The Chronic Disease Management Program

To the Commonwealth Department of Health and Ageing

Final Report
1st January 2002 - 30th June 2003

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1. INTRODUCTION

This is the Final Report to the Department of Health and Ageing (DoHA) for the Chronic Disease Management Initiatives Contract Jan 02 to June 03. The contract with DoHA requires GPDV to analyse divisions' business plans for the 18 months of this contract. We have undertaken this task in relation to what divisions said they would do in their implementation plans. We have also collated information received in the SBO questionnaire, and included this as an attachment to this report, as analysing this data was not a requirement of the contract. We would ask the department to consider allowing SBOs to analyse the SBO questionnaires instead of the business reports as it provides far more thorough and consistent information.

Clearly practice level support is essential in implementing change in general practice. Our efforts have focused on building divisional capacity to provide practice support, which is demonstrated in his report. The components provided in this report are:

Section One - A synopsis of GPDV activities for Jan to June 03 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 for the 18-month CDM contract.

Section Two – An analysis of the Victorian divisions' business report on the Chronic Disease Management (CDM) Program contract, including Jan to June 03 compared with what divisions said they would do in their implementation plans.

Section Three - A current list of barriers to the uptake of the items and GPDV's planned strategies.

Section Four – A comprehensive package of Chronic Disease Statistics

2. GPDV ACTIVITY

2.1 OVERVIEW

General Practice Divisions Victoria (GPDV) has used an integrated and strategic approach in supporting Victorian divisions with the implementation of the Chronic Disease Management (CDM) Program for the January to June 03 period. As the previous 2 interim reports provided detail of GPDV activities this report is a summary of activities for 6 months only. In addition we include reflections on program implementation over the 18-month contracted time, and a current list of barriers and strategies.

GPDV has continued to be strongly linked with Victorian Divisions by providing statewide and regional workshops and being well connected to the National SBO network. In fact GPDV has been a key driver in supporting the national network by convening and chairing 4 teleconferences and setting up a roster of chairs for future meetings.

Since the 2nd Interim Report, GPDV has successfully recruited a Health Informatics Consultant who has continued the work with the IM/IT network by providing opportunities for skill development, sharing of ideas and linking with relevant industry developments.

A key theme of GPDV's strategy has been a continued focus on a practice systems approach to problem solving which is the cornerstone of the resource kit for divisions, *Better Capacity, Better Care*. During this reporting period the project managers worked with graphic designers at the Melbourne University Biomedical Graphics Unit on the layout and graphic representation of the kit. Our aim was to present fairly complex information in a user-friendly style. In particular, the CDM team developed the CDM poster, representing the suite of Commonwealth quality incentives in a consistent and systematic manner. The key components of the poster are to represent each incentive in terms of how the patient will benefit, what the practice will need to invest and what the practice income returns are. The poster is in demand from divisions to be made available to their practices. Throughout the kit we aim to balance the need of general practice to be economically viable whilst providing high quality chronic disease care. The kit was made available to each division nationally in October 03.

2.2 SUMMARY OF ACTIVITIES

Activities from January to June 30th 2003 comprised direct division support, support through workshops and the development or maintenance of strategic alliances with DHS and non-government organisations. During this reporting period the activities have been:

Workshops

	Date	**Topics Covered**
CDM	26th February 03	• Continuous Quality Improvement (CQI) and its application to the CDM initiatives. • Develop skills in evaluating activities and setting useful indicators to achieve CDM goals, using the Re-AIM framework for health program evaluation. • Draft National CDM reporting framework for 2003-4. • The benefits and practical considerations of spirometry. • An overview of the first year in the CDM

		program.
IT/IM Network	27th Feb 03	• Practice Management Software Demonstration at Future IMIT Meetings. • Demonstration of LINUS Online Backup Solution. • Update: GPs and DHS Service Coordination. • Medical Director Auto Report. • IMIT Networking Session.
Nurses in General practice	27th February 03	• Recalling the June 2001 Vision for Practice Nursing - Progress & Barriers. • Current Developments - Business Cases, Consumer Perspectives, Mentoring and Competencies. • The Joint GPEA-RCNA Practice Nurse Education Program. • A 'Systems Thinking' Model of Practice Nursing.
Mental Health	14th March 03	• Update on Better Outcomes in Mental Health • Update from General Practice Standards Collaboration in Mental Health • Models of Integration for Access to Allied Health Projects • Primary Care Mental Health Training Project • Hospital Admission Risk Program in Mental Health • Discussion of key implementation issues from Round 1 divisions • Presentation by Jane Pirkis on evaluation framework for Access to Allied Health projects
IT/IM Network	1st May 03	• Intrahealth Profile Demonstration. • Micro Shack -Trouble shooting within a general practice setting. • Finalisation of Criteria for Software Demonstrations. • Finalisation of Criteria for Sponsors. • Update on installing PKI. • ARGUS- What is it? Implications for General Practice. • IMIT Networking Session.
Mental Health – Allied Health Projects	2nd May 03	• Division discussion of key implementation issues from Round 1 projects • Commonwealth evaluation, Minimum Data Set requirements, local evaluation
PCP & CDM	4th June 03	• General Practice & other service providers working together in chronic disease management. • Divisions & PCPs supporting better chronic disease management – working together with

		existing resources. • Information sharing and networking opportunity for divisions supporting local Aboriginal communities to provide medical services. • The promotion of physical activity in primary care. • What assists GPs to refer people with chronic illnesses to self management programs.
Mental Health – Access to Allied Health Projects	12th June 03	• Commonwealth update on national Allied Health Project developments • Round 1 and newly funded divisions discuss key issues • Commonwealth evaluation and online database data collation • Local templates
Mental Health	27th June 03	• PostNatal Depression and General Practice. • Child and Adolexcent Mental Health Services. • Early Intervention for Children and Adolescents. • Mental Health Week. • Older People's Mental Health: General Practice and Residential Care.

2.3 OTHER ACTIVITIES

Primary Care Update

At the start of 2003 the Integration Team have committed to producing a monthly primary care update for divisions. This update contains an integrated presentation of the range of primary care activity that GPDV and divisions are involved with. This includes: Aboriginal Health, Asthma, Cervical Screening, Diabetes, PCPs, Hospital Integration, EPC, & Nurses in General Practice.

Chronic Disease – General

- Regular meetings held with DHS (Chronic Disease Strategies, Public Health), Diabetes Victoria, Active Script, PapScreen, Asthma Victoria, VACCHO and other CDM related organisations
- There are now 4 regional CDM networks with a particular focus on practice support– Gippsland, Eastern Metropolitan, Southern Metropolitan and the Loddon-Mallee, Wimmera region. Each network is self-determining its training and networking needs. GPDV has found these to be extremely informative and useful both for the participants and us.
- Coordinated roll out of Asthma 3+ workshops, through divisions. There were 16 workshops held in Victoria, reaching 366 GPs, 208 Practice Nurses and 115 other health service providers.

IM/IT

- Three IMIT network workshops conducted in February, May and June promoting discussion of GP related IM issues by divisions and providing a forum for DHS, HIC and HeSA to present information on new initiatives.
- Consultation with DHS on Service Coordination Tool Templates
- Promotion of SCTT to divisions

- Liaison with divisions on DHS small grant projects
- Communication with General Practice Computer Group on GP remote and rural issues and software industry engagement, as well as data and communication standards.

Mental Health

- Coordination and distribution of Familiarisation Training updates to Victorian divisions.
- Established and regularly updated two web-based calendars of divisions' familiarisation training and clinical skills training events for Level 1 and Level 2.
- Regular Updates to divisions concerning the *Better Outcomes in Mental Health* initiative.
- Provided feedback to DoHA and ADGP on the Access to Allied Health projects.
- Continued to establish relationships with General Practice Mental Health Standards Collaboration.
- Provided liaison and problem solving for divisions regarding the *Better Outcomes* initiative, particularly the Access to Allied Health projects.
- Ensured regular DoHA, ADGP and GPMHSC presentations on the *Better Outcomes* initiative at quarterly division meetings.

Practice Nurses

- Continued frequent contact with divisions about nursing issues through the established email contact list of practice nursing project officers, and through individual division visits
- Promotion of concept of practice nurse networks, and support for networks through personal visits talking about the future of practice nursing and how the divisions network will support nurses (often in collaboration with ADGP)
- Initiated process whereby the roles and functions of PNs was given media exposure - an article was published in the Nursing section of the Age newspaper
- Establishment of regional practice nursing teleconferences between ADGP, GPDV and Victorian divisions – first was held in May and involved 8 divisions
- 2nd education and training update for practice nurses released, and separate promotion of and input into joint RACGP/RCNA Practice Nurse Continuing Education Program
- Continued development of Nursing in General Practice webpage (www.gpdv.com.au -> Programs -> Nursing in General Practice) – additions included example position descriptions for PNs and the new education and training update
- Continued monthly contributions to GPDV's Primary Care Program Updates
- Continuation of developing relationships with stakeholders – for example, Nurses Board of Victoria now has a specific contact person for practice nursing issues
- Continued participation in ADGP / SBO practice nursing teleconferences.

3. OUTCOMES ACHIEVED IN VICTORIA

Uptake of the Chronic Disease Incentives

(See Section Four for CDM Update Statistics by divisions.)

IM/IT

- Currently Victorian divisions have achieved the highest rate of uptake of PKI certificates of any state (1681 or 27.64 of total certificates.)

- Divisions have increased the number of PIP practices using electronic prescribing from 85% in November 2001, when the PIP program commenced to 93% in May 2003. The rate of PIP practice usage of modems to transmit clinical information has risen from 83% to 88% during the same period

Asthma

- By May 03, 89% of PIP practices have claimed the asthma Sign-on payment (up from 88% November 02, 85% in May 2002).
- 1651 SIPs claimed in May 03 quarter, 1937 Asthma 3+ Plan items have been claimed in Victoria from 1 November 2002 to January 31 2003. These figures demonstrate a reduction in the number of SIPs claimed
- Coordinated roll out of Asthma 3+ workshops, through divisions. There were 16 workshops held in Victoria, reaching 366 GPs, 208 Practice Nurses and 115 other health providers.

Cervical Screening

- By May O3, 91% of PIP practices have claimed the cervical screening Sign-on payments (up from 90.3% Feb 03 & 87% in May 2002).
- 3412 Cervical Screening SIPs have been claimed in Victoria in April 03 quarter compared with 2764 that were claimed in November 2002 to January 31 2003. This has involved 5784 GP providers.

Diabetes

- By May 03, 89% of PIP practices have claimed the diabetes Sign-on payment (up from 88.6% Feb 03 and 85% in May 2002). This includes 5,784 GP providers.
- 8488 Diabetes Annual Cycle of Care items have been claimed in Victoria from 1st Feb to April 03. This compares with 6059 during the November 2002 to January 31st 2003.
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Mental Health

- All Victorian divisions have completed at least one Familiarisation Training event.
- All Victorian divisions have offered approved six hour clinical skills training (eg, SPHERE) to support GP registration for the *Better Outcomes* Incentive Payments (Level 1).
- Four Victorian divisions have division-based Level 1 training approved.
- One Victorian division has Level 2 training approved.
- At 18 June 2003, 750 GPs had registered with the General Practice Mental Health Standards Collaboration for Level 1 and 71 GPs had registered for Level 2.
- Seventeen Victorian divisions had been successful in funding for the Allied Health pilots in June 2003. Five Round 1 pilots across nine divisions had nearly completed the first year of funding. Six supplementary Round 1 and two Round 2 divisions had commenced projects by June 2003.

Practice Nurses

- National PIP figures for the February 2003 quarter show that 65% of eligible practices are participating, an increase of 12% since the February 2002 quarter.
- State figures were not available for this quarter – latest were for the May 2002 quarter, which showed that 58% of eligible Victorian practices were participating. This was identical to the national participation rate.
- Facilitation of relationships on all levels: between national and state stakeholders (eg: the development of an ADGP/SBO communication around practice nursing); between divisional project staff through GPDV; and between practice nurses locally through networks that continue to develop at the divisional level. Through these relationships, practice nursing is developing as a professional career in its own right.

4 REFLECTIONS ON PROGRESS TO DATE 18 months January 02- June 03

Chronic Disease

Victorian Divisions have continued to be well-supported in asthma, diabetes and cervical screening in the consolidation period of this program. All GPDV workshops have been extremely well attended (between 60 and 80 attendees) with extremely high satisfaction ratings. The chronic disease listserve, established at the beginning of the program, is frequently used by divisions to access or disseminate information. In addition to the statewide workshops GPDV has facilitated the development of four regional networks. These networks have been primarily self driven and provide an opportunity for shared planning, resources and support particularly around general practice support issues. GPDV coordinated the state roll out of 16 Asthma A team workshops, funded by the NAC, which were well attended by GPs, Practice Nurses and other community health providers. A key outcome of these workshops was the collaboration demonstrated by divisions, as in some instances there was one workshop offered in each region.

The linkages aspect of division work was enhanced thought the provision of a workshop in June 2003 designed to explore the potential of the diabetes and asthma initiatives as a platform for collaboration with the Primary Care Partnerships. Linkages work continued with a wide range of organisations and DHS, resulting in the tendering out and provision of funding for the University of Melbourne to establish a pap smear provider course for practice nurses. GDV continues to liaise with and advise DHS on their Local Diabetes Management and Prevention projects, PCP and HARP initiatives, and future planned projects on Chronic Disease. PapScreen and Diabetes Australia-Victoria have regular articles in GPDV's Primary Care Update.

Practice Nurses

GPDV has continued to employ a project officer with part-time responsibility specifically for the development of the role of practice nursing in Victoria. The effects of this has been that divisions with a specific focus upon the potentially enhanced role of practice nurses have been well supported, and that most divisions that had not previously been involved in this area have received orientation, advice and support from GPDV. Many nurses that have been isolated for years within practice are now receiving education and opportunities to network, organised by their local division; and many practices are receiving quality advice and guidance about enhanced nursing roles and industrial, supervisory and legal matters.

Links have been forged between general practice and the relative peak nursing organisations in Victoria (with the exception of the Australian Nursing Federation who is linked at the national level to ADGP). Relationships between ADGP and all SBOs, and between ADGP, GPDV and

divisions have been strengthened through teleconferences. GPDV has played an active role in the establishment and ongoing organisation of these teleconferences in both instances.

In partnership with ADGP, GPDV has worked to promote the role of practice nurses and the standing of practice nurses within the profession itself. This has occurred through media exposure and participation at trade exhibitions and conferences.

Mental Health

By June 2003, all Victorian divisions have offered Familiarisation training and Level 1 training to interested GPs, and a few divisions have offered Level 2 training to GPs who wished to undertake the more specialised training. Four divisions have been approved by the GPMHSC for Level 1 training, often in partnership with Primary Mental Health Teams, but frequently based on successful GP Mental Health education that had been developed and conducted by the division in the past. Eighteen divisions have been funded for Access to Allied Health projects of which nine divisions across five pilot sites had completed the first year of their project.

By this date also, a formal and reliable mechanism for communication has been established between divisions, GPDV and DoHA and ADGP to ensure specific issues could be addressed. Victoria has contributed to the DLO Network, convened by ADGP, to bring issues of concern to GPs and divisions regarding implementation of the *Better Outcomes* initiative to the Department's attention. Feedback from Victorian divisions around the utility of the Familiarisation training resources and the GPs' response to the Familiarisation training had been communicated directly to the Department and to ADGP by September 2002 through GPDV. The GPMHSC newsletter has been (and continues to be) regularly disseminated by the GPDV to divisions and other stakeholders

The institution by GPDV of quarterly Access to Allied Health meetings in 2003 for Victorian divisions has been a highly successful measure, allowing Round 1 divisions to share their experience and practical knowledge with divisions just commencing their projects. The establishment of a GPDV-based Allied Health listserv has assisted this process. The meetings have also provided an opportunity for the Department to learn first-hand how the projects are being implemented and the specific barriers encountered by GPs and divisions to successful implementation. These meetings have also clarified the scope and requirements of both the national and local evaluations for the projects.

Overall, Victorian divisions have responded readily, with innovation and strong capacity to meet the requirements of the *Better Outcomes in Mental Health* care initiative.