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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) Act 2011 received Royal Assent on 14 October 2011. The National Health Performance Authority is to be established as a statutory authority under the Act. It will provide independent monitoring and reporting of performance of important elements of the health system, including Medicare Locals. Its functions include monitoring and reporting on the performance of local hospital networks, public and private hospitals, primary healthcare organisations and other bodies that provide health care services and publishing such reports. Its other functions include formulating performance indicators, collecting, analysing and interpreting performance information and promoting, supporting, encouraging, conducting and evaluating research.

<http://www.comlaw.gov.au/Details/F2011L02089>

Progress of Selected Health Reform Initiatives

GP After Hours advice line

More than 41,000 calls have been handled on the GP After Hours advice line since it was launched on 1 July 2011. Around a third of all calls have involved the care of children aged up to 5 years, providing parents with advice and peace of mind when they need it.

<http://www.health.gov.au/internet/ministers/publishing.nsf/Content/mr-yr11-nr-nr208.htm>

GP Super Clinics

33 GP Super Clinics across Australia are either operational (17), providing early services or under construction. In NSW the operating services are: Port Stephens, Queanbeyan, Riverina, Shellharbour, Southern Lake Macquarie and those under construction or providing early services are Blue Mountains, Grafton, Gunnedah, North Central Coast. Other areas have signed funding agreements and are confirming their site, in planning or seeking design approval, they are Broken Hill, Coffs Harbour, Jindabyne, Nowra, Port Macquarie, South Central Coast and Tweed Heads. The Commonwealth Department of Health and Ageing is undertaking assessment processes on proposals for other NSW GP Super Clinics i.e. Blacktown, Lismore and Liverpool.

In Raymond Terrace/Lower Hunter, the Commonwealth is discussing with the NSW Government the potential for a joint approach to co-locate the proposed GP Super Clinic with the planned HealthOne clinic. This would enable a larger combined facility, but may involve a longer timeframe to complete the project.

<http://www.health.gov.au/internet/ministers/publishing.nsf/Content/mr-yr11-nr-nr208.htm>

Telehealth

Since its introduction on July 1 2011, there have been 2,275 MBS items claimed for telehealth videoconferencing, with more than two thirds of the consultations being in GP practices in rural areas. Around 12% were in remote areas involving psychiatric attendances, specialist consultations and a smaller number of neurosurgery and obstetric attendances. <http://www.aph.gov.au/senate/>





DATA REPORTS

Increase in hospital admissions for palliative care

There has been a substantial increase in recent years in the number of admissions for palliative care in Australian hospitals, according to a report released by the Australian Institute of Health and Welfare (AIHW).

The report, *Trends in palliative care in Australian hospitals*, shows that over the 10-year period from 1999-2000 to 2008-09, the number of palliative care admissions rose by 56%. Palliative care is care in which the clinical intent or treatment goal is primarily quality of life for a patient with an active, progressive disease with little or no prospect of cure. This care may have been delivered in a hospice affiliated with a hospital, a dedicated palliative care ward or in other admitted patient beds in a hospital.

The average length of stay in hospital for palliative care admissions was 12.5 days per admission—almost four times longer than the average 3.2 days spent in hospital for all admissions.

Patients aged 75 years and over accounted for almost half of all palliative care admissions in 2008-09. Interestingly, 12% of those admitted were under 55 years old. Admission rates were higher among males, Indigenous Australians and those living in socioeconomically disadvantaged areas.

Full report: [Trends in palliative care in Australian hospitals](#)

Asthma rates drop among Australian children and young people

The prevalence of asthma among children and young adults has decreased over the past decade, according to a report released today by the Australian Institute of Health and Welfare (AIHW).

The report, *Asthma in Australia 2011*, indicates that between 2001 and 2007-08, the prevalence of asthma declined in people aged 5 to 34 years by over one quarter, but remained stable in adults aged 35 years and over.

The report also shows a decrease in deaths from asthma, with the mortality rate due to asthma dropping by 45% between 1997 and 2009.

In 2007-08, the prevalence of asthma in Australia was estimated to be about one in ten—equivalent to about 2 million people.

Rates of hospitalisation for asthma among adults are higher in Indigenous people compared with other Australians. Also, people living in areas of lower socioeconomic status are more likely to be hospitalised for asthma than those living in areas of higher socioeconomic status and this gap has widened in recent years.

The report includes a focus chapter on chronic obstructive pulmonary disease (COPD)—a serious long-term lung disease that mainly affects older people and is often difficult to distinguish from asthma. In Australia, smoking is the main cause of COPD. Among people aged 55 years and over, deaths and hospitalisations are much more commonly caused by COPD than by asthma.

The report was prepared by the Australian Centre for Asthma Monitoring, a collaborating unit of the AIHW located at the Woolcock Institute of Medical Research.

Full report: [Asthma in Australia 2011](#)



The Australian Institute of Health and Welfare new report

Aboriginal and Torres Strait Islander health services report 2009-10: OATSIH Services Reporting - key results

In 2009-10, Aboriginal and Torres Strait Islander:

- primary health care services provided 2.4 million episodes of health care to about 456,000 clients, a 14% increase in episodes of care, and a 22% increase in the number of clients reported compared with 2008-09.
- substance use services provided treatment and assistance to about 26,300 clients, an increase of 14% compared with 2008-09.

Bringing Them Home and Link Up services provided counselling to about 10,700 clients, an increase of about 27% compared with 2008-09.

Click on the link to view the [media release](#) and [report](#).

EDUCATION

NPS Clinical e-Audit for the 2011-12 QPI cycle

The National Prescribing Service has released a CD featuring four Clinical e-Audits available to GPs and GP Registrars:

[CVD risk and lipid-modifying therapy](#): assess absolute CVD risk, discuss risk with patients, consider prescribing lipid-modifying drugs for those at increased risk, and assess adherence.

[Management of hypertension](#): assess absolute cardiovascular risk, modify risk factors, identify and aim for guideline-recommended blood pressure targets and tailor therapy according to coexisting conditions.

[Review of proton pump inhibitor \(PPI\) prescribing](#): review management of patients using PPIs, identify and implement a step-down strategy for suitable patients and review concurrent use of drugs that may induce or exacerbate dyspepsia/ulceration.

[Optimising management of type 2 diabetes](#): review drug therapy and achieve target levels in patients with type 2 diabetes.

RACGP QA&CPD Program 40 points (Category 1) and ACRRM PD Program 30 points (extended skills)

[Enrol here](#)

FUNDING OPPORTUNITIES

National Rural and Remote Health Infrastructure Program

Health providers across rural and remote Australia are now being encouraged to submit applications to the next \$9 million round of grants under the National Rural and Remote Health Infrastructure Program. Applications close on 15 December 2011.

<http://www.health.gov.au/nrrhip>



RESEARCH

No evidence to support the effect of financial incentives on patient outcomes

There is considerable interest in the use of financial incentives as an extrinsic means to influence healthcare provider behavior in relation to the implementation of evidence-based care or with respect to preventive, diagnostic and treatment decisions. The aim of this overview of reviews, published by The Cochrane Collaboration, was to evaluate which financial incentives are most effective in changing health professionals' behavior and improving patient outcomes. Four reviews, reporting on 32 studies, met the inclusion criteria. Financial incentive interventions included: 1. Payment for working for a specified time period; 2. Payment for each service episode or visit; 3. Payment for providing care for a patient or specific population; 4. Payment for providing a pre-specified level or providing a change in activity or quality of care; and 5. mixed or other incentive systems. The main outcomes across the included reviews were grouped into the following categories: consultation or visit rates, processes of care; referrals and admissions; compliance with guidelines; and prescribing costs. The methodological quality of the included studies was low to moderate.

Overall, the results suggest that payment for each service, episode or visit ; payment for providing care for a patient or specific population ; and payment for providing a pre-specified level of care or providing a change in activity or quality of care were generally effective. Mixed or other system interventions showed mixed results while working for a specified time period was generally ineffective. With regard to patient outcomes, financial incentives were generally effective at improving processes of care, referrals and admissions and prescribing costs but had mixed effects on consultation or visit rates and were largely ineffective in improving guideline compliance. The authors consider that financial incentives may be effective in changing healthcare professionals practice but the "evidence has serious methodological limitations and is also very limited in its completeness and generalisability". Furthermore they found "no evidence from reviews that examined the effect of financial incentives on patient outcomes".

Flodgren G, Eccles MP, Shepperd S, Scott A, Parmelli E & Beyer FR. An overview of reviews evaluating the effectiveness of financial incentives in changing healthcare professional behaviours and patient outcomes (Review). The Cochrane Library 2011, Issue 7. <http://www2.cochrane.org/reviews/en/ab009255.html>

Small group learning – a general practice program

Background Divisions of general practice have a major role in supporting continuing medical education for general practitioners. One option is small group learning (SGL), which requires GPs getting together to plan, organise their learning and to evaluate their learning outcomes.

Objective This article describes the development and evaluation of an SGL program facilitated by the St George Division of General Practice in New South Wales.

Discussion In 2009, 10 monthly SGL groups were running, involving a total of 130 GPs (59% of 2009 division membership) of whom 107 GPs completed the evaluation questionnaire. On the criterion of 'meeting learning needs' 82% rated SGL as very good and 18% as good; on the criterion of 'increase in knowledge' 90% confirmed specific new knowledge. On 'implementing a change in clinical practice' 66% of written responses directly attributed change of practice to the SGL sessions. The SGL program was well attended and rated positively. This may reflect that the groups were effectively organised, allowed GPs to decide their own learning needs, and that the group process engendered a culture of trust and collegiality that overcame reluctance to reveal knowledge gaps.

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RESOURCES

Patient-centred care in Australia

The final version of this discussion paper from the Australian Commission on Safety and Quality in Health Care entitled [Patient-centred care: improving quality and safety through partnerships with patients and consumers](#) incorporates revisions made to reflect key issues and concerns identified by stakeholders during the consultation process on the draft paper that ran from September 2010 to January 2011. The paper outlines 8 system-oriented and 14 service-oriented recommendations to foster patient-centred care based on key strategies and frameworks such as: regular monitoring a reporting of patient feedback; engaging patients, families and carers as partners; demonstrably committed senior leadership; building staff capacity and a supportive work environment; establishing performance accountability; and supporting a learning organisation culture.

New Heart Foundation Warning Signs DVD- now available!

As part of the Heart Foundation's *Warning Signs of Heart Attack* Program we have developed a short DVD to support the education of patients on the warning signs of heart attack. This complements the suite of resources already developed to support warning signs awareness and education activities (including the heart attack action plan (fridge magnet and wallet card) and fact sheet).

Narrated by cardiologist, Professor Ian Meredith, the captioned 6-7 minute DVD uses two scenarios to visually demonstrate the varying warning signs of heart attack and what to do. It also includes information on:

- What a heart attack is
- Why it's important to act quickly and call Triple Zero (000)
- Simple steps that can be taken to reduce the risk of having a heart attack.

So if you have a DVD player and TV in your practice and want to show something that could literally save your patient's life, order your free copy today.

View the DVD and order a free copy:

View the DVD (general population version) online at: www.heartattackfacts.org.au

Order a free hard copy or a heart attack action plan (fridge magnet and wallet card) and fact sheet to support your education activities, by contacting our Health Information Service on 1300 36 27 87 or email health@heartfoundation.org.au.

Complementary Medicines as Companion Products

The National Prescribing Service (NPS) has prepared Information about using specific nutritional supplements with prescription medicines:

- [Zinc supplements with antihypertensives](#)
- [Co-enzyme Q10 and vitamin D3 with statins](#)
- [Magnesium supplements with PPI therapy](#)
- [Probiotics with antibiotic-associated diarrhoea](#)

This information covers the evidence for using nutritional supplements as companion products, when people should see a doctor before taking them, and possible side effects and medicine interactions.



GET INVOLVED

Information for GPs and Practice Nurses

Researchers from the University of Western Sydney are evaluating the educational resources developed for **GP Project** – an initiative of the NSW Sexually Transmissible Infections Programs Unit (STIPU) aimed at helping GPs and Practice Nurses promote sexual healthcare.

Some of the resources that form part of this initiative include:

- STI Testing Tool
- STI Resources for GP
- Drive Time Radio CD for STI
- Online STI Testing Tool GP Training
- Face-to-Face Active Learning Module (ALM): Sex... Need a Hand? STI Management for General Practice
- Check: Sexually Transmissible Infections
- Practice Nurse Postcard
- Online STI Practice Nurse Training

GPs and Practice Nurses are needed to complete the survey which can be found here: <https://www.surveymonkey.com/s/The-GP-Project-Evaluation>.

By completing a brief, **CONFIDENTIAL** online survey about these resources, participants will receive **FREE** copies of:

- Australasian Contact Tracing Manual 2010
- HIV, Viral Hepatitis and STIs – A Guide for Primary Care publication

Survey closes Wednesday 30 November 2011.

PUBLIC CAMPAIGN

The NSW Cervical Screening Program's Peace of Mind Campaign

The NSW Cervical Screening Program's *Peace of Mind* will run from October 30th to end of November 2011 to raise awareness and increase the number of women having two yearly Pap tests.

Divisions and Medicare Locals may need to assist practices with the impact this campaign may have on the demand for Pap tests and support GPs to raise the need for two yearly Pap testing with women to reinforce the campaign message.

A poster and brochure will soon be available on the NSW Cervical Screening Program website www.csp.nsw.gov.au



WORKSHOPS & CONFERENCES 2011

OCTOBER	
28	<p>Combined CEO / Chair Meeting & GP NSW AGM The Grace Hotel, Friday 28 October 2011, 9am – 4pm Contact: sarahvandescheur@gpnsw.com.au</p>
NOVEMBER	
4 – 6	<p>Australian Lifestyle Medicine Association Conference The theme for this conference is Healthy Lifestyle and Sustainability. For more information about this Conference please email ALMA on info@alma-inc.com.au.</p>
9 – 11	<p>Youth Health 2011: It's totally important! – 8th Australian & New Zealand Adolescent Health Conference Sydney Convention and Exhibition Centre, Darling Harbour, NSW. www.youthhealth2011.com.au</p>
16 - 19	<p>AGPN National Forum 2011 Melbourne Convention and Exhibition Centre Registrations and accommodation bookings are now open for the 2011 AGPN National Forum. To register: http://www.gpnetworkforum.com.au/registration</p>
25	<p>ACI Orthogeriatrics Symposium 2011 Venue: Main Lecture Theatre, Concord Clinical School, Concord Repatriation General Hospital Address: Hospital Rd, Concord NSW 2139 Date: Friday 25th November 2011, time: 8:00am – 4:30pm, cost: free RSVP: by 14 November 2011 Topics Include orthogeriatric care in rural and remote areas, developments in orthogeriatric care in NSW and Australia, best anaesthetic practice for frail orthopaedic patients, reverse shoulder arthroplasty, delivering geriatric medicine at a distance, telehealth. To participate via videoconference, please contact Glen Pang, Network Manager, Aged Health Network, ACI Mob: 0407 995 329 Glen.Pang@aci.health.nsw.gov.au by 31 October 2011</p>
Nov - Feb	<p>Learning Set for Senior Managers 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 j.mcdonald@unsw.edu.au www.cphce.unsw.edu.au</p>
DECEMBER	
9	<p>Sydney Adolescent and Young Adult Cancer Service Education Series Epidemiology, Clinical Trials and Common AYA Tumours Register: SydneyAYACS@sesiahs.health.nsw.gov.au or call Fiona Maguire or Cath O'Dwyer on 0400 474 691.</p>
MARCH 2012	
8 - 10	<p>The Australian Association of Developmental Disability Medicine (AADDM) 2012 Conference 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.</p>



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