

General Practice Palliative Care Education Program

- Case Conferencing does it make a difference?
- Building capacity on the Sunshine Coast
- Active Learning in Townsville
- Connecting GPs in Toowoomba
- Building a GP data-base with PCIS

Palliative care is one of the most important tasks a general practitioner can undertake. There will never be enough specialist services to care for all dying patients. Palliative patients and their carers value GP care and can feel betrayed when their GP does not perform when the need is greatest¹.

The quote from an editorial article by Dr Geoff Mitchell is used to introduce this edition of Centre Line as it emphasizes the importance of the general practitioner's role in palliative care. While GPs and palliative care specialists have similar aims for patient care, GPs generally have shorter timeframes to deal with complex care needs of palliative patients². The ability of GPs to adequately attend to the needs of their palliative patients is enhanced when they have easy access to appropriate education resources.

The General Practice Palliative Care Education Program is an initiative of Queensland Health that began in 2002. The Program provides funding to support development of knowledge, skills and educational resources for General Medical Practitioners (GP), with the aim of building capacity of GPs to support palliative care patients in the community. The Centre for Palliative Care Research and Education (CPCRE) is responsible for managing the GP Education Program. To date 23 projects involving 12 of the 19 Division of General Practice have been funded.

This edition of Centre Line presents an outline of projects developed by three of the Divisions, each project is potentially accessible to all GPs. It is envisaged that other Divisions and/or GP Practices Centres will access this existing education material and modify these as necessary to meet local needs.

Key objectives of the Program are to:

- Encourage partnership in both education and service delivery between specialist and the Divisions of General Practice
- Develop a bank of evidence-based education resources accessible to all GPs
- Provide educational and practical support for GPs in

their role as primary palliative care providers.

The GP Palliative Care Education Program supports three broad educational activities:

1. Leadership/mentoring
2. Development of mixed mode education resources
3. Conference activities involving palliative care experts.

Funded projects aim to meet the criteria for Continuing Professional Development Points (CPDP) with the Royal Australian College of General Practice (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM).

CPCRE congratulates the following Divisions of General Practice awarded funding for 2006-2007 to undertake their projects:

- Sunshine Coast Division of General Practice
- Wide Bay Division of General Practice
- GP Connections, Toowoomba and District Division of General Practice
- Southern Qld Rural Division of General Practice
- South East Alliance of General Practice
- Capricornia Division of General Practice
- Ipswich & West Moreton Division of General Practice.

Deborah Prior, Director of Learning and Development, CPCRE

Further information about the Program and applications for 2007-08 will be available at www.cpcre.com or by telephone to CPCRE 07 3636 1449.

Case Conferencing: engaging GPs in the palliative care network.

Patients with a life-limiting illness usually require input from both specialist palliative care services and primary care providers³. Case Conferencing is an effective method for involving and thus supporting General Practitioners (GPs) in their medical care of palliative care patients. Medical case conferencing is a 'doctor-led meeting'⁴ with other disciplines, according to the patient's situation. Timely case conferencing produces an

³Abernethy, A.P et al. 2006. *Contemporary Clinical Trials* 27: 83-100 Available online at www.sciencedirect.com

⁴Ibid, p.91

⁵Mitchell, G. 2005. *PhD Thesis UQ*

¹Mitchell, G. 2006 *Whither general practice palliative care. Australian Family Physician*. 35(10): 757.

²Ibid

appropriate and coordinated patient care plan and fosters communication between the various disciplines⁵.

Medicare supports case conferencing

Under the Enhanced Primary Care Medicare Benefits Scheme (EPC) GPs are reimbursed for their involvement in case conferencing relating to palliative care patients⁶. Medicare benefits are also claimable for the service of allied health professionals participating in a case conference.

The requirements for GPs to claim a Medicare EPC benefit are substantial, and not the normal way GPs operate. However, the requirements are closer to the usual operations of a specialist team and thus relatively easy to incorporate into operational protocols.

Case conferences in palliative care—does it make a difference?

Randomized controlled trials (RCT) of case conferences in palliative care were conducted in Adelaide⁷ and Queensland⁸. The Adelaide project undertook case conferences in patients' homes and involved a physician, a nurse, a GP, and the patient and their carers. In Queensland telephone based case conferencing occurred between GPs and the local palliative care team. The GPs joined the Palliative Care team during routine team meeting times.

Both trials demonstrated improved patient outcomes. In Adelaide patients' performance status was maintained for longer than controls. In Queensland case conferencing improved some physical and mental wellbeing elements of patients' quality of life, particularly in the end-stage before death.

Factors to consider for effective case conferences

Qualitative data from the two studies⁹ indicate that case conferences should be reserved for critical points in the illness trajectory, such as discharge from hospital or the onset of a new symptom.

In consideration of workloads of GPs and the palliative care team, a clear commitment by both parties to case conferencing is essential. The case conference should be guided by clear objectives and a chairmanship that facilitates equal participation and values the contribution of GPs. There should be a commitment of GPs and the PC team to regular use of case conferencing—which has appropriate administrative support.

Dr Geoff Mitchell, Associate Professor UQ, g.mitchell@uq.edu.au

⁶Details from www.health.gov.au

⁷Abernethy, AP et. al 2006

⁸Mitchell G. 2005

⁹Mitchell, G. et.al 2005. *Australian Family Physician*. 34:389-92

GP Connections in Toowoomba: Drs Bag for the Dying

GP Connections is the Toowoomba and District Division of General Practice. The regions served by GP Connections include Toowoomba, Crows Nest, Gatton, Goombungee, Pittsworth, with a collective population of nearly 100,000 people.

A key principle underpinning GP Connections' education initiatives is that representatives from the target group, ie. GPs should be involved in the development and delivery of the program. This guiding principle is important in understanding the concept behind development of GP Connections' original 'Dr's Bag for the Dying' and its recent extension.

Key education initiatives in palliative care

GP Connections is committed to developing palliative care programs that increase the skill capacity of GPs and other practice staff and enables them to support their palliative care patients. Programs completed to date include:

- **A Support Education Assessment and Monitoring¹⁰** (SEAM) program, which promotes service coordination, education and a support system
- **The Doctor's Bag for the Dying¹¹**, an online education module and e-moderator facility
- **A Roadmap for the Dying** an education program that follows the path of events that GPs may encounter when caring for a palliative patient.

Most GPs expect to see only a few palliative care patients in any year, therefore our education programs are offered as flexible delivery mode such as workshops, online tutorials and take-home learning packages.

GP Connections in collaboration with a GP Advisory Group supplied the content and produced an audiovisual compact disc (CD) and an accompanying workbook¹². In keeping with the objective of CPCRE funding, GP Connections worked in partnership with the Australian College of Rural and Remote Medicine (ACCRM) to convert the learning package to an online format that can be accessed via the Rural and Remote Education Online (RRMEO) site.

The online learning resource was enhanced by a discussion forum about palliative care case studies facilitated by a GP e-moderator. The e-moderators were GP advisors who had been involved in developing the workshops, CD and learning package. The e-moderators presented weekly case studies from their General Practice as well as facilitated discussion around medical care issues relating to other patients. Many of the case studies were prepared by the SEAM Nurses, which was a means of linking and building on all our palliative care projects.

¹⁰Funded by the Commonwealth Department of Health and Aging Caring Communities in Palliative Care Program 2004

¹¹Funded by CPCRE Queensland Health GP Education Initiative Program. 2004

¹²Funded by CPCRE, 2005

Evaluation of the 'Dr's Bag & The Roadmap' education resources, identified the need for specific information about the mechanics and management of the Graseby Syringe Driver. Consequently GP Connections and ACCRM has developed the education resource to include a DVD demonstration of safe techniques for drawing-up various medications, and insertion of a subcutaneous Intima cannula for drugs administered via the syringe driver.

Additional material accompanying the DVD includes a calculations workbook and a list of medications suitable for syringe driver administration.

The DVD and workbooks are available from ACCRM via the RRMEO site, or from GP Connections.

GP Connections acknowledges the input from Blue Care Community Nursing Service, Ozcare Community Nursing Service and the Toowoomba Hospice for the workbook content.

New funding from CPCRE has enabled the very successful e-moderators support to be resumed in early 2007, and can again be accessed via RRMEO site.

GP Connections with ACCRM anticipate that other stakeholders will adapt our learning resources if necessary to fit their particular setting, (with acknowledgment of the original source) and thus avoid unnecessary duplication.

Robina Canning Senior Corporate Manager, GP Connections Toowoomba. Inquiries to: gpc@gpconnections.com.au or Telephone 07 4688 2000.

Palliative care on the Sunshine Coast

The Sunshine Coast faces a major population change as one of the fastest growing regions in Queensland. The Department of Local Government and Planning predict a 33% population increase across all ages with an 85% increase in the 65 - 74 age groups. It follows that demand for palliative care services in our region is expected to increase with a corresponding rise in the need for General Practitioners able to support palliative patients in the community.

The Sunshine Coast Division of General Practice (SCDGP) has taken advantage of the CPCRE GP education grants program to develop several palliative care projects.

The first project involved establishing a steering committee, comprising local GPs and the Director



Sunshine Coast GPs attending an education workshop

of Cittamani Hospice Service, to evaluate a set of evidence based Clinical Care Guidelines and determine the effectiveness of these as educational and practical resources for GPs.

The modified guidelines together with Cittamani's updated Care Plan, were used by GPs for their patients admitted to the Hospice Services over a 6 month period. A total of 31 GPs participated in the project and their feedback to the steering committee confirmed the usefulness of the guidelines and care plans. The feedback also highlighted that GPs required easy access to the clinical guidelines when needed because currently most GP's have relatively infrequent contact with palliative patients.

The second project funded by CPCRE enabled the Division to provide a Certificate IV Workplace Trainer and Assessor course for GPs and Practice Nurses interested in providing palliative care education. After completing the course the GPs and nurses provided education sessions as part of the Divisional Education Day Aged Care Clinical Stream. The trainer group has disseminated information through other presentations including the Practice Nurse Network education sessions, community forums and education seminars for other GPs.

A further sustainable outcome of both projects has been the establishment of a GP special interest group that work with palliative care specialists two evenings a week, which gives them opportunities to review clinical cases and develop methods for supporting education needs of other GPs and Practice Nurses.

The third stage of the SCDGP palliative care education project builds on previously completed projects.

In consideration of GPs' current limited contact with palliative patients, the Division aims to establish a mentoring program to provide GPs with an opportunity to work with specialists and also spend time with the community hospice service. The project will develop a process where by GPs have access to specialist assistance when required, an approach successfully used by the Division for mentoring GPs in residential aged care facilitates.

The SCDGP recognizes that while the care of palliative patients may not be part of every-day General Practice it is nonetheless essential that GPs become knowledgeable about this complex area and have access to quality information and assistance when required. All our projects aim to achieve this goal and to ensure GPs feel able to provide high quality clinical care to patients using a palliative approach.

Jean McRuvie, Executive Officer, Sunshine Coast Division of General Practice. Inquiries to: division@scdgp.org.au

Townsville Division of General Practice

Townsville Division of General Practice (TDGP) is a Provincial Division that covers the Townsville and Thuringowa local government areas, including Magnetic Island. The regions population is little over 160,000

people and the 'Twin Cities', as it is known locally, supports an array of industry including heavy industry and construction, a vibrant port, James Cook University the Great Barrier Reef Marine Park Authority and the second largest military base in Australia.

The population of the Townsville regions is increasing by just over 3,000 per year. While the population is ageing in a way similar to the rest of Queensland, it also comprises many young families and people from a range of cultural backgrounds, including Aboriginal and Islander communities.

There are 150 General Practitioners in the area; (approximately 98 full-time equivalents) distributed across 55 practice groups, solo practices and special purpose clinics. The main aim of the Division is to improve health outcomes for the people of Townsville/Thuringowa by promoting quality general practice and better integration of health care delivery in the area.

It is understood that many people wish to receive palliative care in their own home which implicates General Practitioners (GPs) pivotal role not only in medical care but also coordination of various activities and services. Palliative care is a complex challenge for GPs as patient's symptoms are often severe, debilitating and confronting, and require communication across multiple health care systems. Good communication between GPs, the palliative care team and other service providers is thus a necessary part of high quality care.

The Project

A palliative care Active Learning Module (ALM), as described by the Royal College of General Practitioners (attracting 30 CPD points), was developed by the Townsville Division of General Practice in collaboration with Townsville Health Service District (TDHS) Palliative Care Service.

The project aimed to support the GP's role within the palliative care team by providing information, reflective activities, resources and online specialist feedback and support. The focus was on strengthening existing partnerships, developing new partnerships for GPs and providing support for rural GPs where the palliative care team may only be the GP and the patient's family.

Expected outcome:

- Understand the palliative approach and related ethical issues
- Be better equipped to communicate and support the needs of patients and their family
- Increase awareness of good communication and documentation required for an effective multidisciplinary palliative care team.
- Understanding of the legal matters when caring for a dying patient

- Be more confident in managing pain and other symptoms
- Have access to contacts and resources available to assist in their management of palliative care patients
- Be better able to problem solve when providing palliative care

The Process

Initially the ALM was conducted in Townsville and this process formed the basis of the education package. Thirteen GPs completed pre-readings and a pre-test questionnaire prior to attending an interactive workshop. The 3 hour workshop was facilitated by Dr Will Cairns, Director of Palliative Care, Townsville District Health Service. A local professional media company video taped the workshop, and TDGP information services staff assisted with compilation of the CD and web management. To consolidate their new learning, participants completed three case studies and these were reviewed by Dr Cairns. Future participants can self assess against expected responses set by Dr Cairns.

The education package comprises, pre-readings, self-marking pre and post questionnaires, the workshop video, power point slides and other documentation for undertaking this program. The education package is available as a self-directed-learning module or can be used as a resource for group education.

Sonya van Bremen, Practice Support Officer, Townsville Division of General Practice. Inquiries to: tdgp@tdgp.com.au

CPCRE WORKSHOPS

CPCRE will offer a series of workshops in 2007 on Updates in palliative care for GPs.

The first workshop is to be held:

Date: 17 March 2007

Venue: Education Centre,
RBWH, Herston

*Inquiries to: Deborah Prior 07 3636 1337
email deborah_prior@health.qld.gov.au*

NOTICE

The very successful PEPA (Program of Experience in the Palliative Approach) is continuing at least until 2010. PEPA is open to all GPs.

Applications will be open soon.

*Inquiries to: Kathryn Laurent 07 3636 6216
email Kathryn_Laurent@health.qld.gov.au*