

Communicating with General Practitioners and GPS2

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A GP's time is precious

- GP's have 20-35 bookings per day
- Average consultation time is 8 to 9 minutes
- They allow 3 to 4 minutes to take phone calls in between seeing patients



Potential Barriers

- The Claimant
- GP
- Workplace
- Case Manager
- The Legal process
- Language and culture



Tips for effective communication with GP's

- Obtain the Claimants permission to contact their GP
- Arrange an appropriate time to contact the GP – may require paying them a fee
- Be prepared (dot points) before phoning GP, remembering they have 3 to 4 minutes (more detail on this to follow)
- Try spending 2 minutes on understanding pre-injury attributes: personality, attitude, compliance and resilience of the claimant
- Developing a relationship with their Practice Manager can be useful

TOOL: ISBAR

ISBAR – communication technique that is useful for fact finding

- I – Introduction: *The reason for call and context of the claim*
- S – Situation: *The most important issue you want to resolve e.g. capacity, liability, other*
- B – Background: *The Back ground (Back story to the claim)*
- A – Assessment: *Your non-medical assessment of the situation*
- R – Recommendation: *What 'you' think might help? Ask GP to validate your preliminary plans or give alternative suggestions*

Suggested Questions to ask GP's

- *“How can we move forward?”*
- *“Do you view a return to work as being positive for your patient?”*
- *“I understand what you are saying and...” (avoid the use of but)*
- *“How else can we speed up the recovery and capacity?”*
- *“What is the most important barrier stopping progress?”*
- *“How else can we prevent the deconditioning setting in?”*
- *“The Claimant’s is having recurring interpersonal conflict in the workplace, can mediation assist?”*

Summary

- Keep it to the point
- Make notes before you communicate
- Developing relationships with the GP and/or Practice Manager is important



What is **GPS²** ?

GPS² is a clinical support service established to link GPs and members to a network of highly reputable and experienced Specialists for independent, best care management advice and guidance.

Key Objectives of *GPS²*

1. Facilitate timely access by a treating GP to a specialist opinion on diagnosis, treatment, capacity and prognosis.
2. Support, guide and improve GP clinical decision making to improve the recovery and health outcomes of members
3. Reduce the risk of complications and costs associated with misdiagnosis, incorrect or unnecessary medical interventions, prolonged recovery and inadequate return to work planning.
4. To provide an improved claims experience for the member through a more collaborative approach.

How does **GPS²** work?

- The Service involves:
 - An appointment wherever possible within 10 working days of the referral
 - A review of relevant clinical records provided by the GP
 - Thorough examination of the patient
 - Telephone liaison with the GP (before and or after the appointment)
 - A written Consultation Summary by the specialist to the GP within 5 working days
- GP receives a Consultation Summary advising diagnosis, treatment recommendations, capacity, prognosis and will address any other medical questions raised
- GP can seek further telephone based advice and/or refer the worker for reassessment as required

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