7. INFORMATION MANAGEMENT AND SYSTEMS SUPPORT

The IM/IT support seems to be easier to provide than anything else is because this area is very concrete and helpful for practices. Setting up a recall/reminder is a requirement of the incentive and, should the HIC audit practices, they will be required to demonstrate that they have an active system. The level of practice support that divisions are providing in this area varies but more commonly is about training practice staff to set up and use a recall/reminder system. We assume that this training also incorporates setting up age/sex/disease registers, as that would be necessary, particularly for the diabetes cycle of care because it is a requirement under PIP.

Divisions also report that they are providing educational activities about recall/reminder systems, for example, training up in the use of Medical Director. They are incorporating practical examples of the diabetes incentives as part of this. Conversely some divisions reported providing education about the asthma & diabetes incentives and incorporating an IT/IM component. This education is particularly targeted to GPs and a significant proportion of divisions has reported similar training to the Practice Managers Network.

The introduction of PKI is extremely slow across divisions because of all the technical issues associated with it.

8. CONCLUSIONS

The July to December 2002 reporting period for the Chronic Disease Management Program represents the first fully funded phase of the program. Divisions have demonstrated steady progress in accordance with their stated intentions in their implementation plans.

As expected the most concrete elements of the program have been extensively undertaken, for example, practice nurses networks, IM support. On the other hand the development of linkages has been a slower process. This is because collaborative efforts require relationship building and it is taking time to establish common areas of work between general practice and the rest of the primary care sector.

Practice support remains a focus for divisions as was noted in previous reports. During the first phase of CDM we particularly noted intensive IM support to practices, around diabetes systems such as recall reminder and this remains evident in this period. This confirmed our expectations that the diabetes initiative is one of the easiest to embrace as it builds on divisions' work in the past and the education required for practices is relatively concrete.

GPDV is committed to supporting the extension of the CDM program beyond July 2004 as the program is successful in promoting evidenced-based management of chronic disease. We have surveyed CEOs about their capacity to retain staff and therefore continue a CDM program beyond this period and they have told us that the program will be unsustainable beyond July 2004. CEOs have expressed their concern about the stop start approach to rolling out programs, which is problematic in achieving sustainable change in general practice.