



Message from the Tonic Media Network Editorial Committee*

Welcome to the first edition of Practice Connect for 2023. We trust that you and your team had a very happy and healthy festive season.

Can tiny bursts of vigorous activity improve heart health?

Cardiovascular diseases cause 27% of deaths in Australia. Around 1.2 million Australians (6.2% of adults) have 1 or more heart or vascular conditions.

For some people, sticking to a regular exercise habit comes easily but for others building the motivation to exercise isn't easy, even though we know it comes with significant health benefits. Now Australian researchers have found that it's possible to get a similar health boost from the incidental activity you do every day.

The [study](#) involved analysing data from about 25,000 patients who were part of the UK Biobank, a major research database which captures all sorts of information about peoples' lives. The participants used for this study reported that they didn't exercise in their leisure time. They also wore motion-tracking devices which allowed researchers to see their physical activity and heart rate. The average age of patients was 62 and they were followed for about seven years.

Even though none of the participants exercised in a formal sense, the researchers found that there were still big differences in their health outcomes - things like their risk of heart attack or cancer mortality - and that the difference was caused by whether or not they engaged in something called VILPA - that's 'vigorous intermittent lifestyle physical activity.' You can think of this as the activities we undertake that get us huffing and puffing in short bursts – such as when we carry the groceries to the car, use stairs instead of the elevator, or a brisk walk to the shops.

Compared to those who did not engage in VILPA at all, people who had three of these vigorous activity bursts (usually only a minute or two in length) had a 48% reduced risk of dying from a cardiovascular risk factor like a heart attack. Even if traditional exercise is difficult, most people have opportunities to incorporate vigorous activity into their day-to-day lives, and the health benefits can be significant.

Do plant-based diets cut bowel cancer risk for men?

Bowel cancer claims the lives of 5,354 Australians every year. Risk factors include older age, family history of the disease, and eating lots of red meat - especially processed meats like salami and bacon.

[Plant-based diets](#) or plant-forward eating patterns focus on foods primarily from plants.

So how do people on plant-based diets measure up when it comes to their risk of developing bowel cancer?

In a recent [study](#), researchers looked at more than 170,000 people in a US population cohort aiming to help answer questions about the development of disease. When they entered the cohort, people were quizzed on their typical diet and this was used to sort them into different groups based on how much of their diet was plant-based. This data was linked with the incidence of cancer in each group based on state surveillance of cancer cases and registry information.

High rates of plant food consumption were strongly inversely linked to risk of colorectal cancer - but only in men. That meant that for men who scored in the fifth and highest quintile of plant-based food consumption, there was a 24% lower risk of bowel cancer relative to those in the lowest quintile. Interestingly, the same pattern was not found for women – a plant-based diet was not significantly associated with bowel cancer risk.

It's not clear why women were different in this study, though the authors speculated that it's because women typically eat a higher proportion of plant-based foods overall, there may not be as much benefit beyond a certain 'dose' of such foods. It's also known that men are at higher risk of bowel cancer, and the reduction in risk may be more significant for them.

Does preconception care reduce pregnancy risk factors?

Preconception care comprises counselling and the provision of biomedical, behavioural and social health interventions to optimise the health of women and their partners prior to pregnancy and improves health related outcomes for themselves and their children.

Most doctors are convinced of the value of preconception care, but there are logistical issues such as time constraints in healthcare appointments, preconception counselling being largely directed towards women, and the insurmountable fact that for preconception care, you need a planned conception – which in reality doesn't always happen. Despite the challenges on the ground, exactly what value can it bring to patients – both male and female?

Researchers were interested in whether preconception care in a primary setting (rather than in hospital or community settings) improved pregnancy outcomes, such as birth weight, prematurity or foetal abnormalities. They were also looking at whether preconception care affected preconception risk factors among both men and women, like smoking or drinking alcohol.

They conducted a [systematic review](#) of almost 30 articles, most of them randomised control trials, looking at specific interventions under the umbrella of preconception care– single and multiple education sessions, dietary changes, and the use of supplements such as folic acid. They also considered who was providing the interventions, to see if having healthcare professionals (like GPs, nurses and midwives) yielded different results to other providers (such as trained facilitators).

The research found that both single and multiple education sessions improved knowledge about health and pregnancy, and reduced preconception risk factors among women. It also found that interventions provided by trained facilitators improved health knowledge and reduced risk factors. Of all the studies only one included men, but it did show that preconception education improved health knowledge in this group. Only a handful of the studies looked at pregnancy outcomes after these interventions, so there wasn't enough evidence for the researchers to evaluate whether preconception care in primary settings improved pregnancy outcomes.

Preconception care can empower patients to approach conception with increased health knowledge and reduced risk factors. This research shows that even brief education sessions can have an effect, and that

preconception care provided by trained facilitators as well as healthcare professionals can be effective, which may increase its feasibility in areas with less consistent access to healthcare.

Should you taper or continue antipsychotic drugs?

[Antipsychotic drugs](#) are a central treatment for schizophrenia but they have a myriad of side effects which can make continued adherence challenging. Weighing up whether it's best for a patient to continue with a drug or slowly come off it is difficult and best handled by a multi-disciplinary team. A recent [review](#) of the evidence from the Cochrane Collaboration finds there are a variety of factors that could inform what's best for an individual.

In the review, researchers found more than 20 randomised controlled studies that investigated the outcomes where people were either taken off their medications or continued using. This data included over 2,000 participants with an average age of 38 and with follow-up over 12 weeks to 2 years. Sometimes the speed of the reduction in medications was very quick and the level of reduction significant - in some studies people were taken off completely and abruptly, though more studies involved a gradual reduction in dose over a period of two to 16 weeks.

The main findings of the review were that dose reduction seemed to lead to higher rates of relapse of symptoms and dropout from a study compared to continuing a drugs regime. But there were significant issues with the quality of those studies available - they tended to focus on relapse as an outcome, often without evaluating other factors such as potential improvements in quality of life and functioning. They call for more high-quality evidence to help doctors and patients weigh up the choice that is right for them.

Summer – A timely reminder about sun protection and skin checks

Australia has one of the highest rates of skin cancer in the world. Approximately 17,000 Australians are diagnosed with melanoma each year, with 1400 dying from it annually. It is estimated that a person has a 1 in 265 (or 0.38%) risk of dying from melanoma of the skin by the age of 85 (1 in 204 or 0.49% for males and 1 in 383 or 0.26% for females) according to Cancer Australia.

The summer holidays can be a great time to get outdoors, but with it comes the risk of sun exposure. Dermatologists say the sun poses a danger even on cloudy days.

For best protection, the Cancer Council recommends a combination of sun protection measures:

1. Slip on some sun-protective clothing that covers as much skin as possible.
2. Slop on broad spectrum, water resistant SPF30 (or higher) sunscreen. Put it on 20 minutes before you go outdoors and every two hours afterwards. Sunscreen should never be used to extend the time you spend in the sun.
3. Slap on a hat – broad brim or legionnaire style to protect your face, head, neck and ears.
4. Seek shade.
5. Slide on some sunglasses – make sure they meet Australian Standards.

Dermatologists highlight the importance of people regularly checking their own skin and looking out for new lesions or changes. If they have any concerns, they should speak with their GP.

Anyone with a history of past skin cancer needs more regular surveillance. Other risk factors are family history, red hair or fair skin, and older people should take extra care because of cumulative sun exposure over their lifetime.

How to kickstart your CDM Program for 2023

The implementation of Chronic Disease Management (CDM) programs within General Practice settings are crucial, largely thanks to their potential to significantly enhance the quality of life of patients suffering from chronic health conditions.

With approximately [47%](#) of Australians have one or more chronic conditions in 2020-2021, and the steady rise in diagnoses of chronic conditions, CDM is becoming one of the greatest challenges faced in general practice.

Planning, delivering and improving on a great CDM program is always a challenge. This article is a guide to help kickstart your CDM program in 2023.

Identifying patients potentially eligible for CDM

The first step in growing a successful CDM program is to identify patients who have one or more chronic conditions. Chronic conditions are those that have been or are likely to be present for at least 6 months. [This includes conditions such as](#) asthma, cancers, cardiovascular disease, diabetes, kidney disease, musculoskeletal conditions and stroke to name a few.

General Practices have access to a range of tools and resources that can assist to identify and create records of patients with chronic conditions. These tools and resources include PenCS, Cubiko and Practice Management Systems with access to limited reporting. Patients that have been identified as having a chronic condition may be eligible for subsidised health services provided under a [General Practice Management Plan \(GPMP\)](#) or a Team Care Arrangement (TCA). We recommend that you always consult the MBS and your practitioner on when you may be eligible to claim on a patient's behalf, and what the minimum claiming periods are for each of these items.

From there, you can identify which of your patients historically meet the criteria of having a chronic disease, but do not have a current GPMP or TCA in place. Download these lists for your reception and nursing team to reach out to and book them in for an appointment with your CDM team.

Using data to engage your patients

Patient engagement is key to the continued care of patients with chronic conditions.

Utilising your practice data and having access to the right technologies can help make it easier to find those patients who may be eligible or overdue for a CDM service. Without these tools and technologies, extracting this data can be complex and time-consuming, requiring you to run custom scripts in your practice management system to pull the data.

Our friends at leading Practice Intelligence Platform provider Cubiko have been helping practices across Australia.

Cubiko's Item Optimisation feature provides you with the metrics and data to help you gain insights into the patients who may be eligible or overdue for these services. Provide these lists to your nursing team so that they can work with doctors to prioritise the patients who may be high risk or need care soonest. Your nursing team can then work through the list to engage with these patients and get them to book an appointment.

Another avenue you can take is involving your practitioners in patient engagement for proactive patient care with Cubiko's *Doctor Direction Sheet*, which you can download [here](#). Have your practitioners fill out the direction sheet before the patient leaves the consulting room to indicate which services they want the patient to book in for next.

Empower your CDM team

Running a thriving and successful CDM program is challenging. To help ensure the success of your CDM program, it's important that you have a dedicated team of practitioners, nurses and support staff who are passionate about providing proactive care to patients with chronic conditions.

Setting goals

Set goals on what you'd like your CDM program to achieve. While many have ambitious plans for their CDM program, it's important to set realistic goals on what you'd like your team to achieve. It could be to grow your CDM program by 1-2% each month or simply get all your patients with out-of-date Care Plans back up to date.

Managing capacity

Next, it's important that you look at your team's capacity and appointment availability before contacting patients and booking them in. While your team may be keen to see and treat your CDM patients, they may not have the capacity to do so. The last thing you want is to ask a patient to book an appointment, but not have availability. This data can also come in handy to help you find seasonally slower periods in your practice where reaching out to eligible CDM patients can become a priority.

Growing your team

Many practices are looking to grow their CDM program by growing their CDM team. While this is fantastic for your practice and your patients who are chronically ill, it's important to take a step back and examine the financial viability of expanding your team to grow your program. Working with a trusted accountant or advisor can help you make the right financial decision for your practice.

Bringing your team on the journey

Lastly, and arguably one of the most important things is to ensure that you bring your team along on the journey. The success of your CDM program is reliant on your team's participation from your admin team, to your nurses, to your practitioners. It's important that you're encouraging your team and provide them with the training, support, and tools to help them succeed at their job. In turn, your patients and CDM program will reap the rewards.

If you're interested in learning more about how Cubiko can help you optimise your CDM program [book in for a demo today](#). For more information telephone 1300 CUBIKO (1300 282 456) or email info@cubiko.com.au