SESSION 1 QUALITY USE OF MEDICINES

The Home Medicines Review (HMR) Program

Presenter

- Mel Blachford, State MMR Facilitator, Pharmacy Guild of Australia - Victorian Branch

Description

The HMR Program is a consumer-focused, structured and collaborative health care service provided in the community setting, to optimise quality use of medicines and consumer understanding of their medicaton regime. It involves the consumer, their general practitioner, their pharmacy, and other relevant members of the health care team. The process involves an in-clinic assessment of a patient's medication management needs by the GP and referral to a community pharmacy with relevant medical information attached; a medication management review by an accredited pharmacist, preferably in the patient's home; discussion of the pharmacist's findings with the GP; and the development, by the GP and patient, of a written medication management plan. Medicare provides a rebate for GP involvement in the process, which is currently $123 (85% = $104.55).

The presentation will clearly explain the HMR process and its usefulness as a tool for GPs for better patient management; will outline how divisions are supporting GPs in Victoria; will address queries and/or concerns that have been commonly raised by GPs; and will provide a briefing on how the program is progressing, both in terms of Item number uptake, and quality.

Case Study – Home Medicines Review (HMR)

Presenters

- Dr Nestor Fuertes, General Practitioner, Westgate Division of General Practice
- Nicholas Reilly, Pharmacist

Description

Dr Fuertes, a GP in the Westgate division, and Mr Reilly, an accredited pharmacist, will discuss their personal experiences completing HMRs for patients. Dr Fuertes will speak about the patients he encounters who are eligible and most likely to benefit from a HMR, and how those patients have subsequently benefited from a review. Mr Reilly will discuss how accredited pharmacists go about performing the reviews, and how they collate information to form recommendations to the GP. They will then present a real (de-identified) patient case study together, showing "before" and "after" scenarios.

Patient Concordance and HMR - An Industry Perspective

Presenter

- Warren Brooks, Iscover Product Manager, Bristol-Myers Squibb Pharmaceuticals

Description

Mr Brooks, a pharmacist within Bristol-Myers Squibb Pharmaceuticals Australia, will provide an industry perspective on patient compliance to medicines and the HMR program. He will present evidence from a range of studies relating to compliance and concordance (or lack thereof) from around the world. Mr Brooks' presentation will cover:

- adherance issues in relation to cardiovascular agents (discontinuation rates, reasons for discontinuation, and implications for patient wellbeing)
- the impact of physician / pharmacist collaboration on compliance and persistence
- whether or not there is a role for the industry in relation to adherence/concordance

Meeting Medication Mindfields Midway

Presenters

- Dr Tim Gray, Inner Eastern Melbourne Division Of General Practice
- Kerry Hollier, Inner Eastern Melbourne Division Of General Practice

Description

An NPS approved clinical audit was conducted by the IEMDGP Division 1/6/02-31/12/02. Designed to utilize the principles of case conferencing to formally & comprehensively assess nursing home patients medication needs, the audit process provides an opportunity for the GP to critically review medications with both the Nursing Home health care provider & pharmacist in light of all the patients coexisting conditions. Both the audit & post audit questionnaires provided the opportunity to review areas like concordance and inter-sectorial collaboration.

The Presentation will report on

- the clinical audit cycle as a tool for reviewing medication
- the amalgamated & depersonalised results of the audit- a quantitative analysis
- evaluation of both the process and results by those who were involved in the process – qualitative questionnaires & interviews

evaluation of the current systems which support GP –nursing home coordination of medication.

SESSION 2: QUALITY IN DIVISIONS

Developing and maintaining a culture of quality improvement in a rapidly changing environment. What challenges do divisions face?

Presenters

- Dr Christine McAuliffe, Board President, Brisbane South Division of General Practice
- David Gardner, CEO, Brisbane South Division of General Practice

Description

The Brisbane South Division of General Practice (BSDGP) has worked hard to develop a culture of continuous quality improvement among both its members of the Board and operational staff.

In early 2000 our Board and senior management were concerned that there were a number of issues negatively impacting on our overall effectiveness as an organisation. Many of these issues seem to be common to Divisions as organisations. They related to the provision of services to members, our internal operations and resource utilisation and our interactions with the local health and other environments.

Commencing with a comprehensive external review of both governance and operational practices in May 2000, BSCDGP has been developing a culture and associated systems to support continuous quality improvement in all its operations.

While we have seen a significant positive impact on all three areas of concern from this process we have also learnt a number of lessons. These lessons will be used as the starting point for a discussion of the challenges a division may face when it tries to develop and maintain a climate of continuous quality improvement.

Areas for discussion will include:

- Engaging Board members and staff
- Finding the resources, time and expertise needed to develop, implement, maintain and evaluate systems
- Finding a reasonable starting point
- Keeping the steps do-able
- Identifying external information and experiences of use

We hope that the discussions will lead to some ideas or recommendations that can be used in any division wanting to improve internal quality

Quality improvement or quality assurance – where should we (Divisions) be heading?

Presenters

- Associate Professor Peter Schattner, Monash University Department of GP and Monash Division of General Practice, Committee of Management
- Mary Mathews, Quality Improvement Coordinator, Monash Division of GP

Description

The introduction of accreditation in general practice has increased attention on quality. Divisions have become more actively involved in the debate about quality, including its definition, measurement and methods of improvement. A clear consensus has not yet emerged on the best way forward. This presentation will critically examine some of these choices, in particular, the slightly different approaches taken by the quality assurance (QA) route rather than the continuous quality improvement (CQI) one.

Objectives of discussion

- to briefly discuss the differences between QA and CQI
- to examine the CQI model and change processes adopted by the Monash Division
- to consider how quality in divisions translates into quality in general practice
- to discuss strategies for the ‘grassroots’ promotion of quality within divisions

Content

The main characteristic of QA is the independent assessment of the extent to which an organisation’s performance meets a set of standards. Accreditation is a system which enables such an assessment to occur. Its advantage is that it is explicit and the assessment is done by an external agency. Its main disadvantage is that the process is not genuinely ‘owned’ by those being assessed; they come to regard it as simply a hurdle that one needs to jump over.

CQI is a management approach which strongly emphasises the need for all members of the organisation to be involved in continuously making improvements. The emphasis is on making small improvements using reflective practices (the so-called Plan-Do-Study-Act cycles of CQI). Organisational processes rather than people are the main focus of interest. The advantage of this approach is its emphasis on grass-roots involvement (i.e., 'ownership' from the bottom up). Its disadvantage is that unless there is a reasonable commitment to measuring performance – something along the lines of the QA approach – demonstrating that quality improvement has occurred can be very subjective.

The Monash Division has adopted the CQI approach which is in keeping with its organisational culture. The Division is keen to promote the intrinsic benefits of this process.

Building capacity in divisions: the elements of quality in a rural division

Presenter

- Sally Philip, Executive officer, West Vic Division of General Practice

Description

Over 60% of West Vic Division's current income is obtained from sources other than the Divisions of General Practice Program. Both State and Federal Government health departments have funded a range of project initiatives and the majority of these are innovative national projects piloting new systems to support General Practice.

West Vic Division has a strong culture of ensuring new funding meets members' needs. This culture was embedded early in the Division's formation and has resulted in a strong understanding within the Board and senior staff of the core business of the Division, its market and the change management required to ensure quality programs and projects. Over the past seven years the Division has developed a systematic approach to ensure core business remains relevant to our membership, while simultaneously being prepared to expand our core business to test national innovations in that have the potential to provide benefits within the micro setting of rural general practice.

As the Division has grown it has also had to develop systems to maintain accountability and manage a diverse range of staff and projects. It is essential that knowledge management occurs to ensure the Division's internal systems match the growth in services to members.

SESSION 3: SYSTEMS FOR ORGANISATION

Continuous Quality Improvement – A Practice-Based Strategy: How to have your cake and eat it too!

Presenter

- John Newman, Systems Manager, Canning Division of General Practice, Perth, WA

Description

The first principles of the quality movement, developed by the work of people like W Edwards Deming and Joe Juran, explains quality improvement as a 'relative' concept. It is about continuously improving systems. This concept has been applied in healthcare by Dr Avedis Donabedian and, currently, by Dr Don Berwick from the Institute for Healthcare Improvement in the USA - among others. Quality improvement is a simple notion … get a team together to decide what needs to be improved, decide an improvement strategy, decide how improvement will be measured and apply the strategy. At Canning Division, the 2002-2003 Business Plan has been built a around the concept of helping our practices to embark on their own 'quality journey'. The plan focuses on decision-taking and progress monitoring based within the practice. The Division's role is to make the case for embarking on the journey and to help practices wherever it can. Being cognisant of the fact that GPs would want 'evidence' that making the journey will benefit them and their practices, Division staff worked with one practice to apply a continuous improvement model. The data gained from the practice is presented in this session and is being used to recruit more practices. Interim results are very encouraging. They show benefits for GPs, practice staff, patients and funding bodies. A win-win-win-win situation. The methodology has been built into all new projects and initiatives at the Division.

Cervical Screening Best Practice Project

Presenter

- Dr David Tillett, Border Division of General Practice

Description

The Cervical Screening Best Practice Project uses 2 model practices in an attempt to:
* Identify best practice in cervical screening in General Practice
* Using the model practices identify barriers to best practice
* Identify strategies to overcome these barriers
* Introduce systems change to develop best practice in the model practices
* Document the process and develop a template for achieving best practice which could be used by other practices wishing to achieve best practice in cervical screening.

The project focuses on IM issues which produce gaps in screening rates. It also focuses on clinical issues and up skilling for GPs, workforce issues, client issues including patient education, access, cost, privacy, patient comfort etc.

Practices were recruited by invitation and a series of meetings held to document current practices, gaps in service delivery, barriers to change and policy issues relating to best practice. A focus group was held with clinic patients to identify patient issues in cervical screening and this information was fed back to the clinics for consideration.

The project will be evaluated with reference to the changes introduced and barriers identified but will also look at screening rates before and after changes in procedures.

The presentation will focus on using systems thinking to approach IM management. The difficulties and barriers to introducing change into an organisation will be highlighted. The presentation has implications for all divisions seeking to work with general practice to introduce changes aimed at better outcomes and IM. While the focus of IM for these clinics was IT based the process is applicable to paper based IM.

Chronic disease management: developing suitable measures of organisational capacity for the Australian context

Presenters

- Judy Proudfoot, Centre for GP Integration Studies, University of NSW
- Fernando Infante, Centre for GP Integration Studies, University of NSW

Description

Structured care for chronic diseases is effective, but not easy to implement in general practice. More is involved than simply adding further interventions to a current system focused on acute care. For chronic disease care to be carried out in a timely and effective manner, changes are needed to the organisation of practices, which must sit comfortably within a system that also offers acute and preventive care and health promotion.

Many divisions are focussing on building practice capacity as a major strategy for improving chronic disease care. Our research project is designed to define the key systems and ways of working in Australian general practice that facilitate good chronic disease management.

This session will focus on the complexities of deriving adequate measures of the various indices of organisational capacity for chronic disease care in Australian general practice. It will draw on the research literature, our consultations with key stakeholders in the field, and our work in to date in developing suitable measures for the Australian context. The session will be an interactive one, and audience will be encouraged to contribute their knowledge and experience to the issue at hand.

SESSION 4: INFORMATION MANAGEMENT

Supporting IM at the practice level

Presenter

- Ms Karen Young, Monash Division of General Practice (Co-author , A/Prof Peter Schattner)

Description

The Monash Division has a well established program of support for information management (IM) in general practice based on: conducting an annual needs assessment survey, producing support tools and resources, providing educational events and conducting practice visits. The IM program focuses its activities by running several 'projects' aimed at meeting the identified needs of the GP population. The aim of this presentation is to highlight some of the challenges and issues which surround a selection of three, key IM projects which are currently underway.

The *annual needs assessment survey* aims to measure the self-reported impact of IM and IT in general practice (knowledge, skills, attitudes and behaviour) and is used to evaluate and plan division IM services. A key issue is how to provide quality IM support when there is no specific IT funding from the Commonwealth, especially given that the distinction between IM and IT is difficult. Moreover, needs assessments continue to identify IT support as a major requirement for GPs and practices.

The *Internet Search Project* involves the provision of resource manuals and coordinated practice visits designed to assist GPs in finding evidence based clinical information using five high quality websites. The challenge here lies in encouraging GPs to use the Internet as a resource to find answers to clinical questions.

The *IM Working Group* is a quality initiative involving a small group of GPs and division staff. One of the main aims of the group is to develop 'modules' of resources covering specific chronic disease areas. The development and collation of computer-based tools without duplicating existing ones requires thorough planning and research.

By using the three 'projects' as case studies, the presentation will analyse the challenges divisions face in promoting and supporting IM in general practice.

Quality Indicators: utilising Information Management expertise to support GP participation in reflective clinical management.

Presenter

- Christian Grieves, CEO, Mackay Division of General Practice

Description

GPs in Mackay Division of General Practice have a commitment to improving the quality of their clinical care. The Division has worked with its GPs to develop indicators to measure the quality of care. This program has built an international perspective and contextualised the push for continual quality improvement. A desktop (computer) application was developed in-house to operate alongside the other medical applications and utilised a database to store the collected information on quality of care. These clinical measures were selected in consultation with local GPs. Results from previous years will be presented. The Division utilises the results to measure the success of its programs. The 2002 clinical quality indicators were associated with immunisation, smoking, pap smears, quality use of medicines, and reviewing diabetics. The Division's planned efforts to further support its GPs refocus and re-orientate their care in selected clinical areas will be highlighted. The depth and capacity of the Division's commercially structured information management services, and its resultant strengthening of the practices information systems, has promulgated improvement in the measurement

tool. In 2003, the Division plans to make its collection software redundant and write an extraction program for practices' medical databases. This will reduce the GP workload and increase the number of GPs participating in this reflective clinical management process.

I regret to inform you…
An obtuse perspective of quality in information management

Presenter

Andrew Dalley, CEO, Illawarra Division of General Practice

Description

Embellishment is the tool whereby information is transformed to narrative. For example, simple "Words, words, words" as used by one such as Liza Dolittle are ornately embellished by one such as Diana, the former Princess of Wales, in her last testament to us. In her will she pinpoints those whom she loved most in this, her last act of giving. In contrast, the information conveyed in poor Katherine Grundy's* will, in its unadorned Dolittle-like starkness, pinpoints so much about her assassin in his last act of taking.

Is that too unkind? After all, in Nature, death is but indulgence. The beautiful foxglove has often, through indulgence, caused many a regrettable passing. And Belladonna, the Beautiful Lady of Death. Or the Opium poppy, the entrancing flower of narcosis. So, with but a tincture of quality information, as many a scoundrel before us, we will answer the assassin's question, "Whom to poison, the Bald, the Brave or the Beautiful?"

Enough of death. The bud of precious human life will be the background by which we explore the value of nil information. Is no news ever good news? In a different generational context again, we ask if information is a constant for, of its many attributes, does not information have two temporal virtues, currency and timeliness? Important because about each datum lies, beyond and behind, responsibility. A contested virtue in pregnancy perhaps, but not in information management.

And so, in a narrative of the famous, the infamous and the anonymous we will stumble upon psychopaths and neuropaths and other staff of the Illawarra Division of General Practice. We will see what is, what might be and what might have been as Liza Dolittle passes her famous judgement upon man, "Is that all you blighters can do?"

(*Katherine Grundy was a patient of Dr Harold Shipman)

SESSION 5: DIVISIONS SUPPORTING QUALITY

Change management and quality: the rollout of Clinical Risk Management across Rural Victoria:

Presenters

- Jane Measday, Program Manager, West Vic Division of General Practice
- Dr Rob Grenfell, West Vic Division of General Practice

Description

The West Vic Division of General Practice has been conducting a clinical risk management program since 1994. The program was funded by the Victorian Department of Human Services (DHS) and evaluated by the Department of Epidemiology and Preventative Medicines at Monash University. This model of clinical risk management (CRM)for small rural hospitals has been rolled out across rural Victoria, through the Divisions of General Practice program as part of the Victorian Department of Human Services statewide strategy for Improving Patient Safety in Victorian Hospitals. West Vic Division has been funded to engage theses Divisions, provide training to project workers and GP's and all the relevant tools and resources to conduct the program. To date six programs are operating through out rural Victoria .

The program aims to improve the quality and safety of patient care, by providing rural general practitioners in small rural hospitals with a peer review process that monitors adverse patient events and highlights educational opportunities. An adverse event is an untoward occurrence, which under optimal conditions, is not a natural consequence of the patient's disease or treatment.

The doctors reviewing medical records are working in a similar environment to the doctors whose work is being reviewed and are sensitive to the issues faced by doctors working in isolation in a small hospital. It is non-punitive and has general practice acceptance.

The presentation describes the review process, resources required, the role of Divisions in such programs and the achievements of the West Vic CRM program. Lessons learned around working within a political environment, barriers to change, managing change and working with the DHS will be shared.

The science and art of quality: Quality is more than guidelines and quality indicators more than compliance with guidelines.

Presenter(s)

- Dr Kathryn De Garis, Central Bayside Division of General Practice
- Roy Batterham, Central Bayside Division of General Practice

Description

There are many dangers in defining quality too narrowly and in seeking to monitor quality using a few simple indicators. (An indicator is a measure or assessment of something that is taken to reflect something more general, in this case 'quality'.) Fifty years of experience with quality indicators have shown that a narrow and simplistic application of indicators will tend to undermine quality rather than enhance it **despite any apparent improvement in the indicators chosen**. In General Practice there are dangers if quality is seen primarily in terms of compliance with guidelines and other important aspects of general practice, particularly the GPs ability to engage a patient in their own care, are

neglected. There are three important strategies to ensure appropriate and beneficial use of quality indicators:

1. Begin with a comprehensive quality framework and ensure that there are processes for assessing all major aspects of this framework;
2. Pay at least as much attention to the processes by which indicators are interpreted and used as to the data itself;
3. Pay attention to the group to whom the indicator is applied (The denominator needs to be standardised so that people can't improve 'performance' by, for example, not seeing 'hard' cases.)

Central Bayside has developed a comprehensive quality framework as part of the Building on Quality program. The framework emphasises the complementarity of three aspects of practice:

1. Compliance with evidence based care;
2. Excellence in engaging patients in their own care;
3. Development of quality systems in practices.

Within the framework quality is enhanced through:

1. Assisting GPs to use their own data and relevant benchmarking data;
2. Support for building practice capability;
3. Peer support and feedback;
4. Enhancing feedback from patients and from other providers.

The workshop will involve a brief discussion on the principles for use of quality indicators outlined above. It will then involve a presentation of Central Bayside Division's attempts to put these principles into practice emphasising developments in data use; peer support and patient engagement. It will conclude by providing an opportunity for participants from other Divisions to share their approaches to dealing with some of these quality issues.

Practice Management Support: A model for improving Practice quality, capacity and viability.

Presenter

- Christopher Anderson, Whitehorse Division of General Practice
  (Authors: C. Anderson, M. Shearer, G. McLaren.)

Description

Whitehorse Division of General Practice was successful in obtaining funding from DoHA to undertake a feasibility study to develop and evaluate a model of supporting practices through cooperative arrangements. This model aimed to implement quality practice management systems and clinical practice systems in order to improve capacity and viability whilst maintaining continued commitment to independent patient care and the autonomy of general practice.

<u>Objectives</u>

The objectives of this feasibility study were:

1. To identify the extent of collaborative and cooperative arrangements to share practice management systems and clinical practice systems amongst the Division and participating practices
2. To evaluate and undertake cost benefit analyses (CBA) of these cooperative arrangements
3. To demonstrate the economic benefits through greater efficiency of the shared arrangements
4. To implement cooperative systems that are sustainable

<u>Model</u>

Our proposed model is based on the Division and a number of participating practices collaborating and cooperatively sharing a number of practice management systems and also clinical practice systems. The model consisted of components:

1. Shared practice management coordination (PMC)

2. GP Support Medical Practitioner (Locum)

A practice manager, employed by the Division, provides an initial assessment of an interested practice. This information forms an action plan for engagement that identifies areas, systems, protocols & procedures for improvement. The practice can then proceed to implementation and engage the PMC, on a fee for service basis based on GP EFT.

Evaluation

For the feasibility stage, a suite of process and impact evaluation tools and activities were carried out including a survey of participating GPs, their partners and practice staff and focus groups. A Cost Benefit Analysis collected financial data by a number of means and the shared arrangements were assessed against a number of criteria including productivity savings, financial, time savings, avoided costs and quality of systems.

Principal Findings

The findings of process and impact evaluation indicate that there are some significant outcomes that are consistently reported by GPs, staff and spouse/partners. These are:

- Increased satisfaction with general practice
- Increased practice (business) viability
- Increased patient satisfaction and quality of care
- Sustainability of the cooperative arrangements and practice changes.

Findings from the CBA indicate that the shared arrangements have provided tangible benefits, both financial and non-financial, for the practices participating in the study. In particular the application of a shared Practice Management function has enabled a range of improvements to management systems and practices to be assessed and implemented across all Practices. The Practice Management approach has also demonstrated the flexibility to respond to the business priorities of each Practice, tailoring support to meet their specific needs.