Practice Capacity for Chronic Disease Management

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THE UNIVERSITY OF NEW SOUTH WALES
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Quality Improvement Initiatives

- Initially, focus was on individual practitioners
- Then on practices (research -> gaps in quality of care due less to individuals than to failures of organisation)
- Now, focus is on whole primary healthcare system Eg Divisions Review

To achieve QI in primary health care system, need to focus on:

- Practice capacity
- Community health capacity
- Divisional capacity (to provide systematic support for practice improvement)

What is practice capacity?

- The ability of a general practice to provide effective care (in this case, for chronic conditions)
- Includes prevention, detection and treatment

World Health Organisation

- Proposes the ‘Healthcare triad’ to manage chronic diseases.

- Involves a partnership between:
  a) patients and their families,
  b) healthcare teams, and
  c) supporters/resources in the community

WHO: 6 Pillars of Quality CDM

1. Coordinated care across patient conditions, health care providers and settings over time
2. Enhanced flow of information and knowledge between and across providers
3. Evidence-based treatment plans
4. Education and support for patients to self-manage their condition
5. Links to community resources
6. Quality of services and outcomes monitored and evaluated

Practice Capacity

- Structure: the organisational infrastructure and systems (clinical services, human resources, financial, facilities, patient services etc)
- Relationships, team working (internal and external)
- Problem-solving ability

- To date, most effort has been directed towards enhancing systems and structures in general practice.

- But improving relationships and problem-solving abilities is equally important in building capacity for chronic disease care.

  More attention needs to be placed here.

Why does practice capacity matter?

- 50% of patients with chronic diseases are inadequately treated.
- Structured care for chronic diseases is effective, but not always easy to implement in general practice.
- Burden of illness and demand on health services created by chronic diseases is increasing.

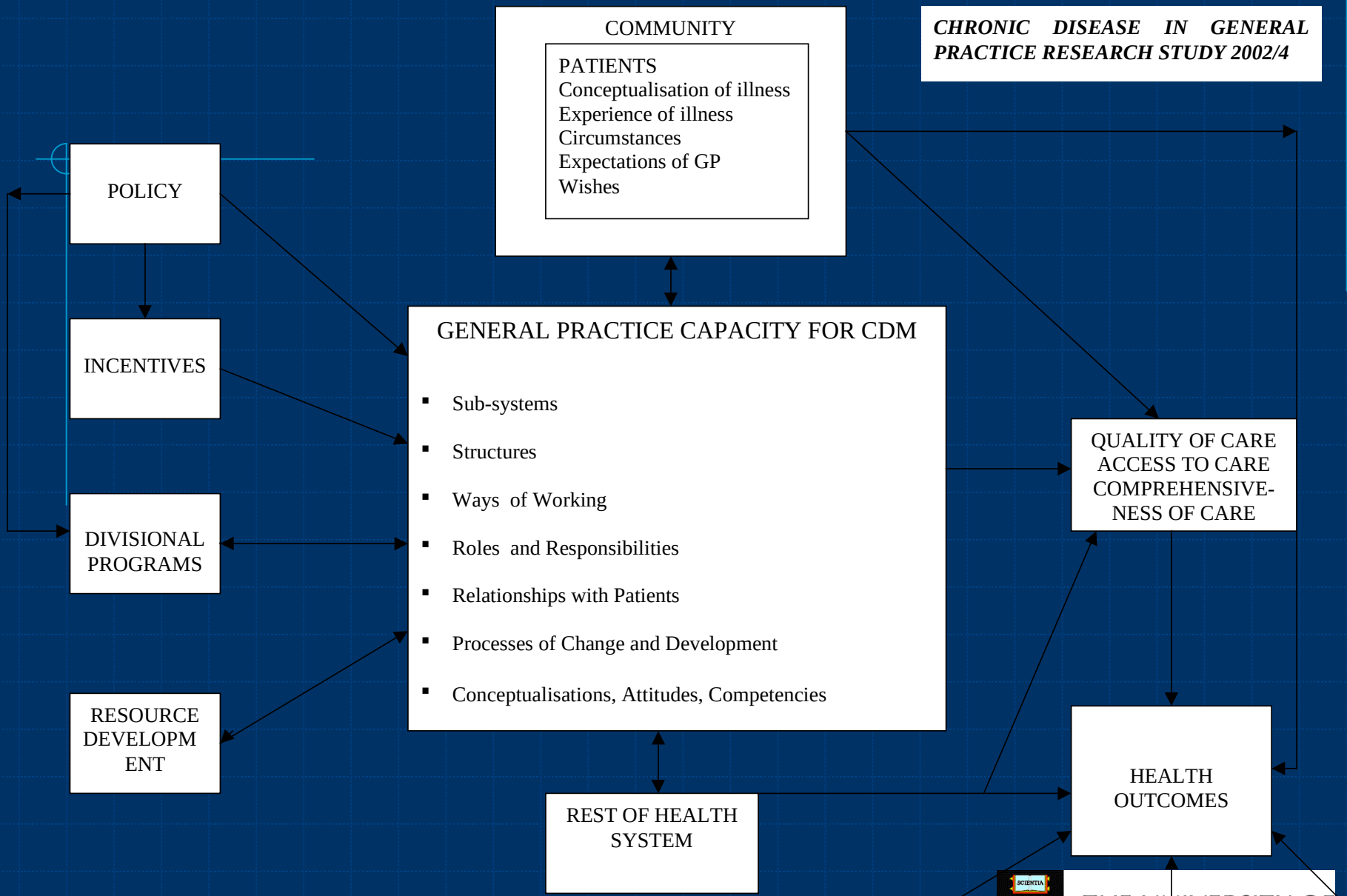
Therefore, greater organisational capacity is required to support effective care.

UNSW / UA Research

Aim:

to to investigate the organisational capacity of general practices for chronic disease care and to pinpoint specific features of practice design which are associated with high quality care.

CHRONIC DISEASE IN GENERAL PRACTICE RESEARCH STUDY 2002/4



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Focus groups

- GPs
- Health Consumers with chronic illnesses
- Practice Managers
- Practice Nurses

Telephone interviews with experts in Australian general practice

- Mature IM/IT system
- Good business management processes
- Effective team working
- Linkages with external services
- Staff training and education
- Quality improvement and evaluation

A new (systems) approach to practice support

- Observe first! Collect information.
- With the practice, devise a change program (working) within the practice's value system.
- Assist practice to implement a P-D-S-A cycle.
- Avoid using prescribed programs across all practices (one size does not fit all).
- Emphasise information, relationships, interaction and communication within practices.

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National Practice Capacity Workshop

- 20 November 2003
- Brisbane
- Day before ADGP Forum
- Travel assistance

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