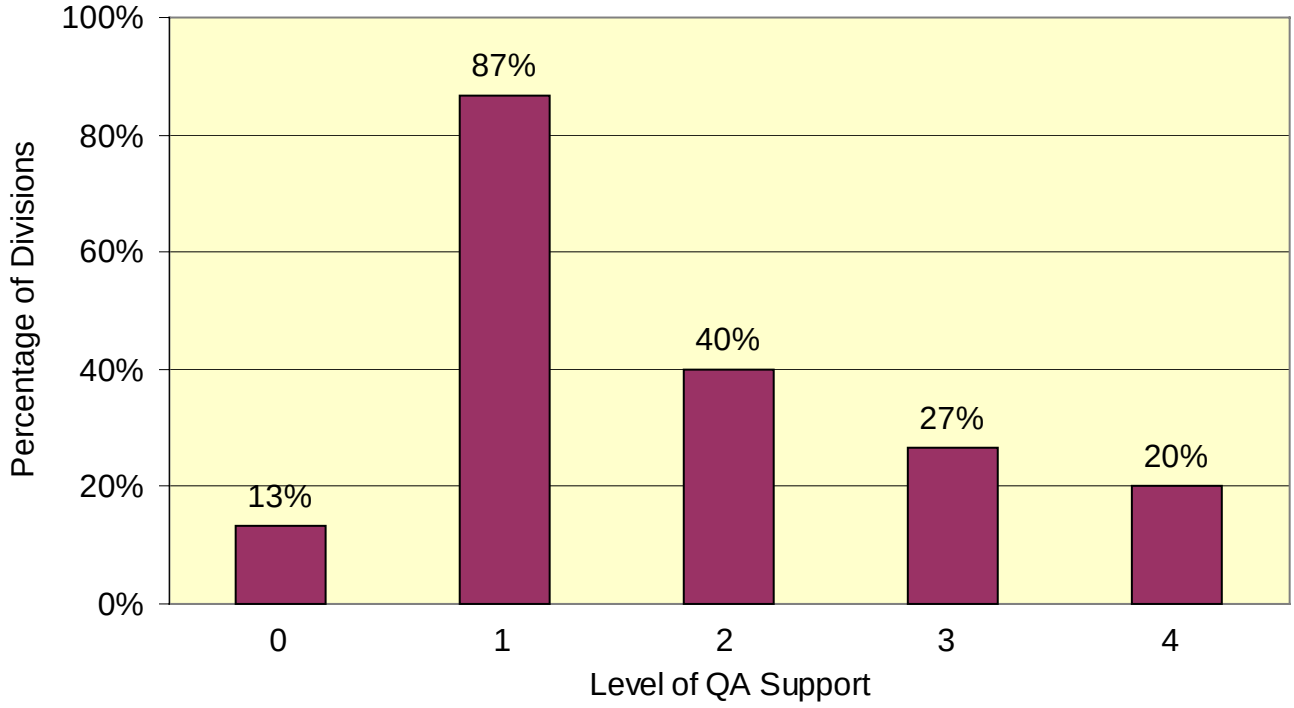
2.7 Professional Development and Quality Assurance

Having covered professional development in the Education and Training section of this report, Quality Assurance was an area that was difficult to address. It was barely articulated in the divisions' plans and when we consulted with divisions, we found a lack of clarity as to expectations here. On our consultations we asked, where possible, whether divisions assisted their practices to collect practice data, analyse practice data or assist practices to develop strategies based on practice data. All of these activities are integral to continuous quality improvement at the practice level.

There are some exciting programmes happening at the division level around quality assurance. The NPS audits and small group learning strategies have been enhancing the continuous quality improvement (CQI) aspects of the CDM Program, as they have been linked to asthma and diabetes. Two divisions have set up Quality Assurance committees to progress CQI uptake in their divisions. There appears to be a small but growing trend towards incorporating CQI into practice support.

Supporting Practice Quality Assurance Activities

Do Victorian divisions assist practices to undertake analyses of relevant data to support quality business improvements?



0	Data not available.
1	No reflection with practice about key uptake data.
	The division assists practices to...
2	collect relevant data.
3	analyse relevant data + 2 above.
4	develop strategies based on practice data analysis + 3 above.

2.8 Information Management and Systems Support

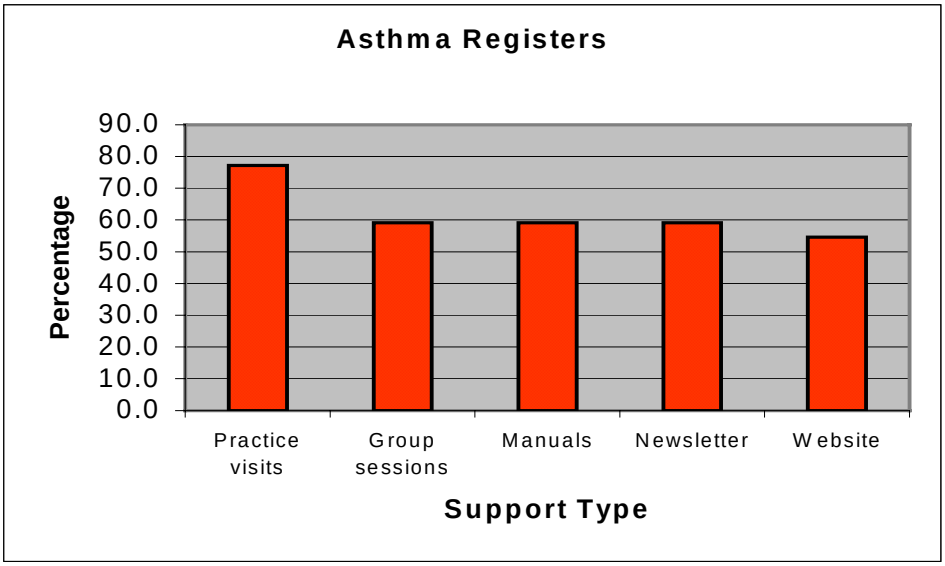
2.8.1 Chronic Disease Management Incentives

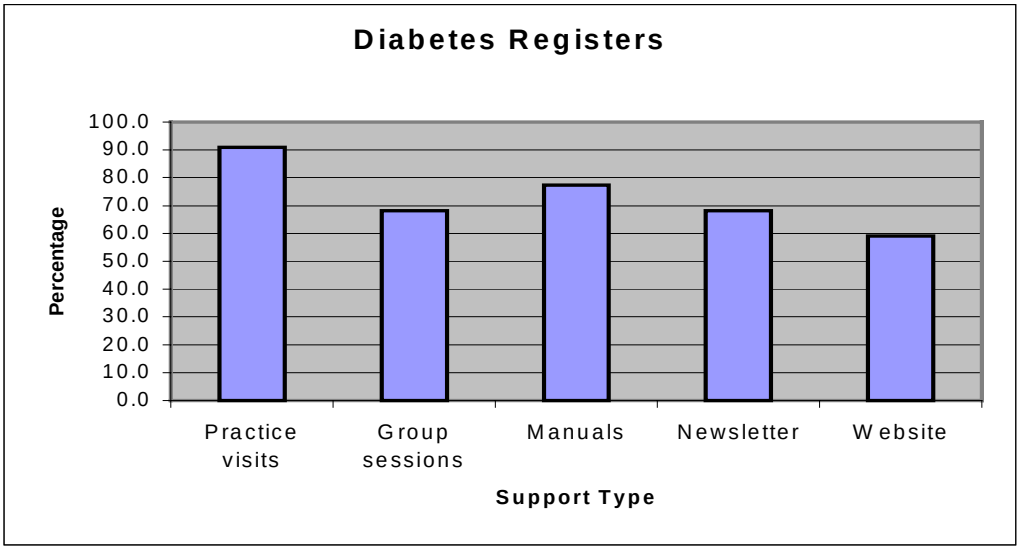
Information in this section is derived from both the divisions' CDM implementation plans and an IM/IT Survey of Victorian Divisions conducted in July 2002.

All divisions in some form supported the chronic disease and EPC/IM incentives. 100% of divisions support recall/reminders, 90-95% support registers. All divisions, but two, are providing support in the form of practice visits. However, only 43% (13) of divisions have conducted surveys to assess practice capacity and needs.

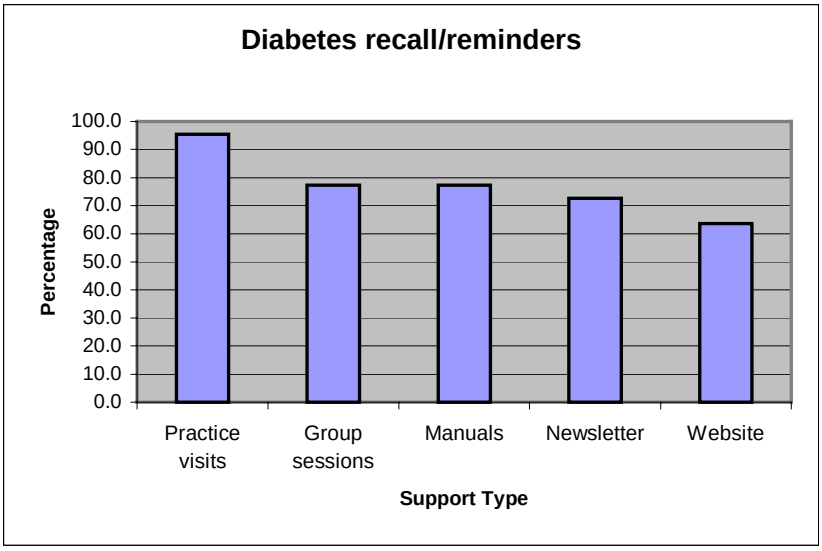
Those divisions which have not conducted a needs analysis of CDM incentives may be able to provide more effective support, with more measurable outcomes if they conduct surveys of members.

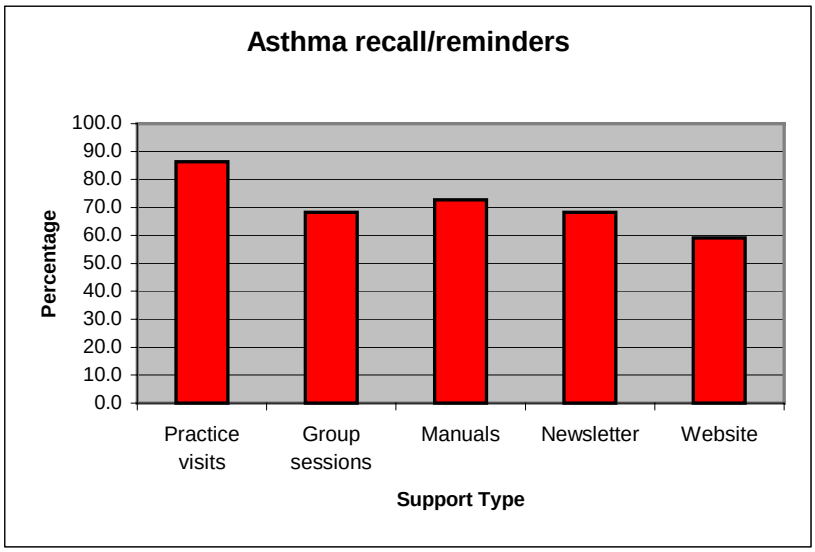
Support for Disease Registers

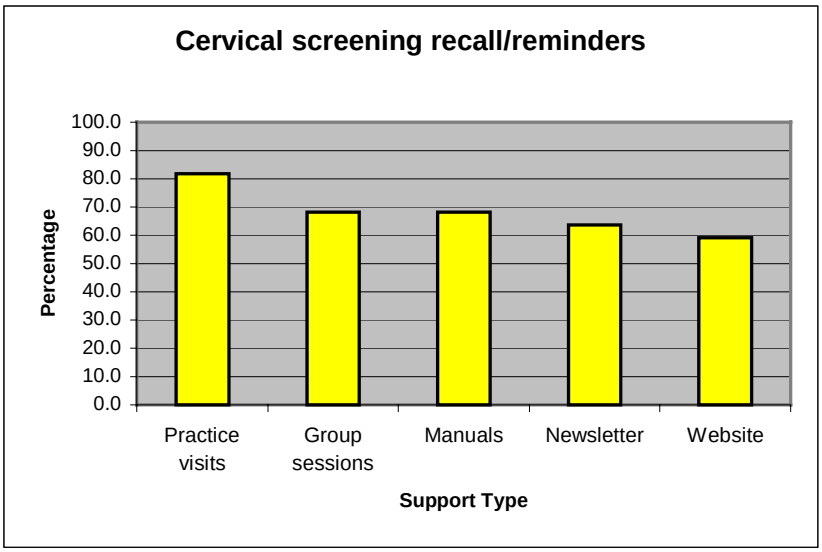




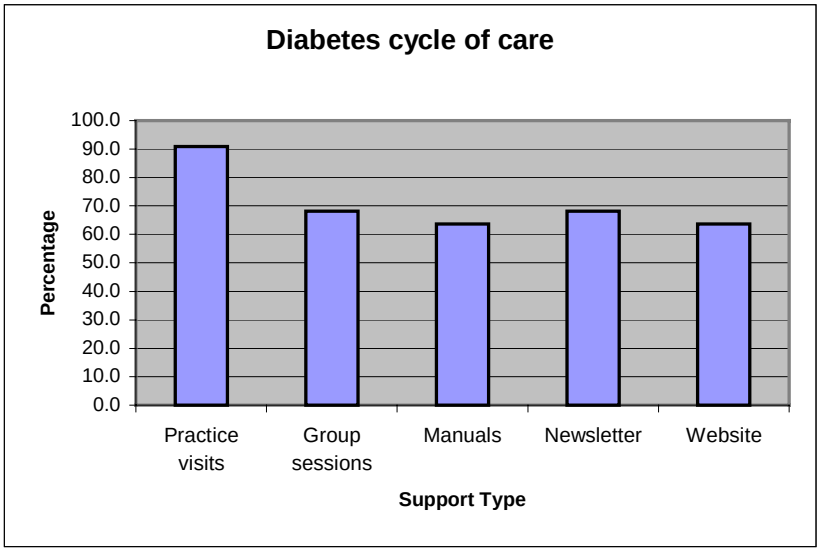
Support for Recall/Reminders

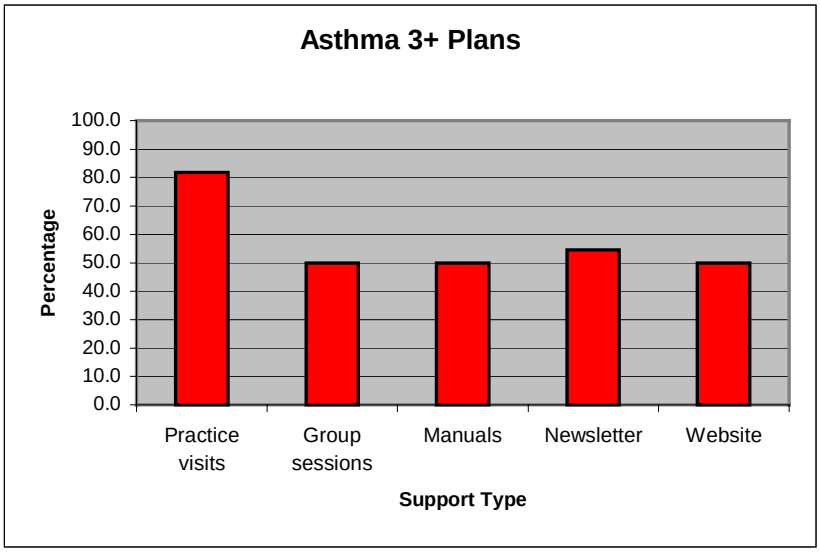






Support for IM components of Diabetes Annual Cycle of Care and Asthma 3+ Plan





2.8.2 PKI and Electronic Messaging (HIC Business Improvement Program)

87% divisions promote the use of Public Key Infrastructure (PKI) to facilitate electronic messaging between GPs and other health professionals and agencies. 82% provide support for sign-up/application for certificates. 74% provide support for installation and maintenance of drivers and hardware.

The differential in these figures suggests that although divisions recognise the value of electronic communication of health information, the implementation of PKI, both in terms of sign-up and technical installation and support, is proving difficult. The Health Insurance Commission (HIC) and Health e-Signature Authority need to improve processes for application, installation and technical support so that those divisions promoting PKI and electronic messaging are able to follow through by facilitating its actual implementation.

2.8.3 Information Management in GP Action Plan

The *IM in GP Action Plan* requires divisions to support IM in more general ways, including using computers for management guidelines and patient information. 91% divisions promoted the decision to support capabilities of medical software, but prescribing/management guidelines and patient information resources were supported and/or demonstrated by as low as 38% divisions (that is, recommending patient information on CD-ROM and other non-web electronic resources).

This reflects the divisions' reluctance to "reinvent the wheel", "tell doctors how to practice medicine", or evaluate/decide which are good quality health information and clinical management resources. These findings suggest that it is unrealistic to expect divisions to support some IM activities that are incorporated in their current CDM contracts. There is scope for research, the setting of standards and promotion in this area by institutions working on a national level, such as RACGP and GPCG.

3 CONCLUSIONS

Victorian divisions have demonstrated innovative and flexible approaches to the CDM program based on hard earned experience in rolling out programs to their GPs. Based on their experiences with immunisation and EPC, practice support is a foundation of most CDM programs; and it is becoming more sophisticated, tailored and systematic. The implications of this more intensive approach for divisions will be interesting to monitor, as it requires more funds, staff time and staff expertise. Currently, rural divisions are finding it easier to provide this higher level practice support although some urban divisions are seeing it as a worthwhile exercise to invest in.

Strategic linkages in Victoria have been a priority for divisions for a while with the Primary Care Partnerships and the Primary Mental Health teams. Integrating general practice into the wider Primary Care Sector is extremely problematic and time-consuming. The CDM initiatives appear to be assisting divisions to 'bring something to the table', resulting in strengthened intention to establish linkages, develop referral protocols and undertake joint activities with other primary care providers.

Support for practice nurses has been extensively provided for through networks, training opportunities and individual support. However, a lack of national direction on what is expected form divisions has led to a plethora of approaches which may or may not be efficacious. This is particularly evident in the lack of guidance on the integration of the practice nurse initiative, their role in CDM and the business advantage they provide. Despite these problems, the various approaches appear to be leading to more practice nurses in general practice and some innovative uses of practice nurses to enhance uptake of CDM initiatives.

Information management is being well integrated with the CDM initiatives, possibly a benefit of the IMIT funding extending to the CDM funding. The need for support for register/recall/reminder systems in general practice are extremely well recognised and expressed.

Finally, the CDM programs of divisions in Victoria demonstrate the multifaceted and integrated approach divisions must use in order to support their GPs to undertake systematic care of their practice population.