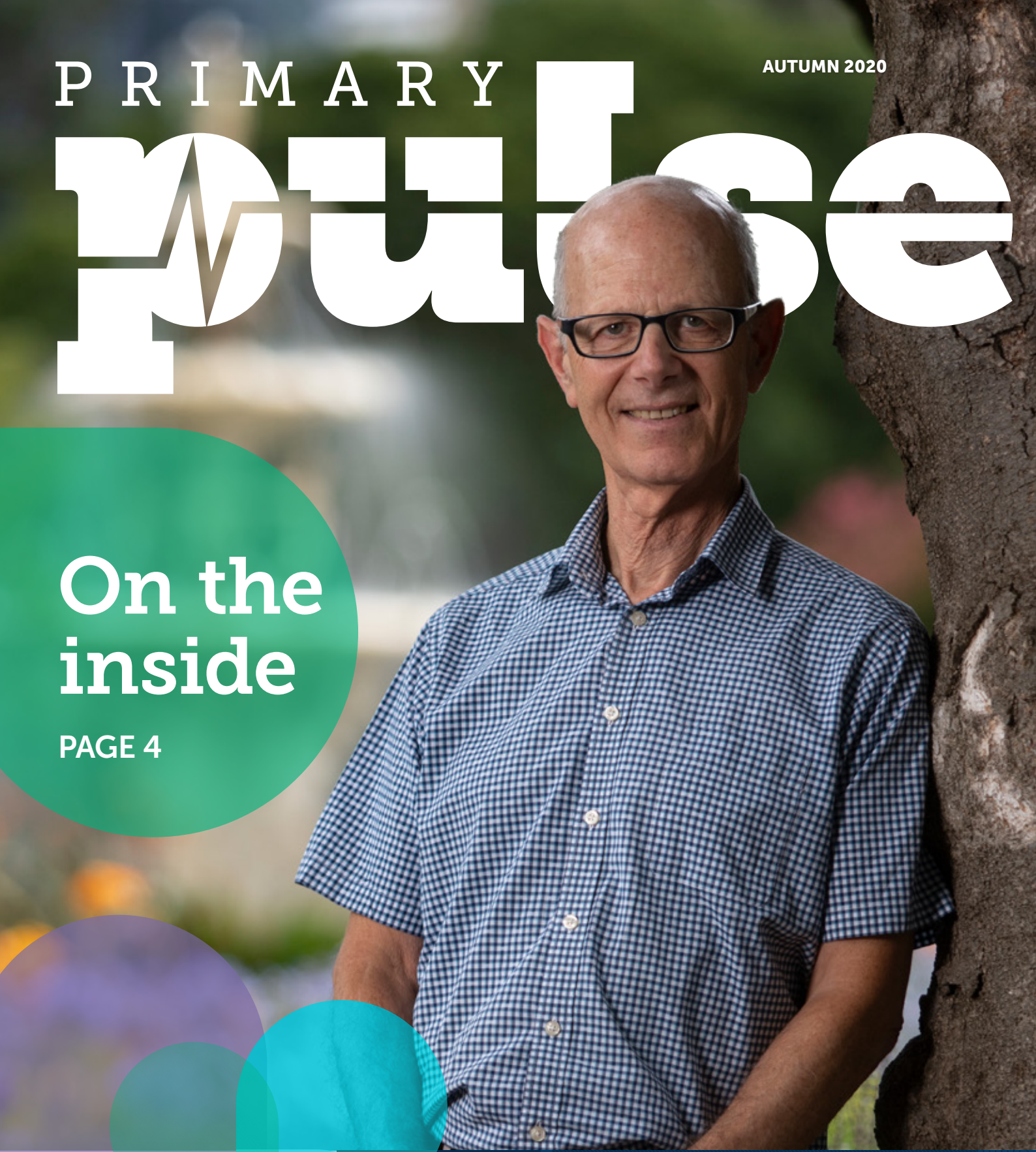
PRIMARY Pulse

AUTUMN 2020



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phn NORTH WESTERN MELBOURNE

An Australian Government Initiative

A flexible frontline

Welcome to issue 13 of Primary Pulse, our quarterly magazine focusing on the key issues and partnerships shaping health in the North Western Melbourne PHN region.

Adjunct Associate Professor Chris Carter | CEO

THESE ARE DIFFICULT AND concerning times for everyone in our community, not least for those of us who work in health. The COVID-19 pandemic is placing enormous stress on both individual practitioners and the health system as a whole. We are doing everything we can to support the critical work being done in the community. You can find all the latest information at **nwmphn.org.au/covid-19**

In times like these, the role of general practitioners, and primary health care professionals more broadly, has never been more critical. It is not only their importance as the first line in pandemics and other health disasters. Chronic disease rates continue their march upwards, while the types of presentations and potential treatments are becoming ever more complex.

With their focus on both episodic and ongoing care, GPs and primary health care professionals are ideally placed to guide people through this complexity and deliver care that meets the full spectrum of a person's health and wellbeing needs.

And as the role of primary health care changes and expands, we need to ensure that funders, governments and other stakeholders are providing the support practitioners need to continue providing the high-quality care their patients need and expect.

"In times like these, the role of general practitioners, and primary health care professionals more broadly, has never been more critical."

In this issue we look at some of the ways health professionals are changing and expanding their practice to adapt to evolving needs within the system, as well as some of the programs and services available to support them.

This can include GP-led initiatives to bridge the gap between the primary and hospital-based health systems, such as the General Practice Liaison Officer program, as well as initiatives to get primary health care professionals directly involved in hospital-based care.

Our Chair, Dr Ines Rio, also discusses the future of general practice, examining the potential of the patient-centred medical home as a model for the 'fourth wave' of general practice.

What these initiatives have in common is a focus on bridging traditional divides and roles, to create an overall health system that is not only more responsive to community need, but

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Acknowledgments

North Western Melbourne PHN acknowledges the people of the Kulin Nation as the Traditional Owners of the land on which our work in the community takes place. We pay our respects to their elders – past, present and emerging.

Editor: Jeremy Kennett

also improves the experience of using the health system for people and practitioners alike.

The health challenges of the future are not going to be met with the health workforce composition and system structure of the past. But if we can put the appropriate supports and opportunities in place to allow health professionals to expand their horizons, then we can not only meet these challenges, we can create a better health system for tomorrow than we have today.

Stay safe, stay well – stay home if you are sick! – and we join you in hoping for a brighter year ahead once the current crisis has passed.

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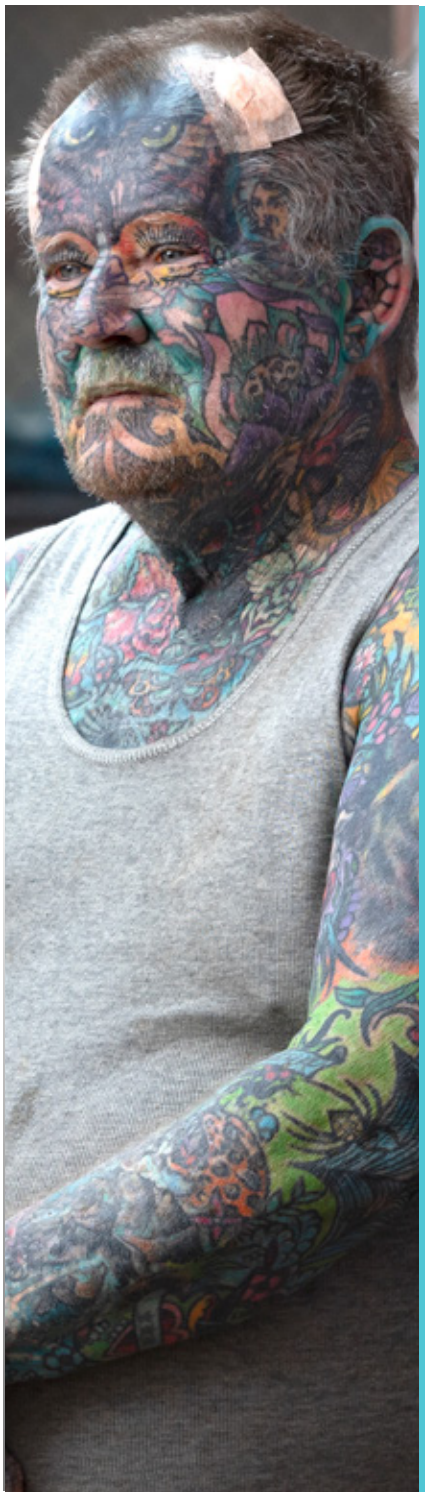
In this issue



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Left: John thinks people with mental health issues need full-time support.

Photo: Leigh Henningham

Front cover: Dr David Isaac is working for GPs within the hospital system.

Photo: Leigh Henningham

On the inside

Jeremy Kennett

Don't get mad, get involved.

THAT WAS THE ATTITUDE THAT LED Dr David Isaac, a general practitioner in Richmond, to pioneer a program that has changed the face of GP engagement with hospitals across Melbourne – the General Practice Liaison Officer (GPLO) program at St Vincent's Hospital.

Before becoming a GPLO two decades ago, Dr Isaac had become increasingly frustrated with the quality of communication between hospitals and GPs, especially when patients were being transferred between the two.

"When you are a GP and you're sitting there, the patient's come from hospital and you didn't even know that they'd been admitted, let alone have a discharge summary and they come and tell you that all their medications have been changed but they can't tell you what," Dr Isaac said.

"They've had a whole lot of tests or investigations and even procedures, and you're just completely in the dark."

The issue goes far beyond frustration for GPs, with the quality of communication having a direct impact on a patient's risk of readmission and poor health outcomes.

"There was a study a few years ago which showed that patients who are discharged from hospital without a discharge summary [had] something like a 146% increase in readmission within a week[1] ... compared with those where a discharge summary was sent.

"When a GP has a patient in front of them where they're completely in the dark about what's been going on, they're just going to put them in an ambulance and send them back to the ED."

Repeated experiences like that led Dr Isaac to establish a GP Liaison program at St Vincent's Hospital in Melbourne. Since then most of Melbourne's major hospitals, as well as several regional hospitals, have established similar programs.

Dr Isaac said the program's value has been confirmed by Victorian health department assessments, especially in its contribution to clinical handover.

Dr Issac said the GP Liaison program is also supporting the Victorian health department's move to standardise referral criteria used by GPs to refer patients to specialist hospital clinics.

The GPLO program is just one way general practitioners and other health professionals are getting involved in areas of the health system beyond the traditional bounds of primary care – whether through interest or necessity. From the person-centred medical home model that places the GP as the conduit for the whole of a person's health care, to health care workers in crisis situations like epidemics and disasters, the role of primary care is continuously expanding.

The push to get more GPs to cross over the primary versus tertiary divide isn't only coming from GPs themselves. Adele Mollo, the Divisional Director of Women's and Children's Services at Western Health, is employing up to seven GPs to work in their antenatal clinic.

The initiative coincides with a significant increase in births at Western Health following the opening of the Joan Kirner Women's and Children's Hospital last year.

"This year we're predicting above 6000 births," Ms Mollo said. "So on average, we're doing about 500 births per month.

"We've had to think very differently about the workforce model that we use to provide that antenatal care. And we're excited to work with our primary health network and with GPs to look to integrate GPs into our antenatal care setting."

Ms Mollo said GPs are such an important part of the care journey for women giving birth that it makes

GPLOs Wendy Thomas and Dr David Isaac say better communication between GPs and hospitals is key to better care.

Photo: Leigh Henningham

sense to have them directly involved in hospital-based antenatal care.

"The fact that we can actually integrate general practitioners in our antenatal clinic means that women potentially will see this GP in the antenatal clinic and then will also be able to see the GP over a period of time as their family grows.

"It's [also] beneficial for us as a health service to have an understanding of what happens in general practice."

Ms Mollo sees the new collaboration as a way to increase capability for both hospital staff and general practitioners, meeting immediate need and aiding long term health workforce development.

"We have a real opportunity to build the confidence of the shared care component of maternity care. Potentially, this could become a rotational position that someone comes into the hospital and works with us for a 12 month period. And then once their skill set is built up in the capability level, we could then offer another GP an opportunity."

Supporting GPs to communicate and work within the tertiary system isn't just good for doctors and hospitals – it can improve patient care through better integration and consistency of services. It was a focus on improving health outcomes that led Wendy Thomas to take up a role as a GPLO at St Vincent's Hospital, despite not being a GP herself.

"I've seen it from the other side, the patient or carer side," Ms Thomas said. "I'm going to try to make a difference because there's a patient at the end and that could be me or my family or anybody.

"It's beneficial for us as a health service to have an understanding of what happens in general practice."

"If the system issues in a hospital aren't fixed or the system issues at the practices are fixed, then things aren't going to link together so well.

"And once they're linked together better then hopefully that will make a difference to the patient. The GP will know what's going on with the patient, the patient might receive more targeted care."

Building these links requires more than just the initiative of individual doctors and hospitals. It needs the commitment of funders at all levels to support greater collaboration.

A new National Medical Workforce Strategy, being developed as a partnership between state and federal governments, may go some way towards meeting these aims. The evolving strategy focuses on coordinating medical workforce planning, balancing generalist versus specialist skills and improving equity in health care access.

Consultations with health professionals and other stakeholders are under way, with the final strategy scheduled for release by the end of 2020. Beyond the strategy, Wendy Thomas says there are always opportunities for GPs to get more involved in improving their local health system.

"We've got a GP advisory group so GPs can get involved when there's a place available, and other hospitals have the same, so they can get involved that way," Ms Thomas said. "It's not just about getting upset and frustrated about something – you can make a change."

1. Li et al (2013) Timeliness in discharge summary dissemination is associated with patients' clinical outcomes. J. Eval. Clin. Pract.. 2013 Feb;19(1):76-9.

It's time for a fourth wave of general practice

Dr Ines Rio

GPs are uniquely well-placed to help treat an Australian health system beset by rising costs, soaring rates of chronic disease, an aging population, rising inequity and access problems.

GPS ARE THE FIRST POINT OF contact for the vast majority of interactions with the health system, and demand is only growing.

GP visits were up 18 per cent in the 10 years to 2017, while in 2017-18 some 88 per cent of Australians – 9 in 10 of us – visited a GP, with the average Australian going to their GP seven times per year.

Within their general practice team, GPs treat and manage more than 90 per cent of all the problems with which patients present. The decisions we make and the type of care we provide are fundamental to achieving the best outcomes for both the patient and the system.

However, at the risk of stating the obvious, as GPs we can't, by ourselves, manage every problem of every patient. With increasing complexity and chronicity of problems and therapeutic interventions, we require other practitioners and systems to work with us collaboratively around a patient, carer and family to achieve the best health outcomes.

To take one of many examples, a key priority in Australian healthcare right now is reducing avoidable hospital admissions. The Australian Institute of Health and Welfare found that in 2016-17 there were more than 700,000 preventable hospitalisations – in other words, around six per cent of admissions could have been avoided by "timely and appropriate provision of primary or community-based healthcare".

Each of these preventable hospitalisations represents a significant cost. There is not just the expense of inpatient treatment, which is many times higher than community care, but the days and hours of lost productivity, the strain on hospital capacity and the unnecessarily prolonged pain and suffering for the patient themselves and their family. Better primary care, whether that is improved management of chronic conditions or timely treatment of acute illness, would be an enormous benefit for us all.

So what do we need to do to make it happen? Australian medical training is already first-class and our GPs do not want for ability, care or commitment. What they lack is the opportunity to do their jobs in the best way possible. To spend the time they need listening to their patients and reading between the lines, looking for and managing the underlying causes of their condition and getting to know them as people, not as a collection of diseases. Giving patients that opportunity calls for a rethink of how we structure, fund and support primary care. To do that, I believe it is time to embrace a model that I call the 'fourth wave of general practice'.

As I see it, the first wave was the traditional doctor, a generalist who often worked in isolation treating a wide range of ailments that were usually acute. The second wave started in the 1970s, with the family medical program that led to general

practice becoming a specialty in its own right, and this led to the third wave of larger practices and multidisciplinary teams. Now it is time to take this to the next level, with the fourth wave – the patient-centred medical home becoming the bedrock of the provision of healthcare.

The evidence-based medical home model puts the patient in a partnership with a nominated GP in the middle of a connected suite of services that expand and enhance what a GP alone can offer. Several Primary Health Networks (PHNs) are already helping practices that want to move in this direction, with initiatives such as supporting quality improvement and the use of actionable data, embedding non-dispensing pharmacists in clinics or the Strengthening Care for Children pilot conducted by the North Western Melbourne PHN. This project looked at how providing GPs with specialist support from Royal Children's Hospital paediatricians affected child health and GPs' ability to care for children in the community. Results showed a greater confidence in GPs in treating children, improved trust from families and a reduction in hospital outpatient and emergency referrals.

It is important to understand that moving to this 'fourth wave' is an urgent need and not an abstract one. At a time when the complex care needs of the community mean the need for GPs is greater than ever, and the demographics of the profession means we are facing an imminent wave of retirements, fewer and fewer medical students are opting to specialise in general practice. Since 2015, there has been a 20 per cent drop in students applying to study general practice and in 2019 there were 63 first-year GP training places left unfilled, despite multiple recruitment rounds.

"What our GPs lack is the opportunity to do their jobs in the best way possible."

The reasons for this range from the perceived lower status of general practice compared with other specialties to the very real gap in remuneration and conditions, which is only likely to grow under the current Medicare model. We need to be able to offer general practice registrars a more financially and professionally rewarding environment, where they are not forced to churn through patients, are supported to achieve outcomes and are properly compensated for the non-face-to-face time they invest in patient care. We need to be able to remove these negatives in order to showcase that general practice really is the most interesting, rewarding and valuable of all the specialities.

What we must do is preserve and build upon the historical privilege that GPs have enjoyed – the capacity to have a three-dimensional view of the person they are treating, to deliver all-important comprehensive, coordinated continuity of care. The cost of getting it wrong will be high, both to the budget bottom line and the health of all Australians.

This story was first published in AMA Victoria's VicDoc magazine. Dr Rio is Chair of AMA Victoria's Section of General Practice and Chair of NWMPHN.

Voices from our region

North Western Melbourne Primary Health Network is working with our community to develop a Regional Integrated Mental Health, Alcohol and Other Drugs and Suicide Prevention Plan.

This plan will examine what works and what doesn't in mental health in our region, and detail steps we can take to improve mental health services and access for everyone in our community.

A key element to our approach is to empower local communities and system participants to own and drive the Regional Plan process.

We asked a range of people from our region, including people living with mental illness and people with experience as carers and providers, what they would do to change the mental health system. This is some of what they told us.

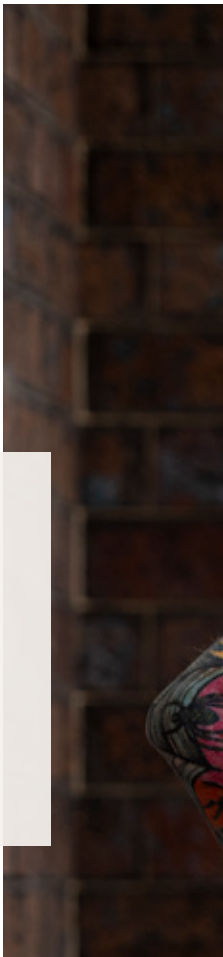
Find out more at blueprintforhealth.com.au

Photos: Leigh Henningham

Farmer Em, Joe's Market Garden

I would ensure that there's value in community spaces that are community run. And there's more funding and more resources available for community to create meeting places like we've got here in the garden.

I've got volunteers that come to me, like the other day a woman came to me and said: 'Thank you Em, you know, this has been really important to me. It's built my confidence, it's connected me to community.'



John

I think people with mental health issues need full-time support, in and also out of the hospitals. Places where they can be supported and helped along the way. Even homeless people need that support.

The hardest part is finding the help you need. Once you find it, the next thing is finding the person that's going to care and wants to continue on with it. So that's the hardest.

Gabrielle

I'd continue to demystify mental illness, and to let people know that it's okay to feel down, and that everybody does. But I do think that message is becoming more widely believed.

I also think money should be spent on green spaces, places where people and society can meet. There are not enough trees. There are not enough places for people to connect with nature and feel better. I think that it's through that connection with nature that we are at peace.

Voices from our region

Jody

I would have a much stronger plan for people that included intensive care, inpatient, outpatient, and then the longer periods of support that may not be from a clinical professional outlook, but something that was more supportive.

What I needed was to actually have my mental illness identified, but then understand it, then learn how to live with it, and then actually in my own home modify my life to be able to live the fullest life I could and I needed all of those stages to get me there.

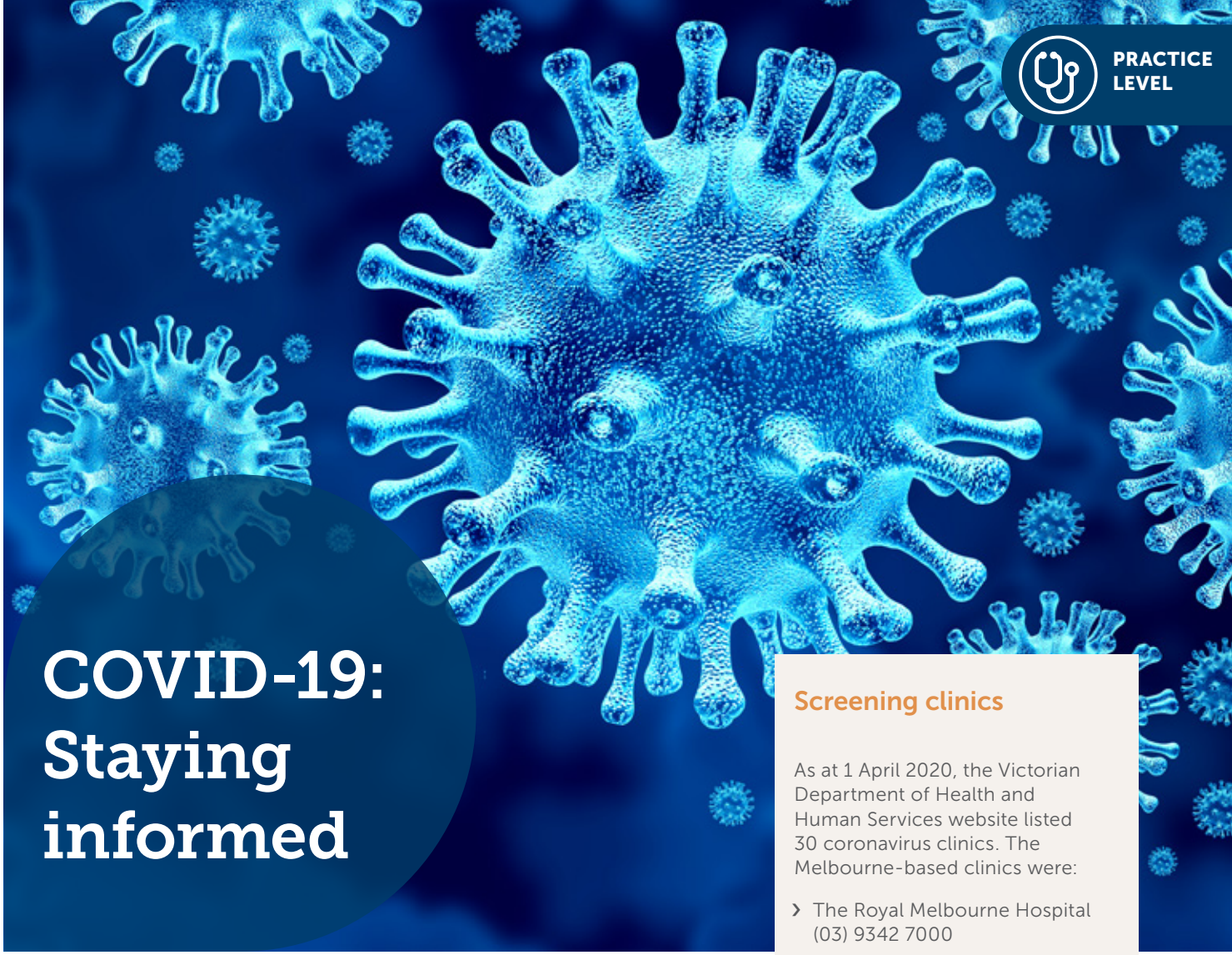
Dave

It needs to be an easier access to get in. At the moment it is too difficult and unfortunately there's not enough money being spent, there's not enough staff and it needs to be totally revamped.

And they need better access to outside community support. And that's run down because they don't have enough staff and money. You've gotta be able to have people to support you when you get out there.

Chinchin

I would like to see mental health services working more collaboratively with culturally and linguistically diverse communities and bicultural workers, to improve community access to mental health services and cultural safety for all.



PRACTICE LEVEL

COVID-19: Staying informed

The COVID-19 pandemic is an unprecedented and rapidly evolving situation. Now more than ever, it is critical that health professionals and the broader health workforce keep up to date with the current situation and guidance in Victoria.

If you work in a practice or health service, one thing you can do is nominate one or more staff members to be responsible for keeping across all coronavirus developments and relaying key information to the whole practice team.

To keep up to date with Victorian specific information, make sure to subscribe to the Victorian Chief Health Officer's Alerts at health.vic.gov.au/newsletters, and follow DHHS on Twitter at twitter.com/VicGovDHHS

It's also critical to stay up to date with the latest case definition, testing and treatment guidelines. Have your nominated person check the COVID-19 hub on the DHHS website each day to make sure you have the latest copies of the quick reference guide and checklist, and the guidelines for health services and general practitioners.

For the latest Australian Government Department of Health COVID-19 information go to health.gov.au

North Western Melbourne Primary Health Network (NWMPHN) is providing support for practices in our region during the pandemic crisis. To stay informed with our updates, please make sure you:

- Subscribe to our COVID-19 updates by emailing: **primarycare@nwmphn.org.au**
- Follow NWMPHN on Twitter **@NWMelbPHN**
- Regularly check our COVID-19 webpage at **nwmphn.org.au/covid-19**

Screening clinics

As at 1 April 2020, the Victorian Department of Health and Human Services website listed 30 coronavirus clinics. The Melbourne-based clinics were:

- The Royal Melbourne Hospital (03) 9342 7000
- St Vincent's Hospital Melbourne (03) 9231 2211
- The Royal Children's Hospital (03) 9345 5522
- Northern Hospital (03) 8405 8000
- Sunshine Hospital (03) 8345 1333
- Djerriwarrh Health Services (Melton West) (03) 5367 2000
- Djerriwarrh Health Services (Bacchus Marsh) (03) 5367 2000
- Austin Hospital (03) 9496 5000
- Box Hill Hospital 1300 342 255
- The Alfred Hospital (03) 9076 2000
- Monash Clayton (03) 9594 6666
- Casey Hospital (Berwick) (03) 8768 1200
- Dandenong Hospital (03) 9554 1000
- Peninsula Health (Frankston) (03) 9784 7777

All pharamacists and GPs now need to use SafeScript when prescribing or dispensing high-risk medications.

Photo: National Cancer Institute

Safe script is now here

SafeScript is now active across Victoria, aiming to reduce the misuse and growing harms from high-risk prescription medicines through real-time prescription monitoring.

A Victorian Government initiative, SafeScript enables prescription records for high-risk medicines to be captured centrally and transmitted in real-time to the database, with an inbuilt alert system for risky combinations of drugs or behaviours, such as multiple prescribers.

The number of overdose deaths in Victoria involving pharmaceutical medicines is higher than the number of overdose deaths involving illicit drugs. Since 2012 is has also exceeded the road toll.

SafeScript aims to enable safer clinical decisions by allowing for early identification, treatment and support for patients who are showing signs of dependence.

General practitioners report being challenged by patients with substance abuse issues. Despite the permit system for certain types of medication, it is often unclear if patients are accessing high-risk medicines elsewhere.

Dr Jeannie Knapp, a general practitioner at Church Street Medical Centre, has been using SafeScript for over a year now and has experienced first-hand the benefits of prescription monitoring.

"I have a patient that sees me a few times a year," Dr Knapp said. "She came to me last year requesting a prescription for zolpidem as she was having trouble sleeping. However when I checked her history and her SafeScript record, an alert popped up showing that she had received zolpidem from four other prescribers within the past 90 days."

"She was astounded when I told her of the large number of overdose deaths in Victoria and together she and I came to the agreement that only I would prescribe zolpidem and would closely monitor her."

SafeScript enabled Dr Knapp and her patient to work together to limit the risk of pharmaceutical drug addiction.

On 1 April 2020 it became mandatory to check SafeScript before writing or dispensing a prescription for medicines that are monitored through the system.

The medicines monitored include strong opioid painkillers, strong medicines for anxiety or sleeping tablets and stimulants for ADHD or narcolepsy.

SafeScript is likely to identify risky circumstances for some patients, however it will then be up to providers to determine whether those patients require treatment or whether they can continue to be prescribed high-risk medications.

Similar systems in other countries have been proven to reduce harm from high-risk prescription medicines and Victoria will be the first state in Australia to implement this ground-breaking tool.

Heather Grey (right) and Jacqueline Beresford of RACF Dorothy Impey Home, which recently hosted a mental health trial funded by NWMPHN.

Photo: Norm Oorloff.

Mental health in aged care gets $1.3m boost

People living in residential aged care facilities (RACFs) will soon have better access to mental health and wellbeing support thanks to a new service funded by North Western Melbourne Primary Health Network (NWMPHN).

NWMPHN is in the process of commissioning one or two providers to introduce a low to medium intensity mental health service into RACFs in north-west Melbourne. The successful applicants are expected to be announced in late May 2020.

The service will also involve delivering training and capacity building for RACF staff to increase their awareness and understanding of mental illness in older people.

NWMPHN's 2018 Health Needs Assessment found that an estimated 39 per cent of permanent aged care residents are living with mild to moderate depression.

This means that there are approximately 4200 residents living with depression without consistent access to mental health services.

NWMPHN CEO Adjunct Associate Professor Chris Carter said the program will provide a much needed and anticipated service for our older community.

"Providing a service that will improve the mental health and wellbeing of those living in aged care facilities will increase their quality of life and enable their loved ones to know they are in a safe, supportive environment."

"This service will drive innovation in developing a range of mental health supports for older people living in aged care that enhance accessibility, acceptability and appropriateness for residents," A/Prof Carter said.

"Providing a service that will improve the mental health and wellbeing of those living in aged care facilities will increase their quality of life and enable their loved ones to know they are in a safe, supportive environment."

Approximately 58% of RACFs in the NWMPHN catchment are located in the western region, and 42% fall within the northern region. The money will be split accordingly, with $788,684 allocated to the western region and $571,116 to the northern region.

NWMPHN is greatly looking forward to the implementation of this service and working towards closing the gap in mental health services for the elderly.

For more information on our current and upcoming tenders, visit nwmphn.org.au/tenders

Out & about

GP clinical editor Dr Scott Parsons and Quality Improvement Officer Sonia Zahra organising delivery of masks to general practices, Aboriginal Community Controlled Health Organisations and community pharmacies.

Photo: Brendan Park

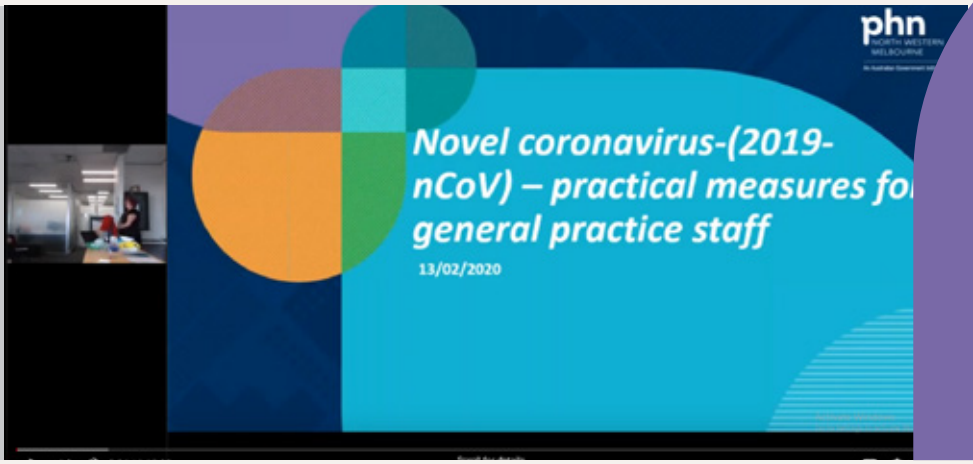
NWMPHN COVID-19 response

The COVID-19 pandemic has dramatically changed how we interact with our health community. All NWMPHN events are now webinar only and we are continuously updating our website with the latest information.

Our staff have also been working hard to assist general practices and other health care organisations. In early February, our Primary Health Care Improvement team banded together to deliver masks to every general practice in our region, as well as community pharmacies. Since then, NWMPHN has been focusing on providing up to date information and resources on the virus through newsletters, emails and over the phone discussions with health care professionals. You can find up to date information and urgent updates on our COVID-19 dedicated web page: **nwmphn.org.au/covid-19**

If you need assistance during this time, get in touch with your dedicated NWMPHN contact by calling **03 9347 1188** or emailing **primarycare@nwmphn.org.au**

COVID-19 infection control training



We held a COVID-19 infection control training session for general practice staff at our Parkville office on 13 February. It helped GPs and practice staff increase their knowledge of COVID-19 in the context of general practice, learn strategies for infection prevention and control and increase their confidence in managing suspected cases. The full training session was recorded and is available online at the North Western Melbourne Primary Health Network YouTube page.

STIs and PrEP update for Primary Care

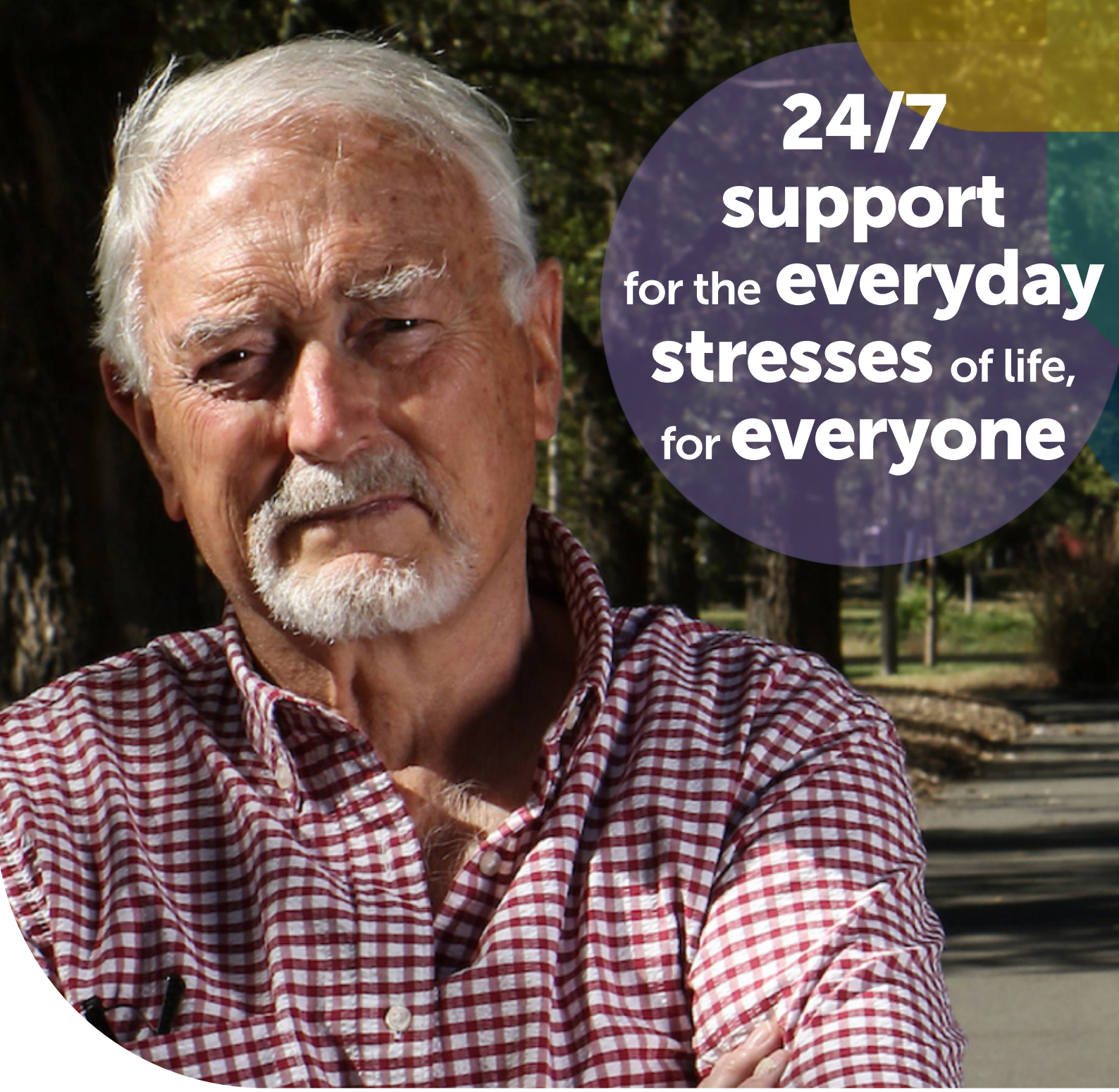
Prior to the start of physical distancing, the Victorian HIV and Hepatitis Integrated Training And Learning (VHHITAL) team delivered a cultural safety STIs and PrEP training session at cohealth Kensington on 25 February. This session provided attendees with training on STIs, including syphilis, gonorrhoea and chlamydia, along with an overview of PrEP and how to prescribe.For more information, visit *nwmphn.org.au/vhhital*

Local health professionals learned about the latest STI and PrEP based treatments. Photo: Aurora Tang

VHHITAL governance group

The Victorian HIV and Hepatitis Integrated Training And Learning (VHHITAL) program hosted its first governance group meeting for 2020 in February, before physical distancing commenced. The program delivers comprehensive education and training for GPs for the diagnosis, treatment and management of HIV, hepatitis B, hepatitis C and sexually transmitted infections. Email *vhhital@nwmphn.org.au* to join our mailing list or go to: *nwmphn.org.au/vhhital*

Leading infectious disease and sexual health experts from North Western Melbourne PHN, The Alfred, Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine and The Peter Doherty Institute for Infection and Immunity. Photo: Aurora Tang.



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CAREinMIND Wellbeing Support Service is funded by North Western Melbourne Primary Health Network and delivered by On the Line.

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