

primary health matters

TASMANIA'S PRIMARY HEALTH MAGAZINE



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Sinking our teeth into oral health
Improving the health of rural Tasmanians
Preparing for codeine changes

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Cover image: Sabrina, Aria and Anika Lanyon (see story page 16)

Primary Health Matters is produced by Primary Health Tasmania twice a year. It shows how innovation in primary health and social care is making a difference and contributing to healthy Tasmanians, healthy communities, and a healthy system. It focuses on the work of Primary Health Tasmania's member and partner organisations, as well as our own activities.

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Primary Health Tasmania ABN 47 082 572 629

From the CEO



This has got to be one of the loveliest pictures we've had on the cover of this magazine.

Mum Sabrina and toddler Aria are full of smiles, and little Anika won't be far behind them.

But it wasn't long ago that Sabrina was too self-conscious to open her mouth to smile, because of dental problems stemming from her first pregnancy.

Oral health issues are the most common cause of avoidable hospital admissions in this state, but innovative new services – including the Healthy Smiles for Two program – are helping hundreds of Tasmanians on the path to healthier teeth. See our stories on pages 16 to 20.

Primary Health Tasmania's new rural primary health services program – supporting people with chronic conditions living in rural Tasmania – has been in place for almost a year now.

On pages 4 to 8, we feature the stories of two women who say their health has been turned around by services provided under this program by the Royal Flying Doctor Service in the north and Rural Health Tasmania in the north west.

Holistic, streamlined care which links back to people's regular care providers is at the heart of these services.

There are now more than 100,000 health and medical apps available for download.

GPs were telling us they needed help sorting the digital wheat from the chaff so they could advise their patients about the most effective apps. So we worked with Semantic Consulting to develop a support tool.

The result is the Digital Health Guide, a web-based directory that allows GPs to research the credibility of apps and leave reviews for other health professionals to read. This story is on page 3.

A clinic in the north west has taken advantage of its close connection with a local college to explore what young people want from general practice.

As researchers Dr Jane Cooper and Leah Spencer say in our article on pages 10 and 11, general practice is often geared to young children, older people and those with chronic conditions.

But targeting young people is one of the best ways to achieve healthier communities. See their tips for youth-friendly general practices.

I hope you enjoy this issue of *Primary Health Matters*.

Phil Edmondson
CEO
Primary Health Tasmania



Australian Government



An Australian Government Initiative

Guiding the way to better digital health solutions

WITH more than 100,000 health and medical apps available for download, it's no simple task for patients to determine the reliability of digital information.

Primary Health Tasmania heard this concern from Tasmanian GPs and in March this year, began a trial of a web-based, peer-reviewed directory of health apps that allows GPs to research the credibility of digital health sources before making recommendations to patients.

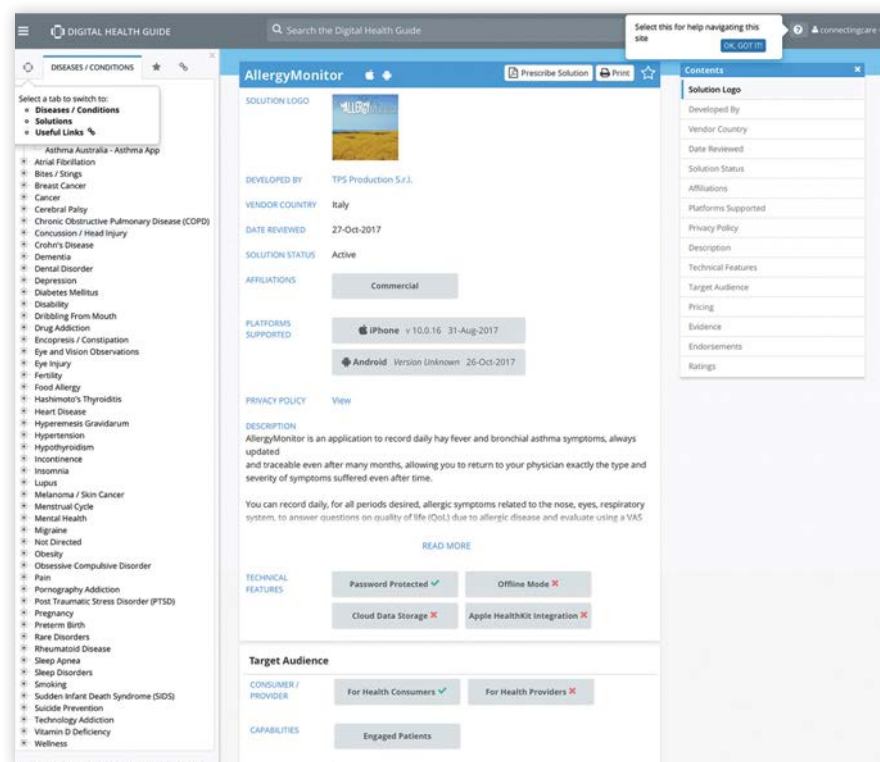
Russell Bowden, who leads Primary Health Tasmania's general practice support team, says the guide was born out of a project aimed at understanding the digital health readiness and needs of the Tasmanian primary health care sector.

"Consultation showed Tasmanian GPs wanted more information on consumer health apps, because they had patients walking into appointments seeking advice about apps which GPs had limited information about," Russell says.

Primary Health Tasmania commissioned digital health experts Semantic Consulting to develop the Digital Health Guide, which details the purpose and published evidence base of hundreds of apps.

Health professional ratings and reviews are gradually being added.

Semantic Consulting managing director Tim Blake says the Digital Health Guide allows GPs to bridge the gap between



where patients are going for information and their lack of knowledge in this area.

"There are so many health apps out there and while a small number may be wonderfully transformational, the vast majority are utter rubbish," Tim says.

"People are too trusting and the problem is that doctors aren't armed with the right information to determine which ones are safe and reliable and which are not.

"At the point of care, doctors using the guide are armed with the information to tell patients if what they are using isn't very good, and can prescribe other options that are evidence-based and have been reviewed by other health professionals."

Medical on Macquarie GP Dr Nick Cooling has been a big supporter of the Digital Health Guide and its real-world applications.

Nick, who is also a director of internationalisation and global health at the University of Tasmania, says the peer review function makes the guide a valuable resource for GPs.

"Everyone comes in these days having been on Google, so it's our job as GPs to clarify information and provide evidence," Nick says.

"Not only does the Digital Health Guide provide a one-stop-shop to find the health apps currently on offer, it also

comes with a list of reviews from fellow GPs, allowing me to give my patients an app recommendation they can trust.

"Any quality assurance program is useful, especially when driven by members of the health community, and the more people who get on board and start using it, the better.

"Digital health solutions are becoming a bona fide part of medical treatment, so we just need to determine how GPs can work with these new digital health technologies to deliver good outcomes."

The Digital Health Guide is currently in a trial phase while Primary Health Tasmania tests, refines and improves it for maximum usability and functionality.

It is available free of charge to every GP in Tasmania until March 2018, when the testing phase ends and its ongoing use will be considered. GPs can contact Primary Health Tasmania for access details.

"While this guide was developed in response to the needs of Tasmanian GPs, it's likely to be useful to health professionals across the country and we're happy to share our findings with other Primary Health Networks," Russell says. ■

For more information, contact Russell Bowden at rbowden@primaryhealthtas.com.au or on 6213 8200

Partnership helps Michelle hit health goals

"I'm feeling a hundred per cent better – I can keep going pretty much all day now."

Michelle Turpin



GEORGE Town woman Michelle Turpin credits a partnership approach – which involved setting her own goals then being supported to achieve them – with helping her health turn a corner.

When the 49-year-old was referred to the Royal Flying Doctor Service (RFDS) Tasmania's rural health program in July this year, she had high cholesterol and her diabetes "had been getting a bit out of control".

"If the latest lot of medication didn't work it was going to be insulin – that's a big thing that I really want to avoid," she says.

The former Queenslander – she and husband Kerry moved to Tasmania a year ago – knew she had to make some lifestyle changes. She needed to lose weight, eat more healthily, and get more exercise – but it was easier said than done.

"In the past, people have said 'this is what you've got to do'. And I'd think 'yes, you're telling me what I already know', but I didn't follow their advice," Michelle says.

RFDS Tasmania rural and physical health worker Stephen Stone took a different approach. He spoke to Michelle about her health goals, and how confident she was about achieving them.

"I wanted to start eating properly, and I wanted to exercise more regularly. Because I wanted to be healthier, so I could live longer," she says.

"One of my problems with eating is that I don't have breakfast – or if I have breakfast, I skip lunch.

"Steve didn't say 'you have to start eating breakfast every day of the week', he said 'what do you feel comfortable you can achieve?'. "

"I guess that made the difference – it was coming from what I want and what I thought I could do, rather than someone just telling me what I need to do."

The goals Michelle set for herself were to have breakfast three times a week, exercise four or five times a week – alternating between walking and home-based strength exercises – and lose one kilogram per week.

She is meeting, and sometimes exceeding, those goals – losing two kilograms in the first week alone, eating breakfast most days, increasing her walking time, and doing her exercises before her reminder goes off.

"I can see the difference already, just with the readings I get from my diabetes – I'm pretty hopeful I won't have to go on the insulin.

"And I'm feeling a hundred per cent better – I can keep going pretty much all day now, rather than having to have constant breaks because I got too tired. I'm finding I'm wanting to get up and move a lot more now; I can't sit still as long."

These higher energy levels are particularly important when Michelle and Kerry travel back to visit their three adult children in Queensland.

"They're all really active kids and instead of just watching them do things, it's nice to be able to join in," she says.

RFDS Tasmania CEO John Kirwan confirms his organisation's rural health program focuses on helping people with chronic conditions take better control of their own health.

"It is a case of tailoring it, it is a case of doing it within what is achievable for the person and within the evidence base of the program we're delivering," John says.

The RFDS Tasmania model involves a general health worker, a physical health worker and a mental health worker working together in each of the five north eastern municipalities that the organisation services under this program.

"The bulk of our staff are actually locals living in the community," John says.

"By having boots on the ground rather than visiting staff, it makes it easier to know what other services are available locally, who's visiting, and how we can link our clients into those areas when we need to."

In George Town, the program actually runs out of the same building as other medical facilities – as well as providing an outreach service for people living out of town.



John Kirwan

Integration of care is critical in a system that people can find difficult to navigate, especially if they have mental health problems and literacy and numeracy issues.

"What we don't want is a game of snakes and ladders. We want it to be all ladders, and no snakes," John says.

The program also takes a holistic approach to care, because while a person might be referred for one medical condition, it's not unusual for them to need care for other things too.

"If someone has a mental illness and is taking prescription medicine they often put on weight, and that creates a whole range of other issues," John says.

"If we can manage all of it at the same time – either ourselves or through referral to another service – we end up with a better health outcome."

John says feedback about the program from both clients and referrers has been very positive.

"What I'm hearing from GPs and other health professionals is that it's working well; they like the fact that support isn't limited to six visits; they like the fact that it's outcomes-focused; they like the fact that our staff give them regular feedback about what's happening to their patients," he says.

"I'm always a little cautious about premature celebration, but we think what we've got together here is different, it's innovative, and the early signs are positive." ■

For more information, contact Nicole Grose at nicole.grose@rfdstas.org.au or on 0438 024 544

Improving the health of rural Tasmanians

IN early 2017, five organisations started delivering free services to people living with chronic conditions under a new rural primary health program.

The program – funded by the Australian Government – has involved Primary Health Tasmania commissioning the services in 21 of the state's 29 local government areas.

It responds to the Government's brief for primary health networks to improve the health care of people who have the highest needs.

The services work closely with local GPs and other health professionals to provide coordinated care to people with chronic conditions and support them to stay healthy and out of hospital.

They are:

- Royal Flying Doctor Service Tasmania – providing care to people with heart disease, respiratory disease, dementia and mental illness in the Break O'Day, Dorset, Flinders Island and George Town communities
- Rural Health Tasmania – targeting people with mental illness, cancer, heart disease, lung disease and musculoskeletal disorders in the Circular Head, King Island, Waratah-Wynyard and West Coast communities
- Huon Regional Care (a business of Huon Eldercare) – caring for people with heart disease, lung disease and musculoskeletal disorders in the Huon Valley, Kingborough (Bruny Island only) and Tasman municipalities
- Corumbene Care – supporting people with heart disease, lung disease and musculoskeletal disorders in the Central Highlands, Derwent Valley and Southern Midlands
- Diabetes Tasmania – providing services to people with type 2 diabetes in all 21 rural local government areas.

In this issue of *Primary Health Matters* we tell the stories of two people who have benefited from this new program. ■

For more information, go to www.primaryhealthtas.com.au/programs-services/rural-health or contact Susan Powell at spowell@primaryhealthtas.com.au or on 6213 8200

Linda sings praises of coordinated care approach

WHEN Linda* moved from Mackay in Queensland to Wynyard in north west Tasmania in the middle of this year, she didn't know a soul.

"I've always loved the thought of living in Tasmania because it's as far south as you can go, and I've always wanted the cooler weather," she says.

The 52-year-old had struggled with depression a bit in the past, and was looking forward to a fresh start in a new place.

"I was doing OK, but I think moving down here and not really knowing anyone, I started having pretty severe panic attacks," she says.

"I told my neighbour, and my neighbour told me about Rural Health Tasmania. She'd walked past and seen the sign, and thought it might be good for me."

Linda says she felt supported as soon as she walked in the door of Rural Health Tasmania's new Waratah-Wynyard service and was greeted by Wendy Dukeson.

"The first morning I went along I was in tears, because I was having a really bad anxiety attack. The staff there were so caring and so helpful," she says.

Linda has had contact with most members of the team – service coordinator and care coordinator Laura McGaffin, mental health clinician Johdi Wilkinson, and registered nurse Liza Galea. The team also includes mental health clinician Gerry Moore.

Even the health promotion and youth worker, Dudley Billing, has lent the music-loving Linda a keyboard and convinced her to sing at the service's official opening.

"When I had my first session with Johdi there were a lot of medical issues that came up as well," Linda says.

"I had to go to Burnie hospital for an appointment and the lovely nurse at Rural Health, Liza, came with me to my appointment.

"I didn't expect that at all but because I don't drive, and I was concerned, she came in with me."

Liza also accompanied Linda to an appointment with her GP to discuss her medication, and Wendy has put her in touch with other organisations to provide some non-medical support.



RURAL HEALTH

"If they can't directly help, they've got such knowledge of all the help that's available," she says.

Linda is a regular visitor at the weekly Now You Know health promotion sessions coordinated by Wendy. The sessions aim to provide the service's clients with information to help them better manage their health.

"It's a wonderful thing – you're learning something important, it's interesting, then there's the social outlet. It gets me out," she says.

Linda says she now feels better equipped to manage her own health, and knows the team at Rural Health Tasmania is there when she needs it.

"Sometimes it could be two or three times a week that I go; sometimes it's just for a cup of coffee and a chat. I've made some lovely friends from just going in and having a cuppa. Because we're all facing the same mental health issues, and we can support each other.

"I am so grateful that this is here. I would be a total mess if it wasn't for Rural Health. I haven't experienced anything like this before. They're so professional, but at the same time you can tell they really care."

Coordinator Laura says the service sees people of all ages: "We have people in their late 60s; we have people in their early 20s; we even have children who are coming in.

"We've got some people with all five of the big chronic conditions; some that have one or two. Some of their stories – it's just amazing that they're even walking through the door to come and see me."

New clients will usually meet first with Laura, who aims to work out what support they need.

"I always ask them 'what is it we can do – what are you expecting from us?'," Laura says.

"Nine times out of 10 people already have an idea of what they'd like to do, but they don't know how to go about it, they don't have the confidence, they don't think that's what they're entitled to.

"We're looking at everything – mental health and physical health, domestic health.



Linda (left) with Laura McGaffin

"My motto is that there's no wrong door – I can always refer on to other organisations. So people have that feeling that they're being considered, they're being respected, they're being heard, and their needs are going to be met – whether that's through Rural Health or a referral to another organisation.

"This is about us working collaboratively. We're not here to take over anything or anyone; we need to work in the best interests of the client, and that's working in with everyone."

Whether people reach Rural Health Tasmania through referral from another health service or through self-referral, Rural Health Tasmania aims to link them back to their regular GP and other care-givers so the whole care team is in the picture about the support they are receiving.

Psychologist Penelope Cooper is one of a number of independent private practitioners who use rooms in Rural Health Tasmania's Wynyard premises.

She says she has heard and witnessed positive things about the service's contribution to people in the Waratah-Wynyard community.

"We often hear stories of people who have gotten lost in the system; not quite fitting the criteria for a service and jumping from one waiting list to the next. This can be very disheartening," Penelope says.

"Rural Health has been very proactive in linking people to services, so that this does not happen."

She says the care coordination services Rural Health provides are client-centred and allows for integration across physical health, mental health and other services.

Laura says she has noticed a big change in some clients after only a few visits.

"Seeing that empowerment that they have – the fact that they can speak freely and confidently around their needs and their wants – it's really good. That's when you know you've made an impact." ■

For more information, contact Laura McGaffin at lmcgaffin@ruralhealthtas.com.au or on 6411 4720

**Linda's surname has been withheld on request.*



Supporting heart failure care in general practice

DR Chris Hilton, a Derwent Valley GP with almost 30 years' experience, comes face-to-face with the reality of heart failure on a regular basis.

"I'd say every week I encounter a patient who comes into the Derwent Valley Medical Centre with signs of heart failure," he says.

"There is a high incidence of the disease in the Tasmanian population, especially in less affluent areas and where a patient is a smoker or has diabetes.

"And in addition to the effect on the patient and the significant suffering in the community, heart failure can lead to increased emergency department admissions, placing an extra load on our hospitals' resources."

Heart failure is a chronic condition whereby the heart muscles are damaged by a heart attack, heart disease, high blood pressure, or diabetes, and become too weak to pump properly. Heart failure leads to fluid build-up in the body, which can cause weakness, weight gain, breathlessness, and dizziness, and make everyday activities exhausting.

Hospitalisation from heart failure costs our national healthcare system more than \$1 billion each year. It is one of the top five conditions in Tasmania where people are re-hospitalised regularly when their condition deteriorates.

In response to this, Primary Health Tasmania teamed up with the Australian Healthcare and Hospitals Association, the Heart Foundation, the Tasmanian Department of Health and Human Services and Novartis Australia on a project to improve the management of heart failure in general practice to reduce hospital admissions and improve health outcomes for people living with heart failure.

The Heart Failure Collaborative has involved a symposium for GPs and practice nurses, as well as education and quality improvement activities for general practices in regions where there are higher rates of heart failure.

The project will be evaluated to understand what impact it has had on heart failure patients at participating practices.

The Derwent Valley Medical Centre is one of the general practices participating in the project.

Chris says the Heart Failure Collaborative has reminded staff of the key actions that need to be taken to improve the best-practice management of heart failure.

He says it has also increased awareness of local hospital services.

"Following the audit process, we decided to implement a number of changes to our practice, including reviewing the medication and dosage we give to patients who present with heart failure, as well as looking into thyroid function and iron studies," Chris says.

"What also came out of the process was the idea of iron infusions for patients presenting with low iron saturation levels, which was based on a study that looked into the benefits of infusion versus oral treatment. Infusions showed a significant benefit whereas oral iron did not.

"This has by far been the biggest change for our practice and based on our research, we expect this will be very helpful and make a big difference for our patients." ■

For more information, contact Catherine Spiller at cspiller@primaryhealthtas.com.au or on 6213 8200



Dr Jane Cooper with patient Carlee

Youth-friendly general practice

What does that look like?

DEVONPORT GP Dr Jane Cooper has been running the Don College youth clinic since 2013 – a clinic designed specifically for people aged 12 to 24.

“General practice tends not to focus on young people’s health, it’s more about chronic disease and older people’s care, or paediatrics and antenatal care,” Jane says.

“There is some research in youth primary health in the bigger regions and in tertiary centres, but not enough to influence policy or funding for Medicare item numbers that might be more suited to young people’s care.”

It was at the clinic that the award-winning GP* realised she had connections with some 1000 young people who she could consult to understand what they want from their general practice.

So, in 2016, Jane decided to capitalise on these connections and pulled together a team of student doctors and researchers from the University of Tasmania’s Rural Clinical School to undertake some research in this area.

Leah Spencer, a trainee doctor who was part of the research team, got involved through the Rural Clinical School and a subsequent placement at Don College clinic with Jane.

“Targeting young people is one of the easiest and best ways to achieve a population health outcome. It’s so important to prevent a lot of the health issues and behaviours that can cause lifelong health problems,” Leah says.

“Unfortunately, there isn’t a big focus on young people in medicine.”

The team surveyed 155 Don College students aged 16 to 19 about why they visit the GP, what barriers they experience, and what they look for in a GP and a practice.

YOUTH HEALTH

The results show that young people generally see their GP as the first point of call for health care, and they see their GP mainly for mental and sexual health issues.

Young people see that a youth-friendly GP is a good communicator; is respectful; is clear about confidentiality. The GP will ask questions about mental health, sexual health and substance use even if those issues weren't the main purpose of the consultation.

"I was pleased to find that young people saw their GP as the first go-to person, which is really good, but it's not an area that we really market ourselves for," Jane says.

"Young people are desperate to talk about their mental health and their sexual health and drugs and alcohol, but they're not confident enough to bring that up in conversation.

"They might go see their GP for something quite minor which could be a quick consultation, but it may be a missed opportunity to delve a bit deeper into underlying issues."

This was an interesting finding from Leah's perspective, as data from the World Health Organisation shows that the highest rates of preventable deaths in young people come from those three things.

"This is a key element that makes adolescent health different to adult and paediatric medicine. If GPs knew and knew to bring these topics up, we could prevent more adverse outcomes from these issues," she says.

Young people see a youth-friendly practice as one that is accessible and is open after school or on weekends; is affordable; has friendly reception staff who are non-judgmental and who can help them navigate Medicare; and is LGBTQI-friendly.

Jane says these findings aren't surprising, and making improvements isn't hard. There are many things GPs and practices can do to make their work more youth-friendly.

GPs can practise skills to engage and communicate with young people in an appropriate way, and put their hand up to be that go-to person at a practice for young people.

Practices can upskill reception staff, offer appointments outside of regular hours, and look at bulk billing arrangements that extend to more young people.

At a system level, Jane says greater education and training for doctors on youth health, and better marketing of general practice for young people can help raise awareness in the medical profession and get young people to the GP.

While there is still a lot of work to be done in the field, Jane says focusing on young people can be very rewarding for GPs.

"Young people are just wonderful to work with. They are some of the most respectful and thankful groups that I work with and I think that's why I enjoy it so much," she says. ■

The study was published in February 2017 in the RACGP's Australian Family Physician journal, and can be read at goo.gl/5MDJvY

For more information, contact Dr Jane Cooper at the Don Medical Clinic at manager@donmedical.com.au or on 6441 5299

**Dr Jane Cooper was named national GP of the Year in 2016 by the RACGP. The award highlighted her strong commitment to helping young people.*

"Targeting young people is one of the easiest and best ways to achieve a population health outcome."

Leah Spencer



Youth-friendly general practice at a glance

GPs

- are **good communicators** – they are good listeners, avoid jargon, are easy to talk to and make young people feel comfortable about opening up
- are **respectful** – they do not judge lifestyle choices, and they treat young people with the respect they would an adult
- **ensure confidentiality** – they assure young people that what's said in a consultation is confidential
- ask about **mental health, sexual health** and **substance use** – even if that wasn't the reason for the consultation.

Practices

- are **accessible** – they offer appointments after school and on weekends
- are **affordable** – they bulk bill beyond the Medicare incentive age of 16 to reduce financial barriers
- have **friendly reception** – reception staff help young people understand Medicare and their bills, and point them to a youth-friendly GP
- **welcome diversity** – they show that they are inclusive for Aboriginal and LGBTQI youth
- have **targeted youth-friendly GPs** – specific GPs put their hand up to be the go-to for young people.

Brighton



Geography

Fourth smallest Tasmanian local government area (LGA) by area

Part of the Greater Hobart area

Largest settlement is Bridgewater (4045 people) ¹

The River Derwent forms the LGA's southern border

Population ¹

16,512 people
- 51% male, 49% female

Median age 34
(state average 42)

12% of population aged 65 and over (state average 19.4%)

9.4% of population identify as Aboriginal and Torres Strait Islander (4.6% for Tasmania)

Social determinants of health

Unemployment rate 10.9%
(state average 6.5%) ²

84.4% of eligible population completed year 10 or higher
(state average 86.3%) ¹

Health risk factors

32.5% of population smoke
(state average 15.7%) ³

31.1% are obese
(state average 24.3%) ³



Images courtesy of Brighton Council

¹ ABS, 2016 Census

² Torrens University Australia, *Social Health Atlases*, 2016

³ DHHS, *Tasmanian Population Health Survey 2016*

⁴ DHHS, *Tasmanian Population Health Survey 2013*

⁵ Torrens University Australia, *Social Health Atlases*, 2015

⁶ DHHS, *Epidemiology Unit Data 2017*

⁷ As listed publicly in the National Health Services Directory. Doesn't include visiting services.



Primary Health Tasmania supporting Brighton

Commissioning services including:

- Wellways Australia and Mindfulness Programs Australasia, supporting adults with mild mental health conditions including anxiety, stress and mood disorders
- Relationships Australia Tasmania, supporting people with mild to moderate mental health issues
- Life Without Barriers, delivering services for young people with severe and complex mental illness
- the Tasmanian Aboriginal Corporation and Karadi, coordinating the care of Aboriginal people living with chronic health conditions and supporting the social and emotional wellbeing of Aboriginal people
- Anglicare Tasmania, providing alcohol and other drug treatment services
- Diabetes Tasmania, providing diabetes education and support services

Working with the Brighton community to explore opportunities to improve primary health service integration

Illness and death

28.1% self-assess their health as fair or poor (state average 19%)⁴

95.4% of children are fully immunised by age 5 (state average 92.4%)⁵

22.5% of population experience high or very high psychological distress (state average 11.4%)⁴

Potentially avoidable deaths are significantly higher than the state average⁶

Primary health service centres⁷

2 general practices

1 community health centre

1 child and family centre

2 pharmacies, 1 children's dentist, 1 psychology practice

1 residential aged care facility

Note: a number of allied health services are also provided from some of these centres



Data profiles for every Tasmanian local government area are available at www.primaryhealthtas.com.au. Just search on the full LGA name.



**"When I spoke with the volunteer,
it was like somebody had turned
on a light in a dark room."**

Skye

Epilepsy peers connect

LAUNCESTON mum Skye* says her daughter Savanna's epilepsy came out of the blue.

Savanna was 11 years old when she had her first episode at school.

"When it happened, she couldn't speak or move," Skye says.

"She couldn't count to 10, she thought she had five brothers when she's the eldest of four. Her mind was completely shut off, she looked like she'd had a stroke. It was horrible.

"Initially they thought it was a one-off, something to do with migraines, but eventually they diagnosed her with absence epilepsy.

"The notion with epilepsy is that you drop to the floor, have a seizure and wet your pants, but not all epilepsy is like that."

According to Joanne Parr, a registered nurse managing education and training at Epilepsy Tasmania, one in five Tasmanians are affected by epilepsy in some way, either with a personal diagnosis or in supporting a family member or friend.



Joanne Parr

Epilepsy Tasmania is the peak body supporting people living with or affected by epilepsy across the state. The organisation offers services such as specialised equipment, support, advocacy and education at system, community, family and individual level.

Joanne says the impact of epilepsy is multifaceted.

"A lot of the families we see are struggling with the chronic nature of epilepsy and how to manage it. The anxiety and the stress affect their mental health in an ongoing way," she says.

"Epilepsy is also a lot more than the seizure itself. The seizure is just the tip of the iceberg and underneath are a whole lot of symptoms that affect concentration, memory, connections and the ability to function day-to-day."

For Skye, learning how to manage Savanna's condition really took a toll on her own mental health.

"It was really emotional. Before this happened, Savanna was a bright, energetic, outgoing child, and she had been reduced to sleeping a lot and being physically, emotionally and mentally exhausted. She was not herself," she says.

"I rang Joanne one day in tears, I was not coping, everything was just falling apart. She suggested I try Epilepsy Connect to connect over the phone with someone who has been in the same situation."

Epilepsy Connect is a telephone-based peer support service established by Dr Simone Lee from the University of Tasmania's Centre for Rural Health and run by Epilepsy Tasmania.

Supported by the Tasmanian Community Fund, it connects people living with or affected by epilepsy with a trained peer volunteer who has had a similar experience.

Since only one in three people with epilepsy can drive, the phone-based service is designed to reduce isolation, especially for people living in rural and remote Tasmania.

It's the first of its kind for epilepsy in Australia.

Katie*, a Launceston-based peer volunteer with Epilepsy Connect who has temporal lobe epilepsy, felt this kind of service would have been exactly what she needed when she was first diagnosed.



Katie

"When I was first diagnosed I had a fabulous GP and a great neurologist and specialists, but what I really wanted was to discuss it with someone who had had a similar experience," she says.

Katie says the volunteers have a diverse range of experiences and skills, and are eager to help.

"There's not a huge public understanding of epilepsy, so it can be reassuring to talk to someone and realise this is a common experience," she says.

That's exactly how Skye felt when she first connected with the service.

"When I spoke with the volunteer, it was like somebody had turned on a light in a dark room. The lady I spoke to had been through the same thing – she shed light on medication, on doctors, on all the emotions I was feeling, on how to cope. It was a massive relief," she says.

"At the end of each conversation she'd say 'hang in there, you're doing a good job'. It might not sound like much, but when somebody who's gone through this tells you you're doing a good job, it means more and it encourages you."

Joanne says Epilepsy Connect has had a great first year and Epilepsy Tasmania looks forward to continuing the program. The organisation has partnered with a research team led by Dr Lee to evaluate the service and better understand its impact for Tasmanians, and there is hope that it might expand across Australia.

For Skye, getting involved in the service has made all the difference.

"I think I can cope with Savanna's epilepsy a lot better because I'm aware that everything I was feeling was normal," she says.

"The peer support volunteer showed me there is always a way to live a normal life as a family with epilepsy." ■

For more information, go to www.epilepsytasmania.org.au or contact Joanne Parr at joanne.parr@epilepsytasmania.org.au or on 6344 6881

**Skye, Savanna and Katie's surnames have been withheld on request.*

Skye with daughters Melody (left) and Savanna

Healthy smiles for two



IMPROVING women and children's oral health is the focus of a pilot program spearheaded by Oral Health Services Tasmania.

The Healthy Smiles for Two program provides priority dental care for pregnant women who live in the north west of Tasmania, and are either under the age of 18 or have a Health Care Card or Pensioner Concession Card.

Under the program, a partnership with state-run maternity services, the participant's baby will also receive a dental check-up at 12 and 18 months.

Oral Health Services Tasmania Clinical Director Dr Chris Handbury says there is evidence that problems with oral health during pregnancy can have a significant impact on the overall health of the woman and her child.

"Due to hormonal fluctuations, dietary changes and morning sickness, pregnant women can be much more susceptible to gum conditions and this can actually lead to adverse pregnancy outcomes," he says.

"The Healthy Smiles for Two program is all about improving oral health and prioritising access to dental services for pregnant women, not to mention giving a child the best start in life.

"Although it is still early days for the program, it has already been successful in not only raising awareness for patients, but also for maternity professionals in Tasmania."

Running since August 2016, Healthy Smiles for Two has so far seen 90 referrals, which has led to appointments for 36 patients. There is no cost to women taking part in the program.

Evaluation of the program began in November this year, after which Oral Health Services Tasmania may look to roll it out statewide.

Among those to take up the opportunity is mother-of-two Sabrina Lanyon.

Having lost four of her molars following her first pregnancy, Sabrina knows firsthand the importance of good oral health during pregnancy.

"During my first pregnancy, I had such bad morning sickness and vomiting that my stomach acids were constantly eating away at my teeth," she says.

"This meant that in the two years following the birth of my daughter, I had to have four of my molars removed.

"Going into my second pregnancy, I knew I couldn't afford to lose any more of my teeth, so when I heard about the program through my midwife, it was 'yes, please'."

Sabrina says the program also provided her with a number of oral health tips to help care for both herself and her baby daughter.

She says overall, the program has had a "wonderful impact" on her self-esteem.

"When I didn't have my teeth, I never wanted to smile and it's amazing how much that can negatively affect your mental health," she admits.

"But, most of all, I love that the program gave me an opportunity to focus on myself.

"A lot of the time when you're pregnant, it's all about the baby, so it was so nice to be able to take that time to do something for myself." ■

For more information, go to www.outpatients.tas.gov.au/clinics/healthy_smiles_for_two or contact Catherine Galloway at catherine.galloway@ths.tas.gov.au or on 6166 5436

Sinking our teeth into oral health

IN Tasmania, the most common cause of avoidable hospital admissions isn't heart disease, lung disease or diabetes, although they're all high on the list.

It's actually problems with teeth.

Many people are not aware of the impact oral health can have on our overall health and wellbeing, both physical and mental.

Aside from cavities, gum disease and tooth loss, poor oral health has been linked to a number of chronic conditions including cardiovascular disease, cancer, chronic respiratory disease and diabetes.

Oral Health Services Tasmania Clinical Director Dr Chris Handbury says there is now widespread recognition among medical professionals that oral health is a key component in good overall health.

"Good oral health is integral to a person's general wellbeing," he says.

"Not only does it improve health at a biological and medical level, but it contributes greatly to a person's mental and social wellbeing.

"Oral health impacts a person's ability to smile, talk and communicate, and poor oral health in the form of gum disease, tooth loss or pain can have a significant impact on self-esteem and quality of life. The only way to minimise the incidence of poor oral health in the community is through education and preventive interventions.

"We need to continue to keep our messages simple, and acknowledge that while dental and oral health may not always be on top of the priority list, it is key to a good quality of life." ■

Filling service gaps in remote communities



"It's great to see the people we refer to the service being able to have done what needs to be done – without having to go out of the community."

Dianne Baldock

A NEW mobile outreach program is helping improve access to dental services in remote Tasmanian communities.

Starting with Circular Head in the north west, the Royal Flying Doctor Service (RFDS) Tasmania is providing free screening, preventive and restorative dental services for adults with Health Card Cards plus all children.

The Launceston-based outreach service will rotate through a number of remote Tasmanian communities as part of an \$11 million, two-year Australian Government-funded program which started rolling out across the country in May this year.

RFDS Tasmania CEO John Kirwan says the organisation is working with Oral Health Services Tasmania, private dentists and the Circular Head community to make sure the new service is filling service gaps, rather than duplicating what was already on the ground.

Until the new service commenced, free dental services in the area were limited to a children's clinic at Smithton, visits to some schools, and emergency care for adults with Health Care Cards.

"We've been able to provide improved access to dental services because we have an outreach model and we are funded to see a broader range of people," John says.

The RFDS Tasmania model sees a Launceston-based dental therapist and dental assistant travel to Circular Head on a Monday morning and back on a Thursday night.

Their focus to date has been largely on screening and prevention, because "if we can get that right for the children, it means we won't have to do the restorative work when they're in their early 20s or 30s".

Local dentist Dr Jay Kotay was contracted to offer restorative dental treatment in Smithton until the appointment of an RFDS dentist, who starts in December. A dental surgeon will be contracted as needed.

The preferred model – which RFDS Tasmania is aspiring to – is two teams taking a stepped care approach. A therapist and assistant focusing on screening and prevention, and a dentist and assistant following up with restorative work.

The current team takes its van to schools not serviced by Oral Health Services Tasmania and sets up a mobile clinic within school grounds. Dental treatment is also provided from rooms made available by Jay and the Circular Head Aboriginal Corporation (CHAC), both of whom John says have been "absolutely brilliant to work with".

CHAC CEO Dianne Baldock is similarly complimentary about the RFDS service.

"I've been discussing the needs of our community with John for several years and I never lost hope that something would come of it," Dianne says.

"I feel very grateful that we have this opportunity for services to be provided in a culturally appropriate setting which is also open to the broader community.

"I can see the community becoming more empowered and more aware of the importance of oral health.

"It's great to see the people we refer to the service being able to have done what needs to be done – without having to go out of the community.

"Because even though a service might be free, there can be a financial burden associated with getting to and from an appointment in another town."

Jay splits his time between private practice in Smithton and Burnie and is also contracted to RFDS Tasmania.

He says the new service has been very well-received in an area where job losses in recent years have contributed to demand for free health services.

"I think it is benefiting a lot of people, because some of them don't even have cars to travel to Burnie. Travelling to Burnie is quite a big deal and a big drain on their income," Jay says.

John says once the team has done all the screening and restorative work it can in Circular Head, it will move to the next highest area of need. He expects the team to spend around three to six months in each area.

"We're looking at the west coast, the east coast, and the north east," John says.

"We will go back to areas, but if we've done the screening and restorative work, then it becomes more of a care and maintenance approach. It might be that every two years we go back and do the whole thing again."



Sandra, Taneesha and clients

This isn't RFDS Tasmania's first foray into oral health – it has been supporting the provision of dental services on Flinders Island since 1964. More recently it has self-funded projects with a school and with the Aboriginal community in southern Tasmania.

In late 2016 the organisation self-funded a dental outreach trial at Swansea on the east coast which acted as a pre-cursor to the current Australian Government-funded program.

"To some extent that worked some of the bugs out of the system. We learnt some interesting lessons there, particularly about making sure we did really good community engagement about what we're doing, why, and how we will do it," John says.

"That's led to really quite strong community support in the Circular Head area, including locals offering help in a range of ways – it's all those great little things that a country town gives you."

The current Australian Government funding – which has been supplemented by donations to cover establishment costs such as purchase of equipment and vehicles – ends in March 2019, but the RFDS nationally is hopeful of securing ongoing funding.

2018 will mark 90 years of the RFDS providing health services to rural and remote communities.

"The dental program shows how a strong partnership can work in providing services to communities that would otherwise miss out or have to travel," John says. ■

For more information, contact Nicole Henty at Nicole.Henty@rfdstas.org.au or on 6779 1480

Seal of approval for childhood dental program

TOOTH decay is one of the most common childhood diseases – it is five times more common than asthma.

It is also almost entirely preventable.

Data shows more than a third of Tasmanians aged five and six have a history of tooth decay – some of the worst rates in the country.

In an effort to prevent childhood tooth decay, Oral Health Services Tasmania introduced the Fissure Sealant and Fluoride Varnish Program into selected Tasmanian public schools.

Starting in 2014 as a trial in three schools, the program involves applying sealants, which are thin coatings that cover the grooves of the back teeth, and fluoride varnish, which helps strengthen and protect teeth, to the teeth of children aged six and 12.

This is a safe and easy way to help protect the chewing surfaces and reduce the tooth decay rate in baby and adult teeth, says Dr Chris Handbury, clinical director of Oral Health Services Tasmania.

"We came up with the idea for the program after participating in the Closing the Gap project in the Northern Territory, which revealed that fluoride varnish can help reduce tooth decay by up to 30 per cent," he says.

"Although fissure sealants are widely practised in Australia, nowhere else has a program such as ours that delivers it directly through schools.

"This really is a cutting-edge program that is leading the way in reducing tooth decay in children and promoting good oral health at a young age."

Working in partnership with the Tasmanian Department of Education, the program has seen a steady increase in participation and continues to expand.

In 2016, the program saw almost 900 children at 19 schools, providing 924 fissure sealants (an average of two per child) and 628 fluoride varnish applications. Between January and September 2017, 24 schools had participated.

The team takes portable dental equipment directly into schools, and there is no cost to students and their families.

"Tooth decay and dental pain can have such an impact on a child's life, both in regard to schooling due to poor concentration and absences, and home life with parents having to care for a child crying in constant pain," Chris says.

"In addition to offering a preventive treatment, the Fissure Sealant and Fluoride Varnish Program provides an opportunity to screen children for dental problems and promote the benefits of good oral health early in life." ■

For more information, go to www.dhhs.tas.gov.au/oralhealth/fissure_sealant_and_fluoride_varnish_program or contact Dr Chris Handbury at chris.handbury@ths.tas.gov.au or on 6166 5447



Dr Chris Handbury

Changing the script

Tasmania is ahead of the pack in preparing for codeine rescheduling

FROM 1 February next year, medicines containing codeine will no longer be available over the counter in pharmacies.

Australia's medicines regulator, the Therapeutic Goods Administration (TGA), made this decision because of the evidence of the harm that codeine can cause. This includes dependence, poisoning, and – in high doses – death.

Codeine is an ingredient in a number of medicines used for short-term pain relief and treatment of coughs and colds.

The TGA says 12-17 per cent of people taking over-the-counter pain medication containing codeine are likely to be dependent on codeine and at risk of serious harm.

In future, people who have been taking these medicines will need to speak to their pharmacist about other over-the-counter options, or see their doctor to have the underlying problem better managed.

Public health physician and GP Dr Scott McKeown is a specialist medical adviser with the Tasmanian Department of Health and Human Services.

He says in Tasmania, it's estimated that more than half a million packets of medicine containing codeine are sold over the counter each year – that's more than one packet per person per year, on average.

"The decision to reschedule codeine means we need to prepare our healthcare system to be able to provide better care for people that experience pain or opioid addiction problems," Scott says.

PRESCRIBING

"Because every healthcare system does differ in terms of need and access to services, it's really important to have a local response to the scheduling decision.

"And that's really about understanding what are the issues that local care providers and communities face, and how to identify solutions to those challenges."

When the TGA decision was made public in December 2016, Scott and colleagues including chief pharmacist Peter Boyles set up the Codeine Rescheduling Implementation Group (CRIG) to make sure the local transition is as smooth as possible. Scott chairs this group.

"The approach this group is taking is to get the best public health outcomes from this decision for Tasmania," he says.

"We aim to support the community and consumers around the decision, and support pharmacists to provide safe and effective care to most people who've been accessing over-the-counter codeine.

"We also aim to ensure GPs are well supported to provide safe and appropriate care to those who have more complex pain and addiction problems."

"I think we have great opportunities in Tasmania because we have good, strong relationships between the major health and professional organisations – we're building on those strengths to get the best outcomes from this decision."

Dr Scott McKeown

CRIG membership includes members drawn from more than a dozen organisations including consumer groups, professional bodies, and national and state medicine regulators. The professional bodies represent pharmacists, GPs, and allied health professionals involved in pain management.

"It's been really important to get representation from across the entire healthcare system in Tasmania that would be involved in managing and responding to the issues that come from the rescheduling decision," Scott says.

Activities identified by the group – most of which are already underway – include:

- education events for pharmacists and GPs
- development of a HealthPathway (a local care map for people with chronic pain)
- a codeine website for Tasmanian health professionals, including key resources and information about the local response (www.dhhs.tas.gov.au/psbtas/codeine_rescheduling)
- updating a directory to help GPs find local allied health professionals with expertise in pain management
- increasing use of online systems that allow real-time monitoring of the dispensing of certain prescription medicines.

Primary Health Tasmania is represented on CRIG and is taking the lead in coordinating the education events, developing a local HealthPathway and updating the service provider directory.

Consumer information about the changes is being coordinated nationally by the TGA and will ramp up before the rescheduling decision is implemented.

Through his involvement in the national implementation group, Scott can see Tasmania is one of the most prepared states for the change.

"A couple of other states have contacted us to say 'we hear you're doing good work; tell us about what you're doing'," he says.

"I think we have great opportunities in Tasmania because we have good, strong relationships between the major health and professional organisations – we're building on those strengths to get the best outcomes from this decision."

The national reform hasn't been without its critics, but Scott says CRIG members are focused on getting best result for Tasmanians.



Dr Scott McKeown

"We'll know we've been successful if people who have been accessing over-the-counter codeine are able to access safer and more effective management," he says.

"For most people that may be a safer product from the pharmacist, but for some people who have more significant pain or codeine dependency problems, it's about them getting better care and not just receiving a prescription for a stronger opioid medication.

"What's needed is for underlying factors that are influencing a person's experience of pain and opioid dependency to be identified and managed."

Scott sees potential for the good work of the CRIG to extend beyond the codeine regulation changes.

"Together, we've built an understanding about many of the problems relating to over-the-counter codeine – but it has also involved understanding much of the broader issues related to opioid prescribing in Tasmania," he says.

"Many members of the group are keen to continue the momentum and enthusiasm to progress good work in this area." ■

More information about the national changes is available at the TGA's Codeine Info Hub at www.tga.gov.au/codeine-info-hub

For more information about Tasmanian implementation, contact Dr Scott McKeown at scott.mckeown@dhhs.tas.gov.au

Alcohol, Tobacco and other Drugs Council of Tasmania

THE Alcohol, Tobacco and other Drugs Council of Tasmania (ATDC) is the peak body representing the interests of community sector organisations that provide services to people with substance misuse issues in Tasmania.

The ATDC is a membership-based, independent not-for-profit organisation. It is the key support for the delivery of and funding for evidence-based alcohol, tobacco and other drug initiatives in Tasmania.

The ATDC's vision is a Tasmania without drug or alcohol-related harm or discrimination.

The ATDC:

- supports workforce planning and development through training, policy and development projects with, and on behalf of, the alcohol and other drug sector
- represents a broad range of service providers working in prevention, promotion, early intervention, treatment, case management, research and harm reduction
- assists the Tasmanian Government to achieve its aim of preventing and reducing harm associated with the use of alcohol, tobacco and other drugs in the Tasmanian community.

The ATDC works with Primary Health Tasmania to plan the commissioning of alcohol and other drug treatment services, and to ensure the provision of appropriate funding and services in Tasmania for those with substance misuse issues. ■

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atdc Alcohol, Tobacco
and other Drugs
Council Tasmania Inc.

The Australian College of Rural and Remote Medicine

THE Australian College of Rural and Remote Medicine works closely with students, interns, registrars and rural generalists to provide support and networks, and to assist in overcoming the isolation of rural and remote health.

The College has the vision of better health for rural and remote people through access to skilled rural doctors.

It plays an important role in supporting junior doctors and medical students considering a career in rural medicine, and is committed to delivering sustainable and high-quality health services and training to health workers in rural and remote communities. This is facilitated through the provision of quality education programs, innovative support, and strong representation for doctors who service communities throughout rural and remote Australia.

By engaging with medical students through regular networking events, trade booths, and information sessions where Fellows of the College participate in Rural Health Club events, the College encourages young doctors to become specialised rural generalists.

The College works closely with Primary Health Tasmania, the University of Tasmania and the Rural Doctors Association of Tasmania to bring better health services and overall health to Tasmanians.

It has 198 members living and working as rural generalists in Tasmania, 43 of them Fellows of the College. ■

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**Australian College of
Rural & Remote Medicine**
WORLD LEADERS IN RURAL PRACTICE



Primary Health Tasmania has around 40 Tier 1 members which are statewide health and social care organisations. The full membership list is available at **www.primaryhealthtas.com.au/about-us/getting-involved**

Primary Health Tasmania

Primary Health Tasmania is a non-government, not-for-profit organisation working to connect care and keep Tasmanians well and out of hospital.

We are one of 31 Primary Health Networks (PHNs) established nationally on 1 July 2015 as part of the Australian Government's Primary Health Networks Program.

We engage at the community level to identify local health needs and work with health system partners and providers on innovative solutions to address service gaps, including through commissioning services.

We support general practice – as the cornerstone of the healthcare system – and other community-based providers to deliver the best possible care for Tasmanians.

We are driving a collaborative approach to ensure people moving through all parts of the health system receive streamlined care.

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