Policy Issues Paper no. 19: discussion paper for VACGP
February 2003

Chronic Disease Management Program

This paper is a slightly revised version of one presented to a VACGP meeting in 2002, which focused on the separate State and Commonwealth initiatives related to chronic disease and general practice, and the links between them that would be necessary to maximise the effectiveness of both. GPDV is making it available in this format to keep Victorian divisions informed about GPDV's advocacy work; and, as always, we invite divisions' comments.

One of GPDV's Population Health Coordinators, Rosemary Fenech, was invited to present to the VACGP an overview of issues confronting divisions as they implement the CDM initiatives (based on consultation with Victorian divisions and analysis of their implementation plans). This paper provides background information on GPDV's work in supporting the rollout of the Commonwealth's Chronic Disease Management (CDM) Program, and its attempt to assist divisions with aligning that work with the DHS iniatives; and argues for an endorsement by the DHS and DoHA of a 'systems thinking' approach to practice support in those initiatives that seek general practice involvement through local divisions. GPDV would welcome comments on the issues raised in the paper, or related matters. (Contact Louise Willis, l.willis@gpdv.com.au).

1. GPDV's work in 2002

At the National Forum on CDM initiatives held in February 2002, the role of SBOs was broadly defined as focusing on:

- State level linkages with State health departments, peak bodies, education providers etc;
- Leadership & advocacy with DHS, ADGP, and the Department of Health & Ageing (DoHA), and through train the trainer approaches;
- Capacity building through information exchange, facilitation of services, models, linking divisions, and communication.

In developing our plan for supporting the CDM work of Victorian divisions of general practice (and drawing on our experience of assisting divisions in both immunisation and support for EPC), GPDV decided to focus on three dimensions:

a) National level linkages
b) State level linkages
c) Division Education and Support (Four sub headings were determined by DoHA)
    i) Capacity Building & linkages
    ii) Education and training
    iii) Professional Development & Quality Assurance
    iv) Information Management Systems Support.

GPDV began its CDM work in October 2001. DoHA provided a funding contract to GPDV in September 2002, which was finalised in late 2002. Key activities so far include:

- 4 statewide workshops conducted for division staff working on CDM. (These were exceedingly well attended: at least 60 people attended each of the workshops.) 28

divisions attended all 4 of the workshops and one workshop had all Victorian and Tasmanian divisions represented. Tasmanian divisions were represented at each workshop.)

- Consulted with 29 divisions through divisional and regional visits by GPDV program officers, to identify issues, successful strategies, barriers to GP uptake, and provide a statewide picture divisions' activities/issues. 15 CEOs, 2 GP advisers and 61 program staff were involved.
- Convened a meeting of Victorian stakeholders in asthma and diabetes management and prevention. (60 participants attended from a wide range of organisations – see below).
- Convened a meeting of stakeholders in cervical screening (attended by representatives of Papscreen, DHS and the Cytology register). An outcome of this has been joint work with Papscreen and DHS to make available a shortened version of the pap test provider course, which would be more appropriate for nurses working in general practice. This work will be progressed in 2003.
- Conducted an analysis of divisions' plans for implementing CDM initiatives which is available on the GPDV website.[1] (Rosemary Fenech, one of GPDV's Population Health Coordinators, gave a presentation on this aspect to the VACGP on 23rd October).
- Developed the *Enhancing Practice Systems* kit – a tool for divisions to assist their practices to establish practice systems, which enhance uptake of EPC items and CDM incentives.

2. State-level linkages

GPDV convened a meeting of stakeholders in diabetes and asthma management and prevention in July 2002. Participants included:

- Senior DoHA staff from both Canberra and the Victorian state office
- Senior DHS staff (from Public Health, Primary Care and Community Health, Nursing and Acute)
- Statewide organisations working on chronic illness (including Asthma Victoria, Diabetes Victoria, Lung Promotion Foundation, Chronic Disease Alliance)
- Other statewide organisations (including VACCHO, VHA, Centre for Ethnicity and Health)
- Representatives of other services/projects/providers (including International Diabetes Institute, Asthma Educators' Association, Coordinated Care Trials, Barwon Health, individual specialists).

At the meeting, the participants identified the lack of a comprehensive picture of the funded projects across Victoria about chronic disease, in particular projects relevant to GPs or requiring GP involvement. Participants listed more than 40 current projects/calls for submissions/EoIs etc. As a result, GPDV collated the project information that emerged from the day and asked stakeholders to verify/add to it. GPDV has made this information available on its website.[2]

This is a useful start at building a statewide picture that has not previously existed. A strategy for continuing this work must be developed. GPDV does not currently receive funding

[1] www.gpdv.com.au click on Programs; Chronic Disease Management; GPDV's CDM reports to DoHA.
[2] www.gpdv.com.au/ChronicDisease/Linkages/_Project%20Linkages%20for%20the%20website.doc

specifically for this task, and its CDM funding cannot cover the substantial work that would be involved in establishing the most user-friendly method for storing the data, maintaining and continually updating it, and effectively disseminating the information.

3. Issues for Divisions

Multitude of Projects

The co-existence of a range of different projects with similar aims, all calling for the involvement of general practice, can be a barrier to the effective involvement of divisions and of local practices. For instance, at the same time, and in the same area, we have State-funded PCP integrated disease management (IDM) projects, several HARP projects involving divisions, and the Commonwealth's Coordinated Care Trial, the NH&MRC peer-led self management projects and local divisions' CDM programs. In another area, we have simultaneous projects on: local diabetes management and prevention, funded by DHS Public Health Section; Diabetes IDM, funded by DHS Primary Care with similar aims; and requests for submissions for Commonwealth-funded local diabetes management projects, which are almost identical to the DHS local diabetes projects.[3]

All these projects compete for GP involvement. The division role in aligning these various State and Commonwealth initiatives is substantial, and often underestimated. Possible solutions include:

- SBO involvement at the planning stages, to analyse and advise on the likely involvement of general practice, informed by a working knowledge of what else is happening at the local level for divisions. This has the potential to reduce overlap between programs, and the competition for GP involvement. GPDV would recommend building a 'systems thinking' approach for practice support. *(See section below)*

- Commonwealth and State working more closely together in the development of chronic disease related programs, whether they originate in Primary Care or Acute or Public Health sections of DHS, or different sections of the Commonwealth, whether in Canberra or the state offices.

- Statewide forums involving stakeholders, project workers, providers and divisions (identified as a need by stakeholder groups attending GPDV's July meeting).

Systems thinking approach to practice support

One way of improving the involvement of general practice in the different initiatives would be to ensure that the 'systems thinking' approach for practice support undertaken by divisions when they implement a range of initiatives is well understood by DHS and DoHA and can be built into their program design, wherever they are looking for GP involvement. This approach involves divisions assisting the general practice to analyse current practice systems, identify what they need to add to or alter in their system, in order to implement chronic disease (or other) initiatives.
(For more information on 'systems thinking' in the practice, see GPDV's powerpoint presentation at:
http://www.gpdv.com.au/nurses/workshops/feb02/GPDV%20pres%20on%20systems%20thinking%202002.ppt)

[3] For further evidence of overlapping projects, see the list-in-progress, at GPDV website.

Although comparatively resource-intensive, the systematic approacch to practice improvement, conducted with the help of divisions, has been demonstrated to work. It was a crucial element in the successful rollout though Victorian Divisions of the national General Practice Immunisation Incentives (GPII) Program.

Under the GPII, GPs were encouraged to take a systematic approach to improve their practice population's immunisation status. Features of this approach included: systems for GPs to access information on immunisation status; prompts for GP to ask about status, reminders to patients about immunisations due; a system for data management. The GPII resulted in substantial national immunisation increases from average rates of approximately 55% to average rates approaching 90%.[4]

An evaluation of the GPII in Victoria suggested that the quality of immunisation services delivered through general practice had improved mainly as a result of GP education provided by divisions on vaccine administration and storage.[5] The role of the division in providing this type of support, and in facilitating collaboration between providers (particularly important in Victoria, where approximately half of children's immunisation is provided by local government[6]), was thought to be so important that the evaluation suggested that the State Department of Human Services should consider funding immunisation coordination if the Commonwealth stopped providing funding to divisions for immunisation.[7]

Conclusion

1. The establishment and ongoing maintenance of a statewide picture of all the activities relating to CDM in general practice is necessary for the effective design and uptake of different initiatives, as well as the effective involvement of general practice in them. This need was identified by the variety of stakeholders, including State and Commonwealth department staff, attending the meeting convened by GPDV in July 2002. GPDV would be willing to continue and build on the work it has begun, to meet the needs of a range of stakeholders, not limited to divisions, but requires funding if it is to do so.

   GPDV recommends that the VACGP support its development of a proposal for funding for a project to create a database mapping chronic disease activities to provide comprehensive, current information to all stakeholders in chronic disease management, prevention and research.

The VACGP meeting supported this recommendation and suggested that GPDV put a detailed submission to the VACGP for its consideration.

[4] KPMG Consulting, 2000, *Evaluation of the GPII scheme, Volume 1: methods, findings and recommendations.* Report prepared for the Commonwealth Department of Health & Aged Care. www.health.gov.au/haf/docs/vol1part1.pdf

[5] Centre for Community Child Health, Royal Children's Hospital Melbourne, February 2002, *Effect of GPII funding to Divisions of General Practice on Immunisation Provision in Victoria: an independent report prepared for General Practice Divisions Victoria.* p.46.

[6] 68% of the 57 local government immunisation workers who responded to the evaluation reported that divisional immunication coordinators assisted their local government; and 69% of respondents believed divisional immunisation coordinators were effective or very effective in improving collaboration. *Effect of GPII funding,* p.40-41.

[7] *Effect of GPII funding* p.47; recommendation 1, p.8.

2. DHS and DoHA need to design their funded initiatives so that divisions can continue to use a 'systems thinking' approach to supporting general practices to achieve improved health of the practice population. This approach has underpinned Victoria's rollout of the General Practice Immunisation Incentives (GPII) and CDM.

   GPDV recommends that the VACGP encourage DHS and DoHA to adopt explicitly a 'systems thinking' approach to practice support in all initiatives that include a GP engagement component.

The VACGP, including the representatives of DoHA and DHS in attendance, fully supported this recommendation, and the State Office of DoHA undertook to encourage State and Federal departments to adopt a systems thinking approach to practice support in all initiatives that include a GP engagement component.

ABN 80 081 371 968 ACN 081 371 968
Tel: (03) 9341 5200 Fax: (03) 9348 1375
Email: gpdv@gpdv.com.au Website: www.gpdv.com.au