

# Redesigning hospital allergy services to include a community based 'GP with Special Interest' (GPwSI).

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**Government  
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SA Health

# Outline

- > Regional Allergy Service
- > Establishing the generic GPwSI model
- > Implementation phase
- > Evaluation of the GPwSI - Allergy
- > Next Steps

# The Regional Allergy/Clinical Immunology Service

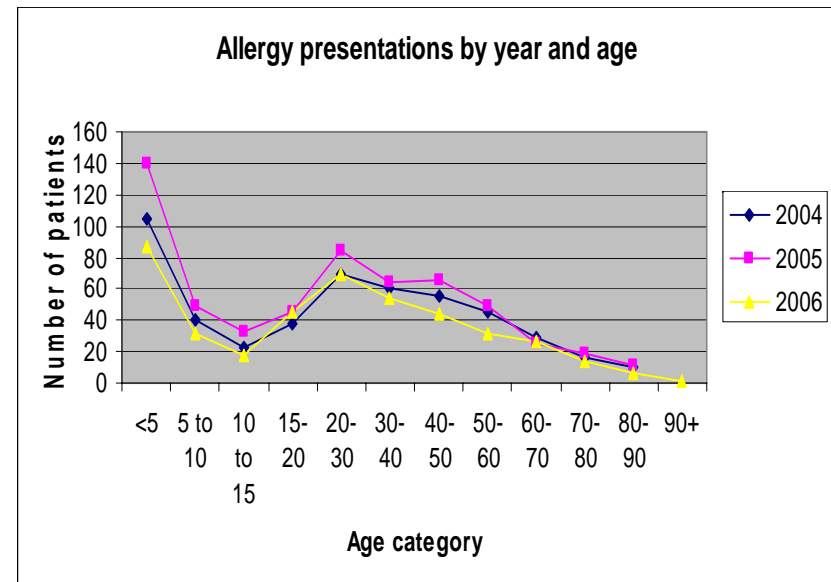
- > Regional Allergy/Clinical Immunology Service based at Flinders Medical Centre (FMC)
- > Allergy Service
  - 2,000 adult outpatient p/y
  - 600 paediatric outpatient p/y
  - (2007 Allergy/Immunology outpatient attendances).
  - Plus inpatient testing and consults.



# The Impact of Allergic Conditions

- 4.08 million Aust (19.6%) have at least 1 allergy
- Highest prevalence (78%) in working age population
- 2007 - Financial cost of allergies \$7.8 billion
  - 5.5 billion (72%) productivity loss
  - 1.2 billion (15%) direct health system expenditure

(Access Economics 2007)

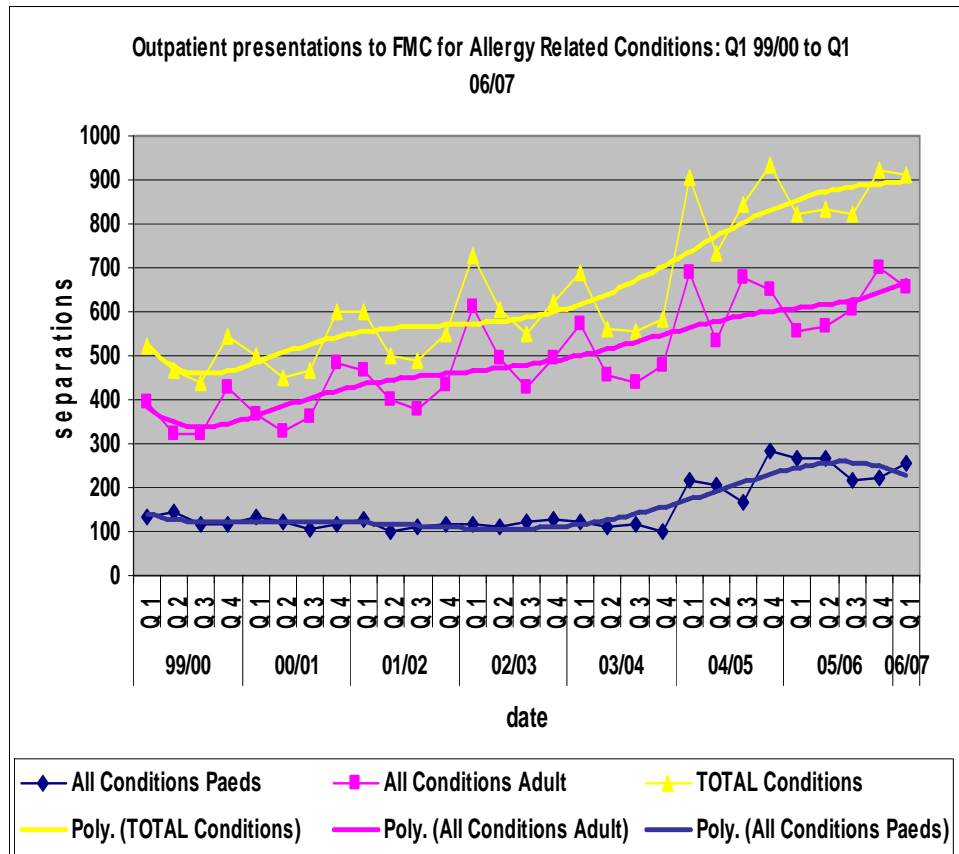


FMC Allergy outpatient presentations  
2004-2006 (2006 incomplete data- 8 months)

# The Allergy Demand

## FMC Outpatient Allergy Clinic

### Presentations



30% increase in outpatient clinic demand for allergy related conditions (2000-2007)

2007 Waiting Times

Adult

Cat 1 7 months

Cat 2 12 months

Paediatric

Cat 1 and Cat 2

5 months

# The Spectrum of Allergy/Immunology Patients

## Allergy/Immunology Referrals

- Allergic Rhino-conjunctivitis
- Asthma
- Atopic eczema
- Allergic drug reactions
- Anaphylaxis: insect venom, drugs, food, unknown
- Food allergy / intolerance
- Latex allergy
- Urticaria
- Angioedema
- Immune deficiency



Allergic Drug reaction



Allergic Food reaction



Atopic Eczema



Angioedema

# 2007 Review of Anaphylaxis and Allergy services within the SAHS

Major areas of concern were:

- Increasing demands on regional allergy service
- Limited opportunity to increase capacity
  - Specialist workforce shortages
  - Clinical space

## *Recommendation 9*

Establish a GPwSI Allergy

GPwSI is a GP who is credentialled to operate at a level between a GP and specialist.

Based on UK clinical framework.

# The General Practitioner with Special Interest (GPwSI) Allergy

SA Health directive:

Develop a generic model for a GPwSI service and implement a pilot phase:

- Allergy - Southern Adelaide Health Service (SAHS)
- Pain Management - Central Northern Adelaide Health Service (CNAHS)

GPwSI Brief:

- Pathway development at state level
- 6 month clinical trial
- Agreement on a “neutral” clinic location
- Consultation with the Division of General Practice
- Appointment of project steering committee

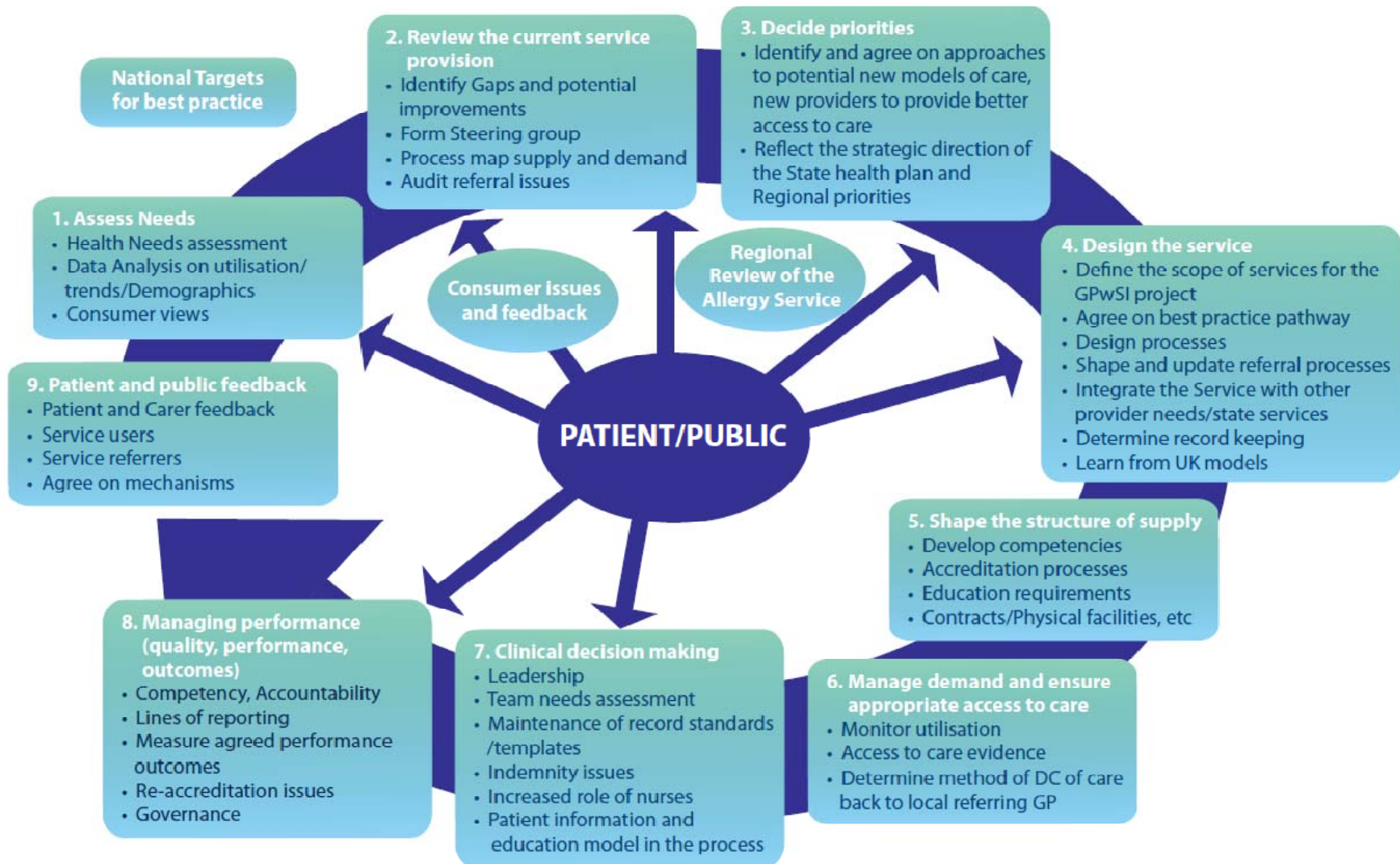
# Our Objectives



- Improve patient access to appropriate allergy services for:
  - Category 1 conditions (complex, urgent and/or life-threatening)
  - Category 2 conditions (non-urgent/non-life threatening)
- Provide cost effective community based allergy care to a pre-determined patient group
- Clinical Care to be reflective of current best practice standards
- Avoid hospital encounters

# GPwSI Development Cycle

18 month staging period and 6 month clinical pilot



# The GPwSI in Allergy

## The model delineated.....

### Clinical governance

- Steering committee
- Professional Indemnity
- Credentialling of GPwSI
- Staffing
  - > Role mapping of all staff
  - > Identifying Specialist, nursing and dietitian
  - > Clerical support
- Informing all stakeholders

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**Quick Overview of the new TRIAL:  
GP With Specific Interest (GPwSI)  
in Allergy**

- Southern Adelaide Health Service is trialling a formal GPwSI practice in allergy services in July 2008—Jan 2009.
- You continue to refer allergy patients as usual to the FMC Allergy Service.
- Patients triaged as within the GPwSI Scope of Practice will be offered a GPwSI appointment
- The GPwSI will communicate with you about patient management.
- This project has been developed in conjunction with FMC Allergy Service, and in collaboration with the Dept of Health and Southern Division of GP

**Further questions?**  
If you would like to know more about how this trial will run, or about further developments of the GPwSI model, please contact the Project Manager, Penny Westorp

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SAHS Regional Office  
Level 3A, Mark Oliphant  
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Lafayette Drive  
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**Information for GPs about a  
new SERVICE TRIAL  
in the southern region**

**GP with a  
Specific Interest  
- in Allergy**

FMC Allergy Service

GPwSI Trial in Allergy  
July 2008 — Jan 2009

Contact: (08) 8201 7885

# The GPwSI in Allergy

## The model delineated cont.....

### Clinical Practice

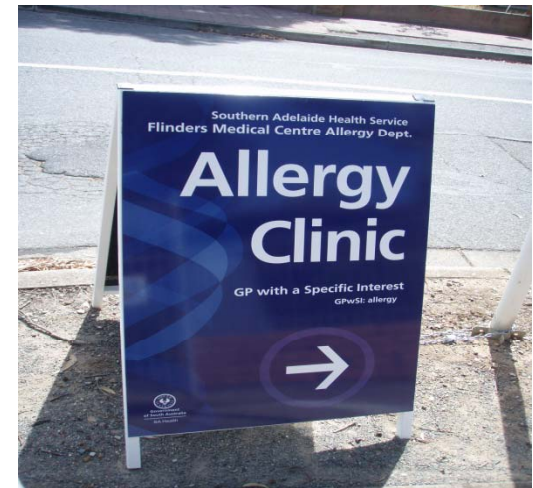
- Referral process
- GPwSI Scope of Practice
- Position statements/clinical guidelines
- Clinical Baseline document
- Location of GPwSI clinic



# The GPwSI in Allergy

## The model delineated cont.....

- IT challenges:
  - electronic vs paper
- Mentoring
- Funding
  - Medicare (bulk-billing)
  - Other staff and location costs covered by SAHS, Health SA
- Evaluation



# The 'Clinical Baseline Tool'

Purpose:

Collect relevant allergy history prior to appointment

- > Phone call by allergy nurse
  - Relied upon allergy nurses specialist knowledge and patient communication skills
- > Refine triaging
- > Risk flags for transfer to specialist
- > Used by GPwSI as part of consultation/summary record for case notes

L104 No: 104

DATE: ..... INTERVIEWED BY: .....

Called: 1 M 2 M 3 M Unable to contact TIME BEGUN: ..... TIME ENDED: ..... TOTAL TIME: .....

ACTION: Refer to specialist Urgent Other: .....

**FMC GPwSI Service CLINICAL BASELINE**

Pt Name: ..... Attach Patient Label here

DOB: ..... UR No .....

Referring source/Dr: .....

**1 INTRODUCTION:** Clearly give NAME, ROLE, from FMC Allergy Clinic.  
If leaving a message, ask pt to **call 8204 5511, and page 38477.**

**2** "I'm ringing to get some information about you and your allergies, so we can streamline your time when you come to clinic. I would like to ask some questions about you are managing with your allergies. Is that OK with you? It will take about 15 minutes to ½ hour – do you have that much time now?"  
*If no / poor English, end interview and arrange translator at Clinic appt.*  
Verbal consent given: NO YES NO time now. Call back .....

You were referred about your .....  
Type of allergy/allergy problem

**3** Do you also have problems with:  
 • Your skin: rash, eczema, dermatitis NO YES  
 • Your breathing: persistent cough NO YES  
 • A blocked/runny nose or sinusitis NO YES  
 • Food, drinks or your gut NO YES  
 • Swelling NO YES

**4** Does anyone else in your immediate family have problems with any of these other areas? NO YES

Are there any other illnesses or conditions which run in your family? NO YES

**5** Are there any things you know you are allergic to?  
 Foods: .....  
 Medications: .....

Are you allergic to aspirin or NSAIDS? NO YES  
 Anything else?.....

**6** Have you been to hospital (or the Emergency Dept) in the last month for these allergy problems: NO YES  
 When: ..... Where:.....  
 Why: .....

**7** Have you seen any other health practitioner or alternative practitioner about your allergies since you were referred to us?  
 When: ..... Who:.....  
 Why: .....

**8** Do you smoke? NO YES  
 Does anyone in your household smoke? NO YES

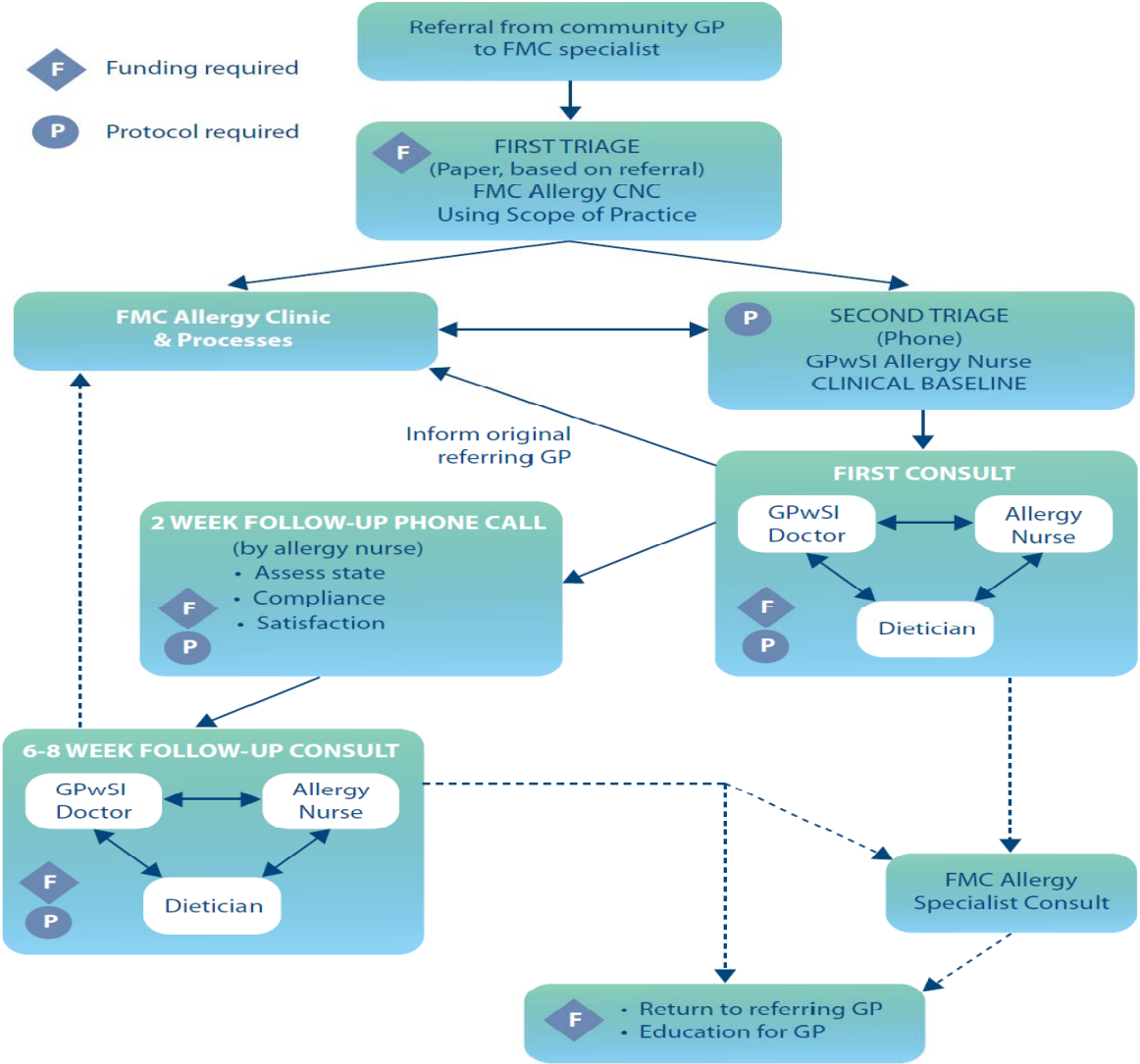
**9** What **MEDICATIONS** are you taking?  
*Suggest: Bring all regular medications to appt*  
 Inhaler/Puffer: Preventer: .....  
 Reliever:.....  
 .....  
 .....  
 .....

**10** **COMMENTS** (if necessary)

**11** **END OF CALL**  
 How comfortable were you giving this information over the phone?  
 1 Very uncomfortable Refused to give information  
 2 Uncomfortable  
 3 Neutral Only wanted to speak to Dr  
 4 Comfortable  
 5 Very Comfortable

**12** **REMEMBER: WHEN YOU COME TO THE APPOINTMENT:**  
 Date & Time of appointment  
 Location of appointment  
 Stop taking antihistamines 3 days (5 days if Zyrtec) before appt.

# The Patient Journey



# Ratio of patients seen by GPwSI

Provider Level	Triage Category		Total	Percent
	1	2		
Allergy nurse		1	1	0.3%
<b>GPWSI</b>		<b>77</b>	<b>77</b>	<b>24.6%</b>
Specialist/Registrar/RMO	83	152	235	75.1%
<b>Grand Total</b>	<b>83</b>	<b>230</b>	<b>313</b>	<b>100%</b>

GPwSI saw **33.5%** of all Cat 2 referrals

(Almost entirely adults)

# Evaluation

## Significant Outcome

- > Waiting times for Cat 2 ***significantly*** reduced even though Cat 2 referrals were increasing.

**Waiting time went from 11 weeks to 4 weeks (75% seen within 4 weeks)**

- > No improvement was able to be shown for waiting times for Category 1 patients

# Evaluation

## Major Outcomes



- > Specialists, GPwSI and nurses all learned a lot from each other's working styles – each bring strengths
- > At elbow support/mentoring **vital**
- > Triaging and Scope of Practice need to be based on complexity and severity, rather than severity alone.

# What did our consumers think of the GPwSI experience?

- Patients liked community access.
- Shorter wait list times
  - 59% were very satisfied
- Clinical management ??
  - 30.8% were satisfied with their GPwSI clinical management
- Good rapport with allergy team

Q12 Patient satisfied with GPwSI Clinical Management:		
	no	7.7%
	Unsure	53.8%
	Yes	30.8%
	Not received	7.7%
Grand Total		100.00%

**Table: Patients' satisfaction with GPwSI clinical management**

Source:

Nurse initiated 2 week follow up  
phone-call

Formal Patient satisfaction survey:

# Results

## GPwSI financial viability:



- > Not financially viable using Medicare bulkbilling only
- > Significantly lower hourly rate achieved vs GP's normal hourly rate
- > However, income derived was close to hourly GP rate determined by Health SA
- > Multiple factors influencing lower income:
  - Medicare reimbursement to GP: No item # for GP practising at an higher level
  - Patient mix: New vs Old, complexity of conditions
  - Patient failure to attend

# GPwSI Flow on effects.....

- > Increased material & staff resources gained by allergy clinic at FMC
- > Produced useful tools:
  - Potential of Clinical Baseline to be adapted for use in Allergy Dept as standard history taking tool
  - Patient surveys
  - Referral guidelines
- > Staff development
  - “Culture of Change” willing to try new models
  - Increased awareness of own practice through clinical audits and patient surveys
- > Revision of tertiary allergy services clinic structure
- > Improved clinical network within the region

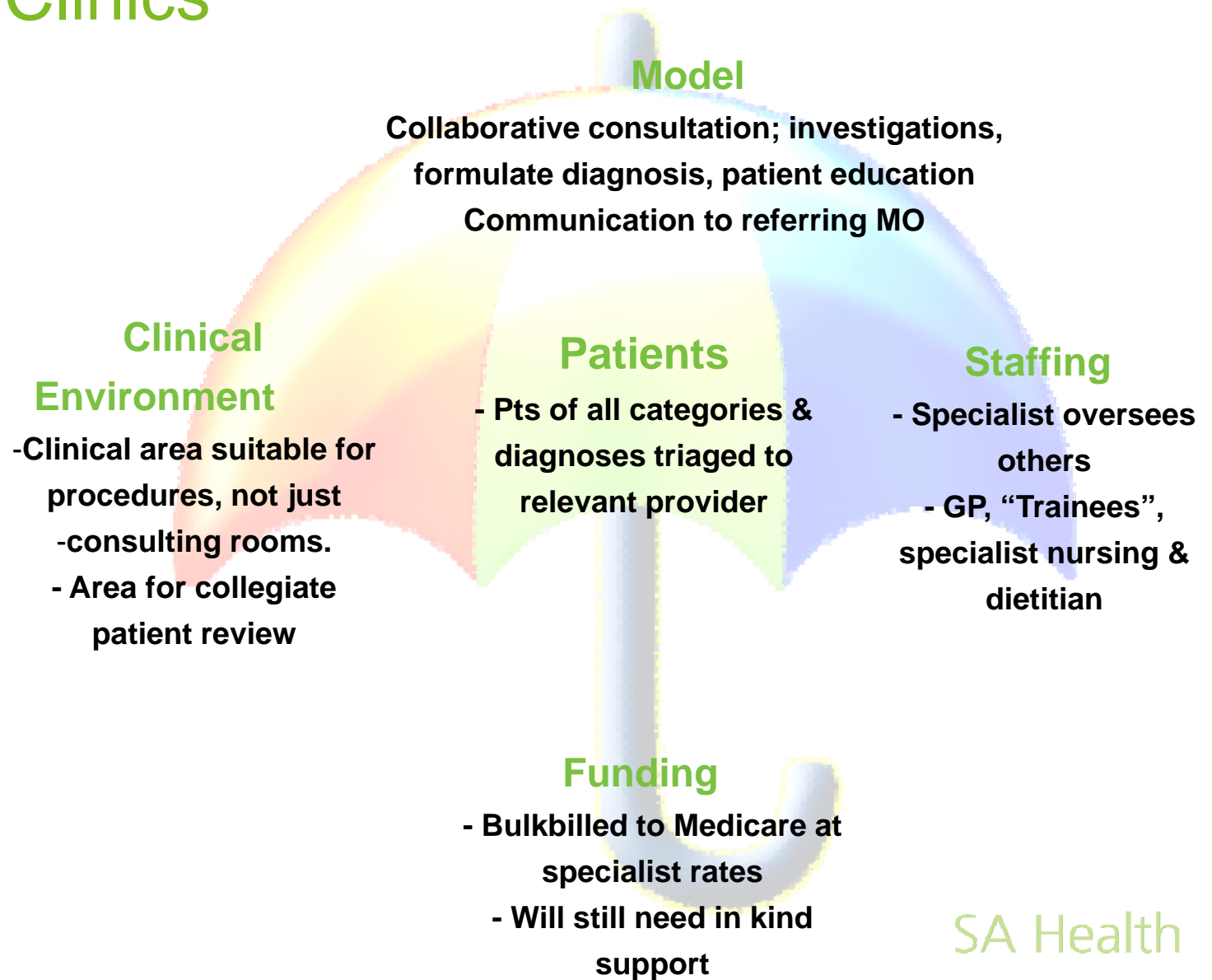


## Next steps:

### The Generic GPwSI model

- > Basic model will be used to pilot a Pain Management GPwSI in northern Adelaide.
- > Interest from other specialties;
  - Sleep specialists - country GP's who manage patient's with sleep disorders.
  - Endocrinology - initiation of insulin therapy

# Proposal: 'Collaborative Corridor Model' for Allergy Clinics



# Acknowledgments



Prof Ann Kupa & A.Prof Bob Heddle  
(Head of Allergy/Immunology FMC)

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South)

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FMC)

Dr David Tye (GP, also the GPwSI & RACGP rep.)

Ms Merelyn Boyce (Project Office GP plus  
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Ms Penny Westhorp & Ms Heather Allanson  
( Project Managers)

Ms Di Edwards, Amanda Scott (Allergy CN's)





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