1. INTRODUCTION

This is the Second Interim Report to the Department of Health and Ageing (DoHA) for the Chronic Disease Management Initiatives.

The components provided in this report are:
Section One – An analysis of the Victorian divisions' business report on the Chronic Disease Management (CDM) Program contract, for the July to December 2002 reporting period.
Section Two - A synopsis of GPDV activities at a state level across program areas including, mental health, practice nurses and IT/IM. GPDV also has provided a summary of Outcomes achieved in Victoria and Reflections of GPDV progress to date
Section Three - A summary of barriers to the uptake of the items
Section Four – A comprehensive package of Chronic Disease Statistics

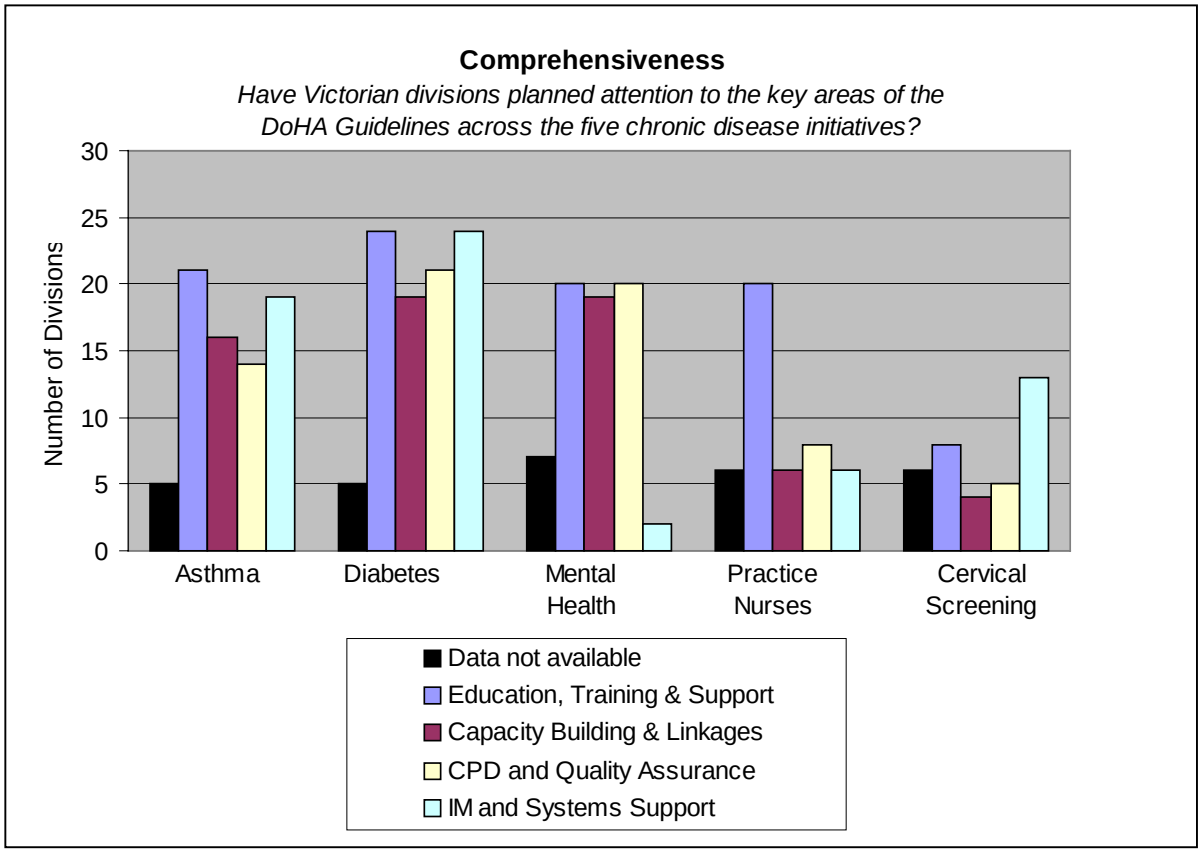
GPDV has undertaken the task of analysing divisions CDM reports in relation to progress against implementation plans submitted and approved by DoHA in January 2003. The analysis was undertaken by individually extracting relevant information from each division's 6-month CDM report. In some cases the information was obtained by searching through divisions business reports, as CDM was not separately presented. The presentation of the analysis of division's activities has been set out in key themes, which capture the breadth of activities undertaken. This information builds on information provided in the first interim report but excludes training needs analysis as this was a reported activity predominantly undertaken in the first reporting period. The other category that has been omitted in this report is the quality assurance category as we are unable to identify appropriate activities in division's reports under this heading.

GPDV builds on the information provided in the first interim report in relation to barriers to uptake of the Chronic Disease Management Incentives. We felt that it would be more useful to present this information as current rather than what would have been current during the reporting period.

GPDV has been committed to encouraging SBO collaboration around CDM as we are keen to share our experience and to learn from others about the most effective ways to rollout the CDM initiatives. The process of implementing the national reporting framework is a high priority for the National SBO network and GPDV will consult with Victorian CEOs about the benefits of this at the CEO Network meeting in June 2004.

2. COMPREHENSIVENESS

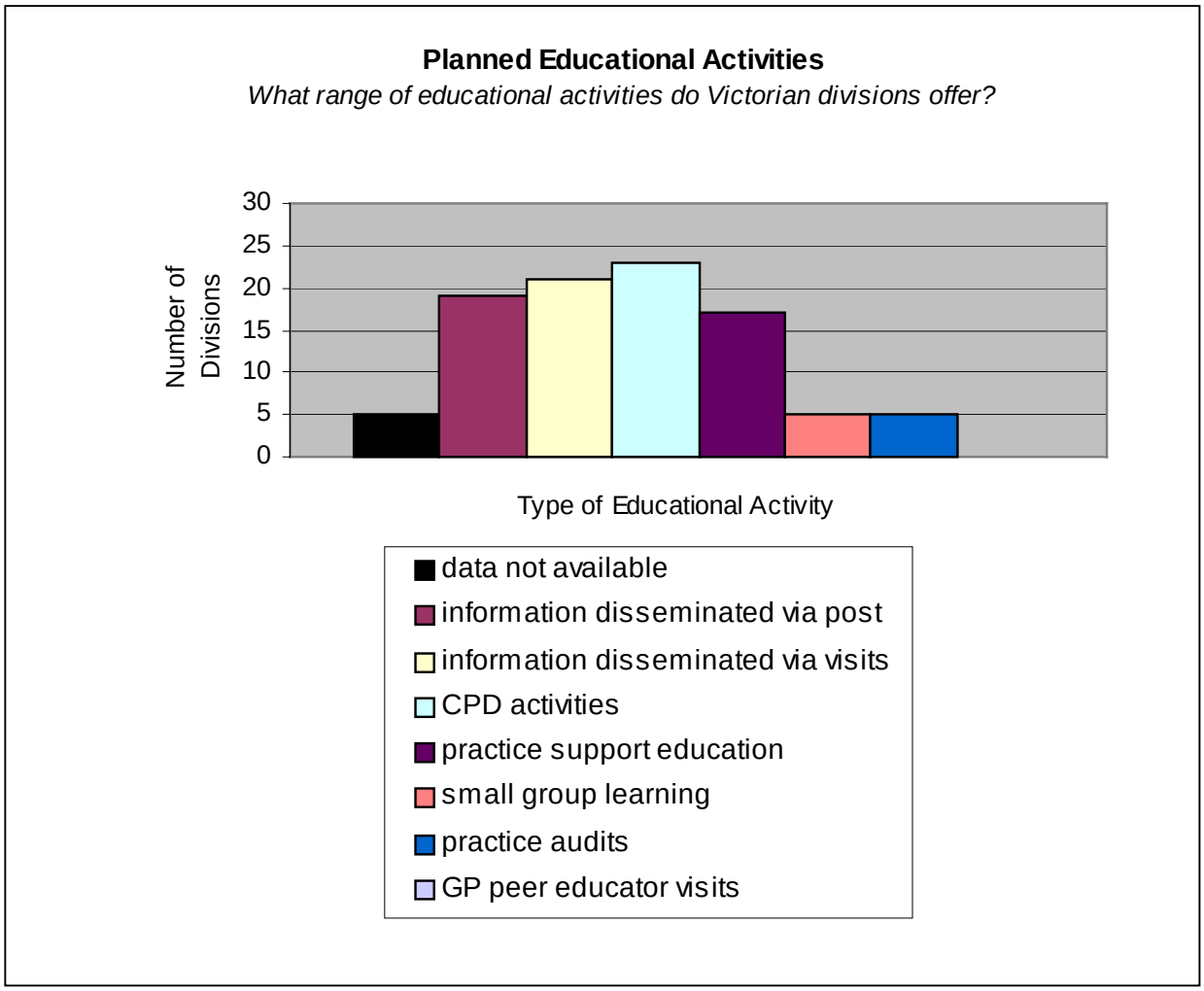
GPDV has explored how divisions are progressing toward achieving a comprehensive approach in the delivery of their chronic disease management plan. In our analysis of the implementation plans, divisions planned to cover each component of the CDM initiative and all four key activity areas. The plans demonstrated that most divisions intended to undertake appropriate tasks against each initiative. As would be expected there has been a slight increase in the comprehensiveness of the program. We note that cervical screening is still lagging behind other components, as divisions have not appeared to put much focus on it. We anticipate that with the outcomes payment expected in May 2003 that may change.



3. EDUCATION, TRAINING AND SUPPORT ACTIVITIES

GPDV investigated the range of education, training and support activities that divisions undertook in the CDM Program for the July to December 2002 reporting period. In particular, we looked at the style or approach the divisions undertook, against what they said they would in their plans. This information built on what was previously provided in the first interim report.

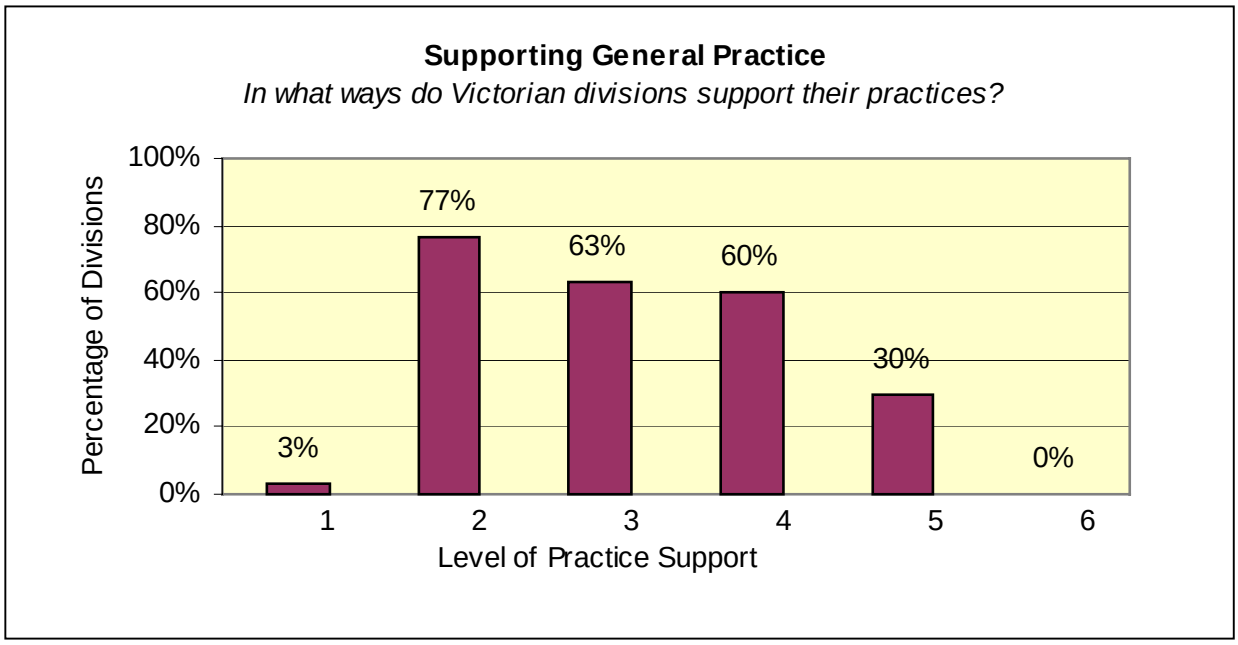
Of interest is the integration of divisions' CDM activities with NPS. In particular we note that some divisions have reported offering the diabetes and asthma modules.



4. PRACTICE INVOLVEMENT

The division role within the practice featured as an important component of each division's planned approach in rolling out the CDM Program. Both the Enhancing Primary Care (EPC) and General Practice Immunisation Initiative (GPII) evaluations highlighted the need for divisions to work with the whole of general practice around practice systems in order to effectively implement structural change around new initiatives. We continue to find evidence of divisions using a practice support approach during this reporting period, to raise awareness, provide on site education and practice systems support in the general practice setting. The level of practice support has not changed much since the first interim report.

We believe that providing practice support for the CDM initiative is worthwhile. We will expect to be able to plot the uptake of the CDM initiatives against the level of practice support provided to collect evidence as to the efficacy of this approach.



1	The division does not currently provide practice support.
The division provides practices with support by ...	
2	offering divisional level training.
3	creating and distributing resources + 2 above.
4	offering generic practice visits + 3 above.
5	offering individualised practice visits based on informally assessed needs + 4 above.
6	tailoring practice visits based on an assessment and analysis, for example, using an audit tool + 5 above.