



I thought you had it!!

Communication within a multidisciplinary
team

Dr Sepehr Shakib

Clinical Pharmacology

Royal Adelaide Hospital

Multidisciplinary Ambulatory Consulting Service



Government
of South Australia

SA Health

Mrs RC

- 81 year old living alone
- Supportive daughter
- Recent admission to hospital with chronic heart failure
- Also has a number of other issues:



Mrs RC

Active Problems:

congestive cardiac failure

pulmonary hypertension

renal impairment

- mild- moderate

Mitral valve regurgitation

- Moderate (echo 22/8/08)

Atrial fibrillation

gait impairment

- walks with stick or walker

Osteoporosis

- crush fractures seen on Xrays

Celiac disease

- Gluten free diet

Inactive problems:

DVT

Reflux disease

Right Parietal Haemorrhage

- October 2004

Tuberculosis

- R) hip as child

Hyperlipidemia

Hypertension

frusemide 40 mg mornings

carvedilol 12.5 mg twice daily

enalapril 2.5 mg mornings -

Currently being Held

simvastatin 10 mg mornings

warfarin 0.5 mg mornings - variable

cholecalciferol 1000 units mornings

calcium carbonate 1500 mg

mornings

omeprazole 20 mg mornings



QUM issues in management

- Dose of ACE inadequate
- Dose of beta blocker inadequate
- On low dose of statin but no ischemic condition ? Appropriate
- Has osteoporosis with fractures but not on bisphosphonates
- Has impaired gait and is on warfarin
- Was on spironolactone at hospital discharge
 - Patient stated that had been on it previously but ceased because “I could not walk”





*As a hospital specialist seeing
this patient for chronic heart
failure, what should I do?*

I asked the GP!



Direct GP Letter

Dear [REDACTED]

RE: [REDACTED]

DOB: [REDACTED]

I have asked this patient to bring you this question as it is important in their management. Please fill out the response and feel free to add anything else which you feel is pertinent. You can either return the response with the reply-paid envelope or give it to the patient to return at their next appointment.

Questions we would like you to respond

- Could you please clarify what the intolerance that she has had to spironolactone has been. [REDACTED] describes it as not being able to walk, but it has also been described as renal impairment.
- Has she been considered for or received any bisphosphonates for her osteoporosis?

Sincerely

Consultants

Emeritus Prof Felix Bochner
MBBS FRACP MD

Dr Ben Dundon
MBBS FRACP

Dr Katherine Lucero
MBBS FRACP

Dr John Maddison
MBBS FRACP

Dr Sepehr Shakib
MBBS FRACP PhD

Dr Josephine Thomas
BMBS FRACP

Assoc Prof Anne Tonkin
BMBS FRACP PhD

Registrars

Dr Miranda Lam, MBBS
Dr Rami Tadros, MBBS

Heart Failure CNCs

Mr Tim Pearson

Goals letter

We have reviewed this patient in our multi-disciplinary clinic and have decided on a number of goals for this patient. Some of these goals may not be appropriate, and others may already have been achieved, hence we would appreciate your feedback on these. Also, you may be comfortable to pursue some of these goals yourself, whereas others, you may want our clinic to pursue.

Please use the tick-boxes below and the reply paid envelope to provide us with feedback.

Goal	Is goal appropriate?			Who should pursue goal?		
	Yes	No	Comment	GP	Our Clinic	Comment
-Pneumovax in last 5 years (maximum of 2)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
-Maximum dose of beta-blocker unless contraindicated . COMMENT: If BP allows	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
-Maximum dose of ACE inhibitor unless contraindicated . COMMENT: If BP allows	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
-consider changing carvedilol to atenolol if has worsening postural hypotension	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
-annual fluvax	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	



Dear [redacted]

RE: [redacted]

I have asked this patient to bring you this question as it is important in their management. Please fill out the response and feel free to add anything else which you feel is pertinent. You can either return the response with the reply-paid envelope or give it to the patient to return at their next appointment.

Questions we would like you to respond

- Could you please clarify what the intolerance that she has had to spironolactone has been. [redacted] describes it as not being able to walk, but it has also been described as renal impairment.

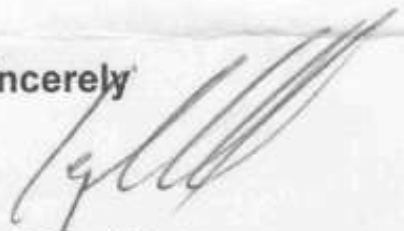
On 2 occasions, renal function has worsened & BP ↓ when given regular spironolactone (see enclosure)

- Has she been considered for or received any bisphosphonates for her osteoporosis?

*DEXA 3/09 stable t-2.6 hip t-1.2 spine
Xrays low*

To continue Ca/VitD

Sincerely



Dr S Shakib
Consultant, Clinical Pharmacology

22.10.08 VitD = 134

Consultants

Emeritus Prof Felix Bochner
MBBS FRACP MD

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MBBS FRACP

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MBBS FRACP

Assoc Prof Anne Tonkin
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Registrars

Dr Miranda Lam, MBBS

Dr Rami Tadros, MBBS

Heart Failure CNCs

Mr Tim Pearson

Mrs Amy Wilson

We have reviewed this patient in our multi-disciplinary clinic and have decided on a number of goals for this patient. Some of these goals may not be appropriate, and others may already have been achieved, hence we would appreciate your feedback on these. Also, you may be comfortable to pursue some of these goals yourself, whereas others, you may want our clinic to pursue. Please use the tick-boxes below and the reply paid envelope to provide us with feedback.

Goal	Is goal appropriate?		Comment:	Who should pursue goal?		
	Yes	No		GP	Our Clinic	Comment:
-Pneumovax in last 5 years (maximum of 2) <i>02/2005 ✓ Due 02/2010</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
-Maximum dose of beta-blocker unless contraindicated . COMMENT: If BP allows	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	} <i>Rampril 2.5g introduced 25-11-09 (instead of atenolol) I will Hvale up if able</i>
-Maximum dose of ACE inhibitor unless contraindicated . COMMENT: If BP allows	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
-consider changing carvedilol to atenolol if has worsening postural hypotension	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
-annual fluvax <i>Given annually incl H1N1 2-10-09</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

MACS

- Multidisciplinary Ambulatory Consulting Service
- At interface between hospital and community for complex patients discharged
- Collaboration between:
 - Clinical pharmacology
 - General Medicine
 - Geriatrics
 - Internal medicine service outpatients
 - Out of hospital funding
- Inter-disciplinary chronic disease management service



MACS Model

Microsoft Access - [main : Form]

File Edit View Insert Format Records Tools Window Help

7 Date: 1/04/2008 John Smith DOB: 12/11/1945 Age: 63 Referred for: atrial fibrillation

1. Press to put in new interaction Interaction type: clinic visit Clinician: Dr S Shakib 2. Press to bring up last drug list

active	Problem list	Printed detail
+ <input checked="" type="checkbox"/>	Gout	
+ <input checked="" type="checkbox"/>	myocardial infraction	
+ <input type="checkbox"/>	Osteoarthritis	
+ <input checked="" type="checkbox"/>	chronic heart failure	
+ <input checked="" type="checkbox"/>	Atrial fibrillation	
+ <input checked="" type="checkbox"/>	Falls history	
+ <input checked="" type="checkbox"/>	Diabetes- Type II	no complications
+ <input checked="" type="checkbox"/>	Ischemic heart disease	
* <input checked="" type="checkbox"/>		

Drug	Dose	Unit	Frequency:	changed?	Dose comment
+ allopurinol	300 mg		daily	<input type="checkbox"/>	
+ aspirin	100 mg		daily	<input type="checkbox"/>	
+ digoxin	62.5 mg		daily	<input type="checkbox"/>	
+ felodipine	5 mg		daily	<input type="checkbox"/>	
+ frusemide	40 mg		twice daily	<input type="checkbox"/>	
+ hydrochlorthiazidk	12.5 mg		daily	<input type="checkbox"/>	
+ metformin	500 mg		twice daily	<input type="checkbox"/>	
+ perindopril	2 mg		daily	<input type="checkbox"/>	
* *		mg	daily	<input type="checkbox"/>	

3. Print problem + drug list in printer Memo Pt Qnaire Obs Letters ADR's Cig/EToh Renal / Hb Echos Lipids Other Ix PFTs GP



MACS Model

1. Referral from wards
2. Holistic assessment:
3. Patient rung
4. Pharmacist assessment
5. Medical Assessment
6. Review of assessments/determination of goals

The screenshot shows a 'goals subform' window with the following data:

Depression Score:	Renal Creat:	Cr Cl:	Baseline Hb:	MCV	BP summary	Mini-mental:	Falls in last year:	SNAQ score
8	112	73	105	75	135/78 (Drop:13) HR:72	26	1-2	7

Buttons: Initial goal review, Goal update, GP, Close Form, Print Assessment Form

Goal	Target:	Priority:	Ask: Agrees?	Will do?	Comment:
			Yes No	Yes No	
organize iron studies	Go	Dr	1		
ask more about depression next appointment	Go	Dr	1		

Buttons: Show all priorities, Show all goals

Core goals

Co-morbidity	Core goal
Atrial fibrillation	Offered anticoagulation
Cerebrovascular disease	Provide Heart Foundation "Stroke" brochure
	BP to target
	Correct antiplatelet therapy
	Lipids to target
Chronic renal failure	Maximum dose of ACE inhibitor unless contraindicated
	BP to target
Cognitive impairment	Consider investigation and referral to memory clinic
Chronic heart failure	BP to target
	Educated regarding 1.5 L fluid restriction (including caffeine)
	Thyroid function test performed in last year
	Annual Influenza vaccination
	Provide Heart Foundation "Living with heart failure" brochure
	Provide Heart Foundation "Be active everyday" brochure
	Educated regarding salt restriction
	Pneumococcal vaccination in last 5 years (maximum of 2)
	Fluid- diuretic action plan
	Home medication review
	Maximum dose of ACE inhibitor unless contraindicated
	Maximum dose of beta-blocker unless contraindicated
	Minimum dose of loop diuretic
	Individualised exercise plan
	Completion of resuscitation status form
Patient performing daily weighs	
Diabetes- Type II	Provide Heart Foundation "Cholesterol, Triglycerides and Heart disease" brochure
	Provide Heart Foundation "Be active everyday" brochure
	Correct antiplatelet therapy
	Pneumococcal vaccination in last 5 years (maximum of 2)
	Hba1c to target
	Lipids to target
	Provide Heart Foundation "How to have a healthy heart" brochure
	Annual Influenza vaccination
	BP to target
	Eyes check annually for diabetes
Falls history	Referral to falls prevention program



Education

Pharmacological

Lifestyle

Individualised goals

goals subform

Depression
Score: **8**

Renal
Creat: **112** Cr Cl: **73**

Baseline
Hb: **105** MCV: **75**

BP
summary
135/78 (Drop:15) HR:78

Mini-
mental: **26**

Falls in
last year: **1-2**

SNAQ
score: **7**

[Print](#)
[Asses](#)
[Form](#)

Initial goal review
Goal update
GP
Close Form

Goal	Status	Target:	Priority:	Ask: Agrees? Will do?				Comment:
				Yes	No	Yes	No	
Maximum dose of beta-blocker unless contraindicate	Go		Dr 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
BP to target	Go		Dr 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Correct antiplatelet therapy	Go		Dr	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Eyes check annually for diabetes	Go		Dr 3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
fluid- diuretic action plan	Go		Dr 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
HbA1c to target	Go	<7% if risk of hypoglycemia	Dr 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
annual fluvax	Go		Dr 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Maximum dose of ACE inhibitor unless contraindicate	Go		Dr 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Minimum dose of loop diuretic	Go		Dr 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Offered anticoagulation	Go		Dr 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Pneumovax in last 5 years (maximum of 2)	Go		Dr 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lipids to target	Go	LDL<2 mmol/L	Dr 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
patient performing daily weighs	Go		N 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Provide Heart Foundation "Cholesterol, Triglycerides"	Go		N	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Provide Heart Foundation "Living with angina" brochu	Go		N	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Educated regarding salt restriction	Go		N 3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Educated regarding 1.5 L fluid restriction (including c	Go		N 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Provide Heart Foundation "Living with heart failure" b	Go		N	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Completion of resuscitation status form	Go		N 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Referral to falls prevention program	Go		N 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Home medication review	Go		Ph 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
*	Go		Dr 1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Individualised goals

Initial goal review		Goal update		GP				Comment:		
Goal	Target:	Priority:	Ask: Agrees? Will do?							
			Yes	No	Yes	No				
Maximum dose of beta-blocker unless contraindicate	Go		Dr	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
BP to target	Go		Dr	1	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Correct antiplatelet therapy	Go		Dr		Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eyes check annually for diabetes	Go		Dr	3		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
fluid- diuretic action plan	Go		Dr	2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HbA1c to target	Go	<7% if risk of hypoglycemia l	Dr	1		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
annual fluvax	Go		Dr	1	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maximum dose of ACE inhibitor unless contraindicate	Go		Dr	1		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Minimum dose of loop diuretic	Go		Dr	1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cease hydrochlorthiazide
Offered anticoagulation	Go		Dr	1	No because	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	history of falls
Pneumovax in last 5 years (maximum of 2)	Go		Dr	1	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lipids to target	Go	LDL <2 mmol/L	Dr	1		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
patient performing daily weighs	Go		N	1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provide Heart Foundation "Cholesterol, Triglycerides	Go		N			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provide Heart Foundation "Living with angina" brochu	Go		N		No because	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	does not have angina regularly
Educated regarding salt restriction	Go		N	3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Educated regarding 1.5 L fluid restriction (including c	Go		N	2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provide Heart Foundation "Living with heart failure" b	Go		N			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Completion of resuscitation status form	Go		N	1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Referral to falls prevention program	Go		Dr	1		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Home medication review	Go		Ph	2	No because	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	daughter managing medications well

Drug Optimisation Clinic Model

1. Referral from wards
2. Holistic assessment:
3. Patient rung
4. Medical Assessment
5. Review of assessments/determination of goals
6. Multi-disciplinary meeting
 - Further clarification of goals
7. Letter to general practitioner



Please use this page and the reply paid envelope to provide feedback on corrections, or changes in medications or problem list

JOHN SMITH DOB: 12/11/1945 URNO: 7 Appointment: 1/04/2008

Referring doctor details Dr Thomas Jones
21 Eleanor Street
JONESTOWN SA 5342

Individualised Patient Management Plan

JOHN SMITH DOB: 12/11/1945 URNO: 7

Active

chronic
Atrial fi
Diabet
- no c
Falls h
Ischerr
myoca
Gout

We have reviewed this patient in our multi-disciplinary clinic and have decided on a number of goals for this patient. Some of these goals may not be appropriate, and others may already have been achieved, hence we would appreciate your feedback on these. Also, you may be comfortable to pursue some of these goals yourself, whereas others, you may want our clinic to pursue.

Please use the tick-boxes below and the reply paid envelope to provide us with feedback.

Inactiv

Osteo:

**Previo
penicil
rosigli**

Use l

Goal	Is goal appropriate?			Who should pursue goal?		
	Yes	No	Comment:	GP	Our Clinic	Comment:
-Referral to falls prevention program	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
-Maximum dose of beta-blocker unless contraindicated	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
-Maximum dose of ACE inhibitor unless contraindicated	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
-Lipids to target . TARGET: LDL<2 mmol/L	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
-HbA1c to target . TARGET: <7% if risk of hypoglycemia low	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
-Eyes check annually for diabetes	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	



GP Questions in letter

Microsoft Access - [Letterform : Form]

File Edit View Insert Format Records Tools Window Help

John Smith **DOB: 12/11/1945** **Age: 64** **Referred for: chronic AF**

Urno: **Appt date:** **Clinician:**

Appointment summary

order:	Summary of review
▶	heart failure stable
*	

Action initiated

order:	Actions initiated this review
▶	hydrochlorothiazide ceased
*	

Action to consider

order:	Actions for GP to consider:
▶	Are there any contraindications to warfarin for AF?
	please check electrolytes in 1 week

next appt **Initials of typist:** **Completed?** **Send**



Please use this page and the reply paid envelope to provide feedback on corrections, or changes in medications or problem list

JOHN SMITH

DOB: 12/11/1945 URNO: 7

Appointment: 7/04/2008

Referring doctor: Dr Khiet Chung
12 Hilton Street
HILTON SA 5065

Dr S Shakib

Active Problems:

nstmi
Cerebrovascular disease
- no residual effects
Ischemic heart disease
- MI 2006
Osteoarthritis
Osteoporosis

Inactive problems:

Hyperlipidemia
Mitral valvular disease

Medication ceased:

hydrochlorothiazide - aim to reduce diuretics

Medications changed:

perindopril 4 mg daily - dose increased

Medications not changed:

amlodipine
metformin 500 mg twice daily
digoxin 62.5 microgm daily
allopurinol 300 mg daily - increased by gp
felodipine 5 mg daily
warfarin variable
frusemide 80 mg twice daily - increased

Reason for your correction/change:

Previous adverse drug reactions:

penicillin : anaphylaxis
rosiglitazone : fluid retention

Questions which we would like you to help us with. Please use this form and reply paid envelope:

Response:

- Are there any contraindications to warfarin for AF?

Letter for patient to take to GP

GP note : Form

urno: 7 date: 7/04/2008

Question to ask the GP: Are there any contraindications to the use of warfarin in this patient?

Potential GP responses eg yes, no

Order	Response
	Repeated falls?
	History of non-compliance?
	Inability to have INRs
	Previous hemorrhage?
*	

GP answer: comment:

Add question for this note Delete question Next question Previous question Preview Letter Close

Record: 1 of 1 (Filtered)





7/04/2008

Dr Khiet Chung
12 Hilton Street
HILTON SA 5065

Internal Medicine Service

Outpatient Appointments

Level 8 Outpatients
Tel: (08) 8222 5915

**Multi-disciplinary Ambulatory
Consulting Service**

Secretaries

Ms Todorika Grammatopoulos
Ms Jennifer Moran
Tel: (08)8222 2763
Fax: (08)8222 2907

Consultants

Emeritus Prof Felix Bochner
MBBS FRACP MD

Dr Ben Dundon
MBBS FRACP

Dr Katherine Lucero
MBBS FRACP

Dr John Maddison
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MBBS FRACP

Assoc Prof Anne Tonkin
MBBS FRACP PhD

Registrars

Dr Miranda Lam, MBBS
Dr Rami Tadros, MBBS

Heart Failure CNCs

Mr Tim Pearson
Mrs Amy Wilson

Dear Dr. Chung

RE: JOHN SMITH

DOB: 12/11/1945 URNO: 7

I have asked this patient to bring you this question as it is important in their management. Please fill out the response and feel free to add anything else which you feel is pertinent. You can either return the response with the reply-paid envelope or give it to the patient to return at their next appointment.

Questions we would like you to respond

- Are there any contraindications to the use of warfarin in this patient?

	Tick
Previous hemorrhage?	<input type="checkbox"/>
Inability to have INRs	<input type="checkbox"/>
History of non-compliance?	<input type="checkbox"/>
Repeated falls?	<input type="checkbox"/>

Sincerely

Dr S Shakib
Consultant, Clinical Pharmacology



MACS communication model

- Very successful for providing 2 way communication between hospital specialists and GPs
- Ability to stratify communication according to needs of patient
 - Direct letter vs specific question vs general feedback



Ongoing issues

- Only 50% response rate to goals questions
- No response to invitation for team care arrangements
- No response to invitation for teleconference in letters
- Poor success with asking GPs to take part in team teleconferences



MACS summary

- Multi-disciplinary clinic for patients with multiple comorbidities
- At interface between hospital and community to optimise post-hospital management
- Patient centred and evidence based
- Effective paper based models for including GP and patient preferences in individualised evidence based care

