of a referral to counselling about this pregnancy. Patients aged under 16 must also be assessed to determine if they are a dependent minor, in which case custodial parent or guardian involvement is required.

There is also a requirement, within 14 days of the abortion being performed (or the medications being prescribed) for the medical practitioner performing the abortion to complete a [notification form](#).

Additionally, while the TGA and PBS [expanded MS-2 Step prescribing](#) in August 2023 to any healthcare practitioner with appropriate qualifications and training (e.g., nurse practitioners and authorised midwives), current WA law also restricts both referral for, and the provision of, abortion, to medical practitioners, superseding this amendment.

For more information see HealthPathways WA – [Unintended Pregnancy and Abortion](#) and [Medical Abortion](#).

Seeking GP feedback on hospital communication

Sir Charles Gairdner Osborne Park Health Care Group values their relationship with GPs and invites them to participate in a brief GP engagement survey.

Your responses will help to guide them on how to improve communication with GPs and develop educational activities to meet the needs of GPs.

[Complete this quick survey here by 15 January 2024.](#)

Preparing your practice and patients for the coming high risk natural hazard season



Summer in Western Australia is a high-risk season of bushfires, cyclones, heatwaves, thunderstorms, and the wet season. General practices play a vital role in supporting communities during such events and it is timely to start preparing your practice and your patients. Steps to prepare your practice include:

- Review and complete your Emergency Response Planning Tool. Consider things like power outages that impact cold chain; access to patient records; air conditioning and other key considerations.
- Consider business continuity planning that would support primary care delivery during a disaster.

Encouraging patients at most risk to prepare and plan, including:

- Ensuring they have sufficient medications on hand.
- Ensuring they establish a reliable location to go to in the event of evacuation.
- Encouraging them to review emergency plans.
- Directing them to the most appropriate source of information (see below).

Who is most at risk?

- Children, older people, pregnant people, people experiencing homelessness and people living with a disability.

- Patients living with chronic conditions and/or on multiple medications.
- Patients that are unable to adapt due to dementia, disability, substance abuse, pregnancy, breastfeeding or other factors.
- Those impacted by environmental factors e.g., outdoor workers.
- Aboriginal people living in remote areas.

Key links:

- Emergency WA – [State-wide incident information](#)
- The Royal Australian College of General Practitioners (RACGP) – [About ERPT](#)
- Practice Assist – [Free ERPT resource](#)
- Australian Broadcasting Corporation (ABC) – [Live emergency information](#)
- [Bureau of Meteorology](#) – weather data
- Main Roads – [Road closures and diversions](#)
- Department of Fire and Emergency Services (DFES) – [Emergency prevention and preparedness](#)

Free digital tool to discuss and monitor Healthy Habits

RACGP has partnered with the Australian Government Department of Health and Aged Care to develop [Healthy Habits](#), a digital health tool that enables GPs and their practice teams to encourage patients to achieve healthier lifestyles, through increased physical activity and improved nutrition behaviours.

Being part of the Healthy Habits program can help your practice by:

- Providing clinicians with useful tools (patient pathways, behaviour change tools, clinician dashboard, resource hub) to strengthen your abilities in motivating behaviour change in unhealthy lifestyle patients.
- Providing clinicians up-to-date and accurate patient data to enable informed conversation and decision-making during consultations.
- Offering a new and flexible way of delivering health care through technology.
- Presenting activities for my GPs and practice nurses to maintain best practice in physical activity and nutrition counselling while earning CPD hours.

Find out more in [Putting it into practice: Implementing Healthy Habits in your practice](#) or visit the [RACGP website](#) for more information.

MyMedicare patient registration - General Practice in Aged Care Incentive

From 1 October 2023, Residential Aged Care Home (RACH) residents can register in MyMedicare to formalise their relationship with their regular general practice and GP. RACH residents are eligible to register if they have a valid Medicare card or Veteran Card.

RACH residents can register in MyMedicare by completing a registration form from their GP or online through their Medicare Online Account or Express Plus Medicare mobile application. As with other MyMedicare initiatives, general practices can be proactive to assist with this process. More information is available [here](#).

GPs in the Peel region invited to participate in 2024 service navigation pilot for youth mental health

The Wandjoo Gateway pilot will commence late January 2024 for young people accessing mental health services in the Peel region. As 34 per cent of referrals to acute public mental health services for young people in the Peel region come from medical practitioners, the Peel Mental Health Taskforce is seeking interest from local GPs to trial the approach.

The Wandjoo Gateway pilot seeks to provide support and advice for GPs, youth workers and other people referring and navigating young people (12-25 years) with mental health concerns.

It embodies a no wrong door approach, ensuring that if the young person is not appropriate for a particular service, they are held by that service and helped to navigate the system to find the right service for their needs, with a warm handover once accepted.

The pilot will run for six months and currently has six agencies confirmed to participate from different sectors. It's just one of the initiatives driven by the Peel Mental Health Taskforce. Find out more [here](#), or email PeelMHTaskforce@health.wa.gov.au, if you would like to take part.

Increase to Veterans' Access Payment for certain services



GPs will be aware they can claim a supplementary Veteran's Access Payment (VAP) for services you provide to eligible veterans and dependants. VAP is payable based on your Modified Monash Model (MMM) classification. The VAP incentive items are equivalent to the Medicare Bulk Billing Incentive and can be co-claimed with general practice items provided under DVA arrangements.

From 1 November 2023, standard VAP amounts have tripled for certain services including:

- All face-to-face general attendance consultations.
- MBS Level B video and telephone general attendance consultations.
- Video and telephone consultations when your practice and patients are registered to MyMedicare.

Standard VAP incentive items will continue to be payable to GPs who provide other relevant services, outside of those listed above, to Veteran Card holders.

As part of the incentive changes, DVA is simplifying the claiming process by removing the temporary, DVA-only, VAP incentive items introduced during the COVID-19 pandemic. Items MT83-MT89 will not be available to claim for services performed on or after 1 November 2023. You will be able to use the equivalent MBS items to claim the VAP incentive for eligible consultations as described in [this table on the Department of Veterans Affairs website](#). For more information on which services attract a higher incentive payment, please visit [MBS online](#).

Did you know WAPHA offers access to GPbook at no cost through HealthPathways WA?

GPbook is a comprehensive directory providing up to date information on WA specialists, including sub-specialisations and areas of exclusion, making it easier for GPs to determine private referral options for their patients.

Access to the [GPbook Medical and Surgical Specialists Directory](#) is funded by WA Primary Health Alliance to be available to GPs at no cost, via the [HealthPathways WA](#) site.



If you are interested in accessing the GPbook Specialist Directory or want to gain access to the HealthPathways portal, you can request a login via the HealthPathways WA page on the [WA Primary Health Alliance website](#).

Share your experiences delivering care to people with Autism

The Autism Association of Western Australia are conducting a project which aims to establish a collective understanding of the challenges that people with Autism experience when accessing health care services, and to design and deliver these services collaboratively. Find out more and how GPs can participate [here](#).

Ensure WA is represented in national survey on care for patients with chronic conditions



The Australian Commission on Safety and Quality in Health Care, in collaboration with the Organisation for Economic Co-operation and Development, is seeking to understand how your GP practice manages patients with chronic conditions.

Using the international [Patient Reported Indicator Surveys \(PaRIS Survey\)](#), the Commission will also share your experiences of care and treatment with policy makers to make the health system better tailored to people's needs.

Participation in this survey will also give your practice an opportunity to directly access data about the outcomes and experiences of your patients that can be utilised to systematically identify opportunities for continuous quality improvement at your practice.

View the [FAQs for GP Practices](#) for more information and what is involved in participation. Your practice can [register for the survey](#) before 30 November 2023.

The Commission is implementing the survey in Australia, on behalf of the Australian Government Department of Health and Aged Care.

[Register for the PaRIS health survey here by 30 November 2023.](#)

GP Education and Events

Talking about suicide in general practice - online workshops



The Black Dog Institute Talking About Suicide in General Practice online workshops will help increase skills and confidence for GPs in:

- Recognising presentations where suicide risk is high.
- Undertaking a detailed risk assessment.
- Management planning using a collaborative, team-based approach.

Two more sessions are available in November:

- [Saturday, 25 November, 1.00-4.00pm](#)
- [Thursday, 30 November, 4.30-7.30pm.](#)

Find out more and register [here](#)

Immunisations: Overseas encounters and catch-ups

WA Primary Health Alliance is pleased to host and present this third webinar in the series with Michele Cusack from Services Australia. This webinar is aimed at all immunisation providers and Aboriginal health practitioners, and will cover overseas vaccination records, catch-up plans and encounter recording in the Australian Immunisation Register.

Date: Thursday 30 November 2023

Time: 5pm - 6pm

Find out more and register [here](#)

Online IAR-DST training session for GPs –Complete two workshops in one online session

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 Western Australia with paid IAR-DST training covering Decision Support Tool Workshop One and Two in a single, two hour session.

GPs and GP registrars who attend the two workshops in the one online session will be remunerated \$300* and CPD hours are available. CPD hours and payment apply only upon successful completion of both workshops and the follow-up training outcome surveys.

[28 Nov 2023, 6pm-8pm – Workshops One & Two](#)
[12 Dec 2023, 6pm-8pm – Workshops One & Two](#)

For further information, visit WAPHA's [IAR-DST webpage](#).

*With the exception of GPs who are already being paid for their time by a Commonwealth funded service (for example, Adult Mental Health Centre or Aboriginal Medical Centre) or they attend Workshop Two out of hours.



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