

MTOP forum

23 June 2016

HealthPathways Melbourne

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What is HealthPathways Melbourne

What is HealthPathways Melbourne?

A website with accurate, relevant best practice information on the assessment and management of common clinical conditions, including referral guidance.

Evidence-based where possible & relevant.

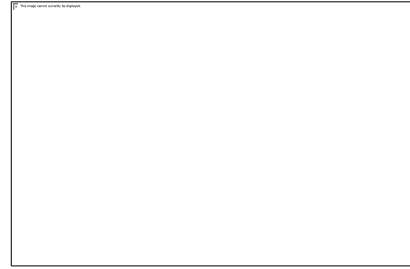
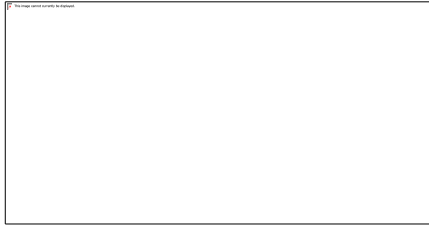
Continual feedback and 2 yearly reviews of every pathway

How is the information collated?

- Pathways: Written by GP Clinical Editors
- Assessment and management sections: Developed by GPs, hospital specialists and other Subject Matter Experts

Health Pathways nationally

- Around 20 Australian sites – all independent, with website management by Streamliners NZ.
- Content developed locally can be utilised elsewhere
“Pathway sharing”
- 5 out of 6 Victorian Primary Health Networks have adopted Health Pathways



**ST VINCENT'S
HOSPITAL**
MELBOURNE

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA



MELBOURNE HEALTH



the women's
the royal women's hospital
victoria

Health Pathways aims to:

- Enhance clinical knowledge and promote best practice care.
- Build collaboration and reduce fragmentation across the health service network.
- Reduce the number of patients referred to specialist care who could be managed in a primary/community care setting.
- Provide relevant localised clinical information required during a patient consultation in standardised format

HealthPathways brings together GPs, specialists, nurses and allied health professionals



The right care, in the right place at the right time

HealthPathways Melbourne Status update

At 8 June 2016:

- 332 pathways completed
- 412 health professionals involved in pathway development
- 192,203 page views since launch 2yrs ago.

Health Pathways Melbourne and MTOP

- Support for GPs providing TOP advice and management.
- Termination of Pregnancy pathway development completed in November 2015.
- Evaluation?

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Gynaecology

In This Section

- Cervical Polyps
- Cervical Screening
- Chronic Vulvovaginal Candidiasis
- Dysmenorrhoea
- Endometrial Cancer Low Risk Follow Up
- Female Genital Mutilation (FGM)
- Fibroids
- Heavy or Irregular Menses
- Hysteroscopy
- Intermenstrual or Post Coital Bleeding
- Menopause
- Ovarian Cyst
- Pelvic Pain (Chronic)
- Perineal Tear Follow Up
- Polycystic Ovarian Syndrome (PCOS)
- Post Menopausal Bleeding
- Pruritus Vulvae
- Pelvic Organ Prolapse
- Ring Pessaries
- Sub-fertility
- Termination of Pregnancy (TOP)
- Urinary Incontinence in Women
- Vulval and Vaginal Pain (Vulvodynia)
- Gynaecology Referrals

See Also


- Human Papilloma Virus (HPV)
- Lower Abdominal Pain in Young Women (Acute)

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Termination of Pregnancy (TOP)

 [About Termination of pregnancy \(TOP\)](#)

Red Flags

-  Always consider the possibility of an ectopic pregnancy in any woman if she has pain or bleeding.
-  Both medical and surgical procedures can fail to abort a pregnancy in a small number of cases.

Assessment

1. Record the date of the last menstrual period and confirm the pregnancy by urine or blood BHCG test. Determine gestation by dates (if certain) or ultrasound.
2. If any symptoms of abdominal pain or bleeding, consider an ectopic pregnancy.
3. If dates are uncertain, arrange an [ultrasound](#) to site the pregnancy and confirm the gestational age:
 - Ultrasound scans < 5 weeks are unreliable at detecting intra-uterine pregnancy. If ultrasound is helpful or inconclusive, order BHCG.
 - If BHCG < 2500 IU, wait one week before repeating.
 - Low reading may indicate that the pregnancy is early, non-viable or ectopic.
 - If an ectopic is suspected, repeat BHCG after 48 hours. The level should double in a normal ongoing pregnancy.

Note: To ensure the woman is treated sensitively by the ultrasonographer, indicate on the ultrasound referral that she may not continue the pregnancy and may not wish to view the images.

Positive pregnancy test with patient seeking information about her options

- Available options include continuation, adoption, and abortion. It is important to document your discussion with the patient about her options.
- Refer the patient for non-directive pregnancy [counselling](#).
 - See [pregnancy options counselling](#) information.
 - See [online decision support tools](#).

Note: Interested general practitioners can [train to provide pregnancy advice and support](#) (including assessment), enabling them to claim MBS item 4001.

Positive pregnancy test with patient seeking abortion

1. In addition to confirmation of the pregnancy and ultrasound or BHCG if required, perform:
 - a cervical smear if appropriate and not up to date
 - chlamydial PCR test, if patient aged < 29 years or other clinical indication.
 - STI checks, as indicated.
 - other swabs as appropriate e.g., cervical mycoplasma genitalis, high vaginal swab for bacterial vaginosis
 - blood group to determine if rhesus negative blood group and requirement for Anti-D.
2. Discuss [medical](#) and [surgical](#) abortion options.

Management

1. If an intrauterine contraceptive device (IUCD) is present, leave it. It will be removed before medical TOP or during a surgical TOP. Consider alternative contraception in the future.
2. Discuss [contraceptive options](#), post termination.
 - See Medical eligibility criteria for contraceptive use.
3. Plan for a follow up with the patient.

Referral

Private
Women without Medicare and with overseas health insurance, or women with Medicare and private insurance, are generally advised to contact private clinics. See [Abortion services in Victoria](#).

Public services
Women must self-refer to the [Royal Women's Hospital](#). With their patient present, general practitioners can call **(03) 8345-3061** – the health professionals direct line.

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Medical abortions

- Medical abortion is the administration of a composite pack of medications (mifepristone 200mg and misoprostol 200 micrograms "4 - "MS-2 Step") to end a pregnancy. Practitioners must be registered to prescribe and pharmacists must be registered to dispense it. Australian general practitioners can become prescribers by completing the [online training](#) which takes 3 to 4 hours.
- Contraindications to mifepristone and misoprostol:
 - known allergy to mifepristone or prostaglandins.
 - porphyria, chronic adrenal failure, severe uncontrolled asthma, use of oral corticosteroids (long term or current).
 - inhaled corticosteroid therapy for women with severe asthma.
- Exercise caution for women who:
 - are aged > 35 years and smoke > 10 cigarettes a day
 - have heart disease, hypertension, or renal failure
 - have liver disease, adrenal failure, or uncontrolled inflammatory bowel disease
 - have an IUD that cannot be removed
 - are on anticoagulants.
- In Australia there is TGA approval and PBS availability from diagnosis of pregnancy up to 63 days completed gestational age.
- Can cause strong cramps and heavy bleeding so good support is mandatory:
 - Patient should not be alone when undergoing this procedure.
 - The patient and practitioner need an agreed plan to access backup medical services and the location of the nearest emergency department in the unlikely event of very heavy bleeding.
 - This is particularly relevant for rural women.
- Up to 5% of women having medication TOP in the first trimester will need subsequent surgical intervention for symptoms. Up to 10% having of women having medication TOP in the second trimester will need surgical evacuation.
- Complication rates are similar to surgical abortions.
- For pregnancies up to 63 days misoprostol (a prostaglandin analogue) and mifepristone (a synthetic anti-progesterone) are used.
 - The first dose, 200 mg mifepristone, is given at an abortion clinic, hospital-based service, or by a general practitioner who has been [registered to prescribe it](#).
 - The second dose, 800 microgram misoprostol, is taken at home 24 to 48 hours later. Buccal administration is recommended.
 - The abortion usually starts 4 to 5 hours after the misoprostol and may take 1 to 2 days to complete.
- Advise the patient that heat packs and non-steroidal anti-inflammatories (eg ibuprofen), or paracetamol **and** codeine are recommended for pain relief (paracetamol alone has not been found to be effective). Ensure she has contact numbers if complications arise.
- Rhesus negative women should be given anti-D within 72 hours of the termination.
- A review visit at 10 to 14 days is recommended. Consider checking a quantitative HCG to confirm it is falling, ie that the termination is successful.
- Registered GP prescribers must complete administration and follow-up procedures outlined on the [MS website](#).

EBMC GP colleagues' comments

- Overall small numbers of requests for TOP (approx 6/year across the whole practice) so unlikely to have enough experience to feel competent.
- Not keen to see new patients specifically seeking MTOP – prefer to manage patients in the context of ongoing GP care
- Bad prior experience – one GP reported 2 patients with complications – incomplete ab, lot of pain
- Belief that patients “just want an anaesthetic then it’s over”
- How would follow-up be managed in a group practice with mostly part-time practitioners?
- Would the remuneration be adequate for time and effort required?
- Overall a big challenge for GPs

How can I use HealthPathways Melbourne?

HealthPathways Melbourne

Log into HealthPathways Melbourne

Username:

Password:

Remember my login details

Disclaimer

Please read [this disclaimer](#) before using the information on this site.

What is HealthPathways?



HealthPathways provides a manual for general practice teams to assess, manage and refer their patients to secondary, tertiary, and community services. The pathways have been designed for use during consultation and are jointly developed through collaboration between hospital clinicians and community clinicians.

How to access HealthPathways Melbourne


If you are a health professional in Melbourne's north western or eastern region, you can access the site by requesting the username and password from the HealthPathways Melbourne [email](#).

HealthPathways Melbourne Collaboration


Eastern Melbourne PHN and Melbourne Primary Care Network are working together to implement HealthPathways Melbourne, in collaboration with The Royal Melbourne Hospital, St Vincent's Hospital Melbourne, Eastern Health and The Women's, drawing on expertise from each organisation and maximising the benefits to GPs.





An Australian Government Initiative



GREAT HEALTH AND WELLBEING



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the women's
the royal women's hospital
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