Haemophilia and the added health benefits from general practice care

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Traditional (Hospital) model of care

- "Factor" supply
- Emergency care
- Pain control
- Orthopaedic interventions
- Prescriptions- multiple
- hepatitis C management
- HIV management
- Access to veins



DR LIVINGSTONE..THANK GOD..ANY CHANCE OF YOU PUTTING ME ON YOUR PRACTICE LIST

General Practice

- What is it and what does it do?
- Where is it?
- Who is it?
- What is in it for you?



What do GPs do?

- Acute & chronic care
- Emergencies
- Check Ups & Prevention
- Prescriptions
- Tests
- Certificates
- Referrals
- AND more





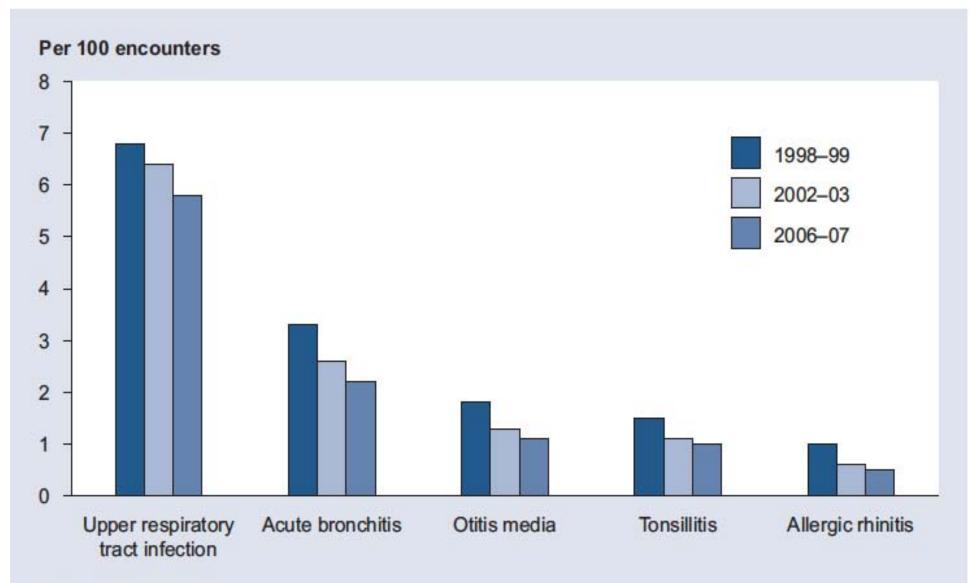


What is NOT a GP



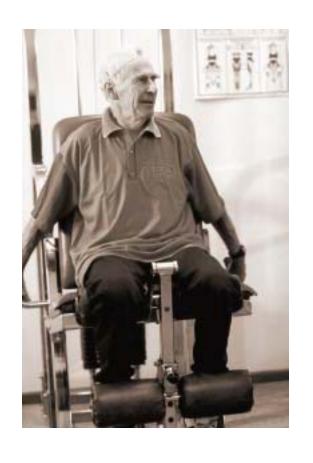
Common GP managed problems

- Immunisations
- URTI, respiratory and asthma
- Prescriptions
- Skin
- Anxiety, depression, & sleep
- Gastroenteritis
- Urine and other infections
- Sprains & fractures
- Contraception, pregnancy, & STIs



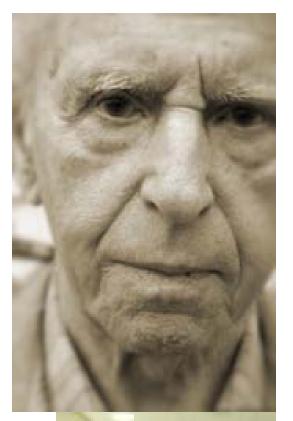
Source: Britt et al. 2008.

Figure 7.6: Decreases in management rate of selected acute problems, 1998–99 to 2006–07



Us and You?











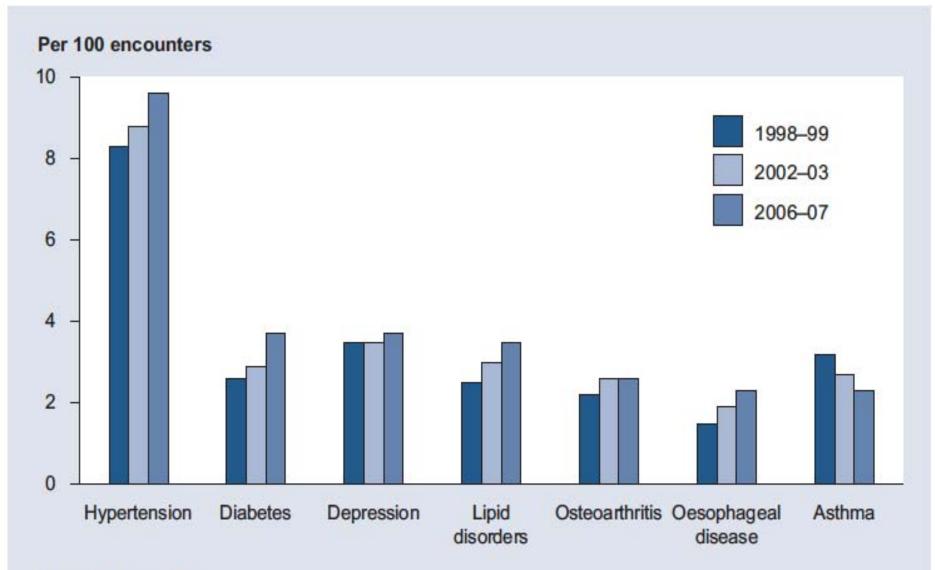




Chronic disease >50% of GP work

- 1. Cardiovascular (hypertension, lipid disorders, ischaemic heart disease, atrial fibrillation/flutter)
- 2. Depressive disorder
- 3. Diabetes
- 4. Osteoarthritis, back pain, osteoporosis
- 5. Asthma & COPD
- 6. Oesophageal disease
- 7. Skin cancers, solar keratoses
- 8. Obesity
- 9. Migraine

BEACH data adapted



Source: Britt et al. 2008.

Figure 7.5: Changes in management rate of selected chronic problems, 1998–99 to 2006–07

Australian general practice

- 22,000 general practitioners (= 17,300 FTE)
- 7,400 General practices 60% have nurses
- 90% visit GP in a year, average 5x per year
- 90% of all GPs use Computers What for?
 - prescribing (95 %),
 - ordering tests (80%)
 - patient information (80%)
 - Total medical record (35%)

Henderson 2006- figures adjusted to "closest 5 %"

RACGP Council GPs



Features of General practice and primary health care

- First point of care for each new problem
- Long-term person-focused (not disease focused) care
- Continuity of care
- Comprehensive care for most health needs
- Coordinated care when care must be sought elsewhere

Ref: Starfield 1998

Benefits of Primary Care

A greater emphasis on primary care can be expected to:

- Lower the cost of care
- Reduce pressure on A&E
- Improve health through access to more appropriate services
- Reduce the inequities in a population's health

Starfield et al

Limitations of General practice care

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"Every day I walk for 30 minutes, I drink 8 glasses of water, and I eat 5 fruits and vegetables... BUT I'M STILL GETTING OLDER!"

Date

ttivity/topic	Frequency	Notes	Page No.	10-14	15-17	40.40	20-24	35.30	Age 9	group 35-39	40-44	45-49	50-54	55-64	
wention of chronic disease				10-14	13-17	10-13	20-24	25-25	30-34	33-33	40-44	49-49	30-34	33-04	
Smoking	Every 12 months	Every 6 months for Indigenous Australians, mental Illness, chemi-													
		cal dependency													L
Weight	Every 2 years	Every 12 months for Indigenous Australians, diabetes and CVD													L
trition	Every 2 years	Every 6 months for overweight, obese, high CV AR (> 15%), family history CVD <60 years, type 2 diabetes													
Alcohol – early detection problem drinking	Every 3 years	Every 12 months for high BP, liver disease, major organ damage, pre/pregnancy, history ETOH or mental health problem, drug taking													
Physical activity	Every 12 months	Every visit teenage girls, Indigenous Australians, NESB, chronic dis- ease or CVD													
mmunicable disease	•														
lamydia	Opportunistically	Sexually active women. Every 12 months for those at high risk													Г
munisation	See ASVS														Г
evention of vascular disease															_
ood pressure	Every 2 years	Every 12 months with lifestyle risk factors, Every 6 months for high risk and opportunistically for indigenous Australians*													
olesterol and lipids	Every 5 years	Every 1–2 years 45+ years with risk factors and family history pre- mature CVD. Every 12 months with increased CV risk and editing diagnoses													
pe 2 diabetes	Every 3 years	Every 12 months with IGT/IFG, indigenous Australians 35+ years, certain NESB, 45+ years with risk factors, CVD, or PCCS													Γ
oke	Every 12 months with risk factors	Every 12 months with AF and risk factors, previous stroke or MI or chronic kidney disease													
tney disease	Every 12 months	Every 12 months with HTN, diabetes, family history or presence iddney disease, or indigenous Australian (>35 years)													
ncer	•														
n cancer examination	Every 12 months	From 13 years for those at high risk													Г
nt cal cancer	Every 2 years	Repeat at 12 months with Pap result													Г
east cancer	Every 2 years	Start at 40 years for high risk													Г
lore ctal cancer	Every 2 years	Earlier for high risk													Γ
ychosocial	•														
pression	Opportunistically	At every encounter – every 2 years with high risk													Γ
lorly															Г
ls risk	Every 12 months	Every 6 months with history of 1 or more falls or multiple risk factors													
lon and hearing	Every 5 years	Every 12 months 65+ years													
aucoma	Every 12 months	Refer to opthalmologist – family history, 60+ years, diabetes, high myopia and history long term steroid use													

PREVENTION- What and When?

Pre-pregnancy.....

- Smoking, alcohol, & other drugs
- Damage to foetus from alcohol, drugs, tobacco, & infections
- Screening if indicated for Genetic disorders

Pregnancy....

- Rh D disease
- Iron deficiency
- Diabetes
- BP checks etc

Prevention - Birth to school

- Immunisations
- Accident & abuse prevention
- Sun care for skin & eyes
- Growth
- Development

Teens & Adolescents

- Smoking, alcohol, & other drugs
- STDs Chlamydia screening
- Safe sex
- Contraception
- Depression?

Young Adult

- Smoking, alcohol, & other drugs
- Contraception, before, during, and after pregnancy care
- Immunisations
- BP checks
- PAP smears for women

45 years plus

- Smoking, alcohol, & other drugs
- Diet, exercise and weight
- BP, PAP, Breast screen
- Family history influence
- Lipids & Glucose
- ? Skin cancers

65 +

- Smoking, alcohol, & other drugs
- Diet, exercise and weight
- BP
- Family history influence
- Lipids & Glucose
- Skin cancers
- Immunisations