

primary health matters

TASMANIA'S PRIMARY HEALTH MAGAZINE

IN THIS ISSUE

A pathway through persistent pelvic pain

Sweaty Bettys: Bruny Island women are stronger together

Harnessing the power of health data



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Cover image: Three members of the exercise group Sweaty Bettys at Alonnah, Bruny Island

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Primary Health Tasmania ABN 47 082 572 629

From the CEO



In every corner of Tasmania, people are coming together in innovative ways to strengthen health care, often through thoughtful, determined, and deeply local action.

This, our 20th issue of *Primary Health Matters*, highlights some of those efforts and the meaningful change they're helping to create.

Persistent pelvic pain remains a challenging condition for many Tasmanians; often undiagnosed, misunderstood, or dismissed. In this issue, we explore how the Vagenius GP training scholarship opportunity (page 3) and Family Planning Tasmania's persistent pelvic pain pathway (pages 4-5) are helping to build confidence and capability among practitioners to provide better support to those affected.

We also examine workforce innovation in action—from Don Medical Clinic's use of data to improve care and planning (pages 18–19), to Port Sorell Medical Centre's national recognition for quality improvement through data (pages 16–17). These stories show how clinical insight, when paired with the right tools, can deliver better outcomes at every level.

The power of community-led models comes to life through the Sweaty Bettys, a women's fitness group on Bruny Island whose success is now informing similar rural health initiatives around Tasmania (pages 8–9).

Other features spotlight the importance of inclusive, culturally safe care, including outreach for northern Tasmania's Nepalese community and work by medical practices in Mowbray and Hobart.

This edition also includes an update on Tasmania's eReferral rollout, five years on, and a profile of audiologist Heidi Modrovich, one of many allied health professionals supporting Tasmanians' health and wellbeing every day.

Thank you to everyone involved in these articles, and to all those who continue working quietly behind the scenes to improve primary health care across the state. I hope you find these stories as engaging and inspiring as we have.

This is my last message in this magazine as CEO of Primary Health Tasmania, as I will be stepping down in August 2025 (coincidentally the 10th anniversary of our PHN). But I will continue to read future issues with interest. ■

Phil Edmondson
CEO
Primary Health Tasmania

Equipping GPs to tackle persistent pelvic pain

How a scholarship program and training course is equipping Tasmanian GPs to better manage persistent pelvic pain



Colette McKiernan, Rachel Andrew and Dr Emily Ware

Persistent pelvic pain affects one in four women and people assigned female at birth and is more common than diabetes, yet is often misunderstood and poorly managed. For many, it takes years to be diagnosed or access care.

Despite its prevalence, the condition is rarely covered in GP training. Many GPs report feeling unprepared to support patients whose pain affects everything from relationships to mental health, according to a team of Tasmanian women's health professionals.

To help address this, Primary Health Tasmania offered a scholarship program giving GPs free access to a Tasmanian-designed online course developed by women's health GP Dr Emily Ware, pelvic floor physiotherapist Rachel Andrew, and education specialist Colette McKiernan.

The 15.5-hour 'Vagenius' course provides practical, trauma-informed training specifically for general practice.

The scholarship program was supported through Australian Government funding for GP education and the development of an endometriosis and pelvic pain pathway.

Originally, five scholarships were offered to test interest. High demand showed this was a clear area of need, prompting Primary Health Tasmania to expand the program and provide scholarships to all eligible applicants.

Rachel says she was overwhelmed by the response.

"Now 124 GPs are doing the course. That's nearly 20 per cent of Tasmania's GP workforce. It makes me emotional.

"This is knowledge sharing—we know GPs are struggling at the moment, and we want to help."

Rachel says effectively treating persistent pelvic pain helps GPs feel more satisfied in their work.

"As a clinician, it can be really rewarding."

Colette says the course structure and self-care planning approach can be applied across general practice.

"This will change the way doctors treat women," she says.

"Primary Health Tasmania didn't mandate training—they supported GPs because they recognised the appetite for it."

Rachel adds: "This is an example of a PHN working really well. They've done a needs analysis, tested it, then gone hell for leather."

GP Dr Natasha Vavrek was among the first to receive a scholarship.

"The course was structured, practical and full of learning outcomes that have benefited not only me but my whole clinic," she says.

"We're now having deeper conversations and using tools from the course in consultations."

She says the scholarship made the course more accessible.

"Would I have done it without the scholarship? Maybe—but it would have been delayed."

Emily says the course fills a critical gap in standard GP training.

"It untangles the complexity of pelvic pain. It teaches GPs how to identify pain drivers, manage them in a team, and build confidence."

The initiative is also encouraging more male GPs to engage with pelvic pain care, addressing an ongoing gap. Only 9 per cent of GPs who applied for scholarships were male.

Dr Luke Heathcote, a final-year registrar in northern Tasmania, says: "Not having lived experience is even more reason to upskill.

"We just need to do more work as male GPs into having a better understanding of these problems... Female patients come to us and we don't always recognise it."

The course includes clinical case studies, multidisciplinary perspectives and real-life patient stories, helping GPs translate learning into practice. It also provides practical tools like handouts and care plan templates.

Emily says the ultimate goal is to shift the care experience.

"This kind of pain affects every part of a person's life. It shouldn't take years to be believed or to access support," she says.

"With the right tools, GPs can lead the way in shifting the landscape."

Primary Health Tasmania manager Jodie Courtney says the strong interest in scholarships showed how important this support is.

"We were blown away by the interest in the scholarships," Jodie says.

"It demonstrates both the need and the passion GPs have for learning in this space—and why we must keep investing in it." ■

Want to know more?
Go to vageniustraining.com



Family Planning Tasmania's lead nurse Jo McShane, clinic services manager Karen Brooks, CEO Marcus Di Martino, GP Jenny Davidson and project lead Amanda Duncan

A pathway through persistent pelvic pain

How a new multidisciplinary clinic is helping people with persistent pelvic pain improve their quality of life

According to healthdirect Australia, persistent pelvic pain is pain in the abdomen, below the belly button, that lasts for six months or more. It can take years to develop and is often due to a combination of physical, psychological and social factors.

This debilitating condition affects one in four Australian girls, women and people assigned female at birth, and impacts all aspects of a person's life. Managing it effectively requires a team of health professionals and a holistic approach.

Thanks to Australian Government funding to Family Planning Tasmania through Primary Health Tasmania, a new multidisciplinary pathway is helping Tasmanians improve their quality of life by providing wraparound support.

The model brings together GPs, pelvic floor physiotherapists, psychologists, nurses and—just recently—dietitians. This team meets regularly to develop treatment plans for complex cases tailored to each patient's needs.

Family Planning Tasmania project manager Amanda Duncan says it's a reflection of the complexity of endometriosis and pelvic pain that a range of input and skills is needed in the care team.

"We try and connect that person to all those disciplines so they get better outcomes," Amanda says. "It's an umbrella of care approach."

Patients can self-refer, or be referred by their GP.

Clinical services manager Karen Brooks says new patients start by seeing a GP at a Family Planning Tasmania clinic in Hobart (Glenorchy), Launceston or Burnie.

CHRONIC CONDITIONS

"From that point, the GP assesses if they would benefit from participating in the pathway," Karen says.

"They fill in a pre-questionnaire, then work with the GP to put together a treatment plan. If they need pelvic floor physiotherapy or psychology, they are then referred to the next stage of the pathway."

A pathway nurse supports each patient throughout their journey and follows up after the program ends. Six months after completing the pathway, patients fill in a follow-up survey to assess outcomes.

Each health professional brings a different lens to the patient's experience, and psychology is a key part of the model.

"Talking about psychology is a very sensitive conversation," Amanda says.

"Historically, a lot of people with endometriosis have experienced gaslighting in the health profession around their pain. But I always like to highlight the fact that hunger is also in our heads, and it's very valid.

"The importance of psychology is that it's part of that holistic model (which might include eating disorders, sexual challenges, mental health) looking at the person as a whole and not just siloing on the pain aspect."

Karen says the collaborative nature of the clinic means patients benefit from more than just formal referrals.

"The physios, GPs, nurses, dietitian—everyone involved in care—come together to talk about more complex cases and put together a plan," she says.

Amanda agrees. "It's rare to have multidisciplinary staff having these open conversations. I have a background in sexology and lived experience of endometriosis, so I've been transparent about my experiences and treatments I've tried."

Holistic care for patients also includes accessible education—in addition to clinical care—to help people maintain self-determination navigating pelvic pain.

The pathway includes free online workshops for people with pelvic pain so they can gain in-depth knowledge from a psychologist, physiotherapist, dietitian, and psychologist.

The sessions include a group discussion to empower people to feel validated, informed, and connected.

One participant shared feedback from a workshop, saying: "That was amazing information! Getting to know all the different parts of persistent pelvic pain. I wish all people had access to this information."

Suzette, a patient under the pathway, says pelvic floor physiotherapy was a turning point.

"Janet, the physio, was really good," she says. "She helped me understand what was happening to my muscles, and gave me stretches I could do to alleviate pain.

"It was really informative to be able to chat with her about how relaxing too much could affect my prolapse."

"You see the relief in patients when their problems are validated. There's light at the end of the tunnel."

— Dr Jenny Davidson

Suzette says the pathway helped her prepare for surgery with better understanding and confidence.

"Being able to access people with expertise to help me understand what was actually happening and why—it helped me balance the restrictions I've got with the pain I manage," she says.

Maggie Jefferies, another patient, says the affordability of the service made it accessible for her.

"If it was going to cost a lot, I probably wouldn't have done it," she says.

Maggie praises the sensitivity and care she received, which was tailored to her particular needs related to a past experience of trauma.

"Janet, the physio, was incredibly patient," she says.

"The first examination was beautifully done—slow, gentle, and always checking my consent.

"I've never had an experience like that before. There were tears, and she handled that really well."

Throughout her appointments, Maggie received education and support tailored to her needs.

"Janet showed me diagrams of pelvic nerves and muscles and explained why I felt pain in my hips," she says.

"It helped me understand the rest of my body.

"She sent me lots of links and stayed in contact with my psychologist.

"They even asked for consent to communicate directly, which I really appreciated—it felt like support from all directions."

Maggie says she left the program with a personal plan and a new sense of empowerment.

"It was validation across the whole program," she says.

"I didn't know that it wasn't normal to feel that much pain, and Janet reassured me that I don't just have to live with it.

"That was so good to hear."

Dr Jenny Davidson, a GP involved in the program, says the results are tangible.

"There are multiple things we treat, and the team approach works really well," she says.

"You see the relief in patients when their problems are validated. There's light at the end of the tunnel."

For both clinicians and patients, the message is clear: no-one should have to live with persistent pelvic pain without support.

"There's a lot we can do," Jenny says.

"GPs often send patients here because they know it's hard to manage solo.

"We are the most experienced health service in terms of sexual and reproductive health."

Both Suzette and Maggie say the pathway hasn't just helped them, it's helped to lift the health literacy of the people around them.

"Janet explained it to me in a very real-life sort of way so that I could then pass that on to other people experiencing pelvic pain," Maggie says.

"I've really been very grateful for being able to be a part of it," Suzette says. ■

Want to know more?
Go to bit.ly/EPPPpathway



Social worker Ruth Rowlands

Alcohol goggles and flashing lights – navigating addiction in Tasmania

How Anglicare is helping northern Tasmania's Nepalese community members make informed choices in their new home

In their new home of Launceston, the Nepalese community faces stark cultural differences, including Australian attitudes towards drinking and the dazzling yet dark world of gambling.

With the gambling industry's sophisticated design aimed at maximising addiction, and openness towards alcohol consumption, the transition for newcomers can be particularly jarring.

To address these challenges and to prevent future possible addiction, the self-aware and proactive Nepalese community turned to Anglicare Tasmania for support.

Primary Health Tasmania has commissioned a number of organisations, including Anglicare, to provide alcohol and other drug services and programs in the north, north-west and south of the state. This education session was part of this funded work.

Anglicare's gambling support-related initiatives, such as the Gamblers Help program, are separately funded by the Tasmanian Government.

Education sessions like these provide an important opportunity to talk about both alcohol and gambling addiction, helping people understand the risks and support services available.

Ruth Rowlands, an experienced alcohol and other drug social worker at Anglicare Tasmania, led this initiative.

The session was held just before the community's most significant spiritual festival of Dashain. The 15-day Hindu festival celebrates good over evil and can involve eating, drinking, and playing games—sometimes with a little betting.

Rajan Shrestha, a key community member who took on the role of informal interpreter during the education session, highlighted the cultural importance of the festival and the associated risks.

"During the session, we were concerned about gambling, and especially for all the parents and relatives who come here to visit their families around the festival," he says.

"It's pretty different. We don't have the TAB and Keno and pokies. What people have is more like basically homemade games with money involved.

"Here, it's on premises, so you can go and bet on any TAB.

"There are flashing lights and blasting music and everything. When we see all these new things, it's human nature to be curious."

The education session aligned with these cultural nuances and included information on what support was available and how to access interpreters.

Despite not using a qualified interpreter at this session, it is always best practice to use a qualified interpreter when accessing services.

Ruth employed a range of educational tools, including slides and data, to illustrate the impact of gambling in Tasmania.

"Ruth's presentation had really good information and data on how common gambling is in Launceston and more widely in Australia," Rajan says.

ALCOHOL AND OTHER DRUGS

"People were really surprised to see how deeply gambling affects people here, sometimes leading to loss of all their property and savings."

"A few things were pretty new to me, with all the data explained, like the ratio of gambling and alcohol."

Rajan says the group learnt about the Tasmanian Gambling Exclusion Scheme, where people can choose to exclude themselves from gambling venues.

"We also learnt about phone support, counselling and rehabilitation services in this state."

"It was good to hear that there are lots of useful services available to migrants, and that these are not just for local residents."

"The services can be accessed for free, no matter what visa conditions you have."

Ruth discussed the addictive nature of gambling, emphasising how the sensory experiences of flashing lights and blasting music contribute to its allure and addictive qualities.

Education on practical measures to mitigate risks was also a focal point of Ruth's presentation, focusing on harm minimisation techniques such as setting limits for gambling and pacing alcohol consumption.

"People were very engaged," Ruth says.

"We have alcohol goggles and they mimic the effects of drinking, as if you had a blood alcohol reading of 0.02 or more."



Ruth Rowlands and Nepalese community members

"They did say they felt they were a little inebriated, even though they weren't."

The session was not just about disseminating information; it was also about empowering the Nepalese community to navigate their challenges in a foreign cultural landscape.

The discussions extended to understanding what a standard drink is and the health implications of excessive alcohol consumption, topics that many were unfamiliar with.

Ruth's approach to these sessions highlights Anglicare's commitment to community engagement and education, addressing not only gambling but also broader substance use issues.

"A lot of people associate Anglicare with aged care and acquired injury supports, but we also provide substantial support for alcohol and other drug issues," Ruth says.

The impact of the session extended beyond just the attendees on the day. Through word of mouth and community discussions, the information provided by Anglicare is being shared throughout the community by participants.

"Even one person in my friendship circle attending is enough, to pass it along to the community," Rajan says.

Ruth reflects on the broader implications of these sessions.

"It's all about understanding the limits and knowing the resources available to help manage these activities responsibly," she says.

"We want the community to know that while enjoying cultural festivities, there are ways to manage risks associated with gambling and drinking, and ensure that celebrations do not lead to long-term problems." ■



Ruth Rowlands and Rajan Shrestha

Note: It's important to engage qualified interpreters for health consultations. Visit Primary Health Tasmania's Interpreter Guide on our website for more information.
tasp.hn/working-with-interpreters.



Barbara Eynon, Jeanette Thomas and Louise Carnell

Sweaty Bettys: Bruny women get stronger together

How one group of island women is inspiring a new model for exercise groups across Tasmania

Bruny Island, located off the southern coast of Tasmania, is well known for its picturesque landscapes, gourmet local produce, and being the perfect destination for a tranquil weekend away.

The Bruny lifestyle offers the serene D'Entrecasteaux Channel, the wild Tasman Sea, and an extensive coastline ripe for meandering exploration.

However, due to its isolation, the island lacks urban amenities like 24/7 gyms and Olympic-sized pools.

For residents looking to maintain or elevate their fitness levels beyond leisurely strolls, options can seem limited.

Enter the Sweaty Bettys.

The Sweaty Bettys are more than just a fitness group; they are a pivotal part of the community on Bruny Island.

Originating from the initiative of local woman Jo Smith three years ago, the group has grown into a vibrant network of women dedicated to fitness and mutual support.

The group has continued independently since Jo stepped back and now includes around 20 active members, plus many more who interact with the Facebook page.

In a show of community support, the local Bruny Island Community Association also made a substantial grant to purchase fitness equipment for circuit training.

The Bettys organise activities through their Facebook page and have a regular community hall booking for circuit training and the Bruny Island Community Health Centre activity room for weight training, both in Alonnah.

The group also participates in exercise events like the Bruny Island Relay Marathon and the Labillardiere 18km walk/run.

Though the group started and operates independently, it now receives occasional support and guidance from the Royal Flying Doctor Service (RFDS) Tasmania.

Sweaty Betty Jeanette Thomas says that after the group had been running on its own for a while, she was seeing RFDS physiotherapist Dave and asked if he could support their sessions.

He agreed to attend and offer guidance on safe technique and body positioning for their exercise routines. The health centre also became a new venue for virtual exercise and weight training, using the existing equipment.

The RFDS is one of three organisations funded by Primary Health Tasmania to support people living with chronic health conditions in rural areas of Tasmania.

The RFDS supports people living in northern Tasmania as well as parts of the south; Corumbene Care also serves parts of the south; and Rural Health Tasmania delivers services in the north west.

RURAL HEALTH

The RFDS runs group exercise classes as part of its service. Traditionally, these classes had a fixed duration, after which participants were discharged with recommendations to continue physical activity independently.

However, in areas like Bruny Island, the lack of affordable or accessible fitness options meant people often have nowhere suitable to continue exercising, says Sam McCarron, an exercise physiologist at RFDS.

"The Sweaty Bettys inspired us to create a model to help solve that," Sam says.

"They weren't set up by us, but they created exactly the kind of self-managed community group we're trying to support through our programs.

"With the Bettys, and this model, we'll check in infrequently to make sure it's still safe, which means we freed up some time for our clinicians to occasionally facilitate instead of just discharging them with no further support.

"We're referring into a more independent, self-sustaining class where we're not needed twice a week, we might only be needed once every three months, and we can do that education piece.

"We've taken that and run with it. Let's do this everywhere."

The RFDS is now looking to refer people completing its group exercise classes into local, independent groups where possible, like the Bettys, offering light-touch expert oversight, such as safety checks or occasional visits to support ongoing exercise.

It's a scalable model the RFDS team is working to replicate in other areas, like Dover.

Corumbene Care is also looking to provide a level of support for self-management after its formal exercise classes come to an end, through supported walking and swimming groups.

Sweaty Bettys members say the group has inspired them to increase their exercise and realise their capacity.

"The motivation was real, helping you realise what you can do. And over the weeks, it just extends and extends," Sweaty Betty Barbara Eynon says.

"Yes, Jessi used to say she didn't even like to run, now she runs marathons!" Jeanette says.



The Bettys get sweaty at the Bruny Island Community Health Centre

From brisk cold-water swims that invigorate the body and spirit to challenging trail runs that traverse the rugged terrains, many activities are designed to maximise the island's outdoor offerings.

The group purchased an online subscription to virtual fitness classes and weight training, working out together while streaming classes from a laptop at the community health centre at Alonnah.

The Bettys emphasise self-responsibility and commitment to safety and inclusivity, paired with communal support. Initially guided by Jo Smith, the group is now occasionally joined by RFDS physiotherapists who remind participants of the proper set-up and safety aspects of the various equipment.

"When we started, we made sure everyone knew they were participating at their own risk," Jeanette says.

"We support each other to ensure safety in numbers, though each person is responsible for their own health."

The group's activities go beyond physical exercise; they weave a social fabric that enhances the community's resilience and connectivity.

"The community side of it is important for me, as an older person; it's a fantastic way of meeting people on the island," Barbara says.

"There's a Sweaty Bettys Facebook page where we coordinate activities, offer lifts, share tips, etcetera.

"It has bonded us. The social interaction is so important because you can go into your own world and not mix with other people."

Jessi Salonen was a new mum when she started with the Sweaty Bettys.

"My first session was when Ally was even smaller in the Ergo baby doing squats with her, and it hasn't really stopped," she says.

"It was so good because it was post COVID, so it was the only kind of socialisation, coming in here being able to bring the kids, the body feeling good and then coming and having a coffee afterwards.

"It was the highlight of the week!

"We had a set of twins come along; the little kids used to sit in the corner and play Sweaty Bettys, and then they'd play it at school."

This sense of community is crucial in a place like Bruny Island, where geographical isolation could easily lead to social isolation.

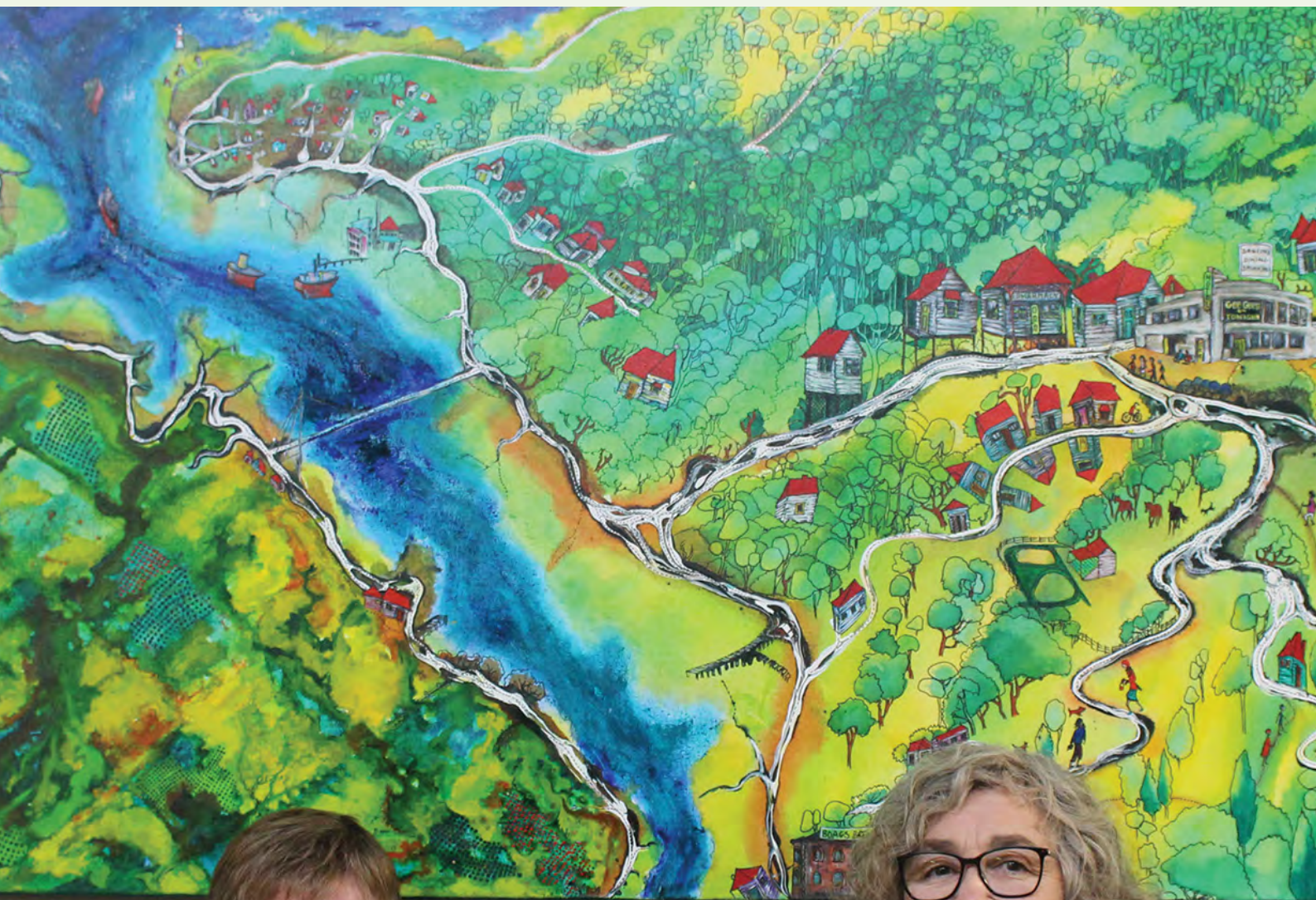
"Jo used to say, if someone doesn't come for a few weeks, give them a ring, check in on them," Jeanette says.

"They're a fantastic group, getting our endorphins going," Barbara says.

"Everyone's become friends."

Sam from the RFDS says as well as inspiring their own community, the Sweaty Bettys serve as a blueprint for how rural and isolated communities can develop their own sustainable health and wellness programs.

"We're coming from more of a public health approach, to prevent hospitalisations and improve general health outcomes by teaching people how to fish, rather than giving them the fish." ■



Dr Jane Hampson (left) and practice manager Jo Bean in front of a painting of the kanamaluka (Tamar River). This artwork was designed and painted by Beverley Skurulis for Mowbray Medical.

Culturally competent care through connection

How two general practices are breaking barriers and enhancing health care for Tasmanian multicultural communities

In Tasmania, the importance of providing health care that respects and understands the cultural diversity of its residents is becoming more apparent.

With an increasing number of residents who were born overseas and speak languages other than English at home, general practices like Southside Family Medical in South Burnie and Mowbray Medical in Launceston are at the forefront of adapting their services to meet a broad spectrum of needs.

These case studies not only highlight innovative practices but also serve as useful examples for other medical practices looking to enhance their services and provide culturally competent health care.

Mowbray Medical

Mowbray Medical in Launceston caters to one of northern Tasmania's most diverse areas, with nearly 20% of the population born overseas in 2021—a 41% increase from 2016. This includes an increase in people born in China, India and Nepal, with nearly 4% born in Nepal.

The clinic sees a range of patients, including university students and staff, and people from refugee and migrant backgrounds.

"We feel it important to be open and positive at reception, to make all our patients feel welcome and improve the outcome of all interactions," says Dr Jane Hampson, a GP at Mowbray Medical.

"Health literacy can be low, both in body systems and in health services.

"Health beliefs can be surprising sometimes and require patience to understand and explain."

Staff at Mowbray Medical access the Translating and Interpreting Service (TIS National) for free when seeing patients with limited English.

"Our clinic learnt as we went with regards to working with multicultural Tasmanians... Being open to and respectful of cultural differences and understanding about health care is crucial."

— Dr Jane Hampson

The dominant languages spoken in the area other than English include Nepali, Punjabi, Urdu and Gujarati, with nearly a fifth of the community speaking a language other than English at home.

However, Jane acknowledges challenges such as lengthened consultations due to the use of the TIS service and nuances that can be lost in translation.

Noting this, the clinic also uses a range of translated and pictorial resources and videos to aid understanding, especially where health literacy may be low.

Primary Health Tasmania's support for multicultural Tasmanians

Primary Health Tasmania supports healthcare services to adapt to the needs of multicultural Tasmanians.

Our initiatives include:

- publishing a guide to support primary care professionals in engaging interpreting services for patients where there are language barriers
- offering a checklist to support general practice staff providing care to multicultural Tasmanians
- providing targeted training on cultural competence and working with interpreters
- promoting video resources and podcasts providing practical information.

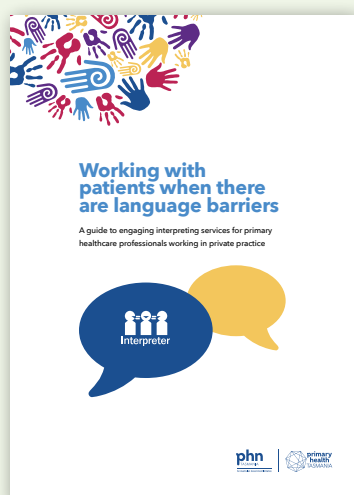
"Consultations are lengthened by use of the telephone TIS service as conversations are repeated or nuances can be lost," Jane says.

"Interpreters may not always be available for less common languages.

"There are more support workers available now who speak Nepali, which is good. This is very dependent on a large population of people who speak that language. Some small groups have too few people to provide this service."

Mowbray Medical has made several changes to accommodate its diverse patient base, including using phone reminders for all appointments, posting letters with information so these can be translated, and bulk billing antenatal care for all patients.

"Our clinic learnt as we went with regards to working with multicultural Tasmanians," Jane says.



Some of Primary Health Tasmania's multicultural health resources



GPs, nurses and practice support staff at Southside Family Medical

"Being open to and respectful of cultural differences and understandings about health care is crucial."

Southside Family Medical

At Southside Family Medical in Burnie, the commitment to providing culturally sensitive health care shines brightly in a community rich with linguistic diversity.

The practice is home to nine GPs who between them speak and consult in an impressive array of 16 languages including Ndebele, Zulu, Shona, Xhosa, French, Polish, Cantonese, Mandarin, Sinhala, Tamil, Urdu, Pushtu, Punjabi, Farsi/Persian, and Turkish.

This linguistic capability is pivotal in a region where—according to the Burnie City Council—over 23 languages are spoken.

The clinic has implemented several strategic practices in response to its multicultural patient base.

It has updated its new patient registration form to include fields for country of birth and preferred language, which assists in the diagnostic process and helps identify when an interpreter might be necessary. It has also created a fact sheet explaining why these questions are asked, and trained staff to answer questions relating to this.

Additionally, the practice ensures all GPs have their own Translating and Interpreting Service (TIS National) code needed to access the service, as well as training in use of the service.

Senzeni Bulle, the practice manager at Southside, emphasises the importance of these adjustments.

"We need to be open to learning on the fly with each presenting situation as pain and healing thresholds may be quite different ... and to be aware of possible cultural issues whose different interpretations may impede healing and recovery," she says.

"We promote the online training on TIS National and how to access it using the resources on the TIS National website.

"We are also looking at having a translated after-hours recorded message which can be available in key languages, with information on how to make an appointment or access after-hours care.

"There is often a need for more patience and effort as it may take time to get the message across and to build the necessary trust or help navigate the health system.

"It is a very rewarding experience given the difference made as the wider community tends to benefit."

Want to know more?
Go to tasp.hn/multicultural-health-resources

Mental health in Tasmania

Mental health affects how we think, feel, behave and interact with others—and just like physical health, it varies over time and across our lives. But while many people will experience a mental health condition at some point, stigma and lack of access can make it hard to ask for help.

Here's a snapshot of mental health in Tasmania, and the services and support available.

Data in this article has been taken from Primary Health Tasmania's needs assessment report, available on our website here: tasp.hn/needs-assessment

What is mental illness?

Mental illnesses are diagnosed using standard criteria and can include depression, anxiety, bipolar disorder, schizophrenia, and other conditions.

Undiagnosed mental illness, while often less severe, can still affect day-to-day functioning and wellbeing.

Mental illness is not a sign of personal weakness. Like any health condition, it can affect anyone—and recovery is possible with the right support.

How many people are affected?

About one in five Tasmanians experience a mental health condition in any year.

In 2020–22, around 19.8% of Tasmanians (88,700 people) reported a mental health condition in the previous 12 months.

Most of these people were experiencing mild symptoms, often managed through primary care.

Between 2009 and 2022, the proportion of Tasmanians diagnosed with anxiety or depression increased from 21% to 37%.

Mental health and physical health

People living with mental illness are more likely to have physical health issues like asthma, diabetes, heart disease,

cancer and arthritis as their physical health needs are often overshadowed by their mental illness.

Compared with the general population, Tasmanians with mental illness are:

- more than twice as likely to have asthma (19% vs 8%) or arthritis (19% vs 8%)
- almost twice as likely to have diabetes (9% vs 5%)
- more likely to have heart/stroke/vascular disease (7% vs 4%).

People with severe and enduring mental illness have a shorter life expectancy of 12–16 years less than the general population, often due to preventable physical health conditions going untreated.

Suicide in Tasmania

Data indicates that Tasmanians die by suicide at a rate higher than the national average, with suicide being a leading cause of death among Tasmanians aged 25–44.

While suicide is complex and not always linked to mental illness, 64% of people who died by suicide in Tasmania between 2012 and 2018 had a prior diagnosis of mental illness. Other risk factors contributing to suicidal distress can include things like financial, legal and relationship difficulties.

Mental health support—especially during times of crisis—is vital in suicide prevention.

Managing mental health

Support for mental health comes in many forms, from self-care and peer support to services provided by mental health clinicians such as psychologists and psychiatrists.

GPs continue to play the largest role in providing mental health care in Tasmania, with clinical psychologists also delivering many services in the community.



In 2022–23, more than 53,000 Tasmanians received Medicare-subsidised mental health-specific services, including from GPs, psychiatrists and other providers.

Primary Health Tasmania commissions free mental health services across the state to support people at various levels of need—from people with or at risk of mild mental illness through to people with complex and severe mental illness.

More information and support

A range of mental health support is available in Tasmania through government, private and community service providers. Some are free and some have a cost.

If you're not sure where to start, talk to your GP or call Medicare Mental Health on 1800 595 212.

GPs can call the Central Intake and Referral Service on 1800 595 212, or make an eReferral.

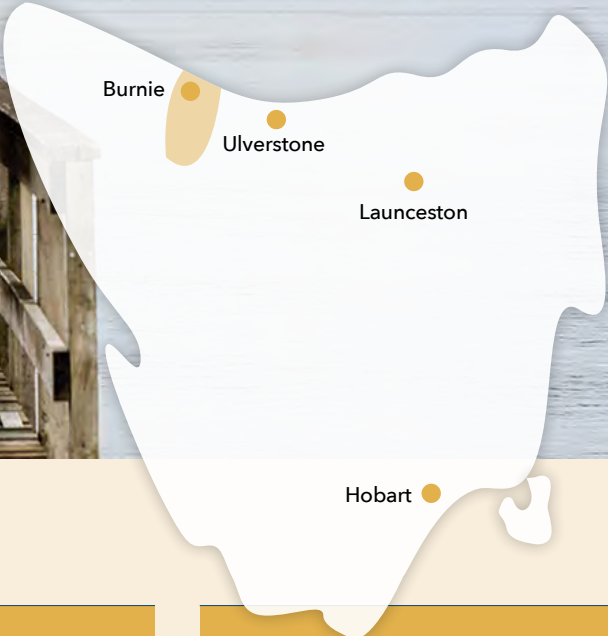
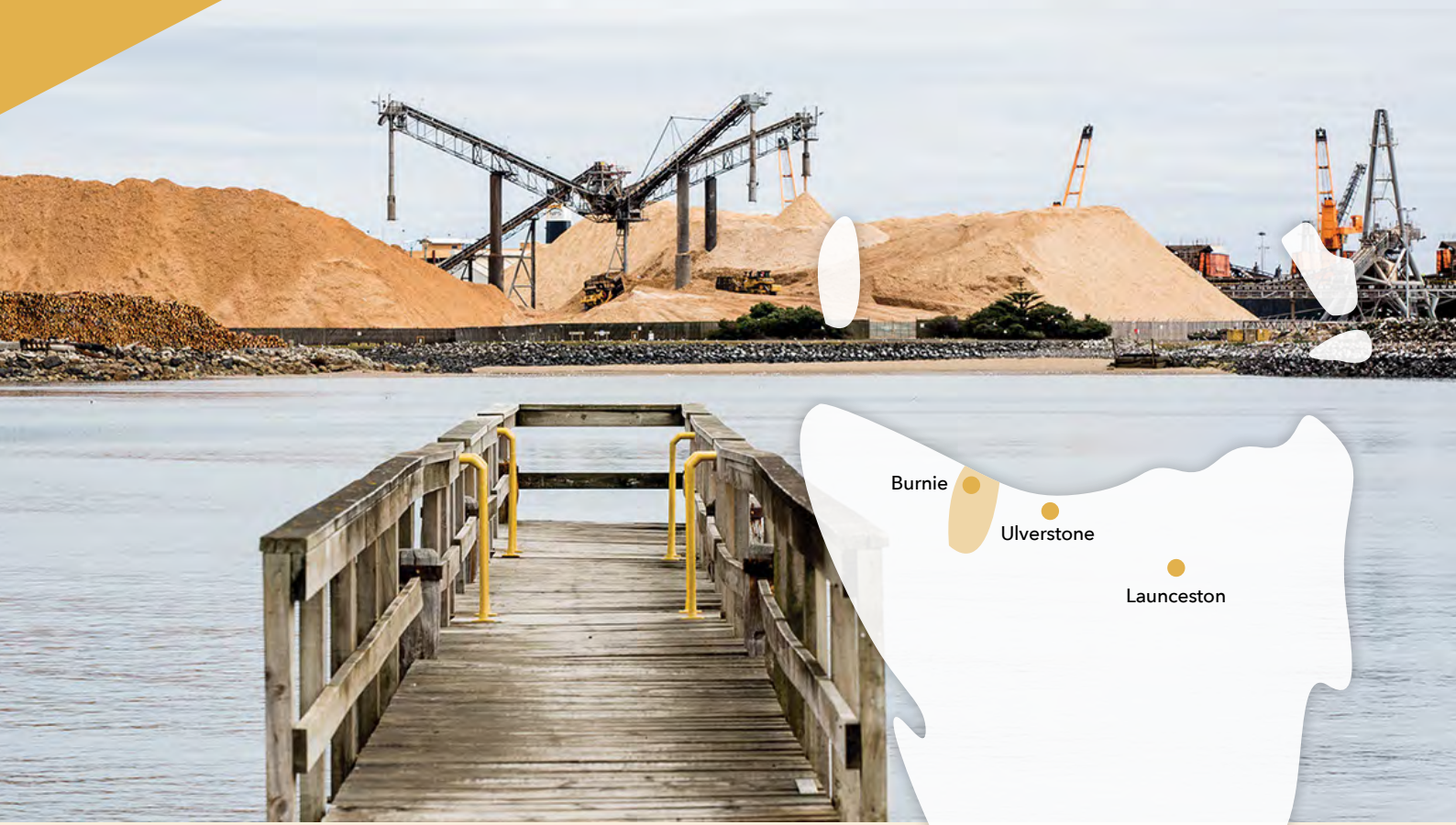
If you need immediate support, contact Lifeline on 13 11 14 (available 24/7) or the Suicide Call Back Service on 1300 659 467.

Information about the free mental health services commissioned by Primary Health Tasmania is available at services.primaryhealthtas.com.au. ■

Want to know more?
Go to primaryhealthtas.com.au/mentalhealth

References available on request

Burnie



Geography
Spans 600 square kilometres in north-west Tasmania, with urban and rural areas
Towns and suburbs include Burnie, Acton, Emu Valley, Wivenhoe and Ocean Vista

Population
19,918 people live in the Burnie municipality
Median age is 40 years (state average is 42)
Aboriginal and Torres Strait Islander people make up 9% of the population (5% statewide)

Social and economic conditions
54% of the population have completed Year 12 and over (state average is 60%)
Median weekly income in 2021 was \$1225 (\$1358 statewide)

Images courtesy of Brand Tasmania
References available on request

Illness and death

Risk factors increase the likelihood of developing chronic conditions or other health problems

In Burnie, two major risk factors are obesity and poor nutrition, with 67% of adults having an obese body mass index and 88% not meeting the recommended daily intake of vegetables

In 2022, 83% of people saw a GP for their own health in the previous 12 months

Coronary heart disease (12%), chronic obstructive pulmonary disease (COPD) (7%) and lung cancer (6.5%), are the top three leading causes of death in Burnie



Health profile

38% of the population rate their own health as excellent or very good (in line with the state average)

19% are current smokers (state average is 15%)

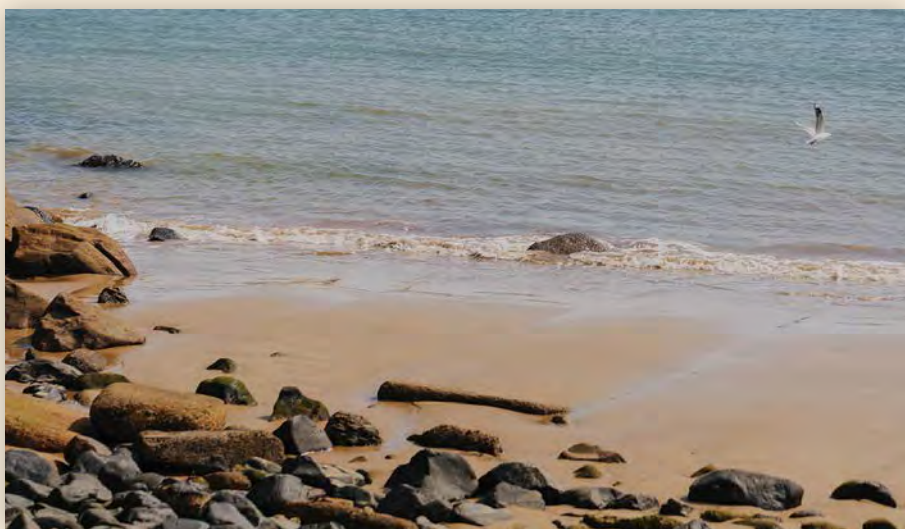
Immunisation

96% of children are fully immunised by the age of five (state average is 95%)

Primary Health Tasmania supporting Burnie

Commissioned services and other activity including:

- after-hours medical support
- services for people with chronic health conditions
- diabetes education and support
- support to connect vulnerable older people with aged care services
- alcohol and other drug treatment services
- health and wellbeing services for Aboriginal people
- mental health and wellbeing services
- suicide prevention services



Community health checks for every Tasmanian local government area are available at tasp.hn/communitychecks



L to R: Port Sorell Medical Centre's office manager Rose Lillico, receptionists Laura Distill and Meegan Williams, and practice manager Noleen Davey

Harnessing the power of health data

How one general practice is improving community health through smart systems

For many general practices, keeping up with patient care while managing administrative demands is a constant challenge.

But for Port Sorell Medical Centre's practice manager, Noleen Davey, harnessing the power of data has become a game-changer—not just for the practice, but for the entire community.

Recently, the practice received national recognition with the 2024 PenCS Award for Excellence in Data-Driven Quality Improvement, celebrating its innovative approach to patient care.

For Noleen, the award is just the tip of the iceberg.

"This was a team effort," Noleen says. "Yes, I used Pen CAT and Practice Cloud to extract data and identify gaps, but it was our staff who put in the hard yards. They're the ones making sure our patients are getting what they need."

The journey began with a quality improvement project focusing on childhood immunisation rates. As part of a broader initiative with Primary Health Tasmania, the practice began analysing data on vaccination gaps in children aged 0-5 years.

What started as a focused project soon expanded into a full-scale data cleansing initiative.

"We realised it wasn't just our under-fives—there were gaps in vaccinations for older children and even adults," Noleen says.

By systematically reviewing records, cross-referencing with the Australian Immunisation Register, and reaching out to parents, the team ensured children who had missed vaccinations were identified and offered catch-up schedules.



The Port Sorell practice team

And it didn't stop there.

"Once we tackled childhood immunisation, we thought—what else can we clean up? We moved on to cancer screenings, cervical screenings, and bowel screenings," Noleen says.

With every step, the practice refined its approach, integrating real-time data extraction to ensure patient records were as accurate and complete as possible.

By embedding data integrity into everyday workflows, the practice has created a system where:

- new patients undergo a full data review upon joining, ensuring accurate immunisation and screening records from day one
- patients due for cancer screening are identified and recalled in a timely manner
- preventive health measures—such as flu, whooping cough, and the new RSV (respiratory syncytial virus) vaccine for pregnant women—are offered to eligible patients.

The impact has been immediate.

"Parents have been really appreciative when we reach out about missed vaccines," Noleen says. "They often had no idea their child was behind, and they're relieved to be able to catch up."

For Noleen, the key to success has been team buy-in and a culture of continuous improvement.

"You can't clean up a whole database overnight, but you can start small," she says.

Her approach? Breaking the work into manageable tasks, ensuring every nurse and doctor plays a role.

"If a nurse has 10 spare minutes, they check two patient records. It's not overwhelming, and over time, it adds up."

Throughout the process, Noleen credits Primary Health Tasmania team member Kathy Lowry for her ongoing support.

"Kathy is incredible—she plants ideas, feeds our minds, and helps us grow those ideas into real, tangible improvements for our patients," she says.

Primary Health Tasmania provides data analysis support, training, and resources, ensuring general practices like Port Sorell Medical Centre can harness data for better patient care.

Eliza Taylor manages a team of Primary Health Tasmania staff, including Kathy, who are dedicated to supporting primary care practices in their continuous improvement of patient care.

"Our team is instrumental in nurturing the growth of quality improvement initiatives within general practices," Eliza says.

"They provide tailored support, from strategic planning to hands-on training, ensuring practices not only understand their data but can also effectively use it to drive meaningful change and enhance patient outcomes."

She says supporting data-driven change is an important part of their role.

"We help practices interpret and apply their data effectively—embedding quality improvement into daily workflows and strengthening systems for population health management," Eliza says.

Port Sorell Medical Centre's commitment to data-driven quality improvement hasn't gone unnoticed. Its PenCS Award submission has even been used as a national case study, inspiring other practices across Australia.

And while the award is an honour, for Noleen and her team, the real reward is knowing they're delivering better healthcare outcomes for their community.

"It's about making sure we're identifying what patients need—not just what they ask for," Noleen says. ■



Don Medical Centre's practice manager Ian Abraham and GP Dr Jane Cooper

Using data to prevent unnecessary hospitalisations

How one general practice is using data to review and improve its communication and follow-up processes

In a world where health care is constantly evolving, Don Medical Clinic in Devonport is making waves by using data to drive better patient outcomes.

Led by practice manager and data enthusiast Ian Abraham, this practice has taken a proactive approach to managing chronic conditions, reducing hospital admissions, and improving follow-up care, all through a strategic use of data.

For Ian and his team, the foundation of good health care starts with good data.

"If you want to use your software well and look at your patient community, then you've got to know what your community is about—who they are, what conditions they have, age groups, demographics," Ian says.

By ensuring simple yet vital details—such as height, weight, smoking status, and alcohol consumption—are accurately recorded, the practice can identify risk factors for conditions like cardiovascular disease and diabetes.

Using Primary Sense, the practice identifies patients at high or moderate cardiovascular risk and ensures they are reviewed and followed up with appropriate appointments. While the tools have evolved, the team continues to adapt its approach to make the most of the available data and deliver proactive care.

A key focus for the practice has been preventing unnecessary hospital admissions. By auditing emergency department presentations, the team has been able to identify high-risk patients,

pinpoint gaps in care, and affirm that their current practices are having an impact.

"Our goal is to follow up on every emergency presentation," Ian says.

"The hospitals up here are very good at getting discharge summaries out—usually within 24 to 48 hours. That allows us to act quickly, rather than waiting until a patient deteriorates."

By conducting regular audits—often in collaboration with medical students—the team has found that very few of its chronic disease patients end up in hospital emergency departments due to poorly managed conditions.

Instead, the majority of presentations are injuries or unrelated acute illnesses.

One area where the practice has been particularly effective is in reducing frequent emergency presentations among high-needs patients, including those with intellectual disabilities and complex mental health issues.

"For some of these patients, the emergency department was almost a default option," Ian says.

"We worked with them and the hospitals to put management plans in place to ensure they were getting the right care without unnecessary duplication of treatment."

WORKFORCE SUPPORT

The practice also took a closer look at patients who frequently presented with airway diseases like chronic obstructive pulmonary disease (COPD) and asthma.

Seeing a need for better management, it has recently introduced a dedicated asthma clinic—run by a registrar one afternoon a month—to provide structured assessments, action plans, and spirometry testing.

The goal? To educate patients, improve asthma control and prevent avoidable hospital visits.

One of the standout aspects of the practice's approach is its proactive patient follow-up system. Rather than waiting for patients to call, the practice takes the initiative, says GP Dr Jane Cooper.

"We don't just look at the discharge summary and move on," Jane says.

"We call the patient and say 'We saw that you were in emergency. How are you? Do you need to come in and see us? Because we think you probably should'.

"Patients are often told to follow up with their GP, but many wait to see if things improve, and often by the time they call, it's late on a Friday afternoon.

"That's why we take a proactive approach. It might be a quick call from the GP or practice nurse to check in early, understand their immediate needs, and make sure they're happy with the care they received.

"And the patients are really grateful for that, because often they have gone in in a really distressed state.

"We are quite assertive in our follow up. I think as practices, we can be more assertive about this."

The practice also uses this process for follow up when discharge summaries are received from Medicare Urgent Care Clinic presentations.

This simple step has made a huge difference, especially for parents of young children and elderly patients who may be hesitant to book an appointment, or who forget and need a little nudge.

In 2019, Primary Health Tasmania supported Don Medical and other general practices taking part in the Health Care Homes trial, which served as the impetus to look at their data.

"We were a part of the Health Care Homes pilot project—that was the beginning for us to start looking at our data and our systems and processes and management of chronic disease," Jane says.

The Primary Health Information Network

Primary Health Tasmania supports Tasmanian general practices to use de-identified data to improve patient care and health service planning.

Through the Primary Health Information Network (PHIN), participating practices receive regular summary reports that help identify quality improvement opportunities and inform care planning.

Practices can use the data to explore trends within their patient population, supported by Primary Health Tasmania to answer specific questions and improve data quality.

The program also supports reporting against national Practice Incentive Program Quality Improvement (PIP QI) measures.

All data is de-identified, securely stored in Australia, and never used for commercial gain.

Practices interested in joining the PHIN advisory group or accessing quarterly reports can contact Primary Health Tasmania for more information.

"The purpose of that program was to manage chronic disease better in primary care and be proactive rather than reactive.

"I know from doing this for 15 years, that it's worthwhile getting people back when they are in that less distressed state to talk about their conditions and educate them and look at their techniques, particularly in the context of asthma, and keep them out of hospital."

Another key strategy has been using data to identify at-risk patients before they experience a crisis.

"We have some patients who are flagged as high risk for hospitalisation. By scheduling regular follow ups—sometimes just a quick phone call from a nurse—we've been able to keep them well and out of emergency," Jane says.

One of the practice's most high-risk patients, who had previously been in and out of hospital frequently, has not had a single emergency hospitalisation in over five years due to the team's structured follow up and support.

The practice has also fostered a culture of continuous learning.

"Every morning, we have a quick team huddle where reception staff, nurses, and doctors, whoever is in on the day, check on their wellbeing and then review what happened the day before—no-shows, emergency presentations, GP Assist calls, cancelled appointments," Jane says.

"That way, we can pick up on any follow ups, assign them to people, and remind

people about the importance of data. The reception team are integral to contacting patients to arrange review as needed.

"Something that the Health Care Homes project taught us is the importance of having a team and that reception need to be a part of that team.

"With the urgent care clinics and the hospital, it's all about collegial communication, with the patients' needs at the forefront."

Ian says medical students and registrars play a key role in this learning process, conducting audits on areas such as osteoporosis management, antenatal care, and prostate cancer screening.

"We're always asking, 'How do we prove what we're doing is actually good?' That means measuring outcomes, looking at best practice guidelines, and making changes where necessary," he says.

By embedding data-driven decision making into everyday practice, this Tasmanian general practice is proving that small changes can lead to significant improvements in health care.

Its approach is a testament to the power of communication and proactive, patient-centred care—one data point at a time.

"We started this work because we wanted to ensure our patients were getting the best care possible," Jane says.

"Now, we're seeing real results—fewer hospital visits, better chronic disease management, and a healthier community." ■



Cardiologist Dr Nathan Dwyer

eReferrals sweep Tasmania: Five years on

How the statewide eReferral system is facilitating communication and reducing wait times

It has been five years since fax machines started gathering dust in the reception areas of specialist clinics and most of the general practices across Tasmania, replaced by the online eReferral system.

In 2021, Primary Health Tasmania embarked on an ambitious project aiming to transition all GPs in Tasmania to a secure messaging platform for sending referrals online to hospitals, specialists and allied health

practitioners. It began with proving the concept and then partnering with the Tasmanian Department of Health to develop and roll out the system.

A tailor-made, secure application needed to be developed that would seamlessly integrate with existing practice management software, requiring significant training and persuading health professionals to overhaul their established systems and axe the fax.

The eReferral platform is powered by two key components: HealthLink SmartForms and the Referral Management System (RMS) developed by Hobart-based HealthCare Software.

HealthLink SmartForms are integrated into general practice clinical software, such as Best Practice and MedicalDirector, allowing GPs to complete and send referrals electronically.

These referrals are then transmitted securely to the RMS, which manages the receipt, triage, and tracking of referrals within public hospitals, ensuring timely and efficient patient care.

In an era where digital transformation seems straightforward, the shift from paper-based to digital proved challenging.

Yet, five years on, something remarkable has occurred.

As of May 2025, most specialists in Tasmania have adopted the HealthLink eReferral system, and almost 30% of all eReferrals are sent to private specialists each month.

In June 2024, this initiative reached a significant milestone, recording 100,000 eReferrals sent. By the end of February 2025, this number had grown to 180,000.

The Royal Hobart Hospital's cardiology department has reported an average reduction in referral triage time of more than 60%. While triage of paper-based referrals takes an average of 22 days, triage of eReferrals takes an average of eight days.

Bellerive Doctors GP Dr Brodie Carlon says the new system facilitates conversation between GPs and specialists, leading to better outcomes for the patients.

"I'm very much a fan," Brodie says.

"I use eReferrals all the time. Both the referrals to the Tasmanian Health Service, as well as using the HealthLink referrals to specialists.

"I really think it's great sending eReferrals to the hospital, you get immediate feedback confirmation that they have received the referral.

"Previously when we've faxed referrals, it's always been a worry, wondering if people are going to wait weeks thinking that they're on a waiting list yet they have never got through.

DIGITAL HEALTH

"So it's really nice to receive that feedback that they've received it, that it's pending and that it's accepted. That's one of the main benefits in particular for me."

Brodie says another benefit of eReferral is that it improves communication between GPs and hospitals.

"There are situations where we need to just give some extra information, whether it's just forwarding an investigation result, notifying a change in patient, or asking a question," he says.

"There was one fellow who has immunotherapy at the hospital for a neurological condition that suppresses his immune system, and I wasn't sure how that would interfere with one of his vaccinations that was coming up.

"He had an appointment the following week in the neurology clinic so I could just send through an eReferral and the specialist actually replied electronically in their acceptance of that message.

"So they just answered my question directly and it worked really well and it happened within a week."

Scott Jennings, a patient at Bellerive Doctors, shares his experiences with the old and new systems.

"It seemed a bit cumbersome and old-fashioned," Scott says about the previous fax-based process.

"In the past, getting an answer out of a specialist through a GP seemed to be a bit of hit or miss and took a long time and wasn't really an effective mechanism to do it."

Scott notes the importance of privacy and security improvements with the eReferral system.

"It's good that the new system has been built securely," Scott says.

The eReferral project was ambitious, but has it lived up to its expectations?

"Absolutely, 100%, we're very happy with it," Hobart cardiologist Dr Nathan Dwyer says.

Nathan sees the eReferral system as a significant step forward, not just in administrative efficiency but also in clinical care.

"Cardiology at the Royal Hobart Hospital was one of the pilot craft groups and the reason we got on board was there was manual handling of the paper referrals—we would occasionally see them go missing," he says.

"There were just a lot of inefficiencies, so we would see lots of gaps in service.

"Now we see timely referrals, timely triaging and timely action."

The eReferral system also enhances patient privacy and reduces errors.

Before, paper referrals could be misplaced, or details could be misread, such as illegible pathology results and echocardiograms (ECGs), which could delay treatment. Now, with a digital system, the eReferral is encrypted, minimising these risks.

"Often, pathology results aren't readable with fax, so you can't triage them appropriately," Nathan says.

"This happened around 15 to 20% of the time and we didn't have time to go back to the practice or pathology, so you had to triage on your best guess.

"An ECG definitely doesn't fax well, so for them to come through as interpretable PDFs in the eReferral portal is amazingly helpful."

As the eReferral system matures, it continues to evolve, addressing the nuances of medical practice and patient needs," Nathan says.

"At the point of triaging with eReferrals, you can respond directly back to the GP and suggest to initiate a few investigations and provide appropriate advice, allowing us to provide higher value care."

With the majority of GPs and nearly all specialists on board, the system is moving towards universal adoption.

The next steps of the project include increasing uptake among remaining GPs, extending to allied health and Aboriginal community-controlled health organisations, and continuously improving the system's functionality.

While the eReferral system is highly functional and providing tangible benefits to the community, Primary Health Tasmania manager Hannah Jenkins acknowledges it's not perfect, and a small minority have shared concerns about the system.



Bellerive GP Dr Brodie Carlon

"We've heard those concerns and welcome further feedback on how the system can be improved," she says.

"We endeavour to facilitate improvements where we can."

Despite this, Nathan says the cardiology department is right behind eReferrals.

"I think the more shared care approach to management is really helpful for our patients and our clinics because our clinics have such overwhelming demand," Nathan says.

He says around 20% to 30% of referrals still come through to the cardiology department by fax—"so there's a bit of work to go there".

"I would encourage everyone to use the eReferral portal because it allows us to communicate back timely information to GPs and receive higher quality referrals," Nathan says.

"Once you go through what should be a really short learning curve, the value to you of knowing that your referrals are being received—not going missing—is so high.

"Then, we've got a good quality referral, we'll be able to evaluate and see your patient as promptly as possible." ■

Want to know more?
Go to tasp.hn/eReferral



Get to know: Dr Heidi Modrovich

Dr Heidi Modrovich is chief executive officer and principal audiologist at Ability Hearing and Balance. Heidi graduated from the University of Melbourne as an audiologist in 2001. She has worked across Australia in the private sector of audiology for much of her career. Together with her partner Nick, Heidi has been in private practice since 2007 and founded Ability Hearing and Balance, which now operates three audiology clinics across Tasmania.

Heidi graduated from the University of Tasmania's Master of Business Administration program as the highest achieving graduate of 2015, earning her the prestigious W.O. McCarthy Academic Medal. Besides her role as an audiologist, Heidi is also a business coach and mentor, a qualified hypnotherapist, and a neuro-linguistic programming mindset coach. She serves on the Tasmanian Health Senate and is the Vice President of Independent Audiologists Australia, and is a member of Primary Health Tasmania's new Allied Health Network Advisory Group.

Why is audiology important, and what role does it play in primary health care?

Hearing loss affects approximately one in six Tasmanians. Uncorrected hearing loss can have long-term impacts on physical, cognitive, behavioural, and social wellbeing.

Audiology plays a pivotal role in primary health care for Tasmanians of all ages, as healthy hearing is essential not just for speech and language development in children but also for maintaining social engagement as we age.

Hearing loss, an "invisible" disability, should be a primary consideration in health settings, given the vital role of communication in forming and maintaining relationships, which are pivotal for emotional wellbeing.

Do you find that people who may have hearing problems avoid or put off having a test? If so, why?

I have observed a significant shift in community attitudes towards hearing problems over my 20-year career.

There is still a stigma associated with hearing loss and ageing, and many people delay getting a hearing test for this reason.

Our ability to hear and understand conversations depends greatly on the environments we are in. For instance, people with age-related hearing loss often hear just fine in quiet situations but struggle in noisy settings like restaurants, leading to delays in seeking a hearing assessment as they feel they can still manage well. It is usually their partners who get frustrated by having to repeat themselves.

Interestingly, I have noticed that people are now getting their hearing tested at younger ages (40-50 years) as they seek to establish a baseline for their hearing health and are more willing to embrace technology that improves overall wellbeing.

It is important to understand that we 'listen' with our brains, which need sensory input from healthy ears to function effectively. People who address their hearing loss early often have better outcomes with hearing technology, as the neural pathways remain intact. The recent approval of devices like Apple AirPods as hearing aids under the Therapeutic Goods Administration is likely to have a positive impact on public awareness about hearing health.

What inspired you to be on the Allied Health Network Advisory Group?

Currently, audiology is a self-regulated profession and not recognised by the Australian Health Practitioner Regulatory Agency, leading to underrepresentation of audiology and audiologists in healthcare discussions, even in discussions for allied health professionals.

This lack of recognition often excludes audiologists from important advocacy discussions, leaving us without a seat at the table, despite the critical nature of hearing—one of our five major senses.

This realisation inspired my involvement with the Allied Health Advisory Network and my advocacy efforts as vice president of the Independent Audiologists Australia and as a member of the Tasmanian Health Senate, to raise awareness of the significant role audiologists play in promoting healthy hearing across all age groups in Tasmania.

What is something you wish primary healthcare providers understood about audiology?

If I had a magic wand, I would want primary healthcare providers to understand the devastating psychosocial impact of uncorrected hearing loss more deeply.

I wish more providers would refer patients for audiology assessments and better understand the variety of treatment options available for conditions like tinnitus.

Some audiologists specialise in conditions such as auditory processing disorders. We are often not the first point of contact for hearing, vestibular, and ear-related issues. I advocate for a more multidisciplinary and collaborative approach for patients who would greatly benefit from an audiology referral. This could also lead to improved funding for audiology services for our patients.



The Allied Health Network Advisory Group

Primary Health Tasmania facilitates the Allied Health Network Advisory Group, made up of 13 Tasmanian allied health professionals who work within the primary healthcare sector.

Members meet quarterly to discuss sector-related issues and promote networking, collaboration, and professional development.

The group focuses on promoting and coordinating person-centred primary health care, significantly enhancing health outcomes for Tasmanians.

Primary Health Tasmania encourages representation from a diverse range of allied health professions to expand the collective impact.

Want to know more? Go to tasp.hn/for-allied-health

What symptoms should health professionals and the community be mindful of in suspected hearing loss?

Symptoms such as bothersome tinnitus warrant a referral to an audiologist trained in tinnitus management. It's crucial not to dismiss tinnitus symptoms simply because there is no definitive cure; this isn't the best way to counsel a patient.

Hearing loss symptoms are often similar to those of dementia. In my opinion, hearing assessments should be included in the battery of tests used to screen for cognitive decline. Family and partners of patients are usually the first to notice hearing loss and this can often cause frustrations due to communication breakdowns.

It is also advisable to include family as part of the audiology consultation as a patient's family or partner may first notice the hearing loss.

A patient might not experience any difficulties hearing a health professional in a quiet consultation room, but if they report challenges in noisy environments, this is a clear indication for an audiology assessment.

Regarding vestibular issues and complaints of vertigo, functional vestibular testing can differentiate between peripheral and central pathologies to aid in management.

I hope that the Tasmanian primary health community will prioritise audiology for collaborative referrals and recognise that audiologists do much more than just fit hearing aids. ■

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