The Chronic Disease Management Program

Interim Report to the Commonwealth Department of Health and Ageing

Analysis of Victorian Divisions of General Practice Business Reports - January to June 2002

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List of Acronyms

CDM	Chronic Disease Management
CPD	Continuing Professional Development
CQI	Continuous Quality Improvement
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
PMHT	Primary Mental Health Team
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

1 INTRODUCTION

The Department of Health and Ageing (DoHA) requires GPDV to undertake an analysis of the Victorian divisions' business report Chronic Disease Management (CDM) Program contract, for the January – June 2002 period. GPDV has undertaken this task in relation to progress against implementation plans submitted and approved by DoHA in January 2003. The analysis was undertaken by individually extracting relevant information from each division's 6-month CDM report. The implementation tool, which was attached to GPDVs first report to DoHA, was used to assist in assessing individual reports. We expected that little activity occurred in this period, as divisions had not yet received their contracts or funding.

Undertaking this analysis in this way may provide useful information to DoHA, divisions and in relation to GPDV's role as an SBO, as clear trends are emerging which may help to direct the future of the CDM program. In particular GPDV is interested in ascertaining what are the features of divisions' approach and have gained a clearer understanding of how each division undertook the activities/tasks of the CDM Program across the five initiatives which are:

- Asthma
- Cervical Screening
- Diabetes
- Mental Health
- Practice Nurses

We feel confident that the process we have set up in undertaking this statewide analysis is sound in terms of assessing divisions and drawing trends on consistent variables. However, we are hampered in undertaking this analysis by poor information reporting by divisions. In many instances we were aware of divisions' involvement in a particular activity, which was not reported.

The absence of a standardised reporting framework makes a statewide analysis a difficult task. We are committed to providing advice to the Commonwealth on developing a standardised reporting framework, as we are represented on GP Branch's National Reporting Committee, chaired by Claire Caesar.

We were able to do undertake a state-wide analysis more easily in our first report on CDM plans because our analysis was complemented by seeking more information from our individual consultations with divisions. A synopsis of GPDV activity for the January to June 2002 reporting period was provided to the Department in the first report, for the Chronic Disease Management contract in December 2002.

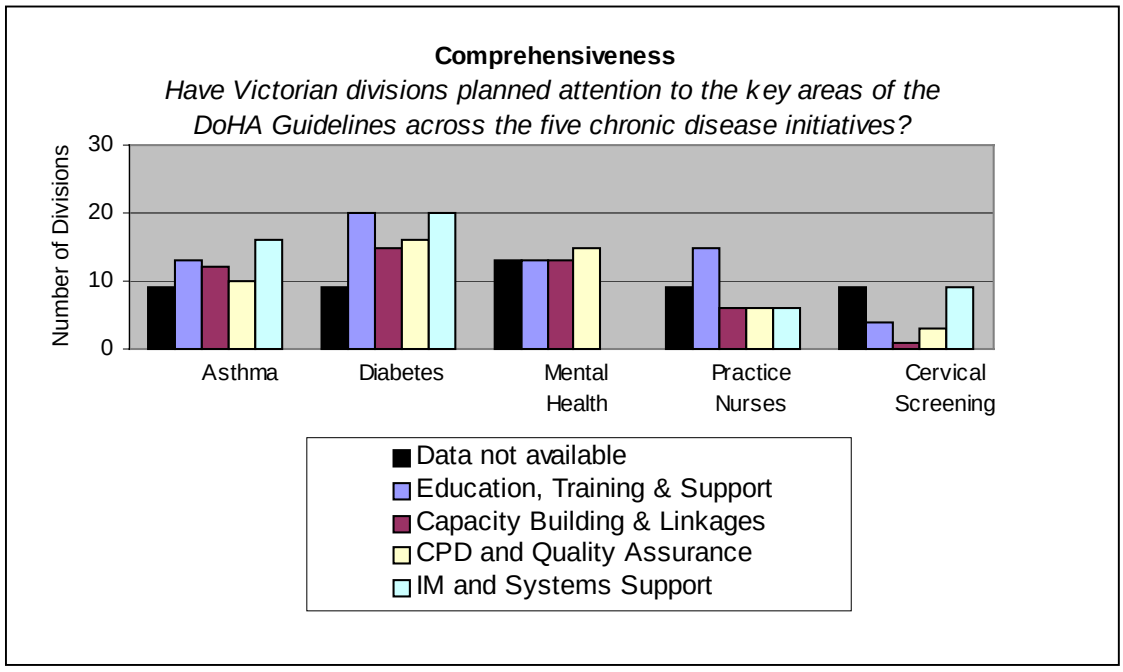
2 ANALYSIS

2.1 Comprehensiveness

GPDV has explored how divisions are progressing toward achieving a comprehensive approach in the delivery of their chronic disease management plan. In our analysis of the implementation plans, divisions planned to cover each component of the CDM initiative and all four key activity areas. The plans demonstrated that most divisions intended to undertake appropriate tasks against each initiative. As would be expected, the range of activity varied depending on the capacity of the division. We reported the innovative approaches that were described so that the best possible level of comprehensiveness was planned. However, as expected in this first phase of the CDM program, little activity was undertaken across the range of activities planned for. Divisions had not yet seen the contract from the Commonwealth nor understood what was expected.

In their implementation plans, 100% of Victorian divisions said that they would offer education, training and support to their members in asthma, diabetes and mental health. During this reporting period, there was clearly an early focus on providing a comprehensive start on diabetes. This confirms what we anticipated - that the diabetes initiative appears to be the least complex of the CDM initiatives to implement at a division and practice level.

Divisions reported a low level of linkages across the five initiatives during this period. As stated in the introduction, GPDV was aware of linkage activity by divisions during this period, which remained on the whole under-reported by divisions in their reports. Even though, a high proportion of divisions (77-97%) said that they will offer CPD and quality assurance activities across all five of the CDM initiatives, we saw very little of it in this report. This is to be expected nevertheless, because divisions did not receive the CDM guidelines until the end of May 2002.



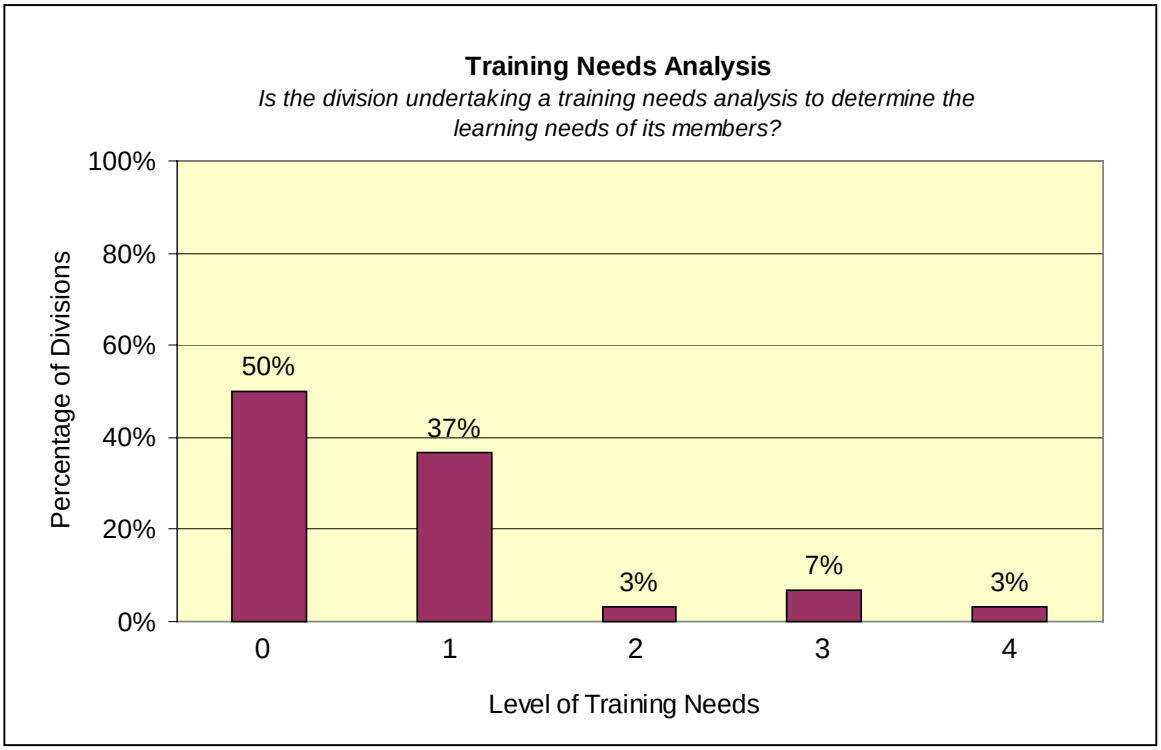
2.2 Education, Training and Support Activities

GPDV investigated the range of education, training and support activities that divisions undertook in the CDM Program for the January to June 2002 reporting period. In particular, we looked at the style or approach the divisions undertook, against what they said they would in their plans.

2.2.1 Training Needs Analysis (TNA)

Effective training needs analysis can provide a sound basis for program design and we wanted to see the level of training needs analysis the division used to plan the CDM program. This ranged from not doing any CDM-specific training needs analysis, to annual surveys and structured TNA recorded from practice visits. We expected to find that divisions would have undertaken a review of their members training needs, particularly as it is the start of a new program area for divisions, 87% of divisions either did not undertake training needs analysis or the data was simply unavailable.

Upon our assessment of division's implementation plans and this first business report, we found little to report. Again, we would expect this as divisions had not received their contracts at this stage, and therefore did not know what was expected. However, to our surprise, assessing training needs was, not a formal requirement within the CDM guidelines (other than for the mental health component).



0	Data not available.
1	The division does not report undertaking a Training Needs Analysis.
The division analyses the training needs of its practices ...	
2	informally - by some workers in specific program areas.
3	by surveying its members annually to determine what educational activities members want and need + 2 above.
4	by recording data during practice support visits and personal contact with GPs + 3 above.

2.2.2 Educational Activities Offered

GPDV was interested in identifying the range of educational activities divisions actually provided against what division planned. Divisions reported early delivery of kits and two points per hour CPDs during this first reporting period.

In the implementation plan analysis we reported that a small number of divisions said that they planned to use newly established small groups as a vehicle for providing a range of education, on a variety of topics including CDM. We feel that division's facilitation of small group learning and its applicability to CDM, will be an interesting area of GP education to watch, over time. One driver of this trend has been a change to the RACGP CPD guidelines. The RACGP recognise small group learning, as an opportunity to tailored education, which will result in better learning outcomes and therefore may attract up to 5 points per hour. Another driver is the National Prescribing Service (NPS) small group learning strategies to address the diabetes and asthma initiatives and the NPS groups have formed the basis of further small group learning structures within the division. We have however seen minimal evidence of the use of small groups to deliver CDM education so far in this reporting period.