AWMA AGM

MEDICAL REPRESENTATIVE REPORT : STEPHEN YELLAND

March 2013

The activities over the past 12 months have been focused on:

- Continuing to improve communication channels with the various medical associations to bring increased awareness of AWMA’s activities and resources and to encourage increased medical membership
- Improving wound management at the primary care level, in particular in General Practice, through education
- Exploring alternative funding models for wound management
- Seeking support for the Wound Product Subsidy proposal

Funding and Education

In last year’s report the issue of funding for wound care through government sources was discussed. It was, and still is unlikely, that direct Federal funding for wound management will occur. However, there are other sources for funding in particular through Medicare Locals. In the past 12 months there has been activity through Medicare Locals to support wound management, and the following are examples:

- Lynne Walker, National Principal Adviser of Nursing in General Practice to the Australian Medicare Local Alliance (the national body) is studying the impact of the Practice Nurse Incentive Scheme. She is studying a number of General Practices around Australia including my own. Lynne addressed the AWMA committee at our June 2012 meeting in Melbourne.
- In January this year myself and Cheryl Frank, [Wound Nurse Consultant] were asked to deliver a wound course for Gold Coast Practice Nurses. The course is based on the revised AWMA modules and is a joint venture with the local Gold Coast Division of General Practice and the Gold Coast Medicare Local. Other wound education events were held throughout the year also supported by these organisations. The opportunity is always taken at these events to enlighten people re AWMA and its activities and to encourage membership. I am continually surprised at the low level of knowledge of AWMA's existence which we need to keep addressing.
- One Medicare super clinic has asked for assistance in setting up a wound clinic.
- Considerable activity is occurring in the Hunter Region with their Medicare Local in particular with regard to developing pathways.

Working Smarter in General Practice

With no direct item numbers any longer for managing wounds in General Practice GPs have to work smarter and use already existing, but underused, item numbers such as case conferencing and contributing to care plans.

An overview of how to access the appropriate Medicare item numbers to assist funding a best practice private wound clinic was presented to AWMA Qld’s October meeting. This will be adapted for print and available for other providers in General Practice.
RACGP

It was an honour to be asked to deliver a presentation to the 2012 RACGP annual conference on the Gold Coast in October. The conference was well run and the Gold Coast convention centre was excellent. I have provided feedback back to the AWMA 2014 conference organising committee as it plans next year’s conference at the same venue. Over 100 GPs attended the session “Innovations in Wound Management for General Practice” with very pleasing feedback. A lot of interest was generated and kept the Wound CRC booth very busy. The Wound CRC booth in the exhibition area was manned by Karen Innes-Walker and Kellie Broderick from the CRC for the 3 days and for 2 days Geoff Sussman attended as well. Many GPs were very appreciative of Geoff’s time and passion to pass on his knowledge. Karen was able to have 60 of her wound surveys completed. Many resources were distributed. Of interest GPs were very willing to admit they didn’t know enough about wound management and wanted to know more.

Direct discussions held with the Primary Side Bar developers [that is the tool that GPs have on their computer screens] were very fruitful and they can’t see why the VLUG flowcharts can’t be accessible on the sidebar. I believe they are still working on this area.

This was a great networking opportunity and the Wound CRC, Geoff Sussman and I are planning the same presence at this year’s RACGP conference in Darwin.

AMA

In contrast to the RACGP the AMA has readily accepted all our recommended AWMA publications onto the AMA GP Resource section of their website. Within 24 hours the VLU guidelines and AWMA Standards were linked through their website and others have since been added.

Dr Hambleton, AMA President, has responded favorably to our request for support of the wound subsidy proposal and his availability to be present at the KPMG Health Economics report launch.

Wound Subsidy Project

The project needs the support of the major Medical bodies in Australia. Letters outlining the project and requesting the support of their organisation have been sent to:
Dr Steve Hambleton – President Federal AMA
Dr Brian Morton – Chair of General Practice, Federal AMA
Dr Alex Markwell – President AMA Qld
Dr Beres Wenck at the RACGP
Lynne Walker – National Principal Adviser, Nursing in General Practice, Australian Medicare Alliance

The Year Ahead

Apart from further developing the networks and projects already addressed we need to continue to identify and address other barriers to effective, cost efficient wound management for our patients. One major area lies with the Department of Health and Ageing in regard to their stance in forbidding charging patients for dressings in General Practice with bulk billed consultations. This is a significant barrier and repeatedly raised with me by GPs and Practice Nurses.