

Positive GP Partnerships Rhetoric or Reality????

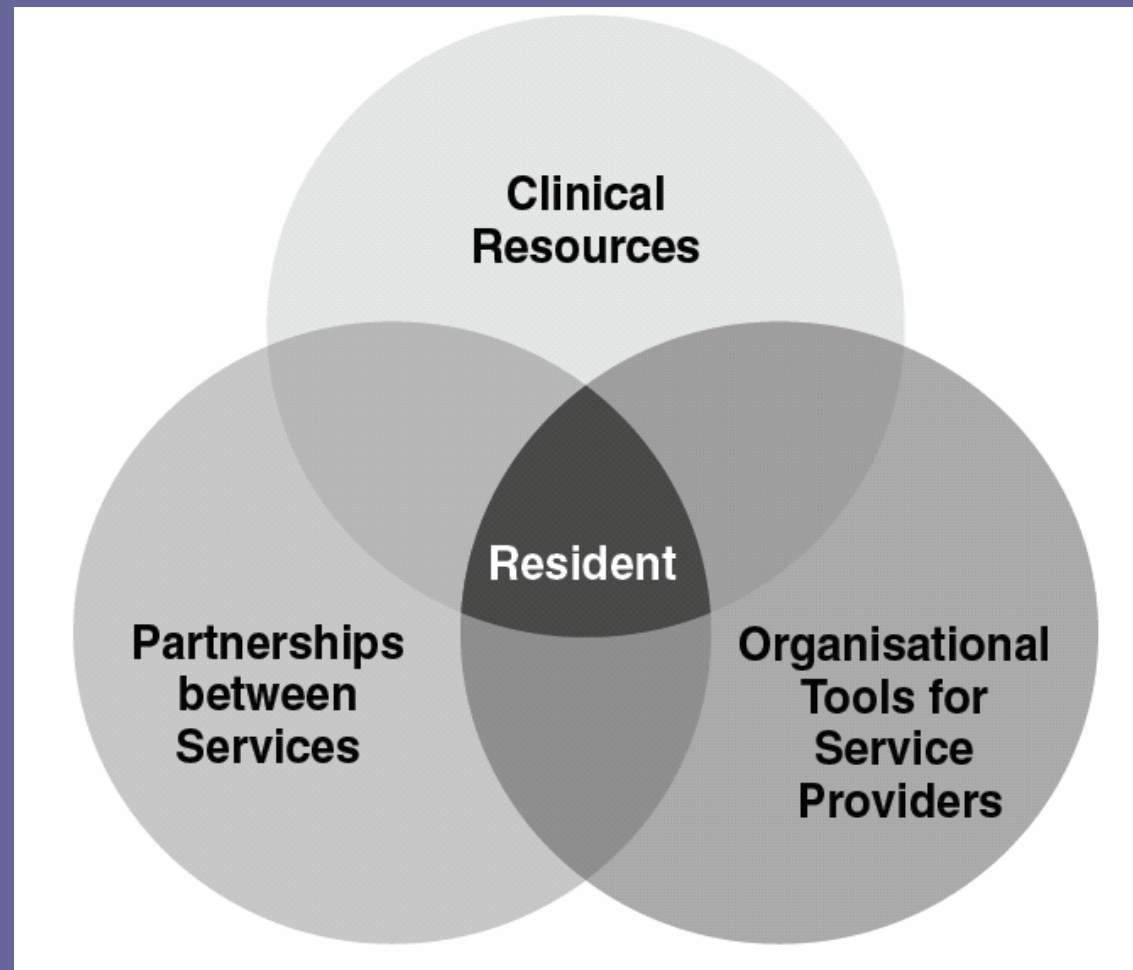
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Chair, State Reference Committee
for Aged Care Panels project

Do GP relationships matter?

- Resident care
 - In and after hours / routine and acute
 - Happiness / quality of life
- Relatives
- RACF management and staff
 - Time / effort / practicality / organisation
- Allied health / pharmacy

Key to GP partnerships



Key to good GP relations..

- Organisation
- Planning
- Communication

A GP's journey to Aged Care

**So now your GP may be ready
to tackle Aged Care for the
first time..**

All new GPs are offered an orientation

- The Home's philosophy and vision.
- Staffing profile, including key personnel and how to contact them.
- A tour of facility – location of reception, clinic, toilets and equipment.
- An invitation to meet with DoN or other key personnel.
- Information for the GPs is updated and circulated annually.

General Information

- RACF details
- DON
- Primary Contact in each area of RACF
- Building access / exit / parking
- Key times (meals, activities, med rounds)
- Consulting and supply pharmacists
- Visiting allied health

System for documentation of resident care

- Resident files – where medical notes are kept.
- Other professional notes e.g. allied health, locum doctor, incident reports.
- Where to access any other records e.g. pain charts, weight charts, BSL etc
- Where to access supplies of documents e.g. medication charts, pathology forms, etc.

GP Work Arrangements

- Practice details / contacts / hours
- Preferred method communication
- After hours arrangements
- GP attendance at RACF:
 - Regular visiting times
 - Preferred no of residents to be seen
 - Willing to see other doctor's residents

Checklist of GP needs

- Resident notes:
 - Remote / mobile (own laptop) access
 - Manual transcription
- Information flow:
 - GP to RACF
 - Email / print and paste / handwrite into notes
 - RACF to GP
 - Email / fax / SMS
- Hardware/software:
 - Computer / fax / printer / internet access

GP Visits

- GPs are requested to establish regular visit times, if possible.
- Staff are aware of GP regular visits times and will endeavor to ensure that:
 - - Documentation is prepared,
 - - The resident is available,
 - - Any issues or problems are identified, and
 - - Assistance is available if needed.

GP visits

- GPs (or their reception staff) are requested to phone the Home to notify before an unscheduled visit. This will assist staff to prepare for the visit.
- Multidisciplinary care is discussed with GPs.
- GPs are invited to participate in the development of after hours care plans, contribution to care plans, case conferences, comprehensive medical assessment.

System for communicating with the GP

- Urgent medical problems.
- Non urgent resident problems or notification of change in status.
- Routine requirements e.g. medication rewrite.
- GP orders required by the Facility e.g. reportable blood sugar levels.
- GP orders for resident care or other requests.
- What to do if problems arise.

Medication management system

- Current medication system, format of medications, administration, supply of emergency or after hours medications, PRN medications etc.
- Medication charts and process for rewrite of charts.
- Emergency phone orders, policy and procedure at the home.

Medication management ..

- Pharmacist and reviewing pharmacist contact details.
- Resident medication management review (RMMR MBS item 903) system.
- GPs are invited to provide feedback on the medication management and to participate in policy and procedure development.

GP Work Arrangements...

- Comprehensive Medical Assessment
 - Agree to complete new/existing residents
 - CMA filed where at RACF
 - RACF to collate CMA data
- RMMR
- Case conference
- Contribution to care plan
- Recall / Reminder by RACF or clinic

Quality improvement systems

- GPs are informed of significant developments in the home, relevant to the medical care and well-being of residents and the GP, and their input is sought.
- GPs are surveyed for satisfaction, annually or bi annually.
- GPs are invited to participate in the Aged Care Homes accreditation review and speak with an assessor as an independent health professional.

Quality improvement systems.....

- Policy and procedure review – how GPs can have input.
- Quality improvement ideas or suggestions – where to put them.
- Incident management procedure.
- What GPs can do if they have a problem.
- Complaints.

Quality RACF Staff..

- Social interaction
- GPs and/or divisions can help provide access to good quality, up-to-date information and education: just ask!
- Use of practice nurses in Aged Care
- Nurse practitioners and GPs- the new frontier?

In an ideal RACF....

- GP Consulting Room
 - Central to nursing facilities and treatment room
 - Bed / chair/ hand basin / desk with computer and internet access / good lighting
 - www.racgp.org.au/standards

**We have achieved it
all!!!**

Now what if things go wrong...

My love - process...

- Guidelines for management of simple problems
- Tell what to do first
- What information to gather
- What to do first
- Who and when to ring

For GP Action Plans, see link
on Aged Care Website.

Aged Care Panels Initiative

- Federal initiative commenced July 2004
- Aims:
 - to ensure better access to primary medical care for residents of aged care homes
 - to enable GPs and allied health professionals to work with homes on quality improvement strategies for the care of all residents.

Panels have achieved...

- Good relationships between Aged Care, GPs and the wider medical community
 - 'DON network'
 - 'Sharing and trouble shooting'
 - Inclusion in primary health planning at local and regional level
 - Access to primary health education
- Process and resource development
 - Medication management
 - Templates and fact sheets
 - Connection with HITH, CHS, LGA

Panels also have....

- Issue resolution capacity
 - Within RACF, with GPs and with external organisations
- Heightened profile of Aged Care in acute sector
- Project development and evaluation
 - Falls prevention
 - Advanced care planning

Future of Aged Care Panels?

- No more Aged Care Panels
- No more specific Aged Care Worker
- Underspent monies for finishing existing projects
- Ongoing commitment to Aged Care by divisions but no extra money at moment

What then from Monday??

- GP incentive payment
 - ? Format
 - ? Medicare items ?SIPS
- Allied Health money
 - ? service provision co-ordinated by divisions to fill existing service gaps

But ongoing, funding or not - remember..

- GPs will still be visiting their residents as usual
- Divisions will find resources to try to maintain and improve GP relationships with RACFs

Remember that for your residents..

- REGULAR REVIEW IS THE ONLY REVIEW
- PRO-ACTIVE CARE IS BEST
- GOOD IN-HOURS PRIMARY CARE PROVIDES THE FEWEST AFTER-HOURS PROBLEMS

**Just don't leave good
relationships in
Primary Care too
late...**