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For the latest news on the *Closing the Gap* programs [click here](#) for the *Aboriginal Health Update*...

# HEALTH REFORM UPDATE

## National Health Performance Authority

The National Health Reform Amendment (National Health Performance Authority) Bill 2011 has passed both houses of federal parliament and is now awaiting formal assent. The Performance Authority functions include:

- a. to monitor, and prepare reports on, matters relating to the performance of the following:
  - i. local hospital networks;
  - ii. public hospitals;
  - iii. private hospitals;
  - iv. primary health care organisations;
  - v. other bodies or organisations that provide health care services;
- b. to publish (whether on the internet or otherwise) reports prepared by the Performance Authority in the performance of the function conferred by paragraph a;
- c. to formulate, in writing, performance indicators to be used by the Performance Authority in connection with the performance of the function conferred by paragraph a;
- d. to collect, analyse and interpret information for purposes in connection with the performance of the function conferred by paragraph a;
- e. to promote, support, encourage, conduct and evaluate research for purposes in connection with the performance of any of the functions of the Performance Authority;
- f. such functions (if any) as are specified in a written instrument given by the Minister to the Chair of the Performance Authority with the agreement of COAG;

The policy principles for enacting this legislation will be determined via resolution through the Council of Australian Governments (COAG) in accordance with procedures determined by COAG.

<http://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=Id%3A%22legislation%2Fbillhome%2Fr4528%22>

## Medicare Locals

A Medicare Locals webpage has been established on the Commonwealth Governments yourHealth website. A video showcasing three Medicare Locals - New England, Western Sydney and Barwon - showing how they will help their community, consumers and local practitioners to achieve better primary health care outcomes. Also available is information on the National Body. Information on the first priority for Medicare Locals is also available. Medicare Locals will be tasked with a range of after-hours primary care roles and responsibilities to ensure that community members can access after-hours general practice services.

<http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/content/medilocals-lp-1>





## National Lead Clinicians Group

The Chair and members of the National Lead Clinicians Group has been announced. This Group (supported, where required, by time-limited working groups) will provide advice to the Federal Minister for Health and Ageing on nationally relevant priorities and strategies to improve patient care, promote evidence based clinical practices and assist with the prioritisation and implementation of clinical standards. A health consumer representative, dentist, nurse practitioner, physiotherapist, two general practitioners and a pharmacist are among the members.

<http://www.health.gov.au/internet/ministers/publishing.nsf/Content/mr-yr11-nr-nr194.htm>

The Commonwealth Government has also released the Commonwealth Government Policy Position for Lead Clinicians Groups. This paper sets out the Commonwealth Government's policy position for National and Local LCGs. Implementation will progress in accordance with this policy position.

<http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/content/lcg-policy-position-0711>

## Draft eHealth records legislation

Draft eHealth records legislation has been released for public consultation. The Exposure Draft PCEHR Bill 2011 will establish the legislative framework to support the establishment and implementation of a national personally controlled electronic health record (PCEHR) system. The legislation will underpin the security regime to protect the privacy of patients using the eHealth system and the process by which consumers; health care organisations and data repositories will register to be part of the eHealth system.

The PCEHR Draft Bill also includes provisions relating to participation in the PCEHR system, the circumstances in which PCEHR information can be accessed, obligations on users, penalties for inappropriate use, and functions and responsibilities of the PCEHR System Operator and other regulators. To assist readers, the PCEHR System: Exposure Draft Legislation – a companion document to the PCEHR Draft Bill – sets out the proposed legislative provisions in plain English, explaining the reasons behind the provisions and describing how they are intended to operate.

<http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/pcehr-legals>

## POLICY

### Practice Nurse Incentive Program (PNIP)

The PNIP commences on 1 January 2012 and applications from practices are now being accepted. All general practices including those in urban areas, Aboriginal Medical Services and Aboriginal Community Controlled Health Services may be eligible for PNIP incentives

Practices must be accredited or registered for accreditation - and achieve full accreditation within 12 months of registering for the PNIP. The PNIP payments apply for practice nurses, Aboriginal Health Workers and Allied Health Providers, subject to eligibility requirements

Six MBS practice nurse items (10993, 10994, 10995, 10996, 10998 and 10999) for immunisation, wound care and cervical smears will no longer be available: The Department of Health and Ageing has arrangements in place to ensure practices will not be financially disadvantaged by the removal of the practice nurse MBS items. Rural loadings are also applicable for practices in Inner Regional, Outer Regional, Remote and Very Remote locations.

Practice Nurse Incentive Program Application Form is available at <http://www.medicareaustralia.gov.au/hpos/files/pnip-application-form.pdf>



Practice Nurse Incentive Program Guidelines are available at <http://www.medicareaustralia.gov.au/provider/incentives/pnip.jsp>

The PNIP Incentive Payment Ready Reckoner has been developed by the Department of Health and Ageing and Medicare Australia. It can be used to estimate the incentive amount a practice may be eligible for under the new PNIP. Available at <http://www.medicareaustralia.gov.au/provider/incentives/pnip/calculator.jsp>

This website is useful in determining whether rural loadings are applicable. Available at <http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/locator>

The Australian General Practice Network is providing funded PNIP workshops coordinated by Divisions and Medicare Locals across Australia. For more information contact Pat Simmonds at General Practice NSW on 9239 2957 or [patsimmonds@gpnsw.com.au](mailto:patsimmonds@gpnsw.com.au).

## Healthy Kids Check

The Commonwealth government has announced the Healthy Kids Check scheme is being reformed. The Government will bring forward the Healthy Kids Check from four year olds to three year olds and for the first time, the check will cover a child's social and emotional wellbeing. A national expert group to be chaired by leading child health expert Professor Frank Oberklaid will advise the Government on the content of the check and how it should be carried out. Together, the expert group will also map the nation's child mental health services ensuring that health professionals and families have a better understanding of what services are available. The Gillard Labor Government has allocated \$11 million over five years to introduce the universal voluntary health check for three-year olds. The new check will be implemented from 2012-13.

[http://www.health.gov.au/internet/ministers/publishing.nsf/Content/FEEA7279E7A9A16FCA25791B000C0806/\\$File/MB116.pdf](http://www.health.gov.au/internet/ministers/publishing.nsf/Content/FEEA7279E7A9A16FCA25791B000C0806/$File/MB116.pdf)

## PROGRAMS

### Coordinated Veterans Care Program

This Department of Veterans Affairs program targets Gold Card holders with a chronic condition and complex care needs who are at risk of hospitalisation. The program is intended to improve the health of participants by:

- providing ongoing planned and coordinated care from a GP and nurse;
- educating and empowering participants to self-manage their conditions; and
- encouraging the most socially isolated to participate in community activities.

The program will pay General Practitioners and nursing providers to coordinate care. GPs will be paid to enrol participants in the program and provide ongoing quarterly periods of coordinated care.

In the first year, payments to GPs may amount to \$2070 (\$1000 if not using a practice nurse) per participant and \$1670 (\$750 if not using a practice nurse) for subsequent years. This is in addition to consultation items and chronic disease management items.

Free training via online resources, DVD and face to face, is available. For further information contact Rosemary Beveridge at AGPN on [rbeveridge@agpn.com.au](mailto:rbeveridge@agpn.com.au) or 02 6228 0828 or go to the website [http://www.dva.gov.au/health\\_and\\_wellbeing/health\\_programs/cvc/Pages/default.aspx](http://www.dva.gov.au/health_and_wellbeing/health_programs/cvc/Pages/default.aspx)



## DATA REPORTS

### Mandatory folic acid and iodine fortification in Australia and New Zealand: supplement to the baseline report for monitoring

Food Standards Australia New Zealand developed a mandatory folic acid fortification standard to help reduce the incidence of neural tube defects (NTDs) (serious birth defects) and a mandatory iodine fortification standard to address the re-emergence of iodine deficiency in the population. These standards, effective from September–October 2009, require the addition of folic acid to bread-making flour in Australia and iodine (via iodised salt) to bread in Australia and New Zealand.

#### Prior to mandatory folic acid fortification:

- Very few (4%) Australian children exceeded the upper level of intake for folic acid and only a small proportion (6%) took supplements containing folic acid.
- About half of all Australian mothers took folic acid supplements just prior to and during their first trimester of pregnancy, as recommended. Supplement usage was lower in mothers without tertiary qualifications and in those living in more disadvantaged and remote areas.
- Based on data from three states, the NTD incidence rate in Australia has decreased from 13.3 per 10,000 pregnancies in 1998 to 10.9 per 10,000 pregnancies in 2008.

#### Prior to mandatory iodine fortification:

- One in four Australian girls (25%) aged 14–16 years had inadequate iodine intake, with girls generally having lower intakes than boys. Few (1%) children exceeded the upper level of intake for iodine and only a small proportion consumed supplements.

For more information see: <http://www.aihw.gov.au/publication-detail/?id=10737420085&tab=2>

### The use of health services among Australians with disability

This bulletin examines the use of health services among Australians with disability based on national population health survey data. Compared with people without disability, people aged 15–64 years with severe or profound disability were:

- 10 times more likely to have check-ups with GPs at least once a month (29% vs. 3%)
- 3.5 times more likely to consult specialist doctors in the 12 months before the survey period 2007–08 (56% vs. 16%)
- 5 times more likely to consult both specialist doctors and other health professionals in the 12 months before the survey period 2007–08 (41% versus 8%).

The high use of health professional services was particularly related to services provided by specialist doctors, occupational therapists, and social workers or welfare workers.

Similarly, among all people aged 16–64 years with mental disorders, people with severe or profound disability were more likely than those without disability to:

- access health services (including hospital admissions) for mental health (59% versus 24%)
- consult health professionals (including GPs) for mental health (56% versus 24%)
- consult health professionals (including GPs) 5 or more times for mental health (31% versus 12%)
- consult mental health professionals (41% versus 15%)
- consult GPs for mental health (32% versus 15%).

For more information see: <http://www.aihw.gov.au/publication-detail/?id=10737420117&tab=2>



## FUNDING OPPORTUNITIES

### Mind the Gap Workshops

The workshop aim is to improve the quality of care available to Australian veterans with comorbid mental and physical health conditions. AGPN is providing funding of \$5000 to Divisions and Medicare Locals who wish to implement this 6 hour Active Learning Module (ALM) for GPs, practice nurses, and other primary health care professionals who have an interest in improving their skills in identifying, preventing and treating mental and physical health comorbidities.

Workshops must be held before 31 March 2012.

Contact Carole Vickers on [cvickers@agpn.com.au](mailto:cvickers@agpn.com.au) for more information or go to <http://agpn.com.au/programs/mind-the-gap/expression-of-interest> to access the guidelines and the Expression of Interest (EOI) application form.

## RESEARCH

### A Prospective Study of Diet Quality and Mental Health in Adolescents

A number of cross-sectional and prospective studies have now been published demonstrating inverse relationships between diet quality and the common mental disorders in adults. However, there are no existing prospective studies of this association in adolescents, the onset period of most disorders, limiting inferences regarding possible causal relationships. In this study, 3040 Australian adolescents, aged 11–18 years at baseline, were measured in 2005–6 and 2007–8. Information on diet and mental health was collected by self-report and anthropometric data by trained researchers.

There were cross-sectional, dose response relationships identified between measures of both healthy (positive) and unhealthy (inverse) diets and scores on the emotional subscale of the Pediatric Quality of Life Inventory (PedsQL), where higher scores mean better mental health, before and after adjustments for age, gender, socio-economic status, dieting behaviours, body mass index and physical activity. Higher healthy diet scores at baseline also predicted higher PedsQL scores at follow-up, while higher unhealthy diet scores at baseline predicted lower PedsQL scores at follow-up. Improvements in diet quality were mirrored by improvements in mental health over the follow-up period, while deteriorating diet quality was associated with poorer psychological functioning. Finally, results did not support the reverse causality hypothesis.

This study highlights the importance of diet in adolescence and its potential role in modifying mental health over the life course. Given that the majority of common mental health problems first manifest in adolescence, intervention studies are now required to test the effectiveness of preventing the common mental disorders through dietary modification.

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0024805>

### Australian Lung Foundation seeking NSW Practice Nurse participation

The Australian Lung Foundation is urgently seeking 2 additional NSW Practice Nurses to participate in a pilot of a new training module for COPD (**The COPD Online Training for Primary Care Nurses**). Could you please send this out via your networks today? The contact person is Judy Powell at the Lung Foundation (07) 3251 3634



## Practice-level indicators of safety and quality for primary health care

The Australian Commission on Safety and Quality in Health Care is undertaking consultation with the aim of developing a national set of practice-level indicators of safety and quality for primary health care. These indicators will be designed for voluntary inclusion in quality improvement strategies at the local practice or service level and may be used by organisations and individuals providing primary health care services. Recommendations regarding indicators for general practice are not in scope for the project outcomes, as the Royal Australian College of General Practitioners is conducting a dedicated project to develop indicators for general practice.

The Commission has released a [Consultation Paper \(PDF 279 KB\)](#), including a candidate set of indicators for quality improvement in primary health care. The Commission is seeking comment from interested organisations and individuals on the candidate set of indicators, their relevance and usefulness for local quality improvement at the service or practice -level, and whether there are any gaps in the candidate set. All submissions are welcome and will be accepted up to 25 October 2011.

[http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/PriorityProgram-08\\_PracticeLevelIndicators](http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/PriorityProgram-08_PracticeLevelIndicators)

## National Residential Aged Care Chart Project

The Australian Commission on Safety and Quality in Health Care has commenced the development of the National Residential Medication Chart. The project is aimed at improving the safety of medication management in residential aged care facilities (RACFs) by developing a nationally consistent medication chart for use in RACFs to be known as the National Resident Medication Chart (NRMC). The project is intended to provide a space for end users and key stakeholders to shape the NRMC so that an agreed national standardised medication chart appropriate for use across a variety of settings and models of residential aged care is developed.

The NRMC is intended to define standard requirements for medication charts to be used in RACFs and facilitate supply and PBS claiming from a medication chart in RACFs (eliminating the requirement for the traditional written PBS prescription forms for medicines\* that are prescribed on the medication chart). \*For some medicines, physical PBS prescriptions will still be required.

The NRMC and supporting information will be freely available on the Commission's website at [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au). Consultation with end users and RACFs will also occur throughout 2011-2012. Contact Dr Michele Chandler [michele.chandler@safetyandquality.gov.au](mailto:michele.chandler@safetyandquality.gov.au).

<http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/national-residential-medication-chart>

## RESOURCES

### Standards for general practices offering video consultations

As part of the Australian Government's national telehealth initiative rolled out in July 2011, the Department of Health Ageing engaged the RACGP to develop standards for general practices offering video consultations. Every general practice in Australia will receive one copy of the standards in late October. Priority areas included are clinical issues such as:

- determining if a video consultation is appropriate for the patient
- a process to identify participants in video consultations
- risk management protocols
- privacy and security of the consultation and data
- reliable and secure technical systems fit for clinical purpose.

Resources are available at <http://www.racgp.org.au/standards/telehealth>



## Your guide to General Practice 2011

The 2011 issue of *Your Guide to General Practice* has recently been distributed to leading Group Practices and Medical Centres. This information wall chart is designed as a daily reference guide for GPs, and provides details about the latest medical guidelines and scientific research into key healthcare concerns. It also features important tips on providing reassurance to patients, recommendations on specific forms of treatment, plus a range of web addresses to authoritative healthcare resources. The entire content of the wall chart can be seen on the Good Health Care web site at [www.goodhealthcare.com.au](http://www.goodhealthcare.com.au). The site also features regular updates on clinical guidelines and information on new products.

The Multicultural Centre for Women's Health (MCWH) is a Melbourne-based organisation committed to improving the health of immigrant and refugee women. Via a team of trained bilingual health educators, MCWH provides health education to immigrant and refugee women on a range of health issues; in educational institutions, community settings and workplaces; and in 26 languages. More information about MCWH can found at [www.mcwh.com.au](http://www.mcwh.com.au)

## Multicultural Centre for Women's Health Victoria

The Multicultural Centre for Women's Health Victoria has recently released two new publications:

- [On Her Way](http://www.mcwh.com.au/healthprom/onherway.php): provides an overview of the groups of immigrant and refugee women that need to be prioritised in violence prevention efforts; explains the nature of violence perpetrated against these women, including the factors that increase their exposure to violence; details good practice programs and principles for culturally-appropriate violence prevention; and presents a framework for the primary prevention of violence against immigrant and refugee women. <http://www.mcwh.com.au/healthprom/onherway.php>
- [Coming out, coming home or inviting people in?](http://www.mcwh.com.au/healthprom/sexuality.php): a report about the MCWH Understanding Sexuality Project, an initiative that aimed to improve the capacity of bicultural and bilingual community workers to support same-sex attracted women from immigrant and refugee communities. The project's main outcome was the development and implementation of a half-day training program for bicultural and bilingual community workers. <http://www.mcwh.com.au/healthprom/sexuality.php>



## WORKSHOPS & CONFERENCES 2011

OCTOBER	
22 - 23	<b>UQ Certificate in Primary Care Skin Cancer Medicine 1 (Entry level Dermoscopy)</b> 22 - 23 October: Brisbane or 3-4 December: Sydney Apply your new skills immediately after the workshop Contact 07 3137 1399 or <a href="http://www.healthcert.com.au">www.healthcert.com.au</a>
22 - 23	<b>Certificate in Primary Care Skin Cancer Surgery (Intermediate level Surgery)</b> <b>For general practitioners</b> Contact 07 3137 1399 or <a href="http://www.healthcert.com.au">www.healthcert.com.au</a>
22 - 23	<b>Advanced Skin Cancer Surgery Workshop (NEW nose/lower limb focus)</b> <b>For general practitioners</b> Contact 07 3137 1399 or <a href="http://www.healthcert.com.au">www.healthcert.com.au</a>
28	Combined CEO / Chair Meeting & GP NSW AGM The Grace Hotel, Friday 28 October 2011, 9am – 4pm Contact: <a href="mailto:sarahvandescheur@gpnsw.com.au">sarahvandescheur@gpnsw.com.au</a>
NOVEMBER	
4 – 6	<b>Australian Lifestyle Medicine Association Conference</b> The theme for this conference is Healthy Lifestyle and Sustainability. For more information about this Conference please email ALMA on <a href="mailto:info@alma-inc.com.au">info@alma-inc.com.au</a> .
9 – 11	<b>Youth Health 2011: It's totally important! – 8<sup>th</sup> Australian &amp; New Zealand Adolescent Health Conference</b> Sydney Convention and Exhibition Centre, Darling Harbour, NSW. <a href="http://www.youthhealth2011.com.au">www.youthhealth2011.com.au</a>
16 - 19	<b>AGPN National Forum 2011</b> Melbourne Convention and Exhibition Centre Registrations and accommodation bookings are now open for the 2011 AGPN National Forum. To register: <a href="http://www.gpnetworkforum.com.au/registration">http://www.gpnetworkforum.com.au/registration</a>
Nov - Feb	<b>Learning Set for Senior Managers</b> Research Centre for Primary Health Care and Equity, UNSW Day 1: 2 November 2011, Day 2: 13 December 2011, Day 3: 14 February 2012 8 places available at a cost of \$1,500 per person, registration (closing date 1 Oct 2011) Julie McDonald : 9385 1547 <a href="mailto:j.mcdonald@unsw.edu.au">j.mcdonald@unsw.edu.au</a> <a href="http://www.cphce.unsw.edu.au">www.cphce.unsw.edu.au</a>
DECEMBER	
9	<b>Sydney Adolescent and Young Adult Cancer Service Education Series</b> <b>Epidemiology, Clinical Trials and Common AYA Tumours</b> Register: <a href="mailto:SydneyAYACS@sesiahs.health.nsw.gov.au">SydneyAYACS@sesiahs.health.nsw.gov.au</a> or call Fiona Maguire or Cath O'Dwyer on 0400 474 691.
MARCH 2012	
8 - 10	<b>The Australian Association of Developmental Disability Medicine (AADDM) 2012 Conference</b> The Scientia Centre, University of New South Wales Sydney Submissions for Symposia, Free Papers and Posters close October 17, 2011. Early bird registration closes on December 14, 2011.



## GENERAL PRACTICE NSW CONTACTS

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Phone: 02 9239 2900.

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