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primary health matters

TASMANIA'S PRIMARY HEALTH MAGAZINE

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phn TASMANIA
An Australian Government Initiative

primary health TASMANIA

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Cover image: Some of the Health Care Homes team at the Don Medical Clinic (left to right): Jane Lucas-Banks, Codi Taylor, Dr Jane Cooper, Tamara Young.

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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From the CEO

WELCOME to our 10th issue of *Primary Health Matters*, and the first for 2019!

Throughout its various editions, this magazine has explored many innovative and bold ideas for the future of primary health care.

This issue is no different, as we look at how the Health Care Homes trial is faring for two of the Tasmanian general practices taking part.

Staff at the Don Medical Clinic in Devonport and Deloraine Medical Centre are frank about the challenges posed by the program — an initial inundation of admin work, for one — but also clear-eyed about the benefits a team-based model of care could offer their patients.

In both practices' view, enhanced teamwork was a vital reason for signing up, and continuing with, the trial.

Whether it's in morning group huddles or ensuring the practice nurses are working to the full scope of their abilities, both teams believe the program is helping them provide better care to Tasmanians living with chronic and complex health conditions.

And as other stories in this edition show, there are clear and visible benefits to broadening our definition of what a 'team' looks like, and what it means on the ground for local primary health care.

In George Town, the Royal Flying Doctor Service Tasmania's well-regarded Prime Mover program has helped residents with heart and lung conditions finish their rehabilitation in their own community, taking pressure off staff at the Launceston General Hospital.

A story about the Migrant Resource Centre Tasmania's Mitrah program — which connects volunteers with clients from a refugee background — also shines a light on the role community members can play in supporting someone's health and wellbeing.

The role of teamwork when undertaking research is also on display as we report on the Tasmanian Diabetes Atlas, a Primary Health Tasmania research initiative that brought together a working group including Diabetes Tasmania, state health representatives, academics, GPs and specialists.

The result is a statewide statistical picture that service providers can use to discern geographic patterns in the prevalence of diabetes and, ideally, tailor their care to high-need areas.

Of course, these are just a few examples. But the success of each hinges on different people and groups coming together as a team, all in the name of delivering better health outcomes for everyday Tasmanians.

It's not always easy, or fast, or fun — but it's a worthwhile cause. And as we ring in our 10th issue, I can't think of a better one to celebrate. ■

Phil Edmondson
CEO
Primary Health Tasmania

General practices caring for Tasmania's humanitarian entrants

> **"They made sure everything was up-to-date, that we were okay. It's like they took (our health) more seriously than we did."**
>
> **Reza Mohammadi**

Kings Meadows Medical Centre nurse practitioner Jane Laidlaw and Reza Mohammadi

REZA Mohammadi has a scar on his arm — a "gift" from the Taliban.

Born in Mazari Sharif in Afghanistan's north, the 37-year-old became a target of the fundamentalist Islamic militia after working as an interpreter for American forces.

"They didn't like it much," he says.

He and his family fled his home country in September 2013, then spent four and a half years in Malaysia before coming to Australia.

His time in Malaysia was difficult. Unable to work, Reza found himself acting as an advocate for other refugees who were detained by authorities on the pretence of breaking the law.

Thankfully, those days are behind him.

Reza, his wife and two young children arrived in Tasmania in March 2018, where they received initial primary healthcare services in Launceston.

Primary Health Tasmania commissioned local general practices in Hobart and Launceston in early 2018, with Australian Government funding, to provide primary health care to humanitarian entrants recently arrived in Tasmania.

All Round Health and Community Care covers the south of the state, and the Launceston Refugee Medical Service (comprising the Northern Suburbs Medical Service, High Street Family Practice and Kings Meadows Medical Centre) covers the north.

The local clinics provide access to primary healthcare services including comprehensive health assessments, immunisation catch up, disease screening and initial treatment.

They also give those newly arrived in Tasmania the opportunity to continue their relationship with a local general practice after their initial nine-month screening, assessment and treatment service is complete.

"It was very awesome," Reza says with a smile.

"They made sure everything was up-to-date, that we were okay.

"It's like they took (our health) more seriously than we did."

Kings Meadows Medical Centre nurse practitioner Jane Laidlaw has got to know Reza and his family, as well as several other humanitarian arrivals to Tasmania.

She says she's humbled by the stories she hears about families being forced to split up so some can come to Australia.

But then there are the happier times, when a relationship forged during that initial nine-month assessment period is built on by return visits to the general practice.

"They do sometimes come back with illness, but other times it's a happier thing, like when a woman becomes pregnant," she says.

"But I do always worry that the children think all I do is give them needles."

While this specific Primary Health Tasmania-commissioned service doesn't encompass mental health, Jane says she tries to be sensitive to the trauma some of her clients have experienced while providing care.

"Sometimes the stories break my heart," she says.

"I've met somebody recently who still, ten years after arriving here, is still having nightmares."

It's something Reza understands.

He says he arrived in Australia physically intact, but inside, was "totally damaged". It's a wound that will take time to heal after so many years living in uncertainty.

Now, at least, he can start planning for a future — one he hopes will include owning his own berry farm.

"Now I know I have rights, I have identity," he says.

"I'm living in peace." ■

Want to know more?
Go to https://bit.ly/2Fx03zg

"It gives us that chance to do more for the patient, and I feel like I'm giving better care."

Nera Christie
Deloraine Medical Centre

Deloraine Medical Centre staff with Health Care Homes patient Ike Kettle

Health Care Homes in Tasmania: The journey so far

A "HEALTH Care Home" is a general practice or Aboriginal Community Controlled Health Service that coordinates care for people living with chronic and complex conditions.

It's a term health professionals and consumers alike first heard in 2016, when the Australian Government announced the initiative to "revolutionise" the treatment and management of such conditions.

The logic underpinning it is quite simple.

One in four Australians have at least two chronic health conditions, and often need to access services from different health professionals in different locations.

If there's a lack of coordination in the way these services are delivered, patients can become frustrated, their safety may be put at risk, and the cost to the health system can rise.

The Health Care Homes program is designed to make it easier for people to get the care they need, without unnecessary duplication or confusion, by using a team-based approach that allows for flexibility in the way that care is delivered.

A shared care plan is developed alongside the patient, including information about things like their health goals and medications. This plan acts as an authoritative electronic resource for all members of a Health Care Home client's care team.

There's a greater emphasis on phone and email correspondence, after hours support and new technologies to monitor symptoms — ideally curbing the number of unnecessary face-to-face appointments.

For some, it's a model that represents a significant opportunity for primary healthcare reform. A model that champions well-known, oft-used tenets of efficient, effective care: flexible, team-based, coordinated and patient-centred.

But it hasn't been without its critics. Medical news outlets were quick to highlight the original patient enrolment target — 65,000 — was revised last year when the Australian Government announced an 18-month extension of the Health Care Homes program.

Primary Health Tasmania is supporting the local general practices taking part in the Health Care Homes trial and recently spoke to teams at two of them: Don Medical Clinic in Devonport, and Deloraine Medical Centre.

The following pages detail what they told us about the challenges and lessons of their Health Care Homes journeys so far.

Tasmania's Health Care Homes general practices

- Brighton Doctors Surgery
- City Doctors and Travel Clinic
- Claremont Medical Centre
- Deloraine Medical Centre
- Don Medical Clinic
- Glenorchy Medical Centre
- Hopkins Street Medical Clinic
- Kingborough Medical Centre
- Launceston Medical Centre
- Rosny Doctors
- Rosny Park Family Practice
- Sorell Doctors Surgery.

As of April 2019

Ike Kettle

Deloraine Medical Centre

About two years ago, Deloraine local Ike Kettle was sitting in a Hobart specialist's office when he was told he might lose his left foot.

"A nasty hole in the ball of my foot had just appeared, because of my diabetes," the former café owner and bookmaker says.

"The surgeon said there was a chance to save the foot, and so I had a vacuum dressing on it for about eight weeks, which was really traumatic.

"It saved the foot, but it's been ongoing — it looks okay for a while, then it goes the other way."

Partly due to the complexities of managing the wound, Ike was enrolled as a Health Care Homes patient at the Deloraine Medical Centre. In fact, he was the first one on the books under the program.

Practice manager Tanya Barrett says the practice was inspired to sign up to Health Care Homes for its innovative, patient-centred potential.

"We thought it was probably the future direction of health care," she says. "It sounded really interesting, and quite exciting, really."

The local general practice began enrolling patients in January 2018 after a slow, and at times frustrating, start to the program.

Tanya says information was scarce at first, and the data entry requirements meant the admin team was kept busy.

"But because it's a trial, you've got to have the numbers, and things are flowing much better now," receptionist Sharon Davis says.

According to the team, one of the best things about the trial so far is that practice nurses are empowered to work to their full scope of practice.

"Before, I felt like I could do more for my patients, but I was sort of held back," practice nurse Nera Christie says.

"But because of the program and the standing orders with the doctor, it gives us that chance to do more for the patient, and I feel like I'm giving better care."

Without Health Care Homes, Nera says it would be hard to care for patients like Ike because the doctor would need to review him every time his wound looked like it was flaring up.

And for Ike, being able to quickly check in with Nera, and not wait for an appointment, takes away a lot of the stress of living with ongoing health issues.

"I used to walk around the river every day, but then I'd be wondering if it was safe to do that," he says.

"So it just gives you a bit of confidence."

Another confidence boost — since he signed up, Ike's gone down from a tier three (the highest level of patient complexity) to tier two (an increasing level of patient complexity) in the patient classification range.

The 71-year-old is chuffed.

"I've still got my foot, so I'm happy."

"We felt we were already offering a team-based model anyway, so it was a way of utilising the flexibility of funding to manage that."

Ian Abraham
Don Medical Clinic

Don Medical Clinic

"General practice has an interesting history, I think," Dr Jane Cooper says.

"It's gone from little houses with one or two GPs who work full time, on call, to where we are now."

When the Devonport GP signed on to Health Care Homes, she didn't know what to expect — or just how Health Care Homes would fit into the annals of primary health care.

She did, however, like the idea of being part of nationwide research and formalising the flexible approach to care that was already part of the practice's ethos.

But when the clinic underwent a marked transformation in April last year — transitioning from one of those 'little houses' to purpose-built rooms — Jane admits she had doubts.

"At the time it was an extra challenge, and I wanted to pull out of it," she says.

"But one of the factors that encouraged us to persevere was the financial aspect of it.

"We couldn't get doctors to come and work with us, because not many new doctors come into this community.

"So to manage the patient base that we had, we had to look at the team and that whole concept became really a crucial entity to our future."

Business manager Ian Abraham says the Health Care Homes program is now tracking "even Steven" for Don Medical, with more than 150 patients enrolled.

"We felt we were already offering a team-based model anyway, so it was a way of utilising the flexibility of funding to manage that," he explains.

Now they're well and truly into the trial, the entire Don Medical team puts the concept into practice every morning when they meet for a group huddle to share their plans, thoughts and ideas.

Practice manager Jane Lucas-Banks says the 8:45am-sharp huddle is brilliant and has sparked improvements to how the clinic manages its calendar (for example, phone call follow ups are now planned and scheduled).

"The patient is part of the team," she says. "And when you see them at reception, they're thrilled to be part of it."

It's a sentiment Don Medical's practice nurse, Tamara Young, has observed in a woman with complex health needs whose attitude towards her own chronic conditions has changed dramatically.

Before she was enrolled in Health Care Homes, the client would see Jane alone. Now, she's able to speak with both Tamara and Jane, including quick phone check-ins with the practice nurse.

"Before, she was just stuck," Tamara says. "But now, she's proactive, and ready to work on things together.

"That momentum is so important for people with chronic conditions — they need to see things happening in their own health."

Notably, Tamara says patients will sometimes disclose different things to different clinicians, allowing for the entire care team to get a richer picture of the person's experiences and goals.

Senior receptionist Anita McCall agrees. She's studying to be a medical practice assistant with the University of New England, and says learning skills like how to conduct an ECG has increased her ability to contribute to the practice's team-based care model.

"A lot of our patients I've known since day dot when we first opened, and they can open differently to you when you're familiar," she says.

"For example, I was enrolling a patient the other day and she just happened to say she'd had a tight chest. So with the GP's approval, I could do an ECG right then and send her into Dr Cooper."

From her point of view, Jane Cooper says these interactions can act as a "wider lens" on what the patient's needs are.

"And you, as the doctor, don't get burned out." ■

Want to know more? Go to
https://bit.ly/2sJOwp0

Primary Health Tasmania's work for people living with chronic conditions

WHEN we talk about chronic conditions, we're talking about diseases that are long-lasting and have persistent effects.

Primary Health Tasmania's research suggests that although Tasmanians continue to show relatively good rates of engagement with preventive health measures, the burden of chronic conditions is increasing.

Common chronic conditions include chronic obstructive pulmonary disease, congestive cardiac failure, diabetes, and mental health conditions.

With Australian Government funding, Primary Health Tasmania has commissioned services for:

- people with chronic conditions in rural areas
- Aboriginal and Torres Strait Islander people with chronic conditions.

We've commissioned four organisations to deliver primary healthcare services to people with chronic conditions across 21 rural communities. They are:

- Corumbene Care
- Diabetes Tasmania
- Royal Flying Doctor Service Tasmania
- Rural Health Tasmania.

Aboriginal and Torres Strait Islander people experience a higher incidence of chronic health conditions such as heart disease, diabetes and renal disease than the rest of the Australian population.

To help turn this around, we've also commissioned organisations across Tasmania to provide integrated team care — that is, care coordination, outreach workers and supplementary services.

They are:

- Circular Head Aboriginal Corporation
- Flinders Island Aboriginal Association
- Karadi Aboriginal Corporation
- Rural Health Tasmania – No. 34 Aboriginal Health Service
- South East Tasmanian Aboriginal Corporation
- Tasmanian Aboriginal Centre. ■

Want to know more?
Go to https://bit.ly/2sJOwp0

Lifelong learner champions the benefits of belonging

AGEING is changing. And if you don't believe it, just talk to Rowena MacKean.

"Before, a man would retire at 65, mow the lawn for a year and die," the 86-year-old says over a cuppa in the library of her Montagu Bay home.

"Now, he lives until 95. It's so new, to live so long."

How to live well in one's third age — that is, the period when someone's professional working life is over, but the physical and cognitive limitations of advanced older age are yet to come — is something Rowena has dedicated her time to since leaving the paid workforce.

She's completed a Master's thesis on older people's views on their participation in peer-run groups, and the benefits they derive from belonging to them. And, just last year, she made headlines after completing her PhD at age 85.

Rowena says lots of studies had been done pinpointing the components of older people's wellbeing, but very little examining the next step: where, when and how it is most easily achieved.

It's an academic blind spot she wanted to fill because of the ballooning proportion of third-agers within the Australian population and because 90 per cent of those older Australians are leading active, independent lives.

"But if we third-agers are to be an asset to the community, rather than a burden on the health budget, then encouraging us to stay happy, healthy and independent should be a priority in preventive health," she told the Tasmanian Health Conference last August.

Rowena's PhD study involved interviewing 35 older people who participate in nine different peer-run groups on Hobart's eastern shore, such as a local bowls club, craft group and Probus club.

The interviewees, who had an average age of 74, all told Rowena they primarily sought out their respective group for social reasons, with women far more likely to acknowledge help and support as reasons for joining.

And while going along to a sewing group may not sound like a cutting-edge health innovation, Rowena is adamant that the flow-on effects of getting older people out of the house and into self-made groups provide a significant boost to their personal sense of dignity and wellbeing.

"Preserving that pride and feeling of responsibility is what keeps older people out of nursing homes — it's absolutely saving their lives," she says.

"You've got to have meaning and purpose, and these groups help fulfil their participants' need to restore or replace life satisfactions that have changed or diminished in the transition to older age."

The value of these peer-run groups as sites of learning is also considerable, she says, not only as it relates the group's specific interest (e.g. playing squash) but also because of the exposure a participant receives to others who are navigating the third age of their life.

As Rowena puts it: "Belonging to a group of one's peers offers the chance to observe, learn and practise the strategies for successful living in older age."

The former high school teacher's research also made a strong case for the wider community benefits of groups facilitated by older people, such as acting as a conduit of information and cooperation between the participants, their communities and the authorities.

On a purely practical level, Rowena is also quick to point out the relative cost-effectiveness of helping older people get together and says local councils are well-placed to support the initiative.

"More often than not, all people need is a room and somewhere to make a cup of tea," she says.

Recognising the value of these groups — to older people and the community alike — is an important step towards acknowledging and preserving the independence of third-agers and their value to society as a whole.

"It's a fact of life that this is a large and growing demographic — so what are they going to do with us all?" Rowena says.

"It's a really big, worldwide social problem, and it certainly impinges on primary health."

"Unless this group can have meaning, purpose and dignity, and a feeling about a future, then we're just going to sit around getting sick." ■

Want to know more? Go to https://bit.ly/2HRCEKI

"Preserving that pride and feeling of responsibility is what keeps older people out of nursing homes — it's absolutely saving their lives."

Rowena MacKean

Participants in MADE's Movers and Shakers class in Hobart

The mature dancers from Hobart making international moves

A mature-age Hobart dance company is making waves overseas and helping people with chronic health conditions use creativity to keep moving.

ABOUT 14 years ago, Shirley Gibson was flicking through a local newspaper when an advertisement calling for people interested in mature-age dance classes caught her eye.

Shirley answered the ad and, although she couldn't have known it then, started on a journey that would ultimately take her from a rehearsal room in Hobart, all the way to a stage in Saitama, Japan.

Mature Artists Dance Experience (MADE), founded in June 2005, aims to provide high-quality dance theatre experiences for mature artists.

The membership, which initially numbered around 10 and is now 50-strong, encompasses non-professional dancers of all ages and a performance ensemble reserved for those aged 50 and over.

In their own words, MADE's dancers "were flower children in the swinging sixties; wild young things in the psychedelic seventies; ensigns of responsibilities in the austere eighties and captains of industry during the nineties".

Carving out a community-based, non-competitive space for adults passionate about dance was an idea founding member Shirley — who describes herself as a lifelong amateur — had considered before she spied the well-timed newspaper article.

"You'd see so many young dancers would get married, have children, and then just give it up. And they would've been fabulous dancers," she says.

MADE gives the opportunity for those dancers to be active again as well as anyone wanting to take up dance at any stage of life.

Last year, 11 MADE ensemble members travelled to Saitama province on the outskirts of Tokyo to take part in the World Gold Theatre Festival, which aims to celebrate mature artists from around the globe.

The MADE ensemble performed a piece called *The Frock* by former Sydney Dance Company artistic director Graeme Murphy, which brought together spoken word, song, installation and more, to tell the story of each dancer's "best dress".

"We received some beautiful comments, and some people were quite emotional," Shirley recalls.

"One young Japanese woman said the piece really gave her an understanding of how precious memories are, because she was dealing with her father with dementia."

The ensemble also found space in its itinerary to lead a workshop at an aged care centre for about 50 people, aged 80 and above (the oldest participant was 103).

Back on home soil, MADE now offers four different classes a week, including Tasmania's first dance class in the state for people living with Parkinson's.

Slyly titled "Movers and Shakers", the workshops have now expanded to include people with neurological conditions, multiple sclerosis, dementia, limited mobility, muscular pain, as well as those who have experienced a stroke.

About 50 per cent of MADE's participants come to class to address a specific health issue, Shirley estimates.

Broadly speaking, she says they see physical health benefits such as improved balance, core strength, muscle tone and mobility.

"There's also a lot of research which indicates people suffering those conditions can become isolated, as well having the negative physical effects," she says.

"We really try to make people feel welcome. Even just chatting before class and becoming friendly, it all adds to that social cohesion and feeling as though you belong."

Members are also encouraged to take an active role in the formation of new dances and movements, instead of passively absorbing a choreographed routine.

Sue Pickard

"We've found that being part of a creative process — developing a movement, theme or story — is so important," she says.

"I can't stress enough the overall wellness it brings. You're using your memory, your mind — and if you don't use it, you lose it!"

Sue Pickard, 71, played a central role in *The Frock* and says the choreography was altered throughout the rehearsal process to accommodate her arthritis symptoms.

Former physiotherapist Jill Clennett, who also takes part in both Movers and Shakers and the MADE ensemble classes, has a replaced heart valve, arthritis and some nerve damage in her feet.

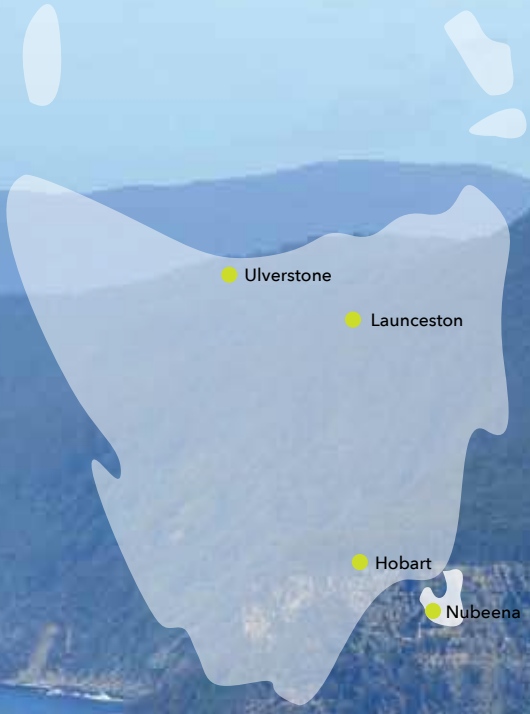
But she loves being challenged to use her imagination, and not just her body, in class.

"If you go to a class you're just copying the movements, but if you're preparing to perform you have to know your positions, cues, and also act out a narrative," the 73-year-old says.

"So, I do think the performance aspect of it all makes an enormous difference." ■

Want to know more?
Go to www.madecompany.com.au

Tasman



Geography

Spans 659 square kilometres

Located on Tasmania's picturesque south east coast

Population is regionally dispersed, with most people living in and around places such as Nubeena, White Beach, Highcroft, and Port Arthur

Population

2372 people – 48.6% female, 51.4% male

Median age 55 (state average 42)

People aged 65 and over make up 29.2% of the population (state average 19.4%)

Aboriginal and Torres Strait Islander people make up 5.2% of the population (state average 4.6%)

Health risk factors

51.4% of population don't eat enough fruit (state average 59.6%)

Images courtesy of Tasman Council

Illness

76.2% of children are fully immunised by age 5 (state average 92.4%)

Primary health service centres

1 allied health facility (psychology practice)

1 general practice

1 pharmacy

1 aged care facility

Primary Health Tasmania supporting Tasman

Commissioned services and other activity including:

- diabetes education and support services
- services for people in rural and remote areas with chronic conditions
- services for Aboriginal people with chronic conditions
- social and emotional wellbeing services for Aboriginal people
- alcohol and other drug treatment services
- mental health and wellbeing services
- suicide prevention services.

Data profiles for every Tasmanian local government area, including references for the information on these pages, are available at **www.primaryhealthtas.com.au**. Just search on the full LGA name.

Royal Flying Doctor Service Tasmania's Zoe Page with George Town local Tony Ciffo

Prime example of preventing unnecessary hospitalisation

A COUPLE of years ago, Tony Ciffo was walking down a supermarket aisle in Darwin when suddenly, he couldn't move.

"I'd have to take a trolley with me to stay upright because I could only walk one and a half aisles and then everything would just lock up," the 61-year-old George Town local says.

"I could not move for about a minute, and then I was good to go. I'd shoot off for another aisle and a half then lock up again."

These sudden, immobilised moments combined with unexplained weight loss led the power station manager in and out of doctors' offices for months until, finally, he was diagnosed with a chronic autoimmune neuromuscular condition called myasthenia gravis.

All up, Tony's had three cardiac-related episodes in the past few years, thought to be linked to a combination of myasthenia gravis and stress.

His last episode was about 10 months ago and warranted a week at the cardiac unit at the Launceston General Hospital (LGH), before Tony was referred to rehabilitation.

After he completed his acute stage rehabilitation at the Northern Integrated Care Service (NICS), Tony was then offered the chance to continue his recovery in George Town with the Royal Flying Doctor Service Tasmania's Prime Mover program.

The program is one of a range of services provided by Royal Flying Doctor Service Tasmania under Primary Health Tasmania's rural primary health program for people with chronic conditions living in rural parts of the state.

It's available in the northern, rural local government areas of Break O'Day, Dorset, Flinders Island, George Town, and Glamorgan-Spring Bay, and will shortly also be on the ground in the Huon Valley, Bruny Island and Tasman Peninsula.

For Tony, the decision to sign up for Prime Mover — an integrated Phase III cardiopulmonary program that supports people with stable heart and lung conditions — was an easy one.

Opting to take up Prime Mover in his local community meant Tony didn't have to worry about a 90-minute return trip to Launceston every week or finding a suitable car park near the hospital.

It was also a choice that helped set Tony off in a completely new direction. For the first time in years, he shook off the sedentary habits of an office worker with tailored exercise interventions, making changes to his eating habits and losing weight. He also got into the habit of notching up 10,000 steps a day.

Royal Flying Doctor Service Tasmania physical and rural health team leader Zoe Page says Tony has been a fantastic Prime Mover participant and is a great example of how rehabilitation delivered in a person's local community can improve their quality of life.

Broadly, she's noticed a steady uptake of general referrals from the hospital over the past few months, particularly from those with lung conditions.

"Those people can rebound back into hospital multiple times a year — now, they can come to us directly from hospital instead of travelling to a pulmonary rehabilitation program in Launceston," she says.

"People are discharging and starting their rehabilitation in their local community, straight away."

Zoe says the Lung Boosters in Launceston is a great program, however, the fact that it runs out of the NICS building alongside the LGH can pose challenges to people who don't live in Launceston and have limited transport options.

"If someone's got chronic obstructive pulmonary disease of some description, they'd be referred on discharge to Lung Boosters at the NICS building where they usually attend a class once a week," she says.

"But that means they have to travel once a week into Launceston, and some of these people might be from Triabunna or St Helens. A lot of people may not commence rehabilitation, particularly the lung condition group, because they say 'I can't drive to Launceston once a week'."

There are real risks if people don't complete their rehabilitation properly, Zoe says.

"It increases their likelihood of having some sort of secondary event, which could potentially be even more serious than the first or require a serious medical intervention. The cost can be huge, as well as the negative outcomes for the individual and their families," she says.

"There's the mental health aspect as well. If you're in and out of hospital three or four times a year, it's really debilitating for people on a number of levels."

It's a sentiment shared on the hospital side by John Aitken, in his role as clinical nurse consultant for the cardiac and rehabilitation department.

John says Prime Mover has had a significant impact on the waiting list times for the hospital's cardiac rehabilitation program.

He says in 2017 a person would have had to spend about three months on the waitlist. Now, category one patients are being seen within four to six weeks, in line with clinical best practice guidelines.

"As a result, we've been able to take on more acute patients who are more at-risk and high needs," he says.

"It also takes the stress and anxiety out of it from those other patients' perspectives because they're not sitting at home waiting for as long."

John says national statistics show people are less likely to fully complete rehabilitation programs if the classes aren't accessible in their local community.

"So for every twenty kilometres outside of Launceston, we have an estimated twenty per cent decrease in their attendance rate," he says

The tangible benefits of a free, locally based program like Prime Mover are particularly welcome in Tasmania, given the state has the second highest rate of cardiovascular disease in Australia, he says.

"It's a very achievable program, and in the long run, it does take the pressure off the hospital."

Primary Health Tasmania's rural primary health program is funded by the Australian Government. ■

Want to know more? Go to https://bit.ly/2Oo2dUR

Launceston General Hospital clinical nurse consultant John Aitken

The Tasmanian Diabetes Atlas in action

Susan and Guy Wigg with Anne Acheson

WHEN Burnie retiree Susan Wigg found out her husband Guy had type 2 diabetes, she was terrified.

Her 77-year-old partner was in hospital for heart failure at the time, in the latest of a series of unfortunate health setbacks after contracting whooping cough in his early 50s.

But Susan felt especially daunted by the diabetes diagnosis.

"At first, I was just absolutely terrified," the former Smithton High School principal says.

"I actually taught health, but (the diagnosis) really floored me. It was just overwhelming."

Thankfully, things got easier after she and Guy started working with Diabetes Tasmania's Anne Acheson.

The diabetes nurse educator was able to soothe the couple's anxieties about the "sneaky" condition in one-on-one consultations, as well as regular check-in calls, as part of statewide diabetes education and support services commissioned by Primary Health Tasmania.

"Diabetes is ongoing and ever-changing," Anne says. "When we sit down for the first one-hour consultation, there's a lot of demystifying involved.

"All up, it is quite a journey."

Since beginning their journey, Susan and Guy have also taken the opportunity to participate in Diabetes Tasmania's popular group education sessions, such as the SMART programs.

The series of short, specific type 2 diabetes programs include CarbSmart, ShopSmart and FootSmart (which are not funded by Primary Health Tasmania).

"I've found them invaluable," says Guy, a farmer. "We do a lot of label reading these days."

The pair also attended the DESMOND program for people with newly diagnosed type 2 diabetes, and provides information in an interactive way to give them tools to feel less concerned about the diagnosis.

Susan and Guy aren't alone. Between 27,000 to 33,000 Tasmanians live with diabetes, with people residing in parts of the north west statistically more likely to be at high risk of developing the condition.

That's just one of the findings of the Tasmanian Diabetes Atlas — a Primary Health Tasmania research initiative.

"Diabetes is one of the biggest chronic conditions across the world, and in Tasmania many people are affected by it, and many services are provided for these people by multiple different groups," Primary Health Tasmania clinical epidemiologist Sarah Ahmed says.

"We thought it would be worth consolidating the information all of these service providers would need in one place to improve the coordination of care provided for people with diabetes."

To compile the Atlas, Primary Health Tasmania convened a working group that included Diabetes Tasmania, state health representatives, academics, GPs and specialists, then applied to access existing collected data about diabetes in the state, such as pathology reports.

Mapping this data in an Atlas means service providers can use geographic patterns to guide their care delivery and, ideally, address the condition before it takes hold.

"For example, the Atlas showed that parts of the north west of Tasmania appear as hotspots when we look at people who have normal pathology results but are clinically assessed as being at high risk of developing diabetes," Sarah explains.

"This allows for the targeting of preventive services towards individuals in that area — because they are still in the phase where, with the right care, they can prevent progression to full-blown diabetes."

She says the Atlas has also identified areas where people appear to be over-tested when they moved between GPs and hospitals. In turn, this allowed for workforce-based initiatives to improve coordination of care between providers.

On the Diabetes Tasmania side, chief executive Caroline Wells says the Atlas is such a useful tool to help the organisation identify areas of high need — such as those with evidence of elevated HbA1c results — and plan their services accordingly.

Looking forward, the plan is to maintain and update the Atlas, so the most up-to-date insights can continue to be passed on to local providers.

It's a similar journey for Susan and Guy, on the ground.

"We're still learning," Susan says.

"But we're living with it, and it's not such a big deal anymore." ■

Want to know more about our commissioned diabetes education and support services? Go to https://bit.ly/2UZUpLD

Diabetes in Australia

- 280 Australians develop diabetes every day — roughly one person every five minutes.
- For every person diagnosed with diabetes there is usually a family member or carer who also 'lives with diabetes' every day in a support role. This means that an estimated 2.4 million Australians are affected by diabetes every day.
- The total annual cost impact of diabetes in Australia is an estimated $14.6 billion.

Source: Diabetes Tasmania

Image courtesy of FXNL Media

Riders tour Tassie to tackle persistent pain

PAIN Revolution is a non-profit movement founded by pain researcher Professor Lorimer Moseley dedicated to ensuring all Australians have access to the knowledge, skills and local support to prevent and overcome persistent pain.

To do this, it has established two main initiatives: a community-based health promotion called the Local Pain Educator program, and its Rural Outreach Cycling Tour, which puts pain experts on bikes and sends them pedalling throughout regional Australia.

The Pain Revolution Rural Outreach Tour hit Tasmanian shores on 16 March, with riders spending a week cycling through an impressive itinerary that included Devonport, Burnie, Smithton, Launceston, Scottsdale, St Helens, Swansea, Hobart, Glenorchy, and Huonville.

Almost every stop featured a public seminar, to raise awareness about living with persistent pain, as well as a dedicated forum for health professionals, supported by Primary Health Tasmania.

All up, around 1500 attendees took part in 20 events across 10 locations.

The last stop on the 700-odd kilometre ride was at Huonville, where Adelaide-based clinical physiotherapist Dr Carolyn Berryman told local health professionals educating people about persistent pain was a crucial part of liberating them from it.

"Learning about pain is an effective intervention, because once you've learnt about it, you can facilitate the healing process," she said.

In this, she says the local communities, and Local Pain Educators, play a key role in supporting people on a journey to better understand the cause and nature of their pain.

Pain Revolution volunteers like Carolyn want to help people living with disabling persistent pain understand they're not alone, with research suggesting about one in four rural Australians is affected by it.

Physiotherapist Hayley Leake, who is competing a PhD about pain management in young people, says it's important to remember that even though someone's pain may be hard to understand, it is always real to the person experiencing it.

"Being able to educate someone in pain about pain empowers them to make informed decisions," she told the Huonville event.

She said pain can depend on the perceived balance between safety and danger — something the Pain Revolution addresses in "DIM SIM therapy".

The acronym isn't about takeaway food.

It refers to the broader context in which someone's pain may exist, with both "danger in me" (DIM) and "safety in me" (SIM) factors.

The Pain Revolution wants people to grow their understanding of their pain, then make plans to seek out SIM influences — things like socialising or gentle exercise — and say goodbye to unhelpful DIMs like staying at home all the time or stopping moving altogether.

Their logic is simple: if the balance tips too severely to the DIM end of the scale, the peron's experience of pain is more acute.

And in most cases, it takes times to find the right balance. Health professionals in Huonville heard people may be used to dealing with their pain in a particular way — with opioids, for example — or need time to build their knowledge of its origins and influences, and retrain their pain system so it's less overprotective.

But it is possible, according to Carolyn, with a combination of patience, curiosity, and the right support.

"You must be more persistent than the pain itself." ■

Want to know more? Go to www.painrevolution.org

Pain in Australia

- Pain is the most common reason that people seek medical help.
- One in five Australians lives with chronic pain including adolescents and children. This prevalence rises to one in three people over the age of 65.
- One in five GP consultations involves a patient with chronic pain and almost five percent report severe, disabling chronic pain.

Source: Painaustralia


Carol Bristow

Finding a universal language for suicide support

HOW do you talk about suicide with someone whose native language may not even have a word for it? That's just one of the challenges Beth Lord wrestles with every day.

The Migrant Resource Centre Tasmania staffer leads the CALD Community Connections Project, which aims to help people from culturally and linguistically diverse communities across the state respond to suicide risk.

The statewide project is supported by Primary Health Tasmania under the Australian Government's PHN program and covers a wide-ranging brief that includes building collaborative links with local communities, improving responsiveness to suicidality and reducing stigma.

Even within mainstream Australian society, this can be difficult — but for Beth, there's the added challenge of negotiating the unique cultural perspectives and experiences of clients from Afghani Hazara, Bhutanese, Burmese, Ethiopian, Eritrean, Iranian, Karen, Syrian and other backgrounds.

"For example, they might say yes, there was suicide in their community, and it was because of black magic or a curse on the family, or the family member may have sinned in the past," she explains.

"So the question becomes, how would we work around that here? Because this is how we might see it, and this is how you might see it."

Beth says approaching the topic of suicide indirectly, in such a way that the person doesn't feel they're being individually targeted, can be the best way to eventually bring about a frank discussion.

"Say if a younger man in the Afghani community was concerned about his father or uncle, they would likely believe they cannot and will not ask them if they're feeling suicidal because it would be too offensive. They say it wouldn't save their life, it would bring them too much shame," she says.

"But one of the young men suggested he could say, 'My Australian friend's uncle was going

through a similar thing to you, and he was feeling really sad, and he actually attempted to die. Have you ever felt that bad?'

"So it's just going about it in a gentler way."

Workshops and training events also help equip other community members with the skills necessary to identify and support someone at risk of suicide, including regular safeTALK sessions.

SafeTALK gives participants four basic steps to recognise people who might need help, and connect them with it: Tell, Ask, Listen and KeepSafe.

The training is available to anyone interested in preventing and addressing suicide, including volunteers of the centre's Mitrah program, which supports people who are at elevated risk of suicide to engage with their community and improve their life skills.

Former primary school teacher Carol Bristow joined the program after its launch in 2017 and has since worked with two people — a man and a woman — who fled persecution overseas to come to Australia.

"When I retired from teaching, it was one of the things I wanted to get involved in. And I didn't want to just fill in time, I wanted to do something worthwhile," she says.

Now, through Mitrah, she meets up with a man of Kurdish background once a week and provides friendship and support.

Like Beth, Carol has found that there's a way to talk frankly about suicide without necessarily using the word.

"I've never discussed 'suicide' and 'depression', but I've always asked how they are, and have they been to their doctor, how are they feeling — things like that," she says.

"If they mentioned it in those terms, I would talk to them about it, but you're there to be a support."

Mitrah program volunteers act more like 'buddies' for Migrant Resource Centre Tasmania clients

Beth Lord

and, where necessary, seek help from centre staff for guidance.

Carol says having a shared project or task is also a good way to build trust and help reduce stress for the person, who may not have strong English language skills or know how to access certain services.

One of the nicest memories she has of her volunteering experience so far was looking after a man's two children while his wife went to hospital to give birth to their third.

"They had no one else, but I said I would look after them so he could be there," she says.

"When I saw them come out with the baby, there was a big smile on his face."

In a way, Carol says being a Mitrah volunteer is a bit like being extended family to people who have, in many instances, none of their own nearby.

And in return, she loves being able to learn about their cultures, such as the music and food, and build a friendship during their weekly catch ups. Because even if she's not a clinician herself, Carol says there's one thing she can be: a friend.

"There's a huge emotional benefit to volunteering — it's not a one-sided thing," she says.

"To befriend someone isn't a big task." ■

Want to know more? Go to www.mrctas.org.au

Primary Health Tasmania's work preventing suicide

PRIMARY Health Tasmana has commissioned three local providers, each with a unique focus, to deliver suicide prevention services within Tasmania.

They are:

- Migrant Resource Centre Tasmania (supporting culturally and linguistically diverse communities)
- OzHelp Tasmania Foundation (delivering workplace education and training in mental health and wellbeing)
- Rural Alive and Well (supporting people living in rural and remote parts of the state).

Primary Health Tasmania also coordinates the Tasmanian component of the Australian Government-funded national suicide prevention trial, with local trial sites focusing on men aged 40 to 64 and people over 65.

The local trial activity is taking place across three sites: Break O'Day, three north west municipalities (Burnie, Central Coast and Devonport), and Launceston.

"Preventing suicide is a significant challenge, and one that can't be addressed without communities, health organisations, governments and individuals coming together," Primary Health Tasmania's Martina Wyss says.

"The work we do in suicide prevention is meant to reflect that breadth and combine targeted services and activities with those that can support any Tasmanian touched by suicide."

Tasmania is also the first state to develop a local version of the National Communications Charter, led by the Mental Health Council of Tasmania and adopted by Primary Health Tasmania, which is designed to guide the way organisations talk about mental health and suicide with each other and with the community.

"The Tasmanian Communications Charter brings together the mental health and suicide prevention sectors along with government and community leaders to promote a shared understanding and common language around mental health and suicide," Martina says.

"By working together with a common language, we can take steps to reduce stigma and increase help-seeking behaviour within our community." ■

Helping young people build a life worth living

MAX* is 15. He's been diagnosed with post-traumatic stress disorder and attention deficit hyperactivity disorder, and sometimes has trouble controlling his emotions and managing relationships.

But lately, things have changed for Max. He's started to reflect more on his actions and show empathy towards his mother. He's even begun practising mindfulness skills – something he dismissed as "just meditation" until now.

These changes haven't come out of nowhere. They're the result of Max's willingness to engage in dialectical behaviour therapy (DBT) under the guidance of Life Without Barriers' clinical youth mental health team.

DBT is an evidence-based type of psychotherapy designed to help people to better manage their emotions and behaviours.

It was initially designed to treat borderline personality disorder but is now used to help people with a range of mental health conditions, including people who may be struggling with self-harm urges and behaviours or suicidal thoughts.

For Max, engaging with DBT can be slow and uncomfortable at times. But he knows it's worth it, and feels he now has more tools at his disposal when difficult situations arise.

Last year, Primary Health Tasmania offered free comprehensive DBT training run by clinician and researcher Peter King (from the Australian DBT Institute) for its commissioned providers working with young people living with complex and severe mental illness.

Life Without Barriers #synergy youth mental health service clinicians (left to right) Ceara Rickard, Tracey Chesler and Romilly Davis

Life Without Barriers' #synergy youth mental health service is one of these providers, and delivers a clinical youth mental health service for 12-25 year olds with or at risk of severe and complex mental illness in southern Tasmania.

Clinician Ceara Rickard completed the training and says DBT is especially relevant to her work with young people trying to find stability in their lives.

"In a nutshell, it's about teaching useful life skills that are really helpful for all of us but are particularly useful for people who may struggle with big emotions," Ceara says.

"It includes teaching people about mindfulness as well as interpersonal effectiveness and managing relationships, and putting boundaries in place with people in a way that works.

"It teaches distress tolerance, which is that idea that when something awful happens that you can't change, how do you cope and live your life anyway. And it also teaches emotion regulation skills, so you can manage the ups and downs of emotions."

DBT champions 'walking the middle path'; that is, swapping a black-and-white way of thinking for a more flexible perspective and allowing for different, seemingly opposing things, to be true.

Ceara says it's a more recent therapeutic intervention than cognitive behavioural therapy (CBT) and, by contrast, doesn't require the participant to extensively process or contemplate their internal state.

The team feels this is an important distinction to make when dealing with young clients, many of whom have a significant history of trauma.

"If people are not at a point where they are safe and stable, it may not be therapeutically appropriate to go into processing work, because they're just not ready for it," Ceara explains.

"So teaching DBT skills as a first step is very much about the principle of 'do no harm'."

Life Without Barriers senior clinician Tracey Chesler says she and her team members were already familiar with some of the therapeutic principles and skills taught in the training program.

But they are now able to apply them in a more structured way and with increased confidence, both with young people and with family members.

Tracey says one of her young clients, aged 23, experiences chronic, deliberate self-harm urges and has found the TIPP (Temperature, Intense exercise, Paced breathing, Paired muscle relaxation) skills — some of the more than 20 different skills explored in the DBT workshops — particularly helpful.

"Having that follow-up training after we went away and put what we learnt into practice … was incredibly helpful."

Romilly Davis

"When she's having strong urges to harm herself and is feeling highly distressed and unable to think clearly, she will sometimes use the Temperature skill and place her face in cold water for a few seconds or hold an ice pack wrapped in cloth on her cheekbones and below her eyes," Tracey explains.

"By changing her body temperature to reduce her arousal, she's more able to regulate her emotional state and she feels it helps her feel calmer."

As a result of the training, program manager Nicky Osborne says there's been significant upskilling and capacity building across the statewide Life Without Barriers mental health team, which is also in the process of developing a DBT group skills program as part of its service.

All team members have also started taking part in a weekly, structured DBT consult group to discuss and compare the practical application of the therapy in their work with young people, parents and carers.

Romilly Davis, a clinician who also works in the #synergy service at Life Without Barriers, says completing the training over an initial four-day block, followed by two face-to-face sessions months later, was particularly useful.

"Having that follow-up training after we went away and put what we learnt into practice, had some successes and some failures, and then bringing it back to Peter King … was incredibly helpful," she says.

"Because with a lot of training you'll go and think, that's great, I'll do it. And then chances are you'll do it a little bit, but then things can start to fall away sometimes."

The second block of training days helped the clinicians consolidate what they'd learnt and, in turn, start to teach their young clients DBT skills in more flexible and creative ways.

Just one example? Mindfulness, by way of mindful eating. For example, using a piece of chocolate or a food with different textures.

"An example of how I've taught mindfulness to a young person who really struggled with basic literacy was by mindful eating," Ceara recalls.

"So I used the opportunity to train them in mindfulness, saying things like, 'pick up the piece of food slowly, notice the warmth on your fingers, the different textures, things like that.

"If I were to teach a young person like that just some mindful breathing techniques, or some of the other more traditional methods, it probably wouldn't have worked."

It's all about providing tangible skills as an achievable first step for someone to take when they feel mentally paralysed, and don't know what to do.

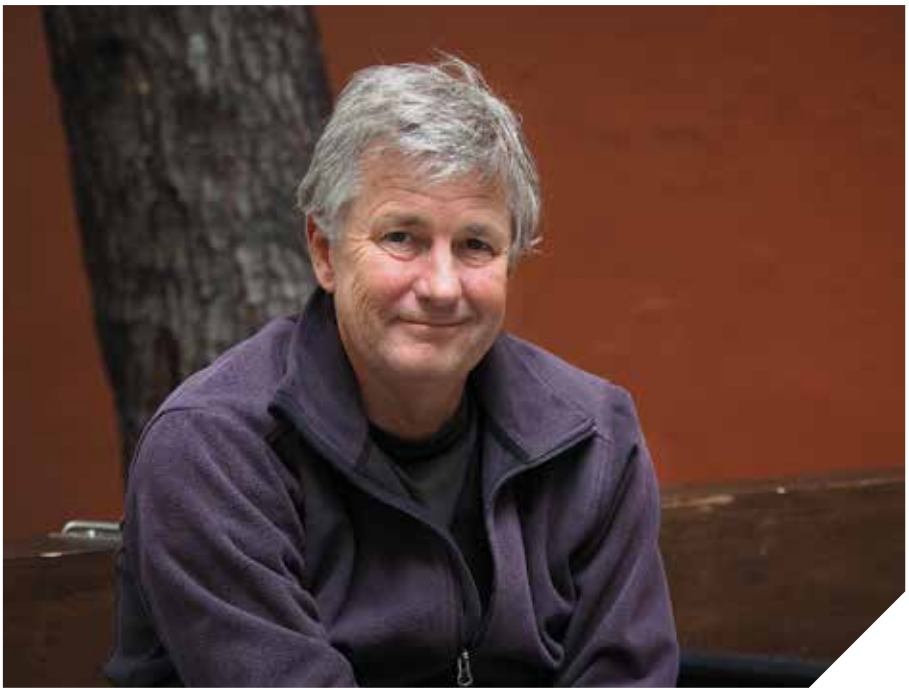
And helping them out of that immobilising spiral is no small feat — in Romilly's words, it can be the difference between life and death.

"To quote American psychologist and founder of DBT, Marsha Linehan: it's about helping a young person build a life that is worth living." ■

**Full name withheld for privacy reasons*

Want to know more about our commissioned youth mental health services? Go to https://bit.ly/2TTvPzi

Get to know: Bruce Levett, executive officer of Tasmania's new health consumer organisation



BRUCE Levett was born in Burnie and worked in government and private sector roles in his home state before moving to Melbourne in 2000. He later spent a year in the Solomon Islands, then returned to Tasmania, where he's now tasked with building the state's fledgling health consumer organisation.

What's your experience with the health system?

I don't come from the health system. My personal work history means I understand government, business, commercial and community engagement processes very well, but I don't know the health system in detail, which allows me to look at things with fresh eyes. I can ask the 'silly questions'. Whereas, if I was from the system, you might tend to gloss over the basics.

Why do you think having a dedicated Tasmanian healthcare consumer organisation is important?

There are quite a few reasons. Firstly, governments do a lot of the policy (work), but often it's very hard for them to talk to people in the community. The (Tasmanian) government, to their credit, is asking how they can do that better and are looking to us to give them advice on how to engage with consumers. There is a large group of communities out there that don't have a voice, and it's very hard to engage them, so part of the challenge for us is to actively seek them and their views out.

Secondly, the health system is very fragmented and reactionary, so the public commentary is often about what's not working. For us, there's a really strong need to get a deep, proactive conversation going in the community about what they want from their health system in, say, 10 years' time and getting their voice into a long-term picture. Part of our aim will be to build consensus on that.

Engaging with groups that don't have a voice – how do you do that?

It's very hard, and those groups won't turn up to a nice, formal venue, and they won't often fill out surveys. So it's about getting out and meeting them and in some cases, engaging other people to talk to them, because they might not want to talk to an older, white professional like me, with grey hair. They may want to talk to their peers. It's not a short-term conversation, so it will take a bit of time.

It's early days for the Tasmanian health consumer organisation, but where do you think your opportunities to make a difference are at this stage?

The opportunities for us are massive, and credit goes to the health minister, the Tasmanian health department secretary and Primary Health Tasmania for providing three years' funding so we can build an organisation that is co-designed with consumers. Because of that, we are in a rare position to build an organisation that works for Tasmania, and we know it needs to be statewide and inclusive. It's quite a brave thing (for the state government) to do — to say, let's take a step back and let the community help shape our conversation.

Our early priorities will involve identifying and training consumers to be effective advocates within the system and I am pleased we have nearly 40 people who have already expressed an interest.

Looking forward, what are your aspirations for the organisation and the role it could play in Tasmania?

We want to work in collaboration with the health department and the service providers and be solution-focused. We want our organisational voice represented at the highest levels of decision-making. It doesn't mean the decision-makers have to do everything we suggest, but it means the consumer voice is there at the table, and part of the policy conversation. ■

Want to know more? Go to https://bit.ly/2Ue0bfu

Primary Health Tasmania

Primary Health Tasmania (Tasmania PHN) 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 similar organisations under 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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