Engaging with Aged Care

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In 2002/03, new EPC items were introduced for nursing homes.

Our strategies were based on the belief that:

Personal is always better!!!

Our strategies were:

- Contact LGAs to get current details of Nursing homes & hostels within their boundaries
- Wrote to all DONs with details of enhanced EPC initiative for Residential Aged Care
- Contacted geographically selected nursing homes to meet with DON and explore the issues
- Visited 6 nursing homes and discussed EPC item and the possible barriers to GP take up
- Contacted one core GP nominated by each of the 6 homes to discuss GP perspectives on new Residential Aged Care EPC item

Division wrote to all member GPs indicating:

- The availability of the new items, their conditions for use and payments available
- The willingness of Aged Care Homes to participate and facilitate with Care Plan Contributions, reviews and Case Conferences

The Division also:

- Wrote to aged care homes encouraging them to contact their GPs expressing their interest in participating
- Ran a CPD for GPs detailing the requirements and rewards of the enhanced items

GP Panels Initiative engagement 2004

- Recruited a working group of 3 GPs and project officer (fortnightly meetings)
- Initial aim: to scope the exercise and gather data from 42 homes
- Contacted all homes to establish details (key contact person, correct title, etc)
- Arranged visits with all homes (except one)

Benefits of visiting homes in person

- Establish communication
- Commence relationship
- ‘Sell’ the initiative to homes in person
- Gain impression of level of interest
- Better able to identify issues
- Gain better understanding of the home itself-enables support to be tailored to specific needs of that home

Questionnaire

- Created questionnaire to obtain key data/issues eg
  - Core GPs
  - Supporting GPs
  - GP visiting frequency
  - Issues from Home's perspective
  - Communication methods/issues
  - Existing committees involving GPs (eg medication, medical)

Networks

- Importance of tapping into existing networks
- Gave presentation in July to Northern Network (DONs). (Later repeated at another Network)
- Included two role plays performed by GPs from both the GP and home perspective
- Illustrating the issues from both sides-was received very successfully!

Medical Director

Commenced work with an 80 bed home to:

- Set up Medical Director
- Populate the database with patient details
- Upskill staff and GPs

  Big advantage: Improve speed and LEGIBILITY of scriptwriting
- Plan to extend to more homes identified via visits

Engagement with GPs working in aged care

CPD with presentations on:

- Allied Health and Panels Initiatives
- Presentation of aged care home visit findings
- Possible Panel models/Where to from here?

  Survey of GPs present:current involvement/ issues/interests

  Provided pro forma CMA developed by working group of GPs

  Opportunity to gather data and as a recruiting exercise

More about GPs and aged care…

- Questions in annual Members Survey about aged care
- Distributed brief Expression of Interest to all GPs
- Individual interviews of 10 GPs identified by homes as core GPs (geog. spread)
- Conducted a literature search
- Intend to identify strengths and weaknesses of homes to better target support using an analysis tool developed inhouse

Useful pointers

- Personal engagement yields the best results
- Keep written communications simple and clear/Value of pro formas
- Quality of aged care home leadership sets the tone for GP engagement
- GPs who have regular visiting times to homes and larger numbers of patients are much more satisfied as are the homes themselves

Issues

- Numbers of GPs supporting some homes, especially with 1 or 2 patients (27 GPs in one home)
- Staff training
- Staff changes/turnover
- Need to introduce computer support
- Time management/allocation by GPs

Where to now??

- Program model not yet finalised
- Exploring a range of alternatives
- Need for support/action at several levels,local,regional,Division,State and Federal.

Conclusion

- One size does not fit all
- Finite number of issues: infinite number of combinations
- Quality improvement will require stakeholders (GPs and homes) to actively engage
- North East Valley Division will seek to facilitate, negotiate and support successful outcomes/improvements
- At the end of the day, this will rely on shared goodwill