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GPPARTNERS' BULLETIN

October 2012

GPpartners Limited Dinner

The company's AGM will be held on **Thursday, 11 October 2012** and this year will be incorporated into a **Dinner Meeting** sponsored by **Novartis**. The venue is The Century Room, The Pavilion, Allan Border Field, 1 Bogan Street, Breakfast Creek and registration is from 6.00pm.

It promises to be an interesting, educational and informative evening and both members and non-members of GPpartners are invited to attend. The AGM itself is expected to take no longer than 30 minutes and non-members are welcome to remain on the terrace and enjoy the hospitality until the dinner and educational sessions commence.

Topics:

Managing Co-morbidities in the Treatment of Type 2 Diabetes will be presented by Dr Grant Cracknell, Endocrinologist.

Best Practice in Treatment of COPD and Interpretation of Spirometry Charts for COPD and Asthma Patients will be presented by Dr Farzad Bashirzadeh.

Special After Dinner Guest Speaker

The evening will finish with a presentation from Mr Terry O'Gorman from Robertson O'Gorman Solicitors.

Doctors and the Criminal Law: Issues from the recent High Court Dr Patel Decision.

Dr Farzad Bashirzadeh, Respiratory Physician

Dr Grant Cracknell, Endocrinologist

Terry O'Gorman, Robertson O'Gorman Solicitors

Register today...
Go to http://www.gppartners.com.au/membership to download the invitation and registration form.

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Sudden Unexplained Death in a Young Person

This is a devastating event for families and fortunately not common (400 to 500 in Australia and New Zealand per year) but when it happens it causes much heart break. Sudden unexplained death in the young (1 to 40 years of age) is due to an inherited cardiac disease in up to 30% to 50 % of cases. It is now recognised that clinical and then subsequent genetic screening if indicated needs to be done in asymptomatic relatives to prevent other sudden deaths.

The State Coroner is usually the person most involved initially as all these deaths are referred to the coroner. An autopsy will be performed and if no obvious cause of death is identified the forensic pathologist may conclude that the person experienced an arrhythmogenic event that could have a genetic cause.

Alternatively a cause of death may be found such as an inherited cardiomyopathy and this is also likely to have a genetic basis. In Queensland now the forensic pathologist and the coronial nurse who acts as the liaison person for the family and the GP, send out a standardised letter to the family members/next of kin to indicate the possible cause of death may be genetic and the potential implications for first degree relatives. The letter recommends the need to consult with their GP and to be referred to the cardiac genetic service.

In Metro North the cardiac genetic screening service is at Royal Brisbane and Women's Hospital and the referral can be sent to Dr John Atherton.

Initially the relatives undergo clinical screening with ECG, echocardiogram, exercise stress test and ambulatory Holter monitor. (The Cardiac Genetic service would prefer the clinical screening is undertaken by a cardiologist as the changes can be very subtle and not picked up unless experienced in this area).

The family may prefer to do these investigations through a private cardiologist. The cardiologist if indicated will then refer on to the cardiac genetic service at RBWH.

As with many issues in General practice when we are not seeing some conditions on a regular basis we can forget the process for referral. The State Coroner is going to include current information in the letter to the next of kin to assist GPs in the referral process. The contact number for the nurse will be in the letter so if clarification is needed the nurse will be able to answer any questions.

There is a support group for families who have been found to have SADS (Sudden Arrhythmic Death Syndrome www.sads.org.au .

QAS Field Reference Guide

This new app for both the iPhone and iPad is an abridged version of the QAS Clinical Practice Manual, and includes QAS Drug Therapy Protocols and Clinical Practice Guidelines and Charts. Head to iTunes for more details and to download the app:

http://itunes.apple.com/us/app/qas-frg/id531665425?mt=8

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A message from the RACGP…….

RACGP welcomes newly announced e-health patient rebates

The RACGP has welcomed the announcement made by Health Minister, Tanya Plibersek, that GPs will now have access to time-based e-health MBS item numbers, no longer tied to complexity requirements.

The announcement made in Canberra this week comes after significant lobbying by the profession for government to appropriately recognise the additional time required by GPs to support patients wishing to create and/or curate a personally controlled electronic health record (PCEHR).

The announced e-health patient rebates are no longer tied to MBS complexity requirements; this means GPs will be able to prepare both event summaries and shared health summaries with the additional time required counting towards total consultation time.

In addition to the announced MBS item numbers, Minister Plibersek confirmed the five components and timeframes linked to the new e-health Practice Incentive Payment (ePIP).

Of the five components required by GPs to be eligible for the ePIP, the following four will be introduced from 1 February 2013: secure messaging capability, coding diagnoses, integrating healthcare identifiers into the patient record and electronic transfer of prescriptions.

The final requirement relating to participating in the PCEHR will be introduced from 1 May 2013. These dates are dependent on availability of software, and the College continues to work closely with government to ensure that practices have access to these systems to support their eligibility to receive the ePIP.

We know general practice is central to quality care for patients and our role in this initiative is critical. I would like to thank the Minister for consulting closely with the profession to achieve a positive outcome for all. To support GPs introduce e-health technologies into their practices, the College has developed a number of related standards, guidelines and resources, available at www.racgp.org.au/ehealth/deliveringehealth

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Workplace Relations Training from AMA Queensland

An interactive workshop entitled: “How to Manage Doctor’s Employment Arrangements, and Fundamentals of Employment Contracts” is available for General Practitioners, Practice Managers and Support Staff.
The Brisbane North session will be held on Wednesday, 28 November 2012 from 9am to noon at the Virginian Golf Club.
Full details are available at: **http://www.amaq.com.au/gdesign/9772/WR_Training_Flyer.pdf**

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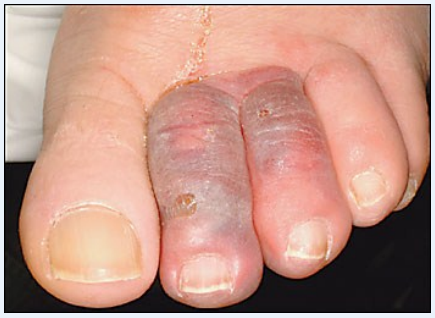
High Risk Feet by Dr Jayne Ingham

I recently had a patient discharged from hospital after having an aortic aneurysm repaired. Unfortunately as a consequence of his surgery he had multiple emboli to his toes and when he had his first visit to our General Practice had black toes.

"It's ok" he said, "They said at the hospital that they would just drop off".



The practice nurse had a look and felt this was a bit outside her scope. After many phone calls I happened upon the "High Risk Foot Clinic" at North Lakes Health Precinct which accepted direct GP referrals. The podiatrist there regularly monitored and dressed the patient's feet and the outcome has been much better than expected.

Unfortunately like many useful services they are not obvious to the busy GP. In Metro North the hospitals have accepted the High Risk Foot pathway which enables the patient to see a podiatrist who can then get priority access for patients to the Diabetes, Vascular or Orthopaedic Clinics.

It is recognised that early intervention for "at risk" feet can prevent amputations and prolonged hospital admissions.

The way to get your patients into the system is not so obvious. One way if you are in the North Lakes area is to ring the podiatrist in the High Risk Foot Clinic at the North Lakes Health Precinct on 3049 1200. The podiatrist at Prince Charles Hospital sees people in DUIT, the Day Treatment unit (phone 3139 4000) otherwise it is through the Emergency Departments mentioning in the referral letter that this is a High Risk Foot.

AMA Application to the ACCC.

GPs will be able to set their price for services negotiated by Medicare Locals or provided to public hospitals under proposals submitted to the ACCC.

The AMA has called for changes to the Competition and Consumer Act that would allow doctors to set, control and maintain fees within their practices for services organised and coordinated by Medicare Locals, such as after-hours care, and provided to hospitals as Visiting Medical Officers.

AMA member doctors who choose to set non-negotiable practice fees could then engage in collective bargaining with Medicare Locals and Hospitals, and save time and money for all involved, the AMA says.

They would not, however, be permitted to boycott consumers, the AMA maintains. Rather, the consistency and transparency that intra-practice price setting could provide would reduce Medicare Locals' transaction costs and assist their accountability.

It would also save GPs' the time and stress from making repeat negotiations, and having to accommodate the separate fees of different locum doctors operating within their practices.

"If intra-practice price setting is not authorised, it is likely to add a great deal of stress to the current GP cohort," the AMA states in the ACCC application. "Uncertainty over the extent to which they can discuss and agree on their fee structures is likely to increase stress and decrease efficiency.

"Stress, uncertainty and decreased efficiency within the profession are also likely to affect the overall quality of care patients receive, for example, by reducing GP retention rates and continuity of care," the application states.

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