The Chronic Disease Management Program

Report to the Commonwealth Department of Health and Ageing

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List of Acronyms

ADGP	Australian Divisions of General Practice
CDM	Chronic Disease Management
CPD	Continuing Professional Development
CQI	Continuous Quality Improvement
DMMR	Domiciliary Medication Management Review
DoHA	(Commonwealth) Department of Health and Ageing
EPC	Enhanced Primary Care
GP	General Practitioner
GPCG	General Practitioner Computing Group
GPII	General Practice Immunisation Initiative
GPMHSC	General Practice Mental Health Standards Collaboration
HIC	Health Insurance Commission
IM/IT	Information Management / Information Technology
NPS	National Prescribing Service
PCP	Primary Care Partnership
PIP	Practice Incentive Program
PKI	Public Key Infrastructure
RACGP	Royal Australian College of General Practitioners
RPL	Recognised Prior Learning
SIP	Service Incentive Payment
SPHERE	Somatic and Psychological HEalth REport
TNA	Training Needs Analysis

OVERVIEW

General Practice Divisions Victoria (GPDV) has provided an integrated and strategic approach in supporting Victorian divisions with the implementation of the Chronic Disease Management (CDM) Program since October 2001. In GPDV there are five dedicated staff allocated to this Program and each staff member has made a significant contribution to the capacity of Victorian Divisions of General Practice to roll out the CDM incentives. A key theme of GPDV's strategy has been a focus on a practice systems approach to problem solving at a general practice level. Significant resources have been invested in this strategy which appears to resonate strongly with the Joint Advisory Group on General Practice & Population Health systems and the Building on Quality projects.

SUMMARY OF ACTIVITIES

Activities until June 30th 2002 comprised direct division support, support through workshops and the development or maintenance of strategic alliances with DHS and non-government organisations.

Workshops

	Date	**Topics Covered**
Chronic Disease & IM/IT	15/02/2002	• Introduction to the Chronic Disease Incentives • Implementation Issues • Communicating Change to GPs • Medical Director and CDM
	24/05/2002	• Evidence for the Diabetes & Asthma Incentives • Dr Jane Cook on the CDM Incentives • Systems Framework and Practice Nurses • Strategies for Communicating Change (continued) • Intra Health
Mental Health	1/03/2002	• Update on Mental Health Initiative – Grace Groom, ADGP • SPHERE training - Shane Duncan, DHS
	24/05/2002	• Current Developments on Mental Health Initiative & Update – Kellie Howe, ADGP • Update on RPL - Dr Julie Shaw, GPMHSC
	12/6/2002	• Assisted with ADGP Familiarisation Training

Enhancing Practice Systems Kit

Bob Burgell, from Burgell Consulting, was engaged by GPDV in February 2002 to develop an Enhancing Practice Systems Kit Project. The Kit is designed as an educational resource for divisional practice support staff. A think tank of division experts was convened to support the project. Initially, the project was designed to focus on EPC Health Assessments and has now been extended to incorporate all of the EPC items, DMMR and the CDM incentives. The Kit will be a resource for practice support staff to increase their skills in promoting the suite of incentives within a General Practice Systems context. Work is continuing on this project with a finishing date expected in early 2003.

Other Activities

Chronic Disease – General

- Establishment and maintenance of an up-to-date contact list of divisional chronic disease project officers. Key national and statewide information is communicated by GPDV to this list via a listserve where anybody on the list can email all CDM project officers with their queries. The listserve is well utilised by CDM staff.
- State Diabetes and Asthma Stakeholders meeting where all projects and programs relating to diabetes and asthma were tabled and recommendations made for future communication between relevant parties.
- Mapping of diabetes and asthma projects/programs in Victoria compiled and available on GPDV's website.
- Established the Cervical Screening Reference Group which has met twice and commenced work towards providing specific training and accreditation for practice nurses to undertake Pap tests.

Mental Health

- Coordination of ADGP Familiarisation Training for Victoria.
- Coordination and distribution of Familiarisation Training kits to Victorian divisions.
- Established and regularly updated two web-based calendars of divisions' familiarisation training and clinical skills training events.
- Regular Updates to divisions concerning the *Better Outcomes in Mental Health* initiative.
- Provided feedback to DoHA and ADGP on Familiarisation Training.
- Established relationships with General Practice Mental Health Standards Collaboration.
- Provided liaison and problem solving for divisions regarding the *Better Outcomes* initiative.
- Ensured regular DoHA, ADGP and GPMHSC presentations on the *Better Outcomes* initiative at quarterly division meetings.
- Presented on the *Better Outcomes* to external Victorian stakeholder groups, eg, Primary Mental Health Teams, CEO Network.

Practice Nurses

- Establishment of a contact list for practice nursing project officers and resource dissemination (eg, business cases) via email.
- Distribution of GPDV Nursing Updates – two issues.
- Developed relationships with stakeholders (Nursing Board of Victoria, Australian Nursing Federation, Department of Human Services, Australian Practice Nursing Association, and RACGP) in relation to legal, education and industrial issues.

IM/IT

- Coordination of Public Key Infrastructure (PKI) training.
- Developed a relationship with the General Practitioner Computing Group (GPCG).

OUTCOMES ACHIEVED IN VICTORIA

Uptake of the Chronic Disease Incentives

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

Asthma

- 85% of PIP practices have claimed the asthma sign on payment (May 2002 data)
- 6,236 Asthma 3+ Plan items have been claimed in Victoria to 30 June 2002. The average percentage of GPs involved in each division is 23%. (The national average percentage of GPs involved in each division is 22%.)

Cervical Screening

- 87% of PIP practices have claimed the cervical screening sign on payments (May 2002 data).
- 7,663 cervical screening items have been claimed in Victoria to 30 June 2002. The average percentage of GPs involved in each division is 38%. (The national average percentage of GPs involved in each division is 33%.)

Diabetes

- 85% of PIP practices have claimed the diabetes sign on payment (May 2002 data).
- 20,502 diabetes SIPs have been claimed in Victoria to the 30 June 2002. The average number of GPs involved in each division is 34%. (The national average percentage of GPs involved in each division is 31%.)

Mental Health

- All Victorian divisions have completed at least one Familiarisation Training event.
- All Victorian divisions are offering approved six hour clinical skills training (eg, SPHERE) to support GP registration for the *Better Outcomes* Incentive Payments (Level 1).
- Good attendance by GPs at familiarisation and clinical skills training.
- Many* GPs are currently registered with the Health Insurance Commission (HIC) for the *Better Outcomes* incentive payments (Level 1). (*HIC statistics are not yet available.)

Practice Nurses

- Raw PIP figures for May 2002 show that 164 of the 285 (58%) PIP practices eligible for the nursing initiative participated. This is consistent with the national average of 60%.
- Facilitation of relationships on all levels: between national and state stakeholders (GPDV feeding through issues identified by divisions); between divisional project staff through GPDV; and between practice nurses locally through networks at the divisional level. Through these relationships, practice nursing is developing as a professional career in its own right, and professional isolation is being mitigated.

REFLECTIONS ON PROGRESS TO DATE

Chronic Disease

Victorian Divisions have been well-supported in asthma, diabetes and cervical screening, especially given the lack of funding to do so at this stage. All workshops have been extremely well attended (between 60 and 80 attendees) with extremely high satisfaction ratings. A chronic disease listserve has been established which is frequently used by divisions to access or disseminate information. A solid framework for activity in the second half of 2002 will ensure a comprehensive, cohesive and dynamic program for divisions focussing on a practice systems approach to supporting general practice. In addition, we expect significant gains in our strategic work with DHS and other organisations such as Asthma Victoria, Diabetes Victoria, International Diabetes Institute, Chronic Illness Alliance and Council of the Ageing following the Asthma/Diabetes Stakeholder Workshops and continuation of the Cervical Screening Working Group.

Practice Nurses

It has been difficult for divisions to know how best to support their local nurses given the plethora of potential strategies that could be taken. However, organisational roles are now more clearly defined due to the strong development of the Australian Practice Nurses' Association and the projects being developed through the National Steering Committee. The lack of GPs' and nurses' knowledge of related legal and industrial issues have occupied much of GPDV's time to date, though concentrating on facilitating educative opportunities for nurses will become the main priority in the next semester.

Mental Health

Victorian divisions are as well-informed as possible of progress with the *Better Outcomes* initiative, despite changes and delays in the development of some components of this initiative. A reliable communication channel has been established between divisions, GPDV and DoHA and ADGP to ensure specific issues may be addressed. Victorian divisions have responded promptly with their organisation of familiarisation training and clinical skills training to support GPs registration for Level 1 of the initiative.