

Management Plan with Team Care Arrangements for patients with multidisciplinary care needs. To be conducted by the patient's usual GP

| | GP prepares | GP Review | GP contributes |
|----------------------------------|-------------|-----------|----------------|
| General Practice Management Plan | 721 | 732 | 729 |
| Team Care Arrangements | 723 | 732 | 729 |
| Aged Care Resident Care Plan | | | 731 |

GP Management Plans (GPMP) and Team Care Arrangements (TCA) are a part of the Commonwealth Governments 2005 Enhanced Primary Care Package. Together they allow the use of the allied health and dental item numbers for approved providers. As a member of the care team I am forwarding a copy of the Management Plan and Team Care arrangements for your records. Could you please review these documents and write back with any comments on this plan and I will incorporate the changes into a new GPMP and TCA. If the plan is satisfactory please fax the plan back to our fax number below with your approval. Our practice's fax policies ensure patient privacy. I will review and update this plan at regular intervals and let you know of any changes in the plan. Please contact me if you have any questions about this patient or their care.

| PATIENT DETAILS | MEDICAL PRACTITIONER DETAILS |
|---|--|
| <p>Patient's Name: Mr Donald Duck Date of Birth: 19 Sep 1900 Address: 20 Burnt Street Nunawading 3131 VIC Email: dduck@mail.com Mobile: Phone: 9896290355 Medicare Card No: 3416 00000 2 Healthcare Card No: 223344565789</p> <p>Contact details of carer if appropriate Name: Relationship: Contact Details</p> | <p>Name: System Administrator Provider No: Email: Phone: 02 9690 8666 Address: Lisa's Surgery Level 1 83 Palmerston Crescent Darlinghurst NSW 2010</p> |

MANAGEMENT PLAN HISTORY AND OTHER CHECKS

| | |
|--|---|
| Home medication review within the last 12 months Yes <input type="checkbox"/> No <input type="checkbox"/> | Verbal consent to GP Management Plan and Team Care Arrangements and to provide a copy to relevant providers of care Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Health assessment within the last 12 months Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| GP Management Plan within last 2y Yes <input type="checkbox"/> No <input type="checkbox"/> | Advanced health directive has been discussed Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Team Care Arrangements Service within last 2y Yes <input type="checkbox"/> No <input type="checkbox"/> | "My Health Record" has been prepared Yes <input type="checkbox"/> No <input type="checkbox"/> |
| EPC referral to allied health providers Yes <input type="checkbox"/> No <input type="checkbox"/> | This GPMP & TCA if required will be available in "My Health Record" Yes <input type="checkbox"/> No <input type="checkbox"/> |

If the patient eligible under Veterans Affairs. Please ensure this form is available on request from DVA

PROBLEM LIST Include medication list if appropriate as of

Medical Summary:

Asthma - Patient is allergic to smoke and dust

Comment:

Medication List:

Salbutamol sulfate 100 mcg/1 dose 200 doses (Airomir Autohaler Inhaler) Use three times a week

Comment:

Allergies and Intolerances:

20 Aug 2010 - Alcohol
09 Mar 2011 - Allergen extracts - Patient is allergic to dust and pollen

Comment:

Vaccinations:

Comment:

Patient consents to release of clinical details Yes No

MANAGEMENT PLAN GOALS and TEAM CARE ARRANGEMENTS IF REQUIRED

General Practice Management Plan
Annual AST and ALT and if elevated Albumin, Platelet and INR-

Consider Fasting BSL Chol TG HDL UEC-

Consider a liver biopsy-

Consider TSH Hepatitis A and B status and HIV serology-

Elevated ALT levels should be repeated each 3-6 months for 12 Months-

Opinion on the need for Liver biopsy (consider if LFTs abnormal for >6/12). Advice on teratogenicity of antiviral therapy.
Monitor for symptoms of anemia and depression while on antiviral therapy. Monitoring for symptoms and signs of liver failure in those unable to clear hepatitis C. Liver ultrasound and AFP levels each 6 months in those unable to clear hepatitis C (if biopsy shows stage 3 fibrosis or cirrhosis)-

Regular skin check recommended Yes No

Faecal occult blood test every 2 years recommended from 50-
Regular Colonoscopy screening recommended-

Pap Smear each 2 years to 18-70-
Mammogram each 2 years from 50 -70 (consider annually from 40 with a family history of breast cancer-

Regular PSA and rectal examination screening scheduled-

Inform of risks, uncertainties and benefits of annual PSA and rectal examination from 50-70 (From 40 with family history of prostate cancer < 60). Routine screening currently not recommended by RACGP or NHMRC.

Confirmation of disease
Positive Hepatitis C Antibody (HCV Ab)-
Hepatitis C RNA PCR to detect Viraemia. (Costs about \$90 or Medicare item 69444 if LFTs normal x 2 over 6/12)
Knowledge of illness
Education about Hepatitis C.
Cover cuts or wounds with a waterproof dressing.
Place blood soaked tissues or sanitary towels in a leak proof plastic bag before disposal.
Use condoms or dental dams where there is a possibility of blood contact during sex.
Consider blood as potentially infectious
Specific goals
Gradual weight reduction for those overweight.
Target weight loss for the next 12 months of << >>
Blood Pressure from 18 years of age target of <120/80 mmHg
Current blood pressure- Systolic :130
Diastolic :80
21 Aug 2010
Cholesterol from 45 with targets below 4.0 mmol/l
Current Cholesterol- H - High
Value :5
mmol/l 17 Mar 2011
Target fasting BSL <5.5
Current fasting BSL-
Urinalysis normal Yes No

Discuss with client antiviral therapy. Patients with stage 1 fibrosis may be offered antiviral therapy and stage 2-4 should be offered antiviral therapy. In general the most effective therapy is subcutaneous pegylated interferon plus oral ribavirin. Genotype 2 or 3 have a higher likelihood of response.(70-80% at 6 months) than genotype 1 or 4 (40-50% at 12 months). Patients who relapse after monotherapy should still be offered combination therapy with similar responses to untreated patients. Patients who have failed to respond to either interferon monotherapy or combination therapy are not eligible for further subsidised antiviral

Team Care Arrangements and frequency of review

General Practitioner each month -
 General Practitioner each 3 months -
 General Practitioner each 6 months -
 General Practice Nurse each 12 months-

Pharmacist review monthly-
 Promote understanding and appropriate use of medications-

Patient held updated medication list-
 Home medicine review recommended-
 Appropriate use of medications-
 Documentation of complementary medicine use-
 Avoidance of Mistletoe, Valerian, Helotropium, Kombucha tea and Kava Kava.

Consider comprehensive multidisciplinary education at the Liver Clinic if available-

Consider Annual Ophthalmologist review for falls prevention, glaucoma screening and complication screening-

Consider specialist review for screening and management of complications-

Consider Dental review for screening and management of complications-

Consider Psychologist review for supportive psychotherapy and cognitive behavioural therapy-

Consider Podiatrist review for nail care as required with annual complications screening-
 Peripheral neuropathy present-

Consider Physiotherapist review for active physical therapy and rehabilitation-

Consider Exercise Physiologist for a motivational interview, to assist in developing a structured exercise program and to monitor progress-

Consider Occupational Therapist-

Consider Community care package for assistance with meals, housework, shopping, transport, financial organisation and medication supervision-

treatment.

Viral genotyping to assist in decision to consider antiviral therapy (costs \$200 unless as part of treatment work up)
 Vaccination to prevent Influenza and Pneumococcal disease and Hepatitis B and Hepatitis A if non immune
 Hepatitis B and/or Hepatitis A vaccination recommended
 Yes No

Avoid

Sharing razors, toothbrushes and tweezers.
 Do not reuse injecting or snorting equipment.

Action Plans

The risk of hepatitis C transmission from a needle stick injury from people who are both hepatitis C antibody positive and PCR positive is between 2.5 and 10%.

The recipient of the injury should have LFTs and HCV Ab at the time of the injury and at 3 and 6 months post exposure. At the time of the injury wash skin with soap and water, rinse mouth and eyes with water and seek further advice from a local infection control officer.

In an emergency dial 000 for ambulance

Healthy lifestyle

Life style changes if required.

Harm minimization strategies if still using needles. Smoker Complete cessation of smoking and avoidance of passive smoking. Quiteline 131848. Consider pharmacotherapy if smoking more than 10 per day.

Avoid fatty foods.

Specific Dietary advice for those with advanced liver disease. Establishment and maintenance of healthy eating with saturated and trans fatty intake < 8% of total energy Heartline 1300362787 or www.heartfoundation.com.au

Minimizes alcohol use and consider abstinence. Alcohol consumption restricted to a maximum of 4 standard drinks, usually alcohol confined to 1-2 standard drinks per night and abstain from alcohol for 2 nights per week.

Moderate regular exercise whose medical condition is clinically stable. Goal of 30-60 minutes per day brisk walking.

Quality of life decisions

Consider appropriateness of an advanced health directive.

Health of caregiver

Carers are at risk of depression, anxiety emotional distress loneliness and isolation. Carer support may be achieved through support groups, respite care, for carer support resources contact Carelink 1800 052222 www.commcarelink.health.gov.au

Patient support organisations

The Hep C Council of NSW offers support for people who have

been diagnosed with hepatitis C and their families

Web site: www.hepatitisc.org.au

PATIENTS AGREEMENT

I agree with the goals of this care plan and I understand the recommendations

 Signed by
 Mr Donald Duck
 By Patient

 Date

 Signed by
 System Administrator
 By GP

General Practice Management Plan or Team Care Arrangements each 2 years. Review after 6 months
 New General Practice Management Plan or Team Care Arrangements after 12 months if clinical conditions change markedly.

Review General Practice Management Plan or Team Care Arrangements after 3 months if clinical conditions change markedly.
 To be given to the patient and other team members as appropriate.

All participants undertake to retain confidentiality