

Healthy People,
Healthy Communities



The role of primary care in OCP implementation

Engaging effectively with primary care

HealthPathways

HealthPathways: Agreed best practice into Practice

- A web-based program written by GPs for GPs designed for use at the point of care
- HealthPathways aims to reduce 'unwarranted variation' by making good care more transparent, and to accelerate evidence into practice
- HealthPathways programs are developed in partnership by PHNs across every state and territory in Australia
- For more information and to access your local HealthPathways site visit:

<http://www.healthpathwayscommunity.org/>

HealthPathways Melbourne provides clinicians with a single website to access clinical referral pathways and resources



Progress Report March 2019

Pathways in Development – Drafting*		Most Recently Published
Alcohol and Other Drugs: <ul style="list-style-type: none"> • Cannabis Use • Drug Seeking Behaviours • Methamphetamine (Ice) Use Breast: <ul style="list-style-type: none"> • Benign Breast Lesions • Breast Pain (Mastalgia) • Breast Investigations Cardiology: <ul style="list-style-type: none"> • Familial Hypercholesterolaemia • Hyperlipidaemia • Statin Intolerance Maternity: <ul style="list-style-type: none"> • Anaemia in Pregnancy • Hypertension in Pregnancy • Infertility Medicines information & resources:	Obesity <ul style="list-style-type: none"> • Bariatric-Metabolic Surgery • Weight Management in Overweight and Obese Adults Oncology <ul style="list-style-type: none"> • Immunotherapy in Oncology • Oncology Treatment Induced Diarrhoea • Chemotherapy and Infection Voluntary Assisted Dying <u>Statewide Specialist Clinic Reform Project – funded by DHHS</u> ENT <ul style="list-style-type: none"> • Acute Nasal Fracture • Bilateral And Asymmetrical Hearing Loss • Hoarse Voice/ Dysphonia Vascular: <ul style="list-style-type: none"> • Carotid Artery Disease • Deep Vein Thrombosis 	<ul style="list-style-type: none"> • Bone Pain Flare Following Radiation Therapy • Breast Cancer Screening • Colorectal Symptoms – Suspected Colorectal Cancer • Genetic Health referrals • Pregnancy Booking • Radiation Therapy • Radiation Oncology Referral • Recurrent Pregnancy Loss • Skin Reactions during • Urgent or Routine Obstetric Referral • UTI and Asymptomatic Bacteriuria in Pregnancy Pathways – Under Review <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander Health • Certification of Death • Family Violence • Osteoporosis • Wound Care Management

Evidence into practice

Assessment



Practice point

- Suspicion of colorectal cancer increases with the combination of increasing age, signs, and persistent colorectal symptoms for > 6 weeks.
- Good physical examination including digital rectal examination (DRE) is best practice for all patients with suspected colorectal cancer.

- Assess for [colorectal symptoms](#). If recent onset of symptoms in patients aged > 40 years, assess with a higher degree of suspicion.
- Assess for [risk factors](#) of colorectal cancer (CRC), including [family history](#).
- Perform a physical examination, including digital rectal examination (DRE) to assess for rectal mass or anal ulceration (anal cancer), and abdominal examination for a mass.
- Arrange initial [investigations](#).
- Consider using the CRC risk assessment tool for individual and pairs of symptoms, including second presentation* of same symptom, to determine probability of colorectal cancer² in patients aged > 40 years:

Constipation	Diarrhoea	Rectal bleeding	Weight loss	Abdominal pain	Abdominal tenderness	Abnormal rectal exam	Haemoglobin 10-13 g/dL	Haemoglobin <10 g/dL	PPV = Positive predictive value (%) or probability of Ca if Sx present
0.4	0.9	2.4	1.2	1.1	1.1	1.5	0.9	2.3	PPV as a single symptom
0.8*	1.1	2.4	3.0	1.5	1.7	2.6	1.2	2.6	Constipation
	1.5*	3.4	3.1	1.9	2.4	11	2.2	2.9	Diarrhoea
		6.8*	4.7	3.1	4.5	8.5	3.6	3.2	Rectal bleeding
			1.4*	3.4	6.4	7.4	1.3	4.7	Weight loss
				3.0*	1.4	3.3	2.2	6.9	Abdominal pain
					1.7*	5.8	2.7	>10	Abdominal tenderness

Probability of cancer

>5%	1-2%
2-5%	<1%

* second presentation

For example, the probability of colorectal cancer for rectal bleeding alone is 2.4%, but rectal bleeding combined with an abnormal rectal exam increases the probability to 8.5%. Two separate episodes of rectal bleeding have a probability of 6.8%.

Links to resources

Dysphagia

See also [Screen for Swallowing](#).



+ [About dysphagia](#)

Red flags



- 🚩 Total obstruction from food or foreign body associated with inability to tolerate oral intake
- 🚩 New onset or rapidly progressive **dysphagia**
- 🚩 New onset or rapidly progressive epigastric pain (> 2 weeks)

Assessment

Acute obstruction

1. Determine the cause of the obstruction e.g., food bolus or foreign body such as chicken or fish bone.
2. Determine whether the patient can swallow saliva.
3. In the acute situation, general practice X-rays are not useful and may delay referral and treatment. If appropriate, any X-rays will be performed in secondary care.

Quick links

[I-PACED Oesophageal and Gastric Cancers Resource Card](#)

[Oesophagogastric Cancer: Optimal Care Pathway](#)

[Oesophagogastric Cancer: What to Expect](#)

Referral: a process in evolution

Inpatient Colonoscopy

1. Check [criteria](#).
2. Determine whether the patient can make an [informed consent](#).
3. Prepare the [required information](#).
4. Refer to the service.
 - Before referring, confirm the need with a gastroenterologist or colonoscopist, or refer to gastroenterology outpatient services for assessment.
 - Email or fax the [Colonoscopy Referral Information form](#) provided by the Victorian Department of Health and Human Services.
 - For referral support, contact the relevant [hospital GP Liaison](#).
 - This service is not available at these [hospitals or hospital sites](#).

[+ Eastern Melbourne](#)

[- North Western Melbourne](#)

Alfred Health - Alfred Hospital Gastroenterology Clinic	Melbourne, City of Melbourne	▼
Alfred Health - Endoscopy Clinic	Melbourne, City of Melbourne	▼
Northern Health - Endoscopy Service	Broadmeadows, Hume	▼
Peter MacCallum Cancer Centre Upper Gastrointestinal Clinic	Melbourne, Melbourne	▼
St Vincent's Hospital Melbourne Gastroenterology Clinic	Fitzroy, Yarra	▼
The Royal Melbourne Hospital Gastroenterology Clinic	Parkville, Melbourne	▼
Western Health - Endoscopy Service	Footscray, Maribyrnong	▼

Statewide referral: the next steps?

Colonoscopy referral information	
This is the information your referral form should include to allow clinicians to use the colonoscopy categorisation guidelines	
<input type="checkbox"/> Colonoscopy	<input type="checkbox"/> Flexi-sigmoidoscopy
Indication A: Symptoms and investigations* (circle main indication, tick all others and provide results)	
<input type="checkbox"/> Positive iFOBT NBCSP <input type="checkbox"/> Not NBCSP <input type="checkbox"/>	
<input type="checkbox"/> Anaemia: (provide results below) *	
<input type="checkbox"/> Rectal bleeding, duration _____ months	
<input type="checkbox"/> Age ≥ 60 years	
<input type="checkbox"/> Change in usual bowel habit, duration _____ months	
<input type="checkbox"/> Constipation, duration _____ months	
<input type="checkbox"/> Diarrhoea, duration _____ months	
<input type="checkbox"/> Unexplained abdominal pain, duration _____ months	
<input type="checkbox"/> Unexplained weight loss	
<input type="checkbox"/> Palpable mass (or on sigmoidoscopy) Abdominal <input type="checkbox"/> Rectal <input type="checkbox"/>	
<input type="checkbox"/> Possible IBD	
<input type="checkbox"/> Primary of unknown origin	
<input type="checkbox"/> Abnormal imaging <input type="checkbox"/> Likely CRC <input type="checkbox"/> Other _____	
<input type="checkbox"/> Hb _____ <input type="checkbox"/> MCV _____ <input type="checkbox"/> MCH _____ <input type="checkbox"/> Ferritin _____	
<input type="checkbox"/> Calprotectin _____ <input type="checkbox"/> CRP _____ <input type="checkbox"/> ESR _____	
Clinical notes Family history colorectal cancer (circle) Yes No (State details. See details over page for screening.)	

Opportunities: MHR and MDM summary?

The screenshot displays the 'My Health Record' section of the HealthPathways Melbourne application. On the left, a 'Document List' sidebar contains a 'Filter' section with checkboxes for document types (Shared Health Summaries, Discharge Summaries, Event Summaries, Specialist Letters, Referral Letters, Medicare Documents, Prescribe & Dispense Docs, Patient Created) and a 'Date' range set to 'Last 3 months'. Below this is a 'Status' dropdown set to 'Approved' and a 'View Document List' button, which is circled in red. A blue arrow points from this button to the 'Medicare Overview' section below. The 'Medicare Overview' section has a header 'Medicare Overview From Sep 3, 2017 To Sep 3, 2018' and a sub-header 'Medicare Overview - From: 03-Sep-2017 to 03-Sep-2018 3 Sep 2018'. Below this is a 'START OF DOCUMENT' section titled 'My Health Record' and 'Prescription Information - PBS and RPBS'. This section contains a table with prescription details.

Generic Name	Brand	Prescribed	Supplied	Form and Strength	Quantity	Repeat Number	Code
rivaroxaban	XARELTO	23 Apr 2018 10:00+1000	21 Aug 2018 10:00+1000	RIVAROXABAN 15MG TABLET, 28	28	5	02691P
buprenorphine	NORSPAN	13 Aug 2018 10:00+1000	20 Aug 2018 10:00+1000	BUPRENORPHINE 15 MICROGRAM/HOUR PATCH, 2	4	0	10953L
gabapentin	NEURONTIN	15 Dec 2017	20 Aug 2018	GABAPENTIN 100MG CAPSULE, 100	100	5	08505P

At the bottom of the interface, there are buttons for 'Basic View', 'Audit View', 'Get Representative', and 'Get Patient Details'. A disclaimer at the bottom of the prescription table states: 'This view is not a complete record of the individual's medicines information.'

Thank you