

# GP

Good Practice

INSIDE

## Mental health

Shared decision making when treating young people

## GP communication

Identifying people experiencing problem gambling

## Education

The medico-legal aspects of general practice supervision

ISSUE 12, DECEMBER 2015

# Understanding health

Dr Jonathan Wee led a team of registrars in developing a health literacy program for youth populations



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# Contents

Issue 12 – December 2015

04

Your College

RACGP news and events for December.

06

Mental Health

## Shared decision making

Working with young people in the use of antidepressants for mental health issues.

10

Health Literacy

## Health education

The HeLiPAd project is a GP-led program that aims to boost health literacy among youth populations.

14

GP Communication

## An unseen issue

The identification of problem gambling remains an obscured area of Australian general practice.

17

Ethics in General Practice

## Recording consultations

What can GPs do if a patient asks to record a session?



06



14



18



10



24

18

Medico-legal

## Stay covered

GPs and registrars can benefit from a better understanding of the medico-legal aspects of general practice supervision.

21

Nutrition

## Diet trends

What GPs and patients need to know.

22

In My Practice

## Well-rounded care

Communication and teamwork lie at the heart of Inglis Medical Centre's philosophy of coordinated care.

24

GP Profile

## Duty of care

NSW's Dr Phil Godden believes a very strong relationship with his local community is one of the reasons behind his 2015 Medal of the Order of Australia.

26

General Practice Viewpoint

## Prevention versus treatment

Striking the right balance in general practice.

## Published by

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ABN 34 000 223 807

ISSN 1837-7769

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## Editorial notes

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# Well-rounded care

AMANDA LYONS

Communication and teamwork lie at the heart of Inglis Medical Centre's philosophy of coordinated care.



Inglis Medical Centre features primary healthcare and mental health coordination units designed to assist patients with their care at the practice and with external providers.

Custom-built in 2010 as part of a joint venture between practitioners from two separate clinics, Inglis Medical Centre in Sale, Victoria, was developed in order to provide its patients a greater quality of care through comprehensive and coordinated services.

The practice is well on track towards its goal, with a variety of awards to show for its efforts, including the RACGP's 2015 Victorian Practice of the Year Award.

'When we say that our philosophy is comprehensive coordinated care, our main focus is really accessibility, being compliant, and improved health outcomes,' Dr Yousuf Ahmad, one of five practice directors, told *Good Practice*.

'These are the targets that we want to achieve through that coordinated care.'

Though the population of the town of Sale, located in Victoria's Gippsland region in the state's south-east, is approximately 16,000, Inglis Medical Centre serves a much wider catchment area of about 40,000–50,000 people. Dr Ahmad estimates the practice sees close to 1900 patients a week.

'Because of the presence of the RAF [Royal Air Force] airbase in Sale, there's a lot of young families and a lot of contract employees,' he said. 'We have a young population on the one hand, and the other largest group is the older retired people living in Sale.'

To service the healthcare needs of this diverse patient population, Inglis Medical Centre employs a large staff to provide a wide range of services. The practice is home to 14 part-time and full-time doctors, 10 receptionists and three managerial staff, and six clinical nurses, including one mental health nurse and one care coordinator. The practice also offers a wide variety of allied health services, as well as a visiting psychiatrist and GP obstetrician.

Such a varied staff means patients are able to find most of the services they need in one location, which is especially important in a rural location like Sale, where accessibility can be a significant issue.

In order to further facilitate access to services outside of the practice as well as within it, Inglis Medical Centre has two

sub-units of coordination: one for primary healthcare and one for mental health.

'We can achieve some of the secondary-level services at our local hospital, but for the majority of the care, as well as tertiary and secondary specialised services, patients have to go to Melbourne,' Dr Ahmad said.

'Organising transport and accommodation is quite a big job in itself, so accessibility is a big issue for regional and rural patients, and that's the job of the coordinator [at Inglis Medical Centre]. That definitely reduces the stress and time consumption of GPs and other health professionals.'

“Our main focuses are on accessibility, being compliant and improving patient health outcomes”

Chronic disease, primarily diabetes and cardiovascular diseases, is also a significant presence in the local patient community.

'We're looking at about 40–50 new diabetes cases diagnosed each year in our practice, and somewhere around 150 new cardiovascular patients each year,' Dr Ahmad said.

However, Dr Ahmad believes that the practice's coordination strategy has delivered measurable results for these patients.

'Basically, [the care coordinator's] job is to ensure that patients have regular reviews, as that nurse coordinates care between the practice, acute health services and other agencies involved, including the social services, to facilitate the care of the patient, whether it's physical, psychological or social health issues,' he said. 'That is something which we really pride ourselves on in terms of the service we provide, and we have seen the results.'

'I was recently looking at the number of patients with diabetes in which the HbA1c target is below seven, and that has in fact doubled over the last five years. In 2010, 30% of our patients were achieving HbA1c of below seven, now it's 61%, and we feel that that is due to the coordinated care as well as the availability of the different allied health professionals under one roof.'

Inglis Medical Centre applies a similar approach for mental health care, which Dr Ahmad identifies as another major area of need in Sale.

'The mental health coordination is done through our mental health nurse and she is responsible for providing the same care as under the primary healthcare unit,' he said. 'Therefore, she coordinates the care between the area mental health services; all of the different GPs; visiting psychiatrists and psychologists; and, essentially, with the social services and other support services in other areas, including Centrelink.'

'That is something which we are very happy with in terms of the quality of care being provided to mental health patients.'

### Communication skills

Communication is a central factor to achieving coordinated healthcare. Embracing relevant technology has allowed Inglis Medical Centre to streamline its processes and ensure all staff members have access to up-to-date patient information. It has also helped to create a paperless practice.

'We use Best Practice [medical software] and all of the services, including allied health, are using the same software,' Dr Ahmad said.

'Patient records are all accessible to different practitioners and the communication through referral letters and responses is all done through the patient notes. So it's immediate; you get the response straight away after a patient has seen a certain person.'

Such a streamlined system allows coordination between different practice services, which can be extremely beneficial for patients.

'After a mental health nurse has seen a patient and they need immediate care by a GP, the nurse can make an appointment straight away and the communication is done through the software,' Dr Ahmad said. 'It's just simple and it makes sense.'

Dr Ahmad believes the benefits of using the software are evident across all operations of the practice.

'We are lucky that we have the pharmacists within our building. Therefore, all the medication reviews are also done electronically and patient medication issues are dealt with through internal communication,' he said.

'So a lot of the things have improved care of the patient by reduction in



Inglis Medical Centre's large staff, including GPs, allied health professionals, clinical nurses and a receptionists, works together to offer patients as many services as possible under one roof.

duplication, in the number of tests that are done, and in medication error.'

### Quality education

In addition to delivering integrated care to its patients, Inglis Medical Centre is also strongly involved in teaching, with a focus on quality education in general practice.

'We have students with us from Melbourne University. We always have at least two students and one or two registrars. We also have some resident students from Monash University, and sometimes we have nursing and allied health students as well,' Dr Ahmad said.

The practice's focus on coordination also extends to its pupils, as all students have rotations with each section of the staff, including allied health, nurses, management staff, pharmacy, pathology and, of course, GPs. Medical, nursing and allied health students are all brought together to emphasise a team approach.

Additionally, the practice has a very particular structure to its training.

'One of the focus areas which we have established is to have what we call "reflective practice in general practice", which we achieve through giving a briefing on arrival when a new cohort of students arrive. And then we give them specific tasks, including a video of their consultation,' Dr Ahmad said. 'We then do a subject debrief every week,

which includes a debrief about their last week and planning for the next week.

'The students develop a five-week cycle in which they have set targets and objectives and reflect on themselves and improve. So the students become a part of their own education and take the responsibility of the objectives they're going to achieve.'

It is not only the students who are encouraged to be reflective; the practice is planning to analyse the effectiveness of this training approach and release a report before the end of the year. Inglis Medical Centre is also looking to the future of training in a virtual world.

'We are very close to developing a "sim centre", where we can provide a simulation education,' Dr Ahmad said. 'I have visited different sim centres established in universities and in city hospitals in Melbourne. Most of those centres are specialty-focused, not general practice-focused, so we have been able to obtain some basic equipment and develop some scenarios which are general practice-based.'

'We have found that we can provide quality simulation-based education with minimum resources, and once we can have a successful piloting of that education in our practice, we will then produce those results to provide to our peers and the RACGP in the hope that we can establish similar centres in other practices.' 🌐