

CHAIRS REPORT

Once again the political scene has dominated our thoughts and actions at a Board and senior management level in the Division. As most of you will be aware our application to form the Hume Plus Medicare Local with Goulburn Valley and Albury Wodonga, was rejected. We were given a couple of reasons for this but clearly the main reason was that the region has now been divided into two Medicare Local areas, East and West. The Commonwealth Government made this decision under pressure from the Victorian Government despite advising us to apply according to the previous boundaries and despite our assertions that this was the best model for us.

We are disappointed to have lost the opportunity to make the Hume Plus Medicare Local work for our members and our communities. But we now have new boundaries and a new challenge. The Boards of all three Divisions met last week. Goulburn Valley made the decision to apply to form the Hume West Medicare Local. While most of the NE Vic Division falls in the Hume East boundary, some of the towns and practices will, in the future, be within the boundary of the West Hume ML. This has created considerable concern for the Board and some of our GP's.

After much thought and robust discussion our Board has decided to partner with the Albury Wodonga GP Network to apply to form the Hume East ML. Whilst we feel that we have been poorly treated by the Governments, both State and Commonwealth, and it is tempting to just withdraw from the whole flawed process, we made the decision to continue our engagement.

This is because we believe that we have to be in there fighting to ensure that general practice remains central to any primary health care reform in our region.

For all members and practices, whether they fall east or west of the "line", NE Vic Division will continue to rollout services as we are currently doing for as long as we exist. We anticipate that at the practice level any transition to a ML will be smooth, hopefully without any change to the service delivered. I want to acknowledge what a fabulous job the staff of the Division is doing to continue to support our practices so well despite the enormous uncertainty. I realise that it can't be easy for them and yet they remain cheerful and positive.

We embarked on this process at the request of the Commonwealth Government but along the way we have had a vision of health reform that focused on primary care, rather the acute sector. We envisaged a system with general practice at its core that delivered a comprehensive and coordinated service to our patients. This is what must drive us to continue with this process and to put GP's in a position to strongly influence the health system of the future.

By Dr Wendy Connor

Chair— North East Victorian Division
of General Practice



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THE NEW NATIONAL GESTATIONAL DIABETES REGISTER

The National Gestational Diabetes Register has been established as part of the National Diabetes Services Scheme (NDSS), an Australian Government database administered by Diabetes Australia. It is a new component of the NDSS diabetes register on which some 17,000 women with gestational diabetes are registered each year. From July 1 all women registered with gestational diabetes will go onto the National Gestational Diabetes Register.

About the Register

- Health professionals including obstetricians, endocrinologists, GPs and Credentialed Diabetes Educators can register their patients with gestational diabetes.
- Women are requested to provide their GP's details for the register so that they too receive regular screening reminders for their patient.
- Women will receive important health information including the *Life after gestational diabetes* booklet.
- There is a new form for registering women on the National Gestational Diabetes Register available on the NDSS website.

The information on the register will not include clinical notes and will only be shared with others with your patient's consent.

How registration will help your patients

Your patients who are registered will:

- receive regular reminders for follow up diabetes screening via her GP / hospital program.
- receive valuable information on how to maintain a healthy lifestyle and minimise the risk of type 2 diabetes.
- be able to access subsidized NDSS products for 12 months (e.g. Strips for blood glucose meters).

When to register

The National Gestational Diabetes Register is taking registrations from 1 July 2011.

Women with gestational diabetes should be registered via a National Gestational Diabetes Register Form on diagnosis. However, they can also be registered before they leave hospital after the birth or at their postnatal checkup. Women can choose to opt out from diabetes screening reminders at any time.

Gestational Diabetes - The Facts

- Gestational diabetes is on the rise, with 5% of all pregnant women developing the condition.
- 1 in 2 women who have had gestational diabetes go on to develop type 2 diabetes later in life.
- Type 2 diabetes can have serious and life-changing impacts.
- Early detection through regular screening and a healthy lifestyle can reduce the risk.
- The children of mothers who have had gestational diabetes are more at risk of developing type 2 diabetes

Want to learn more?

Help your patients with gestational diabetes to minimise the risk of type 2 diabetes by taking one simple step today:

Visit www.ndss.com.au to learn more or to download a registration form.

The National Diabetes Services Scheme (NDSS) is an initiative of the Australian Government administered by Diabetes Australia.

Janet Lagstrom
Credentialed Diabetes Educator

CONGRATULATIONS

Congratulations to the following Doctors who have passed their Fellowship Exams (FRACGP)
Dr Fleur Christopherson, Dr John Lambert, Dr Mahboobul Alam, Dr Rebecca Anderson and
Dr Joseph Ding



NEW CLINICAL RISK MANAGER

North East Victorian Division of General Practice would like to welcome a member to their team.

Mandy Ditcham has been appointed as the new Clinical Risk Management Program Manager for the Limited Adverse Occurrence Screening (LAOS) Program.

Mandy commenced work with us on the 8th of June and is based at the Mount Beauty Office working 3 days a week, Tuesday through to Thursday. Mandy is a local girl who grew up in Wangaratta, and now lives in Bright. Mandy and her husband Mark, along with their 3 girls Amy, Zoe and Jemma, love the lifestyle and sense of community in the Alpine Shire.

Mandy brings with her a broad range of nursing experience within the acute, community and aged care settings, gathered while working in the city and the country including 5 years in the Northern Territory.

Mandy is excited to be a part of the CRM Program and looking forward to meeting all involved. She can be contacted on 03 5754 1226 or mandyd@nevicdgp.org.au or if out and about on 0427 742 404



CARDIOVASCULAR DISEASE RISK

GUIDING LIPID MANAGEMENT

North East Victorian Division of General Practice, in partnership with NPS – Better choices, Better health is offering a program on best practice for **Cardiovascular disease risk: guiding lipid management**.

This program provides a valuable opportunity to discuss up-to-date, independent, practical, evidence-based information on current therapeutic issues with a highly skilled NPS facilitator and other general practitioners.

This program will focus on:

- The importance of early assessment of absolute cardiovascular risk
- Discussing cardiovascular risk with patients to encourage lifestyle changes
- Factors to consider when prescribing statins, including dose, based on recent trial evidence
- The place of ezetimibe in lipid modifying therapy
- Tips to encourage long term adherence to lifestyle and lipid modifying therapy

What's in it for you?

An opportunity to discuss evidence-based information and access key resources

Time-efficient education with the NPS facilitator

A Quality Prescribing Initiative (QPI) activity within the Practice Incentives Program and eligible for RACGP QA CPD and/or ACRRM program points

For further information please contact Holli Davis on 03 5762 2444 or hollid@nevicdgp.org.au

GP MANAGEMENT PLAN WORKSHOP

TAKING IT TO THE NEXT LEVEL

During May the Division held a GP Management Plan workshop which was presented by Dr Paul Duff from Bright Medical Centre.

The aim of the workshop was to provide education to practices completing GP Management Plans and how to improve patient outcomes and maximise rewards for better patient care.

58 participants attended on the night with 34% of the participants being GPs, the remainder of the attendees were Practice Managers and Practice Nurses

When asked upon evaluation what key insights/information did they gain from the session participants responded with:

- The benefits of having a care coordinator
- Useful to compare processes – there are a couple of things will look at adopting
- Better understanding of GPMP as I don't do them yet. Not as complex / hard as I thought
- Different formats of templates
- The importance of GP management and how nurses can be involved
- Benefit to patients and clinic
- Different plans – GPMP for chronic conditions and complex care
- Overall use of templates/recall
- Some key points around requirements specific to GPMP and TCA – like the necessity to have agreement from participants to TCA before claiming the item number
- Confidence to continue to use GPMP

We would like to thank Dr Paul Duff for making available to the participants, the GPMP documents that are used in his practice and also Christine O'Shea (Bright Medical Centre Chronic Disease Care Coordinator) for her documentation that outlines how Bright Medical Centre organises their Chronic Disease Patients.



Dr Paul Duff delivering his presentation: GP Management Plans: Taking it to the next level

Some of the participants at the GP Management Plans workshop



PAEDIATRIC ORTHOPAEDICS IN GENERAL PRACTICE

During May the North East Victorian Division of General Practice in conjunction with Albury Wodonga Regional GP Network held a Paediatric Orthopaedic Management in General Practice workshop in Wodonga.

Associate Professor Leo Donnan, Chief of Surgery and Director of Orthopaedics at the Royal Children's Hospital in Melbourne delivered a two hour interactive workshop which focused on the assessment and management of common paediatric orthopaedic conditions seen in general practice.

58 participants attended on the night with 66% of the participants being GPs, the remainder of the attendees were nurses, physiotherapists, osteopaths, podiatrists and medical students.

Upon evaluation participants rated the extent to which they felt their learning needs were met and how relevant they felt the education was to their individual practice as –

94% Met, 6% Partially Met

86% Entirely Relevant, 14% Partially Relevant

This workshop was highly valued by participants. Comments provided by participants validated the content of the presentation and the use of animations to demonstrate examination techniques and pathologies of paediatric orthopaedic conditions.

Comments from participants:

- All excellent
- As an osteopath it was really great to be part of networking with other healthcare practitioners
- Excellent animations
- Very interesting and well presented
- Very practical and relevant information
- Very well presented, Leo was a fantastic speaker



GP PSYCH SUPPORT SERVICE

The GP Psych Support (GPPS) Service offers free advice to all Australian GPs, on their patients' mental health matters. GPs can put in a patient enquiry by telephone (1800 200 588), facsimile (1800 0124 22) or the [secure website](#), and a GPPS psychiatrist will respond to their enquiry within 24 hours. GPPS Psychiatrists can provide advice on all patient mental health issues. Common enquiries include: diagnosis; changes to medications and dosages; management; and referral options, in the areas of: perinatal; child and adolescent; drug and alcohol; general adult; and old age psychiatry.



For more information or to register, visit www.psychsupport.com.au or phone 1800 200 588.

COMMUNITY RESILIENCE PROGRAM

As you are aware, for the past 4 years the North East Victorian Division of General Practice has been funded under the Mental Health Support for Drought Affected Communities Initiative by Department of Health and Ageing to provide support for community members who were experiencing difficulties during the drought. The program covered 33,000 square kms and 10 shires with a population of 120,000 +.

Unfortunately after 4 years of hard work by Community Support Workers (CSWs) in 4 states, the Mental Health Support for Drought Affected Communities Initiative program was not refunded in this year's Federal budget and will cease 30th June 2011.

I took on the role of CSW 18 months ago following the departure of Les Hume. The program expanded to take on not just drought, but also bushfire, severe storms, floods, locust and chestnut blight. The Divisions "Drought" program was re-badged as the Community Resilience Program, in recognition that the focus had expanded to encompass all environmental impacts.

Mental health awareness in many communities has increased through the provision of resources, information, education and promotion of local services and referral pathways at community events. The flexibility of the program has allowed a variety of different mental health promotion approaches, tailored to suit to individual community needs.

Resources were also provided to all General Practices including Beyond Blue information and more recently 750 copies of "Matters for Men" books have been distributed to Practices.

As a part of the program, 70 individual community members were supported and assisted to appropriate services as needed. Many, many others received a supportive ear and information on where to go if they needed help.

In the last 18 months there have been; 47 community events held in partnership with over 50 local service providers attended by more than 14,000 locals. Some of the events held in various locations included Beyond Blue Rural Workforce Training, Succession Planning days, Men's Health Nights, Women's Health Nights, Carers Festival, Myrtleford Show, Healthy Ageing Forum, Harmony Day, Mental Health Week expo, Youth Week expo, Community B.B.Q's, Flood plan info days, and International Women's Day.

Thousands of Beyond Blue resources have been distributed at all events and there are now 6 Beyond Blue information stands within Alpine Shire and 1 in Murrindindi.



NEVICDGP Display
Carer's Festival, Wangaratta.

A FEW HIGHLIGHTS FROM THE PAST 18 MONTHS

Community Capacity Building Project:

Following the Black Saturday bush fires NEVDGP successfully applied for Community Capacity Building funding to provide a range of activities and events that focused on health & wellbeing of all community members.

By consulting widely with the community and acting on their identified needs we were able to provide a wide variety of events and activities to a large number of community members in bushfire affected areas of the NEVDGP region. The funding provided enabled us to work in close partnership with many organisations and this benefited well over 7000 fire affected community members.



Beyond Blue Rural Workforce
Training Yea Men's shed.

Communities received a much needed break from the day to day reality of the bushfire and its many ongoing effects, in relaxed, fun and often creative environments. It also provided an opportunity to come together to reform fragmented connections, or to create new community connections and networks, reducing the feelings of isolation, loneliness and abandonment that they had been experiencing. Each event held provided participants with the knowledge needed to assist them in moving forward in a positive manner.

COMMUNITY RESILIENCE PROGRAM CONT.

Flower Empower:

The Flower Empower project was created by Suzi Bates from Berry Street. It involved engaging every child in 8 primary schools in Murrindindi Shire to create flowers of hope and encouragement for the future. The aim of this project was to encourage self reflection and to strengthen relationships between schools, parents and community. The message that these children and young people want to send out to Australia is that they are moving forward. The flowers have been displayed at a variety of events including the Great Victorian Bike Ride and were showcased at Federation Square in Melbourne during the 2nd anniversary of the bush fires event. The flowers have now been returned to the children who created them.



Flower Empower Project

Skate for Mac Day.

A memorial was planned for a Yea High School student who passed away on Black Saturday in Kinglake. As he was a keen skate boarder, his friends along with Suzi Bates from Berry Street proposed a memorial mural be placed at the local skate park as a tribute to the young person through words and images designed by his friends and family. These young people have been through the most horrendous time during and following the black Saturday fires. This was their way of starting to heal and move forward. They are to be commended on the work they have done. On 31st Jan 2011 I had the privilege of attending the Memorial Day at Yea Skate Park along with about 60 family and friends. This would have been Mac's 17th birthday.

The memorial mosaic mural now has a permanent home at the Yea skate park.

“Build It”

The Youth Council from the Rural City of Wangaratta hosted a series of workshops run by the Reach Foundation followed by motivational speaker Sam Cawthorn for 420 year 9 students from Wangaratta. The day focussed on building self esteem and was held at the Wangaratta Performing Arts Centre 30th June. Thank you to the Youth Council and Katy Hawkins Community Youth Development Worker Rural City of Wangaratta.

The “Build It” event was the last event for the Community Resilience Program.

I leave the program knowing that every activity that has been undertaken over the past 18 months has been of benefit to the community, and that they have a greater awareness of mental health and well being, where to get help if needed and to look out for their friends and family.

Geraldine Marshall
Community Support Worker
North East Victorian Division of General Practice

Thank You.

It is with great regret this is the last report provided by Geraldine and more importantly, we regret that Geraldine finishes with the Division as the Commonwealth funding for this valuable program has ceased.

As Geraldine states, she ‘inherited’ an existing program which is always a big ask however she was able to quickly adapt to the role and inject her considerable experience and knowledge much to the benefit of those in the community the program was designed to assist.

Geraldine will be greatly missed by those whose lives are improved by her work, and the Division staff.

David Dart
Chief Executive Officer, North East Victorian Division of General Practice

E-HEALTH

PERSONALLY CONTROLLED ELECTRONIC HEALTH RECORD (PCEHR)

A PCEHR is a secure, electronic record of your medical history, stored and shared in a network of connected systems. The PCEHR brings key health information from a number of different systems together and presents it in a single view.

The Development of PCEHR

The National E-Health Transition Authority (NEHTA) involved in the development process of the PCEHR reports that, "Information in a PCEHR may be accessed by the patient and their authorised healthcare providers. With this information available to them, the healthcare providers will be able to make better decisions about their patients' health and treatment advice." NEHTA also noted that the PCEHR will not hold all of the information held in the doctor's records but will complement it by highlighting key information. Patients will be able to access their own health information anytime they need it and from anywhere in Australia.

The Hon Nicola Roxon MP, the Minister for Health and Ageing has highlighted that the Australian Government is investing almost \$467 million over two years to develop the critical national infrastructure for e-health records as a key element of the national health reform agenda. This will give all Australians, from July 2012, the option to sign up for a PCEHR.

Draft Concept of Operations: PCEHR

In the meantime, as a phase of the PCEHR development, the Department of Health and Ageing (DoHA) has released a draft document entitled Concept of Operations for the Personally Controlled Electronic Health Records (PCEHR) in April 2011.

This document describes what the PCEHR contains and how it will operate.

This 125 page document is available to view or download at the following link; <http://yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/pcehr>

Healthcare Identifier Service

As a part of the PCEHR, the Healthcare Identifier Service (HI Service) uniquely identifies healthcare providers, healthcare organizations, and individuals who seek healthcare in Australia. The HI service helps to identify people and organizations involved in healthcare across Australia, using a 16 digit identification number.

There are three types of healthcare identifiers:

- Individual Healthcare Identifier (IHI) – allocated to all individuals enrolled in the Medicare program or those who are issued with a Department of Veterans' Affairs (DVA) treatment card, and others who seek healthcare in Australia.
- Healthcare Provider Identifier-Individual (HPI-I) – allocated to healthcare providers involved in providing patient care.
- Healthcare provider Identifier – Organisation (HPI-O) – allocated to organisation (such as hospital or medical clinic) where healthcare is provided.

Medicare Australia has formed a team for HI Services; the team can be contacted on: 1300 361 457 or via email:

healthcareidentifiers@medicareaustralia.gov.au .

For more information about HI Services go to the National E-Health Transition Authority (NEHTA) website:

<http://www.nehta.gov.au/connecting-australia/healthcare-identifiers>

If you would like more information please contact Vimal at the Benalla office on 03 5762 2444 or email: vimal@nevicdgp.org.au

RURAL MEDICAL FAMILY NETWORK

SUPPORTING THE FAMILIES OF RURAL DOCTORS

The Rural Medical Family Network would like to operate a group or groups within different areas of the North East Victorian Division of General Practice that encourages spouses of Doctors to get together for social gatherings and to support one another: particularly those new to the area.

If anyone would like to become involved please contact Gina Lambe, Chief Executive Officer, Rural Medical Family Network, Inc. on 03 8610 6318 or email: Gina.Lambe@rmfn-vic.com or visit the website: www.rmfn-vic.com

ALCOHOL-RELATED PROBLEMS WORKSHOP

THE POWER OF GENERAL PRACTICE TO ADDRESS ALCOHOL-RELATED PROBLEMS

During May the North East Victorian Division of General Practice in conjunction with General Practice Victoria held a workshop on the power that General Practice has to address alcohol related problems.

The workshop highlighted that 90% adult patients expect to be asked about their alcohol consumption, but only 60% of GPs think their patients expect them to ask about their alcohol use.

Dr Paul Grinzi from Romsey Medical Centre, Lecturer: Department of General Practice, University of Melbourne and a member of RACGP Drug & Alcohol Committee delivered an 2 ½ hour interactive workshop.

Sixteen participants attended the workshop which covered screening for alcohol related problems, strategies to assist these patients and the benefits of brief interventions. Charlotte Byrne, Withdrawal Nurse from Ovens and King Community Health Service, provided an overview of local services and resources that are available for help and support in this area.



Dr Paul Grinzi talks about risky drinking patterns



GP Alcohol Workshop - Role Play Dr Elizabeth Perry (Ely St) & Kate Marple (Coster Street)

These are the current Australian guidelines to reduce health risks from drinking alcohol from the National Health and Medical Research Council (NHMRC).

1 . Reducing the risk of alcohol-related harm over a lifetime:

The lifetime risk of harm from drinking alcohol increases with the amount consumed. For healthy men and women, drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury.

2. Reducing the risk of injury on a single occasion of drinking

On a single occasion of drinking, the risk of alcohol-related injury increases with the amount consumed. For healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.

3. Children and young people under 18 years of age

For children and young people under 18 years of age, not drinking alcohol is the safest option.

A: Parents and carers should be advised that children under 15 years of age are at the greatest risk of harm from drinking and that for this age group, not drinking alcohol is especially important.

B: For young people aged 15–17 years, the safest option is to delay the initiation of drinking for as long as possible.

4. Pregnancy and breastfeeding

Maternal alcohol consumption can harm the developing foetus or breastfeeding baby.

A: For women who are pregnant or planning a pregnancy, not drinking is the safest option.

B: For women who are breastfeeding, not drinking is the safest option.

Natalie Orgias

Mental Health Program Manager

PRACTICE HEALTH ATLAS.

HAVING A PRACTICE HEALTH ATLAS PRODUCED FOR YOUR PRACTICE

Phillipson Street Surgery at Wangaratta is one of many Practices to have received their **Practice Health Atlas**.

The Atlas is a decision support tool that aims to inspire general practice teams to reflect on their activities, and, to develop innovative business models for more effective health care services and outcomes.

The Atlas's are developed from data using the PenCat tool, the practice billing system and practice marketing information. The data is analysed and evaluated against national averages and census information.

Following the development, and presentation of the Atlas to the Practice Principals and Practice Manager, an action plan is developed to assist the Practice improve on identified areas of concern. This may include low numbers of claims for Medicare item numbers, staff skills or patient needs.

Principal GP Doctor Ian Price from the Phillipson Street Surgery and Practice Manager Anthea Mitchell spent time discussing the process of the Atlas with the BDT. The discussion focused on the process of having an Atlas developed for their Practice and some of the potential outcomes identified.

Question: *Having gone through this process would you recommend having an Atlas produced by the BDT to other Practices?*

Definitely – the Atlas has given us a better understanding of how the Practice is working and highlighted definite areas to not only improve our current income but to also improve our systematic approach with assessments etc that will in turn improve outcomes for our patients.

Question: *What was your initial reaction to the Atlas?*

We thought the final product was really interesting and enlightened us to some of the goings on in the Practice. This included inconsistencies relating to incorrect coding used in our reporting systems. These areas are easily fixed up and then improved through discussion with all staff and some simple education on reporting codes.

Question: *Have you had interest from other staff relating to the Atlas?*

It's difficult for part-time GPs to become involved in the process due to time constraints however new strategies such as the importance of correct coding are circulated to all staff including GPs and Admin staff.

Question: *What improvements do you hope to achieve in the Practice from the Atlas information?*

Improvements planned immediately include the need to increase the number of Medication Reviews and Diabetes Cycles of Care that are currently completed for our patients. We are also keen to increase the use of reminder systems across many areas to ensure our patients are receiving the best possible service. The Divisions BDT has assisted in this area with the provision of resources and education sessions.



In addition to Dr Price other practices have endorsed the Practice Health Atlas with comments like:

- Thank you for arranging the Health Atlas. This is going to be a very useful tool and has been extremely timely. We are about to review a program at our practice and this will play a very big part in the process.
- A very useful tool to allow us to understand where we are at, and to measure our progress as we implement improvements
- A valuable document informing the practice how we bill and to which demographics
- The health atlas was a very helpful, close examination of our practice performance that demonstrated where we can improve patient care.
- Information a la carte. Smorgasbord of well presented, clear information & data

If your practice would like a Practice Health Atlas (PHA) please contact the Business Development Team (BDT) via email: pha@nevicdgp.org.au

WOUND HEALING AND GOOD NUTRITION

PATIENT INFORMATION SHEET

Good nutrition is important and it can decrease the time it takes for your wound to heal. You require more energy, protein, vitamins and minerals to help heal your wounds properly.

ENERGY comes from the foods we eat and drink. It is important to eat an adequate amount & variety of foods everyday for energy.

- Eat foods from all the food groups including breads and cereals, fruits and vegetables, meat and meat alternatives & dairy products.
- Small frequent amounts of food can be easier to tolerate if you have a small appetite or feel nauseous at times. Try to have 3 main meals and 3 mid-meals during the day.

PROTEIN is important for maintaining muscle stores & wound healing.

- Good sources of protein include meat, chicken, fish, eggs, cheese, milk, custard, yoghurt, nuts, legumes & tofu.
- Extra protein is required for wounds or pressure ulcers to heal properly.
- To increase your intake, include some protein at every meal & with snacks.

Example:

Breakfast	Eggs on toast	Morning tea	Yoghurt, fruit - orange
Lunch	Tuna & salad sandwich	Afternoon tea	Juice, cheese & biscuits
Dinner	Steak & veg	Supper	Milo, tinned fruit & ice-cream

VITAMIN & MINERALS - vitamin C, iron, zinc

- Aim to have 2 serves of fruit and 5 serves of vegetables everyday for vitamins.
- Vitamin C rich foods include: citrus fruits, juice, green leafy vegetables and tomatoes. Include these regularly.
- Include red meat 3 times / week for iron.
- Having animal based foods regularly, such as meat, seafood, eggs and dairy, will ensure you obtain plenty of zinc.
- Vitamin C, iron and zinc are nutrients which are important in wound healing.

FLUID

- Drink 1.5-2L per day to keep well hydrated.
- Water is the best choice.

WEIGHT

- Aim to keep your weight stable or gain gradually if you are underweight.
- It can be helpful to weigh yourself weekly to keep track of what your weight is doing.

IF YOU ARE HAVING TROUBLE WITH PROLONGED WOUND HEALING, LOSING WEIGHT UNINTENTIONALLY OR NOT EATING WELL, YOU MAY NEED TO SEE A DIETITIAN FOR FURTHER ADVICE



Jo Morshead
Dietitian

North East Victorian Division of General Practice

DIABETES ANNUAL CYCLE OF CARE

THE DIABETES ANNUAL CYCLE OF CARE (DACC) IN PRACTICES USING MEDICAL DIRECTOR 3

**Presented by Janet Lagstrom, Credentialed Diabetes Educator
And Vimal Pasupathy, e-Health Coordinator
North East Victorian Division of General Practice**

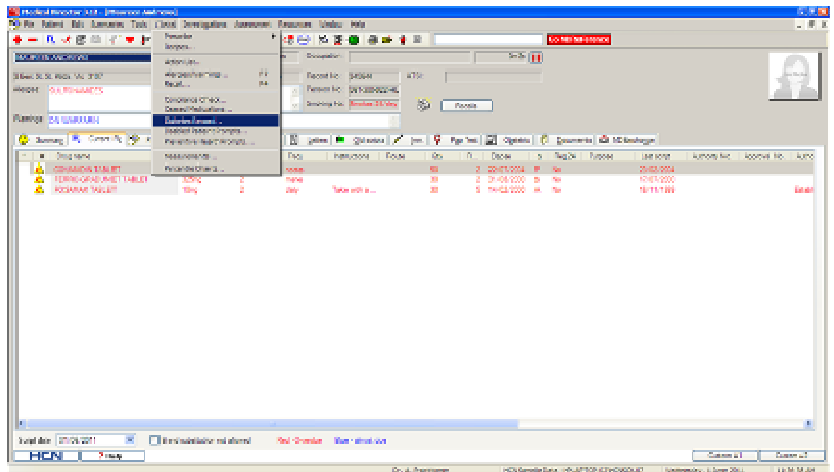
The annual cycle of care is a series of observations, pathology and education which is well attended in the practices I visit, yet the SIP claim is poorly utilised. For many the care provided is not recorded in one area, if blood pressure and weight is recorded in the notes, they are difficult to locate when completing the diabetes management plan.

Try the following steps to make the most of your Medical Director software.

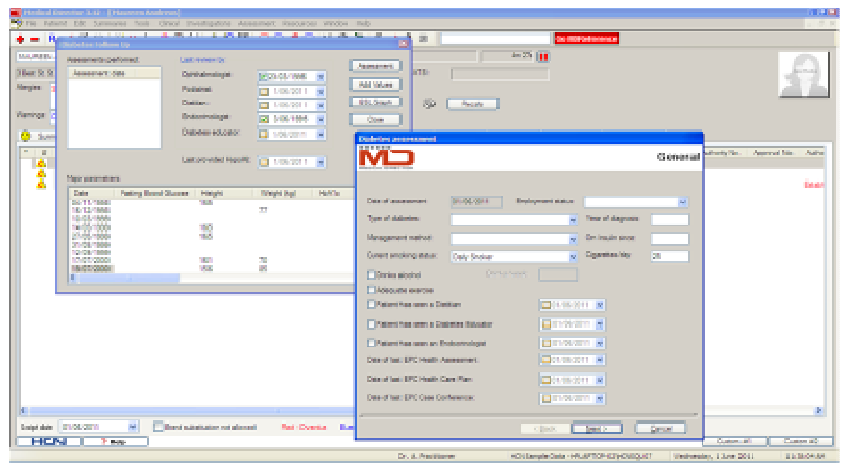
Complete the Diabetes Record via:

Step 1: Open up a patient record as usual

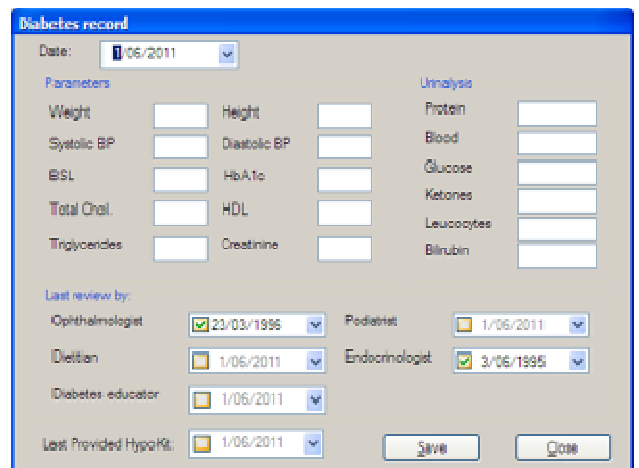
Step 2: Go to “Clinical” menu and then “Diabetes Record”:



Step 3: Click “Assessment” (top right hand side): to complete a cycle of care



Or Click “Add Values”: to update observations and allied health visits, (this can be done by AH visiting the Practice)



Note: Diabetes pathology can be updated through Pathology HL7 automatically.

DIABETES ANNUAL CYCLE OF CARE CONT.

Points to make recording and accessing information simpler, use the:

- 'Add values' button when not completing the full cycle of care
- 'Assessment performed' dates to check when last SIP claimed
- 'Assessment performed' to view the last summary of DACC
- 'Assessment performed' to copy (ctl + c) and paste (ctl + v) on to a document if you require a copy in your letters

Most important:

- Claim the DACC MBS item numbers 2517, 2521, 2525 and
- Record the date of claim therefore knowing when the DACC is due is easy to identify
- Recall patient in 12 months and 1 day for next Diabetes Annual cycle of care

Ideas to record the SIP payment:

- Use the 'Assessment date' on the Diabetes Record (Preferred method)
- Copy and paste the 'assessment' onto a document and name the document "Diabetes SIP claimed 21/6/11"
- Develop a spreadsheet of diabetes patients
- Document SIP due 21/6/11 in 'Warnings'

HELP 4 YOU

SEXUAL HEALTH SESSIONS FOR YEAR 9's

The Help 4 You Program aims at building relationships between adolescents and health professionals, and encourages young people to seek help when they need it for the many issues they face. It also educates GP's on the health needs of young adolescents, and gives a positive approach to providing a friendly manner when dealing with those needs at local practices. Being youth friendly encourages practices to be pro-active in helping with health outcomes for young people especially in areas of mental health and sexual health, where often adolescents are reluctant to talk about their concerns because they find it difficult or embarrassing.

Doctor Sarah Hancock from the Carrier Street Clinic, has taken on the Help4U program at Benalla College this year. Sarah is an experienced practitioner in sexual health and did her PHD with the Melbourne Sexual Health Centre. She has attended four sessions at Benalla College and had been encouraged by her peers at the practice to take up this role.

Sarah is pictured below with Danielle Sandford (School Nurse at Benalla College), who facilitates the session, and draws upon Sarah to share her GP knowledge on the topics discussed in the program, with Year 9's.



If you would like to be involved in the workshops, or train as GP facilitator for your practice, please contact Anne Shaw at the Division Office in Benalla on 03 5762 2444 or via email: annes@nevicdgp.org.au

NURSES NETWORK MEETING

The latest nurse's network meeting was a huge success – many thanks to our presenters and all participants.

All aspects of the evening exceeded expectations – the presenters were professional, interesting and enthusiastic, each of the participants commented on how much information they gained, and congratulated us on the evening.

Murdoch House provided us with an excellent venue and responded to all our needs.

Our presenters:

Sally Timmins- Breast Care: Sally's enthusiasm and knowledge of the topic was transmitted with ease to participants. Her "tools" were used to demonstrate all aspects of breast examination and more. It was interesting to learn different procedures and processes patients endure and how long patients now have to wait for results of a mammogram.

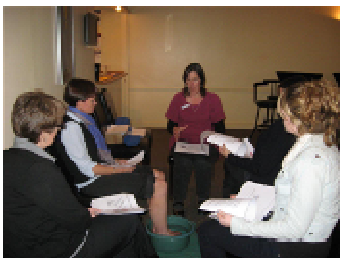
Lyndy Ronan – CVD: Lindy's explanations simplified the processes used to identify and isolate patients for the CVD Clinic. Her details also included a variety of MBS item numbers that could be utilized through to benefit the practice and the patients.

Maree Jenkins – ECG's: Maree was eager to share her knowledge on this topic. Her use of the whiteboard and handouts ensured all participants are now able to interpret readouts. Under Maree's coaching even the layman could pick up discrepancies.

Rhonda Freer – HARP: During this session Rhonda extended to all participants the role of HARP in the community. With this information, the approach of nurses to health assessments will be enhanced. Rhonda's extensive knowledge of "what to ask, how to ask, and what to look for" gave an insight that will improve this activity. Rhonda also elaborated on other services available through referral and the requirements.

Jo Morshead – Dietitian: Jo's attention to detail on the topic of Nutrition for Wound healing was impeccable. She produced professional resources for distribution and it was obvious she had thoroughly researched her topic. Among other things we know exactly how much protein we need, and what foods to consume to achieve this.

Janet Lagstrom – Diabetes Educator: Janet's knowledge and experience in this area was evident as she engaged her revolving audience through the evening with her buckets of warm water, filaments, and other resources. The participants now have a greater understanding of what is required to assist their diabetes patients.



Some responses from the evening:

- A super night indeed
- I found it very informative and thought the program was well set up
- Informative—It was great
- I think it is was a very effective format for sharing information
- Thank you for the opportunity to be involved last night—a very enjoyable night



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