What’s news at Eastern Health?

In this issue:
- Gastroenterology referrals to Eastern Health
- Voluntary Assisted Dying (VAD) information for GPs
- Advanced Care Directives - Tips for GPs
- New Clinical Advisory Service for GPs

**Important information regarding Gastroenterology referrals to Eastern Health**

Unfortunately the current waiting times at Eastern Health for gastroenterology, gastroscopy and colonoscopy outpatient appointments are very long. We need to triage patients based on severity of disease and need to get as much information from primary care to do this efficiently.

Referrals for the following conditions will be declined unless there are red flag symptoms or abnormal tests:

- referrals to Functional Gut Clinic for irritable bowel syndrome
- uncomplicated reflux disease controlled with medical therapy
- constipation without red flag symptoms or signs
- mild liver function test abnormalities (i.e. <2x Upper limit of normal)
- iron deficiency in pre-menopausal women
- rectal bleeding consistent with haemorrhoids in patients <40y
- positive coeliac gene test without positive coeliac serology

What can you do?

- Please do as much of the work-up prior to referral if you want your patient seen in clinic. We will not be accepting patients who have not had the appropriate blood tests or ultrasound, or without previous endoscopy information attached.

More details on referral guidelines to Gastroenterology clinics for GP referrals to specialist/outpatient clinics will be circulated as soon as they are finalised.

**Faecal occult blood test (FOBT) and endoscopy referrals**

Patients with positive FOBT results from the National Bowel Cancer Screening Program will be given priority access to endoscopy. Other FOBT results will be considered depending on clinical assessment. Please note that the test should NOT be done in patients with active haemorrhoids or anal fissures. Diverticular disease commonly gives false positive results and the usefulness of the test in these patients is unclear, so consider this prior to ordering the test.

Please do not do FOBT in patients who have significant co-morbidities that make endoscopy high risk (heart failure, COPD, morbid obesity, age >80yrs).
Voluntary Assisted Dying (VAD) Information for General Practitioners

The Victorian Voluntary Assisted Dying Act (the Act) was passed in 2017 and implemented on 19 June 2019. The Act provides a safe legal framework for people who are suffering and dying to choose the manner and timing of their death.

Key points:
- Only people who meet strict eligibility criteria can access VAD
- People must ask for access to VAD themselves. Families cannot request VAD
- A doctor or healthcare professional cannot raise or initiate a discussion about VAD unless the patient makes a clear request
- The legislation outlines several steps including consultation with two doctors, providing a written declaration and obtaining a permit

The Department of Health and Human Services (DHHS) has a number of resources for health professionals and consumers. This information can be found at: https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/end-of-life-care/voluntary-assisted-dying

HealthPathways Melbourne has released VAD pages for General Practices. This is available at: https://melbourne.healthpathways.org.au/

If you have any questions regarding a patient requesting VAD, you can contact the Statewide VAD Care Navigators (Peter MacCallum Centre) via email at vadcarenavigator@petermac.org or call (03) 8559 5823 or 0436 848 344.

If you are interested in attending a group face to face introductory session on VAD, please email Dr Penny Gaskell at penny.gaskell@easternhealth.org.au

Advance Care Directives - Tips for General Practitioners

The Medical Treatment Planning & Decisions Act 2016 (Vic) started in March 2018. Patients with decision-making capacity can now make legally binding Advance Care Directives. There are two types: Values and Instructional Directives. A Values Directive (i.e. the patient’s values and preferences regarding treatment) must be taken into account by the treating team and the patient’s Medical Treatment Decision Maker. An Instructional Directive consents to or refuses medical treatment, and the instructions must be followed by health practitioners.

Helpful tips when assisting your patients to develop Advance Care Directives:
- It is relied upon only if the patient loses capacity.
- A consent to, or refusal of, an Instructional Directive should be treatment specific and ideally include the circumstance/s in which it applies.
- An Instructional Directive cannot consent to Voluntary Assisted Dying.
- An Instructional Directive cannot consent to Special Medical Procedures.
- An adult Jehovah’s Witness can refuse or consent to future blood products of certain types within an Instructional Directive.

Further information is available via the Office of the Public Advocate, Department of Health and Human Services. Eastern Health Advance Care Planning Service accepts referrals from GPs, specialists, health professionals, patients, families and carers. Where appropriate encourage your patient or client to self-refer. PH: 9955 1276 (M-F business hours)

Assessing pathology results from Eastern Health

Eastern Health Pathology results can be electronically downloaded to your computer. To apply, register online with Healthlink on https://register.healthlink.net/ServiceApplicationForm/, then fax your details, including your HealthLink EDI address to 9895 4602 (Attention: Anoja).
New General Practitioner Clinical Advisory Service (GPCAS) now available to assist GPs support patients with prescription medication concerns and complex needs

With funding from the Victorian Government, the GPCAS has commenced alongside the statewide roll-out of SafeScript.

GPs requiring advice or support can contact one of their local GP Clinical Advisors, who can provide mentoring support and options for treatment of pain, anxiety, insomnia and associated addiction issues.

Turning Point Director Professor Dan Lubman said that the service aims to match GPs with a GP Clinical Advisor from their region to provide additional support from a local perspective. Each of the six Primary Health Networks across the state has been assigned two GP clinical advisors who have received comprehensive training.

More information about the GP clinical advisors can be found on the DACAS website or via email gpclinicaladvisors@turningpoint.org.au

To contact a GP clinical advisor, call the Drug and Alcohol Clinical Advisory Service (DASAS Victoria) on 1800 812 804.

Breast Cancer Survivorship Care Plan and GP Shared Care

Eastern Health Breast & Cancer Centre (EHB&CC) recently completed a project for the development and implementation of a breast cancer Survivorship Care Plan (SCP) and GP Shared Care. Funding for this project was received from NEMICS (North Eastern Melbourne Integrated Cancer Service) and enabled the development of an EH breast SCP and model of care, together with pathways to enable GP shared care of some EH breast cancer patients for long term monitoring and the promotion of healthy lifestyle interventions.

GP and patient evaluations were conducted as part of the project, with 73% of GPs and 87% of patients completing and returning the questionnaires. Overall the feedback from both the patient and GP satisfaction questionnaires was very positive. 72% of GPs reported that they believe the SCP is useful in the ongoing management of their patient, and 73% of GPs felt confident that they could access timely guidance and support from EHB&CC if required. Not surprisingly, 77% of patients reported that they agree or strongly agree that they feel confident that their GP has the skills to provide follow-up care, and pleasingly 84% of patients agree or strongly agree that they are happy to continue shared follow-up care. Also 92% of patients stated that they agree or strongly agree that they feel support from EHB&CC is available to them at any time they need it.

What was somewhat disappointing was that only 64% of GPs stated that their role in shared care was clearly defined. Also, both GPs and patients responded in the negative to having discussed the SCP within the short time frame; this is not surprising given the short turnaround time from development and dispatch of the SCP to evaluation. It is anticipated that the same feedback questionnaires will be repeated in the next 6 to 12 months to obtain more substantial data in terms of both patient numbers, and to allow more time for patients to attend their GP to discuss the SCP.

GP Shared Care and SCPs are now being implemented as standard practice within the Breast Clinic at EHB&CC. Patients are identified as suitable for shared care and SCP at the time of the Early Breast Cancer (EBC) multidisciplinary team meeting, and those patients whose breast cancer is stratified as of a lower risk are invited to participate in shared care and the development of a survivorship care plan at 12 months post initial diagnosis. The patient’s GP is approached for consent and is given the option to ‘opt out’ if desired prior to completion of the SCP.

The EH SCP includes breast cancer diagnosis, treatment and lifestyle summaries, and a section on lifestyle factors and persistent symptoms/side effects, together with a follow-up schedule for the next projected 4 years. Once the patient reaches 5 years post diagnosis, a decision will be made regarding ongoing follow up or discharge to the GP for ongoing care.

Dr Penny Gaskell (Eastern Health GP Liaison) has been part of the Survivorship Working Party and can be contacted on 9955 7500 if you have any questions or want more information.

Geriatric Evaluation and Management at Home (GEM@Home)

GEM@Home aims to ensure that frail older people with multiple complex needs can gain rapid access to specialist assessment, diagnostic and management services in their own home and is done in close consultation with the person’s GP. For further information, eligibility and how to refer see: https://www.easternhealth.org.au/a-z-service-directory/geriatric-evaluation-and-management-at-home
HealthPathways Melbourne Update

Recently released and reviewed pathways:

Melanoma
- Skin Lesion Excision
- Suspected Melanoma
- Established Malignant Melanoma
- Melanoma Follow up

Alcohol and Drugs
- Alcohol Use and Dependence
- Alcohol Withdrawal
- Benzodiazepine Dependence
- Cannabis Use and Dependence
- Drug Seeking Behaviours
- Methamphetamine (Ice) Use and Dependence
- Prescribing Naloxone
- Problem Gambling
- Problem Gambling Counselling
- SafeScript

Maternity
- Perinatal Emotional Health And Wellbeing
- Antenatal Care - First Consult
- Preconception Assessment
- Recurrent Pregnancy Loss

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Navigating the increasing complexity of preconception and early pregnancy care

by Dr Rebecca Fradkin, HealthPathways Clinical Editor and Monash Health Maternity GP Liaison Officer

Women being referred to public maternity hospitals across Melbourne rarely have their first appointment before the second trimester. Recognising that first trimester pregnancy care is now largely the domain of general practice, the new Maternity HealthPathways suite aims to assist all GPs to navigate the increasing complexity of preconception and early pregnancy care.

Advances in obstetric medicine over the past two decades mean that many potential adverse outcomes can now be identified early in pregnancy or even prior to conception. This allows prophylactic management to reduce the risks of complications such as pre-eclampsia, intrauterine growth restriction, stillbirth, macrosomia and premature labour.

A comprehensive medical and family history can give an indication of increased risks of conditions such as gestational diabetes and pre-eclampsia. Early advice on diet, physical activity, weight gain goals and commencement of appropriate supplements and aspirin when indicated can help mitigate these risks.

GP Education

Eastern Health works closely with EMPHN to provide GP education. Information and registration for all events can be found at: https://www.emphn.org.au/news-events/events?format=emphn

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