

St George Division news



ALL THE LATEST FROM YOUR LOCAL DIVISION OF GENERAL PRACTICE

Volume 17 Issue 2
March 2010

Mantle or Monkey?

COLLEAGUES,

The “mantle” is the medical profession’s skills, ethics and commitment which we sign up for on becoming a doctor.

The “monkey (on the back)” is what someone else loads us with e.g. that we GPs should be responsible for health outcomes of our patients whether those patients take any responsibility for their health or not.

Most GPs have a strong conscience and while we are not all “as pure as the driven snow” – we are unnecessarily our own harshest critics [and that is saying something].

Of course, we should take responsibility for malpractice, malfeasance or indeed practicing poor medicine **but not always for poor outcomes.**

The government, Medicare, the PBS, the PSR, the HCCC, the Medical Board and the general public at times lay into us for “failure to achieve improvement in health outcomes”.

Yes, health outcomes depend on the doctor but maybe even more so on the patient! And as all clinicians know willingness for patients to take responsibility for their health comes in at about 10%!

We are told to use “motivational interviewing” strategies to encourage the recalcitrants but that depends on their “stage of change” and our time availability – and even then will be only variably successful.

Health outcomes are most often measured in chronic diseases e.g. diabetes and newer concepts of management of chronic disease have evolved.

There is the concept of **health literacy** which is defined as the capacity to seek, access, comprehend and use health information and services^(#).

Then the concept of **self-management** which is defined as the active participation of patients in their treatment to minimise impact of their condition^(#).

And the concept of **self-management support** which is defined as the patient, health care practitioner and health care systems interventions designed to increase self management behaviour^(#).

So our “mantle” requires us [with our practice nurse] to teach our patients health literacy/self-management but that we put “the monkey” [i.e. responsibility, as far as is appropriate, for their health] – back on the shoulders of where it belongs – on the shoulders of the patient.

Dr Klaus Stelter
DIRECTOR

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NSW Cervical Screening Program Awareness Campaign

The NSW Cervical Screening Program will be running the **Don't Just Sit There** campaign again this year. It will commence on 21 February 2010 and will run on television for 10 weeks over February – March and May – June 2010. There will also be community language advertising in Arabic, Mandarin, Cantonese and Vietnamese.

You may be asked by women coming to

your surgery about having a Pap smear and this will also be a perfect time for you to bring up the subject with women.

As you are aware the Division has a **Women's Health Clinic at Rockdale Community Health Centre** providing an alternative for you to refer your female patients for their Pap smears, breast checks and pelvic floor assessments. The clinic runs at 18 King Street

in Rockdale and is open on Wednesdays and Fridays. Should you require referral forms please request supplies via the fax back sheet in this newsletter.

Alternatively referral forms and resources are available on our Website at www.stgeorgedgp.asn.au: click "Division Programs" then "Women's Health" scroll down to the resource links.

Lesley Pullen

Update in STIs including HIV – for GPs, Nurses and Allied Health

This update aims to provide an overview of the epidemiology, testing principles, pathogenesis, natural history and treatment of common STIs including HIV. Includes an outline of taking a risk assessment and sexual history in a primary care setting.

- Date: Wednesday 24th March 2010**
- Time: 6.30 – 9.00pm**
- Venue: Waves Seafood Restaurant**
- Address: 12/20 Gerrale Street Cronulla**

PROGRAM:

- Epidemiology – STIs/HIV in our Area – Dr Pam Konecny Senior Staff Specialist Infectious Diseases & Sexual Health SGH
- Sexual history taking / Screening/ Update in STI management - Dr Jo Lusk, Staff Specialist Sexual Health SGH
- Talking about sex/ Contact tracing – Marty Janssen - Social Worker, Short St Centre
- Short Street and Southzone clinic details and access pathways and Safer sex – how to do it – Suzy Wilds NUM Short St Centre

TO REGISTER

To register for this FREE evening go online to www.ashm.org.au/courses. Registrations close **Friday 19th March**. For further info contact Vanessa Towell on 8204-0762 or vanessa.towell@ashm.org.au.

Behavioural Assessment and Intervention Services (BASIS)

A service for older clients with complex, severe and persistent behavioural disturbance associated with dementia and or mental illness and provided in partnership with Aged Care Services.

Functions

- Assessment
- Consultation/lliaison with Aged Care Services
- Information
- Education and support to Aged Care facilities

Referrals in the St George area are through the Nursing Home Program, CRAGS based at Calvary Hospital.

THE INTAKE NUMBER FOR NURSING HOME PROGRAM: 9553 3000
Intake hours: 0900-1600.

After assessment the Nursing Home Program refers appropriate BASIS clients to the Older Adult Mental Health Service.

This is a shared care program with the goal of assisting the GP and other carers in the management of severe BPSD. The client's GP remains the primary carer and all referrals to the service must be part of their Care Plan.

OTHER ASSISTANCE

Other assistance for residential services can be obtained through **DBMAS Telephone Assistance Line 1800 699 799 – 24 hours a day**

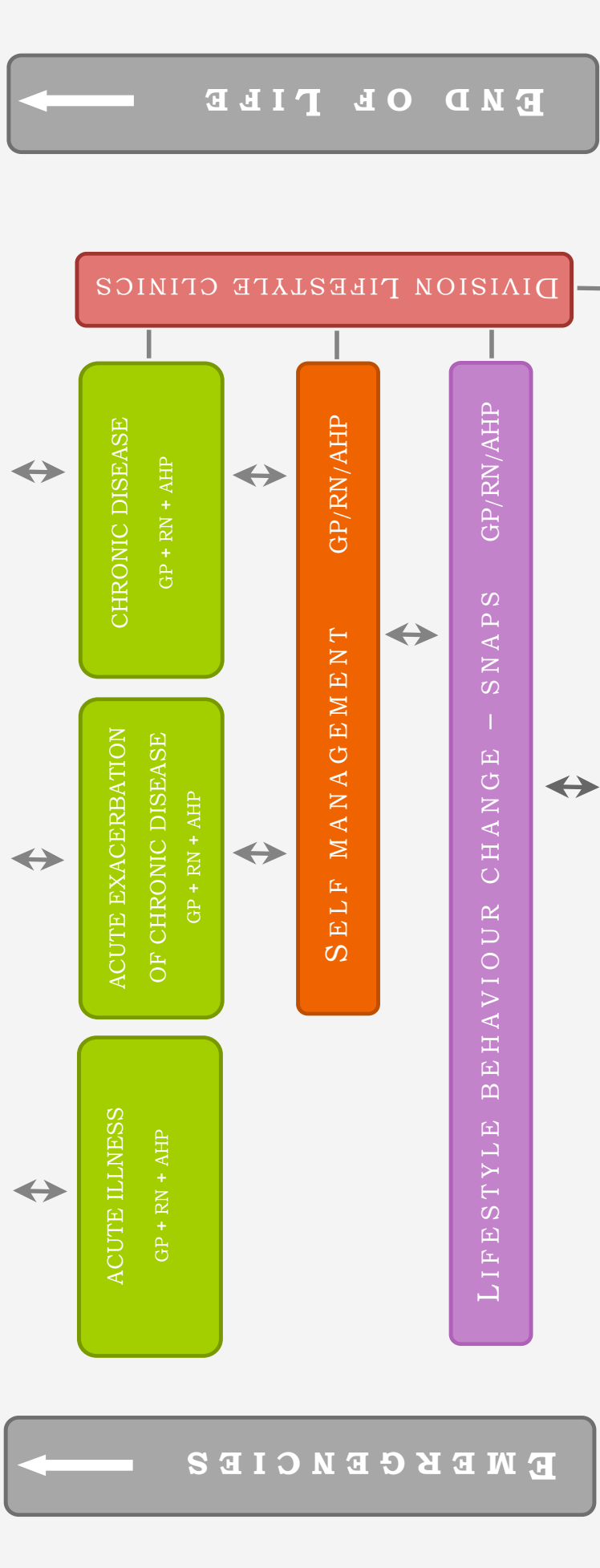
For general information on dementia contact the **National Dementia Helpline 1800 100 500**

CHRONIC DISEASE MANAGEMENT

ROADMAP FOR ST GEORGE GPs

INCORPORATING NEW CONCEPTS OF:
HEALTH LITERACY
 AND
SELF-MANAGEMENT

- CHRONIC DISEASES/CONDITIONS**
1. HEART FAILURE
 2. COPD
 3. DIABETES
 4. STROKE
 5. DEMENTIA
 6. CANCER
 7. MENTAL ILLNESS
 8. RENAL
 9. DISABILITIES
 10. ARTHRITIS



HEALTH LITERACY & PREVENTATIVE ACTIVITIES GP/RN/AHP

GLOSSARY	DESCRIPTION / CRITERIA	REFERRAL DETAILS
AHP	Allied Health Professional (e.g. Dietitian, Exercise Physiologist, Physiotherapist etc)	
Division Lifestyle Clinics	Individual & group Allied Health services delivered by the St George Division (e.g. Diabetes, Obesity etc)	St George DGP: 9585 2044
RACFs	Residential Aged Care Facilities (low and high care and dementia units)	
Quick Response Program (QRP)	Health professionals at St. George Hospital who assess people 65+ in ED to determine suitability for discharge. Also short-term services to assist people to remain at home safely.	Central Intake: 9113 3999
Healthy at Home	A program designed to support persons [clinical management, meals, some transport, cleaning, shopping and personal care] with a sub-acute illness for a period up to six weeks.	Central Intake: 9113 3999
CRAGS (Community Rehabilitation & Geriatric Service)	Long term ongoing support services for patients to remain at home safely and/or assess for RACF placement.	9553 3000
Respiratory Community Care Program (RCCP)	Criteria are: confirmed COPD, > 60 years, resident of St George area, FEV1 < 50%, also to be under care of a Respiratory Physician.	9113 2807
Heart Failure	Criteria: Confirmed diagnosis of heart failure by Echocardiogram	9113 3042
Cardiac Rehabilitation	Criteria: Recent confirmed diagnosis of cardiac event	9113 3143
Medical Assessment Unit (MAU)	MAU at St George Hospital is an 18 bed unit with 7 days a week medical, nursing and allied health cover. Available for all adult patients who are considered to be a medical admission and require a period of assessment and diagnostic work up, are non-critical, are stable and do not require resuscitation or stabilisation.	Via ED [GP hotline 9588 1744] or Via Staff Specialist – 9113 2183
OUTPATIENT Services St George Hospital (OPD)	Referrals are only accepted via Fax and next available appointment will be allocated on the basis of urgency. If you feel that your patient requires urgent review you may call St George Hospital Switchboard on 9113 1111 and request registrar for the speciality you require.	Fax Referral (forms available at www.stgeorgesdgp.asn.au) or Urgent via hospital switch
Ambulatory Care Unit (ACU)	Access to the ACU facility is for self-caring patients (adults) requiring an episode of care, but not requiring an over-night stay. The emphasis is on short-term procedures for example; short-term infusions, investigations and procedures, complicated wound care and dressings.	Central Intake: 9113 3999 or ACU: 9113 2333
Community Nursing Services	RNs who provide home care for residents to assist with wound management, Palliative Care, Diabetes management, catheter and colostomy management, IV/IM/SC injections, management of PICC and Hickman lines.	Central Intake: 9113 3999

Health Literacy

Health Literacy is just a new jargon term – defined as the capacity of patients to seek, access, comprehend and use health information and services [so as to participate in decisions about their health] – that doctors have always known to be central in improving health outcomes.

However, the “health literacy” term’s induction into the modern health care lexicon coincides with equally modern ‘knowing about health/illness’ vicariously via the internet [a medium which is fertile ground for resurgence of what

used to be called the “snake oil salesman”]. Rather than just giving into the trend of having to debate with patients about what is right or wrong in their gleanings from the internet, it behoves GPs and our practice nurses to be proactive in delivering health literacy to our patients.

But the real world of the GP’s day [never understood by health bureaucrats] rarely makes it possible to sit down with the patients in a prolonged tête-à-tête on the subject of health literacy.

So before considering options for the GP let us clarify what specifics come under the term health literacy:-

- Its realisation does depend on a wide variety of patient specific issues, ranging from the ability to identify and understand health messages, access to information and services and skills to decide what is useful information .
- Is central to the patient’s participation in their health care and extends to knowing when to seek medical help and adhering to treatment and follow up .
- Lack of health literacy may lead to poor health outcomes [e.g. patients with chronic low back pain unknowingly developing maladaptive coping strategies].
- Is a part of whole person [i.e. biopsychosocial] patient management.
- The GP needs to gauge a patient’s capacity and willingness to participate.
- Needs to include prevention – defined as the means of promoting and maintaining health or averting illness .
- As Murtagh says “ ... the healing factor of the physician in being the motivator, teacher and facilitator should never be underestimated.” But where possible the patient “...must take responsibility for their own health and rehabilitation.”
- Further Murtagh extols us to not only focus on the physical illness but also be cognisant of the mental health issues [e.g. anxiety and depression] that may accompany any presentation to the GP.

Now, let us consider what the busy GP – assailed from all sides to diagnose, treat, manage and advocate for their patients – can do to take another “requirement” [i.e. teaching health literacy] on board without tearing their hair out or further overburdening themselves.

- 1 Firstly it is a matter of being convinced that teaching your patients health literacy [mainly about their chronic condition] is important and can lead to actually eventually saving some of your time and improving health outcomes.
- 2 You don’t have to do it all at once – this is necessarily a continuing process.
- 3 The idea is to teach just so much, for that patient’s specific chronic disease that will empower them to participate effectively in their health care.
- 4 You don’t have to do it all yourself – delegate to your practice nurse (she may or may not need some training which could be provided by the Division) or you can refer your patients to the Division Programs (at present we have a group Diabetes Health Literacy program which is proving very effective).

[Note: As prevention is part of health literacy the Division Clinical Programs – Dietetics, Exercise Physiology, Obesity – will also reinforce your health literacy and prevention teachings].

Self-management and Self-management Support

Health literacy is, of course, a prerequisite of self-management of patients with chronic disease.

It must be stated up front and categorically that the term self-management is not meant to imply that the patient is completely on their own or indeed that every patient is suitable for such a strategy in the management of chronic medical conditions.

The term **self-management** is defined as the active participation of patients in their treatment to minimise impact of their condition and **self-management support** is defined as the patient, health care practitioner and health care systems interventions designed to increase self management behaviour.

Critical components for individuals to participate in the management of their chronic condition:-

- 1** Access – to information about health and health professionals with the capacity to understand and recognise health messages.
- 2** Knowledge – faculties to distinguish correct or useful information.
- 3** Health education and empowerment – positive and active engagement in life; skill and technique acquisition; self monitoring and insight; social integration and support; health directed behaviour; constructive attitudes and behaviour; health service navigation; emotional wellbeing.
- 4** Self-management – action planning and problem solving.
- 5** Command – of the health care system (e.g. navigation/communication); access to opportunities to engage in healthy activities; confidence to take initiative and supportive environment to engage in and maintain health behaviours.

Again it has to be stated that all of these components may not be possible or may fall short but even “approximations” towards the ideal {then with concomitant lesser degree of self management} can reap benefits for improved health outcomes – to coin an analogy; if painting stopped after the “ideal” painting of the Mona Lisa the world would be the poorer.

To summarise the GP’s role in the brave new world of chronic disease management it has to be said that:

- intuitively GPs are more or less doing “health literacy/self-management/self-management support” already with their patients but government direction will make these approaches mandatory [probably with the usual “carrot and stick” approach].
- the health literacy/self-management/self-management support approach could well be supported by your [trained] practice nurse and/or the various clinical and support services at the St George Division of General Practice.
- GPs as in all their management decisions will have to individualise the degree to which they involve their patients – if at all.
- GPs will have to be careful in using the term “self-management” to their patients lest the patients interpret this wrongly as being abandoned and left to their own devices ... perhaps we need a different term that better describes the intent; namely “the GP/Nurse/Division helping and supporting the patient to actively participate in the management of their chronic disease”.

Disclaimer

The intent of this summary has been to alert GPs to current trends in chronic disease management and highlight how GPs may be assisted by their practice nurse and the St George Division of General Practice in this management.

The information in this paper is almost wholly sourced from the excellent MJA Supplement 2008 entitled “Optimising care for people with chronic disease” and Professor John Murtagh’s General Practice 4th Edition 2007 – both should be consulted for greater depth and understanding.



The latest news from
St George Hospital and
Calvary HealthCare

NEW Outpatient Paediatric Surgical Clinic

Dr Vincent Varjavandi has commenced a General Paediatric Surgical Clinic at St. George Public Hospital.

Initial clinics are scheduled for Friday 12th March and Friday 4th June starting at 11 am, with a view to providing regular clinics.

This clinic is for children with hernias/hydrocoeles/lumps/tongue tie and other general surgical needs [except circumcisions and hypospadias].

Dr Varjavandi operates at both St George Public Hospital and Sydney Children's Hospital and will be providing these public outpatient clinics at St George Hospital in the Prichard Wing (Level 1), which is accessed via the Short St entrance (Gate 9).

Should you have any patients you wish to refer to this clinic, referrals can be made on 9113 2319.

Benevolent Society Ageing Carers Funding

Benevolent Society provide services for Ageing Parent Carers within the St George Area. The Benevolent Society is providing the opportunity for all ageing parent carers of children with a disability to access support and or respite services where required. Please find insert with contact details in this newsletter

If you have any questions regarding services at St George Hospital or Calvary Healthcare Sydney and are having issues which are impacting on patient care please don't hesitate to contact GP Liaison Sandy Johnston on 0407 210 197 and she will endeavour to source a solution.

2010 School Based Immunisation Program

From this year the following Vaccines are available through the school based program:

YEAR 7

- Hep B adult formulation-2 doses
- Varicella-1 dose
- Boostrix-1 dose
- HPVx3 doses (girls only)

YEAR 10

- Boostrix- 1 dose

Students will only be offered each dose on one occasion throughout the school year. Parents of children who miss doses will be sent a letter advising them to visit their GP for the catch-up dose.

GPs will be supplied with the paediatric formulation of Hep B vaccine and therefore need to administer 2

further doses. Each dose needs to be given a minimum of 2 months apart for students who have had one dose of Hep B at school. As well as Hep B, Varicella is offered to students who have not been vaccinated as infants or had prior natural infection.

HPV Payments

A quick reminder that GPs have until the end of March to submit notifications for HPV doses given within the program in order to claim the \$6.00 incentive payment. After 31st March HPV data will still be received by the register however no payments will be made.

NEW GPII Entry Requirements



Karen Christian
POPULATION HEALTH
& IMMUNISATION
PROGRAM OFFICER

As part of the 2009-10 Budget, the Australian Government announced that entry requirements relating to proper vaccine storage and handling processes would be introduced to the General Practice Immunisation Incentive (GPII) in August 2010. The introduction of

entry requirements aims to improve the quality and safety of the immunisation activities of non-accredited general practices.

Medicare Australia has released a description of changes & plans to write to affected practices in the coming months.

MORE INFO



Please visit

www.medicareaustralia.gov.au/provider/incentives/gpii/entry-requirements.jsp

Seasonal Flu Vaccine Order Form

By now all surgeries should have received the new order form & accompanying cover letter from the NSW Health fax stream. The form is also available via our Divisions website; www.stgeorgedgp.asn.au

RESOURCES



Reminder about H1N1 vaccination for GPs

NSW Health has developed a desktop card reminding GPs to offer H1N1 vaccination to patients. This has come from some requests from GPs for a 'desktop reminder'. Please find template enclosed and also available via our Divisions website;

www.stgeorgedgp.asn.au



URGENT REMINDER

Please could all Doctors and their Practice staff be aware that the Allied Health Services provided and administered by the Division are not free services.

Services and Fees are as follows:

Dietitian and Exercise Physiologist

1. Patient referred on a Care Plan Item 723 a copy of which is provided to the Division

No concession cards

Initial consult \$75 (Medicare rebate \$50.05)

Review \$60 (Medicare rebate \$50.05)

Concession or Health Care Card

\$60 for initial and review

2. Private patients with no Medicare rebate.

Initial \$75 and review \$60

Concession or Health Care Card

Initial \$40 and \$20 review

Patients are becoming irate at Divisional staff when informed of the cost. There are very few Allied Health Professionals who do not charge an admin fee on top of the Medicare rebate. The St George Division has endeavored to keep our fees to a minimum. The Allied Health Professionals deliver a thorough consultation and patient satisfaction is exceptionally high. Please assist in informing your patients of the full details of your referrals.



Cancer Council New South Wales

Information & Support for People Affected by Pancreatic Cancer

The Pancreatic cancer DVD is the latest addition to the information, telephone and face to face support available from the Cancer Council. It consists of 14 Chapters comprehensive information designed to introduce the newly diagnosed patient to the language of their disease, reinforce the information given to them by their clinicians and communicate the range of support services available. Each module can be individually viewed directly from the Cancer Council website, www.cancerCouncil.com.au/pancreaticcancer alternatively, the DVD can be ordered online, by telephone or via an order form. Order forms are available from Cancer Council 13 11 20.

RAMSGATE BEACH AREA

Busy established solo GP accredited practice for sale. Appointments only. Owner to retire in June 2010. V/R GP \$100/Hour or 70% total billing with view to taking over practice.

Contact: Florence on 0431174043



ST JOHN AMBULANCE CPR CERTIFIED COURSE



FOR GENERAL PRACTITIONERS

PRESENTERS:

St John Ambulance Accredited Trainer

Tuesday 30th March, 2010

St George Division of General Practice

41 Dora Street

Hurstville 2220

6.30 pm for light dinner

7.00pm to 10.00pm (approx) workshop

Places will be allocated on a first come, first served basis.

**ONLY 24 x
PLACES
AVAILABLE**



**RACGP POINTS
HAVE BEEN
APPLIED FOR.**

Rural Locum Opportunities

TIME FOR A FRESH PERSPECTIVE ON YOUR CAREER AS A GP? THEN, WHY NOT TRY RURAL LOCUM WORK.

There are now more opportunities for urban doctors to experience life in a country practice thanks to the Federal Government's new \$6.1 million Rural GP Locum Program.

Apart from a career boost, rural locum work is a great way of giving something back to regional Australia and also offers opportunities to help Indigenous communities.

To find out more or to register to become part of the locum pool, contact Suzanne Riley from the NSW Rural Doctors Network on 02 4924 8065.

Alternatively, you can visit the Rural Health Workforce Australia website at www.rhwa.org.au/ruralglocum.



A Really Sore Heel

Clinical History

A seventy two year old female complains of a really sore right heel for the past three weeks. There is no history of trauma or penetrating injury. Past history is remarkable in that the patient had been in a MVA two years ago and suffered multiple fractures and was found to be osteopenic. Physical examination revealed only mild tenderness over the posterior heel region even though the patient could hardly walk on the heel. A plain radiograph of the heel was normal. (Figure One).

Scan Findings

The bone scan demonstrates a linear band of increased tracer uptake traversing the posterior calcaneus. The adjacent joint is not involved. This is typical of an acute fracture (Figure Two).

Discussion

There are many causes of heel pain in adults with the most common being plantar fasciitis. This usually presents gradually over several months and is especially troublesome early in the morning. Physical examination often reveals focal tenderness over the medial inferior calcaneus. Bone scanning in plantar fasciitis demonstrates a focal bone injury at the site of fascial insertion into the medial inferior calcaneus. Calcaneal fractures are seen typically after a patient has jumped from a height (often with the anaesthetic benefits of alcohol) but stress and insufficiency fractures of the calcaneus are well recognised. Stress fractures are seen in athletes who expose normal bone to excessive stress. Insufficiency fractures are the result of normal or near normal stress on osteoporotic bones. This osteoporosis can be due to primary osteoporosis (usually post menopausal) or to secondary osteoporosis (associated with conditions such as chronic renal failure, steroid therapy and Vitamin D deficiency). In insufficiency fractures, most patients present with either no history of trauma or a history of low impact. Often there is minimal tenderness on physical examination although the patient may report severe pain. Calcaneal insufficiency fractures often respond to immobilization in an orthopaedic walking boot and the patient's underlying osteoporosis usually merits appropriate investigation and treatment.

Conclusion

Insufficiency fractures of the calcaneus often present with no history of trauma and with symptoms sometimes more impressive than findings on physical examination.



Patrick Butler
DEPARTMENT OF
NUCLEAR MEDICINE,
ST. GEORGE HOSPITAL.

References
Aldridge T. Diagnosing Hell Pain in Adults. American Family Physician. 2004;70:332-38



FIG. 1 Lateral plan radiograph of right heel with no fracture demonstrated.

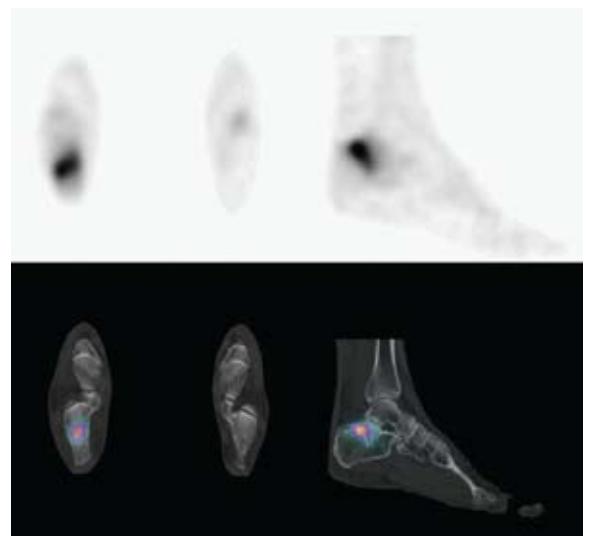


FIG. 2 Fusion SPECT/CT with bone scan slice superimposed on CT slice.

St George Division Of General Practice

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DIARY DATES

Management Committee

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Ms Elizabeth Martin
Vice Chairperson

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Officer and Dietitian

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Community Liaison, Youth Clinic,
Womens Health, ANSC

Sandra Johnston
GP Liaison Officer

Michael Russo
IM/IT and Exercise Physiologist

Mariam Faraj
Mental Health
Adolescent Health

Matthew Austin
Mental Health Nurse

Sue Coxon
QUM/NPS Facilitator

Raelene Elliott
Regional MAC, Aged Care
and Clinics Co-ordinator

Maria Felicetti
Administration and Publication Co-ordinator

Jenny Cooper
Practice Nurse Program Officer

Jenny Chan
Dietitian

Fernando Gomez
Clinical Psychologist

Belinda Ivanovski
Clinical Psychologist

Rosemary Elliot
Clinical Psychologist

SMALL GROUP LEARNING PROGRAM 2010 COMMENCEMENT DATES REGISTERED GP'S ONLY

Date	Time	Venue	Group
Wednesday, March 3	1.30pm – 3.00pm	Torwood Lounge	RAMSGATE (2)
Wednesday, March 3	7.00pm – 9.00pm	Torwood Lounge	HURSTVILLE (3)
Thursday, March 4	7.00pm – 9.00pm	Torwood Lounge	KOGARAH (1)
Friday, March 5	1.30pm – 3.00pm	Penshurst Cottage	HURSTVILLE (1)
Wednesday, March 10	1.30pm – 3.00pm	Penshurst Cottage	MORTDALE
Friday, March 12	1.30pm – 3.00pm	Lugarno Seafood Restaurant	LUGARNO
Wednesday, March 17	1.30pm – 3.00pm	The Heritage Court Restaurant	HURSTVILLE (2)
Thursday, March 18	7.00pm – 9.00pm	Torwood Lounge	KOGARAH (2)
Wednesday, March 31	1.30pm – 3.00pm	Torwood Lounge	RAMSGATE (1)
Wednesday, March 31	7.00pm – 9.00pm	Torwood Lounge	KOGARAH (3)

MORE INFO

Access the Divisions website for
all information including Annual
Report and Newsletters.

www.stgeorgedgp.asn.au

REMINDER

BALINT GROUP COMMENCES
11 MARCH 2010
7:00pm - 9:30pm



www.stgeorgedgp.asn.au

Advertising Rates

To place an advertisement or for further information contact the Division on 9585-2044, fax 9585-2144 or by email on stgeorge@stgeorgedgp.asn.au.

The new rates, from July 2008, are **Quarter page: \$150 + 10% GST**

Please note that funds raised from advertising help pay for the production of this newsletter.

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