5.6 INFORMATION MANAGEMENT AND SYSTEMS SUPPORT

Whilst IM/IT support seems to be easier to provide than anything else, the continual evolution both in the technology and software means that the practices have to keep pace with the evolution of IM/IT systems to support CDM. 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 both the GP and practice staff in how best to set up and maintain a recall/reminder system. Age/sex/disease registers are essential to claiming diabetes cycle of care.

Divisions also report that they are providing educational activities about recall/reminder systems, for example, training in the use of Medical Director. They are incorporating practical examples of the diabetes incentives as part of this. 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.

Nineteen out of 24 Victorian divisions responding to an IMIT survey provide IMIT support for CDM. The breakdown of this support was determined by a CDM survey done at the same time. The results of which are given in the following table:

2.2.1 Activities	Number of Divisions providing support
Patient databases to support clinical care	19
Practice management systems	19
Electronic prescribing	18
Exchange of electronic Patient data	17
Data retrieval/analysis to inform clinical practice	14
Other activities	5*

* Two divisions provided IM training in clinical packages, whilst others provided Internet training to find clinical evidence, practice manager training, development of service coordination tools,

The IMIT survey also showed that divisions regarded the uptake of PKI as one of the major issues facing IMIT in the near future. The CDM survey indicated the following activities undertaken by divisions to promote PKI to practices

2.2.2 Activities	Number of Divisions providing support
Promotion and facilitation of PKI uptake and HIC online	18
Provision of information on the HIC business improvement program	16
Regular feedback through SBOs and DoHA	14
Other activities	3*

* Discussions with PCP and HIC to promote the use of PKI by specialists to improve communication through the whole health system, joint programs with PCPs to promote communication, feedback from practices to HIC.

6 CONCLUSIONS

The first 18 months of the CDM program has been met with enthusiasm by GPDV and Victorian divisions. GPDV has worked strategically since October 2001, well before the start of the CDM Program, to build capacity and support divisions with CDM roll out, which has been admired by interstate divisions. GPDV is a lead player in this nationally rolled out program. They key achievements of GPDV at a local, regional, statewide and national levels have been;

- focus on practice support as a key change strategy,
- a comprehensive workshop/capacity building program,
- formation of regional CDM networks,
- Statewide stakeholder workshop and mapping of Diabetes and Asthma services
- representation on key national committees,
- advocating for increased funding for divisions
- establishing the CDM SBO national network.

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.

Our recent survey of divisions in regard to IM/IT indicate the high level of importance placed by divisions in providing IM support for CDM especially in the creation of infrastructure within the practice such as the recall/reminder systems and sex/age registers in line with the PIP requirements. The promotion of PKI is also of great importance to divisions because of the vital role it will play in the provision of secure communication between the GP and the rest of the health care community.

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 start-stop approach to rolling out programs, which is not likely to achieve the desired level of sustainable change in general practice.