The Chronic Disease Management Program

To the Commonwealth Department of Health and Ageing

4th Interim Report for period 1st July 03 – 31st December 03

June 2004

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1 INTRODUCTION

This is the 4th SBO Interim Report for period 1st July 03 to 31st Dec 03 to the Department of Health and Ageing (DoHA) for the Chronic Disease Management Initiatives Contract. The contract with DoHA requires GPDV to analyse divisions' business plans for the 6 months of this contract. We undertook this analysis by reading all of the division's reports for this period and plotted key activities and approaches using the analysis tool that we developed with the Centre for Integration Studies at the University of NSW, which has been used throughout this program.

This period represents the first half of the final year of the CDM program and therefore anticipates a trend toward integrating CDM activities into divisional core business.

Section One - A synopsis of GPDV activities for July to December 03 across program areas including, mental health, practice nurses and IT/IM. GPDV also has provided a summary of workshops provided to divisions within this period and an overview of key outcomes.

Section Two – An analysis of the Victorian divisions' business reports for the Chronic Disease Management (CDM) Program contract for (July 03- Dec 03). We compared this analysis with what we analysed for the final SBO Report (Jan 02-June 03).

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

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

2.1 WORKSHOPS

Workshops

	Date	**Topics Covered**
Mental Health Orientation	30th June 03	• The National Picture: Better Outcomes in Mental Health Initiative. • The role of the GPMHSC and how this relates to divisions of general practice. • The Mental Health Program in Divisions: Issues • Primary Care Division, State Office – Department of Health and Ageing.
Mental Health – Allied Health Projects	14th August 03	• Discussion will focus on key issues arising in the implementation of the projects. • Small group discussion based on the models of Allied Health linkage. • DHS Service Co-ordination templates as adapted by the Dandenong/GSE project. • Commonwealth Evaluation team update on the development of the database and the progress of the national evaluation.
Orientation to Population Health	28th August 03	• Introduction to Population Health. • Overview of Commonwealth Chronic Disease & Prevention Initiatives. • Overview of Medicare Benefits Schedule & HIC website.
IMIT Network	11th Sept 03	• HIC update on e-authorities. • PKI update. • Services provided by Medical & Dental Accounting. • Key features of HL7 and its relevance to health system IM. • Using CME to provide bookings for GP members. • Update on GPCG conference, HIC2003 & RACGP conference. • Networking session.
Refresher to Population Health in General Practice	9th Oct 03	• The 'Slip Slop Slap' of Population Health in General Practice. • Overview of Commonwealth Chronic Disease & Prevention Initiatives. • Overview of Medicare Benefits Schedule & HIC web site.
Practice Capacity for CDM	21st Oct 03	• Practice Capacity Research Update. • On the road to IM Maturity: Teaching 'old dogs new tricks', Active Registers and Risk Management, Chronic Disease MANAGEMENT, Population health & Data Aggregation • Rowing in the same Direction – Can divisions help steer the boat?

Mental Health – Allied Health Projects	30th Oct 03	• Discussion on emerging questions of general interest concerning the implementation of the projects. • Evaluation: The National Database and Service Referral Forms. • Small groups based around project design and rural/metropolitan location addressing problems arising in the projects' implementation. • General discussion of outstanding issues and recommendations that may need to be made to the Commonwealth and/or GPDV for follow up.
Mental Health Network	5th Dec 03	• Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing 2004- 2009. • Aboriginal Mental Health: Local Issues. • Cultural differences in Mental Health in General Practice. • Carers Education and Support. • The DIAMOND Consortium Research Proposal. • Evaluation of the Access to Allied Health Projects: Data from the Minimum Data Set. • Together We Do Better Campaign: Phase Two.
IMIT Network	11th Dec 03	• Update on Medical Director 3. • Sponsors Presentation. • Update on Access to Broadband Technology Taskforce. • Changes to HeSA individual and location certificates. • DHS update. • Northern Alliance Presentation. • Networking session.

2.2 OTHER ACTIVITIES

Chronic Disease – General

- Regular meetings continued to be held with DHS (Chronic Disease Strategies, Public Health), Diabetes Victoria, Active Script, PapScreen, Asthma Victoria, VACCHO and other CDM related organisations. PapScreen and Diabetes Victoria have regular sections they contribute in the Primary Care Update.
- There continue to be 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 continued to find these to be extremely informative and useful both for the participants and us.
- GPDV played a key role in the Steering Committee of the National Practice Capacity for CDM Workshop in Brisbane in November, as well as being presenters and chairs of sessions. Wide promotion of workshop to Victorian Divisions ensured a significant representation at the workshop. Victorian workshop on Practice Capacity for CDM planned for June 2004, focussing on teamwork.
- Provided advice to Asthma section of DOHA on the Asthma 3+ and Practice nurses
- Facilitated consultation session and provided two submissions based on Division feedback to the Red Tape Taskforce.
- Provided presentation to Practice Managers at Otway division on CDM and practice capacity
- Attended CDM Data meeting in Canberra, hosted by DOHA, CDM section.
- Presented at ADGP conference on SBO role in CDM
- Facilitated meeting with Green Prescription representative form NZ and West Vic and ActivScript
- Was key informant for GPCG project workshop on Chronic Disease Functionality and Chronic Disease Data Aggregation
- Visited New Zealand for Asia Pacific Forum on Quality Improvement in Health and co-hosted Study tour of 6 Victorian Division CEOs and 4 GP Board members to visit 5 NZ Independent Practitioner Associations. A particular focus was on chronic disease management and the role of data aggregation. Since then 3 of the attending divisions are seriously looking at the concept of data aggregation as a quality improvement tool, along with 4 other divisions.
- Attended SBO CDM meeting in Canberra.
- Presented at NSW Alliance Divisions CDM workshop on Division role in Supporting Practice Capacity

IM/IT

- Two IMIT network workshops conducted in September and December promoting discussion of GP related IM issues by divisions and providing a forum for DHS, HIC and HeSA to present information on new initiatives.
- Facilitated consultation between divisions, GP engagement working group members and DHS staff on how the Service Coordination Tool Templates could be adapted for use in GP software. The outcome was that DHS have approved a GP version of the Service Coordination Tool Templates for Consumer Information and Summary & Referral. This is known as the Victorian Statewide Referral Form.
- Two workshops for divisions and PCPs who are partners in the 10 DHS funded Small Grants projects on service coordination with general practice. These projects focussed on implementing the Statewide Referral Form in general practice and/or other aspects of systematic communication as part of service coordination protocols.
- CGPIS consulted with GPDV on GP software development for chronic disease management
- GPDV representation on DHS working group to develop e-referral forum.

Mental Health

- 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 liaison and problem solving for divisions regarding the *Better Outcomes* initiative, including training options, the implementation of the Access to Allied Health projects
- Co-ordinated feedback from divisions to DoHA and ADGP on the Access to Allied Health projects
- Invited DoHA representatives, including Director, Ms Colleen Krestensen, to attend Allied Health Network meetings to hear first hand the key issues affecting the project's implementation
- Identified issues with the evaluation of the Allied Health projects, locally and nationally, and progressed these issues directly with the Department and with ADGP via the DLO network
- Continued to establish relationships with General Practice Mental Health Standards Collaboration.
- Ensured regular DoHA, ADGP and GPMHSC presentations on the *Better Outcomes* initiative at Mental Health Network 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.
- Presentations at 6 divisions' practice nurse network meetings to encourage nurses to expand their roles in practice, and to provide updates practice nursing issues in Victoria.
- Promotion of concept of practice nurse networks continued; nearly all Victorian divisions were supporting practice nurse networks by December 2003;
- Released a Victorian nurses in general practice education and training update in July 2003 (5 pages, 27 courses highlighted);
- Actively promoted a national PN workforce survey, coordinated by ADGP and run through SBOs and divisions. 80% of Victorian divisions returned the survey. The data will help with our representations to state nursing bodies and DHS on the expansion of PN role.
- GPDV policy paper "Supporting the role of nurse triage" was issued and endorsed by the VACGP in December.
- Provided an update about legal and supervision issues including a written issues and advice paper;
- Advocated for DHS scholarships for practice nurses to do a PN-specific pap test screening course. These scholarships did go ahead and we advertised them to PNs through divisions;
- Discovered that most practices were not adhering to DHS guidelines about drugs and poisons in practices (particularly nurse access to S4 poisons, which included immunisations) and provided information about the guidelines. In 2004 we plan to release an information sheet with sign-off from the DHS Drugs & Poisons Unit and the Nurses Board of Victoria;
- Continued to host teleconferences between Victorian divisions and ADGP to ensure thorough information dissemination, to foster relationships between divisional project officers, and to identify divisional strategies that have worked well.
- Attended the inaugural National Practice Nurse Conference in Bunbury, and wrote a six-page report for divisions which is on the GPDV website.
- Sought PN involvement at the RCNA Nursing Careers Exposition, where the ADGP had a stand;
- Cemented partnerships with the Australian Practice Nurses Association and the Nurses Board of Victoria. The APNA used our offices for their regular Board meetings;
- Continued participation in ADGP / SBO practice nursing teleconferences.

3. OUTCOMES ACHIEVED

3.1 Uptake of the Chronic Disease Incentives by Divisions in Victoria

(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 91.3% in November 2003. The rate of PIP practice usage of modems to transmit clinical information has risen from 83% to 90.5% during the same period.

Asthma

- By November 03, 89% of PIP Practices have claimed the asthma Sign-on payment (up from 88% November 02, 85% in May 2002). The uptake of the sign on payment has remained the same since May 03.
- 1890 SIPs claimed in Nov 03 quarter, up from 1651 SIPs claimed in May 03 quarter.

Cervical Screening

- Sign on payments remain the same in November 03 as May O3, where 91% of PIP practices claimed the cervical screening Sign-on payments (up from 90.3% Feb 03 & 87% in May 2002).
- 3641 Cervical Screening SIPs have been claimed in Victoria in April 03 quarter up from 3412 in April quarter.

Diabetes

- By November 03, 90% of PIP practices (up from 89% in April 03 quarter) have claimed the diabetes Sign-on payment (up from 88.6% Feb 03 and 85% in May 2002).
- 7473 Diabetes Annual Cycle of Care items claimed in Victoria in November 03 quarter down from 8488 in May 03 quarter.

Mental Health

- 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 20 February, 2004, 894 GPs had registered with the General Practice Mental Health Standards Collaboration for Level 1 and 124 GPs had registered for Level 2.
- SIP and FPS data indicate an increasing trend in delivery of MH services but delivered by a small proportion of those GPs registered for the *Better Outcomes* initiative.
- In Victoria, in the September 2003 quarter, 951 SIPs were claimed by 216 GPs for the 3-Step Mental Health Assessment; and in the December 2003 quarter, 997 SIPS were claimed by 237 GPs.
- In Victoria, in the September quarter, 1264 FPS sessions were delivered by 49 GPs; and in the December 2003 quarter, 1228 FPS sessions had been delivered by 59 GPs.
- 24 Victorian divisions had been successful in funding for the Allied Health pilots by December 2003. Sixteen projects had been in operation since the beginning of this reporting period.
- Four GPDV Access to Allied Health Network meetings had been held by December 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 December 03

Chronic Disease

Victorian Divisions have continued to be well-supported in asthma, diabetes and cervical screening in the consolidation period of this program. Within this period GPDV conducted one workshop as many Victorian Divisions were attending the National Practice Capacity workshop in November in Brisbane. GPDV was a member of the steering committee for this workshop and both population health consultants facilitated or presented. The GPDV workshop focused on IM maturity in general practice and received extremely high satisfaction ratings.

GPDV was pleased to receive feedback from the National Diabetes Improvement and Quality project which indicated that Victorian Divisions saw practice systems as the key to good diabetes SIP uptake. This was in contrast to all other states except Queensland.

Within this reporting period GPDV provided two workshops for new practice support staff at divisions giving an overview of Population Health in General Practice. This workshop program focused on providing an overview of the suite of Commonwealth Quality Care incentives and utilised the Better Capacity, Better Care kit as a framework. In particular the poster developed by GPDV, which was included in the kit provided an excellent overview of the range of incentives.

The Better Capacity, Better Care Kit was distributed nationally to all divisions by December 03. GPDV show cased the SBO role in supporting divisions with CDM and the Kit at the National Practice Capacity Workshop and the National Divisions Forum receiving positive feedback from many participants. In addition one of the population health consultants was asked to present at the forum on the chronic disease management program from an SBO perspective.

Practice Nurses

A program consultant is employed in GPDV with part-time responsibility specifically for the development of the role of practice nursing in Victoria. GPDV continues to provide orientation, advice and support to Victorian divisions on the promotion of practice nurses to practices; CPD for nurses; recruitment strategies; legal and regulatory issues; potential advanced roles of nurses in chronic disease management; and the running of practice nurse networks. GPDV also advocates for a greater recognition of the developing specialty of practice nursing to both general practice and nursing organisations, chronic disease-specific organisations, and universities.

Successes for GPDV have been:

- the continuing establishment and refinement of practice nurse networks in divisions
- a highly successful workshop program for division staff on this topic
- advocacy for the creation of a specific pap test provider course for practice nurses
- and being part of a committee that is developing practice nurse recruitment and orientation packs that we hope will be rolled out nationally to practices.

Mental Health

By December 2003, all Victorian divisions supported GPs to register with the Better Outcomes initiative. Whilst divisions had shown overall good capacity and readiness to undertake the activities associated with the *Better Outcomes in Mental Health* care initiative, a plateau appeared to have been reached in terms of GP engagement. A number of divisions reported that the degree of interest for Level 1 training had decreased. GPs who were interested to undertake Level 2 training were those GPs with an abiding commitment to the area or rural GPs who felt that they required additional skills to meet the demand for mental health support and treatment. Lack of funding to divisions to support further training was identified as an ongoing issue during this reporting period.

The Access to Allied Health Network meetings continued to be a successful mechanism for facilitating exchange and identifying the common issues faced by division in implementing the service delivery models. Divisions identified that the lead-time and funding needed to commence the projects was frequently underestimated. Divisions had shown determination in working around the barriers posed by not knowing the registered GPs in their area, and in developing their local data collection methods and local evaluations, and in recruiting Allied Health professionals with only some guidelines from the Department. Feedback from the National Allied Health evaluation team during this time was helpful in providing a context to consider how the projects were working. Interestingly, divisions reiterated during this period that the Access to Allied Health project was the most attractive component of the initiative for GPs and that having the support of mental health professionals for their patients was extremely valuable to participating GPs.

By the close of 2003, a number of key issues associated with the national evaluation of the Allied Health projects and the Better Outcomes in Mental Health care initiative as a whole had been identified at division level and required progress through ADGP and the Department to resolve.