



**WAPHA**  
WA Primary Health Alliance

# HealthPathways

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# What is HealthPathways



- Online portal designed by GPs for GPs
- Accessible to all health professionals – GPs, nurses, specialists, allied health professionals
- Assists GPs in their consultations by providing concise information on clinical assessment and management
- Helps GPs and other health professionals in navigating the health system by providing information on when and how to refer patients to different services
- Contains over 550 pathways
- Initially from Canterbury, New Zealand
- Pathways are being localised to WA

- **90 - 95%** of general practice teams considered the website easy to use and contributed to an increase and improvement of care in the community.
- **87%** of hospital clinicians considered the website had contributed to better patient management in primary care.
- **81%** of GPs agreed HealthPathways had changed clinical practice.
- **61%** agreed that HealthPathways changed the information they provided to patients.
- **57%** agreed HealthPathways had changed the way they do referrals.

- Strengthens relationships between GPs and specialists
- Improves quality of referrals
- Decreases number of patients referred to specialty care who could be managed in the community
- Reduces hospital stays and waiting times

“Established GP”	Overseas Trained/new to WA	GP Registrars
Localised clinical information and referrals	Information on the health system	Confidence in clinical information
Thorough relationship with specialist services	Access to local guidelines	
Greater confidence and options in managing patients	Knowledge of how and where to refer	
Access to local community based services	Relationship build with specialists	
Up to date information		
Pathways on rare presentations		

- Membership: GPs, specialists, clinical editor, allied health (if relevant)
- Identify issues and gaps
- Propose solutions
- Identify list of pathways for development
- Opportunity to capture system improvement initiatives



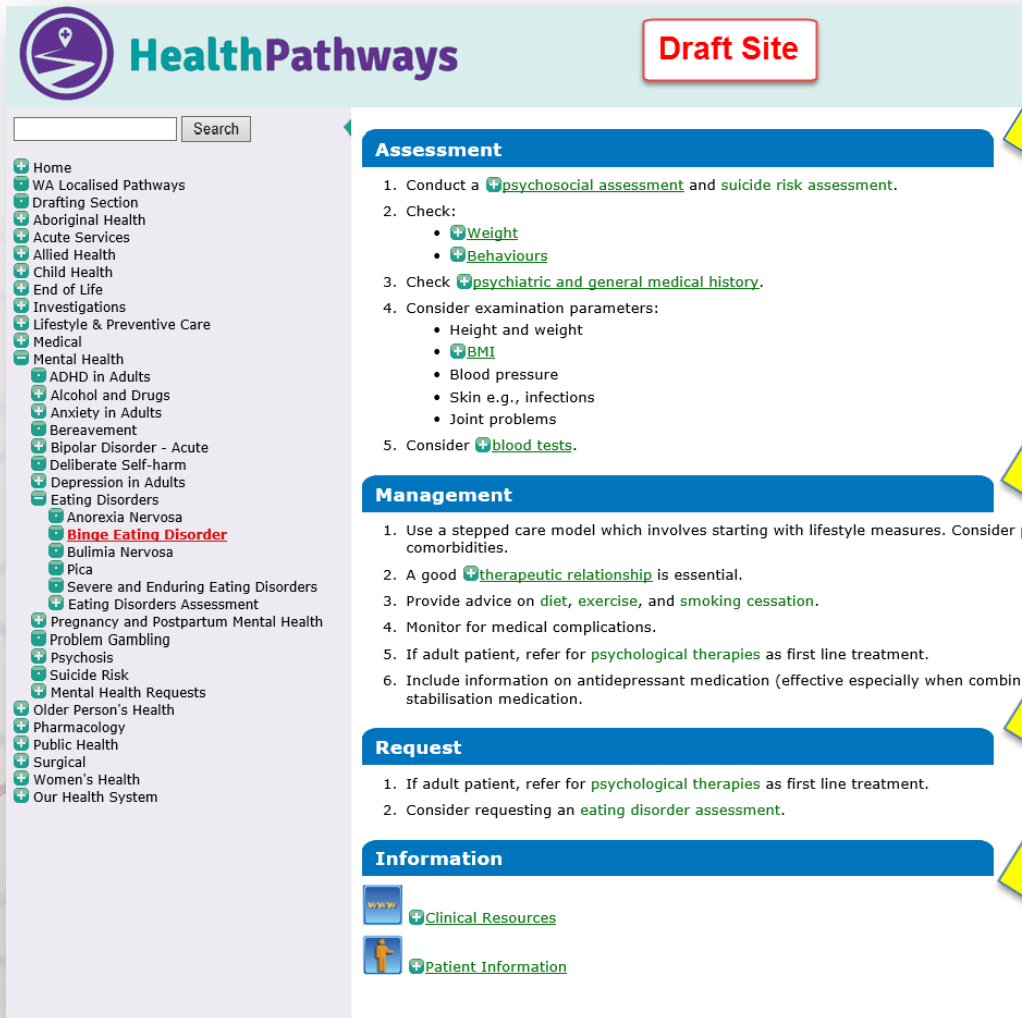
# Working Group

- decision re urgent or not, eg angina palpitations  
 HP - good GP access to investigations but  
 Re - clarify needed round use  
 - waiting times not available. HP practice has changed.  
 Ed - pericarditis  
 HP - referral acknowledged but no time given  
 Re - little phone for written advice - potential for this & some done  
 Re - hard to expedite referral - time HP - geographic & ambulance rotations in risk  
 - lack of clear fu guidance & could do more fu. HP - varied fu amongst cardiology for some conditions  
 HP - communication from & to GP. - varied levels of advice in letters  
 Re - instructions don't get done in GP. - inconsistent triage of referrals  
 Ed HP - send patients to ED due to delays in out-patients  
 HP - sub-spec cardiology may cause issues  
 HP Re - need clear directory & interests  
 - testing can be inappropriate & by delays  
 At & Ed Re - rapid access chest pain - occasional late referral - missed meds or disc

Re in hosp. - circles from ED → GP → spec  
 Re - requests from other 2° services inappropriate  
 HP Re - registrar letters can be unclear  
 HP - need to get trust of recommendations  
 Re - quality of notes in GP.  
 Re - confusion re private v public referrals after discharge  
 Re HP - limited cardiac rehab & travel.  
 HP - clear guidance needed on AMI management - ambulance guideline available  
 Re - cost of ambulance means people won't use - no cost to patients.



# What does HealthPathways look like



**HealthPathways** Draft Site

Search

- Home
- WA Localised Pathways
- Drafting Section
- Aboriginal Health
- Acute Services
- Allied Health
- Child Health
- End of Life
- Investigations
- Lifestyle & Preventive Care
- Medical
- Mental Health
  - ADHD in Adults
  - Alcohol and Drugs
  - Anxiety in Adults
  - Bereavement
  - Bipolar Disorder - Acute
  - Deliberate Self-harm
  - Depression in Adults
  - Eating Disorders
    - Anorexia Nervosa
    - Binge Eating Disorder**
    - Bulimia Nervosa
    - Pica
    - Severe and Enduring Eating Disorders
  - Eating Disorders Assessment
  - Pregnancy and Postpartum Mental Health
  - Problem Gambling
  - Psychosis
  - Suicide Risk
  - Mental Health Requests
- Older Person's Health
- Pharmacology
- Public Health
- Surgical
- Women's Health
- Our Health System

### Assessment

1. Conduct a [psychosocial assessment](#) and [suicide risk assessment](#).
2. Check:
  - [Weight](#)
  - [Behaviours](#)
3. Check [psychiatric and general medical history](#).
4. Consider examination parameters:
  - Height and weight
  - [BMI](#)
  - Blood pressure
  - Skin e.g., infections
  - Joint problems
5. Consider [blood tests](#).

### Management

1. Use a stepped care model which involves starting with lifestyle measures. Consider patient comorbidities.
2. A good [therapeutic relationship](#) is essential.
3. Provide advice on diet, [exercise](#), and [smoking cessation](#).
4. Monitor for medical complications.
5. If adult patient, refer for [psychological therapies](#) as first line treatment.
6. Include information on antidepressant medication (effective especially when combined with stabilisation medication).

### Request

1. If adult patient, refer for [psychological therapies](#) as first line treatment.
2. Consider requesting an [eating disorder assessment](#).

### Information

- [Clinical Resources](#)
- [Patient Information](#)

Each pathway is designed consistently with:

- Assessment
- Management
- Request
- Information sections



<https://wa.healthpathways.org.au>

Username: connected

Password: healthcare

# Questions



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